The Austrian version of the Childhood Health Assessment Questionnaire (CHAQ) and the Child Health Questionnaire (CHQ)

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ABSTRACT

We report herein the results of the cross-cultural adaptation and validation into the Austrian language of the parentís version of two health related quality of life instruments. The Childhood Health Assessment Questionnaire (CHAQ) is a disease specific health instrument that measures functional ability in daily living activities in children with juvenile idiopathic arthritis (JIA). The Child Health Questionnaire (CHQ) is a generic health instrument designed to capture the physical and psychosocial well-being of children independently from the underlying disease. The Austrian CHAQ CHQ were adapted from the German version of the CHAQ-CHQ, and revalidated in this study. A total of 134 subjects were enrolled: 74 patients with JIA (9.5% systemic onset, 42% polyarticular onset,9.5% extended oligoarticular subtype, and 39% persistent oligoarticular subtype) and 60 healthy children. The CHAQ clinically discriminated between healthy subjects and JIA patients, with the systemic, polyarticular and extended oligoarticular subtypes having a higher degree of disability, pain,and a lower overall well-being when compared to their healthy peers. Also the CHQ clinically discriminated between healthy subjects and JIA patients, with the systemic onset, polyarticular onset and extended oligoarticular subtypes having a lower physical and psychosocial well-being when compared to their healthy peers.

In conclusion the Austrian version of the CHAQ-CHQ is a reliable, and valid tool for the functional, physical and psychosocial assessment of children with JIA.

Introduction

The aim of this study was to cross-culturally adapt and validate the Austrian parentís version of the Childhood Health Assessment Questionnaire (CHAQ) (1) and the Child Health Questionnaire (2) in a cohort of healthy children and in patients with juvenile idiopathic arthritis (JIA) being followed by the Austrian members of the Paediatric Rheumatology International Trials Organisation (PRINTO). This project formed a part of a larger international survey conducted by PRINTO and supported by the European Union (contract BMH4 983531 CA) (3-5), whose scope is to evaluate the health-related quality of life in children with JIA as compared to their healthy peers.

Patients and results

The methodology used is described in detail in the introductory paper of this supplement (6). The complete Austrian version of the CHAQ-CHQ, with the corresponding lines of the original American-English questionnaires marked in the left column, is reproduced at the end of this paper.

In brief, after obtaining ethics committees approval of the respective participating institutions and the consent of at least one parent per child, children were recruited into a prospective study performed from April 1998 to March 2000, by the Austrian members of PRINTO. Patients included children with JIA of either systemic onset, polyarticular onset, extended oligoarticular or persistent oligoarticular subtype (Durban criteria) (7). The controls consisted of healthy children (6 to 18 years of age) attending local schools and/or healthy sibling(s) of the JIA participants.

Demographic and clinical characteristics of the subjects (Table I)

A total of 134 subjects were enrolled: 74 patients with JIA (9.5% systemic onset, 42% polyarticular onset,9.5% extended oligoarticular subtype, and 39% persistent oligoarticular subtype) and 60 healthy children. The CHAQ-CHQ were completed in 80% of the cases by the mother (mean age 37.7 ± 5.1), and in 20% of the cases by the father (mean age 40.5 ± 5.3).

Clinical discriminant validity

Table II reports the results (mean ± SD) for the 8 CHAQ domains, the disability index (DI) and the 2 VAS scores for parental assessment of pain and overal well-being. The CHAQ clinically discriminated between healthy subjects and JIA patients, with the systemic, polyarticular and extended oligoarticular subtypes having a higher degree of disability, pain, and a lower overall well-being when compared to their healthy peers.

Table III reports the CHQ results (mean ± SD) for the 15 health concepts (see table for abbreviation) and summary scores. The CHQ clinically discriminated between healthy subjects and JIA patients, with the systemic onset, polyarticular onset and extended oligoarticular subtypes having a lower physical and psychosocial well-being when compared to their healthy peers.

Cross cultural adaptation

The Austrian versions of the (2,8) with changing of the few words whose use is different in Austria with respect to Germany. The Austrian CHAQ CHQ were revalidated in full in this study.

Table I. Demographic and clinical characteristics of the Austrian sample.

	Systemic onset n = 7	Polyarticular onset n = 31	Extended oligoart. n = 7	Persistent oligoart. n = 29	Healthy controls n = 60
Age of the children[1]	11.4 ± 5.1	11.1 ± 4.7	9.7 ± 4.2	11.2 ± 3.7	12.4 ± 4.0
Disease duration[1]	6.9 ± 4.7	5.0 ± 3.7	4.7 ± 3.4	4.7 ± 2.2	
ESR[1, 2]	49.0 ± 35.0	37.0 ± 30.8	10.4 ± 3.6	21.1 ± 19.3	
MD VAS (0-10 cm)[1,2]	3.6 ± 2.0	3.8 ± 2.2	2.2 ± 1.3	1.8 ± 1.6	
No. swollen joints[1, 2]	5.1 ± 7.4	7.9 ± 6.9	4.3 ± 5.4	1.2 ± 2.0	
No. joints with pain[1]	3.1 ± 3.8	1.2 ± 2.2	0.9 ± 1.1	0.9 ± 1.3	
No. joints with limited range of motion[1,2]	6.9 ± 12.0	3.6 ± 5.2	3.7 ± 5.3	0.7 ± 1.0	
No. active joints[1, 2]	6.1 ± 8.4	8.0 ± 6.9	4.4 ± 5.4	1.4 ± 1.9	
Female[3]	5 (71%)	27 (87%)	4 (57%)	19 (66%)	31 (52%)
Persistent systemic features[3]	4 (80%)	0	0	0	
Antinuclear antibody[3]	3 (50%)	13 (43%)	2 (29%)	8 (29%)	
Rheumatoid factor[3]	3 (43%)	7 (23%)	0	1 (4%)	
Chronic iritis[3]	0	2 (7%)	1 (14%)	0	

[1]Mean ± SD; [2]ANOVA $p < 0.05$; [3]number and percentage.

Table II. The 8 CHAQ domains (range 0-3), the disability index (DI) (range 0-3), and the 2 VAS scores (range 0-10 cm) for pain and parent assessment of the child's overall well-being. Lower scores indicate better functional ability. Values are expressed as means ± SD.

	Systemic onset n = 7	Polyarticular onset n = 31	Extended oligoart. n = 7	Persistent oligoart. n = 29	Healthy controls n = 60
Dressing[1]	1.0 ± 1.3	0.8 ± 1.2	0.3 ± 0.8	0.4 ± 1.0	0.1 ± 0.4
Arising[1]	0.8 ± 1.3	0.5 ± 0.9	0.1 ± 0.4	0.3 ± 0.7	0.1 ± 0.3
Eating[1]	0.9 ± 1.1	1.0 ± 1.1	0.6 ± 1.0	0.2 ± 0.6	0.0 ± 0.3
Walking[1]	0.4 ± 1.1	0.5 ± 0.8	0.3 ± 0.8	0.3 ± 0.6	0.0 ± 0.3
Hygiene	1.0 ± 1.3	0.6 ± 0.9	0.3 ± 0.8	0.3 ± 0.9	0.2 ± 0.6
Reach[1]	1.0 ± 1.3	0.8 ± 1.0	0.4 ± 0.5	0.5 ± 0.9	0.0 ± 0.2
Grip[1]	1.1 ± 1.5	0.9 ± 1.1	0.9 ± 1.2	0.3 ± 0.6	0.0 ± 0.2
Activities[1]	1.3 ± 1.3	0.8 ± 1.2	1.1 ± 1.1	0.3 ± 0.8	0.2 ± 0.5
Disability index[1]	1.0 ± 1.1	0.7 ± 0.8	0.5 ± 0.4	0.3 ± 0.6	0.1 ± 0.2
Parent's evaluation of pain	2.5 ± 3.1	2.5 ± 3.2	2.1 ± 2.1	2.1 ± 2.4	1.3 ± 2.5
Parent's evaluation of overall well-being[1]	2.5 ± 2.8	2.4 ± 2.7	1.9 ± 2.4	1.9 ± 2.2	0.8 ± 1.8

[1]ANOVA $p < 0.05$.

Table III. The 15 CHQ health concepts (and their abbreviations) and the 2 summary scores. Higher score indicates better physial or psychological well being (0-100). Values are expressed as means ± SD.

	Systemic onset n = 7	Polyarticular onset n = 31	Extended oligoart. n = 7	Persistent oligoart. n = 29	Healthy controls n = 60
Global health (GGH)[1]	55.7 ± 32.5	54.8 ± 31.4	66.4 ± 20.4	67.6 ± 23.7	77.0 ± 22.5
Physical functioning (PF)[1]	69.8 ± 38.9	79.6 ± 25.5	72.1 ± 28.8	82.6 ± 21.3	90.6 ± 17.2
Role/social limitations - Emotional/Behavioural (REB)	77.8 ± 40.4	87.3 ± 22.0	88.9 ± 24.8	93.9 ± 14.4	91.9 ± 18.7
Role/social limitations - Physical (RP)	72.2 ± 44.3	86.3 ± 23.2	71.4 ± 39.3	89.1 ± 20.5	91.1 ± 24.8
Bodily pain/discomfort (BP)	58.6 ± 38.5	61.6 ± 29.6	58.3 ± 38.7	62.4 ± 27.7	75.1 ± 31.0
Behaviour (BE)	86.8 ± 13.0	80.0 ± 17.7	83.5 ± 11.4	81.0 ± 15.6	85.3 ± 11.0
Global behaviour (GBE)	81.4 ± 23.8	74.7 ± 28.1	84.2 ± 19.6	81.5 ± 18.7	85.7 ± 16.3
Mental health (MH)	87.9 ± 9.5	82.1 ± 12.6	76.7 ± 16.3	81.0 ± 15.3	82.2 ± 14.0
Self esteem (SE)	75.6 ± 26.7	79.2 ± 17.9	84.4 ± 22.6	81.4 ± 18.4	83.2 ± 18.2
General health perceptions (GH)[1]	36.7 ± 23.5	48.2 ± 18.9	43.0 ± 7.1	56.7 ± 21.5	65.8 ± 18.7
Change in health (CH)	71.4 ± 26.7	63.7 ± 34.1	46.4 ± 30.4	55.4 ± 36.9	54.7 ± 24.8
Parental impact - Emotional (PE)	72.6 ± 35.6	60.3 ± 25.3	52.4 ± 28.3	65.2 ± 21.9	68.4 ± 27.0
Parental impact - Time (PT)	76.2 ± 37.1	75.3 ± 27.4	57.1 ± 32.3	82.5 ± 21.9	80.8 ± 23.0
Family activities (FA)	80.4 ± 30.5	83.7 ± 16.2	73.8 ± 24.6	85.5 ± 22.1	86.6 ± 14.7
Family cohesion (FC)	77.9 ± 25.0	78.8 ± 15.6	87.1 ± 5.7	80.7 ± 14.1	82.0 ± 15.0
Physical summary score (PhS)[1]	40.4 ± 15.6	47.1 ± 7.5	45.1 ± 12.4	48.4 ± 7.6	50.7 ± 8.0
Psychosocial summary score (PsS)	53.8 ± 8.0	50.0 ± 8.1	50.3 ± 11.9	51.2 ± 8.0	52.9 ± 7.4

[1]ANOVA $p < 0.05$.

Probe technique
For the 69 lines of the translated CHAQ, all the lines of translation were understood by more than 80% of the 20 parents tested (median = 100%; range:95-100%). For the 99 lines of the translated CHQ, all the lines of translation were understood by more than 80% of the parents (median = 100%; range: 90-100%). No change in the text of the Austrian CHAQ-CHQ was necessary after the probe technique.
Psychometric issues
Descriptive statistics (first Likert assumption). For the CHAQ the total number of missing responses was 3.6% (range 0.4-8.6%); the response pattern were skewed towards normal functional ability. All response choices of the CHAQ items have been used only for reach and activity. The mean SD of the items within a scale were roughly equivalent except for grip, and activities. The total number of missing responses on the CHQ was 2.9% (range: 0.7-7.5%); the response pattern was most often normally distributed except for RP. All response choices of the CHQ items have been used except for response choices in BE, MH, FA, and FC. The means ± SD of the items within a scale were roughly equivalent except for GH.
Equal items-scale correlation (second Likert assumption). Pearson items-scale correlations corrected for overlap were roughly equivalent for items within a scale for most of the CHAQ domains except for walking, hygiene, grip, and activities, and for most of CHQ health concepts except for BE, MH, SE,GH, PE,PT, FA.
Items internal consistency (third Likert assumption). Pearson items scale correlations were ≥ 0.4 for 93% of the CHAQ items (except walking), and for 75% of the CHQ items (except BE, MH, SE, GH, PE, PT, FA).
Items discriminant validity. For the CHAQ, Pearson items correlations with its scale corrected for overlap were greater than at least 1 standard error (SE) of the correlation with other scales for 66% of the items (21% by 2 SE); scaling failure was observed for walking, hygiene, reach,and activities, where the items were better correlated with other domains. For the CHQ, Pearson items correlations with its scale were greater by at least 1 SE for 91% of the items (60% by 2 SE); scaling failure was observed only for BE, and SE.
Floor and ceiling effect. The CHAQ floor effect had a median of 92% (range 83-97%) while for CHQ the median was 1.1% (range 0.0-8.0%). The CHAQ ceiling effect had median of 0.0% (range 0.0-1.1) while CHQ had a median of 22% (range 2.3-82%).
Cronbach's alpha internal consistency. Cronbach's alpha was (0.7 for 7/8 (88%) domains of the CHAQ (overall 0.97; range -0.4 to 0.95) with the exception being walking (-0.4). Cronbach's alpha was ≥ 0.7 for 7/11 (64%) measurable health concepts (*i.e.* health concepts with more than 1 item) of the CHQ (overall 0.94; range 0.64-0.97) with the exception being BE (0.64), MH (0.68), GH (0.69), and PE (0.66).
Inter scale correlation. The Pearson correlation of each domain with all other domains of CHAQ-CHQ was higher than their Cronbach's alpha for most of CHAQ domains except for eating, hygiene, and grip. For the CHQ most of the 11 measurable health concepts have correlation lower than their Cronbach's alpha except for PE.
Test-retest reliability. After a median of 7.5 days (range 7-37 days; number of JIA patients re-tested = 10) the intra-class correlation coefficients for the 8 CHAQ domains showed a fair to good reproducibility with a median of 0.97 (range -0.2 to 1.0) with a poor reproducibility only for arising (0.35), and grip (-0.17). Also the 15 CHQ health concepts showed a good to excellent reproducibility with a median of 0.9 (range 0.7-1.0).
External validity. The Spearman correlation of the (9) showed a median of 0.4 (range 0.4 to 0.6), with the highest correlation being with the parent's global evaluation of overall well being (r = 0.6). For the CHQ the median correlation was for the PhS -0.2 (range -0.7 to -0.1) and for the PsS was -0.1 (range -0.3 to -0.2). The best correlation was with the parentís global evaluation of overall well being for both the PhS (-0.7) and the PsS (-0.3).

Discussion

The results of the present study show that the Austrian versions of the CHAQ-CHQ have excellent psychometric properties.
In this study the Austrian CHAQ was derived from the German version of CHAQ (2, 8) with changing of the few words whose use is different in Austria with respect to Germany. This disease-specific questionnaire proved its ability to clinically discriminate between the JIA subtypes and healthy controls, with the systemic, polyarticular and extended oligoarticular subtypes having a higher degree of disability, pain,and a lower overall well-being when compared to their healthy peers. Minor statistical problems were found for walking, hygiene, reach, and activity which showed different means ± SD, an unequal item scale correlation,and problems for discriminant validity, Cronbach's alpha, and test re-test reliability.
In this study the Austrian CHQ was derived from the German version of the CHQ (2, 8) with changing of the few words whose use is different in Austria with respect to Germany. The generic CHQ questionnaire proved less able to clinically discriminate between the different JIA types than the CHAQ with the JIA patients with systemic, polyarticular onset or extended oligoarticular subtypes having a lower physical and psychosocial well-being when compared to their healthy peers. Some minor statistical problems were found for the equal item scale correlation, the item internal consistency, discriminant validity and Cronbach's alpha for BE, MH, SE, GH, and PE.
In conclusion, the Austrian version of the CHAQ-CHQ is a reliable and valid tool for the functional, physical and psychosocial assessment of children with JIA.

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