subjects from general population. METHODS: Subjects aged over 18 years who underwent to 7 Primary Health Centers during data collection period and gave previous consent to participate were included in the study. Data were collected by using a computer (Tablet PC or Touch Screen). Patients completed the CAT-Health (between 5 and 15 items; score normalized to 50 +/–10 distribution and higher score indicating better HRQoL) and the MOS SF-12 questionnaire (Physical-PCS and Mental-MCS scores). Data about age, sex and presence of any chronic pathology were also self-completed by the patient. Feasibility, concept and convergent validity were assessed. RESULTS: Median age of 396 included subjects was 46.3 (Pc25-75 = 34.3–61.2) and 67.2% were female. A total of 36.9% of subjects declared not having any pathology, 33.8% suffered 1, 16.4% 2 and 12.9% 3 or more pathologies, being joint pain the most frequent illness (31.6%). Mean CAT-Health score was 48.03 (S.D = 9.03) ranging between 23.78 and 93.05; median time of response was 81 seconds (Pc25-75 = 59–118) ranging from 66 to 107 seconds according to age; median number of items presented to subjects was 8 (Pc25-75 = 6–10) and did not vary according to age. Mean PCS score was 46.8 (10.1) and mean MCS score was 46.9 (10.9). Correlations of CAT-Health score with age was –0.351; with number of pathologies, –0.548; with PCS, 0.547 and with MCS, 0.346 (all with p < 0.01). CAT-Health score discriminated accurately between subjects with or without any chronic pathology considered and between subjects with 1, 2, and 3 or more pathologies. CONCLUSION: CAT-Health is a practical and valid system for measuring generic HRQoL in general population of our country.

Further analysis could potentially identify disease areas and indications where a less intensive search approach is sufficient.