mon use across and between conditions. METHODS: Subjects were recruited by web posting and telephone screening. Those self-reporting active treatment for one of the conditions, Low Back Pain (LBP), Rheumatoid Arthritis (RA), or Fibromyalgia (FM) were invited to participate in an in-person interview using card sort exercises with 54 different pain descriptors to identify those subjects each commonly used to describe the pain associated with their condition. RESULTS: Subjects were between 16 and 83 years (mean: 47 ± 14). The majority (60%) were female, 60% were working full or part time, and 5% were Caucasian. Pain descriptors were divided into three groups based on percent of subject endorsement: 70-100% for high use 45-69% for moderate use, and 18-44% for low use. Across all four conditions, the most used pain descriptors were SHARP, ACHING, THROB, BING, and HURTING. Moderate use was shown across all conditions for terms like RADIATING, SPREADING, STINGING, and JOLTING. Lower percentages of study subjects used descriptors with more specific pain characteristics, including temperature descriptors (HOT, COLD), neuropathic characteristics (NUMB, PRICKLING) and qualities associated with acute pain (CUTTING, TEARING). Migraine subjects tended to use descriptors like POUNDING (83%), SPLITTING (88%) and PULSATING (77%). LAP subjects used STABBING (77%), PINCHING (86%), and SHOOTING (74%). OA and RA patients tended to be more similar with CONSTANT (46%/73%), TENDER (55%/64%) and SORE (72%/73%). Additional descriptors unique to RA included TIGHT (73%) and CRAMPING (64%). CONCLUSIONS: Because descriptors of pain used by patients across these four different conditions showed use of similar language as well as expressions that were unique to their condition, the assessment of condition-specific pain should be considered when planning to use pain as a study endpoint.

PROM2
EXPLORATORY MAPPING OF THE LUPUSQOL TO THE SF-6D
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OBJECTIVES: To derive a mapping algorithm to estimate scores (utility values) for the preference-based SF-6D measures from the non-preference-based disease-specific LupusQoL (LUPUSQOL) bank. METHODS: A total of 290 self-rated systemic lupus erythematosus (SLE) patients completed the LupusQol and SF-6D at the same assessment. Models of the relationship between them were estimated using OLS regression. The SF-6D utility score was modelled using total scores on the 8 LupusQol domains, employing a backward inclusion procedure. Model performance was judged using the root mean squared error (RMSE) and range of predicted values. RESULTS: The mean (SD) age of the sample was 45 (13.4) years and the mean (SD) SF-6D score was 0.61 (0.13). The mean scores for the LupusQol domains ranged from 52.5 (Fatigue) to 73.5 (Body Image). Four of the eight LupusQol domains were selected for inclusion in the final model (Physical Health, Pain, Emotional Health, Fatigue) because these domains were measured in both instruments. The root mean square error (RMSE) for the mapping function was 0.0701, lower than that reported for many published mapping functions. The overall model fit was good (R²=0.7155), although some under-prediction at the upper end of the SF-6D was observed. CONCLUSIONS: There appear to be a strong relationship between the LupusQol and SF-6D. Prediction errors are lower than for many published mapping functions, signifying that the mapping algorithm developed here provides a methodology for predicting SF-6D utility values from LupusQol data. Potentially the tool could reduce the time and effort of all of the necessary information can be obtained from administering the LupusQol alone. However, the omission of disease-specific LupusQol domains (intimate relationships, body image, burden to others, planning) from the final model, raises concerns that the specificity for SLE may be lost in this algorithm. Further out of sample testing will be useful to confirm the performance of this algorithm.

PROM3
INFANTILE HEMANGIOMA ON FAMILIES, CREATION OF A SPECIFIC BURDEN QUESTIONNAIRE
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OBJECTIVES: To carry out the cultural adaptation and calibration of the Spanish version of two item banks previously developed and translated by the PROMIS Group: “Pain-Behavior-PB” (39 items) and “Pain-Interference-FI” (41 items). This will allow construction of two Computerized Adaptive Tests (CATs) for evaluating Health-Related Quality of Life (HRQoL) in patients with pain. METHODS: Forward and backward translations of PB and FI item banks were carried out. The alternative translation was then compared to the existing PROMIS translation and re-validated by 25 patients and 6 experts to evaluate the relevance and comprehensibility of items. Recommendations to revise the universal Spanish were evaluated by the PROMIS Statistical Center and by a linguist from Spain. The revised items were then culturally debriefed with 5 patients following the PROMIS Interview Script and discrepancies were resolved. The revised universal Spanish version of both item banks was administrated to a sample of 236 subjects with chronic pain of any etiology. Unidimensionality and local independence were evaluated. The calibration of the item banks was done using the Samejima’s graded response model. RESULTS: The process of cultural adaptation of both item banks for use in Spain resulted in the amendment of 8 items (5 PB - 3 FI). Unidimensionality and local independence of items of both banks were confirmed. Discrimination parameters ranged from moderate to very high in almost all items of both banks. Differences according to gender were not statistically significant in PB bank (P=0.13) nor in PB and FI item banks (P=0.07). CONCLUSIONS: The universal Spanish PROMIS Pain Behavior and Pain Interference have been calibrated in Spain and two CATs have been built to evaluate HRQoL of patients with pain in daily clinical practice.

PROM4
THE DOES THE CAT QUESTIONNAIRE PRODUCE SIMILAR RESULTS WHEN SELF- OR INTERVIEWER-ADMINISTERED?
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OBJECTIVES: The COPD Assessment Test (CAT) assesses the impact of chronic obstructive pulmonary disease (COPD) on health status in clinical practice. We wanted to evaluate whether the mode of administration (self vs. interviewer) influences the CAT score and or its psychometric properties in a heterogeneous COPD population (during clinical stability and during exacerbations). METHODS: Observational study in 49 Spanish centers. Patients hospitalized because of exacerbations of COPD (ECOPD; n=224) and clinically stable patients (n=153) completed the CAT before and after treatment with inhaled corticosteroids and long-acting bronchodilators. RESULTS: The self-administered CAT was considered easier to use by 67% of patients and by clinicians. The CAT score was significantly lower when the CAT was self-administered vs. interviewer-administered (CAT-S/A: 25.2 ± 11.1 vs. CAT-I: 29.5 ± 12.9; P<0.001). The inter-rater reliability when administering the CAT by self-administered and interviewer-administered was assessed using intraclass correlation coefficients (ICCs). The test-retest reliability ICCs were moderate to high for both self-administered and interviewer-administered versions of the questionnaire. CONCLUSIONS: The CAT is self-administered (CAT-SA) or interviewer-administered (CAT-IA) as decided by clinicians. Multiple linear regression analysis using an instrumental variable method determined that mode of administration influenced CAT scores after adjusting for differences between groups. The instrument’s psychometric properties were good whether mode of administration was used. Internal consistency coefficients were high for both self-administered (Cronbach’s alpha: 0.81 for CAT-SA and 0.82 for CAT-IA) and test-retest reliability (intraclass correlation coefficients of 0.83 for CAT-SA and CAT-IA) were high. Correlations with SGRQ-L and LCADL were moderate to strong for both groups, though only the CAT-1A correlated significantly with clinical measures of COPD. Similar results were observed when testing longitudinal validity. CONCLUSIONS: The mode of administration does not influence CAT scores and only minimally influences its psychometric properties, suggesting that data obtained using different modes of administration can be pooled or compared. Further research is required to determine whether sensitivity to change is affected by mode of administration.

PROM5
RELIABILITY OF A PATIENT-REPORTED ADVERSE DRUG EVENT QUESTIONNAIRE
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OBJECTIVES: Previously, a questionnaire was developed to collect information re-