From cradle to grave: can we measure and value HRQoL consistently over the lifespan?

Elly Stolk

Scientific Director, EuroQol Research Foundation

Welcome from the organisers

Moderator: Elly Stolk

Speakers: Janine Verstraete, Mike Herdman, Nancy Devlin

Introduction

- EuroQol introduced the EQ-5D in 1990. Today, EQ-5D is the most widely used measure of health

- EQ-5D was developed for use in **adults**, but accurate and reliable measurement of HRQoL is just as important for **children**

- Demand for a version that allowed children to self-report their health led to the development of a version of EQ-5D for use in children 8+: the EQ-5D-Y

- The recent development of new 'experimental' EuroQol instruments –EQ-TIPS and EQ-5D-Y-Adapted (for 2-4 yr olds) – opens up the possibility of having of having a suite of coherent, linked instruments that cover HRQoL 'from the cradle to the grave'

- The goal of this seminar is to report progress towards that emerging aim

The case for measuring 'From cradle to grave'

- Measurement and valuation of health across lifetime can support healthcare systems in achieving their objectives

- E.g. to support **public health surveillance** and by extending reach of **HTA frameworks**

- Inconsistent approaches over lifetime will hamper application; similarity of EuroQol instruments can help
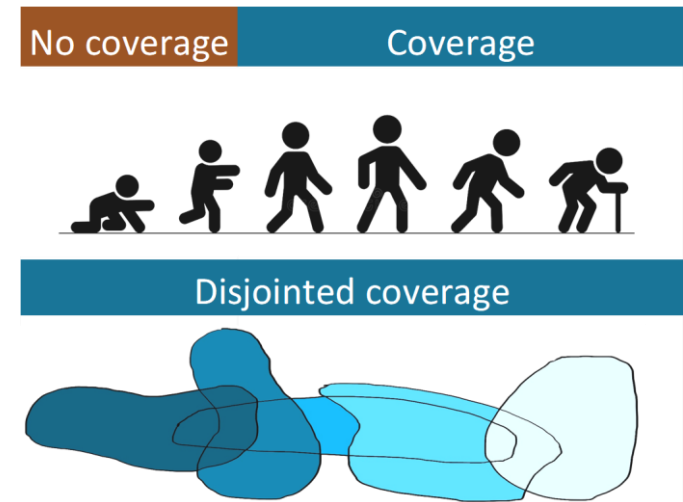
Practical challenges in multiple areas

- There is a need to contemplate whether the practices from which EuroQol draws provide appropriate solutions for measurement and valuation of health in new target groups

- **Descriptively**: Children are not little adults – should we measure and value their health in the same way? Dimensions & wording need to be age-appropriate

- **Valuation**: Empirical questions around elicitation, and normative questions around what new values should reflect

- **Application**: how to use the obtained results?

Work in progress

- This is a relatively new direction for the EuroQol Group
- This symposium aims to provide a space for reflection on whether this idea of measuring health from cradle to grave is a good one and how it should be done

Aims of the symposium

- To introduce you to EuroQol's instrument portfolio, including experimental measures under development to fill gaps in age ranges covered
- To explain challenges that need to be addressed when pursuing the goal to measure and value health consistently across age groups
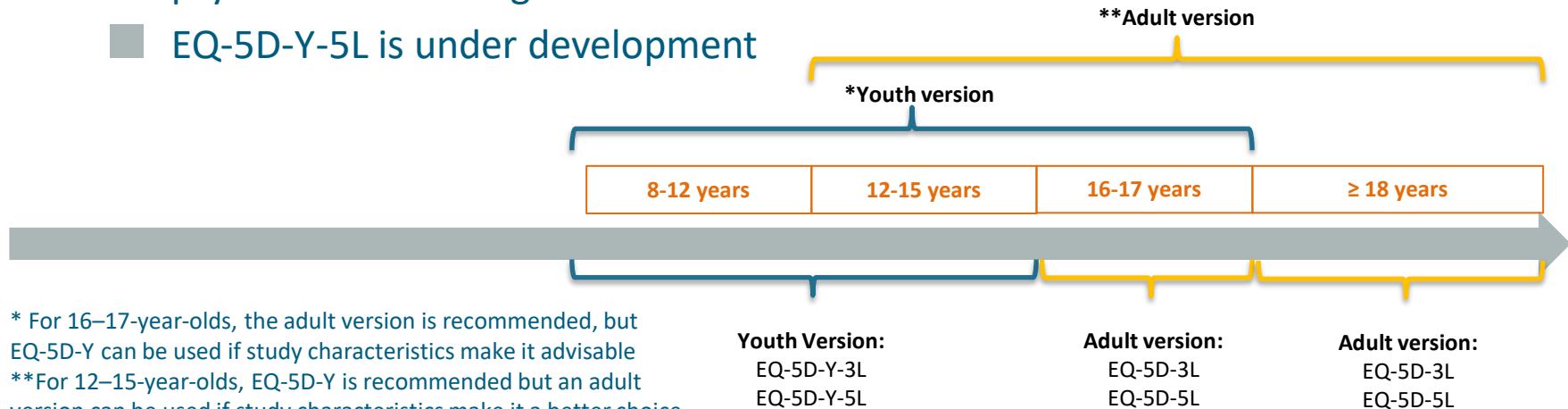- To invite reflection on the case for measuring 'From cradle to grave'

EQ-5D measures

- Generic questionnaire designed for use in a wide range of diseases and conditions, as well as in healthy populations to measure and value health

- Designed for self-completion by adults (≥18 years). Age range of EQ-5D extended to 16-17 years $\Rightarrow$ Able to reliably self-complete

- Demand from HTA bodies and other healthcare decision makers to extend coverage to children

16-17 years	≥ 18 years

Adult version:
EQ-5D-3L
EQ-5D-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

Development of EQ-5D-Y: based on EQ-5D-3L

- Dimension and level structure of EQ-5D maintained to ensure comparability
- Wording adapted with expert review, qualitative testing with children and psychometric testing
- EQ-5D-Y-5L is under development

**Adult version

*Youth version

| 8-12 years | 12-15 years | 16-17 years | ≥ 18 years |

Youth Version:
EQ-5D-Y-3L
EQ-5D-Y-5L

Adult version:
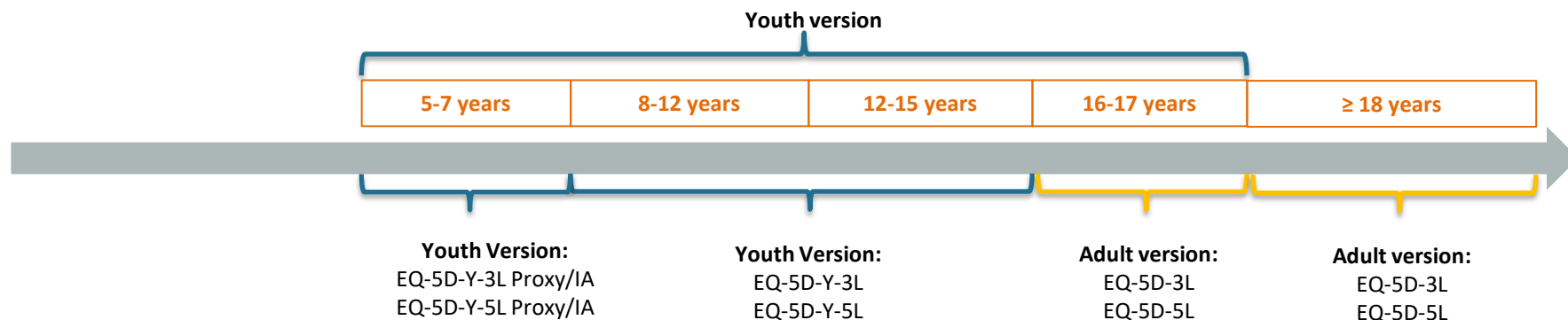EQ-5D-3L
EQ-5D-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

* For 16–17-year-olds, the adult version is recommended, but EQ-5D-Y can be used if study characteristics make it advisable
**For 12–15-year-olds, EQ-5D-Y is recommended but an adult version can be used if study characteristics make it a better choice
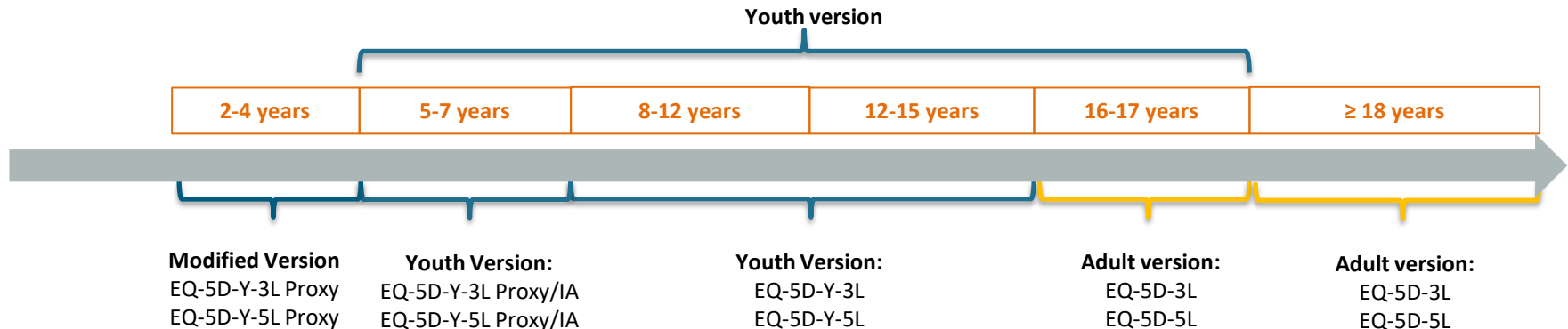
EQ-5D-Y alternatives: proxy and interviewer-administered (IA)

- Allows measurement of health in children who do not have the proficiency in reading and writing

- IA preferred over proxy reports – proxies may be less accurate

- IA version has shown promising results also in younger children aged 5-7 years

Youth version

5-7 years	8-12 years	12-15 years	16-17 years	≥ 18 years

Youth Version:
EQ-5D-Y-3L Proxy/IA
EQ-5D-Y-5L Proxy/IA

Youth Version:
EQ-5D-Y-3L
EQ-5D-Y-5L

Adult version:
EQ-5D-3L
EQ-5D-5L
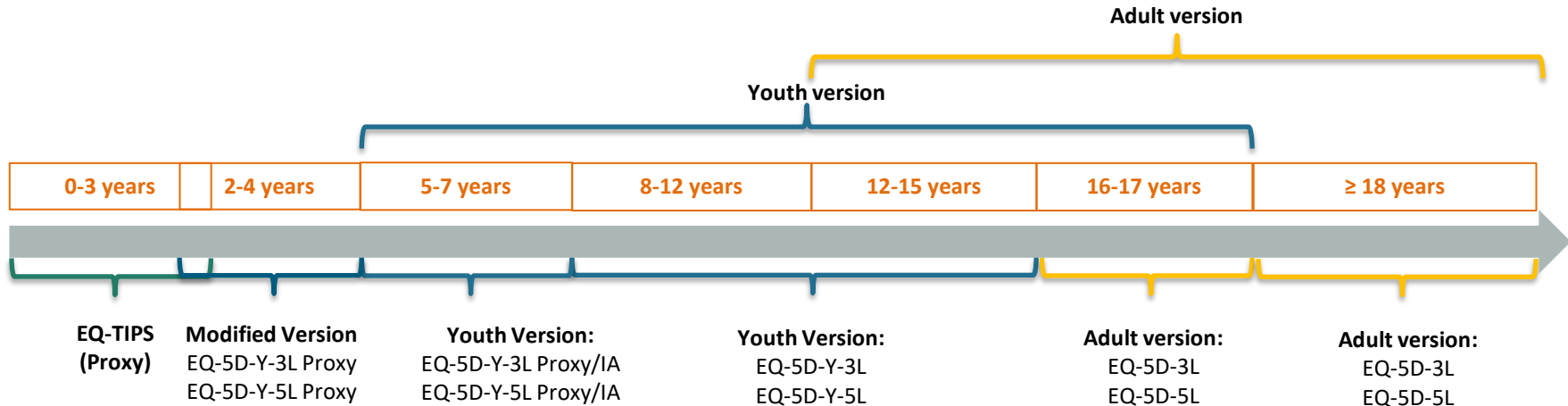
Adult version:
EQ-5D-3L
EQ-5D-5L

Measurement for younger children

- A modified EQ-5D-Y proxy version for 2 – 4 yr olds is tested in a large paediatric multi-instrument comparison in Australia (part of the QUOKKA study)

- Descriptive system adapted with expert review, qualitative testing with children & psychometric testing. Dimensions retained, wording amended

Youth version

2-4 years	5-7 years	8-12 years	12-15 years	16-17 years	≥ 18 years

Modified Version
EQ-5D-Y-3L Proxy
EQ-5D-Y-5L Proxy

Youth Version:
EQ-5D-Y-3L Proxy/IA
EQ-5D-Y-5L Proxy/IA

Youth Version:
EQ-5D-Y-3L
EQ-5D-Y-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

Measurement for even younger children

- EQ-Toddler and Infant Populations (EQ-TIPS) proxy version for 0-3 years
- Based on EQ model, but extra/different dimensions
- Current work focused on further development and testing globally

0-3 years	2-4 years	5-7 years	8-12 years	12-15 years	16-17 years	≥ 18 years

Youth version

Adult version

EQ-TIPS (Proxy)

Modified Version
EQ-5D-Y-3L Proxy
EQ-5D-Y-5L Proxy

Youth Version:
EQ-5D-Y-3L Proxy/IA
EQ-5D-Y-5L Proxy/IA

Youth Version:
EQ-5D-Y-3L
EQ-5D-Y-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

Adult version:
EQ-5D-3L
EQ-5D-5L

Status of Youth Instruments

■ Approved: EQ-5D-Y-3L (all versions: self-report, proxy, IA)

  • Status implies: finalized product governed by same license policy as EQ-5D

■ Experimental: EQ-5D-Y-5L, EQ-TIPS, modified proxy version for 2-4 year olds

  • Status implies: still under development and instrument may change. No value sets, no user guides etc. Not available for users: testing internally and by collaborators

■ Beta status: EQ-5D-Y-5L is anticipated to move to beta status soon

  • Status implies: close to final product. Instrument may change, but major changes are not expected. No value sets, no user guides etc. Made available for external testing.

It's Time for a Poll!

Is the transition between age-specific instruments for measuring and/or valuing HRQoL of relevance to your work?

o **Yes, and I found a solution that works**

o **Yes, but further work is needed to address how to deal with the transition**

o **Not relevant to my work at present**

Advance to next slide for the poll

Background

- Being able to follow an individual's health trajectory from birth to death using one (set of) measurement instrument(s) is an appealing proposition

- EuroQol instruments may be able to approach that 'ideal'

- But several challenges…

- ….and some possible solutions 🤔

EuroQol instruments by age group

Instruments in light grey font are currently considered experimental versions

Transition: descriptive system

Transition: DS + [MOA + respondent]

Transition: [MOA + respondent]

Transition: DS + [MOA + respondent]

0-3 years	2-4 years	5-7 years	8-12 years	12-15 years	6-17 years	≥ 18 years

EQ-TIPS

Proxy

Adapted youth version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

Proxy

Standard youth version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

IA self-complete

Proxy

Standard youth version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

self-administered (paper or electronic)

IA self-complete

Proxy

Adult version:
- EQ-5D-3L
- EQ-5D-5L

self-administered (paper or electronic)

IA self-complete

Proxy

Adult version:
- EQ-5D-3L
- EQ-5D-5L

Lifespan measurement, principal challenges

- Different descriptive systems*
- Different respondents (self/proxy)
- Different modes of administration
- (Others? Response style/Response shift)

Differences in descriptive systems

EQ-5D

EQ-TIPS™
EXPERIMENTAL VERSION, **FOR 1 MONTH TO 3 YEARS**

©EuroQol Research Foundation.

MOVEMENT (Moves about at an age-appropriate level)
No problems with movement ❑
Some problems with movement ❑
A lot of problems with movement ❑

PLAY (Enjoys playing with objects or toys at an age-appropriate level)
No / Some / A lot of problems playing ❑

PAIN (Painful behavior includes: inconsolable crying, restless movement, grimacing)
No / Some / A lot of pain ❑

SOCIAL INTERACTION (Engages with others in an age-appropriate manner)
No / Some / A lot of problems interacting with others ❑

COMMUNICATION (Communicates at an age-appropriate level)
No / Some / A lot of problems with communication ❑

EATING (Eats adequate available food in an age-appropriate manner)
No / Some / A lot of problems with eating ❑

MOBILITY (walking about)
I have no problems walking about ❑
I have some problems walking about ❑
I have a lot of problems walking about ❑

LOOKING AFTER MYSELF
I have no problems washing or dressing myself ❑
I have some problems washing or dressing myself ❑
I have a lot of problems washing or dressing myself ❑

DOING USUAL ACTIVITIES (for example, going to school, hobbies, sports, playing, doing things with family or friends)
I have no problems doing my usual activities ❑
I have some problems doing my usual activities ❑
I have a lot of problems doing my usual activities ❑

HAVING PAIN OR DISCOMFORT
I have no pain or discomfort ❑
I have some pain or discomfort ❑
I have a lot of pain or discomfort ❑

FEELING WORRIED, SAD OR UNHAPPY
I am not worried, sad or unhappy ❑
I am a bit worried, sad or unhappy ❑
I am very worried, sad or unhappy ❑

EQ-5D-Y™
Standard version, for ≥5 years

©EuroQol Research Foundation.

Some key questions.....

- (How) Can we know whether a move from state 222113 on EQ-TIPS to state 22122 on EQ-5D-Y represents an improvement or a worsening in health, or if it represents no change?

- (How) Can we say whether state 112233 on EQ-TIPS is better, worse, or the same as state 12233 on EQ-5D-Y?

- Do we need to be able to 'say' that?

Similar health states?

EQ-TIPS - 222113

- ☐ <u>Some problems</u> with **movement**
- ☐ <u>Some problems</u> **playing**
- ☐ <u>Some</u> **pain**
- ☐ <u>No problems</u> **interacting** with others
- ☐ <u>No problems</u> with **communication**
- ☐ <u>A lot of problems</u> with **eating**

EQ-5D-Y - 22122

- ☐ <u>Some problems</u> **walking about**
- ☐ <u>Some problems</u> **washing or dressing**
- ☐ <u>No problems</u> with **usual activities**
- ☐ <u>Some</u> **pain/discomfort**
- ☐ <u>A bit</u> **worried, sad, or unhappy**

Different content, but comparable in other ways

While content likely can't be identical in instruments for toddlers and for older kids, they can be made consistent in other ways:

- Layout
- Identical response task
- Same time frame ('today')
- Same number/wording of response options
- Similarities in dimension content

Overlap in content: EQ-5D-Y and EQ-TIPS

EQ-5D

MOVEMENT (Moves about at an age-appropriate level)
No problems with movement ☐
Some problems with movement ☐
A lot of problems with movement ☐

PLAY (Enjoys playing with objects or toys at an age-appropriate level)
No problems playing ☐
Some problems playing ☐
A lot of problems playing ☐

PAIN (Painful behavior includes: inconsolable crying, restless movement, grimacing)
No pain ☐
Some pain ☐
A lot of pain ☐

EQ-TIPS
EXPERIMENTAL VERSION, **FOR 1 MONTH TO 3 YEARS**

SOCIAL INTERACTION (Engages with others in an age-appropriate manner)
No problems interacting with others ☐
Some problems interacting with others ☐
A lot of problems interacting with others ☐

COMMUNICATION (Communicates at an age-appropriate level)
No problems with communication ☐
Some problems with communication ☐
A lot of problems with communication ☐

EATING (Eats adequate available food in an age-appropriate manner)
No problems with eating ☐
Some problems with eating ☐
A lot of problems with eating ☐

MOBILITY (walking about)
I have no problems walking about ☐
I have some problems walking about ☐
I have a lot of problems walking about ☐

LOOKING AFTER MYSELF
I have no problems washing or dressing myself ☐
I have some problems washing or dressing myself ☐
I have a lot of problems washing or dressing myself ☐

DOING USUAL ACTIVITIES (for example, going to school, hobbies, sports, playing, doing things with family or friends)
I have no problems doing my usual activities ☐
I have some problems doing my usual activities ☐
I have a lot of problems doing my usual activities ☐

HAVING PAIN OR DISCOMFORT
I have no pain or discomfort ☐
I have some pain or discomfort ☐
I have a lot of pain or discomfort ☐

FEELING WORRIED, SAD OR UNHAPPY
I am not worried, sad or unhappy ☐
I am a bit worried, sad or unhappy ☐
I am very worried, sad or unhappy ☐

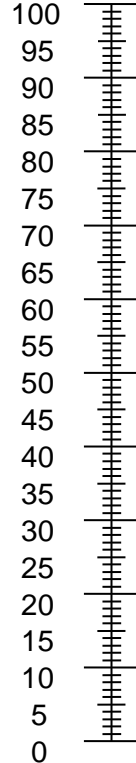**EQ-5D-Y**
Standard version, for 4 years and up

Methods to explore relationships between instruments

- Response mapping
- Factor analysis
- A 'secret weapon'….
- Preference weights

Secret weapon? EQ VAS

☐ Some problems with **movement**
☐ Some problems **playing**
☐ Some **pain**
☐ No problems **interacting** with others
☐ No problems with **communication**
☐ A lot of problems with **eating**

The **best health**
you can imagine
100
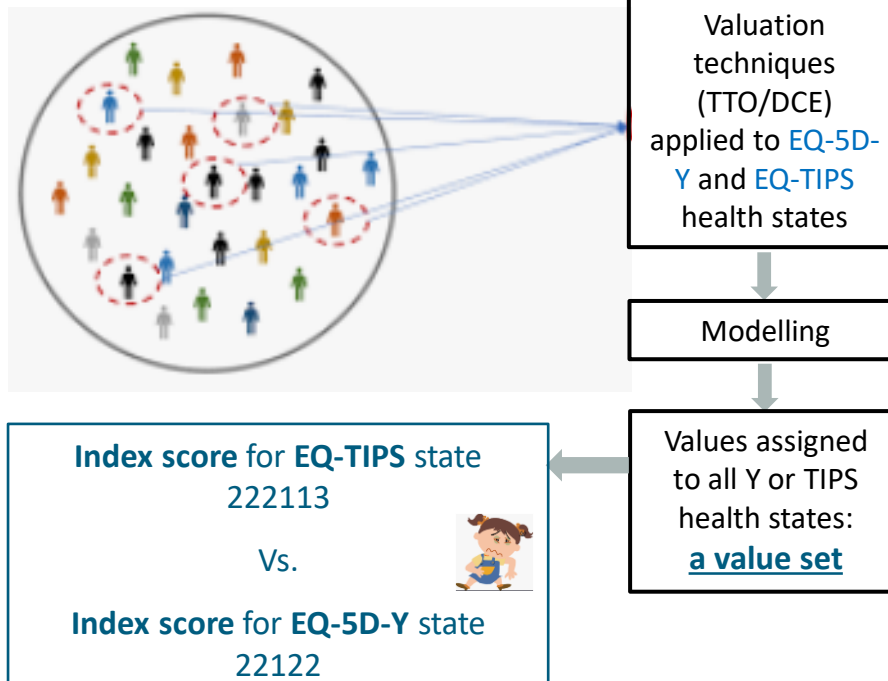95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
The **worst health**
you can imagine

EQ-5D

☐ Some problems **walking about**
☐ Some problems **washing or dressing**
☐ No problems with **usual activities**
☐ Some **pain/discomfort**
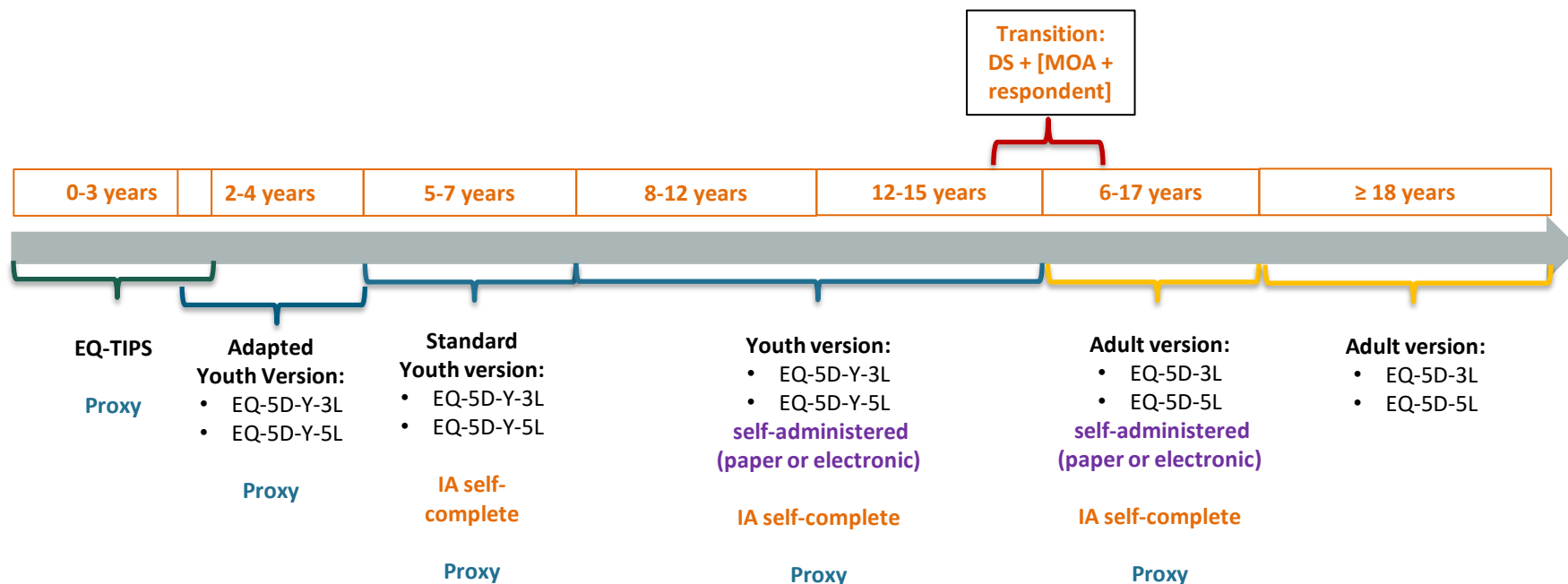☐ A bit **worried, sad, or unhappy**

EQ VAS may provide a common yardstick to help us understand how health states from different instruments compare

Role for preference weights (utilities)?

- Preference weights obtained in general population valuation studies *may* inform about the relative severity of EQ-TIPS and EQ-5D-Y health states, but some caveats....

Valuation techniques (TTO/DCE) applied to EQ-5D-Y and EQ-TIPS health states

↓

Modelling

↓

Values assigned to all Y or TIPS health states: **a value set**

Index score for **EQ-TIPS** state 222113

Vs.

Index score for **EQ-5D-Y** state 22122

EuroQol instruments by age group

Transition:
DS + [MOA + respondent]

| 0-3 years | 2-4 years | 5-7 years | 8-12 years | 12-15 years | 6-17 years | ≥ 18 years |

EQ-TIPS

Proxy

Adapted Youth Version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

Proxy

Standard Youth version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

IA self-complete

Proxy

Youth version:
- EQ-5D-Y-3L
- EQ-5D-Y-5L

self-administered (paper or electronic)

IA self-complete

Proxy

Adult version:
- EQ-5D-3L
- EQ-5D-5L

self-administered (paper or electronic)

IA self-complete

Proxy

Adult version:
- EQ-5D-3L
- EQ-5D-5L

Differences in youth and adult (3L) descriptive systems

EQ-5D-Y-3L

MOBILITY *(walking about)*
I have <u>no</u> problems walking about ❑
I have <u>some</u> problems walking about ❑
I have **a lot of problems walking about** ❑

HAVING PAIN OR DISCOMFORT
I have <u>no</u> pain or discomfort ❑
I have **some** pain or discomfort ❑
I have **a lot of** pain or discomfort ❑

FEELING WORRIED, SAD OR UNHAPPY
I am <u>not</u> worried, sad or unhappy ❑
I am **a bit** worried, sad or unhappy ❑
I am **very** worried, sad or unhappy ❑

EQ-5D-3L

MOBILITY
I have no problems in walking about ❑
I have some problems in walking about ❑
I am **confined to bed** ❑

PAIN / DISCOMFORT
I have no pain or discomfort ❑
I have **moderate** pain or discomfort ❑
I have **extreme** pain or discomfort ❑

ANXIETY / DEPRESSION
I am not anxious or depressed ❑
I am **moderately** anxious or depressed ❑
I am **extremely** anxious or depressed ❑

EuroQol research focus – further harmonisation of instruments across age groups

- **Development of the EQ-5D-Y-5L:**

- expanded version of standard EQ-5D-Y

- 5 levels of severity in each dimension

- closer in content to the most used EQ version in adults, EQ-5D-5L

- measurement properties at least equal to those of the standard EQ-5D-Y and superior in some cases

- evidence that it is preferred by children over the standard version

- currently considered experimental, but will hopefully achieve 'beta status' this year

Youth and adult 5L descriptive systems

EQ-5D-Y-5L

MOBILITY (*walking about*)
I have no problems walking about ❑
I have **a little bit of a problem** walking about ❑
I have **some problems** walking about ❑
I have **a lot of problems** walking about ❑
I **cannot** walk about ❑

HAVING PAIN OR DISCOMFORT
I have no pain or discomfort ❑
I have **a little bit** of pain or discomfort ❑
I have **some** pain or discomfort ❑
I have **a lot of** pain or discomfort ❑
I have **extreme** pain or discomfort ❑

FEELING WORRIED, SAD OR UNHAPPY
I am not worried, sad or unhappy ❑
I am **a little bit** worried, sad or unhappy ❑
I am **quite** worried, sad or unhappy ❑
I am **really** worried, sad or unhappy ❑
I am **extremely** worried, sad or unhappy ❑

EQ-5D-5L

MOBILITY
I have no problems walking about ❑
I have **slight problems** walking about ❑
I have **moderate problems** walking about ❑
I have **severe problems** walking about ❑
I am **unable to** walk about ❑

PAIN / DISCOMFORT
I have no pain or discomfort ❑
I have **slight** pain or discomfort ❑
I have **moderate** pain or discomfort ❑
I have **severe** pain or discomfort ❑
I have **extreme** pain or discomfort ❑

ANXIETY / DEPRESSION
I am not anxious or depressed ❑
I am **slightly** anxious or depressed ❑
I am **moderately** anxious or depressed ❑
I am **severely** anxious or depressed ❑
I am **extremely** anxious or depressed ❑

Conclusions

- EuroQol Group now provides tools which can potentially trace a trajectory of health across the life-span

- Consistency in approach to instrument development potentially facilitates that task

- Consistency also required as far as possible in instrument selection (number of response levels, mode of administration, respondent – proxy/self)

- Important to note that some EQ tools still considered experimental, so use is restricted

- Currently funded and planned research will provide further insights into the feasibility of this life course approach to measuring health

Thanks for listening!

https://www.youtube.com/watch?v=5FOTQtj5cjo

"Our Innovation Department is looking for someone with a child-like perspective."

michael.herdman@insightcr.com

It's Time for a Poll!

Is it (potentially) useful to have an integrated suite of preference-weighted PRO instruments which allow for consistent measurement and valuation of HRQoL across the lifespan?

o **Yes**

o **No**

o **Unsure**

Advance to next slide for the poll

Transitions between age-specific instruments in terms of value

Professor Nancy Devlin, University of Melbourne

Dr Bram Roudijk, EuroQol Research Foundation

EuroQol Group

Content

1. The state of play with EQ-5D-Y-3L value sets
2. Characteristics of values for adult vs child HRQoL
3. Methods for valuing EQ-5D-Y-3L
4. Why might characteristics of values for adult and child EQ-5D instruments differ?
5. Application of EQ-5D-Y values
6. A research agenda
7. Conclusions

1. The state of play with EQ-5D-Y values

Completed: Japan, Slovenia, Spain, Germany, Belgium, Netherlands, Hungary, Indonesia, China

Underway: Australia, Canada**,** UK, US, Hong Kong, Brazil, Singapore, Malaysia, Taiwan, Vietnam.

In the space of just 2 years since the protocol, close to 20 value sets will have either been produced or well underway

Devlin N et al (2022) Valuing EQ-5D-Y: the current state of play. Health Qual Life Outcomes. 2022 Jul 6;20(1)

Valuation of 'experimental' age-specific instruments:

EQ-5D-Y-5L: new valuation protocol to be developed; mapping from Y-5L to Y-3L in interim
EQ-TIPs: conceptual work underway to provide foundations for values

2. Characteristics of adult vs child EQ-5D value sets -

- 8 countries with value sets for EQ-5D-Y-3L & EQ-5D-5L generated by EQ-VT protocols
- Europe: adult and Y value sets have similar distributions, but min value lower for adults (exception: Spain)
- Asia: marked differences between values for adult and child EQ-5D instruments
- Whether these patterns are generalisable remains to be seen

(b) Scale length: Values for the worst health state of each instrument

'worst state' in:	EQ-5D-Y-3L	EQ-5D-5L
Netherlands	-0.218	-0.446
Belgium	-0.4745	-0.533
Spain	-0.5392	-0.415
Germany	-0.2827	-0.661
China	0.057	-0.344
Japan	0.289	-0.026
Indonesia	-0.0861	-0.865
Hungary	-0.485	-0.848
Slovenia	-0.691	NA

(c) % values < 0 ('worse than dead') in child & adult EQ-5D instruments

Percentage negative	EQ-5D-Y-3L	EQ-5D-5L
Netherlands	3.30%	15.50%
Belgium	12.75%	15.10%
Spain	16.05%	8.26%
Germany	6.58%	15.07%
China	0%	10.21%
Japan	0%	0.10%
Indonesia	0.40%	35.46%
Hungary	12.35%	21.73%
Slovenia	20.57%	NA

(d) values for descriptively best, middle and worst states in child & adult EQ-5D instruments

EQ-5D

child vs. adult value sets for EQ-5D instruments - Japan
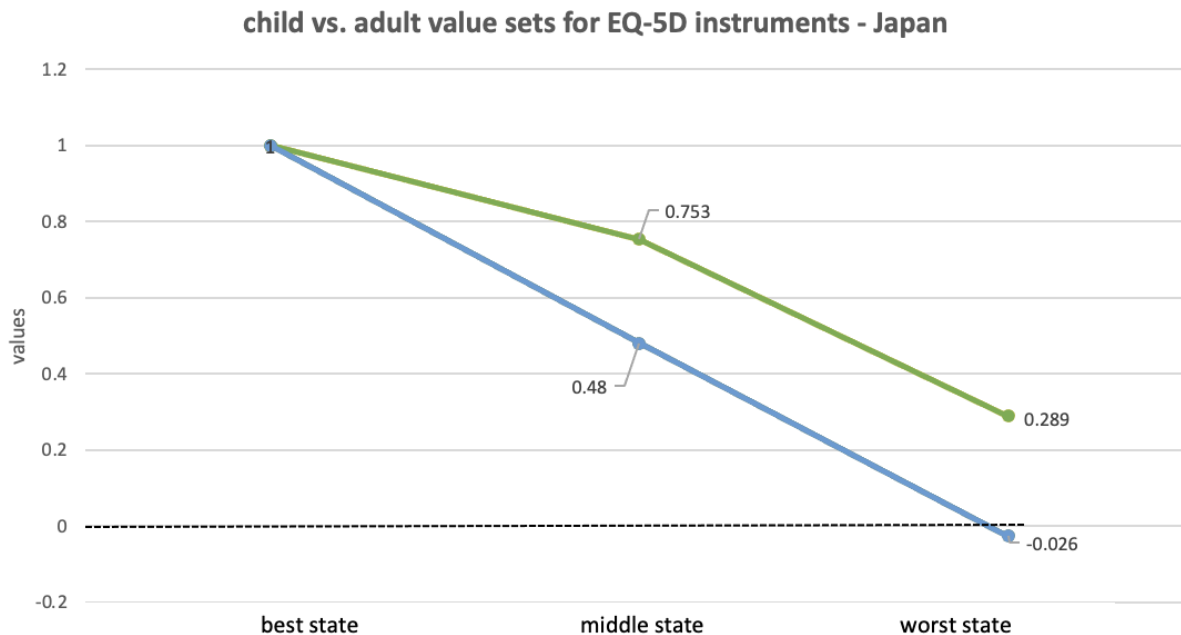
- Differences are not just observed in values for the worst states (scale length)

—— EQ-5D-Y-3L
—— EQ-5D-5L

Note: all such comparisons are complicated by the differences in the descriptive systems ('middle' is described differently)

3. Methods for valuing EQ-5D-Y-3L

- Kreimeier et al (2018) compared adult's values for EQ-5D-3L and EQ-5D-Y-3L
- From both an 'own health' and child perspective
- Results of this multicountry study (Eng, Ge, Sp, NL) showed that the relative importance of the domains and levels differs by instrument (and perspective).
- Concluded that separate value sets for the EQ-5D-Y instrument are needed.

- EuroQol initiated a programme of research to explore methods to use for producing value sets specific to EQ-5D-Y

Kreimeier et al (2018) Valuation of EQ-5D-Y and EQ-5D-3L Health States: The Impact of Wording and Perspective Value Health;21(11):1291-98. 1

Methods used in EQ-5D-Y protocol

Ramos-Goni et al (2020) International valuation protocol for the EQ-5D-Y-3L. *PharmacoEconomics* **38**, 653–663

	DCE	TTO
Whose values are relevant?	Adult gen pop	
What perspective are adults asked to adopt?	Proxy 1 'given your views regarding a child'	
Age of child?	10-year-old	
Duration of states?	10 years	
Design & format	10 blocks; 15 pairwise choices per respondent	1 block of 10 states *(minimum)* valued using composite TTO
Sample size	1000	200
Mode of administration	online	CAPI

4. Why might characteristics of values for adult and child EQ-5D instruments differ?

(a) differences in methods

Methods used in the protocol to value EQ-5D-Y differ from those used to value adult EQ-5D instruments

- Respondents are valuing health in someone else – a child
- Role of DCE and cTTO data is different

4. Why might characteristics of values for adult and child EQ-5D instruments differ?

(b) Underlying preferences of adults with respect to children

- Observed unwillingness to trade off children's life years in TTO tasks
  - Higher importance of life years and survival in children vs adults
  - Higher values; shorter value scales
- Different order of dimension importance is apparent
  - pain/discomfort always worst dimension in 9 EQ-5D-Y value sets; self-care least important in all but one.
  - Intuitive explanations in adult views about child health?
- Transitions in values need to account for both differences in scale length & differences in value decrements by dimension

5. Application of EQ-5D-Y values

'QALY-related' applications	'non-QALY' applications
Values used to estimate QALYs	Values used to summarise profile data for statistical analysis
• HTA • priority setting	• routine outcomes measurement pediatric clinical settings • child population health surveys
Different HTA bodies and other stakeholders may have different views on normative methods questions – or may lack well defined views	Differences between adult and child values, and transitioning between them, arguably less relevant to non-QALY uses. Adolescent preferences may have a stronger rationale

6. A research agenda

- Continued exploration of the impact on EQ-5D-Y values of methods choices that entail normative positions. Evidence is rapidly building e.g. on age dependency, impact of perspectives

- 'Nothing about me without me': understanding characteristics of adolescents' preferences, and how best to incorporate those

- Continued strengthening of preference elicitation methods, e.g. anchoring at 0

- Strengthening methods for stakeholder engagement

- *Valuation of 'experimental' age-specific instruments:* **EQ-5D-Y-5L:** new valuation protocol to be developed; mapping from Y-5L to Y-3L in interim. **EQ-TIPs**: conceptual work underway to provide foundations for values

7. Conclusions

- Need to consider how age-specific values are to be used in economic evaluation
- For decision making purposes, child HRQoL values and QALY estimates may need to be accepted as most relevant to comparisons between interventions aimed at children.
- The questions about valuation methods are relevant to all attempts to value child HRQoL instruments - not just EQ-5D-Y. But the *transitions* between child and adult values more apparent for EQ-5D instruments
- Stakeholder engagement methodological choices for valuing child HRQoL instruments is key: We need to intensify efforts and encourage and support HTA body reflections on the relevant social value judgements
- Remain open to different value sets and valuation methods being appropriate for different kinds of decisions e.g., PROMs vs. HTA

It's Time for a Poll!

In your view, should value sets for preference-weighted pediatric HRQoL instruments:

o   Be based on adult general public preferences regarding children's HRQoL

o   Be based on adult's preferences for HRQoL states, valued from their own perspective, so values are unaffected by

    considerations about children

o   Be based on the preferences of children in the general public, where feasible

o   Be based on the preferences of children experiencing poor health, where feasible

o   Other