

## PROMIS–29 Profile v2.0

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

<b><u>Physical Function</u></b>		<b>Without any difficulty</b>	<b>With a little difficulty</b>	<b>With some difficulty</b>	<b>With much difficulty</b>	<b>Unable to do</b>
PFA11 1	Are you able to do chores such as vacuuming or yard work? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA21 2	Are you able to go up and down stairs at a normal pace?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA23 3	Are you able to go for a walk of at least 15 minutes?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA53 4	Are you able to run errands and shop? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b><u>Anxiety</u></b> <b>In the past 7 days...</b>		<b><u>Never</u></b>	<b><u>Rarely</u></b>	<b><u>Sometimes</u></b>	<b><u>Often</u></b>	<b><u>Always</u></b>
EDANX01 5	I felt fearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX40 6	I found it hard to focus on anything other than my anxiety .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX41 7	My worries overwhelmed me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX53 8	I felt uneasy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Depression</u></b> <b>In the past 7 days...</b>		<b><u>Never</u></b>	<b><u>Rarely</u></b>	<b><u>Sometimes</u></b>	<b><u>Often</u></b>	<b><u>Always</u></b>
EDDEP04 9	I felt worthless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP06 10	I felt helpless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP29 11	I felt depressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP41 12	I felt hopeless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Fatigue</u></b> <b>During the past 7 days...</b>		<b><u>Not at all</u></b>	<b><u>A little bit</u></b>	<b><u>Somewhat</u></b>	<b><u>Quite a bit</u></b>	<b><u>Very much</u></b>
HI7 13	I feel fatigued .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AN3 14	I have trouble <u>starting</u> things because I am tired.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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### Fatigue

**In the past 7 days...**

**Not at all    A little bit    Somewhat    Quite a bit    Very much**

FATEXP41 15	How run-down did you feel on average? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
FATEXP40 16	How fatigued were you on average? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### Sleep Disturbance

**In the past 7 days...**

**Very poor    Poor    Fair    Good    Very good**

Sleep109 17	My sleep quality was.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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**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="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Sleep20 19	I had a problem with my sleep .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sleep44 20	I had difficulty falling asleep .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### Ability to Participate in Social Roles and Activities

**Never    Rarely    Sometimes    Usually    Always**

SRPPER11 _CaPS 21	I have trouble doing all of my regular leisure activities with others.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SRPPER18 _CaPS 22	I have trouble doing all of the family activities that I want to do .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SRPPER23 _CaPS 23	I have trouble doing all of my usual work (include work at home) .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SRPPER46 _CaPS 24	I have trouble doing all of the activities with friends that I want to do .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

### 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="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAININ22 26	How much did pain interfere with work around the home? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAININ31 27	How much did pain interfere with your ability to participate in social activities? .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAININ34 28	How much did pain interfere with your household chores? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Global07  
29

How would you rate your pain on average?.....

0  
No  
pain

1

2

3

4

5

6

7

8

9

10

**Worst  
imaginable  
pain**