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Relationship Quality Index (RQI)

6-item self-report measure

The Relationship Quality Index (RQI) is a 6-item measure designed to assess the quality of relationships in married and cohabiting couples. This version of the measure is an adaptation of the original Quality of Marriage Index (QMI) designed only for married couples, and includes items aimed at assessing the presence of problems between individuals and the intensity of such problems.

	Internal consistency	Test-retest reliability	Validity	Sensitivity to change
Psychometric features	✓	?	✓	✓
	Brevity	Availability	Ease of Scoring	Used in the UK
Implementation features	✓	✓	✗	✓

*Please note that our assessment of this measure is based solely on the English version of the RQI. The other versions of this measure were not assessed and therefore it should not be assumed that they would receive the same rating.

What is this document?

This assessment of the Relationship Quality Index (RQI) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>



Based on our review of the evidence, we did not find information on the test-retest reliability of the RQI.

About the measure

 Author(s)/ developer(s) Norton, R.	 Publication year for the original version of the measure 1983	 Type of measure Self-report.
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Outcome(s) assessed	This measure has been designed to assess relationship quality.
Subscales	N/A
Purpose/primary use	This measure was originally designed to be used by clinical researchers who are interested in screening for relationship satisfaction.
Mode of administration	This measure can be completed in person or over the phone.
Example item	‘We have a good relationship.’
Target population	This measure can be used with married and cohabiting couples.
Response format	The RQI is comprised of a 7-point Likert scale (from 1 = ‘Strongly Disagree’ to 7 ‘Strongly Agree’) and a 10-point ordinal scale (from 1 = ‘Extremely Low’ to 10 = ‘Extremely High’).
Strengths & limitations	<p>Strengths:</p> <ul style="list-style-type: none"> • The RQI is a valid measure with good internal consistency and it is sensitive to change in short interventions. • It is a short (6-item) measure that is free to access, although permission is required from the publisher to use it. <p>Limitations:</p> <ul style="list-style-type: none"> • From our review, we did not find information on the test-retest reliability of the RQI. • The RQI has complex scoring instructions involving advanced calculations.

Link	N/A
Contact details	N/A
Copyright	Based on our review of the evidence, it appears that the RQI is protected by copyright held by John Wiley and Sons, Ltd. Permission to use or reproduce the RQI should be forwarded to the publisher at permissionsUK@wiley.com . In addition, the key reference (included below) should be cited when using the measure.
Key reference(s)	Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. <i>Journal of Marriage and the Family</i> , 45(1), 141–151.

Psychometric features in detail

Internal consistency



Day & Sanders (2018) reported a Cronbach's alpha coefficient of 0.94 for the RQI. This study was conducted in Australia with 183 parents aged between 22–51 years (mean age = 34.9, SD = 5.3), with child aged between 1–8 years (mean age = 3.5, SD = 1.5).

Evans et al. (2012) reported a Cronbach's alpha coefficient of 0.97 for the RQI. This study was conducted in Australia with 127 mothers who had given birth to preterm infants (gestational age < 37 weeks, mean age = 30.40, SD = 3.53).

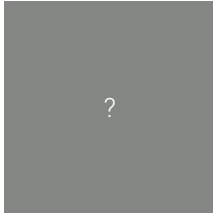
Heyman et al. (1994) reported a Cronbach's alpha coefficient of 0.97 for the original version of this measure, the QMI. This study was conducted with 140 couples in the US who had at least a high school education and an average of 1.6 children (SD = 1.4). The husbands' average age was 39.4 years (SD = 10.9), and the wives' average age was 37.0 years (SD = 9.8).

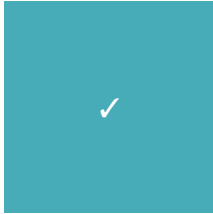
Graham et al. (2011) conducted a meta-analysis using 398 articles (representing 622 samples and 636,806 individuals) to examine the psychometric properties of the original version of this measure, the QMI and six other relationship satisfaction measures. The authors reported that the QMI had a mean Cronbach's alpha coefficient of 0.94.

Woods et al. (2013) studied the internal consistency of the oral administration of the original version of this measure (the QMI) and reported an alpha coefficient of 0.95. The measure was analysed with a sample of 24 women with comorbid major depressive disorder (MDD) and dyadic discord, and their 24 male spouses who completed the measure over the phone (81% White, 6% Asian, 8% African American, and 4% unknown). The authors also found that the scores for the written and oral administrations of the QMI were strongly correlated ($r = 0.86, p = 0.01$).

Test-retest reliability

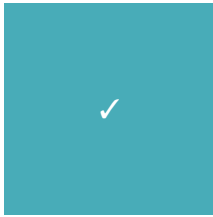
From our review of the evidence, we did not find information on the test-retest reliability of the RQI.



Validity)

The original version of this measure (the QMI) has been evaluated by Heyman et al. (1994) against the Dyadic Adjustment Scale (DAS, a measure assessing relationship adjustment) and the Relationship Satisfaction Questionnaire (RSAT, a measure assessing satisfaction in various areas of the relationship). The authors reported that the Pearson correlation coefficients between the QMI and the DAS were between 0.85 and 0.90, and that the Pearson correlation coefficients between the QMI and the RSAT were between 0.87 and 0.94. This study was conducted with 140 couples in the US with at least a high school education and an average of 1.6 children (SD = 1.4) (the husbands' average age was 39.4 years, SD = 10.9, and the wives' average age was 37.0 years, SD = 9.8).

Sensitivity to change



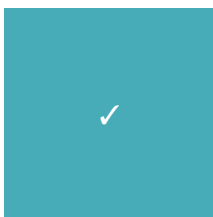
There is some evidence to suggest that the RQI is sensitive to change over time after participating in short and long couples-based parenting interventions.

Tellegen & Sanders (2014) reported that the RQI captured changes between pre- and post-intervention ($F = 11.75, p = 0.001$). This study was a two-armed RCT conducted in Australia to evaluate the Primary Care Stepping Stones Triple P (PCSSTP) which consists of four short sessions targeting one or two specific child problems. This study was conducted with a sample of 128 parents/caregivers of a child aged between 2–9 years with an autism spectrum disorder diagnosed by a paediatrician or child psychiatrist. Casey et al. (2017) reported that the original version of this measure (the QMI) detected changes between pre-test and a 16-week follow-up (QMI: $z = 2.85, p < 0.001$). This study was a one-group pre/post-test conducted in the UK to evaluate the feasibility of the Parents as Partners programme, designed to improve communication and relationship satisfaction between parents. This study was conducted with 97 couples (43% white British, 55.29% in inter-ethnic relationships, 15.6% unemployed, median age of mothers = 39, median age of fathers = 40). The majority of parents were married (45.4%) or cohabiting (31.4%), 10.8% were in a relationship and raising children together, but living apart, 10.3% were separated but raising children together.

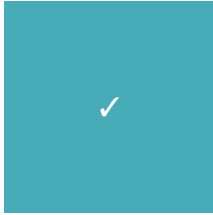
Cowan et al. (2014) reported that the QMI captured changes between pre-test and a 13-month follow-up (a reduction in QMI scores recorded in the group not receiving the treatment, QMI, $F(4/854) = 6.16, p < 0.001$). This study was a three-armed RCT conducted in the US to evaluate the Supporting Father Involvement project which aimed to increase the emotional and physical engagement of fathers in the family unit. This study was conducted with a sample of 347 couples (50% Mexican American, 31% White, 11% African American, 5% Asian American or Native American). 64% of the sample fell twice below the poverty line and 62% were married at baseline.

Implementation features in detail

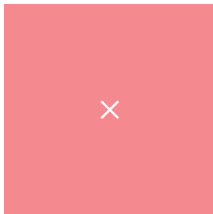
Brevity



This measure has 6 items.

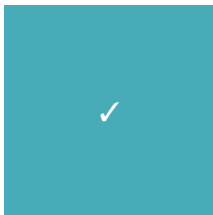
Availability

From the papers we have assessed it appears that this measure is free to use and does not require a clinical licence. The measure is available in the original paper (Norton 1983, p. 147). Permission to use or reproduce the RQI should be forwarded to the publisher at permissionsUK@wiley.com.

Ease of scoring

The RQI has complex scoring instructions involving advanced calculations; however, it does not need to be scored by someone with specific training or qualifications.

Given that the data obtained through the RQI are skewed, the developer recommended that the scores be standardised. Detailed information of this is provided in the original paper (Norton, 1983).

Used in the UK

The measure has been used in several trials conducted in the UK, including impact assessments of parenting interventions (Casey et al., 2017; Rosan & Grimas, 2016; Sanders et al., 2008)

Language(s)

The RQI is available in English but as far as we are aware, the developers did not translate the RQI into other languages. The measure has, however, been translated into German by people other than the developer (Zimmermann et al., 2015).

References

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