Letters to the Editor

The Child Health Questionnaire (CHQ-PF50) studies: Sincere congratulations and a sincere plea for terminological accuracy

Sirs, I would like to comment on the enormous effort, planning and co-ordination that was obviously entailed in the recent validation of the Child Health Assessment Questionnaire (CHAQ) and the Child Health Questionnaire (CHQ-PF50) in all 32 member countries of the Paediatric Rheumatology International Trials Organization (PRINTO) (1). The logistics involved in an overall study that involved assessing 3,235 children with JIA, alongside 3,409 healthy children, with JIA, alongside 3,409 healthy children, as described in the CHQ-PF50 inserted into all of the papers as simple and short as possible. This methodological issues, each individual paper refers to the introductory paper for further details.

In the introductory review it is explained that the PRINTO researchers selected the CHQ because it represents a generic instrument that can be used not only for JIA but also for other paediatric rheumatic diseases such as juvenile dermatomyositis, juvenile systemic lupus erythematosus, linear scleroderma, and systemic sclerosis. The parent-administered version of the CHQ with 50 items (CHQ-PF50) was chosen from among the available versions (28-, 50- and 98-item parent or children forms) as the developmental and use of an 80-item self-reported version (CHQ-CF80) (5), more detail was required in this series of articles about the exact measure used. I presume that following the individual country reports, there may be some summary articles outlining cross-cultural similarities and differences. Can I suggest that in such papers it clearly states that the CHQ measure used was the CHQ-PF50? It might also be worth considering that the authors contact Medline and investigate the possibility of having the term CHQ-PF50 inserted into all of these abstracts. Such actions would greatly aid other researchers and help prevent wasted time and expense.

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References

Reply
Sirs, We thank Dr Houghton for his comment on our supplement entitled “Quality of life in juvenile idiopathic arthritis (JIA) patients compared to healthy children” (1) which presents the preliminary psychometric findings regarding the cross-cultural adaptation and psychometric evaluation of the Child Health Assessment Questionnaire (CHAQ) and the Child Health Questionnaire (CHQ) by the 32 countries which took part in the project led by the Paediatric Rheumatology International Trials Organisation (PRINTO). In his letter Dr Houghton raises the point concerning which version of the CHQ had been used for the project. As explained in the preface (2), the supplement starts with an introductory review article (3) summarising the overall methodology used and the samples collected. This was followed by one article for each of the 32 countries participating in the project. To avoid excessive redundancy, the editors of the supplement attempted to keep each of the papers as simple and short as possible. For this reason the details concerning the CHAQ and the CHQ (version used, person completing the questionnaires, etc.) were explained in the introductory review, while each of the individual papers simply refers the reader to the introductory paper for further details.

In the introductory review it is explained that the PRINTO researchers selected the CHQ because it represents a generic instrument that can be used not only for JIA but also for other paediatric rheumatic diseases such as juvenile dermatomyositis, juvenile systemic lupus erythematosus, linear scleroderma, and systemic sclerosis. The parent-administered version of the CHQ with 50 items (CHQ-PF50) was chosen from among the available versions (28-, 50- and 98-item parent or children forms) as the starting point to make the overall management of the project as simple and linear as possible. This CHQ-PF50 was used by the participant countries to develop shorter versions or forms that can be completed directly by the children, as described in the CHQ manual (4).

While the introductory paper reports extensively on methodological issues, each indi-
Letters to the Editor


**Announcements**

EAACI 2002: XXI CONGRESS OF THE EUROPEAN ACADEMY OF ALLERGOLOGY AND CLINICAL IMMUNOLOGY

**Naples, Italy, 1-5 June 2002**

Local Organising Committee: Prof. Gianni Marone, Dept. of Clinical Immunology & Allergy, University of Naples, Faculty of Medicine and Surgery, Via S. Pansini 5, 80131 Naples, Italy. Phone: +39 081 770-7492; fax: 746-2271; e-mail: marone@unina.it

Congress Secretariat: Congrex Sweden AB, Attn EAACI 2002, PO Box 5619, SE-114 86 Stockholm, Sweden. Phone: +46 8 459-6600; fax: 661-9125; e-mail: eac2002@congrex.se

For an updated version of the congress program: www.congrex.com/eaaci2002

Deadline for abstracts: 7 January 2002

EULAR 2002 ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY

**Stockholm, Sweden, 12-15 June 2002**

Topics: Molecular and cellular aspects of rheumatic diseases, clinical aspects of musculoskeletal disorders, epidemiology/education and health services research.

Special attention will be paid to highlight original scientific contributions from young as well as senior investigators by prioritising poster presentations and abstracts.

Great efforts will be made to integrate basic and clinical science. The synergies between the biomedical fields and those of care, education and patient participation will be emphasised by the active participation of health care professionals and members of social leagues, which are strong and active in Scandinavia.

During EULAR 2002 there will be concurrent sessions of the 9th European Paediatric Rheumatology Congress (PRES), as well as a Social Leagues Program, and an Allied Health Professionals in Rheumatology Program.

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