# Systematic Review of the Impact of a One-Day Versus Seven-Day Recall Period on Domains from the EQ-5D and EQ-HWB Instruments

**Protocol Development**

February 2021

## 1.2. Prospero Template

*Accessed from:* <https://www.crd.york.ac.uk/PROSPERO/documents/PROSPERO%20registration%20form.pdf>

|  |  |
| --- | --- |
| **Review title and timescale** | |
| **1** | **Review title**  Give the working title of the review. This must be in English. Ideally it should state succinctly the interventions or exposures being reviewed and the associated health or social problem being addressed in the review.  Systematic Review of the Impact of a One Day Versus A Seven-Day Recall Period on Domains from the EQ-5D and EQ-HWB Instruments |
| **2** | **Original language title**  For reviews in languages other than English, this field should be used to enter the title in the language of the review. This will be displayed together with the English language title.  N/A |
| **3** | **Anticipated or actual start date**  Give the date when the systematic review commenced, or is expected to commence.  1 February 2021 |
| **4** | **Anticipated completion date**  Give the date by which the review is expected to be completed.  1 June 2021 |
| **5** | **Stage of review at time of this submission**  Indicate the stage of progress of the review by ticking the relevant boxes. Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. This field should be updated when any amendments are made to a published record. |
|  | |  |  |  | | --- | --- | --- | | Review stage | Started | Completed | | Preliminary searches | Yes | No | | Piloting of the study selection process | No | No | | Formal screening of search results against eligibility criteria | No | No | | Data extraction | No | No | | Risk of bias (quality) assessment | No | No | | Data analysis | No | No | |
|  | Provide any other relevant information about the stage of the review here.  Funded proposal, protocol not yet finalised |
| **Review team details** | |
| **6** | **Named contact**  The named contact acts as the guarantor for the accuracy of the information presented in the register record.  Dr Tessa Peasgood |
| **7** | **Named contact email**  Enter the electronic mail address of the named contact.  Tessa.peasgood@unimelb.edu.au |
| **8** | **Named contact address**  Enter the full postal address for the named contact.  Health Economics Unit, Melbourne School of Population & Global Health  04, 448A, 207-221 Bouverie St., Parkville, Melbourne, VIC, 3052 |
| **9** | **Named contact phone number**  Enter the telephone number for the named contact, including international dialing code.  +61383440649 |
| **10** | **Organisational affiliation of the review**  Full title of the organisational affiliations for this review, and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.  EuroQoL Research Foundation, |
| **11** | **Review team members and their organisational affiliations**  Give the title, first name and last name of all members of the team working directly on the review. Give the organisational affiliations of each member of the review team. |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Title** | **First name** | **Last name** | **Affiliation** | **Email** | | Dr | Tessa | Peasgood | University of Melbourne | [Tessa.peasgood@unimelb.edu.au](mailto:Tessa.peasgood@unimelb.edu.au) | | Dr | Clara | Mukuria | University of Sheffield | c.mukuria@sheffield.ac.uk | | Ms | Julia | Caruana | University of Melbourne | [jumcar@student.unimelb.edu.au](mailto:jumcar@student.unimelb.edu.au) | |
|  |  |
| **12** | **Funding sources/sponsors**  Give details of the individuals, organizations, groups or other legal entities who take responsibility for initiating, managing, sponsoring and/or financing the review. Any unique identification numbers assigned to the review by the individuals or bodies listed should be included.  This systematic review was funded by the EuroQoL group, grant number: EQ Project 224-2020RA |
| **13** | **Conflicts of interest**  List any conditions that could lead to actual or perceived undue influence on judgements concerning the main topic investigated in the review.  No conflicts of interest to declare. |
| **14** | **Collaborators**  Give the name, affiliation and role of any individuals or organisations who are working on the review but who are not listed as review team members. |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Title** | **First name** | **Last name** | **Affiliation** | | Dr | Li | Huang | University of Melbourne | |  |  |  |  |     **Review methods** | |
| **15** | Review question(s)  State the question(s) to be addressed / review objectives. Please complete a separate box for each question.  PRIMARY RQ:  What is the impact of a one day versus seven-day recall period on self-reported health and quality of life/wellbeing? |
|  | SUBQUESTION 1  What is the current evidence on whether recall periods differentially impact results for various patient or clinical groups? For example, does recall period have a differential impact on chronic versus acute conditions and which is the most appropriate recall period in relation to different health conditions? |
|  | SUBQUESTION 2  What is the current evidence on whether recall periods differentially impact results for different domains of the instruments? For example, is the word/concept ‘pain’ or ‘usual activity’ interpreted differently when framed over 7 days rather than 1 day? |
|  | SUBQUESTION 3  What is the current evidence on whether recall periods differentially impact results for: different response options (severity, frequency, difficulty)? For example, does framing a question as using a severity response option (e.g. I felt severely depressed) interact with the timeframe in a different way compared to when asked using a frequency response option (e.g. I felt depressed most of the time)? |
|  | SUBQUESTION 4  What is the current evidence on whether recall periods differentially impact results for different presentation of the domain in relation to whether it is positively or negatively framed in the item (e.g. a question asking about vitality versus fatigue, or anxious versus calm)? |
| **16** | **Searches**  Give details of the sources to be searched, and any restrictions (e.g. language or publication period). The full search strategy is not required, but may be supplied as a link or attachment.  Eight Databases: Medline/Pubmed, EMBASE, PsychINFO, Web of Science, Econlit, CINAHL, Cochrane Library, and Sociological Abstracts.  Databases: OVID: EMBase, Medline, Psychlit  Limit: English language  Hits: 848 returns. 10 out of 13 pearl papers.  Database: Embase Classic+Embase <1947 to 2021 February 19>, Ovid MEDLINE(R) ALL <1946 to February 19, 2021>, APA PsycInfo <1806 to February Week 3 2021>  Search Strategy:  --------------------------------------------------------------------------------  1 (Patient\* adj4 (report\* or respon\* or recall\* or rating\* or rate\* or state\* or survey\* or questionnaire\* or self-report\*)).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (1906761)  2 (proms or patient reported outcome measures or patient-reported outcome measures or patient reported outcome\* or eq or euroqol or euro qol or euroqual or euro qual or eq5d or eq 5d or eq-5d or eq-5d or eqfived or eq fived or eq-fived or eq-fived or eqfivedimension or eq five dimension or eq-five dimension or eq-five dimension or euroqol-5D or euro qol-5D or euroqual-5D or euro qual-5D or euroqol-5dimension or euro qol-5dimension or euroqual-5dimension or euro qual-5dimension or sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six or sf6\* or sf-6\* or sf 6\* or short form 6\* or shortform 6\* or sf six\* or sfsix\* or shortform six\* or short form six\* or shortform6\* or short form6\* or sf12\* or sf-12\* or sf 12\* or short form 12\* or shortform 12\* or sf twelve\* or sftwelve\* or shortform twelve\* or short form twelve\* or shortformtwelve\* or short form12\* or aqol or assessment of quality of life or aqol-8D or assessment of quality of life-8D or aqol - eight dimensions or assessment of quality of life - eight dimensions or aqol - 8 dimensions or assessment of quality of life - 8 dimensions or aqol-7D or assessment of quality of life-7D or aqol - seven dimensions or assessment of quality of life - seven dimensions or aqol - 7 dimensions or assessment of quality of life - 7 dimensions or aqol-6D or assessment of quality of life-6D or aqol - six dimensions or assessment of quality of life - six dimensions or aqol - 6 dimensions or assessment of quality of life - 6 dimensions or aqol-4D or assessment of quality of life-4D or aqol - four dimensions or assessment of quality of life - four dimensions or aqol - 4 dimensions or assessment of quality of life - 4 dimensions or promis29 or promis 29 or promis-29 or patient-reported outcomes measurement information system or patient reported outcomes measurement information system or promis twentynine or promistwentynine or promistwenty nine or promis twenty nine or promis twenty-nine or health utilities index or healthutilitiesindex or healthutilities index or health utilitiesindex or health utilities index 1 or healthutilitiesindex 1 or health utilities index1 or healthutilitiesindex1 or healthutilities index 1 or health utilitiesindex 1 or health utilities index one or healthutilitiesindex one or healthutilities index one or health utilitiesindex one or health utilities index 2 or healthutilitiesindex 2 or health utilities index2 or healthutilitiesindex2 or healthutilities index 2 or health utilitiesindex 2 or health utilities index two or healthutilitiesindex two or healthutilities index two or health utilitiesindex two or health utilities index 3 or healthutilitiesindex 3 or health utilities index3 or healthutilitiesindex3 or healthutilities index 3 or health utilitiesindex 3 or health utilities index three or healthutilitiesindex three or healthutilities index three or health utilitiesindex three or hui or hui1 or hui2 or hui3 or health utilities index or healthutilitiesindex or health quality of life or health related quality of life or health-related quality of life or hql or hqol or h qol or hrqol or hr qol).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (321608)  3 1 or 2 (2110898)  4 (Recall adj4 (duration or time or timing or hour\* or day\* or period\* or interval\* or referenc\* or week\* or frame\*)).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (20638)  5 3 and 4 (2264)  6 limit 5 to (article-in-press status or embase status or in-process status) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher,APA PsycInfo; records were retained] (1439)  7 remove duplicates from 6 (848)  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  *Inclusion*: Papers in English; Peer reviewed papers, Papers which explore the impact of recall period on self-report (or proxy) of domains within EQ-HWB (25 item) and EQ-5D either quantitatively or qualitatively; Papers which include empirical work on the time period comparison based on a short time scale (e.g. a single day or less, now, today, 24 hours) versus a time period of up to 1 week.  *Exclusion*: Papers which do not include a time period comparison; papers which only include empirical comparisons or discussions of time periods greater than 1 week; papers in which comparisons are based on clinical, professional report only; papers which explore recall period for children (<18) only.  *Study selection:* Papers will be screened using a two-step process, with titles and abstracts screened first followed by screening of full papers. One reviewer (JC) will conduct the initial screen. A sample (20%) of screening at title/abstract and at full paper level (20%) will be screened (blind) by another reviewer (TP). Disagreements will be discussed with a third reviewer (CM). Records will be stored in Endnote or equivalent. Screening decisions will be stored using Endnote or equivalent. |
| **17** | **URL to search strategy**  If you have one, give the link to your search strategy here. Alternatively you can e-mail this to PROSPERO and we will store and link to it.  I give permission for this file to be made publicly available. |
| **18** | **Condition or domain being studied**  Give a short description of the disease, condition or healthcare domain being studied. This could include health and wellbeing outcomes.  Patient-Reported Outcome Measures (PROMs) – Health State Valuation. |
| **19** | **Participants/population**  Give summary criteria for the participants or populations being studied by the review. The preferred format includes details of both inclusion and exclusion criteria.    Not specific to particular clinical populations. |
| **20** | **Intervention(s), exposure(s)**  Give full and clear descriptions of the nature of the interventions or the exposures to be reviewed    N/A |
| **21** | **Comparator(s)/control**  Where relevant, give details of the alternatives against which the main subject/topic of the review will be compared (e.g. another intervention or a non-exposed control group).  Daily (“last day”, “last 24 hours”) vs Weekly (“last week”, “last seven days”)  The focus of the literature review will be on comparisons between daily reports (framed as today or the last 24 hours) and weekly reports (framed as 1 week and 7 days) aligning with the EQ-HWB and EQ-5D timeframes. |
| **22** | **Types of study to be included**  Give details of the study designs to be included in the review. If there are no restrictions on the types of study design eligible for inclusion, this should be stated.  Inclusion criteria:  (1) Written in English,  (2) Published in: peer-reviewed journals  (3) Study types: experimental studies  (4) Focus of study: Adults over 18 years of age without cognitive impairments  Exclusion criteria:  (1) Written in any language other than English,  (2) Publication types: thesis, conference presentations, abstracts  (3) Studies which do not collect or analyse data, qualitative studies, studies that conduct secondary analyses on data already included  (4) Focus of study: Children/ people with cognitive impairment |
| **23** | **Context**  Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria. |
| **24** | **Primary outcome(s)**  Give the most important outcomes.  Self-reported health state.  Give information on timing and effect measures, as appropriate. |
| **25** | **Secondary outcomes**  List any additional outcomes that will be addressed. If there are no secondary outcomes enter None.  Methodological overview and critique of techniques used in this area (e.g., effect of repeated self-reported health state measurement influencing outcomes).  Synthesise areas of suggested future research. |
|  | Give information on timing and effect measures, as appropriate. |
| **26** | **Data extraction (selection and coding)**  Give the procedure for selecting studies for the review and extracting data, including the number of researchers involved and how discrepancies will be resolved. List the data to be extracted.  Data extraction parameters will be determined by Tessa Peasgood, Clara Mukuria, and Julia Caruana.  Data extraction will be performed by Julia Caruana.  Data from eligible studies will be extracted into standardized, piloted form. Data will include:   * Year of data collection * Research aim * Country * Sample Size * Sample: demographic characteristics * Sample: clinical characteristics * Sample: clinical context (?) -- recruitment/ treatment context? * Questionnaire measure: name * Questionnaire measure: instrument domain (e.g. pain vs usual activity) * Questionnaire measure: response options (e.g. severity, frequency, difficulty) * Questionnaire measure: framing (e.g. positive/ negative) * Time wording: e.g “last day”/ “24 hrs”, “week”/”last 7 days” * Study design (including what is controlled for) * Data analysis method * Summary of findings * Quality flag relating to sample size concerns or use of students * Quality checklists - psychometric properties \*\* have a look in psychology studies - otherwise we will argue there isn’t one! * Author perceived limitations   Data extraction for qualitative studies will use a separate data extraction form (on excel) which will include:   * Year of data collection * Research aim * Country * Sample (who was asked and when – including sample size and categorization: public, representative public, decision makers) * Methodology: interview/ focus group/ think-aloud/ parallel to quantitative research etc. * Time wording: e.g “last day”/ “24 hrs”, “week”/”last 7 days” * Key findings including relevant direct quotes * Author perceived limitations |
| **27** | **Risk of bias (quality) assessment**  State whether and how risk of bias will be assessed, how the quality of individual studies will be assessed, and whether and how this will influence the planned synthesis.  There is no available quality assessment checklist which would be relevant to apply to identified studies. Consequently, a light touch checklist will be developed. This will be refined at the initial stages of the review and will include the appropriate use of statistical tests and any notable framing effects. |
| **28** | **Strategy for data synthesis**  Give the planned general approach to be used, for example whether the data to be used will be aggregate or at the level of individual participants, and whether a quantitative or narrative (descriptive) synthesis is planned. Where appropriate a brief outline of analytic approach should be given.  Results will be summarized in a narrative form. Particular attention will be paid to findings which will support understanding of comparisons between EQ-5D and other instruments and highlight any gaps in research knowledge which would benefit from future data collection/analysis. |
| **29** | **Analysis of subgroups or subsets**  Give any planned exploration of subgroups or subsets within the review. ‘None planned’ is a valid response if no subgroup analyses are planned.  Distinct clinical groups with highly variable symptom profiles (e.g., asthma, mental health conditions) |
| **Review general information** | |
| **30** | **Type and method of review**  Select the type of review and the review method from the drop-down list.  Systematic Review |
| **31** | **Language**  Select the language(s) in which the review is being written and will be made available, from the drop down list. Use the control key to select more than one language.  English  Will a summary/abstract be made available in English? Yes |
| **32** | **Country**  Select the country in which the review is being carried out from the drop down list. For multi-national collaborations select all the countries involved. Use the control key to select more than one country.  Australia |
| **33** | **Other registration details**  Give the name of any organisation where the systematic review title or protocol is registered together with any unique identification number assigned. If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here.  N/A |
| **34** | **Reference and/or URL for published protocol**  Give the citation for the published protocol, if there is one.  Give the link to the published protocol, if there is one. This may be to an external site or to a protocol deposited with CRD in pdf format.  Protocol not published.  I give permission for this file to be made publicly available |
| **35** | **Dissemination plans**  Give brief details of plans for communicating essential messages from the review to the appropriate audiences.  Publication in peer-reviewed journal, conference (poster/ presentation)  Do you intend to publish the review on completion? Yes |
| **36** | **Keywords**  Give words or phrases that best describe the review. (One word per box, create a new box for each term)  Patient Reported Outcome Measures  Health State Valuation  EQ-5D  EQ-HWB |
| **37** | **Details of any existing review of the same topic by the same authors**  Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible.  N/A |
| **38** | **Current review status**  Review status should be updated when the review is completed and when it is published.  TBC |
| **39** | **Any additional information**  Provide any further information the review team consider relevant to the registration of the review.  N/A |
| **40** | **Details of final report/publication(s)**  This field should be left empty until details of the completed review are available.  TBC  Give the full citation for the final report or publication of the systematic review.  Give the URL of the publication where available. |

**2. Search Strategy**

## 2.1 Search Strategy Overview

### 2.1.1. Pearl Papers

13 “pearls'' were identified as starting points (Schlosser et al, 2006), to provide the initial list of key words. Papers were chosen to reflect the range of known research methods applied in this area.

**Table 1:** Pearls or key papers (Obtained from grant bid document)

|  |  |
| --- | --- |
| Reference | Key Words |
| Bansback, N. (2008). Impact of the Recall Period on Measuring Health Utilities for Acute Events. *Health Economics, 17*(12), 1413-1419. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ecn&AN=1015970&site=eds-live&scope=site&custid=s2775460> | Health utilities,  Recall |
| Bennett, A. V., Patrick, D. L., Bushnell, D. M., Chiou, C. F., & Diehr, P. (2011). Comparison of 7-day and repeated 24-h recall of type 2 diabetes. *Quality of Life Research, 20*(5), 769-777. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsjsr&AN=edsjsr.41488132&site=eds-live&scope=site&custid=s2775460> | Questionnaires,  Mental recall,  Validation studies,  Signs & Symptoms |
| Bennett, A. V., Patrick, D. L., Lymp, J. F., Edwards, T. C., & Goss, C. H. (2010). Comparison of 7-day and repeated 24-hour recall of symptoms of cystic fibrosis. *Journal of Cystic Fibrosis, 9*(6), 419-424. doi:10.1016/j.jcf.2010.08.008 | Questionnaires,  Mental Recall,  Validation studies,  Signs & symptoms |
| Broderick Joan, E., Schneider, S., Schwartz Joseph, E., & Stone Arthur, A. (2010). Interference with activities due to pain and fatigue: accuracy of ratings across different reporting periods. *Quality of Life Research, 19*(8), 1163-1170. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsjsr&AN=edsjsr.40927752&site=eds-live&scope=site&custid=s2775460> | Pain,  Fatigue,  Momentary assessment,  Quality of Life,  Patient Reported Outcomes |
| Cicely, K., Emily, J. L., Charlotte, E. K., Helen, T. S., James, A. C., Karissa, J., . . . Andrew, J. L. (2016). Health-related quality of life in Parkinson's: impact of 'off' time and stated treatment preferences. *Quality of Life Research, 25*(6), 1505-1515. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsjsr&AN=edsjsr.44852897&site=eds-live&scope=site&custid=s2775460> | Health-Related Quality of Life,  EQ-5D Utility, |
| Norquist Josephine, M., Girman, C., Fehnel, S., DeMuro-Mercon, C., & Santanello, N. (2012). Choice of recall period for patient-reported outcome (PRO) measures: criteria for consideration. *Quality of Life Research, 21*(6), 1013-1020. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsjsr&AN=edsjsr.23259999&site=eds-live&scope=site&custid=s2775460> | Patient Reported Outcomes,  Recall Period,  Measurement |
| Sanghera, S., & Coast, J. (2020). Measuring Quality-Adjusted Life-Years When Health Fluctuates. *Value in Health, 23*(3), 343-350. doi:10.1016/j.jval.2019.09.2753 | Fluctuating health, QALYs, Recall,  Timing of Assessment |
| Stone, A. A., Schwartz, J. E., Broderick, J. E., & Shiffman, S. S. (2005). Variability of momentary pain predicts recall of weekly pain: a consequence of the peak (or salience) memory heuristic. *Personality & Social Psychology Bulletin*(10), 1340. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsgea&AN=edsgcl.155870805&site=eds-live&scope=site&custid=s2775460> | EMA,  Peak-End,  Recall,  Pain,  Salience Heuristic |
| Stone Arthur, A., Broderick Joan, E., Schwartz Joseph, E., & Schwarz, N. (2008). Context Effects in Survey Ratings of Health, Symptoms, and Satisfaction. *Medical Care, 46*(7), 662-667. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsjsr&AN=edsjsr.40221720&site=eds-live&scope=site&custid=s2775460> | Context,  Survey,  Reporting Period,  Comparison |
| Stull, D. E., Leidy, N. K., Parasuraman, B., & Chassany, O. (2009). Optimal recall periods for patient-reported outcomes: challenges and potential solutions. In (Vol. 25, pp. 929-942). | Recall Bias,  Patient Recall,  Recall Period,  Recall Interval,  Reference Period,  Timeframe of Reference, |
| Topp, J., Andrees, V., Heesen, C., Augustin, M., & Blome, C. (2019). Recall of health-related quality of life: how does memory affect the SF-6D in patients with psoriasis or multiple sclerosis? A prospective observational study in Germany. In (Vol. 9). |  |
| Walentynowicz, M., Schneider, S., & Stone, A. A. (2018). The effects of time frames on self-report. *PLoS ONE, 13*(8), 1-18. doi:10.1371/journal.pone.0201655 |  |
| Winkielman, P., Knauper, B., & Schwarz, N. (1998). Looking back at anger: reference periods change the interpretation of emotion frequency questions. *Journal of Personality and Social Psychology*(3), 719. Retrieved from<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsgea&AN=edsgcl.21248270&site=eds-live&scope=site&custid=s2775460> |  |

### 2.1.2. MeSH Headings

Check the following MeSH headings:

* ‘Patient Reported Outcome Measures’ a potential MeSH headings
* ‘Quality of Life’

The MeSH headings associated with these papers (key words and titles) will be recorded. These will be supplemented with additional terms based upon the search questions and keywords, titles and abstracts of Pearl papers to generate an initial search strategy.

Filters will be used for language (English) and subjects (human) and a date limit of 1970 to current.

### 2.1.3. Search Strategy Sensitivity

Use key terms and MeSH headings to search one database (Ovid MEDLINE) to test the sensitivity of the draft search strategy by considering whether it returned the Pearl papers. Update search terms where appropriate (balanced against size of number of papers identified).

### 2.1.4. Key Term Identification

**Table 2:** Key Words Table

|  |  |  |  |
| --- | --- | --- | --- |
| *‘Memory’ Terms* | *‘Time’ Terms* | *‘Health’ Terms* | *‘Measurement’ Terms* |
| Recall | Interval | Health | Comparison |
| Mental Recall | Timeframe | Pain | Valid\* |
| Patient Recall | Time | Health Utilities | Utilit\* |
| Report\* | Time\* | Health Utilit\* | EQ-5D Utilities |
| Patient Report\* | Period | Sign(s) | Context |
|  | Timeframe of reference | Symptom(s) | Survey |
|  | Reference Period | Quality of Life | Health Utilit\* |
|  | Reporting Period | QoL | Assessment\* |
|  | Timing of Assessment | Fluctuating Health | Patient Reported Outcome(s) |
|  |  | Health Variability | Questionnaire\* |
|  |  | Variable Health | Bias\* |
|  |  | QALYs | PROMs |
|  |  | Health-Related Quality of Life |  |
|  |  | HRQoL |  |

### 2.1.5. Search Strategy

**Ovid Search Consolidation**

*Databases:*

* Ovid:
  + Medline,
  + EMBASE,
  + PsychINFO,
* Web of Science (Social Sciences Citation Index), Econlit, CINAHL, Cochrane Library, and Sociological Abstracts.
* Grey literature not excluded but will not be explicitly searched.

*Restrictions:*

* Language (English only)

Database: Embase Classic+Embase <1947 to 2021 February 18>, Ovid MEDLINE(R) ALL <1946 to February 18, 2021>, APA PsycInfo <1806 to February Week 2 2021>

Search Strategy:

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1 (Patient\* adj4 (report\* or respon\* or recall\* or rating\* or rate\* or state\* or survey\* or questionnaire\* or self-report\*)).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (1905332)

2 (proms or patient reported outcome measures or patient-reported outcome measures or patient reported outcome\* or eq or euroqol or euro qol or euroqual or euro qual or eq5d or eq 5d or eq-5d or eq-5d or eqfived or eq fived or eq-fived or eq-fived or eqfivedimension or eq five dimension or eq-five dimension or eq-five dimension or euroqol-5D or euro qol-5D or euroqual-5D or euro qual-5D or euroqol-5dimension or euro qol-5dimension or euroqual-5dimension or euro qual-5dimension or sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six or sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6 or aqol or assessment of quality of life or aqol-8D or assessment of quality of life-8D or aqol - eight dimensions or assessment of quality of life - eight dimensions or aqol - 8 dimensions or assessment of quality of life - 8 dimensions or aqol-7D or assessment of quality of life-7D or aqol - seven dimensions or assessment of quality of life - seven dimensions or aqol - 7 dimensions or assessment of quality of life - 7 dimensions or aqol-6D or assessment of quality of life-6D or aqol - six dimensions or assessment of quality of life - six dimensions or aqol - 6 dimensions or assessment of quality of life - 6 dimensions or aqol-4D or assessment of quality of life-4D or aqol - four dimensions or assessment of quality of life - four dimensions or aqol - 4 dimensions or assessment of quality of life - 4 dimensions or promis29 or promis 29 or promis-29 or patient-reported outcomes measurement information system or patient reported outcomes measurement information system or promis twentynine or promistwentynine or promistwenty nine or promis twenty nine or promis twenty-nine or health utilities index or healthutilitiesindex or healthutilities index or health utilitiesindex or health utilities index 1 or healthutilitiesindex 1 or health utilities index1 or healthutilitiesindex1 or healthutilities index 1 or health utilitiesindex 1 or health utilities index one or healthutilitiesindex one or healthutilities index one or health utilitiesindex one or health utilities index 2 or healthutilitiesindex 2 or health utilities index2 or healthutilitiesindex2 or healthutilities index 2 or health utilitiesindex 2 or health utilities index two or healthutilitiesindex two or healthutilities index two or health utilitiesindex two or health utilities index 3 or healthutilitiesindex 3 or health utilities index3 or healthutilitiesindex3 or healthutilities index 3 or health utilitiesindex 3 or health utilities index three or healthutilitiesindex three or healthutilities index three or health utilitiesindex three or hui or hui1 or hui2 or hui3 or health utilities index or healthutilitiesindex or health quality of life or health related quality of life or health-related quality of life or hql or hqol or h qol or hrqol or hr qol).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (306657)

3 1 or 2 (2097606)

4 (Recall adj4 (duration or time or timing or hour\* or day\* or period\* or interval\* or referenc\* or week\* or frame\*)).mp. [mp=ti, ab, hw, tn, ot, dm, mf, dv, kw, fx, dq, nm, kf, ox, px, rx, an, ui, sy, tc, id, tm, mh] (20627)

5 3 and 4 (2248)

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