data gathered was analyzed using SPSS version 12.0. Chi-square test was used to test the association between demographic profiles and level of satisfaction. All results with P-value less than 0.05 were considered significant. RESULTS: A high percentage of the respondents (n = 369, 47.8%) were satisfied with the provision of health-care delivery at the government hospitals and clinics. They were satisfied with the competency of doctors and staffs and standard of the facilities and services. However, 63.1% (n = 486) of the respondents had expressed their dissatisfaction toward the waiting time in the government hospital and clinic. The finding also showed that the factors that influenced the level of satisfaction were ethnicity and age. CONCLUSIONS: Most of the people in Penang were satisfied with the health-care delivery at the government hospitals and clinics. However, the waiting time in the hospitals and clinics need to be improved as an overwhelming proportion of the respondents were discontented with it.

QUALITY OF LIFE IN THAI WOMEN DIAGNOSED WITH GENITAL WARTS, CERVICAL CANCER, AND CERVICAL INTRAEPITHELIAL NEOPLASIA AT KING CHULALONGKORN MEMORIAL HOSPITAL

Khanprasert N1, Havendorn P1, Tertmyrungin P1, Vamsiratana P1, Phongpanich S1, Khopprasert C1, Jirakornchaphong P1, Kitisornphachi S1, Tanasephanuchkul S2

1Chulalongkorn University, Bangkok, Thailand; 2MD (Thailand) Ltd, Bangkok, Thailand

OBJECTIVES: To determine health related quality-of-life (QoL) of patients diagnosed with genital warts, cervical cancer, and cervical intraepithelial neoplasia at King Chulalongkorn Memorial Hospital using a standard questionnaire. The questionnaire elicited information on generic quality of life, on disease specific quality of life, and medical data. The analysis was performed to investigate the association between socio-demographics, smoking status, and presence of genital warts, cervical cancer, and cervical intraepithelial neoplasia (CIN1) or cervical intraepithelial neoplasia high grade (CIN2/3) or genital warts as confirmed by physical and pathological examination. RESULTS: A total of 197 patients completed the study questionnaire with a diagnosis of genital warts (n = 25), CIN1 (n = 25), CIN2/3 (n = 25), IAB IB1A (n = 37), IIB-IVA (n = 28). The mean age was 47.3 years and majority were housewives with educational attainment of primary school or lower. The adjusted mean scores were as follows: global QoL 78.08 (95% CI = 76.4, 79.8); physical well-being, 81.9 (95% CI = 79.6, 84.3); social well-being, 72.5 (95% CI = 70.1, 74.9); emotional well-being, 78.7 (95% CI = 75.6, 81.1). There were no significant differences between stages of diseases and global QoL or subscales. We found a positive association between age and emotional well being scores (P = 0.001). Lower educational attainment was associated with higher emotional well being scores (P = 0.049). CONCLUSIONS: Our finding shows that, impact of QoL on disease of CIN or genital warts did not differ from cervical cancer. Young HPV related-disease patients and those with higher education may experience emotional difficulties. Social, family or religion support may be considered for these patients.

ETHNIC/RACIAL DIFFERENCE IN SELF-ASSESSMENT OF HEALTH STATUS IN THE GENERAL US POPULATION

Lee NC1, Ko WY2, Fy FE3, Johnson JP4

1National University of Singapore, Singapore; 2Cleveland Clinic, Cleveland, OH, USA; 3University of Alberta, Edmonton, AB, Canada

OBJECTIVES: In population health surveys, self-reported health status is usually assessed by a single question. In spite of good face validity, such a measure may be problematic in estimating true health status across different groups. We used the data collected in the US Valuation of the EQ-5D Health States study to examine the differences in health status measured by the EQ-5D questionnaire. The EQ-5D questionnaire was developed to retrospectively assess the disease severity and QoL-impairments in patients diagnosed with different chronic diseases, such as cancer. METHODS: We assessed differences in the EQ-5D questionnaire scores across different ethnic groups (Caucasian, black, and others) in the US. RESULTS: A total of 197 patients were recruited from two tertiary referral hospitals and the general populations were randomly approached in China. After informed consent, subjects were interviewed using EQ-5D, EQ-VAS and SF-6D, and their socio-demographic and medical information was solicited. RESULTS: Compared with the general population (n = 364), the patients (n = 268) reported significantly worse EQ5D with median score of the EQ-5D utility index (0.73 vs. 0.85), SF-6D utility index (0.76 vs. 0.81) and EQ-VAS (70.0 vs. 85.0). Multiple linear regression analyses showed pain symptom had the strongest predictive power for HRQoL, compared with symptom duration and urinary symptom. Socio-demographic factors and comorbidities did not significantly contribute to poorer HRQoL. CONCLUSIONS: The patients experienced deteriorated HRQoL with lower health-related utility scores compared to general population and pain severity was the main physical symptom predicting decreased health-related utility. Further studies are needed to provide the reference utility index for the comparison and better characterizing the influence of geographic and cultural factors in variation of health-related utility of CP patients.