

# 15<sub>b</sub>

## Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

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### 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 ~