ensure that each patient vignette was written in a manner that accurately reflected and depicted the health state being examined. Students were randomly assigned to evaluate each case using one of the four different utility assessment techniques. RESULTS: The utility values (Mean +/- SD) for each of the health states under consideration were as follows: Depression (0.66 +/- 0.16), Type 1 Diabetes (0.73 +/- 0.17), Rheumatoid Arthritis (0.48 +/- 0.17), and Hypertension (0.83 +/- 0.12). A consistent trend emerged for all four health states being evaluated where the student assigned average utility score was highest when using the SG technique, second highest using TTO, third highest when adopting the FT and lowest when using an untransformed VAS score. A statistically significant difference (p < 0.05) between utility scores as measured by the SG technique and the VAS was found for each of the four health states under investigation. There was no significant difference in health state utility value assignment based on either a students’ gender or age. CONCLUSION: Student assessment of health-related quality of life varied considerably as a function of the type of health state being evaluated and/or the utility assessment technique which was adopted.

MAPPER SF-12 TO EUROQOL EQ-5D PREFERENCE SCORES IN THE SPANISH-SPEAKING HISPANIC COMMUNITY IN THE UNITED STATES
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OBJECTIVE: To generate an algorithm to map SF-12 scores to the Euroqol EQ-5D INDEX based on responses of the U.S. Spanish-speaking Hispanics (HISPanics). METHOD: Responses from 2386 HISPanics who were eligible to answer the self-activity analyses. The utility values (Mean +/- SD) for each of the health states were obtained preferences-based scores when only SF-12 data is available. Given the significant amount of variance that is usually left unexplained in these types of models it would be highly recommendable to incorporate this uncertainty in sensitivity analyses.

METHODOLOGICAL ISSUES WITH THE ANALYSIS OF PREFERENCE-BASED EQ-5D INDEX SCORE
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The EQ-5D index is widely used to assess the preference-based health status. In this paper, we examine the analytical issues of depression models for the U.S. preference-based EQ-5D index score. We propose a two-part approach to model the special features of the EQ-5D index, particularly, a large proportion of subjects having the maximum score at 1.0. The first part is a logistic model for the probability of reaching the maximum score. The second part is a model for the rest of the scores that are less than 1.0, which can be either a least squares regression with robust standard errors for the conditional mean, or a quantile regression for conditional quantities such as the median. We show that the two-part model has some desirable features that are not available in the previously published regression methods for the EQ-5D index score, including the ordinary least squares, Tobit model, and the censored least absolute deviations (CLAD) model. We illustrate the proposed approach with data from the Medical Expenditure Panel Survey (MEPS), which has a U.S. nationally representative sample. The proposed method may be used for other utility or health related quality of life scores of similar features.