



EQ-TIPS

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Multi-national content validity testing to inform ongoing development and refinement of the EQ-TIPS

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OBJECTIVES

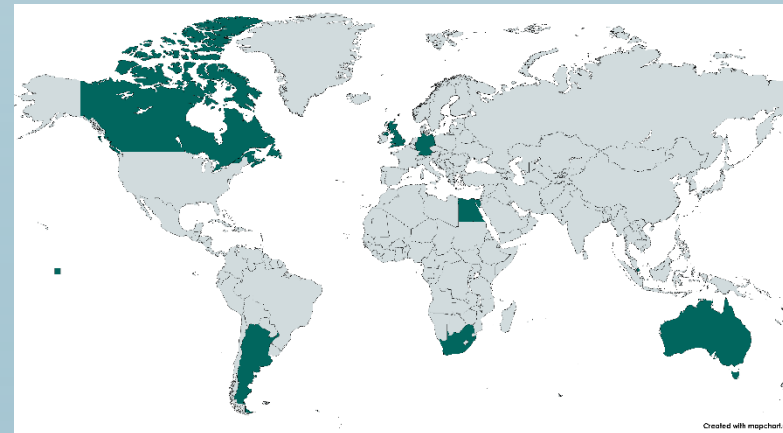
The EQ-TIPS is an experimental instrument, currently undergoing further multi-national development.

This study aims to evaluate the content validity (comprehensibility/ understanding, relevance, and comprehensiveness) of EQ-TIPS-5L from the perspective of caregivers of children, with and without a health condition.

METHODS

Caregivers of children (0-3 years), typically a parent, were recruited from 8 countries:

1. Argentina (Spanish) n=12
2. Australia (English) n=11
3. Canada (English) n=9
4. Egypt (Arabic) n=14
5. Germany (German) n=11
6. Singapore (English) n=9
7. South Africa (English) n=7
8. UK (English) n=6



- Participants were purposively recruited for 2 focus groups per country with an aim to balance caregiver gender, child age, and the presence of health conditions (child).
- A standard topic guide was developed and used across all countries to facilitate discussions about EQ-TIPS.
- Each focus group was conducted ≥2 trained local researchers.
- The discussions were recorded and transcribed verbatim.
- Data extraction and analysis followed an *a priori* framework, standardized across countries, focusing on comprehensibility/ understanding, relevance and comprehensiveness.
- Country-level data were translated into English, collated and synthesized for analysis.
- Public and patient involvement at the country level supported the project at multiple stages.

SCAN THE QR CODE For a sample copy of the revised 7-item version of the EQ-TIPS-5L.

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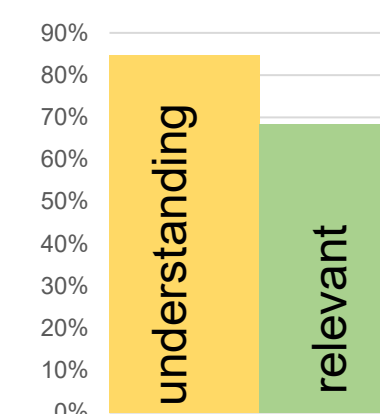
RESULTS

Under each heading, please select the ONE box that you think best describes the child's health TODAY, when compared to other children of a similar age.

- Most understood the instruction but comparison to other children caused confusion and increased response subjectivity.
- Some thought the recall period of 'Today' ensured clarity whilst others preferred a longer period to account for fluctuations.

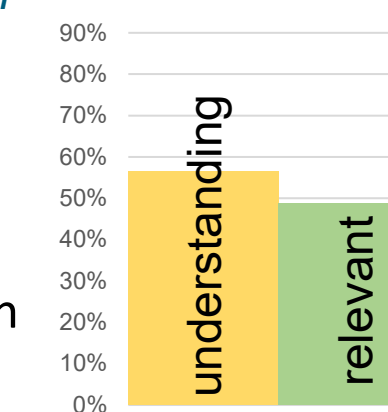
MOVEMENT (for example, holding, reaching, head control, sitting, crawling or walking)

"... the first hours when you're still in hospital you need to know if your baby is moving... When the baby is still your womb"
South Africa, mother of 6-12-month-old



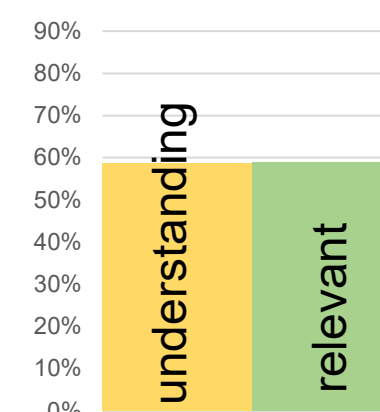
SOCIAL RELATIONSHIPS (for example, interacting or responding to others they know well through eye contact, smiling, laughing or talking)

Caregivers expressed that for some ages, between 0-3 years, it is normal to interact with people they don't know. Overlap with communication reduced content validity.



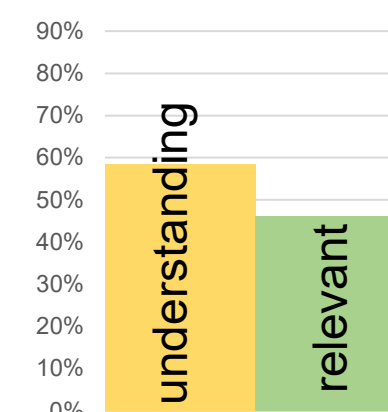
PLAY (for example, playing with objects, toys, or games, with others or alone)

"...if my child don't play well with others, would that be under play or is it still under social relationship or is it like both?..."
Singapore, mother of 12-24-months



COMMUNICATION (for example, cooing, gurgling, babbling, gesturing or speaking)

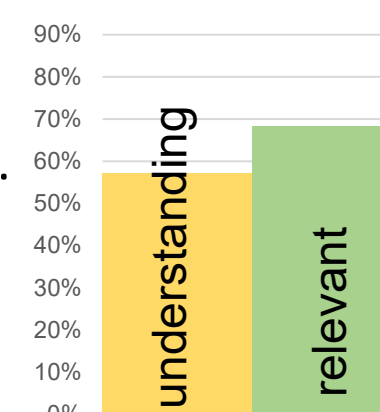
"I think it's like between 0 and 2 months, or whatever. I think the line is pretty blurry between communication and social relationship..."
Australia, mother of 24-36-month-old



PAIN (for example, crying non-stop, restless movement, making a face or wincing, whimpering)

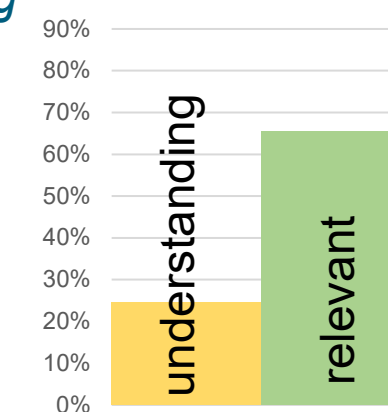
Some caregivers noted ambiguity between experiencing and expressing pain.

"So for me, understanding also includes: 'Can my child express pain?'..."
Germany, father of 25-36-month-old



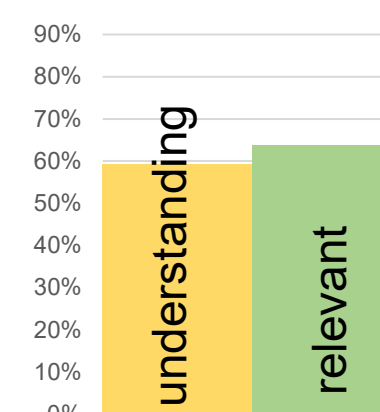
SLEEPING (for example, difficulty getting to sleep or staying asleep affecting activities or making the child grumpy)

Most respondents showed limited item understanding as they did not reference 'affecting activities or making the child Grumpy.'



FEEDING/EATING (for example, comfortably sucking, chewing, swallowing or keeping food down)

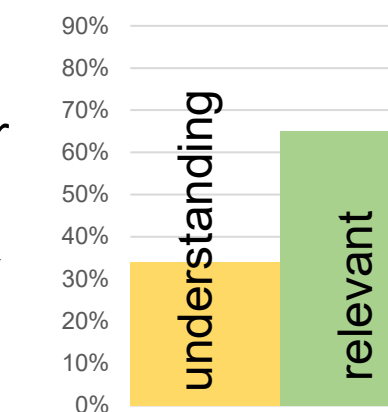
"(It)...give me the thought that it's the physical action of feeding and eating rather than the 'oh I don't want my lunch today', I'm gonna throw it on the floor"
UK, mother of 12-24-month-old



EMOTIONS (for example, seems content or comforted when upset)

Understanding was limited as many referenced either emotional expression or regulation not both.

"... I think more of regulation when I think of being comforted when upset..."
Canada, mother of 12-24-month-old



RESULTS continued

Sample

79 caregivers of children aged 0-3 years, 49% with a chronic health condition, participated in 16 focus groups

n(%)	N=79
Relationship to the child	
Mothers	53 (69%)
Fathers	21 (27%)
Grandmothers	3 (4%)
Age group	
0-6 months	14 (18%)
6-12 months	13 (17%)
12-24 months	24 (30%)
24-36 months	28 (35%)

Comprehensiveness

Most considered the EQ-TIPS to be comprehensive. A few caregivers suggested that stooling and cognition were missing, although the latter was suggested to be captured by the item of play.

"I think the questionnaire covers everything well, given the limited age range from 0 to 3 years"
Egypt, mother of 24-36-month-old

DISCUSSION & CONCLUSION

This study provides multi-national evidence supporting the content validity of EQ-TIPS and the proposed modifications.

As a result of these findings, several key changes were made to the draft EQ-TIPS:

- references to other children and communication were removed.
- parentheses include explanations that clarify the meaning of certain items and additional examples were added for clarity.
- examples are balanced across the age range and the overlap between items reduced.

The novel focus group qualitative methodology has been valuable to inform instrument development, and the multi-national approach ensures that the content is appropriate across populations.

The next phase of development will assess the psychometric performance of the refined seven-item version of EQ-TIPS.