Limitations, Physical Limitations, Social Limitations, Personal Relationships, Emotions, and Severity Measures; exception: Sleep/energy generally demonstrated adequate internal consistency reliability at BL for all languages except Bulgarian, Czech, Estonian, and Russian. Cronbach alphas at follow-up ranged from 0.50 (Physical Limitations; Russian) to 0.96 (Personal Relationships; Polish). Concurrent validity was established in all languages with moderate to strong correlations with other PRO measures (Treatment Benefit Scale, Satisfaction question) and small to moderate correlations with bladder diary variables. All subscales, except GHP, were responsive to treatment in all languages. CONCLUSIONS: The KHQ is a psychometrically valid outcomes measure in Australian English, German, New Zealand English, Polish, Romanian, Russian, and South African English.

**PUK20 VALIDATION OF THE SPANISH VERSION OF THE PELVIC ORGAN PROLAPSE/URINARY INCONTINENCE SEXUAL QUESTIONNAIRE—SHORT FORM (PISQ-12)**

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**OBJECTIVES:** To translate and to validate the short form of Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) for its use in Spain. **METHODS:** Forty-nine women who visited a specialized urogynecological unit with symptoms of pelvic floor dysfunction were included. Patients filled in the Spanish version of the questionnaire to validate (PISQ-12), the International Consultation on Incontinence Urinary Incontinence Questionnaire Short Form (ICIQ-UI SF); the Female Sexual Function Questionnaire (FSM) and the Bladder Control Self-assessment Questionnaire (CACV). **RESULTS:** Feasibility, reliability and validity of the new questionnaire were evaluated. **RESULTS:** Feasibility: 99.83% of the sample answered all the items (only one patient did not answer one of the items); average administration time was 3.5 (1.5) minutes. Reliability: Cronbach’s alpha was 0.829. Validity: PISQ-12 correlation coefficient with FSM was 0.71; with ICIQ-UI-SF it was –0.038; with the CACV “symptoms” dimension the correlation was –0.30 and with the “discomfort” dimension it was –0.40. The existence of the same three dimensions of the PISQ-12 original version in the adapted Spanish questionnaire was checked through a factorial analysis. The score in PISQ-12 was worse (lower) in the case of women with Overactive Bladder symptoms and discomfort measured with the CACV questionnaire and in women with sexual dysfunction measured with FSM. PISQ-12 is an instrument with the appropriate psychometric characteristics to evaluate sexual function in women with pelvic floor problems. **CONCLUSIONS:** The PISQ-12 is the first validated questionnaire in Spain for the evaluation of the sexual function in women with Pelvic Organ Prolapse and/or Urinary Incontinence. This questionnaire will be useful in the assessment of the outcomes of different treatments of pelvic organ prolapse.

**PUK21 CONTENT VALIDITY OF THE SUBJECT’S ASSESSMENT OF SATISFACTION, KING’S HEALTH QUESTIONNAIRE, AND INTERNATIONAL CONSULTATION ON INCONTINENCE QUESTIONNAIRE—SHORT FORM IN PATIENTS WITH OAB**

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**OBJECTIVES:** Evaluate the content validity of the Subject’s Assessment of Condition (SAC), Subject’s Assessment of Treatment Satisfaction (SATS), King’s Health Questionnaire (KHQ) and International Consultation on Incontinence Questionnaire—Short Form (ICIQ-SF) in overactive bladder (OAB) patients. **METHODS:** Cognitive interviews were conducted with adult OAB patients. Patients provided consent, completed the SAC, SATS, KHQ and ICIQ-SF and one-on-one interviews to provide feedback about each questionnaire. The SAC and SATS are single item questions related to bladder problems and treatment satisfaction. The KHQ is a 21-item disease-specific instrument assessing health-related quality of life and incontinence severity. The ICIQ-SF is a 3-item, incontinence-specific questionnaire. **RESULTS:** Twenty-four patients (18 women, 6 men), mean age 59.0 _ 10.8 years, completed the study; 100% Caucasian. All questionnaires were acceptable and understood by participants. In general, the KHQ covered the key aspects of how OAB impacts patients’ daily lives. A few minor inconsistencies were noted: 1) “Shopping” was not considered by some to be a “household task”; “cleaning” did not resonate with men; 2) “Limiting social life” and “limit ability to visit friends” and “depressed” and “feel bad about yourself” were perceived as redundant while “depressed” and “anxious or nervous” were perceived by some to be too strong; and 3) Some women were unsure if the intended meaning of the item “change your underclothes when they get wet” was about changing wet underwear or frequency of incontinence. A few inconsistencies were also noted for the ICIQ-SF: The amount of urine leaked item was problematic for women as “amount” frequently varies, and while lifting heavy objects and “during sexual relations” were suggested as questions to ask when leakage occurs. **CONCLUSIONS:** The SAC, SATS, KHQ, and ICIQ-SF were understood by patients with OAB. Minor suggestions for improvement were made for the KHQ and ICIQ-SF.

**PUK22 FACTORS ASSOCIATED WITH PERCEIVED SATISFACTION IN HEMODIALYSIS PATIENTS**

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**OBJECTIVES:** To develop brief patient evaluation or satisfaction surveys, knowing patients’ priorities can be helpful in deciding which aspects of care should be tracked and to improve the quality of the cares. On the other hand it is necessary to identify the characteristics of the patients and the own medical services that are influencing the patient satisfaction. The aims of the study were to assess the patient’s satisfaction in two haemodialysis units, one public, the Hospital Universitario Central de Asturias Unit, and the arranged health centre Cruz Roja Unit, and to analyze which variables were associated to it. **METHODS:** All patients (N = 140) were interviewed by a psychologist that belongs to Nephrology Unit with SERVQHOS survey, previously used in our country and that measures the satisfaction with twenty aspects of the Unit. Patient’s HRQOL was evaluated,