**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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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 7 days…**  | **Never**  | **Rarely**  | **Sometimes**  | **Often**  | **Always**  |
| EDDEP04 1  | I felt worthless | [ ] 1  | [ ] 2  | [ ] 3  | [ ] 4  | [ ] 5  |
| EDDEP062  | I felt helpless  | [ ] 1  | [ ] 2  | [ ] 3  | [ ] 4  | [ ] 5  |
| EDDEP293  | 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  |