

# Multi-Site Clinical Assessment of CFS: Cognition and Exercise

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## PROMIS SF v1.0 – Physical Function

Subject ID Number: \_\_\_\_\_

Month and Year of Birth (MM/YY): \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ & **Time:** \_\_\_\_\_ am/pm  
Month Day Year HH:MM

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

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Physical Function – Short Form

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.		<b>Yes</b>	<b>No</b>			
PF_Screener 2	Can you walk 25 feet on a level surface (with or without support)?	<input type="checkbox"/>	<input type="checkbox"/>			
		Yes→ Participant receives all items No→ Participant skips PFC6 to PFB5 and proceeds to PFA55				
		<b>Without any difficulty</b>	<b>With a little difficulty</b>	<b>With some difficulty</b>	<b>With much difficulty</b>	<b>Unable to do</b>
PFC6	Are you able to walk a block on flat ground?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC29	Are you able to walk up and down two steps?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA39	Are you able to run at a fast pace for two miles?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA25	Are you able to do yard work like raking leaves, weeding, or pushing a lawn mower?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		<b>Not at all</b>	<b>Very little</b>	<b>Somewhat</b>	<b>Quite a lot</b>	<b>Cannot do</b>
PFB7	Does your health now limit you in doing strenuous activities such as backpacking, skiing, playing tennis, bicycling or jogging? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFB5	Does your health now limit you in hiking a couple of miles on uneven surfaces, including hills?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		<b>Without any difficulty</b>	<b>With a little difficulty</b>	<b>With some difficulty</b>	<b>With much difficulty</b>	<b>Unable to do</b>
PFA55	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
PFC53	Are you able to get in and out of bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA9	Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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		<b>Without any difficulty</b>	<b>With a little difficulty</b>	<b>With some difficulty</b>	<b>With much difficulty</b>	<b>Unable to do</b>
PFA12	Are you able to push open a heavy door?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_23	Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		<b>Not at all</b>	<b>Very little</b>	<b>Somewhat</b>	<b>Quite a lot</b>	<b>Cannot do</b>
PFC35	Does your health now limit you in doing eight hours of physical labor?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1