diadate items. The survey was administered via the web in two rounds. RESULTS: 29 reported items were identified from the Delphi panel, of which 46 (96%) and 39 (85%) responded to the first and second rounds, respectively. The 25 items were reduced to 23 following the first round of the study and further reduced to 20 in the second round. These 20 items were then rated as important with no evidence of disagreement on ratings of any items in the second round. For each item, we summarise the recommendation, provide a detailed explanation and illustrate it using an exemplar of good practice. This process identified 4 items: 1) increased to “personal interests” and 13) referring to the “limiting my focus on school” items. The final model included 25 following the first round of pilot testing, minor changes were made to two items in the German (instructions: investigator proofreading, and final quality assurance checks) and UK versions. The orig versions of the CQOLCF and the MSPSS included: concept elaboration, forward translation with five caregivers of children with CF in the UK, pilot testing review, country review, review by original instrument developer, independent proofreading, Germany, pilot testing review, investigator proofreading, and final quality assurance checks. Methodology for the UK-English versions included: concept elaboration, in-country review, review by original instrument developer, independent proofreading, pilot testing with five caregivers of children with CF in the UK, pilot testing review, investigator proofreading, and final quality assurance checks. RESULTS: Following pilot testing, minor changes were made to two items in the German (instructions: referring to the “limiting my focus on school” items) and UK versions. The final number of valid observations for each health state fell between 100 and 110, with the exception of the severe state (62). Results were different depending on health state and test. Gallup’s ladder and life satisfaction tests were not correlated with any valuation. A medium health state was not correlated to any happiness. Severe state valuations were more correlated to utility values of milder states. “Not very happy” people in the Global happiness test had lower valuations for a mild state (rho = 0.224, p < 0.1). Positive affects were negatively correlated with valuations (rho = 0.306, 0.252, p < 0.05, p < 0.05, p < 0.05, p < 0.05, rho = 0.16). Negative affects increased valuations of a medium and a mild state (rho = 0.25, 0.313, p < 0.1). Satisfaction in particular areas of life also had an impact on extreme states. CONCLUSIONS: Some states, but not all, seem to be more easily affected by emotional variables. The results suggest that minor changes to the respondent has had negative affects, and lower when she has had positive affects.

PM1912 QUALITATIVE EQUIVALENCE BETWEEN PAPER AND EL DIARY VERSIONS AND USABILITY OF 6 PRO QUESTIONNAIRES FOR ENDOMETRIOSIS Eremenco S1, Stringer S1, Gleeson S1, Landian A1, Falcon I1, Vázquez de, Refinetti, MD, U. OF Texas, Health, College Station, TX, USA. OBJECTIVES: This study evaluated the qualitative equivalence between paper and electronic diary (eDiary) versions of the following 6 patient-reported outcome (PRO) instruments: Ovulation Diary (OD), Dysmenorrhea Impact Scale (DIS), Dysmenorrhea Pain (NMP), Dyspareunia, Uterine Bleeding, Numerical Rating Scale (NRS), and Menstrual Period. Study medication and Analgesic Medication questions were also assessed. The reliability of utility values of the EQ-5D were not used to document suitability of this mode of data collection for upcoming clinical trials. METHODS: A cross sectional qualitative study was conducted involving cognitive and usability interviews with premenopausal women diagnosed with endometriosis. The 6 PRO questionnaires were administered on an HTC HD2 eDiary and paper versions. Participants were randomized to order of mode completion to control for order effects. Interviews were conducted in two rounds. The 25 item Cervantes scale was the specific health-related-quality-of-life (HRQoL) questionnaire developed in Spanish women through and beyond menopause. The-16 item form (Cervantes-SF) is structured in 6 dimensions: Vasomotor Symptoms, Health, Psychological Health, Ageing, Sexuality, and Colicky Pain (Cervantes-SF). The aim of this work was to obtain a scoring algorithm for mapping the specific Cervantes-SF scores onto the generic EuroQol-5D-3L (EQ-5D) valuation. The study is based on a postal survey questionnaire sent to a random sample of men and women in four countries in central part of Sweden, from 16-84 years old in 2012. The study population included 32,500 respondents. EQ-5D index was calculated using Swedish tariffs. The survey included both EQ5D and EQ-5D instruments, as well as questions about self-rated health. An OLS model was used to estimate EQ-5D health states values using GHQ-12 as exposure, using the respondents of two counties (n=17,000). The algorithm was applied to the respondents from another two counties. RESULTS: 15,500) to check the predictive capacity of the model. RESULTS: EQ-5D index scores drastically decreased in GHQ-12 scores increased. The final model included sex, age, self-rated health in 5 ordinal levels and GHQ-12 scores as a quantita- tive variable. The regression equation explained 40% of the variance. For estimation of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-5D index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(median observed EQ-5D)) = 14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ-12 as a primary outcome where utility measures are not collected.

PM1913 MAPPING OF THE 16-ITEM SORT FORM VERSION OF THE MENOPAUSE SPECIFIC QUALITY OF LIFE SCALE (CERVANTES-SF) INTO THE EQ-5D-3L Monroy M1, Ruiz MA1, Rejas F1, Blandón-Borrego P1, Coronado PT1, 1University Autónoma de Madrid, 28049, Spain, 7Fizfer, Alcobendas, Spain, 8Clínica DIATROS, Barcelona, Spain, 9Hospital Clínico San Carlos, Madrid, Spain OBJECTIVES: The Cervantes scale is a specific health-related-quality-of-life (HRQoL) questionnaire developed in Spanish women through and beyond menopause. The-16 item form (Cervantes-SF) is structured in 6 dimensions: Vasomotor Symptoms, Health, Psychological Health, Ageing, Sexuality, and Colicky Pain (Cervantes-SF). The aim of this work was to obtain a scoring algorithm for mapping the specific Cervantes-SF scores onto the generic EuroQol-5D-3L (EQ-5D) for peri-menopausal and postmenopausal women. METHODS: We designed a cross-sectional study enrolling peri and omenopausal women attending outpatient clinics of Gynecology all over the country in Spain. All of the patients completed both scales, the Cervantes-SF and the EQ-5D. Several mapping methods were tested to predict EQ-5D utility values: Ficek's regression based on item decomposition into dummy indicators, Ficek's regression with profile aggregated data and Probit regression. R2, Mean Absolute Error, Mean Absolute Percentual Error (MAPE), along with coefficient significance were used to compare models. Age, body mass index (BMI) and being sexually active were also variables tested within models. RESULTS: A sample of 275 women [mean age 55 years old (SD = 5.37)] was enrolled, with mean BMI =25.2 [SD =4.3] and 83% being sexually active. Most important dimensions were Aging, Health, Psychological health and Colicky pain, interaction between these and other variables with profile aggregated data performed best although differences between models were small. Goodness-of-fit statistics were good and very good: R2 = 0.52, MAE = 0.019, MAPE = 12%, MARE =12% and MSE = 0.126. An algorithm for mapping menopause specific health states measured by the abridged 16-item Cervantes scale (Cervantes-SF) on to generic HRQoL utilities has been obtained, allowing computing QALYs related to menopause improvement.