

PROMIS-Cancer Fatigue-17 Short Form

Below is a list of statements that other people with your illness have said are important. **Thinking about the past 7 days, please respond to each question by checking one (1) box.**

		Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
FATEXP 20	How often did you feel tired?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEXP 6	How often did you feel tired even when you hadn't done anything?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEXP 5	How often did you experience extreme exhaustion?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEXP 18	How often did you run out of energy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEXP 31	How often were you energetic?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEXP 24	How often did you have enough energy to enjoy the things you do for fun?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 53	How often were you too tired to take a short walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 33	How often did your fatigue limit you at work (include work at home)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 18	How often did you have to limit your social activities because of your fatigue?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 29	How often were you too tired to leave the house?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 30	How often were you too tired to think clearly?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 21	How often were you too tired to take a bath or shower?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 40	How often did you have enough energy to exercise strenuously?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIMP 6	How often did your fatigue make you feel slowed down in your thinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not at all 1	A little bit 2	Some what 3	Quite a bit 4	Very much 5
FATIMP 28	How hard was it for you to carry on a conversation because of your fatigue?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
FATEX P 20	How often did you feel tired.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEX P 5	How often did you experience extreme exhaustion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATEX P 18	How often did you run out of energy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIM P 33	How often did your fatigue limit you at work (include work at home).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIM P 30	How often were you too tired to think clearly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIM P 21	How often were you too tired to take a bath or shower.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIM P 40	How often did you have enough energy to exercise strenuously.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROMIS-Cancer Pain Interference Short Form

Below is a list of statements that other people with your illness have said are important. **Thinking about the past 7 days, please respond to each question by checking one (1) box.**

		Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
PAININ 46	How often did pain make it difficult for you to plan social activities?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 29	How often was your pain so severe you could think of nothing else?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 37	How often did pain make you feel anxious?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 39	How often did pain make simple tasks hard to complete?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 32	How often did pain make you feel discouraged?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not at all 1	A little bit 2	Some- what 3	Quite a bit 4	Very much 5
PAININ 5	How much did pain interfere with your ability to participate in leisure activities?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 18	How much did pain interfere with your ability to work (include work at home)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 9	How much did pain interfere with your day to day activities?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 3	How much did pain interfere with your enjoyment of life?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAININ 8	How much did pain interfere with your ability to concentrate?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROMIS-Cancer Physical Function Short Form

Below is a list of statements that other people with your illness have said are important.
Please respond to each question by checking one (1) box.

		Without any difficulty 5	With a little difficulty 4	With some difficulty 3	With much difficulty 2	Unable to do 1
PFA 11	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"/>
PFA 21	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"/>
PFA 56	Are you able to get in and out of a car?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA 53	Are you able to run errands and shop?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA 9	Are you able to bend down and pick up clothing from the floor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFB 28	Are you able to lift 10 pounds above your shoulder?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not at all 5	Very little 4	Some What 3	Quite a lot 2	Cannot do 1
PFB 44	Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA 1	Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFB 3	Does your health now limit you in putting a trash bag outside?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA 6	Does your health now limit you in bathing or dressing yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROMIS-Cancer Anxiety Short Form

Below is a list of statements that other people with your illness have said are important. **Thinking about the past 7 days, please respond to each question by checking one (1) box.**

		Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
EDANX 05	I felt anxious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 41	My worries overwhelmed me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 09	I had unpleasant thoughts that wouldn't leave my mind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 27	I felt something awful would happen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 30	I felt worried.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 47	I felt indecisive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 51	I had trouble relaxing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX 20	I was easily startled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDANX -CaPS6	I worried that my condition will get worse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROMIS-Cancer Depression Short Form

Below is a list of statements that other people with your illness have said are important. **Thinking about the past 7 days, please respond to each question by checking one (1) box.**

		Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
EDDEP 06	I felt helpless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 09	I felt that nothing could cheer me up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 16	I felt like crying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 17	I felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 22	I felt like a failure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 39	I felt I had no reason for living.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 41	I felt hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 28	I felt lonely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 05	I felt that I had nothing to look forward to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDEP 33	I thought about suicide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>