

Attachment A. PROMIS Item Bank V2.0

Form Approved
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PROMIS® Item Bank v2.0 – Mobility

Mobility

Please respond to each item by marking one box per row.

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFCA8	Are you able to walk at a normal speed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFA15	Are you able to stand up from an armless straight chair?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFA21	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
FFA23	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
FFA31t	Are you able to get up from the floor from lying on your back without help?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFB9	Are you able to jump up and down?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFB10	Are you able to climb up five steps?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFB24	Are you able to run a short distance, such as to catch a bus?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFB32	Are you able to stand unsupported for 10 minutes?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFA10	Are you able to stand for one hour?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
FFB40	Are you able to stand up on tiptoes?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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Upper Extremity

Please respond to each item by marking one box per row.

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA161	Are you able to carry a heavy object (over 10 pounds /5 kg)?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA161	Are you able to dress yourself, including tying shoelaces and buttoning your clothes?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA17	Are you able to reach into a high cupboard?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA18	Are you able to use a hammer to pound a nail?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA20	Are you able to cut your food using eating utensils?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA28	Are you able to open a can with a hand can opener?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA291	Are you able to pull heavy objects (10 pounds/ 5 kg) towards yourself?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA34	Are you able to wash your back?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA35	Are you able to open and close a zipper....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA36	Are you able to put on and take off a coat or jacket?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA38	Are you able to dry your back with a towel?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

PROMIS Physical Function with Mobility

Please respond to each item by marking one box per row.

The following questions ask about your ability to stand and move with and without support. "Support" means using items such as canes, walking sticks, walkers and leg braces, or other people.		Yes	No			
PF_Screener 1	Can you stand (with or without support)?	<input type="checkbox"/>	<input type="checkbox"/>			
		Yes→ proceed to PF_Screener2 No→ proceed to CAT with items only from Group A				
The following questions ask about your ability to stand and move with and without support. "Support" means using items such as canes, walking sticks, walkers and leg braces, or other people.		Yes	No			
PF_Screener 2	Can you walk 25 feet on a level surface (with or without support)?	<input type="checkbox"/>	<input type="checkbox"/>			
		Yes→ proceed to CAT with all items (Groups A, B, and C) No→ proceed to CAT with items only from Groups A and C				
Group A Items (PF_1 thru PFC53)		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PF_1	Are you able to go OUTSIDE the home, for example to shop or visit a doctor's office?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_10	Are you able to dial a number on a phone with large buttons?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_11	Are you able to clean up after a meal?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_12	How much difficulty do you currently have opening previously opened jars?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_13	Are you able to dial a number on the keypad of a cell phone?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_14	Are you able to roll onto your stomach while lying in bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Physical Function – Short Form 10a

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

		Not at all	Very little	Somewhat	Quite a lot	Cannot do
PPA1	Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPC0H1	Does your health now limit you in walking more than a mile (1.6 km)?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPC3T	Does your health now limit you in climbing one flight of stairs?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPA5	Does your health now limit you in lifting or carrying groceries?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPA3	Does your health now limit you in bending, kneeling, or stooping?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Cannot do
PPA11	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
PPA10H1	Are you able to dress yourself, including tying shoelaces and buttoning your clothes?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPB25	Are you able to shampoo your hair?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPA55	Are you able to wash and dry your body?..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PPC45H1	Are you able to sit on and get up from the toilet?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1