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Health Days Core Module-4 (CDC-HRQOL-4)**

<b>Availability:</b>	The instrument is freely available here: <a href="#">Healthy Days Core Module (CDC HRQOL-4)</a>
<b>Classification:</b>	<b>Exploratory:</b> Cerebral Palsy (CP) <b>Supplemental:</b> Epilepsy and Headache
<b>Short Description of Instrument:</b>	<p><b>Description:</b> Developed in Canada, 2002. It has 25 items and 5 subscales which include interpersonal/social consequences; worries and concerns; intrapersonal/emotional; secrecy; and quest for normality. Child (8–15 years) self-report and parent proxy scales each take approximately 15 minutes to complete.</p> <p><b>Particular Features:</b> If both the child and parental scales are used, a comparison of perceptions can be made.</p> <p><b>Psychometric Properties:</b> Internal consistency measured by Cronbach’s alpha coefficient was acceptable for all subscales, with all scores &gt;0.63. Construct validity has been demonstrated. Items were originally derived from focus group discussions and the number reduced by clinical researchers through a judgmental item reduction process. Factor analysis was also carried out to identify subscales.</p> <p>Reliability was evaluated with Cronbach’s coefficient with internal consistencies of 0.7 or higher for four subscales, 0.63 in the fifth subscale and 0.64 for one of the parent-proxy subscales.</p> <p>Test-retest reliability was examined for each subscale with a second and third group of children and adults.</p> <p>Correlations between mothers’ and children’s responses were low to moderate.</p> <p>Sensitivity to Change: Untested.</p> <p>Relationships to other variables: The subscales were able to discriminate between groups of children (i.e., few versus more health problems) related to their epilepsy, with the exception of the “secrecy” subscale within the epilepsy group. There was a negative HRQL gradient in relation to seizure severity in the previous year for all subscales, and significantly negative correlation with AED toxicity and several subscales.</p> <p><b>Strengths and Weaknesses:</b>  <b>Strengths:</b> The subscales showed good to excellent discrimination between children with few versus more health problems related to their epilepsy.  <b>Weaknesses:</b> It is available in English only. Copyright 2003 International League Against Epilepsy</p>

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<b>References:</b>	<p><b>Key Reference:</b></p> <p>Ronen GM, Ronen, DL, Streiner, PR, &amp; the Canadian Pediatric Epilepsy Network. Health-related Quality of Life in Children with Epilepsy: Development and Validation of Self-report and Parent Proxy Measures. <i>Epilepsia</i>. 2003;44: 598–612.</p> <p><b>Additional References:</b></p> <p>Ronen GM, Rosenbaum P, Law M, Streiner DL. Health-related quality of life in childhood disorders: a modified focus group technique to involve children. <i>Qual Life Res</i>. 2001;10: 71–79.</p> <p>Ronen GM, Rosenbaum P, Law M, Streiner DL. Health-related quality of life in childhood epilepsy: the results of children participating in identifying the components. <i>Dev Med Child Neurol</i>. 1999;41:554–559.</p>
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