



PhenX Measure: Quality of Life (#221300)
 PhenX Protocol: Quality of Life - Pediatric (#221301)

Date of Interview/Examination (MM/DD/YYYY): _____

Additional information about PROMIS® instruments—including the item bank development history, available banks, domain definitions, administration, scoring, validity, and interpretation—is available on the PROMIS® website: <http://www.nihpromis.org>. As of fall 2014, per the PROMIS® website, PROMIS® 25 is available in English and Spanish; however, other translations are in development.

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

Physical Function Mobility

In the past 7 days...

	With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
1. I could do sports and exercise that other kids my age could do.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. I could get up from the floor.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. I could walk up stairs without holding on to anything.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I have been					

physically able to do the activities I enjoy most.....	[]	[]	[]	[]	[]
	4	3	2	1	0

Anxiety

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
5. I felt like something awful might happen.....	[] 0	[] 1	[] 2	[] 3	[] 4
6. I felt nervous....	[] 0	[] 1	[] 2	[] 3	[] 4
7. I felt worried.....	[] 0	[] 1	[] 2	[] 3	[] 4
8. I worried when I was at home....	[] 0	[] 1	[] 2	[] 3	[] 4

Depressive Symptoms

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
9. I felt everything in my life went wrong.....	[]	[]	[]	[]	[]

	0	1	2	3	4
10. I felt lonely.....	[] 0	[] 1	[] 2	[] 3	[] 4
11. I felt sad.....	[] 0	[] 1	[] 2	[] 3	[] 4
12. It was hard for me to have fun.....	[] 0	[] 1	[] 2	[] 3	[] 4

Fatigue

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
13. Being tired made it hard for me to keep up with my schoolwork.....	[] 0	[] 1	[] 2	[] 3	[] 4
14. I got tired easily...	[] 0	[] 1	[] 2	[] 3	[] 4
15. I was too tired to do sports or exercise.....	[] 0	[] 1	[] 2	[] 3	[] 4
16. I was too tired to enjoy the things I like to do.....	[] 0	[] 1	[] 2	[] 3	[] 4

Peer Relationships

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
17. I felt accepted by other kids my age.....	[] 0	[] 1	[] 2	[] 3	[] 4
18. I was able to count on my friends.....	[] 0	[] 1	[] 2	[] 3	[] 4
19. My friends and I helped each other out.....	[] 0	[] 1	[] 2	[] 3	[] 4
20. Other kids wanted to be my friend.....	[] 0	[] 1	[] 2	[] 3	[] 4

Pain Interference

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
21. I had trouble sleeping when I had pain.....	[] 0	[] 1	[] 2	[] 3	[] 4
22. It was hard for me to pay attention when I had pain....	[]	[]	[]	[]	[]

	0	1	2	3	4
23. It was hard for me to run when I had pain	[] 0	[] 1	[] 2	[] 3	[] 4
24. It was hard for me to walk one block when I had pain....	[] 0	[] 1	[] 2	[] 3	[] 4

Pain Intensity

In the past 7 days...

25. How bad was your pain on average? ...	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	0	1	2	3	4	5	6	7	8	9	10
	No Pain										Worst pain you can think of

PhenX Measure: Quality of Life (#221300)
 PhenX Protocol: Quality of Life - Adult (#221302)

Date of Interview/Examination (MM/DD/YYYY): _____

PROMIS®–29 Profile v2.0

<u>Physical Function</u>		Without any difficult	With a little difficult	With some difficult	With much difficult	Unable to do
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"/>
<u>Anxiety</u> In the past 7 days...		Never	Rarely	Some-times	Often	Always
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"/>
<u>Depression</u> In the past 7 days...		Never	Rarely	Some-times	Often	Always
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"/>

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

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

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

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

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

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

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

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