**Integration of e-Health technologies for purposes of assessment** in pediatric psychology offers a number of advantages:

1. **Ease of use**
2. **Efficiency**
3. **Accessibility**

- **Ease of use**: e-Health tools are user-friendly and can be accessed from various devices, such as tablets or smartphones.
- **Efficiency**: e-Health tools can automate tasks like data entry and analysis, reducing the time required for assessment.
- **Accessibility**: e-Health tools can be accessed from anywhere, allowing for remote assessment.

**Quality Assurance**: Adequate internal consistency, good test-retest reliability, and equivalence are essential to ensure the validity and reliability of the assessment.

**Objective**:

The objective of this study is to assess and compare the paper and iPad mode of QLSI-C administration by analyzing:

1. **Score equivalence** between paper and iPad administration.
2. **Internal consistency** of both modes of administration.
3. **Test-retest reliability** of the iPad administration.

**Method**

**Participants**

80 children from 6 Belgian elementary schools participated in this study. Mean age is 9.75 (SD=1.53) with 50% male.

**Material**

- **Quality of Life Systemic Inventory for Children (QLSI-C)**: 20-items scale; domains of life covering the child’s physical, emotional, cognitive, social, and family functioning.

**Procedure**

Crossover study design with random assignment in 4 groups:

- **T0**: iPad-administrated
- **T1**: Paper-administrated
- **Gap 1**: iPad-administrated
- **Gap 2**: Paper-administrated

**Statistical analyses**

- **Score equivalence**: Mixed design Analysis of Variance (4X2) Post hoc Bonferroni
- **Internal consistency**: Cronbach’s alpha, Feldt’s statistic
- **Test-retest reliability**: Student’s T Test, Pearson Correlation analysis, Intraclass coefficient (ICCs)

**Results**

**Table: Score Equivalence**

<table>
<thead>
<tr>
<th></th>
<th>Paper α</th>
<th>iPad α</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLSI-C goal</td>
<td>91</td>
<td>92</td>
<td>.64</td>
</tr>
<tr>
<td>QLSI-C rank</td>
<td>82</td>
<td>.79</td>
<td>.32</td>
</tr>
<tr>
<td>QLSI-C gap</td>
<td>.77</td>
<td>.80</td>
<td>.67</td>
</tr>
</tbody>
</table>

*Based on Feldt

**Table: Internal Consistency**

<table>
<thead>
<tr>
<th></th>
<th>iPad TO (M/SD)</th>
<th>iPad T1 (M/SD)</th>
<th>p</th>
<th>Pearson r</th>
<th>ICC</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLSI-C goal</td>
<td>7.59 (6.55)</td>
<td>6.26 (6.64)</td>
<td>.53</td>
<td>.72</td>
<td>.97</td>
</tr>
<tr>
<td>QLSI-C rank</td>
<td>1.59 (0.16)</td>
<td>1.61 (0.18)</td>
<td>.92</td>
<td>.66</td>
<td>.87</td>
</tr>
<tr>
<td>QLSI-C gap</td>
<td>2.55 (4.52)</td>
<td>2.38 (6.13)</td>
<td>.71</td>
<td>.69</td>
<td>.90</td>
</tr>
</tbody>
</table>

**Discussion**

**FINDINGS SUGGESTED**:

- Equivalence between paper and iPad modes of administration
- Adequate internal consistency reliability
- Good temporal stability of the iPad administration

In summary, 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.