Using a discrete choice experiment to value the QLU-C10D: Feasibility and sensitivity to presentation format

Purpose: To assess the feasibility of using a discrete choice experiment (DCE) to value health states within the QLU-C10D, a utility instrument derived from the QLQ-C30, and to assess clarity, difficulty, and respondent preference between two presentation formats.

Methods: We ran a DCE valuation task in an online panel (N=430). Respondents answered 16 choice pairs; in half of these, differences between dimensions were highlighted, and in the remainder, common dimensions were described in text and differing attributes were tabulated. To simplify the cognitive task, only four of the QLU-C10D's ten dimensions differed per choice set. We assessed difficulty and clarity of the valuation task with Likert-type scales, and respondents were asked which format they preferred. We analysed the DCE data by format with a conditional logit model, and used chi-squared tests to compare other responses by format. Semi-structured telephone interviews (N=8) explored respondents' cognitive approaches to the valuation task.

Results: Four hundred and forty nine individuals were recruited, 430 completed at least one choice set, and 422/449 (94%) completed all 16 choice sets. Interviews revealed that respondents found 10 domains difficult but manageable, many adopting simplifying heuristics. Results for clarity and difficulty were identical between formats, but the "highlight" format was preferred by 68% of respondents. Conditional logit parameter estimates were monotonic within domains, suggesting respondents' were able to complete the DCE sensibly, yielding valid results.

Conclusion: A DCE valuation task in which only four of the QLU-C10D's ten dimensions differed in any choice set is feasible for deriving utility weights for the QLU-C10D.

Introduction

Economic evaluation is an important concern in the evaluation of new technologies, and is central in reimbursement decision-making processes in most developed countries. To quantify health outcomes for use in economic evaluation, it is standard to use a metric applicable to multiple disease areas. The most common metric is the quality-adjusted life year (QALY), which represents one year of healthy life for one individual. A challenge in this approach is to attach values to individual health states (usually defined using a multi-attribute utility instrument (MAUI) such as the EQ-5D or the SF-6D) on a scale where full health is anchored at 1, dead at 0, and health states worse than death (i.e. valued below zero) are possible.

Since the number of health states within widely used MAUI can be large (e.g., the 5-level EQ-5D contains 3,125), it is standard to undertake a survey asking respondents to consider a subset of health states, and then to generalise through the development of a set of preference weights (or value set). These surveys ascertain relative preferences between different aspects of quality of life and between quality of life and life expectancy. These surveys have generally involved a Standard Gamble or Time Trade-Off (TTO). However, recent surveys employed Discrete Choice Experiments (DCEs) to measure these preferences [1-5]. When used for health state valuation, DCE surveys present respondents with a number of hypothetical decision situations ("choice sets") consisting of two or more health profiles, and the respondent selects which health profile is preferable. The methods behind such surveys are evolving, and this study addresses a number of contemporary concerns . We consider two main methodological issues. First, we explore whether individuals can respond to choice sets containing a large number of dimensions (in this case 12). Evidence from the DCE literature suggests that increasing the number of attributes increases survey completion time and reduces completion rates [6]. Thus a large number of dimensions should be used cautiously. Second, we consider whether the results are sensitive to the way the choice sets are visually presented. We consider two different ways of presenting the options. Any evidence of results being sensitive to different task framing would represent a concern requiring further exploration.

To date, inclusion of utility instruments in clinical trials has been less than universal. Barriers to uptake include concerns about additional respondent burden. One solution is to derive instruments amenable to economic evaluation directly from QoL instruments that are commonly used in trials. The SF-6D is an example of this, derived from the SF-36[7] or the SF-12[8]. Recent work has applied this approach to the cancer-specific QLQ-C30[9]. Rowen *et al.* [9] used factor analysis and Rasch analysis on data from a sample of 655 multiple

myeloma patients to derive a cancer-specific MAUI and then valued a subset of health states with the TTO approach in a general population sample of 350. The work presented in this paper and in a companion paper [10] builds on the work of Rowen *et al.* The companion paper describes the first stage of our work, developing a MAUI from the QLQ-C30. This paper reports a methodological investigation of the use of a DCE to value health states within the new MAUI, called the QLU-C10D.

Methods

The QLQ-U10D

The QLU-C10D health state classification system is presented in Table 1, and its derivation from the QLQ-C30 is described by King et al [10].

Data collection

Sampling and survey administration were undertaken by SurveyEngine, a survey company which specialises in DCEs. Respondents were from an online panel of Australians (PureProfile). Potential respondents received an email invitation to participate, including a hyperlink. They completed the survey at their leisure, and received a small payment upon completion (approximately $10). The survey had four components, in the following order: 1) self-reported health, assessed with the General Health question of the SF-36 [11], the QLQ-C30 [12], the Kessler 10 (concerning psychological distress) [13], and the EQ-5D-5L[2; 14]; 2) the DCE valuation task; 3) four questions assessing the perceived difficulty and clarity of the valuation task, the choice strategy used in the valuation task, and preference between DCE presentation formats; 4) socio-demographic questions used to assess the representativeness of the sample against Australian population norms (Table 2). Respondent transitions between pages in the survey were recorded to assess time spent on the whole survey and on individual pages, and to exclude respondents based on 'unsatisfactory' response patterns (done as a sensitivity analysis described below). The study was approved by the University of Sydney Human Research Ethics Committee, approval number 2012/2444.

DCE Valuation Task

The valuation task comprised 16 pairs of health states, or choice sets. For each pair, the respondent was asked which state she/he would prefer to live in until death. Each health state was described in terms of the ten dimensions of the QLU-C10D and duration of survival (Table 1). We split the mobility dimension into two parts

(short walk and long walk, the two component items from the QLQ-C30) to simplify and unify the presentation of dimension levels in the DCE. To be explicit, the mobility dimension of the QLU-C10D includes both long and short walk. In the DCE, the value for both long and short walk are determined by the specification of a single level, but presented in the DCE as separate dimensions. Therefore, there were a total of 12 dimensions in the DCE choice task.

DCE presentation formats

Given the large number of dimensions, we were interested in exploring how to present the DCE for ease of respondent comprehension. We tested two presentation layouts, both intended to minimize respondent burden by highlighting attributes that differed within a choice set. In one layout, differences between the health states were highlighted (*Yellow Highlight*, Figure 1b); in the other, common dimensions were described in preceding text, and differing dimensions were tabulated (*Text & Table*, Figure 1a). Respondents completed eight choice sets in one layout and eight in the other, with order of layout randomised.

The DCE design

In the QLU-C10D, there are 4^{10}=1,048,576 possible health states. Some of these are highly unlikely, but the data used in the derivation of the instrument demonstrated that at least one person reported each pairwise combination of levels. Therefore, we used a DCE design that maximised statistical efficiency by not excluding any health states.

Because 12 dimensions is a relatively large number for respondents to consider simultaneously, we decided to simplify the cognitive task by constraining the number of QoL dimensions that differed between health states in any given choice set to four. To do this, we used a balanced incomplete block design (BIBD) [15]. We then appended each of the four levels of duration to the BIBD. To determine how these four dimensions differed between options A and B, a generator-based approach was applied[16]. The levels of the dimensions that were constant between options were then developed using an orthogonal main effects plan. For the respondents, this meant that in each choice set, no more than five of the dimensions (four of the EORTC QLU-C10D dimensions plus duration) changed in any one choice set. This follows the approach outlined by Demirkale et al.[17]. The final design consisted of 960 choice sets, from which each respondent was assigned to a block of 16. The final design is reported in Appendix 1.

There were three levels of randomisation in the survey. First, the respondent was randomised to answer16 of the 960 choice sets in the entire design. Second, we randomised the order of presentation format to mitigate order effects on the questions about presentation format. Finally, we randomised which option was seen as Option A and Option B within each choice set to mitigate any position bias.

Semi-structured interviews

After completing the DCE, respondents were asked if they were willing to participate in a follow-up interview. Of those who agreed, a random set of 25 were contacted with suggested times and dates, eight of whom were subsequently interviewed. A semi-structured telephone interview was undertaken concerning their perceptions of various aspects of the task and their preference for one presentation format over the other. Specific topics included the ease or difficulty of the task, whether twelve aspects of health were too many to consider at once, whether the twelve aspects of health adequately described health, which format they preferred and why, and whether the task was upsetting or annoying.

Data analysis

We assessed the representativeness of the sample relative to the general population with chi-squared tests for categorical characteristics, and a t-test for the continuous K10 score. We used chi-squared tests to assess whether respondents' perceptions of clarity, difficulty, strategy and preference differed by DCE presentation format. We also visually assessed patterns in the completion of the DCE task by graphing the median and percentiles of time to complete each choice set.

Regarding analysis of the DCE data, we employed the approach used by Viney *et al.*[5]. This approach constrains the responses to fit within the QALY scale, particularly that the value of all health states converge at a duration of zero [18; 19]. We therefore assumed the utility of option *j* in choice set *s* for respondent *i* to be

$$U_{isj} = \alpha TIME_{isj} + \beta X'_{isj} TIME_{isj} + \varepsilon_{isj}, \qquad (1)$$

where X'_{isj} was a set of dummy relating to the levels of the QLU-C10D health state presented in option *j*. The error term ε_{isj} was a conventional random error term distributed independently and identically normal. An important point to note is that the impact of moving away from Level 1 of each dimension is investigated

through two-factor interaction terms rather than through the main effect. So, for example, the effect of moving from Level 1 to Level 2 in the pain dimension is explored using a Pain Level 2 x Time interaction term. Thus, while the experimental design allows for two-factor interactions including duration, this means we could explore the main effect of QLU-C10D levels.

One implication of this specification is that it imposes constant proportional trade-offs on the data. Thus, the utility of time in a health state is proportional to the duration in that state. This is likely to be empirically incorrect. Studies using DCEs have tested this assumption, and found diminishing marginal utility of time [2; 20]. The conclusion from these studies was tested using the data in this study, and was found to be substantively the same (analysis available on request from the authors).

We undertook the analysis separately for the *Yellow Highlight* and *Text & Table* layouts, and for data pooled across layouts. While the consideration of preference heterogeneity is important in this area, this is not central to the research questions explored here, so the conditional logit, in which each observation is treated as independent, was used to model the data. We tested for poolability of the data across the layouts with an F-test for interaction terms between one of the layouts (the *Yellow Highlight* one although the choice is irrelevant) and each of the thirty-one parameters in the base model.

The next step was to convert the regression results into utility decrements for a set of preference weights. To do this, the marginal utility of time in this approach is found by differentiating the systematic component of the utility function with respect to time,

$$\frac{\delta U_{isj}}{\delta TIME_{isj}} = \alpha + \beta X'_{isj} \quad \textbf{(2)}$$

To estimate a utility weight for a health state, what is needed is the ratio of marginal utilities (*RMU*) between that health state and full health. The *RMU* between two alternative health profiles *i* and *i** can therefore be estimated as

$$RMU_{i,i^*} = \frac{\alpha + \beta X'_{isj}}{\alpha + \beta X'_{isj^*}} \quad \textbf{(3)}$$

If $\beta X'_{isj*}$ is set to full health (i.e. the best level of each dimension in the QLQ-U10D), the *RMU* is a QALY weight. This approach is analogous to that of Bansback *et al.* [1] who mock up a TTO to derive QALY weights from the regression results of a similar DCE investigating the EQ-5D-3L.

As a sensitivity analysis, we explored whether the trade-offs that people demonstrated differed according to the speed at which they completed the task. This was motivated by a concern that particularly quick respondents may make choices with relatively little thought, and thus provide lower quality data. We divided the sample into four equal-sized groups, based on quartiles of total time spent in the survey, with cut-offs at 13 minutes 14 seconds, 17 minutes 37 seconds, and 23 minutes 46 seconds. The conditional logit was re-run in each of the four groups. A likelihood ratio test was then used to determine whether the results from the four groups could be pooled. We also looked at whether those with relatively short completion times had more frequent non-monotonic responses, indicating relatively poorer quality data.

For the analysis of the interviews transcripts of digitally recorded interviews were coded using a framework of *a priori* and emergent themes [21]. *A priori* themes included preference for longer life, desire to simplify the valuation task, and participants' illness experiences. Emergent themes included participants' personality traits. The relationships between themes were assessed by team discussion and informed by evidence from the literature.

Results

Four hundred and forty nine individuals started the survey, 433 reached the first DCE choice set, and 422 completed all 16 choice sets. Two respondents dropped out between the final choice set of the DCE and the end of the survey, meaning we have complete data from 420 of the original 449 (93.5%). The analysis set comprises the 430 people who completed at least one choice set. The demographic characteristics of these 430 respondents are summarised in Table 2. The sample was representative of the general population in terms of male/female mix and proportion of Aboriginal/Torres Straits Islanders, but was somewhat older, more highly educated and in poorer health (general and mental, the latter measured using the K-10), and more likely to be divorced, and born outside Australia.

The results for the conditional logit are reported in Table 3 for the pooled data and for each layout. The monotonic construction of the QLU-C10D (in that there is a logical ordering of levels within each dimension) is reflected in the pooled data. Duration is positively associated with choice, and each movement away from the

best level in each dimension is negative and absolutely larger in worse levels in each dimension. The one exception is Level 3 and 4 of the tiredness dimension. In comparing the magnitude of the coefficients to infer relative importance of the dimensions based on the most severe level, the most important dimension was "walking", and the least important was "worry".

The results by layout are similar in the sense that duration is positively associated with choice, and all but one of the coefficients in the utility instrument are negative. However, the coefficients do differ in their pattern. In the *Text &Table* layout, there appears to be a tendency for the worst two levels in each dimension to be much closer together than in the *Yellow Highlight* layout. The non-monotonicities in Table 3 are italicised for emphasis. Despite these apparent differences in response, the F-test fails to reject the hypothesis that all of the difference coefficients are zero (p=0.2441).

The resultant preference weights for each of the two layouts are reported in Figure 2. Given that these are determined by dividing each of the regression coefficients by the coefficient on duration, the pattern in the preference weights is the same as in the regression. When contrasting between the results from the two layouts, the preference weights derived from the *Yellow Highlight* layout appears to perform better. Nine of the ten dimensions are monotonic, compared to three in the *Text & Table* layout results.

Time to Complete

Of the 420 respondents who completed the entire survey, the mean (standard deviation, SD) time to complete all choice sets and demographics was 19 minutes, 55 seconds (10 minutes, 21 seconds). The sixteen choice tasks took a mean of 7 minutes, 53 seconds (SD of 5 minutes, 52 seconds). Of the 422 respondents who completed all 16 choice sets, 38 took fewer than ten seconds per choice set, suggesting strong simplifying decision heuristics in about 9% of the sample.

The time spent in each choice set across the percentiles of respondents is presented in Figure 3. Across all respondents, the first choice set was considered for a longer period of time than the remaining 15. Over the course of the choice tasks, there was a pronounced spike at choice set 9, the point at which the layout changed. Aside from the two spikes in duration at choice sets 1 and 9, there is a steady decline as respondents move through choice sets, presumably reflecting a learning effect.

The sensitivity analysis revealed that those who took longer to answer the survey were more likely to value QoL highly, while those who completed quickly were relatively focused on longevity.

Clarity, Difficulty, Strategy and Layout Preference

Respondents' perception of the difficulty and clarity of the valuation task did not differ by layout (Appendix 2). Despite this, the majority (68%) preferred the *Yellow Highlight* layout. Most respondents felt the DCE was either as difficult or more difficult than other surveys, but only a minority found it very difficult, and the majority found it clear (Appendix 2). The sample split roughly in thirds in terms of whether they focused on just a few, most, or all aspects of the health states when choosing between them.

Semi-structured interviews

Most (six) of the eight respondents who were interviewed found the survey challenging, some indicating that they did not understand the survey's purpose, or "thrust" (Interviewee 4, I4). All but two indicated that twelve aspects of health was too many to rate at once, specifying between 4 and 10 being more manageable (most often 6), although when asked about addition or removal of aspects of health, one interviewee (I3) tentatively suggested appetite, three (I2, I5, I7) suggested consolidating items and one (I6) suggested splitting the choice sets into two aspects of six. Most (five) reported that the twelve aspects adequately described health, although three suggested greater emphasis on mental health, e.g. feeling anxious and depressed, and suicidal ideation (I5), clarification of "worry" (I2), and mental health generally (I1). All eight interviewees preferred the *Yellow Highlight* format, for reasons including "easier to read between the questions" (I1), "there were fewer choices to consider" (I2), "It stood out, it was easier to see" (I3), "you could drop out the unhighlighted which you didn't have to read because there was no difference between the two columns" (I4), "that was user-friendly" and "I could hone in on those that had changed" (I5), "it wasn't as time consuming to actually work out what was different" (I6), "it didn't necessarily help in choosing the situation, but it made that considering the information quicker and easier" (I7), and "it really stood out so it made it easier" (I8). None of the interviewees described the survey as upsetting or annoying, although two described it as "confronting" (I2, I7), two described it as "repetitive" (I1, I3) and one as "depressing" (I4). The survey was also described as "intense" (I6) and "pertinent" (I5).

Discussion

We have demonstrated the feasibility of a discrete choice experiment (DCE) administered on-line to estimate preference weights for the QLU-C10D, a new multi-attribute utility instrument derived from the QLQ-C30. The majority (94%) of people who joined the survey completed it, and the resultant preference weights demonstrate face validity. While some respondents found the DCE valuation task difficult, our results demonstrate that respondents can manage 12 dimensions as a self-complete online DCE, albeit with only four QoL dimensions (plus duration) differing in any choice set. Two thirds preferred the *Yellow Highlight* over the *Text & Table* layout, and the preference weights from the *Yellow Highlight* layout demonstrated superior face validity in terms on monotonicity.

Several features of this study are noteworthy. First, our DCE task involved 12 dimensions, more than has been considered previously. To facilitate feasibility for respondents, we simplified the cognitive burden of this task in two ways; first, by constraining the number of dimensions that differed in each choice set to fours aspects of QoL and duration; second, we used presentation formats designed to highlight those differences. Despite concerns that the cognitive burden of so many dimensions would force respondents to focus on just a few dimensions, and that our presentation formats may encourage this, our survey results show that only a third of respondents resort to this simplifying heuristic, with a further third considering most and the remainder considering all dimensions.

An alternative approach for instances where we need to value health states with a large number of dimensions is to use partial profiles, something that has been used successfully elsewhere [22; 23]. The choice between presenting full health states with presentational changes to make the task more accessible (as has been done here) and partial profiles is difficult as both approaches have merit. Partial profiles allow respondents to focus on dimensions, while full profiles are more explicit regarding contextual factors that may impact on valuation.

The second noteworthy aspect of this current study is that we examined different ways to present information to facilitate respondents' cognitive processing. Our quantitative and qualitative data both favoured the layout that highlighted differences in dimensions between choices over the text and table layout. Semi-structured interviews revealed that respondents generally found the task challenging, and believed that 12 dimensions were too many to consider simultaneously, although only one dimension (appetite) was tentatively identified as a candidate for removal and interviewees overwhelmingly thought that the twelve aspects adequately represented health. Nevertheless, the coefficients reported in Table 2 supported the intended monotonic construction of the utility instrument, particularly for the *Yellow Highlight* layout that 68% of respondents preferred. The

interviews confirmed the strong preference for the *Yellow Highlight* layout, which was perceived to make the task quicker and easier.

Third, our choice sets were presented without an immediate death option. This option is included in some health state valuation DCEs [20] to anchor valuations such that health states considered worse than a dead state are valued negatively. However, others do not, and have identified a method to anchor health states appropriately without asking for direct preferences for health states relative to being dead [1]. The inclusion of this immediate death option remains a contentious issue in the literature [24]. The primary purpose of the analysis presented in this study was to explore the impact of different layouts; thus, we chose to not have the dead state included.

An issue identified in our results was the relative lack of importance attached to the Worry dimension. The Worry item was selected for the pilot based on patient feedback surveys as described in the companion paper [10]. Briefly, the term depression, which was the leading alternative from the QLQ-C30, was considered to mean different things in clinical and colloquial settings. Additionally, in some countries, it was felt that there may be a stigma attached to depression, leading to under-reporting. However, as this dimension is the only one primarily focused on mental health, and respondents tended not to value it strongly, the final version of the QLU-C10D will revert to the Depression item from the QLQ-C30.

It is notable that a significant minority of respondents (36-39%) found the task difficult or very difficult. This contrasts with an existing DCE to value health states within the five-level EQ-5D, for which only 16% found the task either difficult or very difficult [2]. That study, and the one presented here, have a number of similarities in terms of online sampling and administration, and the number of choice sets answered per person. A key difference is the number of dimensions in each choice set (for the EQ-5D-5L, there were only six). It may be that those who find the task challenging provide poorer quality data, perhaps with more errors in their responses, and a case may be made for excluding such respondents from analysis. However, increased variability in response must be balanced against the compromised representativeness that excluding such respondents may cause. All things considered, we believe representativeness is the more important concern, and therefore included all respondents in the sample. However, there is clearly a case for considering the relationship between the ease with which individuals complete the task and the quality of the data they provide, in particular whether these respondents have systematically different preferences. This is an issue to address with a larger sample size.

One important area of future research is the use of eye-tracking to discern how responds make choices in this type of setting [25; 26]. This has the potential to demonstrate, among other things, whether respondents are

considering all dimensions when making decisions, whether they adopt simplifying heuristics, and whether they consider profiles as a whole, or focus on dimensions.

DCEs are increasingly used to derive preference weights for multi-attribute utility instruments [27-29], and offer potential advantages over other valuation methods, particularly in terms of coverage of the response surface, ease of administration, and adaptability to on-line settings which reduce recruitment and administration costs. Our results provide further support for the DCE method as a feasible and valid approach to generate preference weights for use in the economic evaluation of healthcare [2; 5; 30], even for multi-attribute utility instruments with relatively large numbers of dimensions, such as the QLU-C10D.

Compliance with Ethical Standards

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Conflict of Interest: The authors declare they do not have conflicts of interest.

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The study was approved by the University of Sydney Human Research Ethics Committee, approval number 2012/2444.

Informed consent: Informed consent was obtained from all individual participants included in the study.

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Table 1: The QLU-C10D Descriptive System

Dimension	Level	Stem	Descriptor
Walking†	1	You have…	No trouble taking a short walk outside of the house
	2		At least a little trouble taking a short walk outside of the house, and no trouble taking a long walk
	3		At least a little trouble taking a short walk outside of the house, and at least a little trouble taking a long walk
	4		Quite a bit or very much trouble taking a short walk outside the house
Daily Activities	1	You are limited in pursuing your work or other daily activities…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Social Life	1	Your physical condition or medical treatment interferes with your social or family life…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Worry	1	You feel worried…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Pain	1	You have pain	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Tired	1	You feel tired…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Sleep	1	You have trouble sleeping…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Appetite	1	You lack appetite…	Not at all
	2		A little
	3		Quite a bit
	4		Very much
Nausea	1	You feel nauseated…	Not at all

	2		A little
	3		Quite a bit
	4		Very much
Constipation / Diarrhoea	1	You…	do not have constipation or diarrhoea at all
	2		have a little constipation or diarrhoea
	3		have constipation or diarrhoea quite a bit
	4		have constipation or diarrhoea very much
Duration*	1	You will live in this health state for…	1 year, and then die
	2		2 years, and then die
	3		5 years, and then die
	4		10 years, and then die

* Duration is not part of the descriptive system, but is included in the DCE.

† The descriptive system includes long and short walk in one dimension, combining the two questions in the QLQ-C30; for the DCE, the levels are determined together, but are presented as separate dimensions (i.e. long walk and short walk), as shown in Figure 1.

Table 2: Sample Demographics

Characteristic	Level	Number (Proportion unless stated)	Population (if available)§	χ^2 or *t* (*p*-value)
General Health Question	Excellent	27 (6.3)	9.9%	χ^2=41.24 (<.01)
	Very good	126 (29.3)	35.1%	
	Good	172 (40.0)	36.9%	
	Fair	73 (17.0)	15.0%	
	Poor	32 (7.4)	3.2%	
Mental health	Kessler-10	17.2 (SD=7.95)	14.5	t=6.97 (<.01)
EQ-5D-5L index score		0.76 (SD=0.28)	N/A	
Country of birth	Australia	311 (73.9)	79.2%	χ^2=28.18 (<.01)
	Other English speaking	70 (16.6)	9.5%	
	Other	40 (9.5)	11.3%	
Highest education	Year 11 or below	92 (21.9)	27.8%	χ^2=30.41 (<.01)
	Year 12	84 (20.0)	16.9%	
	Trade Certificate	79 (18.8)	23.7%	
	Diploma	59 (14.0)	8.8%	
	Bachelor's Degree	70 (16.6)	13.5%	
	Higher Degree	37 (8.8)	9.4%	

Aboriginal / Torres Straits origin	Yes	19 (4.5)	3.3%	χ^2=3.62 (.16)
Marital status	Married (in a registered marriage)	195 (46.3)	49.3%	χ^2=16.64 (.01)
	Separated, but not divorced	16 (3.8)	3.5%	
	Divorced	64 (15.2)	9.7%	
	Widowed	21 (5.0)	5.5%	
	Never married, but cohabitating in relationship	45 (10.7)	11.7%	
	Never married, not cohabitating in relationship	80 (19.0)	20.3%	
Gender	Male	196 (46.6)	49.8%	χ^2=3.40 (.18)
	Female	225 (53.4)	50.2%	
Age (years)	18-29	61 (13.8)	22.3%	χ^2=100.98 (<.01)
	30-39	41 (9.7)	17.9%	
	40-49	75 (17.8)	18.0%	
	50-59	100 (23.8)	16.5%	
	60-69	108 (25.6)	12.8%	
	70 or older	39 (9.3)	12.5%	

* For categorical variables, the chi-squared goodness of fit test was used to compare observed category frequencies to those expected based on population proportions; for the continuous K10 score, a one-sample t-test compared the observed K10 mean to the population value reported by Slade et al

‡ The number of children in each group was top-coded at three; therefore, the mean and standard deviation will be slightly deflated, particularly in the older child questions

†We allowed opt-out for all demographic questions; hence the total does not always sum to 430 in each question

§ Australian gender and age distribution derived from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Mar%202013?OpenDocument. The GHQ distribution, ATSI status, highest level of education, number of children, and country of birth are derived from the HILDA study (Wave 10), limited to those aged over 17.

Table 3: Conditional logit results

		Pooled Sample		*Layout: Text and Table*		*Layout: Highlight*	
Variable		Coefficient (SE)	Utility weight	Coefficient (SE)	Utility weight	Coefficient (SE)	Utility weight
Duration	Linear	0.742 (0.044)***		0.737 (0.061)***		0.791 (0.066)***	
Walking	Level 2	-0.063 (0.018)***	-0.085	-0.073 (0.024)***	-0.100	-0.060 (0.026)**	-0.076
	Level 3	-0.107 (0.019)***	-0.144	-0.112 (0.026)***	-0.152	-0.107 (0.028)***	-0.135
	Level 4	-0.169 (0.017)***	-0.228	-0.168 (0.024)***	-0.227	-0.176 (0.025)***	-0.223
Daily activities	Level 2	-0.023 (0.015)	-0.031	-0.039 (0.021)*	-0.053	-0.004 (0.022)	-0.005
	Level 3	-0.087 (0.016)***	-0.117	*-0.105 (0.022)****	-0.142	-0.072 (0.022)***	-0.091
	Level 4	-0.089 (0.014)***	-0.120	*-0.098 (0.020)****	-0.132	-0.083 (0.020)***	-0.105
Social life	Level 2	-0.003 (0.015)	-0.004	*0.021 (0.020)*	0.028	-0.033 (0.022)	-0.042
	Level 3	-0.055 (0.015)***	-0.074	-0.034 (0.021)	-0.046	-0.086 (0.023)***	-0.109
	Level 4	-0.080 (0.014)***	-0.108	-0.050 (0.018)***	-0.068	-0.118 (0.021)***	-0.149
Worry	Level 2	-0.019 (0.014)	-0.026	*-0.024 (0.019)*	-0.033	-0.023 (0.021)	-0.030
	Level 3	-0.030 (0.015)**	-0.040	*-0.023 (0.021)*	-0.031	-0.047 (0.022)**	-0.059
	Level 4	-0.034 (0.013)**	-0.046	*-0.023 (0.018)*	-0.031	-0.055 (0.020)***	-0.070
Pain	Level 2	-0.041 (0.015)***	-0.055	-0.040 (0.020)**	-0.055	-0.048 (0.021)**	-0.060
	Level 3	-0.091 (0.016)***	-0.123	-0.096 (0.022)***	-0.130	-0.088 (0.023)***	-0.112
	Level 4	-0.108 (0.014)***	-0.146	-0.116 (0.019)***	-0.157	-0.105 (0.020)***	-0.133
Tired	Level 2	-0.048 (0.014)***	-0.065	-0.066 (0.020)***	-0.089	-0.030 (0.020)	-0.038
	Level 3	*-0.082 (0.015)****	-0.111	*-0.115 (0.021)****	-0.156	-0.051 (0.022)**	-0.064
	Level 4	*-0.073 (0.013)****	-0.098	*-0.098 (0.020)****	-0.132	-0.057 (0.019)***	-0.073
Sleep	Level 2	-0.038 (0.014)***	-0.051	-0.044 (0.019)**	-0.060	-0.031 (0.020)	-0.040
	Level 3	-0.046 (0.015)***	-0.062	*-0.054 (0.021)***	-0.074	-0.041 (0.022)*	-0.052

	Level 4	-0.054 (0.013)***	-0.073	*-0.052 (0.019)****	-0.070	-0.058 (0.019)***	-0.074
Appetite	Level 2	-0.016 (0.014)	-0.022	-0.034 (0.019)*	-0.046	0.007 (0.020)	0.008
	Level 3	-0.040 (0.015)***	-0.054	*-0.049 (0.021)***	-0.067	-0.030 (0.021)	-0.038
	Level 4	-0.041 (0.013)***	-0.055	*-0.047 (0.019)***	-0.063	-0.039 (0.019)**	-0.049
Nausea	Level 2	-0.026 (0.014)*	-0.035	-0.004 (0.019)	-0.005	-0.052 (0.021)**	-0.066
	Level 3	-0.058 (0.015)***	-0.078	-0.031 (0.020)	-0.042	-0.091 (0.022)***	-0.114
	Level 4	-0.069 (0.013)***	-0.093	-0.039 (0.018)**	-0.052	-0.106 (0.019)***	-0.134
Constipation / Diarrhoea	Level 2	-0.032 (0.014)**	-0.043	-0.025 (0.020)	-0.034	-0.046 (0.021)**	-0.058
	Level 3	-0.077 (0.015)***	-0.104	*-0.093 (0.020)****	-0.126	-0.064 (0.022)***	-0.080
	Level 4	-0.089 (0.013)***	-0.120	*-0.083 (0.018)****	-0.112	-0.102 (0.018)***	-0.129

Non-monotonic ordering is denoted in *italics*.

Table 4: Ease and Clarity of task, by layout

N(%)	Clarity				
	Very unclear	Unclear	Neither clear nor unclear	Clear	Very clear
Text and table	4 (1%)	21 (5%)	70 (17%)	220 (52%)	108 (26%)
Yellow highlight version	7 (2%)	16 (4%)	64 (15%)	225 (53%)	111 (26%)
N(%)	Difficulty				
	Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy
Text and table	32 (8%)	118 (28%)	124 (29%)	112 (26%)	37 (9%)
Yellow highlight version	23 (5%)	142 (34%)	119 (28%)	103 (24%)	36 (9%)

Figure 1a: The *Text and Table* layout

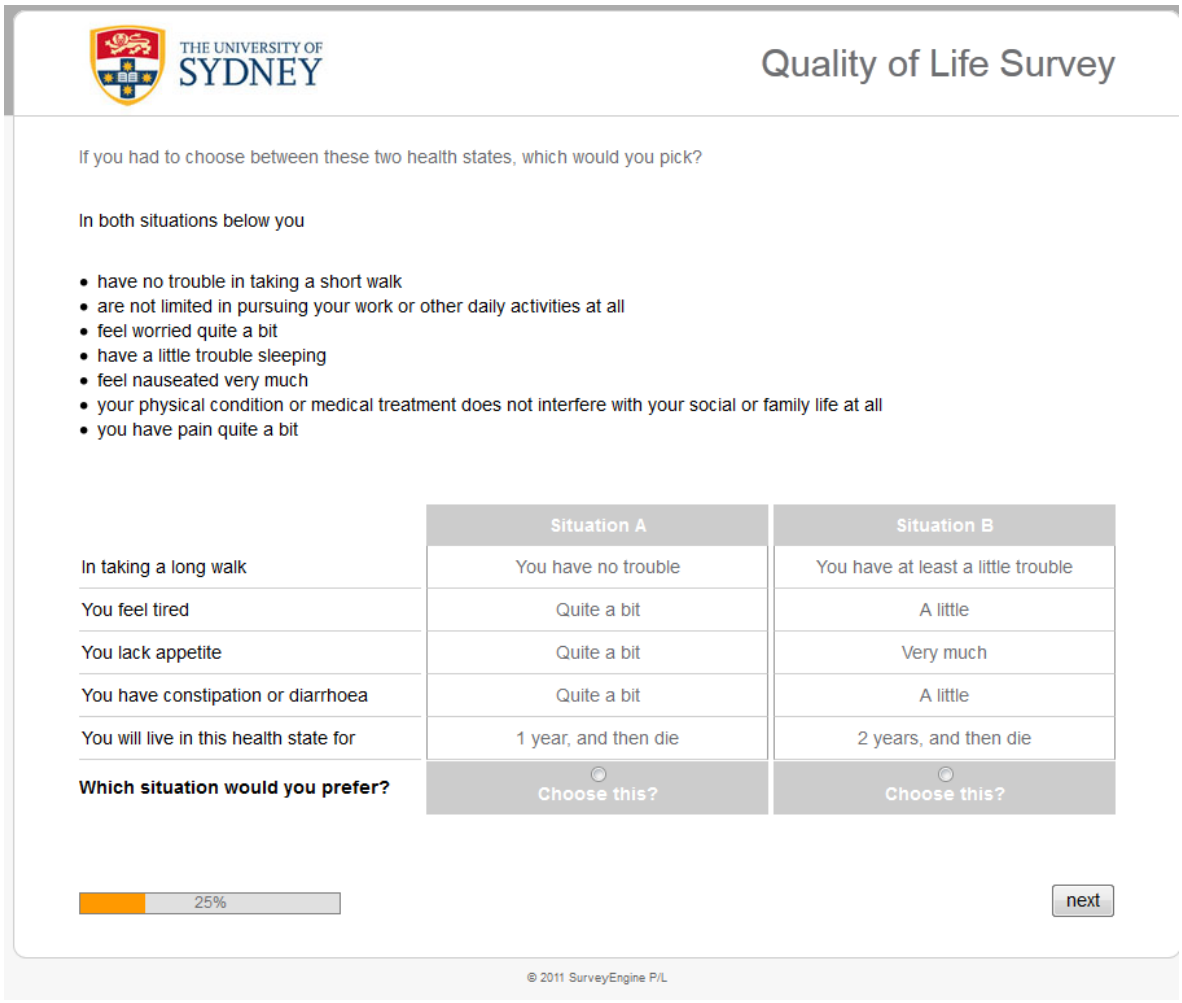


Figure 1b: The *Highlight* layout

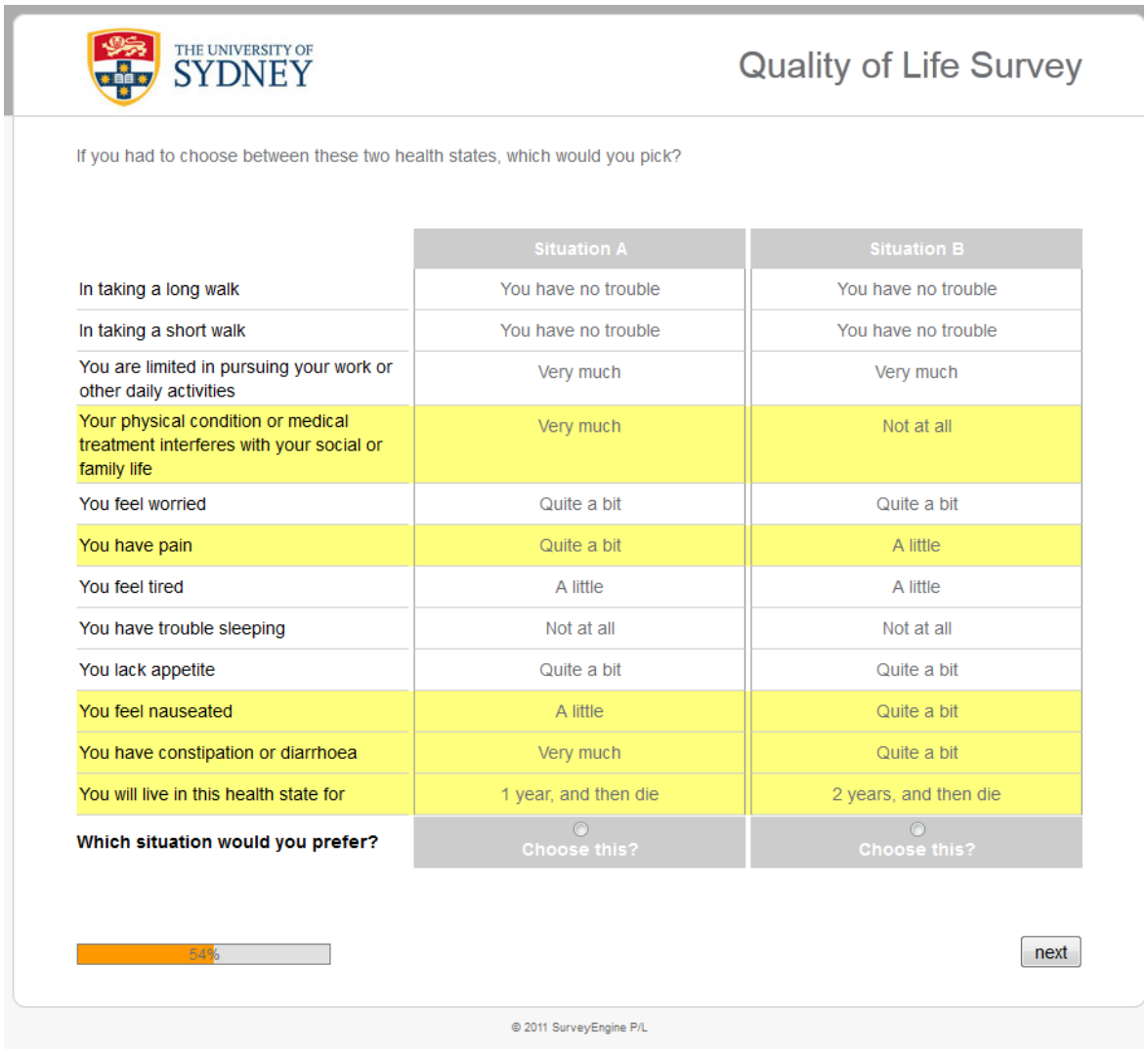


Figure 2a: The *Highlight* derived utility algorithm

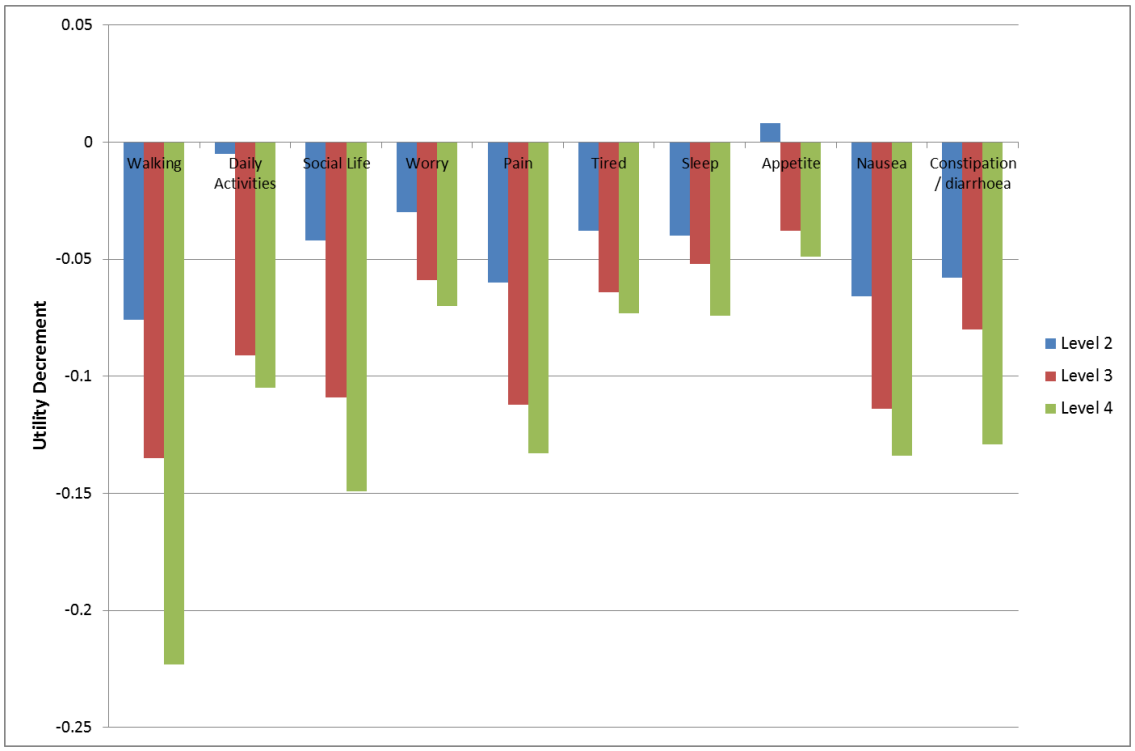


Figure 2b: The *Text and Table* derived utility algorithm

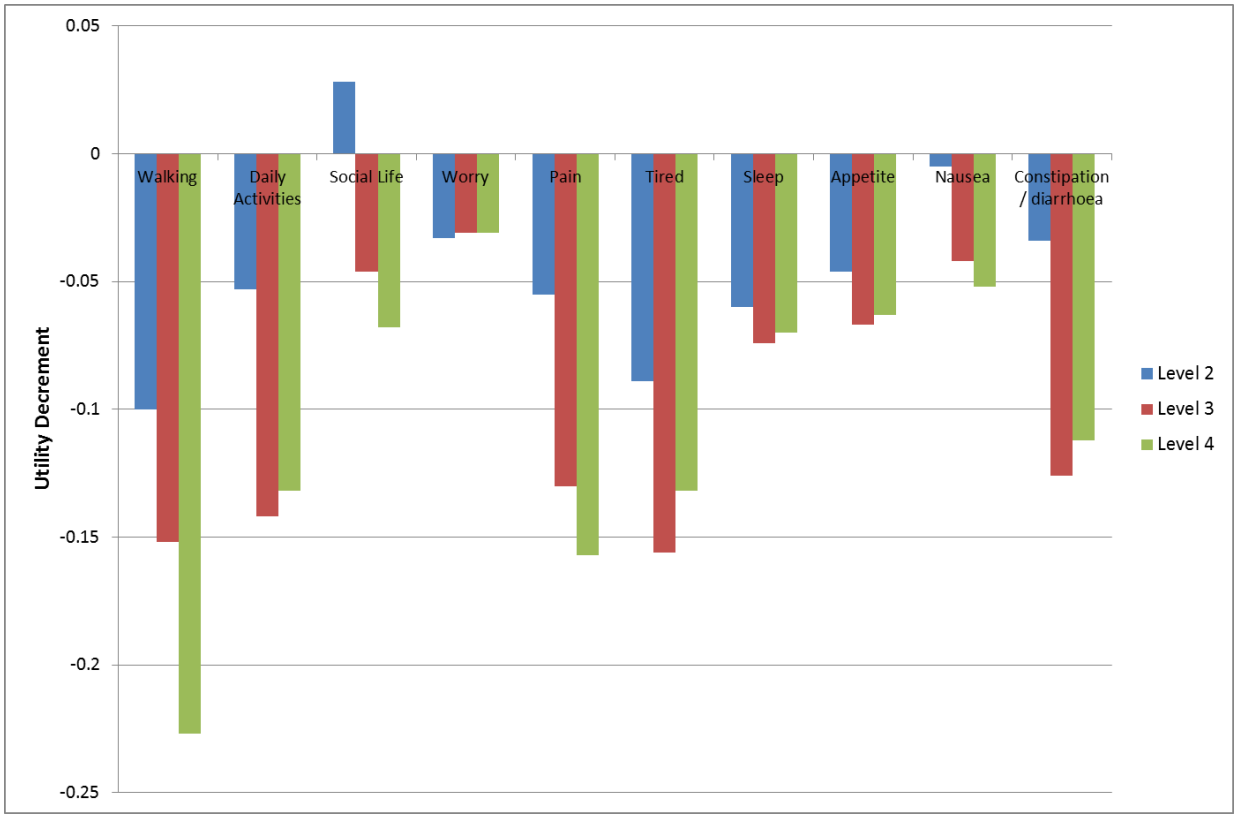
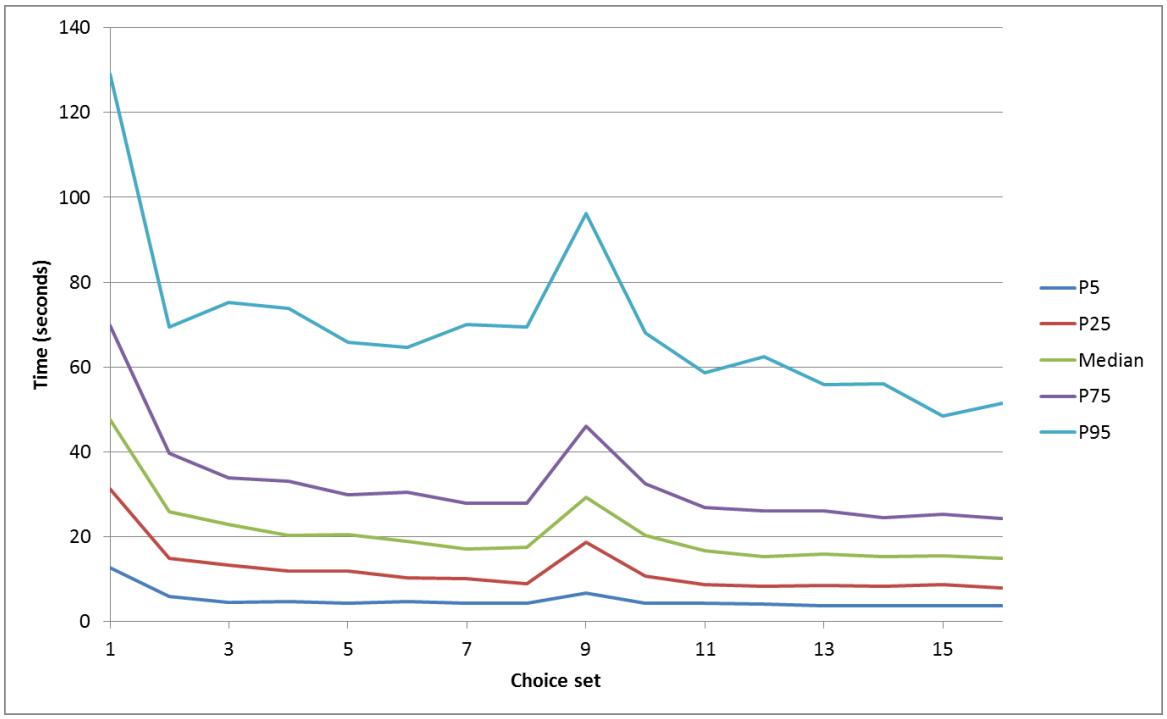


Figure 3 Time to Completion Per Choice Set, by Percentile



Appendix 1

Row	WA	DA	SFL	WO	PA	TI	TS	AP	NA	BO	LE	WA	DA	SFL	WO	PA	TI	TS	AP	NA	BO	LE	Obs	Prob(Pick A)
1	2	4	2	4	1	1	1	4	3	3	2	1	1	1	1	1	1	1	4	3	3	1	16	0.69
2	2	1	3	1	1	1	2	4	2	2	2	1	2	2	2	1	1	2	4	2	2	1	17	0.71
3	2	2	4	2	1	1	3	3	2	4	2	1	3	3	3	1	1	3	3	2	4	1	17	0.71
4	2	3	1	3	1	1	4	3	3	1	2	1	4	4	4	1	1	4	3	3	1	1	18	0.89
5	2	1	2	3	1	2	1	1	3	1	1	3	4	3	2	1	2	1	1	3	1	2	17	0.47
6	2	2	1	4	1	2	2	1	2	4	1	3	1	2	3	1	2	2	1	2	4	2	17	0.47
7	3	2	1	4	1	2	3	2	2	2	2	2	3	4	1	1	2	3	2	2	2	1	17	0.71
8	2	4	3	2	1	2	4	2	3	3	1	3	3	4	1	1	2	4	2	3	3	2	17	0.18
9	4	4	4	3	1	3	1	4	4	2	2	3	1	3	4	1	3	1	4	4	2	1	18	0.61
10	4	1	1	2	1	3	2	4	1	3	2	3	2	4	3	1	3	2	4	1	3	1	18	0.78
11	3	3	1	2	1	3	3	3	1	1	1	4	2	2	1	1	3	3	3	1	1	2	16	0.19
12	4	3	3	4	1	3	4	3	4	4	2	3	4	2	1	1	3	4	3	4	4	1	17	0.53
13	1	4	1	1	1	4	1	1	4	4	2	4	1	4	2	1	4	1	1	4	4	1	17	0.88
14	1	1	4	4	1	4	2	1	1	1	2	4	2	3	1	1	4	2	1	1	1	1	17	0.65
15	4	3	2	4	1	4	3	2	1	3	1	1	2	3	3	1	4	3	2	1	3	2	16	0.13
16	4	4	1	3	1	4	4	2	4	2	1	1	3	2	2	1	4	4	2	4	2	2	17	0.12
17	1	1	1	1	2	1	1	4	1	2	2	2	4	2	4	2	1	1	4	1	2	3	17	0.71
18	2	1	3	1	2	1	2	4	4	3	3	1	2	2	2	2	1	2	4	4	3	2	15	0.80
19	1	3	3	3	2	1	3	3	4	1	2	2	2	4	2	2	1	3	3	4	1	3	17	0.18
20	2	3	1	3	2	1	4	3	1	4	3	1	4	4	4	2	1	4	3	1	4	2	18	0.89
21	2	1	2	3	2	2	1	1	1	4	2	3	4	3	2	2	2	1	1	1	4	3	17	0.12
22	2	2	1	4	2	2	2	1	4	1	2	3	1	2	3	2	2	2	1	4	1	3	18	0.17
23	3	2	1	4	2	2	3	2	4	3	3	2	3	4	1	2	2	3	2	4	3	2	18	0.83
24	3	3	4	1	2	2	4	2	1	2	3	2	4	3	2	2	2	4	2	1	2	2	17	0.76
25	3	1	3	4	2	3	1	4	2	3	2	4	4	4	3	2	3	1	4	2	3	3	18	0.39
26	4	1	1	2	2	3	2	4	3	2	3	3	2	4	3	2	3	2	4	3	2	2	17	0.82
27	3	3	1	2	2	3	3	3	3	4	2	4	2	2	1	2	3	3	3	3	4	3	18	0.28
28	3	4	2	1	2	3	4	3	2	1	2	4	3	3	4	2	3	4	3	2	1	3	18	0.56

29	4	1	4	2	2	4	1	1	2	1	2	1	4	1	1	2	4	1	1	2	1	3	18	0.06
30	4	2	3	1	2	4	2	1	3	4	2	1	1	4	4	2	4	2	1	3	4	3	15	0.13
31	4	3	2	4	2	4	3	2	3	2	2	1	2	3	3	2	4	3	2	3	2	3	17	0.24
32	4	4	1	3	2	4	4	2	2	3	2	1	3	2	2	2	4	4	2	2	3	3	18	0.06
33	1	1	1	1	3	1	1	2	1	4	3	2	4	2	4	3	1	1	2	1	4	4	17	0.65
34	1	2	2	2	3	1	2	2	4	1	3	2	1	3	1	3	1	2	2	4	1	4	17	0.18
35	2	2	4	2	3	1	3	1	4	3	4	1	3	3	3	3	1	3	1	4	3	3	15	0.73
36	1	4	4	4	3	1	4	1	1	2	3	2	3	1	3	3	1	4	1	1	2	4	16	0.19
37	3	4	3	2	3	2	1	3	1	2	4	2	1	2	3	3	2	1	3	1	2	3	15	0.73
38	2	2	1	4	3	2	2	3	4	3	3	3	1	2	3	3	2	2	3	4	3	4	17	0.24
39	2	3	4	1	3	2	3	4	4	1	3	3	2	1	4	3	2	3	4	4	1	4	18	0.17
40	2	4	3	2	3	2	4	4	1	4	3	3	3	4	1	3	2	4	4	1	4	4	17	0.24
41	4	4	4	3	3	3	1	2	2	1	4	3	1	3	4	3	3	1	2	2	1	3	17	0.82
42	3	2	4	3	3	3	2	2	3	4	3	4	1	1	2	3	3	2	2	3	4	4	16	0.31
43	4	2	2	1	3	3	3	1	3	2	4	3	3	1	2	3	3	3	1	3	2	3	17	0.71
44	4	3	3	4	3	3	4	1	2	3	4	3	4	2	1	3	3	4	1	2	3	3	16	0.56
45	4	1	4	2	3	4	1	3	2	3	3	1	4	1	1	3	4	1	3	2	3	4	16	0.19
46	1	1	4	4	3	4	2	3	3	2	4	4	2	3	1	3	4	2	3	3	2	3	17	0.71
47	4	3	2	4	3	4	3	4	3	4	3	1	2	3	3	3	4	3	4	3	4	4	16	0.13
48	1	3	2	2	3	4	4	4	2	1	4	4	4	1	3	3	4	4	4	2	1	3	18	0.89
49	1	1	1	1	4	1	1	2	3	1	4	2	4	2	4	4	1	1	2	3	1	1	16	1.00
50	1	2	2	2	4	1	2	2	2	4	4	2	1	3	1	4	1	2	2	2	4	1	17	0.94
51	1	3	3	3	4	1	3	1	2	2	4	2	2	4	2	4	1	3	1	2	2	1	17	0.82
52	2	3	1	3	4	1	4	1	3	3	1	1	4	4	4	4	1	4	1	3	3	4	16	0.44
53	2	1	2	3	4	2	1	3	3	3	4	3	4	3	2	4	2	1	3	3	3	1	17	0.94
54	3	1	2	3	4	2	2	3	2	2	1	2	2	1	4	4	2	2	3	2	2	4	18	0.28
55	3	2	1	4	4	2	3	4	2	4	1	2	3	4	1	4	2	3	4	2	4	4	17	0.12
56	3	3	4	1	4	2	4	4	3	1	1	2	4	3	2	4	2	4	4	3	1	4	17	0.06
57	4	4	4	3	4	3	1	2	4	4	1	3	1	3	4	4	3	1	2	4	4	4	19	0.11
58	4	1	1	2	4	3	2	2	1	1	1	3	2	4	3	4	3	2	2	1	1	4	16	0.19
59	3	3	1	2	4	3	3	1	1	3	4	4	2	2	1	4	3	3	1	1	3	1	17	0.94
60	4	3	3	4	4	3	4	1	4	2	1	3	4	2	1	4	3	4	1	4	2	4	17	0.18

61	4	1	4	2	4	4	1	3	4	2	4	1	4	1	1	4	4	1	3	4	2	1	16	0.69
62	4	2	3	1	4	4	2	3	1	3	4	1	1	4	4	4	4	2	3	1	3	1	17	0.82
63	1	2	3	3	4	4	3	4	1	1	1	4	3	2	4	4	4	3	4	1	1	4	17	0.29
64	1	3	2	2	4	4	4	4	4	4	1	4	4	1	3	4	4	4	4	4	4	4	16	0.38
65	1	1	1	1	1	1	1	4	3	3	1	2	4	1	1	2	4	1	4	3	3	2	17	0.47
66	2	1	1	1	3	1	2	4	2	2	2	1	2	1	1	2	2	2	4	2	2	1	18	0.72
67	1	3	1	1	3	3	3	3	2	4	1	2	2	1	1	4	2	3	3	2	4	2	17	0.24
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79	4	3	1	4	2	4	3	2	1	3	1	1	2	1	4	3	3	3	2	1	3	2	15	0.27
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93	4	1	2	4	4	2	1	1	2	1	2	1	4	2	4	1	1	1	1	2	1	3	18	0.06
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125	4	1	4	4	4	2	1	3	4	2	4	1	4	4	4	1	1	1	3	4	2	1	18	0.44
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220	4	2	3	3	4	3	2	3	4	1	3	3	2	3	4	4	3	2	2	1	1	2	18	0.44

221	4	2	4	1	1	1	2	4	2	1	2	1	2	4	4	1	1	2	1	1	1	3	18	0.22
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253	4	4	4	1	1	3	4	4	2	2	4	1	4	4	4	1	3	4	1	1	2	1	17	0.94
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267	4	1	3	3	3	2	1	2	1	1	2	3	1	3	3	3	3	1	1	1	2	1	17	0.82
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285	1	2	4	1	1	4	2	1	1	1	3	4	2	4	1	1	1	2	4	1	2	2	16	0.88
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317	1	4	4	1	3	4	4	1	2	1	1	4	4	4	1	3	1	4	4	2	2	4	18	0.28
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370	1	4	1	2	2	2	2	4	2	2	4	2	4	1	2	2	2	1	4	3	1	1	17	0.94
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373	2	4	2	1	3	3	1	3	2	3	4	3	4	2	1	3	3	4	3	3	2	1	17	0.82
374	3	4	2	2	3	2	1	2	2	3	1	2	4	2	2	3	2	2	2	1	4	4	16	0.13
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378	4	4	3	2	2	1	1	1	1	2	1	3	4	3	2	2	1	2	1	4	3	4	17	0.29
379	4	4	3	3	1	1	2	3	2	1	1	3	4	3	3	1	1	3	3	1	2	4	17	0.06
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381	1	4	4	1	3	4	4	2	1	1	1	4	4	4	1	3	4	1	2	4	2	4	16	0.13
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385	1	2	4	1	1	4	3	2	4	3	2	1	1	1	1	1	4	3	1	1	3	1	17	0.53
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387	1	1	3	1	3	3	2	3	3	4	1	1	2	2	1	3	3	2	4	2	4	2	17	0.12
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413	2	4	1	4	1	1	2	4	2	1	2	2	1	4	4	1	1	2	1	1	1	3	17	0.24
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447	4	1	2	4	3	4	1	3	3	1	1	4	4	3	4	3	4	1	2	4	1	4	17	0.47
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465	2	1	1	1	1	4	1	1	2	1	2	2	2	1	4	1	4	2	1	2	4	3	17	0.29
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521	1	3	3	1	1	4	4	3	2	4	1	1	4	3	1	4	4	4	4	2	3	2	18	0.56
522	1	3	3	2	2	4	1	4	3	3	1	1	4	3	2	1	4	1	1	3	2	2	17	0.18
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731	2	3	4	3	2	3	3	4	2	1	3	2	3	3	3	3	3	3	4	1	2	2	17	0.76
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826	4	3	4	2	2	1	1	2	1	1	1	4	3	3	2	2	2	4	3	1	1	4	18	0.39
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893	4	4	1	4	1	4	3	4	2	2	4	4	4	1	1	4	1	3	4	1	2	1	17	0.65
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