symptom-related disability measures such as the Patient-Determined Disease Steps measure (r=-0.19) and the Multiple Sclerosis Rating Scale-Revised (r=-0.26). Although similarly-sized effects were observed with activities of daily living and symptom subscales of the MusiQoL (rs = 0.31, both p<0.05), much stronger relationships with psychological well-being (r=0.47), sentimental and sexual life (r=0.44), and coping (r=0.42; all p<0.05) were observed. **CONCLUSIONS:** Disability, symptom, and activity measures were only modestly related to life satisfaction among patients with MS. Conversely, psychological, emotional, and sexual factors were much more strongly associated. These results suggest that the domains of traditional preference-based measures may not ultimately focus on those that matter most for the patient. Further research should continue to examine the importance of alternative measures to most accurately value health states.

PRM122
RESULTS FROM A D-EFFICIENT DISCRETE CHOICE EXPERIMENT DESIGN AND PROTOCOL WITH CHOICE SETS OF 3 STATES EACH TO ELICIT AN EQ-5D-3L VALUE SET
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OBJECTIVES: Discrete Choice Experiments (DCEs) have received considerable interest in EQ-5D valuations because these methods are simple and choice based. Some investigations using DCEs to develop EQ-5D Value Sets include implausible states. The DCE literature discourages the use of implausible options, citing the links between cognitive burden (facing respondents) and random variability in responses. It has been suggested that giving DCE respondents choice sets with more than 2 alternatives may improve respondent effort/concentration. **METHODS:** A D-Efficient DCE design for EQ-5D-3L comprising 15 choice sets of 3 alternatives each, that excluded states which combine a '3' on Mobility with a '1' on either Usual Activities, or Self Care or both was developed. As a pilot test, and as a first step towards developing an on-line elicitation exercise, an elicitation exercise was put into a Microsoft PowerPoint file which was sent out to 189 respondents at various work locations in Trinidad and Tobago with a submission deadline of 2 weeks. The elicitation process was based on a protocol using sequential comparisons that break the choice process into s series of simple ranking steps. **RESULTS:** Sixty-five Respondents returned DCE results within the 2 week period of which the results from 43 respondents were useable (66%). A utility function was estimated based on data from the 43 useable files. This produced an internally valid model with all coefficients bearing the correct signs, and relative magnitudes, and all significant to the 5% level. **CONCLUSIONS:** This DCE design allows for EQ-5D-3L valuation studies that can be conducted with small samples (no blocking) and it avoids the use of implausible states. It introduces a DCE protocol that allows respondents to easily make choices out of choice sets comprising 3 EQ-5D-3L States. Increasing the number of alternatives in each choice set allows for designs with fewer choice sets.

PRM123
HEALTH RELATED QUALITY OF LIFE (HRQOL) OF ARGENTINE POPULATION: RESULTS FROM THE NATIONAL HEALTH RISKS FACTOR SURVEY
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OBJECTIVES: To describe general population self reported visual analog scale (SR-VAS), as well as time-trade off (TTO) and visual analog scale (VAS) preference values (PV) by age groups and gender. **METHODS:** In 2009, the second "Health Risks Factors National Survey" was undertaken in Argentina, including 34,728 subjects, age 18-65 yrs, randomly selected from all Argentine provinces with a probabilistic multi-stage sample design. The expanded population was 24,434,595. Data were obtained on sociodemographics, health risks factors, and health status (EQ-5D and the general health question of SF-36). PV were assigned using weights derived from a previous local study. **RESULTS:** Over 80% of the population reported being healthy (11.19% reported health status as excellent, 26.88% as very good and 42.68% as good), whereas 19.25% of the population reported a regular or poor health. The presence of limitations in each EQ-5D domains varied from 2.28% in personal care to 30.15% in Pain/Discomfort. The presence of limitations was higher in women (3.14% in personal care and 33.38 in Pain/Discomfort). The population-weighted mean of the SR-VAS was 76.49 (95%CI 76.17-76.82). Utilities of the EQ-5D based on preferences in Argentina were 0.881 (95%CI 0.878-0,884) for VAS and 0.91 (95%CI% 0.907-0.913) for TTO. All values were systematically lower in women. Regarding the differences between age groups, values tended to decrease consistently with the increasing of age. There were no significant differences between results of the first survey conducted in 2005 and the second one in 2009. **CONCLUSIONS:** There are few surveys in Latin America that incorporated the EQ-5D tool to describe general population health status and Argentina is one of the few Latin American countries that derived local preferences based on TTO and VAS methods. These results can serve as a benchmark for future population studies and also as inputs for cost-utility analysis of health technologies.

PRM124
EXAMINATION OF PREFERENCES ELICITED FROM THE GENERAL PUBLIC: SUBGROUP COMPARISONS OF RESULTS FROM THE TIME TRADE-OFF AND STANDARD GAMBLE INSTRUMENTS
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OBJECTIVES: The time trade-off (TTO) and the standard gamble (SG) are two methods used for the direct measurement of health-related quality of life, expressed as health utilities (HU), among the general public. Significant overall correlation was observed in a previous systematic review comparing TTO and SG values reported by the general public (19 pertinent publications, 77 study arms and 24 diseases). In the present analysis, correlation was further explored among specific demographic, clinical and analytic subgroups. **METHODS:** When a sufficient sample of study arms was available, Spearman's rank correlation test was applied to test the correlation between mean or median TTO and SG by sorting the TTO values in increasing increments of 0.1, based on the following subgroups: incremental HU, disease, gender, age, income, education level and employment status. Significance was defined as p-value<0.05. **RESULTS:** Significant positive correlation was observed between mean TTO and SG values for all increments of TTO except when TTO<0.5 (r = 0.429), for ocular disease (r = 0.970), skin disease (r = 0.964) and arthritis (r = 0.956). A post-hoc analysis quadrupling the sample of studies with TTO<0.5 resulted in significant positive correlation, indicating that the lack of significant correlation was possibly due to the scarcity of studies. The series of subgroup analyses focusing on median incremental HU values or median HU values associated with skin disease resulted in similar findings to the analysis of means. No analysis of demographic subgroups could be undertaken due to the limited study sample. **CONCLUSIONS:** A correlation between TTO and SG outcomes reported by members of the general public was observed for numerous subgroups. It is possible that correlation would have been observed in additional subgroups, but was not, due to the limited study sample.

PRM125
CROSS-CULTURAL ADAPTATION OF THE HAEMO-QOL QUESTIONNAIRE INTO 28 LANGUAGES
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OBJECTIVES: The Haemo-QoL questionnaire was developed to assess health-related quality-of-life (HRQoL) in children and adolescents with haemophilia. Three different age-group versions (4–7, 8–12, 13–16 years) are available as well as three corresponding proxy versions for their parents. The original questionnaire was developed in German. Since capturing HRQoL aspects of haemophilia care has become an integrated part of clinical trials in this field, it is important to ensure that the questionnaires used are linguistically validated for international use. The objective of this study is to present the cross-cultural adaptation of the Haemo-QoL into 28 languages representing six different language families (Indo-European, Ural-Altaic, Afro-Asiatic, Japonic, Sino-Tibetan, and Austronesian). **METHODS:** A standard multi-step methodology was used for translation and cultural adaptation: 1. Development of a concept list; 2. Forward/backward translation (or adaptation step or quality check); 3. Review of the backward translation and report by the developer of the original instrument; and 4. Review of the translation by a clinician. Difficulties encountered during the process were categorized as Grammatical, Idiomatic, Semantic/Conceptual, and Cultural. **RESULTS:** Fifteen items raised discussions for semantic (12 items), cultural (2 items), and idiomatic reasons (1 item). For instance, the statement "I had to refrain from sports like rollerblading or soccer" raised cultural issues. The examples of sports had to be culturally adapted, and became "rugby or soccer" (in South African English), or "ice-skating or sports like soccer" (in Mandarin). Further examples will be presented. **CONCLUSIONS:** The cross-cultural adaptation of the Haemo-QoL into 28 languages required an international collaboration and enabled the production of conceptually equivalent and culturally appropriate tools. The same process was used for the Haem-A-QoL (for adults) and the treatment satisfaction questionnaire (Hemo-Sat). When applied, these linguistically validated tools will provide insights into an area of haemophilia not well understood in the past.

PRM126
BENCHMARKS FOR INTERPRETATION OF SCORE DIFFERENCES ON THE SF-36 HEALTH SURVEY
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OBJECTIVES: Patient-reported outcomes (PROs) are widely used in clinical research. However, results on score differences may be hard to interpret if clinicians are unfamiliar with the assessment tools and lack benchmarks for interpretation of results. This study aims to estimate clinical and social benchmarks for interpretation of score differences on the SF-36 Health Survey and to test whether the interpretation depends on score level and patient background characteristics. **METHODS:** Using survival and logistic regression models, we reanalyzed data from three US cohort studies: the Medical Outcomes Study (N=3,445), the Medicare Health Outcomes Survey (N=78,183), and the QualityMetric 2009 Norming Study (N=4,040). Outcome variables were mortality, hospitalization, current inability to work, and loss of ability to work. **RESULTS:** Benchmarks were robust across types of disease and for people with or without chronic disease. However, the benchmarks did vary according to age and score level. A one-point lower score on the PF, GH and PCS scales was associated with a 1.05-1.09 relative risk (RR) of mortality for the typical chronic disease patient, with stronger associations in the younger age groups. For several scales (PF, RP, BP, GH, VT, SF, and RE), the associations with mortality also depended on score level, with stronger associations in the lower score ranges (i.e. patients in worse health). A one-point lower score on the PF, RP, BP, GH, VT, SF, and