

PROMIS-29 Profile v1.0

Please respond to each question or statement by marking one box per row.

Physical Function		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA11 1	Are you able to do chores such as vacuuming or yard work?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
PFA21 2	Are you able to go up and down stairs at a normal pace?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
PFA23 3	Are you able to go for a walk of at least 15 minutes?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
PFA53 4	Are you able to run errands and shop?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Anxiety

In the past 7 days...

		Never	Rarely	Sometimes	Often	Always
EDANX01 5	I felt fearful	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDANX40 6	I found it hard to focus on anything other than my anxiety	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDANX41 7	My worries overwhelmed me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDANX53 8	I felt uneasy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Depression

In the past 7 days...

		Never	Rarely	Sometimes	Often	Always
EDDEP04 9	I felt worthless	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDDEP06 10	I felt helpless	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDDEP29 11	I felt depressed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
EDDEP41 12	I felt hopeless	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Fatigue

During the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
HI7 13	I feel fatigued	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
A3 14	I have trouble starting things because I am tired	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

In the past 7 days...

FATEXP41 15	How run-down did you feel on average?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	---------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

PROMIS-29 Profile v1.0

Fatigue

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
FATEXP40 16	How fatigued were you on average?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Sleep Disturbance

In the past 7 days...

		Very poor	Poor	Fair	Good	Very good
Sleep109 17	My sleep quality was...	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
Sleep116 18	My sleep was refreshing	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Sleep20 19	I had a problem with my sleep	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
---------------	-------------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Sleep44 20	I had difficulty falling asleep	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
---------------	---------------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Satisfaction with Social Role

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
SRPSAT07 21	I am satisfied with how much work I can do (including work at home)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

SRPSAT24 22	I am satisfied with my ability to work (including work at home)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	---	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

SRPSAT47 23	I am satisfied with my ability to do regular personal and household responsibilities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

SRPSAT49 24	I am satisfied with my ability to perform my daily routines	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	---	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Pain Interference

In the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAININ9 25	How much did pain interfere with your day to day activities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

PAININ22 26	How much did pain interfere with work around the home?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

PAININ31 27	How much did pain interfere with your ability to participate in social activities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

PAININ34 28	How much did pain interfere with your household chores?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
----------------	---	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Pain Intensity

In the past 7 days...

		No pain									Worst imaginable pain	
Global07 29	How would you rate your pain on average?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10