

Schalet, B. D., Lim, S., Cella, D., Choi, S. W. Linking scores with patient-reported health outcome instruments: A validation study and comparison of three linking methods. *Psychometrika*.

Online Resource 1: Summary of Linking Studies with PROMIS and other Patient-Reported Outcome Instruments

Published reports on patient-reported outcome (PRO) instrument linking have been typically been organized around a single health domain. Linking studies with PROMIS instruments (Cella et al., 2010) cover the domains of depression (Choi, Schalet, Cook, & Cella, 2014; Gibbons et al., 2011; Kim et al., 2015; Olino et al., 2013; Schalet et al., 2016; Schalet et al., 2020; Wahl et al., 2014), pediatric depression (Kaat et al., 2020), anxiety (Schalet, Cook, Choi, & Cella, 2014; Victorson et al., 2019), fatigue (Lai, Cella, Yanez, & Stone, 2014; Noonan et al., 2012), physical function (Kaat, Schalet, Rutsohn, Jensen, & Cella, 2018; Schalet, Revicki, et al., 2015; Voshaar et al., 2019), pain interference (Askew et al., 2013; Chen, Revicki, Lai, Cook, & Amtmann, 2009; Cook, Schalet, Kallen, Rutsohn, & Cella, 2015), and general or global health (Schalet, Rothrock, et al., 2015). A few of these studies linked a large number of instruments, of which PROMIS is one, to a larger metric (Voshaar et al., 2019; Wahl et al., 2014). PROMIS linking studies have also been used to facilitate score translation from pediatric to adult measures for emotional distress (Reeve et al., 2016) and physical health domains (Tulsky et al., 2019). Using regression techniques, some researchers have linked PROMIS-based multidimensional health status scores, which are useful for economic evaluations (Feeny, Furlong, Boyle, & Torrance, 1995). These scores been linked using regression techniques (Hays et al., 2016; Revicki et al., 2009; Thompson, Lapin, & Katzan, 2017), noting that care needs to be taken to avoid regression to the mean (Fayers & Hays, 2014).

Some linking studies incorporated PROMIS instruments, but did not use the established parameters (available via help@healthmeasures.net for research purposes). PROMIS item parameters were not used in co-calibration studies with on a large number of PROs, of which PROMIS is only one (Voshaar et al., 2019; Wahl et al., 2014), or when the research question does not require anchoring (Olino et al., 2013). Linking analyses on a new (freely estimated) metric may have the advantage of producing more accurate standard errors and are less likely to result in bias; however, such an approach carries the practical risk for PROMIS of introducing and managing multiple calibration sets. This may be minimized by publicly cataloging the calibrations and facilitating scoring (Fischer & Rose, 2016).

PRO-based linking studies *without* PROMIS instruments have included instruments that measure social anxiety (Sunderland et al., 2018), psychological distress (Batterham, Sunderland, Slade, Calear, & Carragher, 2018), generalized anxiety (Kisala et al., 2015), depression (Fischer, Tritt, Klapp, & Fliege, 2011; Orlando, Sherbourne, & Thissen, 2000; Tulsky et al., 2015), disruptive behavior (Kaat et al., 2019), personality disorder severity (Zimmermann et al., 2020), fatigue (Friedrich et al., 2019), physical function or functional status (McHorney & Cohen, 2000; Shoop-Worrall et al., 2020; ten Klooster et al., 2013; Voshaar et al., 2019), as well as multi-dimensional scales (Holzner et al., 2006).

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