

VALIDATING THE DUTCH TACQOL-PARENT FORM: A HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRE FOR CHILDREN

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ABSTRACT

Aim of the study was to establish reference data for the TACQOL - Parent Form in a healthy population and moreover, to collect evidence on its validity. The TACQOL-Parent Form is a questionnaire for parents, designed to assess their Children's Health Related Quality of Life (HRQOL). Defining HRQOL as the affective evaluation of Health Status, the TACQOL assesses the presence of health status problems and the emotional response to such problems, if present. The TACQOL-PF contains five health status scales (BODY, MOTOR, AUTONOMY, COGNITION and SOCIAL) and two scales assessing general mood (EMOPOS and EMONEG).

Data were collected by means of a survey mailed to (parents of) 2520 children, between 6 and 11 year. Analyses were done to answer three questions:

1. Can the scales structure of the TACQUoL-PF be replicated in a healthy population? Analyses involved confirmatory factor analyses, item-scale/item-rest correlations, and Cronbach's alpha.
2. Are different reference tables necessary for boys and girls, and for age groups? Analyses involved multivariate variance analyses with the factors sex and age group and their interaction.
3. Are adverse health conditions associated with lower HRQOL? This was assessed by means of variance analyses.

Data collection being not yet fully completed, response rate is already 72%.

Both factor analyses and item-scale/item-rest correlations replicated the scale structure almost perfectly, thereby supporting the internal validity of the TACQOL-PF in a predominantly healthy population. Cronbach's alpha ranged from moderate (0.66 for SOCIAL) to high (0.84 for EMOPOS).

A multivariate analysis of variance showed significant multivariate main effects of both sex and age group. Bivariate sex effects were found with regard to BODY and COGNIT and SOCIAL. With regard to age, group significant effects were found on MOTOR, COGNIT, SOCIAL, AUTONOMY and EMOPOS. The differences are small, covering only a minor part of the theoretical scale ranges.

A multivariate analysis of variance showed significant main effects of general health, having any chronic disease, having been ill in the last few weeks and having been under medical treatment. All differences were in the expected direction. For chronic diseases differential effects on different scales can be demonstrated, in relation with the type of disease. Again however, differences are rather small. The results confirm the (moderate to good) internal consistency and the internal and external validity of the TACQOL-PF. The small statistical effects of adverse health conditions, however, raise some questions. Are these small differences to be attributed to insufficient sensitivity of the TACQOL-PF? Or are they real and should one conclude that these factors have only small effects on children's well being?