

15_b

Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

PROMIS Instrument

Subject ID Number: _____

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

Complete 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

~ End of Questionnaire ~