



INTRODUCTION

- * Integration of e-Health technologies for purposes of assessment in pediatric psychology offers a number of advantages: Lots of children are familiar with new technology and enjoy using it Incorporation of colors, smileys, graphics and sounds to make it fun to complete

 - Electronic scoring: no more manual data entry, reducing transcription errors as well as researcher workloads
- * Thus, the usual paper-administration of the QLSI-C has been replaced by an iPad administration
 - years using a Visual Analog Scale
 - child-focused tool has included these notions

METHOD

Mean age is 9.75 (SD=1.53) with 50% male.

- emotional, cognitive, social and family functioning.
- Gap



the iPad format of QLSI-C appears valid in comparison to the original paper format. This technology approach to assessment is more attractive for children, decreases time for administration, and enhances the ease of scoring. Thus, these advantages might encourage both clinicians and researchers to consider using e-Health developments in assessment in pediatric psychology.

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RESULTS

ANOVA: No significant group, time or interaction effect for gap and goal scores. Despite the interaction effect for the rank score, analysis of Post Hoc test showed no significant differences between groups for the rank score.

	PAPER α	IPAD α	p *		
ISTENCY					
	.91	.92	.64		
	.82	.79	.32		
	.77	.80	.67		
				*Base	d on Feldt
	IPAD TO M(SD)	IPAD T1 M(SD)	р	Pearson r	ICC
ELIABILITY	IPAD TO M(SD)	IPAD T1 M(SD)	p	Pearson r	ICC
ELIABILITY	IPAD TO M(SD) 7.59 (6.55)	IPAD T1 M(SD) 6.26 (6.64)	p .53	Pearson r 0.72	ICC .97
ELIABILITY	IPAD TO M(SD) 7.59 (6.55) 1.59 (0.16)	IPAD T1 M(SD) 6.26 (6.64) 1.61 (0.18)	p .53 .92	Pearson r 0.72 0.66	ICC .97 .87
	IPAD TO M(SD) 7.59 (6.55) 1.59 (0.16) 2.55 (4.52)	IPAD T1 M(SD) 6.26 (6.64) 1.61 (0.18) 2.38 (6.13)	p .53 .92 .71	Pearson r 0.72 0.66 0.69	ICC .97 .87 .90

* Equivalence between paper and iPad modes of administration

In summary,