

PhenX Measure: Quality of Life (#221300)

PhenX Protocol: Quality of Life - Adult (#221302)

Date of Interview/Examination (MM/DD/YYYY): \_\_\_\_\_

**PROMIS<sup>®</sup>-29 Profile v2.0**

<b><u>Physical Function</u></b>		<b>Without any difficult</b>	<b>With a little difficult</b>	<b>With some difficult</b>	<b>With much difficult</b>	<b>Unable to do</b>
1	Are you able to do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you able to go up and down stairs at a normal pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you able to go for a walk of at least 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you able to run errands and shop? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Anxiety</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
5	I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I found it hard to focus on anything other than my anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My worries overwhelmed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I felt uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Depression</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
9	I felt worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I felt helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I felt hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Fatigue</u></b>						
<b>During the past 7 days...</b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
13	I feel fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14	I have trouble <u>starting</u> things because I am tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b><u>Fatigue</u></b>						
<b>In the past 7 days...</b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
15	How run-down did you feel on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16	How fatigued were you on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b><u>Sleep Disturbance</u></b>						
<b>In the past 7 days...</b>		<b>Very poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very good</b>
17	My sleep quality was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>In the past 7 days...</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
18	My sleep was refreshing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19	I had a problem with my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20	I had difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b><u>Ability to Participate in Social Roles and Activities</u></b>						
		<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>

21	I have trouble doing all of my regular leisure activities with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22	I have trouble doing all of the family activities that I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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23	I have trouble doing all of my usual work (include work at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I have trouble doing all of the activities with friends that I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Pain Interference In the past 7 days...</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
25	How much did pain interfere with your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	How much did pain interfere with work around the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	How much did pain interfere with your ability to participate in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	How much did pain interfere with your household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pain Intensity**  
In the past 7 days...

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