**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**SCALE: Emotional Distress – Anxiety – Short Form 8a**

PROMIS Item Bank v1.0 – Emotional Distress – Anxiety – Short Form 8a

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In the past 7 days…** | | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| EDANX01  1 | I felt fearful | 1 | 2 | 3 | 4 | 5 |
| EDANX40  2 | I found it hard to focus on anything other than my anxiety | 1 | 2 | 3 | 4 | 5 |
| EDANX41  3 | My worries overwhelmed me | 1 | 2 | 3 | 4 | 5 |
| EDANX53  4 | I felt uneasy | 1 | 2 | 3 | 4 | 5 |
| EDANX46  5 | I felt nervous | 1 | 2 | 3 | 4 | 5 |
| EDANX07  6 | I felt like I needed help for my anxiety | 1 | 2 | 3 | 4 | 5 |
| EDANX05  7 | I felt anxious | 1 | 2 | 3 | 4 | 5 |
| EDANX54  8 | I felt tense | 1 | 2 | 3 | 4 | 5 |

**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**SCALE: Emotional Distress – Depression – Short Form 8a**

PROMIS Item Bank v1.0 – Emotional Distress – Depression–Short Form 8a

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In the past 7 days…** | | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| EDDEP04  1 | I felt worthless | 1 | 2 | 3 | 4 | 5 |
| EDDEP06  2 | I felt helpless | 1 | 2 | 3 | 4 | 5 |
| EDDEP29  3 | I felt depressed | 1 | 2 | 3 | 4 | 5 |
| EDDEP41  4 | I felt hopeless | 1 | 2 | 3 | 4 | 5 |
| EDDEP22  5 | I felt like a failure | 1 | 2 | 3 | 4 | 5 |
| EDDEP36  6 | I felt unhappy | 1 | 2 | 3 | 4 | 5 |
| EDDEP05  7 | I felt that I had nothing to look forward to | 1 | 2 | 3 | 4 | 5 |
| EDDEP09  8 | I felt that nothing could cheer me up | 1 | 2 | 3 | 4 | 5 |

**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**SCALE: Fatigue – Short Form 8a**

PROMIS Item Bank v1.0 – Fatigue – Short Form 8a

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **During the past 7 days…** | | | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| HI7  1 | | I feel fatigued | 1 | 2 | 3 | 4 | 5 |
| AN3  2 | | I have trouble starting things because I am tired | 1 | 2 | 3 | 4 | 5 |
| **In the past 7 days…** | | | | | | | |
| FATEXP41  3 | | How run-down did you feel on average? ... | 1 | 2 | 3 | 4 | 5 | |
| FATEXP40  4 | | How fatigued were you on average? | 1 | 2 | 3 | 4 | 5 | |
| FATEXP35  5 | | How much were you bothered by your fatigue on average? | 1 | 2 | 3 | 4 | 5 | |
| FATIMP49  6 | | To what degree did your fatigue interfere with your physical functioning? | 1 | 2 | 3 | 4 | 5 | |
| **In the past 7 days…** | | | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| FATIMP3  7 | How often did you have to push yourself to get things done because of your fatigue? | | 1 | 2 | 3 | 4 | 5 |
| FATIMP16  8 | How often did you have trouble finishing things because of your fatigue? | | 1 | 2 | 3 | 4 | 5 |

**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**SCALE: Sleep Disturbance – Short Form 8a**

PROMIS Item Bank v1.0 – Sleep Disturbance – Short Form 8a

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In the past 7 days…** | | **Very poor** | **Poor** | **Fair** | **Good** | **Very good** |
| Sleep109  1 | My sleep quality was | 5 | 4 | 3 | 2 | 1 |
| **In the past 7 days…** | | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| Sleep116  2 | My sleep was refreshing. | 5 | 4 | 3 | 2 | 1 |
| Sleep20  3 | I had a problem with my sleep | 1 | 2 | 3 | 4 | 5 |
| Sleep44  4 | I had difficulty falling asleep | 1 | 2 | 3 | 4 | 5 |
| Sleep108  5 | My sleep was restless | 1 | 2 | 3 | 4 | 5 |
| Sleep72  6 | I tried hard to get to sleep | 1 | 2 | 3 | 4 | 5 |
| Sleep67  7 | I worried about not being able to fall asleep | 1 | 2 | 3 | 4 | 5 |
| Sleep115  8 | I was satisfied with my sleep. | 5 | 4 | 3 | 2 | 1 |