



---

## **KIDSCREEN Project Information**

Screening for and Promotion of Health-Related Quality of Life  
in Children and Adolescents - A European Public Health Perspective



---

## KIDSCREEN Project Information

Screening for and Promotion of Health-Related Quality of Life  
in Children and Adolescents - A European Public Health Perspective

The **KIDSCREEN project** was funded by the European Commission within the Fifth Framework Programme (FP5). The project was part of the Quality of Life and Management of Living Resources programme, which was one of the seven specific programmes of the FP5. The programme was built around six specific key actions and generic activities. The KIDSCREEN project co-operated with the DISABKIDS project, which was also funded by the European Commission.

### Objectives

The main objective of the project was the co-operative European development of a standardised screening instrument for children's quality of life for use in representative national and European health surveys. The aim is to identify children at risk in terms of their subjective health and to suggest appropriate early interventions by including the instrument in health services research and health reporting.

### Brief Description

The project was co-ordinated by the study centre at the Robert Koch Institute in Berlin together with thirteen European countries (Austria, Czech Republic, France, Greece, Hungary, Ireland, Poland, The Netherlands, Spain, Sweden, Switzerland, United Kingdom and Germany). Work in the KIDSCREEN project took place over 3 years (2001-2004).

The project was organised in three work phases:

1. The **instrument development phase** involved the construction of a psychometrically sound health-related Quality of Life instrument, taking into account the existing state of research. Results of focus group work involving children were used to identify acceptable items and relevant quality of life dimensions. The items were translated into the languages of the participating countries according to international guidelines. This was done to obtain a pilot instrument which could then be tested in each country and revised as necessary.

2. In a **survey phase** thirteen national representative mail and telephone surveys on health-related quality of life were conducted involving 1800 children and adolescents and their parents in each country. The method and content of the survey data was analysed in each country. Reference data for each participating country was also provided.

3. In an **implementation phase** the tested instrument was included in health services and health reporting on a national level. The implementation was evaluated according to acceptance, use and incorporation of the instruments in health-research and practice. In a final step data was analysed at a European level to provide other European countries and the public with user-friendly guidelines, instrument manuals and public use files.

Three **KIDSCREEN questionnaires** were developed simultaneously in the participating countries: KIDSCREEN-52, KIDSCREEN-27 and the KIDSCREEN-10 index. All three questionnaires are available as children's, and adolescents' as well as parent/proxy versions.

### Contact

Prof. Dr. Ulrike Ravens-Sieberer MPH  
Head of Research – Professor for Child Public Health  
for the KIDSCREEN Group  
University Clinic Hamburg- Eppendorf  
Center for Obstetrics and Pediatrics  
Department of Psychosomatics in Children and  
Adolescents  
Martinistr. 52, W29 (Erikahaus)  
20246 Hamburg, Germany

Phone: +49-40-7410-57378  
Phone: +49-40-7410-57332 (Secretary Mrs. Wegner)  
Fax: +49-40-7410-55105  
Email: Ravens-Sieberer@uke.uni-hamburg.de  
Website: <http://child-public-health.com/>