

The purpose of this study was to develop a portuguese version of the School-age temperament Inventory (SATI), a parental report instrument aimed to measure temperament in children and adolescents. To achieve conceptual and technical equivalence we used an iterative process of forward and backward translations and the Portuguese version of the SATI was then administered to a sample of 211 parents of children and adolescents. Most of the questionnaires were completed by mothers (74,4%), and the remaining by the father (29,9%) or by the two parents (4,7%). The children were from 8 to 12 years, averaged 9,75 years of age, and equally distributed by sex. Principal factor analysis with varimax rotation resulted in a four-factor solution which supports, in general, the underlying dimensions which are: task persistence, negative reactivity, approach/withdrawal and energy. Cronbach's alphas were satisfactory and demonstrate that this version of SATI is reliable. The Portuguese version of SATI has good psychometric properties and seems to be a good instrument for use in research and clinical programs namely those aimed to study the relationship between children and adolescents' temperament and their adaptation to illness and chronic disease.

PSYCOMETRIC PROPERTIES OF THE PORTUGUESE VERSION OF THE PEDIATRIC QUALITY OF LIFE INVENTORY, VERSION 4.0 GENERIC CORE SCALE FOR CHILDREN AGED 8 TO 12

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This study describes the adaptation and psychometric study of the self-report generic core scale of PedsQL - Pediatric Quality of Life Inventory (Varni, Seid et Kurtin,1999), a modular instrument for measuring health-related quality of life in children and adolescents. Conceptual and technical equivalence were achieved through an iterative process of forward and backward translations and the Portuguese version of the PedsQL was then administered to a sample of 381 children and adolescents. We used a sample of healthy school children recruited in 3 schools from Oporto's district, 207 (45,7%) girls and 174 (54,3%) boys, aged 8 to 12 and with a average age of 10,05. The examination of the PedsQL factor structure was undertaken using principal components factor analysis with oblique rotation. The results were not consistent with the analysis conducted in the development of the instrument and suggested the elimination of 3 items. The Portuguese version resulted then in only 20 items which were also submitted to a factor analysis and revealed a 5 factor structure, similar to a priori conceptually-derived scales. Internal consistency reliability for the Total Scale Score ($\alpha=0,85$), Physical Health Summary Score ($\alpha = 0,74$) and Psychosocial Health Summary Score ($\alpha = 0,81$) were quite satisfactory.

ADAPTATION OF THE SCHOOLAGERS' COPING STRATEGIES INVENTORY TO A PORTUGUESE SAMPLE OF CHILDREN AGED 8 TO 12

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This poster describes the adaptation and the psychometric study of the Schoolagers' Coping Strategies Inventory (SCSI) (Ryan-Wenger,1990) in a sample of Portuguese children. The SCSI is a self-report instrument that measures the frequency and effectiveness of children's stress-coping strategies. The authors also aimed to describe the children's coping strategies and to examine age and gender differences.

Subjects were 291 children, aged 8 to 12 (average age of 10,03 years) and recruited in 3 different schools from Oporto's District and the inventory was administered with the collaboration of the schools' psychologist. Scale-level and item-level measurement properties were computed.

The Portuguese version of SCSI has good psychometric properties and results revealed a three-factor structure, corresponding to three types of coping strategies, which can be conceptualised as cognitive-behavioural distraction, acting out and active strategies.

Results also showed that children and pre-adolescents use a wide variety of coping strategies, and that there are different patterns of use and different perceptions of efficacy according to age and gender.

VALIDITY OF THE ZULLIGER TEST IN ANXIETY ASSESSMENT

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The purpose of this study was to establish the validity of the Zulliger Test for the evaluation of anxiety. The objectives under focus aimed, on one hand, at the validity of the evaluation of anxiety through a projective technique (Zulliger Test) in socially desirable conditions, and on the other hand, at the highlighting a set of valid markers of anxiety in the Zulliger Test.

The examined samples were formed by 165 persons (non-anxious, anxious and patients with anxiety disorders - according to DSM-IV), aged between 25-45. The experimental basis relies on the Zulliger Individual and Group Test (ZIGT), Rorschach Test, State-Traite Anxiety Inventory and Cattell Anxiety Questionnaire. Both samples of non-anxious and anxious persons were submitted to Zulliger Test in standard condition and in condition of solicitation of socially desirable answers. In order to analyse the data of the ZIGT, I used the J.E. Exner's (1986) comprehensive system.

The results show that the data collected from the ZIGT wasn't significantly influenced by the social desirability condition. It was possible to establish set of valid markers from the ZIGT for revealing the anxiety (which correlates significantly with the anxiety markers from Rorschach test and also with the scores from STAI and Cattell). The application of the ZIGT as a screening instrument for anxiety seems to be an adequate one, taking into consideration the limits of the ZIGT in anxiety disorders assessment.

THE VALIDATION OF TWO NEW SCALES IN QUALITY OF LIFE AND SOCIAL COMPARISON RESEARCH

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Aims: The aims of this study were to design and validate two new questionnaires for assessing quality of life and social comparison in a chronically ill population: a) a subjective quality of life scale (Subj QoL); b) a social comparison scale (S/C) which measures the use of social comparisons gained from reading a self-help group newsletter.

Method: Six hundred postal questionnaires were administered to a random sample of members of a self-help group for patients with a chronic illness (the Meniere's Society). The study yielded a 34% response rate. The questionnaires administered were; the SF-36; Subj QoL; Identification/Contrast questionnaire; S/C; three disease severity scales, namely the Vertigo Symptom Scale, the Subjective Tinnitus Severity Questionnaire, and an auditory disability questionnaire; a self-help group questionnaire; and demographics.