section, adding questions to the knowledge domain, and lastly putting the attitude characteristics into the questionnaire. The questionnaire was readable by respondents with at least grade 6 education level. The reconciled and modified version was sent to be translated into Malay language, which is the national language of Malaysia. The translation was validated using the standard forward and backward translation method.

RESULTS: The questionnaire was tested on a convenient sample of 85 patients. Reliability analysis of the questionnaire using Cronbach’s alpha showed an internal consistency reliability of 0.9 for the attitude domain. The reliability of four knowledge items was measured by the split-half reliability method (Cronbach-Brown Split-Half Coefficients were 0.6, and 0.56, respectively).

CONCLUSIONS: The questionnaire was valid and reliable to evaluate diabetic knowledge, physician practice, and attitude towards the smoking cessation intervention when applied by their physicians.

PRM34 IS THERE A LABELING EFFECT IN THE VALUATION OF THE ALL-WORST HEALTH STATES?
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OBJECTIVES: A protocol for the valuation of SF-6D health states began with telling the participants that the “all-worst” health state (645555) was the worst among all health states to be considered. Respondents might decide if “all-worst” was worse or better than dead. This secondary analysis aimed to evaluate whether this practice was found on the valuation of the population-based valuation study of the SF-6D, involving totally 1020 participants in Singapore. The SF-6D health states were valued using a visual analogue scale (full health = 100 points). This analysis focused on the 73 participants who valued the all-worst health state at least one health state that was only one step better than the all-worst state in one or two of the six dimensions of the SF-6D (e.g. 645555 and 545554). We call these the “near all-worst” health states. We estimated the label effect (if any) by comparing the value assigned to the all-worst versus the near all-worst health states using graphical means and regression analysis.

RESULTS: A total of 56/73 participants considered the all-worst state worse than death. Among them, the all-worst health state was valued significantly lower than the near all-worst health states (30 points; P < 0.001), even after adjustment for the difference attributable to the one step difference in the six dimensions. Among the 17/53 participants who considered the all-worst state better than death, the valuation result was as expected according to the differences in the six dimensions.

CONCLUSIONS: The procedure to tell participants that one of the states was “all-worst” had a label effect, but not every respondent was affected.

PRM35 THE COPYRIGHT OF TRANSLATIONS OF PRO INSTRUMENTS: THE CASE OF INSTRUMENTS USED IN LUNG DISEASES
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OBJECTIVES: To evaluate how the copyright of Patient-Reported Outcome (PRO) instruments for lung diseases and their translations is handled by the developers of these instruments. METHODS: The following method was used: 1) Search in the PROGLOBE registry for PRO instruments developed for lung diseases and search focused on “respiratory tract diseases,” excluding common cold, influenza, pneumonia, coronary heart disease, range of RE values: 0.493-0.781, 4 conditions (stroke, lung disease, pain, and mental illness); range of RE values: 0.755-2.232, and cancer (RE value: 1.756), respectively. SF-12 MCS scores were more, similarly, and less discriminative than the SF-36 MCS score in 3 conditions (diabetes, pain, and coronary heart disease, range of RE values: 1.741-2.224), 4 conditions (reduction, stroke, cancer, and mental illness; range of RE values: 0.679-2.756), and lung disease (RE value: 0.406), respectively.

CONCLUSIONS: The SF-8 and SF-12 have similar efficiency as the SF-36 in measuring health burden of chronic conditions in population health surveys. The SF-12 and the SF-8 are preferred to the SF-36 when only summary health outcomes measures are needed. The results, however, may be different when the local weights are applied.

PRM36 A CHINESE POPULATION-BASED STUDY ON PREFERENCES FOR HEALTH STATES: HOW INDIVIDUAL CHARACTERISTICS MATTER?
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OBJECTIVES: Previous studies provided inconsistent findings on the impact of individual characteristics on preferences for health states. This paper is the first attempt to use the Chinese population data to understand how individual characteristics influence preferences for EQ-5D health states. METHODS: The preferences are elicited from a sample of 1222 respondents from five cities in China including Beijing, Shanghai, Shenyang, Chengdu and Nanjing. Through the TTO method, each respondent values 13 hypothetical EQ-5D health states. The individual characteristics are also recorded, including age, gender, race, health conditions, and lifestyle habits etc. Linear regression models are used to estimate the effect of individual characteristics on valuations, with a focus to discriminate between the effects across health state severities (mild, moderate, and severe). EQ-5D value sets are generated based on the subgroups and the general population respectively to gain insight on the systematic differences between predictions. RESULTS: This paper shows that two major factors, age and exercise habit of respondents are most important in influencing valuations for all health states. The valuations increase by 0.02 for every decade increase in age; the respondents who make exercise a habit assign 0.06 higher valuations than their counterparts without exercise habit. Higher valuations are also given by respondents who are married and living together, without smoking habit, with high self-rated health conditions, and particularly by those with drinking habit. In terms of valuations for different health state severities, the explanatory power of the effects decreases with the increase of severities. CONCLUSIONS: The results show that the preferences for health states differ significantly to the respondents' characteristics among the Chinese population.

This paper provides preliminary evidences for policy makers, research institutes, pharmaceutical companies, or other relevant organizations focused on the quality of life for specific groups of people.

PRM37 DEVELOPMENT AND USE OF A HEALTH-RELATED QUALITY OF LIFE TOOL TO MEASURE VETERINARIANS AND PET OWNERS ASSESS AGING CHANGES IN PET DOGS
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OBJECTIVES: Many measures have been developed to assess the health-related quality of life (hrQoL) in humans but few have been developed for animals. Our goal was to develop a hrQol tool, completed by pet owners, that was able to reliably detect changes in QoL in healthy dogs as they age. METHODS: An hrQol tool was built with input from pet owners and veterinarians. The prototype Qol tool was tested with 167 pet owners of healthy dogs. A second survey was completed approximately two weeks later. Each pet owner was allowed to self-select their dog for inclusion, based on their personal assessment of the pet’s health. The pet owners were veterinarian (n = 34) and non-veterinarian (n = 133) employees of Pfizer Animal Health. The validation phase reduced the tool to 15 items in four domains (happiness, physical functioning, hygiene and mental status) and a single hrQol assessment. The proposed hrQol tool is brief (one page), has good known-groups and convergent validity, reliability and high internal consistency. RESULTS: When dogs were blocked by age group, a linear increase was observed by the pet owner was high and essentially unchanged for the first 9 years. The pet owner Qol assessment dropped dramatically for dogs >10 years of age, mirroring the realization that the dog was “slowing down.” A calculated hrQol score, derived from component analysis, produced a statistically significant (P < 0.0001) and near-linear decline across age blocks as the dogs aged. A component analysis of many domains was also able to demonstrate a similar uniform age-related decline. CONCLUSIONS: Quality of life scoring can be used to help guide health care recommendations for dogs as they age. Compared to the pet owner-derived score, using an hrQol score derived from component analysis seems to be more reflective of the gradual age-related changes in a healthy dog.