

DEW	<b>DRY EYE: DIAGNOSTIC TEST TEMPLATE</b>	
<b>RAPPORTEUR</b>	Carolyn Begley	31 <sup>st</sup> March 2006
<b>TEST</b>	Medical Outcomes Study Short Form-36 Health Survey (SF-36)	
<b>TO DIAGNOSE</b>	The SF-36 is a <b>general</b> measure of health status.	Ware, 1993
<b>VERSION of TEST</b>	Version 2.0 (SF-36v2)	Information and licensing are available at <a href="http://www.sf-36.org/">http://www.sf-36.org/</a> . There is no fee for usage.
<b>DESCRIPTION</b>	The SF-36 is a multipurpose, 36-item survey that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. It yields scale scores for each of these eight health domains, and two summary measures of physical and mental health: the Physical Component Summary (PCS) and Mental Component Summary (MCS). The SF-36 has been used in over 5000 published studies. It is a generic measure, as opposed to one that targets a specific age, disease, or treatment group. Its use is monitored on <a href="http://www.sf-36.org/">http://www.sf-36.org/</a> . It has been recently updated to include new norms. Low scores indicate poor health and functioning, while higher scores indicate better health.	Ware 1993; Ware et al. 2000; Ware and Kosinski 2001.
<b>NATURE of STUDY</b>	The impact of dry eye on quality of life was measured and the discriminant ability of the IDEEL, SF-36 and EQ-5D questionnaires were compared. There were 210 subjects in the study, 162 with dry eye and 48 controls	Abetz et al. 2003; Mertzanis et al. 2004; Rajagopalan et al, 2005.
<b>CONDUCT of TEST</b>	The SF-36 is suitable for self-administration, computerized administration, telephone voice recognition interactive systems, or administration by a trained interviewer in person or by telephone, to persons age 14 and older.	
<b>RESULTS of STUDY</b>	Dry eye impacts a range of daily activities. When the SF-36 was compared to the IDEEL and EQ-5D, it discriminated relatively poorly between dry eye severity levels, compared to the IDEEL.	Rajagopalan et al. 2005; Abetz et al. 2003; Mertzanis et al. 2004.
<b>Web Video</b>	NA	
<b>Materials:</b>	questionnaire	
<b>Variations of technique</b>	none	
<b>Standardization</b>	Time of day [ x ] Temperature [ ] Humidity [ ] Air speed [ ] Illumination [ ] Other:[ ]	
<b>Diagnostic value</b>	The SF-36 discriminated poorly between mild, moderate, and severe dry eye subtypes compared to the IDEEL.	Rajagopalan et al, 2005
<b>Repeatability</b>	Intra-observer agreement. [N/A] Inter-observer agreement. [N/A]	
<b>Sensitivity</b>	Results for dry eye subjects were given as <i>F</i> and	Rajagopalan et al, 2005

	<i>P</i> values for discriminative validity. The SF-36 performed poorly compared to the IDEEL for most scales, although differences were statistically significant.	
<b>Specificity</b>	<b>See above (sensitivity)</b>	
<b>Test problems</b>	none	

## References

Rajagopalan K, Abetz L, Mertzanis P, Espindle D, Begley C, Chalmers R, Caffery B, Snyder C, Nelson J D, Simpson T, Edrington T. Comparing the discriminative validity of two generic and one disease-specific health-related quality of life measures in a sample of patients with dry eye. *Value Health* 2005; 8(2):168-74.

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Ware JE, Kosinski M. *SF-36 Physical and Mental Health Summary Scales: A Manual for Users of Version 1*, Second Edition. Lincoln, RI: QualityMetric Incorporated, 2001.

Ware JE, Kosinski M, Dewey JE. *How to score version two of the SF-36 Health Survey*. Lincoln, RI: QualityMetric, Incorporated, 2000.

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