1) to fill in the questionnaire online, focusing on the instructions developed for online completion on their underderstand and language; alternative formulations in case of problematic wording; and 3) to comment on the online administration and handiness of the version on the device (i.e., legibility of the instructions and items/response choices). After the test session, the interviewers asked parents about ease of comprehension, navigation, instructions, screen, and font size, and also reported on any hesitations or questions asked by the patient during the process. The severity of the issues encountered during the test was divided into three levels with 1 indicating inability of use and/or incomprehensibility of instructions. RESULTS: All respondents were able to answer the questions on their own help. The respondents found the instructions very clear, and completing the online versions of the instruments proved to be easy and quick. For those who wished to correct their answers, going back to the previous screens was also easy. Minor changes were suggested to the screen resolution, font size of the response choices of the AQLQ(S)-12, and to the wording of individual items to improve clarity and eliminate double questions. Some respondents also suggested questions of relevance and non-relevance between the two modalities: paper and either the electronic handheld (PHT LogPad® LD) or the smartphone App (PHT LogPad® App). Subjects completed the assessment in a single visit, sometimes with different versions of the questionnaire, and included on the first online. The online versions were revised accordingly. All parties involved agreed that there was no need for further testing. CONCLUSIONS: The web-based UK versions of the AQLQ(S)-12 and (ACQ-6) proved to be easy to use and understandable with minor improvements.

PM105
EQUIVALENCE AND PATIENT PREFERENCE FOR THE SF-36v2 ON A HANDHELD DEVICE AND SMARTPHONE APP
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OBJECTIVES: The Short-Form 36 Health Survey version 2.0 (SF-36v2) is a validated patient-reported outcome instrument. A validated single-item format version exists for deployment on computer screens/tablet-sized devices, and an electronic handheld version was developed in 2012. The objectives of this study were to evaluate the measurement equivalence between the paper and electronic versions of the SF-36v2 administered using a handheld device or a smartphone app, and to determine patient preference for mode of administration. METHODS: This was a randomized crossover study of 157 subjects with type 1 diabetes. Completion of the SF-36v2 on two modalities: paper and either the electronic handheld (PHT LogPad® LD) or the smartphone app (PHT LogPad® App). Subjects completed the assessment in a single visit, sometimes with different versions of the questionnaire, and included on the first online. The online versions were revised accordingly. All parties involved agreed that there was no need for further testing. CONCLUSIONS: The measurement equivalence between standard paper versions of the SF-36v2 and the handheld versions as deployed on an electronic handheld device or a smartphone App. Patients with diabetes generally prefer to complete the SF-36v2 electronically rather than on paper. 

PM106
DEVELOPMENT AND VALIDATION OF THE ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI) INDUCED ANGIOEDEMA INVESTIGATOR RATING SCALE AND PROPOSED DISCHARGE CRITERIA
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OBJECTIVES: Angiotensin-converting enzyme inhibitors (ACEI) have been implicated in bradykinin-mediated angioedema. With ever-widening indications for ACEI including hypertension, congestive heart failure, diabetic nephropathy, etc., a concomitant increase in ACEI-Angioedema (ACEI-A) has been reported. At present there is no validated severity scoring or discharge criteria for ACEI-A. We sought to develop a investigator rating scale with corresponding discharge criteria for use to guide clinical decision making, and reliability of the scale with clinicians experienced in treating ACEI-A. METHODS: In-depth, 60-minute qualitative telephone interviews were conducted with 12 US-based emergency physicians. Beforehand, clinicians were sent four case studies describing patients experiencing different severities of angioedema attacks. Clinicians were initially asked open-ended questions about their experience of patients’ symptoms, treatment and discharge decisions. Clinicians then rated each patient case study and discussed patient diagnoses, symptoms, severity and discharge evaluation. The ratings were used to assess inter-rater reliability of the scale using the intra-class correlation coefficient (ICC) using IBM SPSS 
OBJECTIVES: This study will evaluate the measurement equivalence between standard paper versions of the SF-36v2 and the handheld versions as deployed on an electronic handheld device or a smartphone App. Patients with diabetes generally prefer to complete the SF-36v2 electronically rather than on paper.

PM107
DEVELOPMENT OF A DISEASE MODEL FOR SPORADIC INCLUSION BODY MYOSITIS (sIBM)
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OBJECTIVES: sIBM is a progressive idiopathic inflammatory myopathy characterized by the asymmetric atrophy and weakness of proximal and distal muscle groups. Atrophy of the quadriceps, wrist, and finger flexor muscles and distal upper paresis are clinical hallmarks and result in significant functional disabilities with progression. To understand impact on patients, a qualitative study was conducted to support the development of the disease model. A disease model consists of patient concepts relevant to disease progression that may be impacted by the treatment of sIBM. No such disease model is currently available. METHODS: A literature review was conducted to identify factors relevant to disease progression of sIBM. This was followed by therapeutic area expert access input and interviews of patients diagnosed with sIBM (n = 20). Based on all results, a model was constructed. RESULTS: Results from literature and expert input allowed for the development of an initial draft model. Relationships between factors with impact on patient conceptualization of different aspects of sIBM, including (e.g. age, gender, duration, severity, falls), proximal concepts of signs and symptoms of disease (weakness, atrophy), functioning (upper extremity, lower extremity, general, swallowing) and through more distal psychological concepts (emotions, mood, relating). Patient feedback was used to further refine the model. Some physical