

tion Modeling (SEM) techniques to evaluate the SF-36 and the impact of NA on the Mental and Physical Components in a sample taken from the 1990 National Survey of Functional Health Status (NHS). **RESULTS:** The percent of shared variance of the Physical Health and Mental Health indicators and the Physical and Mental Health factors combined are physical function (.0603), role physical (.0817), bodily pain (.0720), health perception (.0600), role emotional (.0486), vitality (.0756), general mental health (.5207) and social function (.0811). General mental health (GMH) indicators are virtually identical to NA indicators. The percent of shared variance of the NA/GMH factor and Physical Health and Mental Health is .4422 and .9781 respectively. **CONCLUSIONS:** The present results suggest that about 47 percent of Physical Health and 98 percent of Mental Health is due to the influence of NA/GMH. This may account for the lack of discriminative ability, shown in previous studies, of the Mental Health factor and Mental Component Scale Score.

PQPI I

THE HEALTH AND WORK QUESTIONNAIRE (HWQ): AN INSTRUMENT FOR ASSESSING WORKPLACE PRODUCTIVITY IN RELATION TO WORKER HEALTH

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OBJECTIVE: Recently, interest has increased in productivity loss associated with medical conditions or health behaviors that do not preclude attendance at work (e.g., migraine, smoking). Commonly, productivity loss is subjectively assessed (asking workers directly to report on the productivity impacts of their medical conditions or health behaviors) which may be problematic because certain illnesses or health behaviors are viewed as socially undesirable. We describe the initial validation of a new instrument, the Health and Work Questionnaire (HWQ) that can be used in studies of worker health and productivity. **METHOD:** The HWQ consists of 24 items assessing work quality, quantity, efficiency, and related factors. To minimize “social desirability” tendencies on the part of respondents, they are asked to rate their work quality, quantity, and efficiency from their supervisor’s and their co-worker’s perspectives as well as their own. All items have ten-point response scales. The initial questionnaire was pretested by 30 subjects. Based on subject feedback, no wording changes were deemed necessary. The HWQ was administered to 294 employees of a major US airline and was completed at baseline and at three subsequent monthly intervals. Validation included comparisons with two objective productivity measures collected by the airline: Time Lost, the average time a reservation agent is unavailable between calls; and Total Performance Points,

the performance measure used for quarterly employee evaluation. **RESULTS:** Six subscales were identified by factor analyses: productivity, concentration/focus, supervisor relations, impatience/irritability, work satisfaction, and non-work satisfaction. Internal consistency reliability values were high for all scales (0.84–0.96), with the exception of impatience/irritability, displaying adequate reliability (0.72). All HWQ scale scores correlated significantly with the Time Lost measure; two scales correlated significantly with the performance measure. The significant correlations were all modest (0.12 to 0.22). **CONCLUSIONS:** With other measures, the HWQ may be a useful instrument in assessing group differences and evaluating the impact of health interventions on work-place productivity.

NO SPECIFIC OR MULTIPLE DISEASES-METHODOLOGICAL ADVANCES

PMA I

METHODOLOGICAL ADVANCES IN THE ASSESSMENT OF QUALITY OF LIFE IN CLINICAL TRIALS

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Pharmaceutical science has moved away from focusing exclusively on the impact of medications on physiological parameters to a focus that includes the subject’s quality of life (QoL). To date, QoL assessment has relied exclusively on global summaries that ask subjects to recall, summarize, and evaluate their subjective QoL. New science-based methods using handheld technology to gather QoL data can lead to more valid, reliable, and timely QoL data. Many of the components of QoL, from subjective well-being to objective functioning, derive from an interest in understanding a subject’s daily and momentary experiences. Rather than relying on broad summaries of experience, a ‘bottoms-up’ approach to QoL assessment directly measures subjects’ momentary QoL in real-time, in the real-world. Until recently, researchers did not have an efficient way to collect valid momentary QoL data from subjects in their natural environment. Recent methodological advances in the science of patient experience, termed Ecological Momentary Assessment (EMA), make it possible to collect real-time QoL data from subjects using electronic patient experience diaries. This ‘bottoms-up’ approach using EMA methods extends existing QoL measures by providing a unique perspective on the extent to which subjects’ evaluations of various moments in their lives reflect QoL changes over time. Recent empirical evidence suggests that this ‘bottoms-up’ approach may enhance the sensitivity of QoL assessment in clinical trials. The new perspective EMA provides on momentary patient experience represents a promising methodological advancement in the study of QoL. In combination with standard written assessments of QoL, EMA data can provide a new perspective on the relationship between medication effects and QoL.