

Blood and Marrow Transplant Clinical Trials Network

PROMIS Item Bank v1.0 (PRO)

Web Version: 1.0; 1.01; 08-21-17

Segment (*PROTSEG*): A

Visit Number (*VISNO*):

Date of evaluation:

(mm/dd/yyyy)

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

(*PROEVADT*)

Fatigue - Short Form 8a	
1. During the past 7 days I feel fatigued	(<i>PROFATIG</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
2. During the past 7 days I have trouble <u>starting</u> things because I am tired	(<i>PROFSTRT</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
3. In the past 7 days How run-down did you feel on average?	(<i>PROFRNDN</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
4. In the past 7 days How fatigued were you on average?	(<i>PROFAVG</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
5. In the past 7 days How much were you bothered by your fatigue on average?	(<i>PROFBOTR</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
6. In the past 7 days To what degree did your fatigue interfere with your physical functioning?	(<i>PROFINTP</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
7. In the past 7 days How often did you have to push yourself to get things done because of your fatigue?	(<i>PROFPUSH</i>) <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always
8. In the past 7 days How often did you have trouble finishing things because of your fatigue?	(<i>PROFFINH</i>) <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always
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Pain Interference - Short Form 8a	
9. In the past 7 days How much did pain interfere with your day to day activities?	(<i>PROPDAYA</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
10. In the past 7 days How much did pain interfere with work around the home?	(<i>PROPHOME</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
11. In the past 7 days How much did pain interfere with your ability to participate in social activities?	(<i>PROPSOC</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
12. In the past 7 days How much did pain interfere with your household chores?	(<i>PROPCHOR</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
13. In the past 7 days How much did pain interfere with the things you usually do for fun?	(<i>PROPFUN</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
14. In the past 7 days How much did pain interfere with your enjoyment of social activities?	(<i>PROPJOYS</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much
15. In the past 7 days How much did pain interfere with your enjoyment of life?	(<i>PROPJOYL</i>) <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much

16. In the past 7 days
How much did pain interfere with your family life?

(PROPFAM) Not at all A little bit Somewhat Quite a bit Very much

2 June 2016
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Pain Intensity - Short Form 3a

17. In the past 7 days
How intense was your pain at its worst?

(PROPIWRT) Had no pain Mild Moderate Severe Very severe

18. In the past 7 days
How intense was your average pain?

(PROPIAVG) Had no pain Mild Moderate Severe Very severe

19. What is your level of pain right now?

(PROPINOW) No pain Mild Moderate Severe Very severe

23 June 2016
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