assessed by the clinician was evaluated using areas under the ROC curve. **RESULTS:** After item reduction and scoring, QUARTIS-Start included 28 items grouped into 6 dimensions: 2 Disease Severity dimensions (Symptoms and Daily Allergy) and 4 Treatment Perception dimensions (Reasons for following Immunotherapy, Advantages, Inconvenience, and Information). QUARTIS-Follow-up included 27 items grouped into 7 dimensions: 2 Disease Severity dimensions and 5 Treatment Perception dimensions (Ease of Intake, Inconvenience, Satisfaction, Side-Effects, and Continuation). Internal consistency was good (Cronbach's alpha coefficients: between 0.66 and 0.78). The predictive values of the QUARTIS-Follow-up score for patients' intentions, patients' motivations and patients' adherence (evaluated by the clinician) were respectively 0.826, 0.770, and 0.653. **CONCLUSION:** QUARTIS is the first self-reported questionnaire assessing patients' perceptions of SLIT, before and during the treatment. It demonstrates good predictive value and appears to be a promising patient-management tool for use in clinical practice. Further psychometric and linguistic validation steps are being conducted.

PRS16

MEASURING THE IMPACT OF COPD ON PATIIENTS' LIVES IN AN INTERNATIONAL STUDY

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OBJECTIVES: The Chronic Respiratory questionnaire—Self Administered Standardized form (CRQ-SAS), a validated health related quality of life instrument for patients with COPD, was developed in U.S. and Canadian English to assess this impact. Prior to use in an international study our team translated the CRQ-SAS into 11 languages according to a rigorous protocol ensuring conceptual equivalence and cultural relevance across languages. **METHODS:** A specialist conducted the translation process in each target country following an internationally recognized methodology: 1) two forward translations and their reconciliation by native speakers of the target language and fluent in English; 2) backward translation by a native English speaker; 3) review by a clinician; and 4) comprehension test on five individuals with COPD. **RESULTS:** The process revealed two challenges: the translation of terms with a large semantic field (e.g. "upset") and the translation of idiomatic expressions such as "down in the dumps". Together with the developers of the instrument we found appropriate language versions to convey the original concepts. **CONCLUSION:** We established 11 translations of the CRQ-SAS according to rigorous methodology. The availability of the CRQ-SAS in many languages facilitates efforts to collect patient data across countries and enables researchers to compare the impact of COPD on people's lives internationally.

PRS17

VALIDATION OF THE COPD SEVERITY SCORE FOR USE IN THE SPANISH PRIMARY HEALTH CARE SYSTEM, THE NEREA STUDY: PRELIMINARY RESULTS

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OBJECTIVES: To validate the Chronic Obstructive Pulmonary Disease Severity Score (COPDSS), a severity screening tool specific to COPD patients, for use in the Spanish primary health care system. **METHODS:** Cross-sectional, multicenter study, which included clinically stable COPD patients, with a recent spirometry, and a diagnosis of COPD based on a FEV1(%) <80% predicted. All patients provided signed informed consent to participate. Data on current respiratory symptoms and number of COPD exacerbations in the previous 12 months were collected, and patients were classified using the Medical Research Council (MRC) dyspnea scale. The COPDSS was administered by physicians in face-to-face interviews, and patients' most recent FEV1 values were recorded. Concurrent validity of the COPDSS was evaluated by examining the association between COPDSS scores and dyspnea status, number of exacerbations in the last 12 months, and FEV1(%). Receiver Operating Characteristics (ROC) curves were used to test the score's sensitivity and specificity. **RESULTS:** For this preliminary analysis, data was available from a total of 292 predominantly male (86%) patients (mean age = 67 years) reporting daily cough (71%), expectoration (74%), progressive dyspnea (60%) having 2 exacerbations per year as a mean. A moderate correlation was found between FEV1(%) and COPDSS ($r = -0.331$, $p < 0.001$), though COPDSS correlated more strongly with current dyspnea status ($r = 0.595$, $p < 0.001$) and number of exacerbations in the past 12 months ($r = 0.510$, $p < 0.001$). The instrument discriminated between patients with varying degrees of dyspnea (grades 0, 1 or 2 vs grades 3 or 4 on the MRC scale; area under the ROC curve = 0.867), and between patients defined according to number of exacerbations in the last 12 months (0–2 vs > = 3; area under ROC curve = 0.787). **CONCLUSIONS:** This preliminary analysis indicates that the COPDSS is likely to be a useful tool in primary health care in Spain.

PRS18

MEASURING DISEASE-SPECIFIC UTILITIES FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE HEALTH- AND EXACERBATION PROFILES

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OBJECTIVES: Existing pre-scored multi-attribute health status classification systems do not capture well the typical impairments and fluctuating nature of COPD. This study aimed to develop COPD health profiles that describe the health status of these patients over the course of one year and have these profiles valued by the general population. **METHODS:** We developed 16 COPD health profiles. Each profile combines a description of the severity of COPD during the stable phase (in terms of symptoms, impact on non-strenuous and strenuous activities, ability to work, anxiety and depression, energy and tiredness) with a description of the exacerbation profile (in terms of frequency, duration, severity of increase in respiratory and non-respiratory symptoms, impact on daily activities, and response to treatment). These profiles were valued by a representative sample of the adult Dutch population using a Visual Analogue Scale (VAS) and Time Trade Off (TTO). All respondents valued 10 COPD profiles during group sessions. Subsequently all respondents received a questionnaire to value another 10 COPD profiles at home. Respondents also valued 4 EQ-5D states. **RESULTS:** A total of 239 respondents attended the group sessions; 235 completed the questionnaire. Both VAS and TTO values consistently decreased as severity of COPD increased. When including all available responses, mean VAS scores ranged from 0.84 (SD 0.12) for mild COPD without exacerbations to 0.18 (SD 0.12) for very severe COPD with one non-severe and one severe exacerbation per year. Mean TTO values were significantly higher and ranged from 0.98 (SD 0.09) to 0.43 (SD 0.27), respectively. Overall, within each COPD severity stage, the utility decrement for exacerba-