2011 Products & Services Catalog

Put our science to work for you.
# Table of Contents

**SF HEALTH SURVEYS**
- SF-36v2 Health Survey .........................................................7
- SF-36v2 Health Survey with PIQ-6 ........................................9
- SF-12v2 Health Survey ........................................................11
- SF-12v2 Health Survey–MH Enhanced .................................13
- SF-12v2 Health Survey–SET ................................................15
- SF-12v2 Health Survey with PIQ-6 .......................................17
- SF-8 Health Survey ............................................................19

**OTHER GENERIC HEALTH SURVEYS**
- Medical Outcomes Study Cognitive Functioning Scale ..........21
- Medical Outcomes Study Cognitive Functioning Scale–Revised 23
- Medical Outcomes Study Sleep Scale ...................................25
- Medical Outcomes Study Sleep Scale–Revised .......................27
- Pain Impact Questionnaire ..................................................29

**DISEASE-SPECIFIC HEALTH SURVEYS**
- Asthma Control Test ............................................................33
- Asthma Impact Survey ..........................................................35
- Headache Impact Test ..........................................................37
- Hepatitis Quality of Life Questionnaire Version 2 .................39
- Rhinitis Impact Survey ..........................................................41

**DYNAMIC HEALTH ASSESSMENTS**
- DYNHA SF-36 Health Survey .................................................45
- DYNHA Headache Impact Test ..............................................47
- DYNHA Osteoarthritis Impact Survey ..................................49
- DYNHA Rheumatoid Arthritis Impact Survey .........................51

**PEDIATRIC HEALTH SURVEYS**
- SF-10 Health Survey for Children ............................................55
- Pediatric Asthma Impact Survey .............................................57

**ADMINISTRATION, SCORING, AND REPORTING OPTIONS**
- Translations and Adaptations of QualityMetric Survey Forms ..........................................................59
- Reporting ..................................................................................59
- Modes of Administration .........................................................60
- Smart Measurement System ....................................................61
- Certified Scoring Software and Services ................................61

**OUTCOMES INSIGHT CONSULTING SERVICES** .................................................63

**QUALITYMETRIC AUTHORIZED RESELLERS** .................................................65

**OPTUMHEALTH/QUALITYMETRIC MEDICATION ADHERENCE PROGRAM** .................................................66

**CLINICAL INFORMATICS SOLUTIONS** .........................................................67

**OFFICE OF GRANTS AND SCHOLARLY RESEARCH** .................................................68

**TERMS AND CONDITIONS** .................................................................69

**APPENDIX A:**
**QUALITYMETRIC SURVEYS AT A GLANCE** .................................................71

**APPENDIX B:**
**AVAILABLE SURVEY TRANSLATIONS** .................................................72
Welcome to QualityMetric’s very first Products and Services Catalog.

Our 2011 catalog offers a guided tour of how QualityMetric measures health and well-being from the patient’s point of view. Measuring health outcomes is not easy, but it can be. QualityMetric has spent more than a decade standardizing functional health status assessments with the patient, provider, and health care professional in mind. From our wide variety of health surveys, to expert analysis provided by our Outcomes Insight Consulting™ Division, we deliver all-inclusive, turn-key outcomes measurement solutions, as well as an à la carte menu of standard and customized products and services.

This past year was one of change and growth for QualityMetric. We were acquired by Ingenix (now OptumInsight), which has put QualityMetric on the most strategic stage in U.S. health care. From day one, this acquisition has been filled with opportunity. These opportunities are reflected in all we do, but most notably in our expanded service offerings that include Clinical Informatics Solutions, which helps life sciences companies complete clinical trials faster and more efficiently, and a new Medication Adherence Program formed as a partnership between OptumHealth and QualityMetric.

Make sure you don’t miss these important catalog highlights:

• **Smart Measurement System** – Our all-in-one, Internet-based, health survey data collection service is available for all health care markets. It uses the latest technologies (e.g. IVR, fax, smartphone) to capture, benchmark, and interpret survey data. This IT platform is ideal for organizations that want to measure functional health and well-being quickly and confidentially, while obtaining results in real time.

• **Translations Appendix** – This includes a detailed listing of languages available for each of our health surveys. For example, our SF-36v2 Health Survey alone is available in 133 languages (and counting), all of which are listed here.

• **Outcomes Insight Consulting Division** – Our team consists of some of the top health outcomes scientists in the field of psychometrics, who have published more than 500 articles for both U.S. and international journals. Learn what services and analytics our talented team can offer.

From the latest technologies to recently enacted health care reform, our industry is changing – rapidly. And there’s no question that the population health and life sciences markets are evolving as well. To keep pace with these market dynamics, we are continuously updating our products and services, and working hard to create new offerings to suit client needs.

Enjoy our new catalog and feel free to contact me with any comments or suggestions.

Sincerely,

Gus Gardner
President and COO
ggardner@qualitymetric.com
SF Health Surveys

QualityMetric’s Short Form family of generic health surveys – SF-36v2®, SF-12v2®, SF-10™, and SF-8™ Health Surveys – are the most widely used and scientifically valid patient-reported outcomes (PROs) in the world. They have been:

• Cited in more than 16,000 peer-reviewed articles
• Used in over 2,100 randomized clinical trials
• Translated into more than 130 languages
• Developed to include condition-specific norms
• Proven responsive in hundreds of diseases/conditions

Some of our clients use our SF™ health surveys to evaluate new drugs, differentiate their product from the competition, or identify new markets. Others use these tools to gauge the effectiveness of interventions, identify patients likely to experience problems in the future, or meaningfully engage the patient in the health care process.

The fact that they are standardized and offer norm-based comparisons is what separates us from the field. The original SF-36® Health Survey has been in use since 1990. Over time, the original has been improved significantly (SF-36v2). Also, shorter versions (SF-12v2 and SF-8) and updated norms have been introduced. Yet throughout the years we have been able to ensure that all of these surveys retain their comparability over time and across the surveys. This is crucial for anyone involved in longitudinal analysis.

In addition, we have amassed the largest SF health survey outcomes database in the world. These data assets allow us to offer general population norm and disease-specific benchmarks for comparison of individual and aggregate scores. This is invaluable because it provides crucial context for survey results that leads to scientifically valid and actionable information.

We also establish reliability and validity for most of our health surveys. The reliability (the accuracy and precision of a measurement) and validity (the extent that an instrument measures what it is supposed to measure) of our surveys are established in several ways. Because of the diversity and complexity of these analyses, we do not have the space to reproduce the results in this catalog. For additional information, contact a QualityMetric Account Executive.
The Original SF-36
Although the original SF-36 Health Survey proved to be useful for many purposes, years of experience revealed the need for improvements. A need to improve item wording and response choices resulting from the International Quality of Life Assessment (IQOLA) Project and the translation of the SF-36 form, as well as an opportunity to update normative data, led to the revision and norming of the new survey – the SF-36v2 Health Survey – in 1998. The SF-36v2 was again re-normed in 2009, providing more current U.S. general population comparison data that are not available for the SF-36. QualityMetric has therefore discontinued the licensing of data collection and scoring services for the original SF-36, as well as the sale of supporting materials.
The SF-36® Health Survey is the most commonly used measure of general health status (Fayers & Machin, 2007) and quality of life (Walters, 2009) in the world. Several improvements were made to the original survey as part of its 1998 revision and re-norming, including: improved instructions and item wording, improved layout for questions and response choices, greater comparability with translations and cultural adaptations of the form, five-level response choices replacing two- and six-level response choices in several items, and replacement of the 0-100 score metric with the T-score metric (with a mean of 50 and a standard deviation of 10) for the health domain scales.

Like its predecessor, the SF-36v2® Health Survey includes 36 questions to measure functional health and well-being from the patient’s point of view. As a generic health survey, it can be used across age (18 years and older), disease, and treatment groups, in contrast to a disease-specific health survey which focuses on a particular disease or condition. The SF-36v2 is available in multiple modes of administration and in both standard (4-week recall) and acute (1-week recall) forms. In addition, updated 2009 norms for the SF-36v2 are now available.

The SF-36v2 measures each of the following eight health domains: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health.

Each health domain score contributes to the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Other measures can be derived from SF-36v2 data, including the SF-6D preference-based utility index and a medical expenditure prediction to help understand the economic impact of a patient's condition and treatment; the Mental Health Inventory Conversion for screening for depression; and a single-item measure of self-evaluated change in general health status compared to one year earlier or one week earlier.

Because the SF-36v2 uses T scores, the health domain and component summary measure scores can be compared with those from other SF™ health surveys.
**NORMS**
Several sets of 2009 SF-36v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific norms. Those requiring SF-36v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

**SCORING AND REPORTING**
Computer-based scoring and reporting services for the SF-36v2 are available from QualityMetric or its authorized resellers. As an option, the SF-6D utility index and a medical expenditure prediction measure can also be scored from SF-36v2 data. Patient and provider interpretive reports and group-level data summary reports are available.

Coming soon – the customizable SF-36v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from SF-36v2 responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

**PRICING FOR DATA COLLECTION, SCORING, AND REPORTING**
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

**MATERIALS PRICING**

**User’s Manual for the SF-36v2 Health Survey, Third Edition** – Coming soon

**SF-36v2 Health Survey: Administration Guide for Clinical Trial Investigators**
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Bowker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD

- MAN020 Hard copy version .......................................................... $30.00
- EM020 PDF version ..................................................................... $30.00

**SF-36v2 Health Survey: A Primer for Healthcare Providers**
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Bowker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD

- MAN021 Hard copy version ....................................................... $70.00
- EM021 PDF version ................................................................... $70.00

**Supplement to the SF-36v2 Health Survey Primer for Healthcare Providers: Assessment of End-Stage Renal Disease**
Mark E. Maruish, PhD and Renee N. Sanis-Baglama, PhD

- MAN022 Hard copy version ....................................................... $30.00
- EM022 PDF version ................................................................... $30.00

**Quick Start Guide for the SF-36v2 Health Survey**

- MAN043 Hard copy version ....................................................... $12.00
- EM043 PDF version ................................................................... $12.00

**Applications**
- Evaluating and monitoring individual patients in clinical practice
- Monitoring populations
- Estimating burden of disease
- Evaluating treatment effects in clinical trials
- Supporting disease management services
- Predicting risk and measuring cost-effectiveness
- Improving patient-provider relations
- Providing direct-to-consumer information

**Features & Benefits**
- Available sets of 2009 norms enable comparison of the respondent’s scores with those from the U.S. general population and specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
- It can be administered along with a disease-specific health survey to provide a clearer picture of the individual’s overall health status and health-related quality of life (HRQOL).
- Empirically based Minimally Important Difference (MID) values and responder criteria have been established, facilitating the determination of meaningful change in health domain scale and component summary scores.
- Separate computer reports can be generated for patients and clinicians.
- The SF-36v2 and SF-12v2 are the only measures available that can provide both a description of health (through the health domain scales and component summary measures) and an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms).
One of the best ways to gain a complete understanding of overall health and well-being is to combine measurement tools. QualityMetric now offers several of these tools, including the SF-36v2® Health Survey with PIQ-6. The combination of the SF-36v2® Health Survey and Pain Impact Questionnaire™ (PIQ-6™) provides a unique perspective on patient health not previously available in one tool. This perspective, coupled with the ability to measure health status from the patient’s point of view, can lead to more comprehensive and targeted care.

Designed for efficiency, the SF-36v2 with PIQ-6 simultaneously measures overall health, pain severity, and the impact of pain on functional health and well-being. While the SF-36v2 measures overall health, the PIQ-6 measures the severity of pain and its impact on those suffering from mild to severe pain symptoms, within a variety of diseases and populations.

**OVERVIEW**

A multidimensional assessment of the eight SF-36v2 health domains, along with the PIQ-6 pain severity and impact domains, combined in one form

- **Administer to:** Individuals aged 18+
- **Completion time:** 5-10 minutes
- **Reading level:** 6th grade
- **Recall forms:** Standard (4-week recall)
- **Administration and scoring options:** Fixed Form, Online, Fax, Scoring Software
- **Languages:** U.S. English only

Scan our QR code for more information about this product.
NORMS AND SCORING
Several sets of 2009 SF-36v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific norms. Those requiring SF-36v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

Coming soon – the customizable SF-36v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from SF-36v2 with PIQ-6 responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
User’s Manual for the SF-36v2 Health Survey, Third Edition – Coming soon

SF-36v2 Health Survey: Administration Guide for Clinical Trial Investigators
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Bowker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD
MAN020 Hard copy version .................................................................$30.00
EM020 PDF version ...........................................................................$30.00

SF-36v2 Health Survey: A Primer for Healthcare Providers
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Bowker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD
MAN021 Hard copy version .................................................................$70.00
EM021 PDF version ...........................................................................$70.00

Quick Start Guide for the SF-36v2 Health Survey
MAN43 Hard copy version .................................................................$12.00
EM043 PDF version ...........................................................................$12.00

Quick Start Guide to the Pain Impact Questionnaire (PIQ-6)
MAN031 Hard copy version .................................................................$12.00
EM031 PDF version ...........................................................................$12.00

Quick Start Guide for the Use of the SF-36v2 Health Survey with PIQ-6
MAN077 Hard copy version .................................................................$12.00
EM077 PDF version ...........................................................................$12.00

Applications
• Evaluating and monitoring individual patients in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Predicting risk and measuring cost-effectiveness
• Improving patient-provider relations
• Providing direct-to-consumer information
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Advancing health care policymaking efforts pertaining to pain by government or private sector organizations

Features & Benefits
• Available sets of 2009 SF-36v2 norms enable a comparison of the respondent’s scores with those from the U.S. general population and specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
• Empirically based Minimally Important Difference (MID) values and responder criteria have been established, facilitating the determination of meaningful change in health domain scale and component summary measure scores.
• The survey can provide a description of health (through the health domain scales and component summary measures), an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms), and also measure pain severity and pain impact on various aspects of a patient’s life.
• Separate computer reports can be generated for patients and clinicians.
The SF-12v2® Health Survey is an abbreviated version of the SF-36v2® Health Survey that uses 12 of the SF-36v2 items to measure functional health and well-being from the patient’s point of view. The SF-12v2 is a practical, reliable, and valid measure of physical and mental health that is particularly useful in large populations or for applications that combine generic and disease-specific health surveys.

The SF-12v2 assesses the same eight health domains as the SF-36v2 with one or two questions per domain. It also is available in multiple modes of administration and in both standard (4-week recall) and acute (1-week recall) forms.

The SF-12v2 measures each of the following eight health domains: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health.

Each health domain score contributes to the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Other measures can be derived from SF-12v2 data, including the SF-6D preference-based utility index and the medical expenditure prediction to help understand the economic impact of a patient’s condition and treatment. Because the SF-12v2 uses T scores (with a mean of 50 and a standard deviation of 10), the health domain and component summary measure scores can be compared with those from other SF™ health surveys.

The SF-12v2 is the ideal survey for those looking to measure outcomes concisely at the population level, while maintaining the ability to compare results to those from the SF-36v2 and SF-8.
Several sets of 2009 SF-12v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific norms. Those requiring SF-12v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

**SCORING AND REPORTING**

Computer-based scoring and reporting services for the SF-12v2 are available from QualityMetric or its authorized resellers. As an option, the SF-6D utility index and a medical expenditure prediction measure can also be scored from SF-12v2 data. Patient and provider interpretive reports and group-level data summary reports are available.

Coming soon – the customizable SF-12v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from SF-12v2 responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

**PRICING FOR DATA COLLECTION, SCORING, AND REPORTING**

Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

**MATERIALS PRICING**

**User’s Manual for the SF-12v2 Health Survey, Third Edition** – *Coming soon*

**User’s Manual for the SF-12v2 Health Survey, Second Edition**

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Ware, Jr., PhD, Mark Kosinski, MA, Barbara Gandek, MS, PhD, Murali Sundaram, PhD, Jakob B. Bjorner, MD, PhD, Diane Turner-Bowker, PhD, and Mark E. Maruish, PhD</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**SF-12v2 Health Survey: Administration Guide for Clinical Trial Practitioners**

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Ware, Jr., PhD, Mark Kosinski, MA, Diane Turner-Bowker, PhD, Murali Sundaram, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**Quick Start Guide for the SF-12v2 Health Survey**

<table>
<thead>
<tr>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Ware, Jr., PhD, Mark Kosinski, MA, Barbara Gandek, MS, PhD, Murali Sundaram, PhD, Jakob B. Bjorner, MD, PhD, Diane Turner-Bowker, PhD, and Mark E. Maruish, PhD</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

**Applications**

- Evaluating and monitoring individual patients in clinical practice
- Monitoring populations
- Estimating burden of disease
- Evaluating treatment effects in clinical trials
- Supporting disease management services
- Predicting risk and measuring cost-effectiveness
- Improving patient-provider relations
- Providing direct-to-consumer information

**Features & Benefits**

- Available sets of 2009 norms enable comparison of the respondent’s scores with those from the U.S. general population and specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
- It can be administered along with a disease-specific health survey to provide a clearer picture of the individual’s overall health status and health-related quality of life (HRQOL).
- Empirically based Minimally Important Difference (MID) values and responder criteria have been established, facilitating the determination of meaningful change in health domain scale and component summary measure scores.
- Separate computer reports can be generated for patients and clinicians.
- The SF-36v2 and SF-12v2® are the only measures available that can provide both a description of health (through the health domain scales and component summary measures) and an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms).
The SF-12v2® Health Survey–MH Enhanced™ is the standard SF-12v2® Health Survey plus three additional items from the Mental Health (MH) scale of the SF-36v2® Health Survey. The tool contains 15 items, five of which compose the Mental Health Inventory. These are the same five items that comprise the SF-36v2 MH scale.

The MH scale enhancement adds considerable precision to the SF-12v2 in measuring mental health. The 5-item MH scale scored from the SF-36v2 and the SF-12v2–MH Enhanced has been shown to be an effective screener for major affective disorders, such as depression. In addition, this 5-item scale has been cross-calibrated with the Beck Depression Inventory®-II (BDI®-II) in order to enhance one’s understanding and interpretation of MH scores from the SF-36v2. The 5-item MH score can be linked to the BDI-II units and categorized into one of four mental health severity levels.
NORMS AND SCORING
Several sets of 2009 SF-12v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific. Those requiring SF-12v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

Coming soon – the customizable SF-12v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from SF-12v2–MH Enhanced responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING

User’s Manual for the SF-12v2 Health Survey, Third Edition – Coming soon

User’s Manual for the SF-12v2 Health Survey, Second Edition
John E. Ware, Jr., PhD, Mark Kosinski, MA, Barbara Gandek, MS, PhD, Murali Sundaram, PhD, Jakob B. Bjorner, MD, PhD, Diane Turner-Bowker, PhD, and Mark E. Maruish, PhD
EM122 PDF version .................................................................$150.00

SF-12v2 Health Survey: Administration Guide for Clinical Trial Practitioners
John E. Ware, Jr., PhD, Mark Kosinski, MA, Diane Turner-Bowker, PhD, Murali Sundaram, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD
MAN038 Hard copy version .......................................................$30.00
EM038 PDF version ......................................................................................$30.00

Quick Start Guide for the Use of the SF-12v2 Health Survey–MH Enhanced
MAN045 Hard copy version ..............................................................$12.00
EM045 PDF version .....................................................................................$12.00

Applications
• Evaluating and monitoring individual patients in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Predicting risk and measuring cost-effectiveness
• Improving patient-provider relations
• Providing direct-to-consumer information

Features & Benefits
• Available sets of 2009 SF-12v2 norms enable comparison of the respondent’s scores with those from the general population and/or specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
• Empirically based Minimally Important Difference (MID) values and responder criteria have been established for the PCS and MCS measures, facilitating the determination of meaningful change in component summary measure scores.
• The survey can provide both a description of health (through the health domain scales and component summary measures) and an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms).
• The MH scale enhancement provides added precision for measuring mental health and enables the tool to be an effective screener for major affective disorders, like depression.
• Separate computer reports can be generated for patients and clinicians.
The SF-12v2® Health Survey–SET is an enhanced version of the SF-12v2® Health Survey. Twelve of the items are used to measure eight domains of health-related quality of life (HRQOL). This information is then aggregated to provide summary measures of the respondent’s physical health (PCS) and mental health (MCS). The survey’s thirteenth, unscored item measures the respondent’s self-evaluated transition (SET); that is, the perceived changes in health status that occurred during the year or week preceding survey administration. This allows for an understanding of positive or negative trends in health status. Measured changes in health status during a one year follow-up period were found to correspond substantially, on average, to SET item responses at the end of the year in the Medical Outcomes Study.

**Overview**

A 13-item, multidimensional measure of health status assessing eight domains of health and providing two – physical and mental – component summary measures, as well as a measure of self-evaluated health transition.

**Administer to:** Individuals aged 18+

**Completion time:** 2-3 minutes

**Reading level:** 6th grade

**Recall forms:** Standard (4-week recall)

**Administration and scoring options:** Fixed Form, Online

**Languages:** 2 and counting
NORMS AND SCORING
Several sets of 2009 SF-12v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific. Those requiring SF-12v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

Computer-based scoring and reporting services for the SF-12v2–SET are available from QualityMetric or its authorized resellers. As an option, the SF-6D utility index and a 6-month medical expenditure prediction measure can also be scored from SF-12v2 data. Patient and provider interpretive reports are also available.

Coming soon – the customizable SF-12v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from SF-12v2–SET responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
User’s Manual for the SF-12v2 Health Survey, Third Edition – Coming soon

User’s Manual for the SF-12v2 Health Survey, Second Edition
John E. Ware, Jr, PhD, Mark Kosinski, MA, Barbara Gandek, MS, PhD, Murali Sundaram, PhD, Jakob B. Bjorner, MD, PhD, Diane Turner-Bowker, PhD, and Mark E. Maruish, PhD
EM122 PDF version ..............................................................................................................................$150.00

SF-12v2 Health Survey: Administration Guide for Clinical Trial Practitioners
John E. Ware, Jr, PhD, Mark Kosinski, MA, Diane Turner-Bowker, PhD, Murali Sundaram, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD
MAN038 Hard copy version ............................................................................................................$30.00
EM038 PDF version .......................................................................................................................$30.00

Quick Start Guide for the SF-12v2 Health Survey–SET
MAN042 Hard copy version ............................................................................................................$12.00
EM042 PDF version .......................................................................................................................$12.00

Applications
• Evaluating and monitoring individual patients in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Predicting risk and measuring cost-effectiveness
• Improving patient-provider relations
• Providing direct-to-consumer information

Features & Benefits
• Available sets of 2009 SF-12v2 norms enable comparison of the respondent’s scores with those from the general population and/or specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
• Empirically based Minimally Important Difference (MID) values and responder criteria have been established for the PCS and MCS measures, facilitating the determination of meaningful change in component summary measure scores.
• The survey can provide both a description of health (through the health domain scales and component summary measures) and an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms).
• The SET item adds a layer of measurement that is focused on perceived changes in health status, which allows for better understanding of the health risk of the assessed population, in particular when interpreting cross-sectional data or a point in time assessment.
• Separate computer reports can be generated for patients and clinicians.
One of the best ways to gain a complete understanding of overall health and well-being is to combine measurement tools. QualityMetric now offers several of these tools, including the SF-12v2® Health Survey with PIQ-6™. The combination of the SF-12v2® Health Survey and Pain Impact Questionnaire™ (PIQ-6™) provides a unique perspective on patient health not previously available in one tool. This perspective, coupled with the ability to measure health status from the patient’s point of view, can lead to more comprehensive and targeted care.

Designed for efficiency, the SF-12v2 with PIQ-6 simultaneously measures overall health, pain severity, and the impact of pain on functional health and well-being. At the core of the survey is QualityMetric’s SF-12v2, in addition to the PIQ-6. While the SF-12v2 measures overall health, the PIQ-6 measures the severity of pain and its impact on those suffering from mild to severe pain symptoms, within a variety of diseases and populations.
NORMS AND SCORING
Several sets of 2009 SF-12v2 norms are available for both standard (4-week recall) and acute (1-week recall) forms, including general population, gender, age, age-by-gender, and condition/disease-specific. Those requiring SF-12v2 scoring using 1998 norms for in-progress licensed studies or other ongoing needs should contact a QualityMetric Account Executive.

Coming soon – the customizable SF-12v2 Premium Report for providers, which includes a profile of scores and a norm-based narrative interpretation of those scores. This report is intended to allow providers to access all of the useful information that can be derived from the SF-12v2 Health Survey with PIQ-6 responses, thus assisting in the assessment of an individual patient, planning and monitoring his/her treatment, and/or assessing the outcomes of an episode of care. It is customizable so that the provider can choose how much of the information to report.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
User’s Manual for the SF-12v2 Health Survey, Third Edition – Coming soon

User’s Manual for the SF-12v2 Health Survey, Second Edition
John E. Ware, Jr., PhD, Mark Kosinski, MA, Barbara Gandek, MS, PhD, Murali Sundaram, PhD, Jakob B. Bjorner, MD, PhD, Diane Turner-Bowker, PhD, and Mark E. Maruish, PhD
EM122 PDF version ..............................................................................................................................$150.00

SF-12v2 Health Survey: Administration Guide for Clinical Trial Practitioners
John E. Ware, Jr., PhD, Mark Kosinski, MA, Diane Turner-Bowker, PhD, Murali Sundaram, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD
MAN038 Hard copy version ..............................................................................................................$30.00
EM038 PDF version .............................................................................................................................$30.00

Quick Start Guide for the Use of the Pain Impact Questionnaire with the SF-12v2 Health Survey–SET
MAN039 Hard copy version ...............................................................................................................$12.00
EM039 PDF version ..........................................................................................................................$12.00

Applications
• Evaluating and monitoring individual patients in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Predicting risk and measuring cost-effectiveness
• Improving patient-provider relations
• Providing direct-to-consumer information
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Advancing health care policymaking efforts pertaining to pain by government or private sector organizations

Features & Benefits
• Available sets of 2009 SF-12v2 norms enable comparison of the respondent’s scores with those from the general population and/or specific subpopulations (e.g., same age and gender group, individuals with the same chronic health condition).
• Empirically based Minimally Important Difference (MID) values and responder criteria have been established for the PCS and MCS measures, facilitating the determination of meaningful change in component summary measure scores.
• The survey can provide a description of health (through the health domain scales and component summary measures) an economic evaluation (through the SF-6D utility index and medical expenditure prediction algorithms), and also measure pain severity and pain impact on various aspects of a patient’s life.
• Separate computer reports can be generated for patients and clinicians.
The SF-8™ Health Survey was developed to replicate the SF-36v2® Health Survey with one question for each of the eight health domains. While the SF-8 only has one question in common with the SF-36v2, the content is very similar and the concepts measured correlate very highly. Because the SF-8 uses one question for each domain, it covers a narrower range of health than the SF-36v2. As a result, it is not recommended for monitoring the health of individual patients or for smaller studies.

Available in multiple language translations and adaptations, the SF-8 is scored using the same T-score metric as the SF-36v2 and SF-12v2® Health Survey. It is available in standard (4-week), acute (1-week), and 24-hour recall periods.

The SF-8 measures each of the following eight health domains: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health.

Each health domain score contributes to the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. The T scores for these two measures have been found to be comparable to PCS and MCS T scores obtained from the administration of the SF-36v2 or SF-12v2. The SF-8 is the ideal survey for those looking to measure health outcomes concisely at the population level, while maintaining the ability to compare PCS and MCS results to those for the SF-36v2 or SF-12v2.
**NORMS AND SCORING**

Several sets of 2000 norms are available for standard (4-week recall), acute (1-week recall), and 24-hour forms, including general population, gender, age, age-by-gender, psychiatric, educational, and racial. Psychiatric, educational, and racial norms are included with the original 2000 norms set.

Computer-based scoring and reporting services for the SF-8 are available from QualityMetric or its authorized resellers. Patient and provider interpretive reports and group-level data summary reports are available.

**PRICING FOR DATA COLLECTION, SCORING, AND REPORTING**

Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

**MATERIALS PRICING**

Quick Start Guide for the SF-8 Health Survey
MAN124 Hard copy version ....................................................................................................................$12.00
EM124 PDF version .................................................................................................................................$12.00

**Applications**

- Monitoring populations
- Estimating burden of disease
- Evaluating treatment effects in clinical trials
- Supporting disease management services

**Features & Benefits**

- Available sets of 2000 norms enable comparison of the respondent’s scores with those from the general population and/or specific subpopulations (e.g., age, gender, educational).
- It can be administered along with a disease-specific survey to provide a clearer picture of the individual’s overall health status and health-related quality of life.
- Separate computer reports can be generated for patients and clinicians.
- The availability of a 24-hour recall form enables the assessment of health status changes which may occur over relatively short periods of time.
Impairment in cognitive functioning can have a major impact on quality of life and daily functioning, and can also be a symptom of specific conditions, such as multiple sclerosis, Parkinson’s disease, or depression. Developed for the Medical Outcomes Study (MOS), the MOS Cognitive Functioning Scale (MOS COG) measures, from the patient’s perspective, a range of less severe, day-to-day problems in six aspects of cognitive functioning: reasoning, concentration and thinking, confusion, memory, attention, and reaction time. QualityMetric offers both the 4-item and 6-item versions of the original MOS COG with a standard (4-week recall) period. The 4-item version consists of a subset of the 6-item version, specifically those items measuring reasoning, concentration and thinking, memory, attention, and reaction time. It is important to note that, in many instances, a multi-method approach (i.e., assessment by a trained observer in addition to self-assessment) should be used to assess cognitive functioning.
NORMS
The MOS data for the 6-item form (n = 3,053; Stewart et al., 1992) serves as a basis of comparison when interpreting a respondent’s MOS COG scores. In this large MOS sample, the mean score (on a 0-100 scale) was 82.4, with a standard deviation of 16.5. For patients with HIV, means and standard deviations published by Wu et al. (1991) and Revicki et al. (1998) offer a preliminary basis of comparison.

SCORING AND REPORTING
For both the 6- and 4-item versions, an overall scale score is calculated by summing the individual item scores and transforming the resulting raw score to a score on a 0-100 scale.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide to the MOS Cognitive Functioning Scale
MAN033 Hard copy version .................................................................................................................................$12.00
EM033 PDF version ...........................................................................................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to cognitive functioning by government or private sector organizations

Features & Benefits
• The MOS COG measures the extent of an individual’s self-perceived level of cognitive functioning, providing useful information when screening patients for cognitive problems and when monitoring and comparing their outcomes over time.
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times facilitates the integration of the MOS COG into clinical practice and clinical studies.
• The MOS COG is easy to interpret, thus facilitating communication between patients and providers.
• Use of the scale in combination with one of the SF™ health surveys (e.g., SF-12v2®) can capture a more comprehensive picture of any health-related quality of life (HRQOL) changes over time.
Impairment in cognitive functioning can have a major impact on quality of life and daily functioning, and can also be a symptom of specific conditions, such as multiple sclerosis, Parkinson’s disease, or depression. Developed for the Medical Outcomes Study (MOS), the MOS Cognitive Functioning Scale (MOS COG) measures, from the patient’s perspective, a range of less severe, day-to-day problems in six aspects of cognitive functioning: reasoning, concentration and thinking, confusion, memory, attention, and reaction time.

The revised version of the original MOS COG, the MOS COG–R, was constructed for and administered to adults during the 2009 Short Form survey norming study conducted by QualityMetric. Unlike the original MOS COG, only a 6-item version of the MOS COG–R was developed during the revision of the instrument. This version is identical to the original 6-item version, except that all items are presented with five response options instead of six. Moreover, the MOS COG–R has improved the psychometric properties of the response distributions and utilizes $T$ scores as its scoring metric. It is important to note that, in many instances, a multi-method approach (i.e., assessment by a trained observer in addition to self-assessment) should be used to assess cognitive functioning.
NORMS
Each of the MOS COG–R forms were normed as part of a 2009 study that employed a large, representative sample of the U.S. general population. Normative sample sizes were 2,005 for the standard (4-week recall) form and 2,006 for the acute (1-week recall) form.

SCORING AND REPORTING
The MOS COG–R is scored such that a higher score indicates better cognitive functioning. Scoring the MOS COG–R involves assigning a point value to each response choice selected and then summing the point values for all six items. The total MOS COG–R score is then converted to a $T$ score with a mean of 50 and standard deviation of 10.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide to the MOS Cognitive Functioning Scale–Revised – Coming soon

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to cognitive functioning by government or private sector organizations

Features & Benefits
• The MOS COG–R measures the extent of an individual’s self-perceived level of cognitive functioning, providing useful information when screening patients for cognitive problems and when monitoring and comparing their outcomes over time.
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the MOS COG–R into clinical practice and clinical studies.
• The MOS COG–R is easy to interpret, thus facilitating communication between patients and providers.
• Use of the scale in combination with one of the SF™ health surveys (e.g., SF-12v2®) can capture a more comprehensive picture of any health-related quality of life (HRQOL) changes over time.
• This tool has 2009 norms available, unlike the original MOS COG, which was last normed in 2005.
Disturbed sleep has a major impact on quality of life and is often a common symptom of many other chronic conditions, such as chronic pain and mood disorders. Developed for the Medical Outcomes Study (MOS), the MOS Sleep Scale assesses the extent of sleep problems, measuring six dimensions of sleep: disturbance, quantity, adequacy, somnolence, shortness of breath/headache, and snoring. In addition to these dimensions, two measures, Sleep Problems Index I and Sleep Problems Index II, can be scored to summarize the scale results.

QualityMetric offers both a 12-item version and 6-item version of the MOS Sleep Scale and distributes language translations for each. Both versions are available in a fixed form mode of administration, with a standard (4-week recall) period. Some language translations of the 12-item version are also offered with an acute (1-week recall) period.

**Medical Outcomes Study Sleep Scale (MOS Sleep)**

**OVERVIEW**
A 12- or 6-item health survey that measures six dimensions of sleep, including disturbance, quantity, adequacy, somnolence, shortness of breath/headache, and snoring

**Administer to:** Individuals aged 18+
**Completion time:** 1-3 minutes
**Reading level:** 5th grade
**Recall forms:** Standard (4-week recall), Acute (1-week recall)
**Administration and scoring options:** Fixed Form, Scoring Software
**Languages:** 85 and counting (12-item version); 18 and counting (6-item version)

Scan our QR code for more information about this product.
NORMS
The MOS normative data (n = 3,445; Spritzer & Hays, 2003) can serve as a basis of comparison when interpreting a respondent’s MOS Sleep Scale scores, as can results from Hays et al.’s (2005) study utilizing a large U.S. general population sample (n = 1,011). Each source reports observed means and standard deviations for both indexes and each subscale, which can guide users’ interpretations of MOS Sleep Scale scores calculated from their own studies.

SCORING AND REPORTING
The MOS Sleep Scale follows the original MOS scoring instructions, with one exception: responses to all but the open-ended item are transformed to scores on a 0-100 metric, with higher item scores reflecting more of the attribute implied by the scale name. As a result, scores on both the multi-item subscales and indexes also can range from 0-100. The single-item Sleep Quantity subscale can be transformed into a dichotomous Optimal Sleep score, with a reported 7 to 8 hours of sleep nightly being considered “optimal.”

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide to the MOS Sleep Scale
MAN032 Hard copy version ...........................................................................................................$12.00
EM032 PDF version ......................................................................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information

Features & Benefits
• The MOS Sleep Scale measures the extent of an individual’s sleep problem, identifying specific aspects of the problem and thus facilitating the development of a treatment plan.
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the MOS Sleep Scale into clinical practice and clinical studies.
• The MOS Sleep Scale is easy to interpret, thus facilitating communication between patients and providers.
The MOS Sleep Scale–Revised (MOS Sleep–R) is a brief, self-administered assessment designed to measure, in both general and clinical populations, six dimensions of sleep: disturbance, quantity, adequacy, somnolence, shortness of breath/headache, and snoring. The MOS Sleep–R, the revised version of the original MOS Sleep Scale, was constructed for adults and standardized during the 2009 Short Form survey norming study conducted by QualityMetric.

The MOS Sleep–R is identical to the original MOS Sleep, with two exceptions. One is the simplification of response options for items measuring the perceived frequency of sleep-related events. This change has led to improvements in the psychometric properties of response distributions. The MOS Sleep–R also utilizes $T$ scores rather than the 0-100 scores as its scoring metric, allowing for easier comparisons of scores across groups.

Two versions of the scale are available: a 12-item version and a 6-item version, with each being available in a standard (4-week recall) and an acute (1-week recall) form. Both versions of the forms yield a sleep problems summary score. The 12-item version also yields scores on several subscales.

### OVERVIEW

A 12- or 6-item health survey that measures six dimensions of sleep, including disturbance, quantity, adequacy, somnolence, shortness of breath/headache, and snoring

**Administer to:** Individuals aged 18+

**Completion time:** 1-3 minutes

**Reading level:** 5th grade

**Recall forms:** Standard (4-week recall), Acute (1-week recall)

**Administration and scoring options:** Scoring Software

**Languages:** 62 and counting (12-item version); 18 and counting (6-item version)
NORMS
Each version of the MOS Sleep–R forms was normed as part of a 2009 study that employed a large, representative sample of the U.S. general population. Normative sample sizes were 2,033 for both versions of the standard (4-week recall) form and 2,054 for both versions of the acute (1-week recall) form.

SCORING AND REPORTING
The MOS Sleep–R is scored such that higher scores indicate fewer sleep-related problems. With the exception of the Sleep Quantity subscale, scoring the MOS Sleep–R involves assigning a point value to each response choice selected and then summing the point values for all the items that are included in a given subscale or index. With the exception of the Sleep Quantity subscale, each subscale and index score is then converted to a T score with a mean of 50 and a standard deviation of 10. The single-item Sleep Quantity subscale can be transformed into a categorical score, with a reported 7 to 8 hours of sleep nightly being considered in the recommended range and all other reported hours (i.e., either more or less than 7 to 8 hours) being considered above or below this recommended range.

Note that data collected using the original MOS Sleep Scale can be scored using the 2009 MOS Sleep–R scoring algorithms. Thus, standard (4-week recall) form 0-100 scores for the original scale’s 12-item Sleep Problems Index I and II and the 6-item Sleep Problems Index I can be converted to 2009 MOS Sleep–R norm-based T scores. This service is available through QualityMetric’s Outcomes Insight Consulting™ Division.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
User’s Guide for the MOS Sleep Scale–Revised (MOS Sleep–R) – Coming soon
Quick Start Guide to the MOS Sleep Scale–Revised
MAN120 Hard copy version ................................................................................................................................. $12.00
EM120 PDF version ......................................................................................................................................... $12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information

Features & Benefits
• The MOS Sleep–R measures the extent of an individual’s sleep problem, identifying specific aspects of the problem and thus facilitating the development of a treatment plan.
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the MOS Sleep–R into clinical practice and clinical studies.
• The MOS Sleep–R is easy to interpret, thus facilitating communication between patients and providers.
• This tool has 2009 norms available, unlike the original MOS Sleep, which was last normed in 2005.
The Pain Impact Questionnaire™ (PIQ-6™) measures the impact of pain on work and leisure activities, as well as on emotional well-being. The PIQ-6 yields two pain-related rating scores: the Pain Impact Score, which is based on the patient’s responses to all six PIQ-6 items, and the Pain Severity Rating, which is the patient’s response to the first item of the questionnaire. The brevity of the PIQ-6 makes it an ideal survey for monitoring pain severity and quality of life within chronic pain populations. The PIQ-6 items were developed from a bank of 65 items from 16 widely used generic and disease-specific measures. This item bank was developed as part of the DYNHA® SF-36® Health Survey.

Overview

A 6-item health survey designed to measure pain severity and the impact of pain on an individual's functional health and well-being.

Administer to: Individuals aged 18+

Completion time: 1-2 minutes

Reading level: 5th grade

Recall forms: Standard (4-week recall), Acute (1-week recall) – Coming soon

Administration and scoring options: Fixed Form, Scoring Software

Languages: U.S. English only

Scan our QR code for more information about this product.
NORMS
The Pain Impact Score is normed to the U.S. adult general population (a mixed group of adults with and without chronic conditions). General population norms and norms for chronic pain patients are also available. Coming soon — the 2009 norms for the PIQ-6.

SCORING AND REPORTING
The Pain Impact Score is calculated by summing the weights assigned to the item response options selected by the patient. Higher scores indicate a greater degree of pain severity and pain impact on a person’s life. The PIQ-6 Pain Severity Rating is simply the response to Item 1, with higher ratings indicating higher severity of pain.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
User’s Guide for the Pain Impact Questionnaire (PIQ-6), Second Edition – Coming soon

Quick Start Guide to the Pain Impact Questionnaire (PIQ-6)
MAN031 Hard copy version .................................................................$12.00
EM031 PDF version ..............................................................................$12.00

Quick Start Guide for the Use of the Pain Impact Questionnaire with the SF-12v2 Health Survey–SET
MAN039 Hard copy version .................................................................$12.00
EM039 PDF version ..............................................................................$12.00

Quick Start Guide for the Use of the SF-36v2 Health Survey with PIQ-6
MAN007 Hard copy version .................................................................$12.00
EM007 PDF version ..............................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to pain by government or private sector organizations

Features & Benefits
• The PIQ-6 measures pain severity and pain impact on various aspects of a patient’s life
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the PIQ-6 into clinical practice and clinical studies.
• The PIQ-6 is easy to interpret, thus facilitating communication between patients and providers.
A disease-specific health survey is designed to measure a person’s functional health as it is affected or influenced by a particular condition or disease. A disease-specific health survey can be useful in obtaining baseline information from a patient (prior to a clinical intervention), screening a patient for a condition/disease, determining the severity of a patient’s symptoms, and improving patient-provider communication. It can also be used to assess and monitor disease burden, identify patients whose disease is poorly managed, and tailor treatment strategy to match disease severity. When a patient completes the disease-specific health survey at future time-points, changes in a patient’s condition or disease over time (worsening or improving) can be carefully monitored and documented. Ultimately, this should lead to more effective clinical interventions and treatments. In clinical trials, these surveys can be used to help demonstrate drug efficacy and substantiate label claims.

There are two types of disease-specific health surveys. **Disease control surveys** measure treatment effectiveness by screening and monitoring change in disease control over time. **Disease impact surveys** assess the impact of disease on functional status and well-being to evaluate outcomes in clinical trials, identify patients in need of treatment, and/or monitor treatment outcomes in clinical practice. Both types of surveys gather vital patient-reported outcome data that is useful in identifying patients in need of treatment and assessing treatment effectiveness. They can also be used to assess change in disease control over time in a variety of settings, including clinical practice, disease management, and clinical trials.

We also establish reliability and validity for most of our health surveys. The reliability (the accuracy and precision of a measurement) and validity (the extent that an instrument measures what it is supposed to measure) of our surveys are established in several ways. Because of the diversity and complexity of these analyses, we do not have the space to reproduce the results in this catalog. For additional information, contact a QualityMetric Account Executive.
The Asthma Control Test™ (ACT™) is a five-item health survey used to measure asthma control in individuals 12 years of age and older. The survey measures the elements of asthma control as defined by the National Heart, Lung, and Blood Institute (NHLBI). It is an efficient, reliable, and valid method of measuring asthma control, with or without lung functioning measures, such as spirometry.

ACT’s development follows a paradigm shift in the treatment of asthma, from a focus on asthma severity to asthma control. Specifically, the ACT helps identify and detect asthma patients who are not well-controlled. It was designed with input from asthma experts who helped establish cut-point scores to improve the clinical utility of the survey. Minimal Important Differences (MID) were also established for the ACT to assist in the interpretation of the significance of score changes over time.
NORMS
Benchmark data for ACT scores are available from studies of two distinct asthma populations: (a) asthma patients under the routine care of asthma specialists, and (b) asthma patients new to the care of an asthma specialist. Additional tables, developed from the combined data of the two study samples, present benchmark data separately for patients determined to have controlled, somewhat controlled, and uncontrolled asthma, based on the physicians’ global assessment of asthma control.

SCORING AND REPORTING
The ACT is scored such that a higher score indicates better asthma control. Scoring involves assigning a point value to each selected response choice and then summing the point values of the five items. All ACT items must be answered to calculate a score.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the Use of the Asthma Control Test with the SF-12v2 Health Survey–SET
MAN037 Hard copy version .....................................................................................................................$12.00
EM037 PDF version ............................................................................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to asthma by government or private sector organizations

Features & Benefits
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the ACT into clinical practice and clinical studies.
• The ACT is easy to interpret, thus facilitating communication between patients and providers.
• The ACT reflects the multidimensional nature of asthma control.
Asthma Impact Survey (AIS-6)

The Asthma Impact Survey™ (AIS-6™) assesses the impact of asthma on everyday functioning, performance in usual daily activities, social functioning, emotional functioning, and productivity at work or home. It is well-suited to measure the impact of asthma in a variety of settings, ranging from everyday clinical practice to disease management programs and clinical trials. Physicians and other health care providers, payers, clinical researchers, public health analysts, and health care policymakers will each find beneficial uses for the survey. The AIS-6 items incorporate a standard (4-week recall) period.
NORMS
Normative data are available for patients with asthma and patients with a chronic medical condition.

SCORING AND REPORTING
The AIS-6 is scored such that a higher score indicates greater impact of asthma on a respondent’s life. Scoring the AIS-6 involves assigning a point value to the response choice selected for each item and then summing the point values of the six items. Note that all AIS-6 items must be answered to calculate a scale score.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the Use of the Asthma Impact Survey with the SF-12v2 Health Survey–SET
MAN041 Hard copy version ....................................................................................................................$12.00
EM041 PDF version .................................................................................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to asthma by government or private sector organizations

Features & Benefits
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the AIS-6 into clinical practice and clinical studies.
• The AIS-6 is easy to interpret, thus facilitating communication between patients and providers.
Despite the significant disability headaches may cause, patients are often underdiagnosed and undertreated. Although multiple reasons underlie the underdiagnosis and undertreatment of headaches, poor patient-physician communication about headaches is most frequently cited as a barrier to appropriate care. One means of improving this situation is the Headache Impact Test™ (HIT-6™). The HIT-6 is a fixed form version of the DYNHA® Headache Impact Test™. Using just six items to capture the impact of headache and its treatment on an individual's functional health and well-being, the HIT-6 is useful both for screening and monitoring change in headache impact. The survey items employ a standard (4-week recall) period. The HIT-6 items were selected from an existing headache impact item pool of 54 items and 36 items recommended by clinicians treating migraine headaches (Kosinski et al., 2003). The items address six domains that are affected by headaches, including pain, social functioning, role functioning, vitality, cognitive functioning, and psychological distress.
NORMS
Normative data for the HIT-6 come from a representative sample of recent headache sufferers from the
U.S. general population, as well as norms stratified by gender, headache severity, and migraine diagnosis.

SCORING AND REPORTING
The HIT-6 is scored such that a higher score indicates greater impact of headaches on a person’s life. Scoring
the HIT-6 involves assigning a point value to each response choice selected and then summing the point values
of the six items. All HIT-6 items must be answered to calculate a scale score.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from
QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses,
the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the Use of the Headache Impact Test with the SF-12v2 Health Survey–SET
MAN044 Hard copy version ....................................................................................................................$12.00
EM044 PDF version .................................................................................................................................$12.00

Special Issue of Quality of Life Research (December 2003), “The Practical Assessment of Headache
Impact Using Item Response Theory and Computerized Adaptive Testing”
John E. Ware, Jr., PhD and Martha S. Bayliss, MSc (Eds.)
MAN016 Hard copy version .....................................................................................................................$65.00

Applications
• Identifying patients in need of treatment
and/or monitoring treatment progress and
outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts
pertaining to headaches by government or
private sector organizations

Features & Benefits
• The HIT-6 measures the impact of migraine
and other types of headaches on various
aspects of a patient’s life.
• Its brevity, ease of administration and
scoring, and ability to be re-administered
multiple times, facilitates the integration
of the HIT-6 into clinical practice and
clinical studies.
• The HIT-6 is easy to interpret, thus
facilitating communication between
patients and providers.
The Hepatitis Quality of Life Questionnaire™ Version 2 (HQLQv2™) is a two-part survey constructed to assess the functional health and well-being of patients with chronic hepatitis C (CHC). It includes the SF-36v2® Health Survey and 15 additional questions that measure other generic health concepts particularly relevant in assessing the impact of hepatitis (e.g., health distress, positive well-being) and disease-specific concepts (e.g., hepatitis-specific functional limitations, hepatitis-specific distress). The HQLQv2 was designed to help patients and clinicians monitor the effects of hepatitis C and its treatment. Useful both for screening and for monitoring changes in disease impact, the HQLQv2 can be administered in clinical settings, at home, or in other locations.
NORMS
For the SF-36v2 portion of the HQLQv2, there are several sets of 2009 norms available for the health domain scales and component summary measures. These include general population, gender, age, age-by-gender, and condition/disease-specific norms.

SCORING AND REPORTING
Scoring and interpretation of each of the four hepatitis-specific scales is based on the 0-100 metric, with 100 representing the most favorable score. Items 1-11 on the HQLQv2 form are the SF-36v2 items and are scored in the standardized manner to yield T scores for the 8 health domain scales and 2 component summary measures. Items 12-15 are hepatitis-specific items that are scored separately from the SF-36v2 items. Each of these four items is uniquely scored on the 0-100 scoring metric.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the Hepatitis Quality of Life Questionnaire Version 2
MAN123 Hard copy version ..........................................................................................................................$12.00
EM123 PDF version .......................................................................................................................................$12.00

APPLICATIONS
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to CHC by government or private sector organizations

Features & Benefits
• The HQLQv2 measures the impact of CHC on various aspects of a patient’s life.
• Its ease of administration and scoring, and the ability to be re-administered multiple times, facilitates the integration of the HQLQv2 into clinical practice and clinical studies.
• The HQLQv2 is easy to interpret, thus facilitating communication between patients and providers.
• The HQLQv2 contains the SF-36v2, which allows for a more precise measurement of overall health because it measures each of the following eight health domains:
  - Physical Functioning
  - Role-Physical
  - Bodily Pain
  - General Health
  - Vitality
  - Social Functioning
  - Role-Emotional
  - Mental Health
Rhinitis Impact Survey (RIS-6)

OVERVIEW
A 6-item survey developed to measure the impact of rhinitis on an individual’s functional health and well-being

Administer to: Individuals aged 18+
Completion time: 1-2 minutes
Reading level: 8th grade
Recall forms: Standard (4-week recall)
Administration and scoring options: Online, Scoring Software
Languages: U.S. English only

The Rhinitis Impact™ Survey (RIS-6™) assesses the impact of allergic rhinitis on everyday functioning, performance in usual daily activities, social functioning, emotional functioning, and productivity at work or home. The RIS-6 is well-suited to measure the impact of rhinitis in a variety of settings, ranging from everyday clinical practice to disease management programs and clinical trials. Physicians and other health care providers, payers, clinical researchers, public health analysts, and health care policymakers will each find beneficial uses for the RIS-6.
NORMS
Norms are based on the responses of a large sample of allergy sufferers who completed an online version of the RIS-6.

SCORING AND REPORTING
The RIS-6 is scored such that a higher score indicates greater impact of rhinitis on a respondent’s life. Scoring the RIS-6 involves assigning a point value to the response choice selected for each item and then summing the point values of the six items. All RIS-6 items must be answered to calculate a scale score.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the Use of the Rhinitis Impact Survey with the SF-12v2 Health Survey–SET
MAN085 Hard copy version ....................................................................................................................$12.00
EM085 PDF version .................................................................................................................................$12.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to allergic rhinitis by government or private sector organizations

Features & Benefits
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the RIS-6 into clinical practice and clinical studies.
• The RIS-6 is easy to interpret, thus facilitating communication between patients and providers.
Dynamic Health Assessments (DYNHA)

Dynamic Health Assessments (DYNHA®) are the result of QualityMetric's application of item response theory (IRT) methods and computerized adaptive testing (CAT) technology to the development, improvement, and presentation of health surveys. IRT methods and CAT technology allow us to create health surveys that are short, precise, and scientifically valid. These Web-based surveys can be completed quickly and yield a wealth of data about an individual's functional health and well-being.

To create DYNHA surveys, QualityMetric scientists accumulate large pools of items from public and health survey databases, both generic and disease-specific. A DYNHA survey contains all of these questions, but during administration poses only those required to calculate a precise score based on an individual's responses to previous questions. In this way, DYNHA surveys are tailored to the measurement needs of individual respondents in a way that traditional fixed-form surveys could never be.

Unlike fixed-form surveys where reliability can be represented by a single value, dynamic surveys are tailored to the individual responder, providing different items and survey lengths to different respondents. Traditional reliability is based on ranks of scores and is reliant on the range of scores in the sample. IRT provides an alternative to traditional reliability that is not reliant on the current sample. The reliability of a dynamic assessment is based on measurement precision, which estimates the error around the trait being measured. The DYNHA system allows complete control over dynamic survey precision by making the acceptable level of error configurable. With DYNHA, it is even possible to configure different levels of precision for different score ranges of the assessment, providing greater measurement precision when it is needed and potentially shorter assessments when it is not.

QualityMetric’s dynamic surveys have undergone rigorous testing to ensure validity. In addition, testing of our electronic versions of our surveys has shown that our item presentation retains its validity between presentation modes. In cases where it is uncertain if an assessment will provide valid scores, addition of a criterion measure may be advised.

QualityMetric can administer a variety of assessments using its patented DYNHA system. The DYNHA system functions seamlessly within the Smart Measurement™ System to bring you unprecedented flexibility in meeting your assessment goals.

The advantages of DYNHA include:
• Brevity of a short survey with the accuracy of a long survey
• More accurate screening for specific chronic conditions
• Reliable outcomes monitoring for individuals
• Lower data collection costs
• Real-time results with built-in interpretation
QualityMetric's DYNHA® SF-36® Health Survey (DYNHA SF-36) is a computerized adaptive testing (CAT) version of the industry standard, fixed-length SF-36v2® Health Survey. Focused on assessing functional health and well-being, the DYNHA SF-36 measures eight health domains, including physical functioning, bodily pain, ability to engage in work and leisure activities, psychological distress, vitality, and emotional health. The software uses item response theory (IRT) models to calibrate item banks (comprised of items from the SF-36v2 and other widely used questionnaires) and to select the best items for each individual. It also allows the user to set the administration stopping rules and to vary them according to score level. Administration of the DYNHA SF-36 yields two scores: Physical Component Summary (PCS) and Mental Component Summary (MCS).

As an individual proceeds through the survey, the DYNHA SF-36 asks only those questions that are relevant to the level of functional health and well-being of a respondent, in order to arrive at a precise score. The result is the most accurate scoring possible for the SF-36, with the least amount of respondent burden. Such a high level of precision is critical when establishing pre-treatment baseline health status and determining changes over time. The resulting CAT survey scores are quite accurate over a wide range and can be quickly estimated at greatly reduced costs.
NORMS
Norms for the DYNHA SF-36 come from a representative sample of the 2009 general population, which allows for norm-based comparisons to different demographic profiles (e.g., age, gender, race, education), and 25+ self-reported chronic diseases.

SCORING AND REPORTING
The DYNHA SF-36 software automatically calculates the eight health domain scale and two component summary measure $T$ scores upon completion of the survey.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING

**SF-36v2 Health Survey: Administration Guide for Clinical Trial Investigators**
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Brooker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD

| MAN020 | $30.00 |
| EM020  | $30.00 |

**SF-36v2 Health Survey: A Primer for Healthcare Providers**
John E. Ware, Jr., PhD, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, Diane M. Turner-Brooker, PhD, Barbara Gandek, MS, and Mark E. Maruish, PhD

| MAN021 | $70.00 |
| EM021  | $70.00 |

**Supplement to the SF-36v2 Health Survey Primer for Healthcare Providers: Assessment of End-Stage Renal Disease**
Mark E. Maruish, PhD and Renee N. Saris-Baglama, PhD

| MAN022 | $30.00 |
| EM022  | $30.00 |

**Quick Start Guide for the SF-36v2 Health Survey**

| MAN043 | $12.00 |
| EM043  | $12.00 |

Applications
- Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
- Estimating burden of disease
- Monitoring populations
- Supporting disease management services
- Providing direct-to-consumer information

Features & Benefits
- Use of the DYNHA SF-36 is most appropriate when assessing health status on an individual basis or when specific measurement of group differences is needed.
- The CAT approach to survey administration offers efficiency, comparability of results using $T$-score norms (with a mean of 50 and a standard deviation of 10), and availability of interpretation guidelines based on the SF™ health surveys.
- DYNHA SF-36 administration stopping rules can be set on the basis of: (a) the accuracy of the score estimate, (b) an established maximum number of items, (c) a set number of items, or (d) whether the probability of being above or below a pre-set score cut-off meets a particular criterion value. This flexibility makes it particularly useful in clinical practice.
- Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the DYNHA SF-36 into clinical practice and clinical studies.
- The DYNHA SF-36 is easy to interpret, thus facilitating communication between patients and providers.
- The software’s likelihood function can also be used for purposes of monitoring the quality of data for each respondent and for estimating scores even if some responses are missing.
QualityMetric's DYNHA® Headache Impact Test™ (DYNHA HIT-6) is a brief, multi-question, computerized adaptive health assessment measuring the impact of headaches and their treatment on an individual’s functional health and well-being. It surpasses traditional measures of disease-related disability by assessing relevant aspects of functional health and well-being, including physical functioning, social/role participation, ability to engage in recreational and leisure activities, psychological distress, cognitive functioning, and vitality.

The DYNHA HIT is a Web-based survey that uses QualityMetric's computerized adaptive testing (CAT) technology to select and ask only those survey questions that are relevant to the level of functioning and well-being of the respondent in order to arrive at a precise score. The bank of 84 possible items covers a broader range of functional health and well-being than fixed form questionnaires. Optional questions can also be used to obtain patient-reported information on pain, medications, and treatment satisfaction.

The Headache Impact Test™ (HIT-6™), a fixed form, 6-item survey, is also available from QualityMetric for assessment of headache impact.
Normative data were derived from 1,016 adult headache sufferers who participated in the National Survey of Headache Impact in 1999. Each participant had to have had at least one headache in the four weeks preceding data collection. Also available are preliminary clinical benchmarks for the DYNHA HIT, based on the expanded HIT item bank, that come from a study of 178 adults with physician-diagnosed headaches from two headache specialty clinics. Patients were excluded from the study if they (a) experienced more than 15 headache days per month; (b) overused their medication; or (c) had a psychiatric condition that, in the opinion of the investigator, might confound the results of the study, pose an additional risk, or interfere with optimal participation in the study. Separate benchmark data are available for the total sample as well as by age, gender, headache severity, and headache type.

Scoring and Reporting
DYNHA HIT scores are T scores, with a mean of 50 and a standard deviation of 10 in the U.S. population of recent headache sufferers. The survey is negatively scored, with higher scores indicating greater impact of headache on functional health and well-being.

Pricing for Data Collection, Scoring, and Reporting
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

Materials Pricing
The DYNHA Headache Impact Test (DYNHA HIT): A User’s Guide
Diane M. Turner-Bowker, PhD, Renee N. Sanis-Baglama, PhD, Michael A. DeRosa, MA, and Mark E. Maruish, PhD
EM046 PDF version .................................................................................................................................$50.00

John E. Ware, Jr., PhD and Martha S. Bayliss, MSc (Eds.)
MAN016 Hard copy version .....................................................................................................................$65.00

Applications
• Identifying patients in need of treatment for headaches and/or monitoring treatment progress and outcomes in clinical practice
• Estimating burden of disease for headache sufferers
• Evaluating treatment effects in clinical trials
• Monitoring headache populations
• Supporting disease management services
• Providing direct-to-consumer information

Features & Benefits
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the DYNHA HIT into clinical practice and clinical studies.
• The DYNHA HIT is easy to interpret, thus facilitating communication between patients and providers.
• Clinicians and health care providers can use the DYNHA HIT to capture patient-reported impact of headaches on functional health and well-being, assist in screening for migraine headaches, and inform treatment decision-making. With repeated administration to a patient or group of patients, the DYNHA HIT can be used to monitor changes in headache impact over time and to determine treatment outcomes or program efficacy.
• Applications can be customized by combining the DYNHA HIT with an SF™ health survey (e.g., SF-36v2®, SF-12v2®). The DYNHA HIT can also be augmented with other instruments to screen for coexisting conditions (e.g., depression), assess symptom frequency and severity, and document care utilization.
The DYNHA® Osteoarthritis Impact™ Survey (DYNHA OA) is a brief, multi-item, patient-based computerized assessment designed to measure the impact of osteoarthritis (OA) on an individual's health-related quality of life (HRQOL). This survey surpasses traditional measures of disability associated with a specific disease to assess relevant aspects of functional health and well-being. These include the level of impact that OA has on a patient’s physical functioning, social and role participation, ability to engage in recreational and leisure activities, psychological distress and well-being, and vitality.

The DYNHA OA uses QualityMetric’s computerized adaptive testing (CAT) technology to select and administer from a bank of 37 questions only those that are relevant to the level of functioning and well-being of a respondent, in order to arrive at a precise score. These 37 questions cover a broader range of functional health and well-being than fixed form questionnaires. Optional questions can also be used to obtain patient-reported information on pain, medications, and treatment satisfaction.
Normative data are available for a sample of patients with osteoarthritis as well as for a mixed group of chronic disease patients.

The DYNHA OA is scored using $T$ scores in which the average score is 50 and the standard deviation is 10 based on a sample of respondents from the U.S. general population with one or more chronic diseases. Higher scores indicate greater impact of OA on a person’s life. Upon completion of the survey, the DYNHA scoring system generates a one-page report that is designed for the patient and health care provider. The report graphically presents the results of the current survey as well as results obtained from up to two previously completed DYNHA OA surveys. It also contains an interpretation of the current findings, facts about OA, and recommendations for follow-up care.

Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.


Marie Martin, PhD; Elizabeth W. Fortin, MSW; and Mark E. Maruish, PhD

MAN028 Hard copy version .................................................................................................................$35.00
EM028 PDF version .............................................................................................................................$35.00

Applications

- Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
- Monitoring populations
- Estimating burden of disease
- Evaluating treatment effects in clinical trials
- Supporting disease management services
- Providing direct-to-consumer information
- Advancing health care policymaking efforts pertaining to osteoarthritis by government or private sector organizations

Features & Benefits

- The DYNHA OA measures the impact of osteoarthritis on various aspects of a patient’s life.
- Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the DYNHA OA into clinical practice and clinical studies.
- The DYNHA OA is easy to interpret, thus facilitating communication between patients and providers.
The DYNHA® Rheumatoid Arthritis Impact™ Survey (DYNHA RA) is a brief, multi-item, patient-based, computerized assessment designed to measure the impact of rheumatoid arthritis (RA) on an individual’s health-related quality of life (HRQOL). This survey surpasses traditional measures of disability associated with a specific disease to assess relevant aspects of functional health and well-being. These include the level of impact that RA has on a patient’s physical functioning, social and role participation, ability to engage in recreational and leisure activities, psychological distress and well-being, and vitality.

The DYNHA RA uses QualityMetric’s computerized adaptive testing (CAT) technology to select and administer from a bank of 37 items only those that are relevant to the level of functioning and well-being of a respondent, in order to arrive at a precise score. These items cover a broader range of functional health and well-being than fixed form questionnaires. Optional questions can also be used to obtain patient-reported information on pain, medications, and treatment satisfaction.
NORMS
Normative data are available for a sample of patients with rheumatoid arthritis as well as for a mixed group of chronic disease patients.

SCORING AND REPORTING
The DYNHA RA is scored using T scores in which the average score is 50 and the standard deviation is 10 based on a sample of respondents from the U.S. general population with one or more chronic diseases. Higher scores indicate greater impact of disease on a person’s life. Upon survey completion, the DYNHA scoring system generates a one-page report that is designed for the patient and health care provider. The report graphically presents the results of the current survey as well as results obtained from up to two previously completed DYNHA RA surveys. It also contains an interpretation of the current findings, facts about RA, and recommendations for follow-up care.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Marie Martin, PhD, Elizabeth W. Fortin, MSW, and Mark E. Maruish, PhD
MAN027 Hard copy version .................................................................................................................... $35.00
EM027 PDF version .................................................................................................................................$35.00

Applications
• Identifying patients in need of treatment and/or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to rheumatoid arthritis by government or private sector organizations

Features & Benefits
• The DYNHA RA measures the impact of rheumatoid arthritis on various aspects of a patient’s life.
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the DYNHA RA into clinical practice and clinical studies.
• The DYNHA RA is easy to interpret, thus facilitating communication between patients and providers.
Pediatric Health Surveys

QualityMetric’s generic pediatric health survey, the SF-10™ Health Survey for Children, can assess disease burden and help in obtaining baseline information prior to a clinical intervention by measuring a child’s overall health status, including physical functioning, social functioning, and mental health. It can be used alone, or with a disease-specific pediatric health survey to measure a child’s health as it is affected by a particular condition or disease. Disease-specific pediatric health surveys, such as the Pediatric Asthma Impact Survey™ (PAIS-6™), can be used to screen for a condition or disease and to determine the severity of symptoms.

When administered over time, the SF-10 or the PAIS-6 can carefully monitor and document changes in a child’s health status, leading to more effective, evidence-based clinical interventions and treatments. These surveys are also helpful in monitoring population health to advance health care policymaking efforts. These health surveys are for children between the ages of 5 and 18. They are practical, reliable, and valid, and are used across a variety of populations, as the questions are general enough to apply to children with diverse conditions.

We also establish reliability and validity for most of our health surveys. The reliability (the accuracy and precision of a measurement) and validity (the extent that an instrument measures what it is supposed to measure) of our surveys are established in several ways. Because of the diversity and complexity of these analyses, we do not have the space to reproduce the results in this catalog. For additional information, contact a QualityMetric Account Executive.
The SF-10™ Health Survey for Children (SF-10) is a parent-completed survey that contains 10 questions adapted from the Child Health Questionnaire™ (CHQ™). The SF-10 represents a calculated compromise between practicality, comprehensiveness of content, psychometric considerations such as reliability and validity of scores, and the need to cover a sufficient range of health levels in the population of interest. In this way, the SF-10 provides a link between questions in large population-based surveys and the more precise methods used to measure children’s health status.

The SF-10 provides a quick and efficient means to measure health status, yielding two summary scores: Physical Summary (PHS-10) and Psychosocial Summary (PSS-10). Owing to its brevity, the SF-10 can be easily integrated and administered within a broader assessment in many settings, and is particularly applicable to large-scale child population surveys.

**OVERVIEW**

A 10-item, parent-completed survey of their child’s health status, covering a wide range of domains and scored to produce physical and psychosocial health summary measures

**Administer to:** Parents/guardians of children aged 5-18

**Completion time:** 2-3 minutes

**Reading level:** 6th grade

**Recall forms:** Standard (4-week recall)

**Administration and scoring options:** Fixed Form, Online, Fax, Scoring Software

**Languages:** 18 and counting
NORMS
Norms for the SF-10 scores are based on a large, diverse 2006 sample that included a combination of general population, supplemental disability, and chronic condition samples, thus enhancing the interpretation of scores. In addition to developing general population norms, age-based norms and benchmarks for groups of children that differ in disability and physical, mental, or behavioral health conditions are available.

SCORING AND REPORTING
Scoring the summary measures involves assigning a value to each item response choice, calculating the PHS-10 T score (mean = 50, SD = 10), and calculating the PSS-10 T score. Valid responses for all five items of a given summary scale (e.g., PHS-10 or PSS-10) must be available to score that summary scale. The PHS-10 and PSS-10 are scored so that higher scores indicate more favorable physical and psychosocial functioning, respectively.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick Start Guide for the SF-10 Health Survey for Children
MAN040 Hard copy version .................................................................$12.00
EM040 PDF version ............................................................................$12.00

Applications
- Assisting in identifying children in need of treatment
- Monitoring treatment progress and outcomes in clinical practice
- Monitoring populations
- Estimating burden of disease
- Evaluating treatment effects in clinical trials
- Supporting disease management services
- Providing direct-to-consumer information
- Advancing health care policymaking efforts pertaining to children’s health by government or private sector organizations

Features & Benefits
- Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the SF-10 into clinical practice and clinical studies.
- The SF-10 measures physical and emotional aspects of a child’s health, making it appropriate for use in a variety of health care settings.
- Managed care organizations may wish to use the SF-10 as a first-stage screening effort to identify the children most limited in physical and psychosocial functioning for follow-up and intervention.
- The SF-10 is easy to interpret, thus facilitating communication between providers and parents concerning their child’s physical and emotional health.
The Pediatric Asthma Impact Survey™ (PAIS-6™) is a 6-question, parent-completed survey designed to measure the impact of asthma on a child’s health-related quality of life (HRQOL). It surpasses traditional measures of disability associated with pediatric asthma to assess relevant aspects of functional health and well-being, including physical, social and psychological domains. The PAIS-6 covers a wide range of asthma impact, complementing traditional measures of disability associated with asthma.

**Overview**

A 6-item, parent-completed survey measuring the impact of asthma on a child's functional health and well-being

**Administer to:** Parents/guardians of children aged 5-17

**Completion time:** 1-2 minutes

**Reading level:** 8th grade

**Recall forms:** Standard (4-week recall)

**Administration and scoring options:** Fixed form

**Languages:** U.S. English only
NORMS
Norms are based on the responses for a large pediatric asthma sample.

SCORING AND REPORTING
Scoring of the PAIS-6 involves assigning a weight to each response choice and then summing the weights across the six items. Weights assigned to each item response choice were selected to produce a score that closely approximates the score derived from the total item response theory (IRT)-based score for the entire pediatric item pool. It is scored so that a higher score indicates greater impact of asthma on a child’s life. All PAIS-6 items must be answered to calculate a scale score.

PRICING FOR DATA COLLECTION, SCORING, AND REPORTING
Data collection, scoring, and reporting the results for any QualityMetric survey require a license from QualityMetric or one of its authorized resellers. The license fee depends on the survey, the number of uses, the type of report requested, and other considerations.

MATERIALS PRICING
Quick start guide for the use of the Pediatric Asthma Impact Survey with the SF-10 Health Survey for Children
MAN087 Hard copy version ....................................................................................................................$12.00
EM087 PDF version .................................................................................................................................$12.00

Applications
• Assisting in identifying children in need of treatment or monitoring treatment progress and outcomes in clinical practice
• Monitoring populations
• Estimating burden of disease
• Evaluating treatment effects in clinical trials
• Supporting disease management services
• Providing direct-to-consumer information
• Advancing health care policymaking efforts pertaining to asthma care for children by government or private sector organizations

Features & Benefits
• Its brevity, ease of administration and scoring, and ability to be re-administered multiple times, facilitates the integration of the PAIS-6 into clinical practice and clinical studies.
• The PAIS-6 is easy to interpret, thus facilitating communication between patients and providers.
Translating and Adapting QualityMetric's Survey Forms

QualityMetric’s health surveys are the most widely used measures of functional health and well-being in the world. This is in part due to the number of different languages in which these health surveys are available. For example, the SF-36v2 is currently available in more than 130 translations and language adaptations.

QualityMetric's translation process has its origins in the International Quality of Life Assessment (IQOLA) Project and has as its goal the development of conceptually equivalent and culturally appropriate translations. The process involves professional and lay people fluent in the language for which the translation is being developed, and researchers with extensive translation experience. In brief, the process involves:

- Multiple independent forward translations by consultants who live in-country and who are native speakers of the target language and bilingual in English.
- An emphasis on conceptual rather than literal equivalence and striving for a reading level appropriate for the country (age 14 or lower).
- Reconciliation of the independent translations into one preliminary translation.
- Backward translation of this form into English and evaluation of the backward translation for conceptual equivalence with the original survey by U.S. researchers.
- Debriefing interviews with lay people who are native speakers of the target language and living in-country to evaluate the clarity, common language usage, and conceptual equivalence of the translation.

QualityMetric actively creates new translations. Appendix A lists the number of languages or language adaptations that are available for each of our health surveys, while Appendix B provides a more detailed listing.

Note: If you require a translation that is not listed, we can create it for you. For questions regarding the development and licensing of other translations or adaptations, contact a QualityMetric Account Executive.

Reporting

QualityMetric offers a variety of reporting options for our health surveys, including those at the patient, clinician, and aggregate levels. The primary ways to obtain interpretive reports are via the Smart Measurement™ System or QM Certified Scoring (Software), as described in previous pages. Additional reporting is also available from our experts via our Consulting Services. See Appendix A for available reporting options for each QualityMetric health survey.

Sample report
Modes of Administration

Technology is changing health care. In just the past few years, legacy IT systems have been integrated with the very latest software, opening the door to electronic medical records, patient information portals, and many other technologies. QualityMetric is proud to have been the first company to apply computerized adaptive testing (CAT) technology to health surveys online. And now QualityMetric offers a variety of ways patients can complete our health surveys. These modes of administration are HIPAA compliant and include:

Fixed Form
The fixed form administration allows patients to complete a paper-based version of our health surveys.

Interviewer Script
A standardized interviewer script is available for oral administration of many of our health surveys. This is ideal when patients are unable to complete the survey on their own or when administration of a survey via the telephone is required.

Online
The online administration allows patients to complete our health surveys online from any location where Internet access is available. We offer two online options – standard versions available on QualityMetric’s www.amihealthy.com and fully customized versions that act as an extension of a client’s existing Web presence. Once an online health survey is submitted, the data is captured directly into QualityMetric’s Smart Measurement™ System for scientifically valid scoring, interpretation, and reporting in real time, eliminating the need for time consuming data entry and possible transcription errors. This is ideal for organizations with limited Web presence, Internet access, or technical infrastructure.

Smartphone
Smartphone administration is of tremendous value for those clinicians and administrators who are on the go and require scored data with fast turnaround. It is well suited to providers that have embraced handheld devices as part of their everyday workflow and have a high degree of interaction with a patient population. Once the survey is submitted, the data are then transmitted via the Internet for scoring by QualityMetric’s Smart Measurement System. Scores are calculated immediately and a report returned to the device for review. In addition, full reports are available in real time on the Smart Measurement System platform at www.amihealthy.com.

Tablet/Kiosk
QualityMetric supports the administration of its online surveys via this mode, provided that the tablet or kiosk used by the client is Internet enabled, operating similarly to a laptop. Fixed forms are provided to licensed customers for programming of single-item presentation on tablet or similar device. Customers contract directly with an ePRO vendor for software development.

Interactive Voice Response (IVR)
The IVR administration is an effective alternative in health programs and disease management. To access our health surveys via this administration, patients are provided with a toll-free phone number and access code. After a brief introduction, the system proceeds into a series of dialog interactions with the patient to gather responses to the survey questions. Information from the patient is collected using speech recognition and/or touch tone technology. Once the survey is completed, the data are loaded directly into QualityMetric’s Smart Measurement System for scientifically valid scoring, interpretation, and reporting in real time.
The Smart Measurement™ System is a convenient, all-in-one, Web-based, health survey data collection service. Available for all health care markets, QualityMetric’s Smart Measurement System uses the latest technologies to capture, benchmark (against general and disease-specific norms), and interpret survey data. This IT platform is ideal for individuals or organizations that want to measure functional health and well-being quickly and confidentially, while obtaining results in real time.

**The Smart Measurement System features:**
- Automatic scoring of surveys with real-time reports
- Reporting that allows changes in health to be tracked over time and comparisons to be made between treatments, programs, patients, and populations
- Access via confidential login at any time, from any location where Internet access is available
- Multi-user capability that allows multiple patients/clinicians to be logged into the system and completing tasks simultaneously
- Multiple modes of administration, including fixed form, online, smartphone, and more
- PROActive Reminder System™, an automated patient reminder system using e-mail and postal mail for increasing survey completion compliance (optional)
- Administration management tools for sponsors, groups, sites, and individuals
- Data warehouse for storage and recall of completed surveys
- Data import/export capabilities to customer sites using secure FTP
- Compliant to FDA 21CFR Part 11, HIPAA (U.S.), and PIPA (Canada) privacy and security regulations for electronic data capture of ePROs

QualityMetric can also provide you with the ability to use this tool as part of your own website with our Smart Measurement™ System with Trusted Partner™. This seamless interface makes it appear to patients taking a QualityMetric health survey that they have never left your website. A link is created on your site that connects to QualityMetric’s Smart Measurement System. Site visitors are provided with a “single sign-on” to take the survey.

Access to the Smart Measurement System begins with a signed license agreement. In addition to standard conditions of use, this license specifies the types of surveys (e.g., SF-36v2®, SF-12v2®, PIQ-6™, ACT™) and the number of administrations (i.e., survey credits) per survey that the user has purchased. Also specified in the license is the purchase of any additional scoring and/or reporting features, such as the application of Missing Score Estimation (MSE) algorithms or the scoring of predicted medical expenditures. For more information, contact a QualityMetric Account Executive.

**PRICING FOR DATA COLLECTION, SCORING, AND REPORTING**
The Smart Measurement System license fee depends on the requested survey(s), the number of administrations, customization, and additional scoring features.

**MATERIALS PRICING**
amihealthy.com Smart Measurement System User’s Guide
Downloadable version available to licensed users at no charge
- Quick Start Guide for the Smart Measurement System
  - MAN121 Hard copy version ...........................................$12.00
  - EM121 PDF version ..................................................$12.00
- Quick Start Guide for the Smart Measurement System Fax Mode of Administration
  - MAN066 Hard copy version ...........................................$12.00
  - EM066 PDF version ..................................................$12.00
- Quick Start Guide for the Short Form Survey Reports
  - MAN119 Hard copy version ...........................................$12.00
  - EM119 PDF version ..................................................$12.00
Certified Scoring
Software and Services

Over the years, data quality issues have negatively affected some large-scale PRO studies. Several organizations have tried to score data from our SF-36v2 using computer programs they have developed themselves, using proprietary scoring algorithms provided by QualityMetric publications. Minor programming mistakes or simple formatting errors have led to incorrect scores and misinterpreted results, in some cases leading to millions of dollars in lost revenue.

QualityMetric has developed a solution – QM Certified Scoring. Designed specifically for our SF™ health surveys, this program assures not only the quality of your data, but its proper interpretation as well. By preventing errors, QualityMetric simplifies the process for you and – most important – provides you with reliable results you can trust. And by using our certified scoring services, you will have the confidence that the data you obtain from the administration of a QualityMetric survey are scored in accordance with standards set by the developers of that tool.

QM Certified Scoring is available in several versions. Scoring options and details are described below.

QM Certified Scoring (Software)
Intended for any organization, QualityMetric’s QM Certified Scoring (Software) is designed to provide standard scoring methods for health surveys in an easy-to-use system centered around projects. For some of the surveys, the software also provides evaluation of data quality, applies methods for missing data recovery, and more. How it works: The software is provided via email, installed on a single desktop, and activated with a key supplied by QualityMetric. Data can be imported via a .CSV text file, entered through a data grid, or obtained by allowing patients to complete the survey on-screen. Once captured, the data are scored and saved for use in a variety of reports.

QM Certified Scoring (Enterprise)
Intended for organizations that prefer to collect data within the confines of their own software system, QualityMetric’s QM Certified Scoring (Enterprise) is best suited for organizations with data privacy/security concerns that still want to ensure their SF data is scored accurately and efficiently. How it works: This product uses application programming interface (API) technology and is fully integrated, self-contained, and offline. It consists of a “software library” integrated into the client’s software system that monitors survey administrations and is activated upon installation.

QM Certified Scoring (Web)
Intended for organizations collecting survey data as part of a larger system for measuring health outcomes, QualityMetric’s Certified Scoring (Web) allows clients who collect SF data in their own software system to ensure that this vital health outcome information is scored accurately and efficiently. How it works: Survey responses are passed from the client’s own (or 3rd party) data collection/storage system via the Internet to QualityMetric’s scoring Web service. We use our proven scoring algorithms to score the item responses and return the results in real time to the client in XML format.

QM Certified Scoring (Insight)
Intended for organizations collecting SF health survey data that want to have their data scored by a patient-reported outcome (PRO) expert to facilitate correct interpretation, QualityMetric’s QM Certified Scoring (Insight) offers analysis by our Outcomes Insight Consulting™ Division. How it works: Datasets with survey responses are provided by the client to our Outcomes Insight Consulting Division, in either Excel or SAS format. Our scientists use proven scoring algorithms to score the datasets and identify any errors that may impact the scoring process or interpretation of results.

For more information on these services, contact a QualityMetric Account Executive.

PRICING
Any use of QualityMetric’s Certified Scoring Services requires a license from QualityMetric. The license fee depends on the requested survey(s), the number of uses, the type of scoring used, report type requested, and other considerations.

 MATERIALS PRICING

QualityMetric Health Outcomes Scoring Software 4.0 User’s Guide
Renee N. Sarris-Baglama, PhD, Christopher J. Dewey, BA, Gordon B. Chisholm, Elise Plumb, BS, Mark Kosinski, MA, Jakob B. Bjorner, MD, PhD, and John E. Ware, Jr., PhD
Downloadable version available to licensed users at no charge.

Quick Start Guide for the Short Form Survey Reports
MAN119 Hard copy version ......................................................$12.00
EM119 PDF version ...............................................................$12.00
QualityMetric’s Outcomes Insight Consulting™ Division represents broad experience in life sciences, health services, academia, and government. Our team has experience assisting with strategy, planning, research, and documentation for the U.S. Food and Drug Administration (FDA). We have Phases I, II, III, and IV clinical trial expertise. We also reach beyond clinical trials, helping practitioners, payers, and policymakers use PROs to understand and describe the health of their population and the effects of interventions in real world settings. Our team includes some of the top health outcomes scientists in the field of psychometrics.

Over the years, QualityMetric has amassed one of the largest PRO databases in the world. This database has become instrumental in translating survey scores into salient messages to various stakeholders, including patients, providers, and health managers. Our data assets are continually updating and expanding, with additional disease groups, populations, and even international datasets.

**AVAILABLE SERVICES**

Following is a brief summary of our primary service offerings. This list does not include all of our capabilities; rather the most popular offerings are outlined.

**PRO Instrument Development, Adaptation, and Validation**

QualityMetric scientists are experts in all stages of the PRO instrument development process. We can work with you to modify or develop new PRO instruments for use in clinical trials that meet the scientific and regulatory requirements of the FDA’s Guidance for Industry on PRO Measures. We also provide instrument development, modification, and validation for exploratory and supportive endpoints. Our expertise stems from original work with the SF-36v2®, SF-12v2®, SF-8®, Asthma Control Test™ (ACT™), and more than 20 additional instruments that we have developed, adapted, or validated in new populations. Our work includes development of fixed form versions and development or adaptation to e-PRO, such as Web-based platforms. We have developed generic and disease-specific tools to measure symptom prevalence, recency, severity, disease impact, and other outcomes. We can help strategize early on, before instrument decisions are made.

Some questions we often address include: Which instruments are currently used and what strengths and weaknesses exist for your purpose? Which domains are most important to patients? Is a diary format needed? What recall period should be used? Is this instrument easily translatable to other languages?

Our expertise, backed by senior scientists with combined decades of work in the field, can help determine which type of tool should be developed, adapted, or tested.

**FDA Strategy and Documentation to Support PRO Label Claims**

QualityMetric scientists are leaders in the field, having used gold standard instrument development and modification methodology years prior to the FDA Guidance for Industry on PRO Measures. QualityMetric instruments have been included in over 30 FDA label claims, in part due to our scientists’ expertise in working with study sponsors to strategize measurement needs, and our top quality research abilities and documentation. Our scientists have repeatedly attended FDA meetings with sponsors, with successful results. We can provide elements of FDA dossier documentation – including literature reviews, conceptual framework, instrument selection and gap analysis, item development, endpoint model, content validation, psychometric validation, etc. – or provide a full dossier.

**Literature Review Service**

Our SF Bibliography contains more than 16,000 peer-reviewed articles and is continually expanding with new publications. Information gathered from these studies provides a context for understanding differences and changes in scores on our surveys across hundreds of diseases and clinical situations. Additionally, our health surveys have been referenced in over 2,100 randomized clinical trials and thousands more observational studies for major pharmaceutical, medical device, and biotech companies. We can provide basic literature review searches or professional literature background drafts using our own databases as well as public databases. We provide literature services with our other services.

**Burden of Disease Analyses**

The functional burden associated with various conditions can be assessed by comparing baseline PRO scores of your study participants with U.S. general population norms and disease-specific benchmarks. Functional burden can also be assessed as change in burden of disease from pre- to post-treatment, and comparison of burden across treatment arms.
PRO Outcomes Analyses
QualityMetric scientists have helped interpret PROs in over 200 clinical trials, research studies, and population health studies. Our expertise in designing analysis plans, conducting analyses, and dissemination is often sought based on our deep knowledge of methods, top notch analytic abilities and publication success, and attention to our clients’ needs. We think about every need in advance and go beyond the “plan,” communicating ideas for improvement as a study progresses. We provide analyses for drug efficacy, treatment effectiveness, development of interpretation guidelines (including determining minimal clinically important difference or MCID), the aforementioned burden of disease analyses, and specialized outcome analyses. While we frequently meet with clients and recommend a specified set of analyses, some clients prefer to pre-order our Specialized Interpretation Analysis Report, described in a later section.

Cross-Calibration of PRO Tools Measuring the Same Health Concept
Using item response theory (IRT) models, QualityMetric scientists can calibrate and score PRO tools measuring the same health concepts on the same scale. This allows for the equating of PRO scale scores and reporting of the scores on the metric of the source instrument, thus reducing patient burden by reducing the amount of total assessment time.

Health Economics Estimations
QualityMetric scientists can derive three sets of health economics-related estimates based on SF-36v2® Health Survey scores. These estimates include medical expenditure prediction, using the algorithm that translates SF-36v2 physical and mental component scores into predicted monthly medical expenditures, and preference-based health state utility index (SF-6D) derived from the SF-36v2 data obtained from your trial.

Mortality Risk Analyses
Using survival analysis methods and Cox Proportional Hazard Models, we can develop a mortality risk model specifically for your clinical trial data using SF-36v2 datasets.

Dissemination and Publication Options
Scientific dissemination in a peer-reviewed setting is an important component of most clinical trials and non-clinical research studies. QualityMetric scientists have extensive experience in preparing abstracts, poster presentations, and manuscripts for dissemination and publication.

The Outcomes Insight Consulting Division also produces two specialized reports:

Data Quality Evaluation Summary Report
Data problems can have a major impact on any study and the ability of that study to reach its intended goals. In the past, data problems with studies utilizing the SF-36v2® Health Survey have impacted regulatory decisions, delayed the availability of new treatments in the marketplace, and even eliminated a researcher’s ability to compare study results from one site with those from other participating sites. Most important, erroneously scored data impacts the ability to appropriately interpret scores. Examples of such errors include missing responses, items administered in the wrong order, and keying response values into a database incorrectly.

To identify these types of errors, QualityMetric developed Data Quality Evaluation (DQE) algorithms, which are available through our scoring services. After being provided with a file containing raw item-level response data, our Outcomes Insight Consulting™ Division performs a thorough review and inspection of the quality of the data. For the SF-36v2 and the SF-12v2®, the procedures include an investigation of missing data rates for each SF-36v2 item and also a series of scaling tests which provide empirical evidence that your data are consistent with the SF™ health survey measurement model. Once complete, our scientists inform the client of any problems with the data via a comprehensive DQE Summary Report.

Specialized Interpretation Analysis Report
QualityMetric’s Specialized Interpretation Analysis Report is a comprehensive set of analyses created to provide clients with interpretation of outcomes data. These are analyses completed by our Outcomes Insight Consulting™ Division that have proven valuable to users of our patient-reported outcomes (PRO) instruments for many years. This report is designed for clients interested in comparing SF-36v2® Health Survey (or SF-12v2®) scores at two time points (e.g., baseline and endpoint) across two or three treatment arms.

The report includes a total of seven specialized methods for data analysis and interpretation: baseline burden of disease, treatment efficacy, change in disease burden as a function of treatment, connecting changes in quality of life to changes in clinical outcomes, responder level change as a function of treatment, measuring concrete, specific changes in patients’ health and functioning, and depression screening.
QualityMetric Authorized Resellers

There is a growing worldwide demand for QualityMetric’s commercial products and services. As a result, we have expanded our licensing program for vendors and those involved in academic and commercially sponsored research who intend to develop their own means for administering, scoring, and reporting the results of the SF™ health surveys using QualityMetric’s trademarks, copyrighted forms, scoring algorithms, norms, and interpretive guidelines. We’ve also developed an Authorized Reseller program. QualityMetric licenses authorized resellers to use our health survey(s), scoring algorithms, validated scoring services, and reporting (when available).

As a condition for licensing, QualityMetric now requires that any SF health survey products (such as online forms and software) developed by outside parties meet QualityMetric’s standards that ensure end-users that these products meet standards of high quality in terms of maintaining standardization and accuracy in survey administration, scoring, reporting, and interpretation of survey results. To assist authorized resellers, QualityMetric provides a series of three guides that describe important aspects of survey use, as well as guidelines and criteria that must be met in order for resellers to be authorized by QualityMetric. The underlying theme of each of these guides is the importance of maintaining standardization in any assessment process utilizing any of the SF health surveys. A description of each of these guides follows.

Guide to the Development of Certified Modes of Short Form Survey Administration
Mark E. Maruish, PhD and Diane Turner-Bowker, PhD

The primary purpose of this first guide in the three-part series is to provide those developing SF survey forms and software with the guidelines and criteria that QualityMetric uses to license and certify modes of administration developed by parties other than itself. This guide also serves to provide the background information necessary for understanding the requirements of QualityMetric’s Authorized Reseller program.

MAN034 Hard copy version .................................................. $55.00
EM034 PDF version .......................................................... $55.00

Guide to the Integration of Certified Short Form Survey Scoring and Data Quality Evaluation Capabilities
Mark E. Maruish, PhD and Michael A. DeRosa, MA

The purpose of this second guide in the series is to provide vendors and other parties licensed to develop SF scoring software with an overview of the scoring procedures that are contained in QualityMetric’s QM Certified Scoring (Enterprise), which utilizes application programming interface (API) technology. This guide also describes QualityMetric’s methods and associated logic for its Data Quality Evaluation (DQE) and Missing Score Estimation (MSE) procedures.

MAN035 Hard copy version .................................................. $55.00
EM035 PDF version .......................................................... $55.00

Guide to the Development of Certified Short Form Survey Interpretation and Reporting Capabilities
Mark E. Maruish, PhD and Mark Kosinski, MA

This third guide in the series focuses on the standards for the development of interpretation and reporting capabilities for the SF surveys. The purpose of this guide is to discuss various ways in which SF survey data can be analyzed, interpreted, and reported to maximize its utility to the survey user. In addition, published resources for interpretation of data are identified, and report content and format considerations are addressed.

MAN036 Hard copy version .................................................. $55.00
EM036 PDF version .......................................................... $55.00
OptumHealth/QualityMetric
Medication Adherence Program

Poor adherence to prescribed medication regimens has been a well-recognized problem in all of medicine – particularly in patients with chronic conditions. Now, QualityMetric has teamed up with OptumHealth Care Solutions and Silverlink Communications to provide a robust, customized solution to this national epidemic. The goal of the OptumHealth/QualityMetric Medication Adherence Program is to maintain adherence with prescription maintenance therapies. In this program, consumers are provided tailored support to potential barriers with their regimen, thereby preventing gaps in care that may lead to adverse clinical outcomes. In doing so, the Medication Adherence Program addresses a key piece of health care reform, and capitalizes on an opportunity to improve patient health where the interests of the medical community are fully aligned.

Through the integration of QualityMetric’s expertise and customized data analytics, along with OptumHealth’s synchronized health management programs and state-of-the-art interactive voice response (IVR) technology, QualityMetric is able to offer pharmaceutical industry sponsors a solution that will help prevent maladherence in patients on long-term therapy.

When selecting a drug category for program implementation, the following criteria are evaluated:

- Medications in the proposed category are indicated for a highly prevalent chronic condition.
- The baseline medication possession ratio (MPR), which is the ratio of days medication supplied to days in a time interval, for the drug category is low.
- National clinical guidelines support an adherence intervention in the category.
- There is a strong value proposition with evidence-based support indicating that improved medication adherence will result in enhanced patient outcomes, reductions in disease-related costs, and/or reductions in overall health care costs.

The Medication Adherence Program targets all products in a therapeutic category rather than a single brand, and incorporates a robust collaboration model involving the pharmaceutical industry, payers, care management services, and providers. The program is consistent with the American Recovery and Reinvestment Act of 2009, Office of the Inspector General (OIG), and HIPAA laws, and provides full disclosure of the funding source to consumers.

Features of the OptumHealth/QualityMetric Medication Adherence Program include:

- Proactive case evaluation via pharmacy claims to identify eligible patients new to a therapeutic category.
- Ability to engage at the health condition and prescription level, which includes interacting with patients prior to their first scheduled refill.
- Proactive patient engagement via IVR technology, cutting edge consumer segmentation, state-of-the-art speech recognition technology, as well as customized scripting and voice intonation.
- Administration of OptumHealth’s proprietary three-item adherence barriers survey that identifies health literacy barriers, financial barriers, and/or the barrier of low motivation/low self-efficacy – a fourth barrier, forgetfulness/disorganization, is addressed throughout the program for all program participants.
- Directing consumers to professional resources specifically designed to address their most significant barriers to adherence – OptumHealth’s Wellness Coaching® service, NurseLine® drug therapy management services, co-pay or patient assistance programs, and OptumHealth’s Helpful Hints service, which consists of tailored strategies to assist patients in overcoming their barriers as they strive to adhere to their medication regimen.
- Timely refill reminders via IVR technology and “off-therapy” IVR calls throughout the duration of the program.
- Comprehensive analytics and real-time tracking that includes intervention activity, engagement reports, and aggregate performance success metrics related to the MPR.
Clinical Informatics Solutions

Clinical Informatics Solutions (CIS) allows you to find new patients, perform clinical trial feasibility assessments, and locate superior study sites. By leveraging the nation’s largest private insurance claims database, QualityMetric is able to count the patients who match trial protocol and tell you where they are, investigator by investigator, so you can launch trials sooner and complete them earlier.

Clinical Study Delays in the U.S.
A recent tabulation of U.S. trials shows that 45% run late and 10% take more than twice the time of the original goal. The root causes were growing complexity and underperforming sites, as indicated by the following statistics:

• 15-20% of sites don’t perform, enrolling no evaluable patients
• 30% of sites underperform, enrolling 5% of evaluable patients
• 20% of sites are average performers, enrolling 25% of evaluable patients
• 30% of sites are top performers, enrolling 70% of evaluable patients

A Smarter Use of Claims Data for Faster Clinical Trials
Investigators can employ Clinical Informatics Solutions to:

• Obtain an immediate feasibility assessment based on national patient counts.
• Redesign protocols by knowing which criteria eliminate too many patients.
• Identify the areas of highest patient concentration using county-level maps.
• Locate competitive trials.
• Rank more than 130,000 investigators by the count of matching patients at each study site.
• Recruit patients using an opt-in list of more than 50 million patients.
• Recruit patients using insurance claims that identify them back to physicians.

Value for Clinical Planning
Clinical Informatics Solutions has the ability to create successful protocols. An analysis of U.S. trials shows a very strong correlation between the number of months of delay and the number of inclusion/exclusion criteria. You can evaluate your study by assessing the availability of real patients based on medical conditions, medications, geography, and other metrics. CIS can also assess alternatives more quickly by evaluating various protocol criteria at any time to determine the effect on patient count.

Value for Finding Sites
• CIS measures have statistically significant correlation with randomization success.
• The best success predictor is patient count by investigator. In order to achieve the required patient count, we “Fish where the fish are.”
• Other important measures are investigators’ clinical trial experience (more is better) and date of their last trial (recent experience is better).
• Retrospective studies have shown that the best sites randomize patients up to twice as fast.

Creating a Referral Network
Clinical Informatics Solutions uses its Hub & Spoke Report for Referrals to find physicians who are near the trial site. This report identifies potential referring sites ranked by their count of patients who match the protocol. The search looks at nearby physicians and all other health professionals with insurance claims.

The Hub & Spoke Report for Referrals is a dynamic table, which can be changed to see new results instantly. For instance, the user can change the radius circle to have a short list of physicians near the site, or expand the search 50 miles for extended coverage. For any mileage selected, the user can rank physicians based on the count of patients who match the protocol.
Clinical Trial Investigators in the U.S.
CIS has over 130,000 investigators in the U.S., covering virtually all specialties (See Figure 1). The top ten, in rank order, are: internal medicine, hematology & oncology, family medicine, pediatrics, psychiatry, cardiology, endocrinology, nephrology, neurology, and general surgery. By drawing on the claims database of one of the nation’s largest health insurers, CIS knows where those patients are, investigator by investigator. There are over 80 metrics on each investigator, including contact data that is updated quarterly from insurance claims.

Figure 1 – Concentration of U.S. Investigators

Clinical Trial Investigators Outside the U.S.
In 2011, QualityMetric created new international coverage. There are over 150,000 international investigators, with full profiles and excellent coverage in over 170 countries. The profile includes a relevancy score for ranking, with points awarded for prior studies in the designated therapeutic area and additional points for published study. Based on investigator count, the top ten countries are: Germany (with over 16,000 investigators), France, United Kingdom, Canada, Japan, Italy, Spain, Netherlands, China, and Australia.

Request Free Sample Reports
If you provide the age range, therapeutic area, and countries of interest, QualityMetric will generate a free report, available within days. In the U.S., you will see the count of patients in the insurance claims database, the physicians and investigators who treat them, and the distribution of investigators by specialty. Color-coded U.S. maps will show the concentrations of patients, physicians, and investigators. For the rest of world, QualityMetric will show the distribution of investigators by country. To receive a sample report, contact a QualityMetric Account Executive.

Office of Grants and Scholarly Research
QualityMetric created the Office of Grants and Scholarly Research (OGSR) in 2002 to ensure that students and researchers have the resources to study and measure health outcomes using QualityMetric’s surveys. In essence, it is an academic teaching and research support program. If you are a student or academic organization involved in unfunded, non-commercial research, you may be eligible for this program. Permission to use QualityMetric’s health surveys is granted on a per study and per year basis. Access to surveys may require a modest fee to cover overhead charges to process the permission application. Additional support is provided to the academic community through reduced pricing for scoring services and educational materials. For more information about the OGSR program, contact one of QualityMetric’s Account Executives that work with student researchers, universities, and professors.
Terms and Conditions

License Requirements
Any organization or individual wishing to use or reproduce any QualityMetric survey and/or any associated intellectual property for any purpose must obtain a license from QualityMetric. All use of QualityMetric’s surveys is subject to payment of royalty fees. For information about obtaining a license, contact a QualityMetric Account Executive.

License Fees and Payment Terms
Licensee agrees to pay the fees and all other charges on the payment terms specified. All amounts are stated, and all payments shall be in U.S. dollars. Licensee shall be responsible for all taxes relating to the fees and the goods and services acquired. Fees are exclusive of any sales taxes, value added taxes, duties, or other withholding.

Pricing
All prices are in U.S. dollars and are subject to change without notice.

Administration by Third Parties
A third-party service provider may administer the Licensed Surveys on behalf of Licensee subject to such third party’s execution of QualityMetric’s Acknowledgement by Agent form; provided, that Licensee shall not be relieved of its obligations by use of such third party, and Licensee shall be responsible for any breach of the License Agreement by such third party.

Trademark and Copyright Notices
Licensee agrees to reproduce the copyright and trademark notices included with the Licensed Surveys on all reproductions of the Licensed Surveys permitted, including electronic reproductions and representations. Licensee shall not alter the wording or order of the items or any other part of the Survey Materials. Licensee shall not translate or create any other derivative work from the Survey Materials.

Maintenance of Records
Licensee shall maintain accurate records, in all material respects, containing information sufficient to verify Licensee’s compliance with the License Agreement, including as applicable, but not limited to, records of the number of reproductions of the Licensed Survey(s) made, the location of and/or confirmation of the destruction of such reproductions, and the number of administrations of the Licensed Survey(s) performed. QualityMetric, or a third-party auditor of its choice reasonably acceptable to the Licensee, shall have the right, not more frequently than once in each calendar year and on reasonable advance notice of at least thirty (30) days to Licensee, during usual business hours, to examine under confidentiality such records for the sole purpose of verifying Licensee’s compliance with the terms of the License Agreement, including the number of administration (or reproductions) of the Licensed Survey(s). In the event that such examination shall disclose Licensee’s use of the Licensed Surveys exceeds the permitted use, Licensee shall promptly pay QualityMetric at QualityMetric’s then current list price for all such excessive use, and if the payment due for such excessive use exceeds 10% of the total fees paid for use of the Licensed Surveys, Licensee shall reimburse QualityMetric for reasonable, documented costs and expenses incurred in conducting, or having conducted, such examination.

Proprietary Rights
Licensee acknowledges that the Licensed Surveys, copyright in all publications purchased, and all intellectual property rights related thereto (“Survey Materials”), shall be and remain at all times the property of QualityMetric. Licensee shall have no right, title, or interest in the Survey Materials except for the limited license described. Licensee shall not use, modify, reproduce, or transmit any of the Survey Materials except as expressly provided in connection with the Approved Use. If the Approved Use includes administration of the Licensed Surveys in physical form, Licensee is authorized to make exact reproductions of the Licensed Survey(s) sufficient to support such administrations.

Ownership of Survey Results Data
Notwithstanding the foregoing, the parties agree that all results of Licensee’s administration of the Licensed Survey(s) shall be the property of Licensee.

Confidentiality; Injunctive Relief
Licensee acknowledges that the Survey Materials are valuable assets of QualityMetric and that the value of the Survey Materials would be significantly impaired by the unauthorized distribution or use of them. Licensee shall ensure that the Survey Materials are not used for unauthorized purposes or by unauthorized persons, and shall promptly report any such unauthorized use to QualityMetric. Licensee acknowledges that, in the event of any material breach of this paragraph by the Licensee, money damages would not be a sufficient remedy, and that QualityMetric shall, to the extent permitted by applicable law, be entitled to equitable relief, including injunction. Such relief shall be in addition to all other remedies available at law or in equity.

Disclaimer of Warranty
Licensee understands and acknowledges that complex and sophisticated products such as the Survey Materials are inherently subject to undiscovered defects. QualityMetric cannot and does not represent or warrant to Licensee
QualityMetric will defend, at its expense, any action brought against Licensee to Intellectual property Indemnification interruption.

substitute goods or services, lost business information and data, and business excluded damages include, but are not limited to, lost profits, cost of any QualityMetric has been advised of the possibility of such damages. Such of contract, negligence, strict liability in tort, or any other legal theory, even if consequential damages, arising from any claimed breach of warranty, breach Licensee or any third party for any special, punitive, incidental, indirect, or QualityMetric has been advised of the possibility of such damages. Such excluded damages include, but are not limited to, lost profits, cost of any substitute goods or services, lost business information and data, and business interruption.

Limitation of Liability
Regardless of whether any remedy set forth fails of its essential purpose, in no event shall either party's total liability for all claims arising (except for intellectual property indemnification, breach of confidentiality obligations and cases of gross negligence or willful misconduct) exceed the amount of the fees paid by Licensee to QualityMetric. Further, in no event shall QualityMetric be liable to Licensee or any third party for any special, punitive, incidental, indirect, or consequential damages, arising from any claimed breach of warranty, breach of contract, negligence, strict liability in tort, or any other legal theory, even if QualityMetric has been advised of the possibility of such damages. Such excluded damages include, but are not limited to, lost profits, cost of any substitute goods or services, lost business information and data, and business interruption.

Intellectual Property Indemnification
QualityMetric will defend, at its expense, any action brought against Licensee to the extent that it is based on a third-party claim that a Licensed Survey infringes any patent, registered trademark, or copyright, provided that: (a) Licensee notifies QualityMetric in writing within thirty (30) days of its becoming aware of any such claim; (b) QualityMetric has sole control of the defense and all related settlement negotiations; and (c) Licensee provides QualityMetric with the information, authority, and any and all assistance reasonably required by QualityMetric to provide the aforementioned defense. In the event of an action against Licensee alleging infringement of the intellectual property rights of a third party with respect to a Licensed Survey, or in the event QualityMetric believes such a claim is likely, QualityMetric shall be entitled, at its option but without obligation or additional cost to Licensee, to (i) appropriately modify such Licensed Survey so as not to infringe such third-party intellectual property rights; provided, that such modifications or substitutions shall not materially affect the function of such Licensed Survey; (ii) obtain a license with respect to the applicable third-party intellectual property rights; or (iii) if, after reasonable efforts by QualityMetric, neither (i) nor (ii) is commercially practicable, terminate Licensee's license as to the effected Licensed Survey and refund three (3) times the full license fee therefore. QualityMetric shall have no liability if the alleged infringement is caused by (i) use of other than the then-most-recent version of such Licensed Survey, (ii) any combination of a Licensed Survey with non-QualityMetric equipment, programs or data, where the Licensed Survey alone would not have given rise to the claim, or (iii) use of a Licensed Survey outside the scope of the License Agreement and the licenses provided. This section states the entire liability of QualityMetric and the Licensee’s sole and exclusive remedy with respect to any alleged infringement.

Additional Terms for Use of QualityMetric Software
The following additional terms apply to any software provided by QualityMetric to Licensee in connection with the License Agreement (“Software”). Licensee may install and use one copy of the Software on a single computer, and except for making one back-up copy of the Software, may not otherwise copy the Software. The Software may not be shared or used concurrently on different computers. Licensee may not reverse engineer, decompile, or disassemble the Software, nor attempt in any other manner to obtain the source code. The Software and the algorithms it contains are proprietary information of QualityMetric. Licensee shall not attempt to circumvent any function of the Software that limits its use to a certain number of administrations of the Licensed Surveys or to a certain time period. Licensee may not rent or lease the Software to any other person.

Miscellaneous
In the event a Licensed Survey or associated QualityMetric intellectual property is exported outside of the United States by Licensee, both parties agree that Licensee is obligated and solely responsible for ensuring compliance with all applicable import and export laws and regulations of the United States of America and any applicable foreign jurisdictions. Licensee shall indemnify, defend and hold harmless QualityMetric (including payment of all reasonable costs, fees, settlements and damages) with respect to any suits or proceedings brought against QualityMetric arising from Licensee’s export of a Licensed Survey.

The License Agreement and performance shall be governed in accordance with the laws of the State of New York, but excluding New York choice of law principles. With respect to any dispute arising in connection with the License Agreement, Licensee consents to the exclusive jurisdiction and venue in the state and federal courts located in New York City, New York.
## Appendix A

### QualityMetric Surveys at a Glance

<table>
<thead>
<tr>
<th>Survey</th>
<th>Recall Forms</th>
<th>Languages</th>
<th>Administration/Scoring Options</th>
<th>Available Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard (4-week)</td>
<td>Acute (1-week)</td>
<td>Fixed Form</td>
<td>Interviewer Script</td>
</tr>
<tr>
<td>SF-36v2</td>
<td>•</td>
<td>•</td>
<td>130+</td>
<td>•</td>
</tr>
<tr>
<td>SF-36v2 with PIQ-6</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>SF-12v2</td>
<td>•</td>
<td>•</td>
<td>110+</td>
<td>•</td>
</tr>
<tr>
<td>SF-12v2-MH Enhanced</td>
<td>•</td>
<td>•</td>
<td>13</td>
<td>•</td>
</tr>
<tr>
<td>SF-12v2-SET</td>
<td>•</td>
<td></td>
<td>2</td>
<td>•</td>
</tr>
<tr>
<td>SF-12v2 with PIQ-6</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>SF-8</td>
<td>•</td>
<td>•**</td>
<td>43</td>
<td>•</td>
</tr>
<tr>
<td>MOS COG</td>
<td>•</td>
<td></td>
<td>63</td>
<td>•</td>
</tr>
<tr>
<td>MOS COG–R</td>
<td>•</td>
<td>•***</td>
<td>2</td>
<td>•</td>
</tr>
<tr>
<td>MOS Sleep</td>
<td>•</td>
<td>•</td>
<td>85 (12-item) 18 (6-item)</td>
<td>•</td>
</tr>
<tr>
<td>MOS Sleep–R</td>
<td>•</td>
<td>•</td>
<td>62 (12-item) 18 (6-item)</td>
<td>•</td>
</tr>
<tr>
<td>PIQ-6</td>
<td>•</td>
<td>•***</td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>ACT</td>
<td>•</td>
<td></td>
<td>18</td>
<td>•</td>
</tr>
<tr>
<td>AIS-6</td>
<td>•</td>
<td></td>
<td>2</td>
<td>•</td>
</tr>
<tr>
<td>HIT-6</td>
<td>•</td>
<td></td>
<td>30</td>
<td>•</td>
</tr>
<tr>
<td>HQLQv2</td>
<td>•</td>
<td></td>
<td>9</td>
<td>•</td>
</tr>
<tr>
<td>RIS-6</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>DYNHA SF-36</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>DYNHA HIT-6</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>DYNHA OA Impact</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>DYNHA RA Impact</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
<tr>
<td>SF-10</td>
<td>•</td>
<td></td>
<td>18</td>
<td>•</td>
</tr>
<tr>
<td>PAIS-6</td>
<td>•</td>
<td></td>
<td>U.S. English only</td>
<td>•</td>
</tr>
</tbody>
</table>

** 24-hour recall form also available for the SF-8

*** Coming soon

IVR = interactive voice response
Appendix B
Available Survey Translations

SF Health Surveys

SF-36v2 Health Survey (Standard and Acute Recall)
Algeria (Arabic), Argentina (Spanish), Australia (English), Austria (German), Belgium (Dutch),
Belgium (French), Bosnia-Herzegovina (Bosnian), Brazil (Portuguese), Bulgaria (Bulgarian),
Canada (English), Canada (French), Chile (Spanish), China (Chinese), Colombia (Spanish), Costa Rica (Spanish),
Croatia (Croatian), Czech Republic (Czech), Denmark (Danish), Dominican Republic (Spanish),
Estonia (Estonian), Ethiopia (Amharic), Fiji (Fijian), Finland (Finnish), France (French), Georgia
(Georgian), Germany (German), Greece (Greek), Guatemala (Spanish), Honduras (Spanish),
Hong Kong (Chinese), Hong Kong (English), Hungary (Hungarian), Iceland (Icelandic), India
(Bengali), Indonesia (Bahasa), Iran (Persian), Iraq (Arabic), Ireland (Irish), Italy (Italian), Japan
(Japanese), Jordan (Arabic), Kazakhstan (Kazakh), Kazakhstan (Russian), Latvia (Latvian), Latvia
(Russian), Lebanon (Arabic), Lebanon (English), Lithuania (Lithuanian), Lithuania (Russian),
Macedonia (Macedonian), Malaysia (Chinese), Malaysia (English), Malaysia (Malay), Malaysia
(Tamil), Malta (English), Malta (Maltese), Mexico (Spanish), Moldova (Romanian), Moldova
(Russian), Morocco (Arabic), Morocco (French), Netherlands (Dutch), New Zealand (English),
Nicaragua (Spanish), Norway (Norwegian), Pakistan (Urdu), Palestine (Arabic), Panama
(Spanish), Paraguay (Spanish), Peru (Spanish), Philippines (Cebuano), Philippines (English),
Philippines (Ilocano), Philippines (Ilonggo), Philippines (Tagalog), Poland (Polish), Portugal
(Portuguese), Puerto Rico (Spanish), Qatar (Arabic), Romania (Romanian), Russia (Russian),
Saudi Arabia (Arabic), Saudi Arabia (English), Serbia (Serbian), Singapore (Chinese), Singapore
(English), Singapore (Malay), Singapore (Tamil), Slovakia (Slovak), Slovenia (Slovenian), South Africa
(Afrikaans), South Africa (English), South Africa (isixhosa), South Africa (isizulu), South Africa
(Sesotho), South Korea (Korean), Spain (Spanish), Sri Lanka (Sinhala), Sri Lanka (Tamil),
Sweden (Swedish), Switzerland (French), Switzerland (German), Switzerland (Italian), Taiwan
(Chinese), Taiwan (English), Thailand (English), Thailand (Thai), Tunisia (Arabic), Tunisia
(French), Turkey (Turkish), Ukraine (Russian), Ukraine (Ukrainian), United Kingdom (English),
United States (Chinese), United States (English), United States (Spanish), United States
(Vietnamese), Uruguay (Spanish), Venezuela (Spanish), Vietnam (Vietnamese)

Acute Recall Only: United Arab Emirates (Arabic)

SF-36v2 Health Survey with PIQ-6 (Standard Recall)
United States (English)

SF-12v2 Health Survey (Standard and Acute Recall)
Algeria (Arabic), Argentina (Spanish), Australia (English), Austria (German), Belgium (Dutch),
Belgium (French), Bosnia-Herzegovina (Bosnian), Brazil (Portuguese), Bulgaria (Bulgarian),
Canada (English), Canada (French), Chile (Spanish), China (Chinese), Colombia (Spanish),
Croatia (Croatian), Czech Republic (Czech), Denmark (Danish), Dominican Republic (Spanish),
El Salvador (Spanish), Estonia (Estonian), Finland (Finnish), France (French), Germany
(German), Greece (Greek), Guatemala (Spanish), Honduras (Spanish), Hong Kong (Chinese),
Hong Kong (English), Hungary (Hungarian), Iceland (Icelandic), India (Bengali), India (English), India
(Gujarati), India (Hindi), India (Kannada), India (Malayalam), India (Marathi), India (Odia), India
(Punjabi), India (Tamil), India (Telugu), India (Urdu), Israel (Arabic), Israel (English), Israel
(Hebrew), Israel (Russian), Italy (Italian), Japan (Japanese), Kazakhstan (Kazakh), Kazakhstan
(Russian), Latvia (Latvian), Latvia (Russian), Lithuania (Lithuanian), Lithuania (Russian), Malaysia
(Chinese), Malaysia (English), Malaysia (Malay), Malaysia (Tamil), Mexico (Spanish), Morocco
(Arabic), Morocco (French), Netherlands (Dutch), New Zealand (English), Norway (Norwegian),
Pakistan (Urdu), Panama (Spanish), Peru (Spanish), Philippines (Cebuano), Philippines (English),
Philippines (Tagalog), Poland (Polish), Portugal (Portuguese), Puerto Rico (Spanish), Romania
(Romanian), Russia (Russian), Serbia (Serbian), Singapore (Chinese), Singapore (English),
Singapore (Malay), Singapore (Tamil), Slovakia (Slovak), Slovenia (Slovenian), South Africa
(Afrikaans), South Africa (English), South Africa (isixhosa), South Africa (isizulu), South Africa
(Sesotho), South Korea (Korean), Spain (Spanish), Sweden (Swedish), Switzerland (French),
Switzerland (German), Switzerland (Italian), Taiwan (Chinese), Thailand (English), Thailand (Thai),
Tunisia (Arabic), Tunisia (French), Turkey (Turkish), Ukraine (Russian), Ukraine (Ukrainian),
United Kingdom (English), United States (Chinese), United States (English), United States
(Spanish), United States (Vietnamese), Uruguay (Spanish), Venezuela (Spanish)

Standard Recall Only: Nicaragua (Spanish)
Acute Recall Only: Indonesia (Bahasa)

SF-12v2 Health Survey-SET (Standard Recall)
United States (English), United States (Spanish)

SF-12v2 Health Survey-MH Enhanced (Standard and Acute Recall)
United States (English), United States (Spanish)

Standard Recall Only: Austria (German), Canada (English), Canada (French), Chile (Spanish),
Denmark (Danish), Guatemala (Spanish), Mexico (Spanish), Peru (Spanish)
Acute Recall Only: Belgium (Dutch), Belgium (French), Bulgaria (Bulgarian), France (French),
Germany (German), Italy (Italian), Netherlands (Dutch), Romania (Romanian), Russia (Russian),
Spain (Spanish), United Kingdom (English)
Appendix B
Available Survey Translations (Continued)

**SF-12v2 Health Survey with PIQ-6**
United States (English)

**SF-8 Health Survey** (Standard and Acute Recall)
Australia (English), Austria (German), Belgium (Dutch), Belgium (French), Brazil (Portuguese), Canada (English), Canada (French), Chile (Spanish), China (Chinese), Czech Republic (Czech), Denmark (Danish), Finland (Finnish), France (French), Germany (German), Hong Kong (Chinese), Hungary (Hungarian), Israel (Hebrew), Italy (Italian), Japan (Japanese), Netherlands (Dutch), New Zealand (English), Norway (Norwegian), Poland (Polish), Portugal (Portuguese), Romania (Romanian), Russia (Russian), Singapore (Malay), Slovakia (Slovak), South Africa (Afrikaans), South Africa (English), Spain (Spanish), Sweden (Swedish), Taiwan (Chinese), United Kingdom (English), United States (English), United States (Spanish)

Standard Recall Only: Argentina (Spanish), Mexico (Spanish), Philippines (Tagalog), Singapore (Chinese), South Korea (Korean), Switzerland (German), United States (Chinese)

24-Hour Recall: Argentina (Spanish), Australia (English), Austria (German), Belgium (Dutch), Belgium (French), Brazil (Portuguese), Canada (English), Canada (French), Chile (Spanish), China (Chinese), Czech Republic (Czech), Denmark (Danish), Finland (Finnish), France (French), Germany (German), Hong Kong (Chinese), Hungary (Hungarian), Israel (Hebrew), Italy (Italian), Japan (Japanese), Netherlands (Dutch), New Zealand (English), Norway (Norwegian), Poland (Polish), Portugal (Portuguese), Romania (Romanian), Russia (Russian), Singapore (Malay), Slovakia (Slovak), South Africa (English), Spain (Spanish), Sweden (Swedish), Taiwan (Chinese), United Kingdom (English), United States (English), United States (Spanish)

**Other Generic Health Surveys**

**Medical Outcomes Study Cognitive Functioning Scale** (MOS COG)
Argentina (Spanish), Australia (English), Belgium (Dutch), Belgium (French), Brazil (Portuguese), Bulgaria (Bulgarian), Canada (English), Canada (French), Chile (Spanish), Colombia (Spanish), Croatia (Croatian), Czech Republic (Czech), Denmark (Danish), Estonia (Estonian), Finland (Finnish), France (French), Germany (German), Greece (Greek), Hungary (Hungarian), India (Bengali), India (English), India (Gujarati), India (Hindi), India (Kannada), India (Malayalam), India (Marathi), India (Orya), India (Punjabi), India (Tamil), India (Telugu), India (Urdu), Indonesia (Indonesian), Israel (Arabic), Israel (Hebrew), Italy (Italian), Lithuania (Lithuanian), Malaysia (Chinese), Malaysia (Malay), Malaysia (Tamil), Mexico (Spanish), Netherlands (Dutch), New Zealand (English), Norway (Norwegian), Peru (Spanish), Philippines (Filipino), Philippines (Cebuano), Poland (Polish), Portugal (Portuguese), Romania (Romanian), Russia (Russian), Serbia (Serbian), Slovakia (Slovak), Slovenia (Slovenian), South Korea (Korean), Spain (Spanish), Sweden (Swedish), Switzerland (French), Switzerland (German), Ukraine (Russian), Ukraine (Ukrainian), United Kingdom (English), United States (English), United States (Spanish)

**Medical Outcomes Study Cognitive Functioning Scale–Revised** (MOS COG–R) (Standard Recall)
United States (English), United States (Spanish)

**Medical Outcomes Study Sleep Scale**
(MOS Sleep Scale 12-Item Version – Standard and Acute Recall)
Argentina (Spanish), Australia (English), Austria (German), Belgium (Dutch), Belgium (French), Brazil (Portuguese), Bulgaria (Bulgarian), Canada (English), Canada (French), China (Chinese), Colombia (Spanish), Costa Rica (Spanish), Croatia (Croatian), Czech Republic (Czech), Denmark (Danish), Dominican Republic (Spanish), El Salvador (Spanish), Finland (Finnish), France (French), Germany (German), Greece (Greek), Guatemala (Spanish), India (English), India (Hindi), India (Kannada), India (Marathi), India (Punjabi), India (Tamil), India (Telugu), India–Pakistan (Urdu), Italy (Italian), Japan (Japanese), Malaysia (Malay), Mexico (Spanish), Netherlands (Dutch), Norway (Norwegian), Peru (Spanish), Philippines (Tagalog), Poland (Polish), Portugal (Portuguese), Puerto Rico (Spanish), Romania (Romanian), Russia (Russian), Serbia (Serbian), South Africa (Afrikaans), South Africa (English), South Korea (Korean), Spain (Spanish), Sweden (Swedish), Switzerland (French), Switzerland (German), Switzerland (Italian), Taiwan (Chinese), Ukraine (Russian), Ukraine (Ukrainian), United Kingdom (English), United States (English), United States (Spanish), Venezuela (Spanish)

Standard Recall Only: Chile (Spanish), Ecuador (Spanish), Estonia (Estonian), Estonia (Russian), Finland (Swedish), Hong Kong (Chinese), Hong Kong (English), Hungary (Hungarian), India (Gujarati), Indonesia (Malay), Israel (Hebrew), Latvia (Latvian), Latvia (Russian), Lebanon (Arabic), Lithuania (Lithuanian), Malaysia (Chinese), New Zealand (English), Philippines (English), Philippines (Spanish), Singapore (Chinese), Singapore (English), Singapore (Malay), Slovakia (Slovak), Slovenia (Slovenian), Thailand (Thai), Turkey (Turkish)

Acute Recall Only: India (Malayalam), Latin America (Spanish), UK-Ireland (English)

**Medical Outcomes Study Sleep Scale** (MOS Sleep Scale 6-Item Version)
Standard Recall: Belgium (Dutch), Belgium (French), Bulgaria (Bulgarian), Canada (English), Croatia (Croatian), Czech Republic (Czech), Denmark (Danish), Estonia (Estonian), Finland (Finnish), France (French), Germany (German), Hungary (Hungarian), India (Gujarati), India (Hindi), India (Malayalam), Lithuania (Lithuanian), Russia (Russian), Serbia (Serbian), Slovakia (Slovak), South Korea (Korean), United States (English)

Acute Recall: Canada (English), Canada (French), India (Hindi), India (Kannada), India (Marathi), United States (English), United States (Spanish)
Medical Outcomes Study Sleep Scale–Revised
(MOS Sleep–R 12-Item Version – Standard and Acute Recall)
Argentina (Spanish), Australia (English), Austria (German), Belgium (French), Denmark (Danish),
Finland (Finnish), France (French), Germany (German), India (Bengali), India (English), India
(Gujarati), India (Hindi), India (Kannada), India (Malayalam), India (Marathi), India (Punjabi), India
(Tamil), India (Telugu), India (Urdu), Israel (Hebrew), Japan (Japanese), Mexico (Spanish),
Netherlands (Dutch), New Zealand (English), Peru (Spanish), Singapore (Chinese), South Africa
(Afrikaans), South Africa (English), South Korea (Korean), Sri Lanka (Sinhala), Sri Lanka (Tamil),
Taiwan (Chinese), Ukraine (Russian), United Kingdom (English), United States (English), United
States (Spanish)
Standard Recall Only: Belgium (Dutch), Brazil (Portuguese), Bulgaria (Bulgarian), Canada
(English), Canada (French), Chile (Spanish), Czech Republic (Czech), Estonia (Estonian), Estonia
(Russian), Finland (Swedish), Hungary (Hungarian), Italy (Italian), Latvia (Latvian), Latvia
(Russian), Lithuania (Lithuanian), Norway (Norwegian), Poland (Polish), Portugal (Portuguese),
Puerto Rico (Spanish), Romania (Romanian), Russia (Russian), Serbia (Serbian), Slovakia
(Slovak), Spain (Spanish), Sweden (Swedish), Ukraine (Ukrainian)
Acute Recall Only: Colombia (Spanish)

Medical Outcomes Study Sleep Scale–Revised
(MOS Sleep–R 6-Item Version – Standard and Acute Recall)
Argentina (Spanish), France (French), India (Bengali), India (Urdu), Israel (Hebrew), Japan
(Japanese), Netherlands (Dutch), Singapore (Chinese), South Korea (Korean), Sri Lanka
(Sinhala), Sri Lanka (Tamil), Taiwan (Chinese), United Kingdom (English), United States (English)
Standard Recall Only: Austria (German), Germany (German), Italy (Italian), Spain (Spanish)

Pain Impact Questionnaire (PIQ-6) (Standard Recall)
United States (English)

Disease-specific Health Surveys

Asthma Control Test (ACT) (Standard Recall)
Brazil (Portuguese), Bulgaria (Bulgarian), Czech Republic (Czech), Denmark (Danish), France
(French), Germany (German), Greece (Greek), Hungary (Hungarian), Italy (Italian), Netherlands
(Dutch), Poland (Polish), Russia (Russian), Slovakia (Slovak), Spain (Spanish), Ukraine
(Ukrainian), United Kingdom (English), United States (English), United States (Spanish)

Asthma Impact Survey (AIS-6) (Standard Recall)
United States (English), United States (Spanish)

Headache Impact Test (HIT-6) (Standard Recall)
Belgium (Dutch), Belgium (French), Brazil (Portuguese), Canada (French), Croatia (Croatian),
Czech Republic (Czech), Denmark (Danish), Finland (Finnish), France (French), Germany
(German), Greece (Greek), Hungary (Hungarian), Iceland (Icelandic), Israel (Hebrew), Italy
(Italian), Lithuania (Lithuanian), Mexico (Spanish), Netherlands (Dutch), Norway (Norwegian),
Poland (Polish), Saudi Arabia (Arabic), Slovakia (Slovak), Slovenia (Slovenian), South Africa
(Afrikaans), Spain (Spanish), Sweden (Swedish), Turkey (Turkish), United Kingdom (English),
United States (English), United States (Spanish)

Hepatitis Quality of Life Questionnaire Version 2 (HQLQv2) (Standard Recall)
Germany (German), Hungary (Hungarian), Japan (Japanese), Poland (Polish), South Korea
(Korean), Spain (Spanish), Turkey (Turkish), United States (English), United States (Spanish)

Rhinitis Impact Survey (RIS-6) (Standard Recall)
United States (English)

Dynamic Health Surveys

DYNHA SF-36 Health Survey
United States (English)

DYNHA Headache Impact Test
United States (English)

DYNHA Osteoarthritis Impact Survey
United States (English)

DYNHA Rheumatoid Arthritis Impact Survey
United States (English)

Pediatric Health Surveys

SF-10 Health Survey for Children (SF-10)
Australia (English), Belgium (Dutch), Belgium (French), Canada (English), Canada (French),
France (French), Germany (German), Greece (Greek), Hungary (Hungarian), Italy (Italian), Japan
(Japanese), Netherlands (Dutch), Portugal (Portuguese), Spain (Spanish), Sweden (Swedish),
United Kingdom (English), United States (English), United States (Spanish)

Pediatric Asthma Impact Survey (PAIS-6)
United States (English)
Important Note:
The purpose of this catalog is to provide a brief introduction to QualityMetric’s products and services. Because of the diversity of our customers – and their unique uses for our tools – we take a personal approach to customer service.

If you would like to place an order or learn more about what we do, please visit the Contact Us page on our website: www.QualityMetric.com/contact. Here you will find a list of Account Executives assigned to particular markets. Simply find your market and contact your Account Executive.

All use of QualityMetric health surveys, scoring algorithms, translations, and benchmarking data requires a signed license agreement. The licensing fee depends on the survey, number of survey administrations, scoring option used, and other considerations.