The final questionnaire was administered to 311 subjects experiencing influenza like illness, including 22% with laboratory-confirmed influenza infection, presenting to clinicians across 25 USA sites. Items properties and scales were investigated using descriptive statistics, Item Response Theory (IRT), Confirmatory Factor Analysis (CFA), internal consistency and test-retest reliability. RESULTS: The patient generated Mapping resulted in 149 concepts which clustered into daily activities, emotions and relationships. Eleven symptoms were identified from the literature. Expert content review led to item clarification, removal (n = 2) and addition of an item. Candidate measures were drafted using predefined criteria including simplicity and brevity. Both IRT and CFA assisted with item selection. The Symptoms scale factored into a systemic and respiratory subscale (seven and three items, respectively) and the Impact scale covered impact on usual activities, emotional impact and impact on relationships (three and four items, respectively). Most subscales displayed good internal consistency (Cronbach’s A ≥ 0.8), the 3-item Respiratory subscale was poor (A = 0.50). Test-retest indicated high reliability (intra-class correlation coefficient >0.8 for all scales). CONCLUSIONS: These analyses provide evidence for the content validity and reliability of the 24-item Flu-BQ as a measure of symptom intensity and impact of influenza.

**ANALYZING INPATIENT DATA FOR HEPATITIS PATIENTS**

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OBJECTIVES: To identify whether there are patterns and relationships between hepaticitits and other patient values such as age, mortality rate, and certain procedures and diagnosis. METHODS: HCV patients,18 years and older completed an online survey instrument that included 9 conjoint choice-format trade-off tasks. Subjects chose among pairs of hypothetical medication alternatives, each defined by chance that the medicine will eliminate the virus completely (EFFICACY), injection frequency, duration of flu-like symptoms, image after each injection, injection device (DEVICE), average number of days the flu worked each week (L0ST W0RK D4YS), reversibility of hair thinning while on treatment (HAI R T HIN NING), and probability of developing clinical depression while on treatment (DEP R ESSION). Subjects also answered 3 rating questions assessing how often people with HCV would miss or skip doses of medications with different characteristics. We used mixed-logit methods to estimate mean relative importance weights for each attribute. We used a Heckman two-stage model to estimate first the effect of subject characteristics the effect of medication attributes on non-adherence. RESULTS: A total of 143 subjects completed the survey. In the model, number of flu days (FLU DAYS) was specified as injection frequency multiplied by the duration of flu-like symptoms after each injection. EFFICACY was the most important attribute. The remaining attributes were ranked in order of importance as follows: DEPRESSION, FLU DAYS, LOST WORK DAYS, HAIR THINNING, and DEVICE. Subjects with higher scores who considered the number of flu days increased the likelihood of non-adherence. CONCLUSIONS: The results of this study demonstrate that efficacy is the most important medication attribute to patients but medication side effects like the number of flu days affect medication adherence most. Reducing the number of flu days by reducing the frequency of injections or the duration of flu-like symptoms after each injection may increase medication adherence.

**THE IMPACT OF ADVERSE DRUG REACTIONS ASSOCIATED WITH ANTITUBERCULOSIS MEDICATIONS ON HEALTH-RELATED QUALITY OF LIFE: A LONGITUDINAL ANALYSIS**

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OBJECTIVES: Anti-tuberculosis (Anti-TB) treatment commonly results in adverse drug reactions (ADRs). This study examined the impact of ADRs on health-related quality of life (HRQL) among patients with active TB. METHODS: HRQL was assessed at baseline and three months of the treatment using the Short-Form-36 (SF-36). Information regarding ADRs to Anti-TB treatment was obtained from electronic health charts. Linear regression was used to explore the impact of ADRs on the 3-month SF-36 outcomes. Logistic regression was performed to examine the correlation between baseline SF-36 scores and occurrence of ADRs during the first three months of treatment. Socio-demographic factors were adjusted for in all regression models. RESULTS: A total of 89 patients with active TB were included. During the first three months of treatment, 21 (23.6%) patients developed major ADR(s) that led to discontinuation of treatment and/or additional interventions. When compared to those who never experienced ADRs, patients who developed major ADR(s) scored significantly lower on three SF-36 subscales: physical functioning (33.77 vs. 46.89, p = 0.033), vitality (39.13 vs. 50.08, p = 0.004), and mental health (39.16 vs. 50.28, p = 0.025). Compared to those who had no recent ADRs, subjects who experienced new ADRs (HR) (within the past four weeks) and subjects who had 3 or more ADRs, had lower HRQL in four SF-36 subscales and also the mental component summary score. Logistic regression analyses suggested that baseline scores from the six SF-36 subscales (physical functioning, role-physical, vitality, role-emotional, social functioning, and mental health) and the summary component were independently associated with the development of ADR(s) during the first three months of treatment. CONCLUSIONS: ADRs due to anti-TB treatment had substantial and profound impact on patients’ HRQL. Poor baseline HRQL might be associated with a higher risk of developing ADRs during treatment.