PROMIS–29 Profile (Physically Disabled)

Patient Name:_____**Date of Birth:**_____
MRN: _____ **Date:** _____

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**
1	Are you able to participate to meet your ADL needs?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
2	Are you able to transfer (with or without the help of your assistant)?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
3	Are you able to move around your home or neighborhood for 15 minutes?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
4	Are you able to do errands and shop?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Anxiety **In the past 7 days…**	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
5	I felt fearful.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
6	I found it hard to focus on anything other than my anxiety	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
7	My worries overwhelmed me.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
8	I felt uneasy	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Depression **In the past 7 days...**	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
9	I felt worthless	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
10	I felt helpless	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
11	I felt depressed	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
12	I felt hopeless	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Fatigue **During the past 7 days…**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
13	I feel fatigued	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
14	I have trouble starting things because I am tired.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	In the past 7 days…					
15	How run-down did you feel on average? ...	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
16	How fatigued were you on average?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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Sleep Disturbance

	In the past 7 days…	Very poor	Poor	Fair	Good	Very good
17	My sleep quality was.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
18	My sleep was refreshing.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
19	I had a problem with my sleep	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
20	I had difficulty falling asleep	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Satisfaction with Social Role

	In the past 7 days…	Not at all	A little bit	Somewhat	Quite a bit	Very much
21	I am satisfied with how much work I can do (include work at home)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22	I am satisfied with my ability to work (include work at home)……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23	I am satisfied with my ability to do regular personal and household responsibilities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24	I am satisfied with my ability to perform my daily routines.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Pain Interference

	In the past 7 days…	Not at all	A little bit	Somewhat	Quite a bit	Very much
25	How much did pain interfere with your day to day activities?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
26	How much did pain interfere with work around the home?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
27	How much did pain interfere with your ability to participate in social activities?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
28	How much did pain interfere with your household chores?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Pain Intensity

	In the past 7 days…											
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**

How to score: Please add up the scores per section (each section is comprised of 4 questions). Sections in which scores are <10 points are worrisome so please address with the member if the member is willing to engage.

