

## CHU9D - Measuring health and calculating QALYs for children and adolescents.

The CHU9D is a paediatric generic preference-based measure of health-related quality of life suitable for 7 to 17 year olds. It consists of a short questionnaire and a set of preference weights using general population values. The questionnaire has 9 questions with 5 response levels per question and is self-completed by the child. There are the original UK English questionnaire and Chinese, Spanish, Welsh, Dutch, Italian, Japanese, Danish, French Canadian, Swedish and Portuguese translations available.

### CHU9D: A brief overview

The CHU9D is a paediatric generic preference-based measure of health-related quality of life suitable for 7 to 17 year olds. It consists of a short questionnaire and a set of preference weights using general population values. The questionnaire has 9 questions with 5 response levels per question and is self-completed by the child (or proxy completed for younger children). There is the original UK English version and a large number of other translations are available, including: Argentina, Australia, Austria, Belgium (Dutch, French), Brazil, Canada (English, French), Chile, China, Croatia, Czech Republic, Denmark, Estonia (Estonian, Russian), France, Germany, Guatemala, India (Bengali, English, Hindi, Telugu), Israel (Arabic, Hebrew, Russian), Italy, Japan, Latvia (Latvian, Russian), Lithuania (Lithuanian, Russian), Mexico, Netherlands, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Spain, Sweden, Taiwan, Turkey, Ukraine (Ukrainian, Russian), USA (Spanish and English) and Wales. All translations have undergone a full linguistic validation process. If you require any of these, please indicate this on your licence application form

The CHU9D allows the analyst to obtain quality adjusted life years (QALYs) directly for use in cost utility analysis.

If the results of your Project are published, the user shall, if appropriate, cite the publications listed in the References section tab.

### Further information

#### What is the CHU9D?

The CHU9D is a paediatric generic preference based measure of health related quality of life. It consists of a descriptive system and a set of preference weights, giving utility values for each health state described by the descriptive system, allowing the calculation of quality adjusted life years (QALYs) for use in cost utility analysis. The descriptive system and the preference weights are now available for use.

#### How was the CHU9D developed?

The CHU9D has been developed exclusively with children. The dimensions are based on interviews with over 70 children with a wide range of health problems. Further ranking work with children was undertaken to develop scales for the dimensions and a draft descriptive system was produced. This was tested on 150 school children and 98 children in hospital

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(including medical, surgical and day case patients) and subsequently refined to produce the final descriptive system. Further details can be found under the publications page.

### **The Descriptive System (Questionnaire)**

**Application:** generic

**Number of dimensions (questions):** 9

**Number of levels (response options) per dimension:** 5

**Age range:** 7-17 years

**Mode of completion:** self completion (proxy completion also available for younger children)

**Recall period:** today/last night

Preference weights for the CHU9D were obtained from a sample of the UK adult general population using the recognised valuation technique of standard gamble. Members of the general population were asked to value a selection of health states from which a model was estimated to predict all the health states described by the CHU9D.

### **Preference Weights (Australian)**

A recent study has obtained Australian preference weights for the CHU9D using profile case best worst scaling methods. These are based on the preferences of Australian adolescents aged 11 to 17 years. If you would like to use these preference weights, please indicate this when completing your licence application. Alternatively, you can contact Professor Julie Ratcliffe, [julie.ratcliffe@flinders.edu.au](mailto:julie.ratcliffe@flinders.edu.au) who led the work. Julie will also be able to provide you with the algorithms. Please note the descriptive system is only available through the University of Sheffield.

### **Applications**

Whilst the measure was originally developed with children aged 7-11 years, since then it has been validated in an adolescent population (11-17 years). Details can be found on the publications page. Some studies are also underway trialling a proxy version with children age 5-7 years and a proxy version with guidance notes for children under 5 years. If you are interested in using it in the under 5 age group, please contact Katherine Stevens to discuss this. If you are interested in using the proxy version for children age 5-7 years, then please select this option on the licence request form.

### **Translations**

Please note that according to the terms of our licenses, prior written permission is required before additional translations are carried out. All translations must be undertaken by ICON who are familiar with this measure, as we expect consistency in the translations provided for CHU-9D. Copyright in resulting translations will lie with the University of Sheffield

### **Video**

Please watch this [video](#) for more information

### **Placing an order**

We ask the following information to be provided at 'checkout' for both commercial and non-commercial orders:

What is the title of study in which CHU-9D will be used?

What is the duration (term) of the study?

How large is the trial (number of individuals)?

What is the age range of the study participants?

What is the intended clinical / disease area?

What is the purpose for using CHU-9D in this study?

Will you require access to the proxy version?

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### *Duration*

Please note that the Duration of the licence is the duration of the study specified at checkout.

### **References**

1. Stevens( 2012) , <http://https://link.springer.com/article/10.2165%2F11599120-000000000-00000>, Pharmacoeconomics, 30(8), 729-747
2. Flynn, Sawyer, Brazier , Stevens , Huynh , ?Ratcliffe (2016) , <http://onlinelibrary.wiley.com/doi/10.1002/hec.3165/full>, Health Economics, Vol 25, 486-496
3. Stevens(2009) , <http://eprints.whiterose.ac.uk/10841/>, Quality of Life Research, 18 (8), 1105-1113
4. Stevens(2010) , [http://journals.sagepub.com/doi/abs/10.1177/1049732309358328?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%3dpubmed](http://journals.sagepub.com/doi/abs/10.1177/1049732309358328?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed), Qualitative Health Research, Vol 20, 340 - 351