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Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

PROMIS Instrument & Sleep Questions

Subject ID Number: _____

Start Date: ____/____/____ & Time: ____am/pm
Month Day Year HH:MM

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PROMIS Fatigue - Short Form 7a

Please respond to each item by marking one answer per question. In the past 7 days...

How often did you feel tired? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often did you experience extreme exhaustion? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often did you run out of energy? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often did your fatigue limit you at work (include work at home)? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often were you too tired to think clearly? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often were you too tired to take a bath or shower? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

How often did you have enough energy to exercise strenuously? ... 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always

PROMIS Sleep Disturbance - Short Form 8b

Please respond to each item by marking one answer per question. In the past 7 days...

My sleep was restless... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I was satisfied with my sleep... 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much

My sleep was refreshing... 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much

I had difficulty falling asleep... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I had trouble staying asleep... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

I had trouble sleeping... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

I got enough sleep... 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always

My sleep quality was... 5 Very poor 4 Poor 3 Fair 2 Good 1 Very good

PROMIS Sleep Related Impairment - Short Form 8a

Please respond to each item by marking one answer per question. In the past 7 days...

I had a hard time getting things done because I was sleepy... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I felt alert when I woke up... 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much

I felt tired... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I had problems during the day because of poor sleep... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I had a hard time concentrating because of poor sleep... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I felt irritable because of poor sleep... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I was sleepy during the daytime... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

I had trouble staying awake during the day... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

PROMIS Pain Interference - Short Form 6b

Please respond to each item by marking one answer per question. In the past 7 days...

How much did pain interfere with your enjoyment of life? ... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

How much did pain interfere with your ability to concentrate? ... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

How much did pain interfere with your day to day activities? ... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

How much did pain interfere with your enjoyment of recreational activities? ... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)? ... 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

How often did pain keep you from socializing with others? ... 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

PROMIS Pain Behavior - Short Form 7a

Please respond to each item by marking one answer per question.

When I was in pain I became irritable... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I grimaced... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I moved extremely slowly... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I moved stiffly... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I called out for someone to help me... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I isolated myself from others... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

When I was in pain I thrashed... 1 Had no Pain 2 Never 3 Rarely 4 Sometimes 5 Often 6 Always

Sleep Related Questions

Please answer the following questions about sleep. Most people sleep at night. If you work nights and sleep during the day, please consider the term “night” to mean the time in which you sleep.

1. On average, *during the past month*:

A. What time do you go to bed? _____ : _____ AM PM

B. What time do you fall asleep? _____ : _____ AM PM

C. What time do you wake up? _____ : _____ AM PM

D. What time do you get up? _____ : _____ AM PM

2. Do you read or watch television after getting into bed at night? 1 Yes 2 No

3. On average, *during the past month*, how many nights per week have you:

	Never ↓	1 – 2 nights per week ↓	3 – 5 nights per week ↓	6 – 7 nights per week ↓
A. Experienced difficulty falling asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Experienced difficulty sleeping through the night because you wake up and cannot go back to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Awakened earlier than you wanted to and did not get enough sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Woken up from a night's sleep not feeling rested?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Experienced nightmares or disturbing dreams?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Awakened to find that you had messed up the sheets?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4. Do you know, or have you ever been told, that you snore loudly during sleep?

- 1 Yes
 2 No (**SKIP TO QUESTION 6**)

5. On average, how often do you snore?

- 1 Never
 2 1-3 nights per week
 3 4-5 nights per week
 4 6-7 nights per week

6. Do you know, or have you ever been told, that your breathing pauses during sleep?

- 1 Yes
 2 No

7. How often do you get so sleepy during the day or evening that you have to take a nap?

- 1 Never
 2 Once a month or less
 3 2-4 times per month
 4 5-15 times per month
 5 More than 15 times per month

8. When sitting inactive or lying down, do you experience a strong urge to move your legs that is accompanied by unpleasant sensations, such as, restlessness, creepy-crawling or tingly feelings?

- 1 Never (**SKIP TO QUESTION 11**)
 2 Once a month or less
 3 2-4 times per month
 4 5-15 times per month
 5 More than 15 times per month

9. Are the unpleasant feelings in your legs made better in any way, even temporarily or for a short time, by walking or moving your legs?

- 1 Yes
 2 No

10. If these sensations and urges to move bother you, when do they most bother you? *Please mark all that apply.*

- 1 Morning
- 2 Day
- 3 Evening
- 4 Night
- 5 These sensations do not bother me

11. On average, how often do your legs jerk or move by themselves while lying down and attempting to go to sleep?

- 1 Never
- 2 Once a month or less
- 3 2-4 times per month
- 4 5-15 times per month
- 5 More than 15 times per month

12. On average, how often do your legs jerk while you are asleep?

- 1 Never
- 2 Once a month or less
- 3 2-4 times per month
- 4 5-15 times per month
- 5 More than 15 times per month

~ End of Questionnaire ~