# Summary table reporting evidence of Construct Validity using Known Groups for OMERACT Filter 2.3

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| **Study Reference**  (Author, Year) | **Brief sample description**  (i.e., n = , type of patient for this analysis) | **Instrument version**  (if needed) | **Brief description of study design/ methods\*** | **Differences in scores across groups known to be different** | | | |
| **A priori hypotheses of differences between the groups** | **Results** | **Hypothesis Confirmed (yes/no)** | **Overall rating of the study** |
| ***EXAMPLE*** | | | | | | | |
| *EXAMPLE (adapted from Leung 2021)*  *Leung 2020* | *414 patients with  >= 2 years duration of PsA* | *HAQ-DI* | *prospective longitudinal observational study in 14 countries* | *Patients with defined remission will have lower HAQ-DI scores than non-remission patients* | * *Patients in REM had lower HAQ-DI than non-REM (0.27 vs 0.73, p<0.001)* | *yes* | *(+) 100% of hypothesized differences between known groups achieved* |
| *Patients with low disease activity (LDA) will have lower HAQ-DI scores than non-LDA patients* | *Patients in LDA had lower HAQ-DI than non-LDA (0.44 vs 0.93, p<0.001)* | yes |
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*\*Greater detail on study design & methods can be provided in the table, ‘Description of studies in general’*

**References contributing to reporting of this Construct Validity table:**

*Lohr KN. Assessing health status and quality-of- life instruments: attributes and review criteria. Quality of Life Research. 2002 May 1;11(3):193-205.*

*Boers M, Kirwan JR, Tugwell P, et al. The OMERACT Handbook Published by OMERACT: https://omeracthandbook.org/handbook*

*Reeve BB et al. ISOQOL recommends minimum standards for patient-reported outcome measures used in patient-centered outcomes and comparative effectiveness research. Qual Life Res 2013;22:1889-1905.*

*(Example adapted from: Leung et al. HAQ-DI and the SF-36 Physical Functioning subscale provisionally endorsed as outcome measurement instruments of the physical function domain in psoriatic arthritis using OMERACT Filter 2.1 methodology. 2021 Seminars in Arthritis and Rheumatism)*