Although the notion of Quality of life (Qol) is intuitively appealing, it is a difficult scientific concept. There is no agreed upon definition and it is an umbrella concept which covers non-disease aspects of diseases, such as disability, social functioning, well-being etc. In medicine Qol measures are used today to describe chronically sick populations in the community as well as treatment outcomes of intervention studies, furthermore in health economics and for treatment planning in daily practice.

Qol should be conceived of as multidimensional with the three dimensions (1) subjective well-being or satisfaction, (2) ability to function in daily activities and social roles, and (3) the availability of external material and social resources which define an individual's opportunities in society. The roots of the concept go back to the late sixties and early seventies and correspond to the three aforementioned dimensions; they are (1) happiness research, which is an academic subspecialty of psychology, (2) health status research, developed within the field of social medicine and public health, and (3) social indicator research, which originated within sociology and economics. Most studies on health-related Qol cover only well-being and, perhaps, functioning, which limits the interpretation of the data. This is especially relevant for psychiatric disorders, where measures of well-being usually strongly correlate negatively with the severity of psycho-pathology, i.e. such Qol measures are not independent from psycho-pathology, which leads to the methodological problem of measure-ment redundancy. Also, subjective well-being can be influenced by momentaneously acting factors (including psychotropic compounds), and Qol measures should therefore cover also functioning and external resources, which might secure well-being also in the future.