

Comparison EQ-5D-Y-3L Responses between Child Self-Reports and Caregiver Proxy Reports

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Aims & Objectives

To support accurate HRQoL assessment in the local context, this study aimed to **evaluate differences between the EQ-5D-Y-3L self-report and proxy-report versions** among **children and caregivers in Hong Kong**.



Methods

- Target: 600 pairs Children & their Caregivers
- Eligibility:
 - Children - Aged 8 to 17
 - Caregivers - Aged 18 and above;
 - Both - Hong Kong resident;
 - Able to read Chinese and communicate in Cantonese
- Design:
 - A cross-sectional, face-to-face survey using a self-administered electronic questionnaire
 - Both children and their proxies assessed the child's self-reported health using the EQ-5D-Y-3L
- Period: Started from Jun-2025 (on-going)



Results

Findings presented are based on baseline data of the first 34 respondents, focusing on the agreement between each self-report version and its corresponding proxy.



Figure 1. Proportion of Reporting Full Health Among Children and Their Proxies

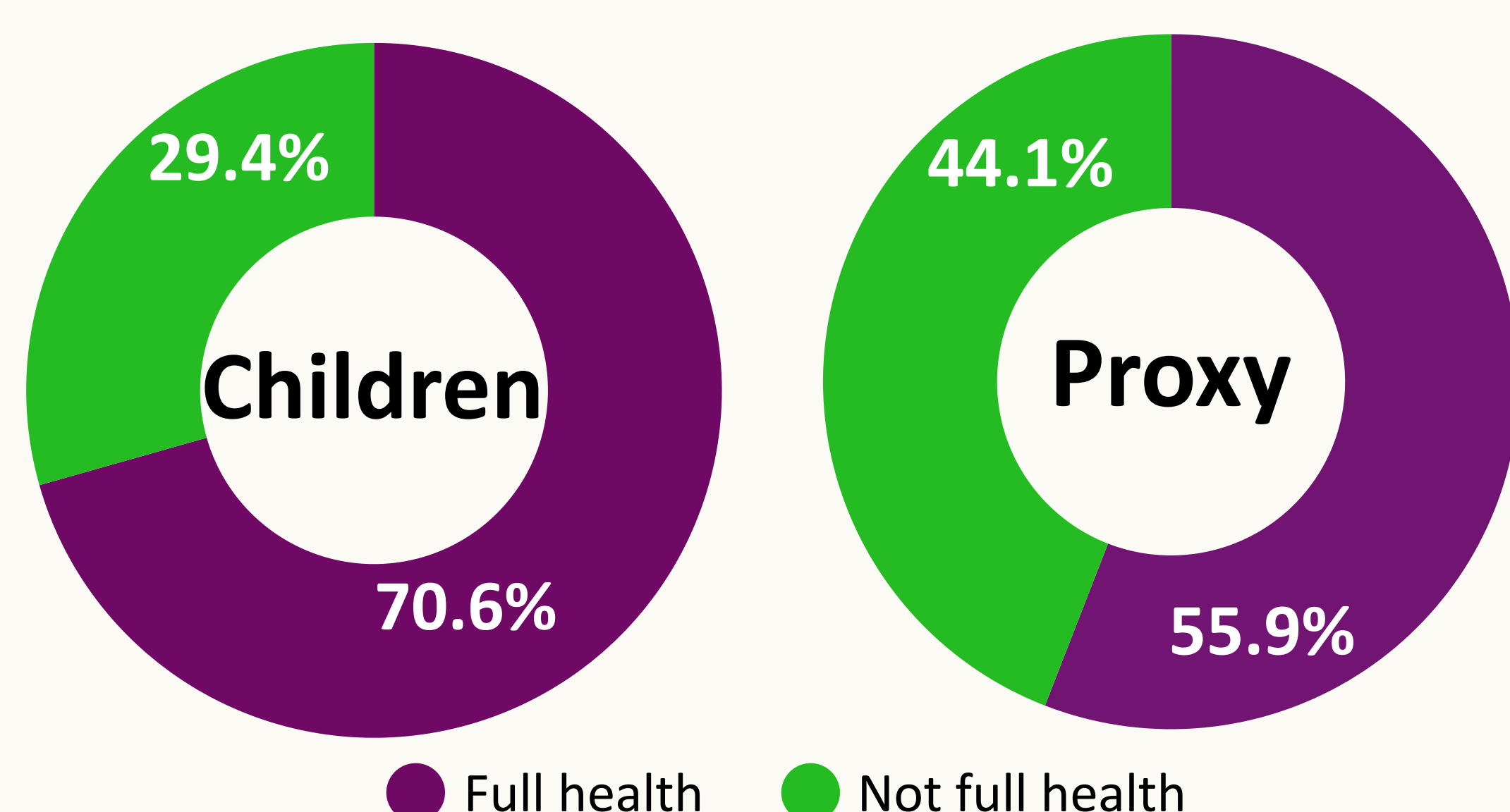


Figure 2. Discrepancies between Self- and Proxy-Reports

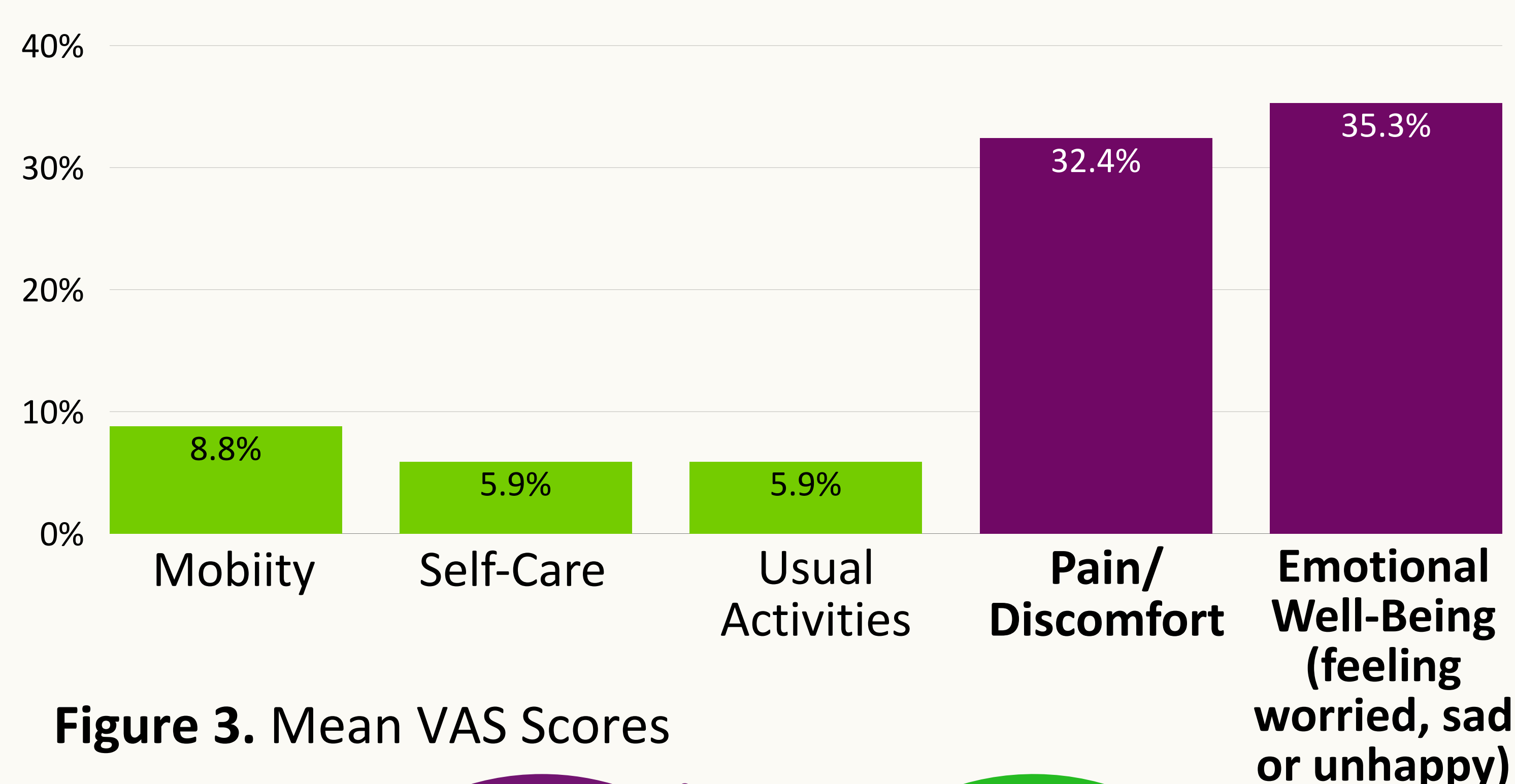
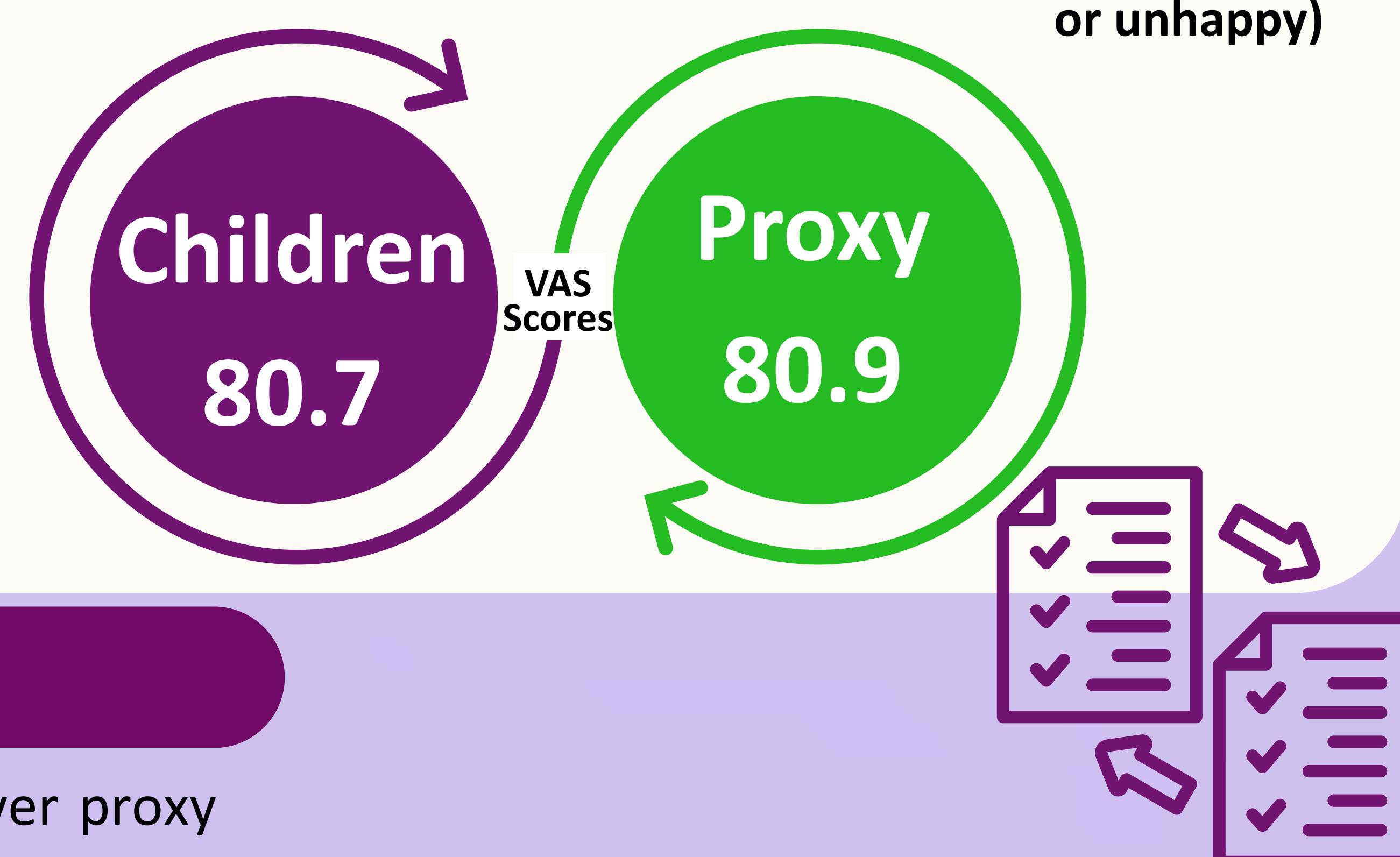


Figure 3. Mean VAS Scores



Discussion and Conclusion

- **Close alignment in VAS scores** between child self-reports and caregiver proxy reports suggests a **general consistency** in perceived overall health status
- Domain-specific discrepancies in **emotional well-being** and **pain/ discomfort** highlight the differences in internal self-perception between children and their caregivers
- Strengthening the validity of the proxy instrument could enhance its utility in monitoring health changes among children both in clinical and policy settings where direct child reporting is not feasible

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