The objective is to discuss; how we can measure and interpret health related quality of life (QoL) in a long term perspective with examples from studies in older people with critical limb ischeamia and non-healing ulcers.

The following critical standpoints will be handled:

- **Instrument selection**: Generic or specific instrument or both? How well established is the instrument? The rationale for the choice of QoL instrument is important.

- **Sample size**: The risk for dropouts during follow-up can threatens the power to detect changes in QoL over time. In the other hand large follow up studies have the power to detect small variations in QoL and some of these changes may be of little consequence to the individual persons.

- **Timing of QoL assessment**: What is a long term perspective? It is crucial to decide the most suitable time interval to assess changes in QoL.

- **Significant changes versa clinical changes in QoL**: Are the differences in QoL large enough to be important? We need to know what magnitude of changes are perceived by patients or others as being noticeable, important and worthwhile.

- **Threats against internal validity**: How do we now that a change in QoL refers to the disease, treatment or state in focus or not another important occurrence in the person’s life? Placebo, Hawthorne, history and maturation are important aspects that can threaten the internal validity in a long- term study.

- **Interpretation of the results**: When interpreting the results from long-term QoL studies all these circumstances must be taken under consideration.