Reviewer's report

Title: Health related quality of life of Dutch children: psychometric properties of the PedsQL in the Netherlands

Version: 1 Date: 17 April 2009

Reviewer: James W. Varni

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The objective of the study was to investigate the psychometric properties of the PedsQL 4.0 Generic Core Scales in the Netherlands.

1. The Introduction is appropriately succinct given the objective of the study.


3. The majority of PedsQL studies have utilized the paper and pencil version. The investigators should incorporate some discussion on the electronic mode of administration, including whether administering the items one at a time on the screen may impact the psychometric properties. Two recent PedsQL internet administration studies may be useful to review and cite (Varni, J.W., Limbers, C.A., Burwinkle, T.M., Bryant, W.P., & Wilson, D.P. (2008). The ePedsQL™ in Type 1 and Type 2 diabetes: Feasibility, reliability, and validity of the Pediatric Quality of Life Inventory™ Internet administration. Diabetes Care, 31, 672-677. Young, N.L., Varni, J.W., Snider, L., McCormick, A., Sawatzky, B., Scott, M., King, G., Hetherington, R., Sear, E., & Nicholas, D. (2009). The Internet is valid and reliable for child-report: An example using the Activities Scale for Kids (ASK) and the Pediatric Quality of Life Inventory (PedsQL). Journal of Clinical Epidemiology, 62, 314-320.)

4. It would be informative to cite the literature regarding expected age, gender, and parent education/SES differences on generic HRQOL instruments in order to place the results in the context of the larger literature. For example, adolescent girls have been found to have worse emotional functioning in comparison to adolescent boys (see for example, Reinfjell, T., Diseth, T.H., Veenstra, M., & Vikan, A. (2006). Measuring health-related quality of life in young adolescents: Reliability and validity in the Norwegian version of the Pediatric Quality of Life Inventory™ 4.0 (PedsQL™) Generic Core Scales. Health and Quality of Life Outcomes, 4:61.) and socioeconomic status (SES) differences have been found (e.g., Varni, J.W., Burwinkle, T.M., & Seid, M. (2006). The PedsQL™ 4.0 as a school population health measure: Feasibility, reliability, and validity. Quality of Life Research, 15, 203-215.)
5. The investigators may be overstating when they suggest that the scores obtained in the study are an adequate representation of the general Dutch populations. They will need to bring in additional information to support that the sample characteristics are similar to the population characteristics in the larger Dutch national pediatric population. It is not clear from the procedure section whether probability sampling was conducted. More details are needed to support how representative this sample is of the larger Dutch pediatric population. How many schools were included across how many districts, and the like.

6. The types of chronic health conditions identified by the parents should be described. In general, the HRQOL scores for the chronic health condition group are higher than in physician-diagnosed chronic health conditions using the PedsQL, and may not be representative of the more serious pediatric chronic health conditions in the Netherlands. This should be discussed as a possible limitation.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.