

breast cancer were included in the rehabilitation group and 103 patients in the non-treatment group. QoL was assessed with the EORTC-QLQ-C30 and breast module at admission, discharge (resp. week four) and after one year. MANCOVA analyses showed significant beneficial effects for the treatment group in central QoL-domains ($p < .03$) over time. To demonstrate the clinical significance of these findings, two methods for computing individual change rates were employed: 1. reliability-based approaches (reliable change statistics) and 2. normative approaches (change rates indicating an individual transition into another health state using normative data). Change rates between the rehabilitation group and the controls were compared and used to calculate established measures for treatment efficacy (risk indices or NNT). Comparative analyses between these two methodological approaches revealed convergent estimations for the benefit of the intervention programs.

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TESTS OF SCALING ASSUMPTIONS, CONSTRUCT VALIDITY AND RELIABILITY OF THE CHINESE CHILD HEALTH QUESTIONNAIRE, PARENT FORM (CHQ-PF50) AND CHILD FORM (CHQ-CF87)

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Validated instruments for assessment of quality of life in Chinese children are as yet unavailable. We determined the construct validity and reliability of the translated Chinese versions of the Child Health Questionnaires (Landgraf, Abetz & Ware, 1999) designed for completion by parents (CHQ-PF50) and children (CHQ-CF87). The Chinese versions were developed through iterative forward and backward translation processes by independent parties. The feasibility, as rated by degree of difficulty using a 4-point scale, and time for completion were evaluated for the Chinese CHQ-PF50 and CHQ-CF87 in 15 and 11 subjects, respectively. To assess the construct validity and reliability, 1143 parents of healthy children and 823 school children were invited to complete the Chinese CHQ-PF50 and CHQ-CF87, respectively. The results showed that both the Chinese CHQ-PF50 (mean rating 1.66) and CHQ-CF87 (mean rating 1.33) were easy to complete, with completion times of 14.23 ± 5.23 minutes and 13.82 ± 3.52 minutes, respectively. Psychometric analysis on item convergent validity and discriminant validity showed perfect or near perfect (>99%) rates of success for all ten scales in the CF87 and >94% for all but one scale in the PF50. The exception was the general health scale (86%). Minimal floor effects were observed for both questionnaires. However, substantial ceiling effects were observed for the five scales in both questionnaires (physical functioning, role-emotional, behavioral, role-physical, bodily pain and family activities). The median alpha coefficient of reliability for CF87 was 0.90 (range 0.85 to 0.94). The median alpha coefficient for PF50 was 0.80 (range 0.44 to 0.88), with the mental health scale falling just below the minimum criterion for group level analysis (0.68) and the general health scale being the lowest (0.44). These findings suggest that the Chinese translations of CHQ-PF50 and CHQ-CF87 are robust and sufficient. Additional work with regard to ceiling effects is required to assess the performance of the measures in condition groups.

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AGE AND GENDER DIFFERENCES ON HEALTH-RELATED QUALITY OF LIFE (SF-36) FOR PEOPLE AFTER CARDIAC SURGERY/INTERVENTION

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Quality of life represents the multi-factorial effect of a disease and/or an intervention and reflects the therapy consequences as perceived by a patient. The purpose of this study was to investigate the age and gender effect on life quality among female and male, adults and elderly 4-6 weeks after cardiac surgery/intervention. A convenient sampling of totally 262 participants, 194 males and 68 females, with age ranged from 21 to 84 (mean=57.31, S.D.=11.7) were invited to join the study when they entered an out-patient cardiac rehabilitation program. They were requested to self-administer the SF-36 questionnaire. Their physical endurance was measured by 6-minute walking test. The results were analyzed by using a 2 (median-split of age) X 2 (gender) ANOVA factorial analysis with education level and 6-minute walking test performance as covariates. The results showed that there were significant age x gender effects on physical function ($F=3.60$, $p < 0.05$), social function ($F=12.02$, $p < 0.01$) and role emotion ($F=3.89$,