

# PROMIS® Parent Proxy Profile v2.0 – Profile-25

## Parent Proxy Profile – 25

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

<b><u>Physical Function Mobility</u></b>						
<b>In the past 7 days...</b>		<b>With no trouble</b>	<b>With a little trouble</b>	<b>With some trouble</b>	<b>With a lot of trouble</b>	<b>Not able to do</b>
Pf1mobil3r	My child could do sports and exercise that other kids his/her age could do .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3mobil9r	My child could get up from the floor .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2mobil4r	My child could walk up stairs without holding on to anything.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf1mobil1r	My child has been physically able to do the activities he/she enjoys most .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b><u>Anxiety</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf2anxiety1r	My child felt like something awful might happen .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1anxiety8r	My child felt nervous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety9r	My child felt worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2anxiety5r	My child worried when he/she was at home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Depressive Symptoms</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf1depr7r	My child felt everything in his/her life went wrong .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr10r	My child felt lonely .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr3r	My child felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2depr6r	It was hard for my child to have fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Fatigue</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf2fatigue8r	Being tired made it hard for my child to keep up with schoolwork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf4fatigue3r	My child got tired easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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<b><u>Fatigue</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf3fatigue8r	My child was too tired to do sports or exercise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf4fatigue4r	My child was too tired to enjoy the things he/she likes to do .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Peer Relationships</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf3socabil9r	My child felt accepted by other kids his/her age .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf4socabil12r	My child was able to count on his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2socrole4r	My child and his/her friends helped each other out .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1socabil2r	Other kids wanted to be my child's friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Pain Interference</u></b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
Pf2pain5r	My child had trouble sleeping when he/she had pain.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf3pain2r	It was hard for my child to pay attention when he/she had pain .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2pain4r	It was hard for my child to run when he/she had pain.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf1pain4r	It was hard for my child to walk one block when he/she had pain .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b><u>Pain Intensity</u></b>														
<b>In the past 7 days...</b>														
prx9033R1	How bad was your child's pain on average? .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<b>No pain</b>	<b>Worst pain you can think of</b>

## PROMIS–29 Profile v2.1

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

<b><u>Physical Function</u></b>		<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>
PFA11	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
PFA21	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
PFA23	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
PFA53	Are you able to run errands and shop? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<b><u>Anxiety</u></b> <b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
EDANX01	I felt fearful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX40	I found it hard to focus on anything other than my anxiety .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX41	My worries overwhelmed me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX53	I felt uneasy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Depression</u></b> <b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
EDDEP04	I felt worthless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP06	I felt helpless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP29	I felt depressed .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP41	I felt hopeless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b><u>Fatigue</u></b> <b>During the past 7 days...</b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
HI7	I feel fatigued .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AN3	I have trouble <u>starting</u> things because I am tired .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## PROMIS–29 Profile v2.1

### **Fatigue**

**In the past 7 days...**

**Not at all    A little bit    Somewhat    Quite a bit    Very much**

FATEXP41	How run-down did you feel on average? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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FATEXP40	How fatigued were you on average? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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### **Sleep Disturbance**

**In the past 7 days...**

**Very poor    Poor    Fair    Good    Very good**

Sleep109	My sleep quality was .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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**In the past 7 days...**

**Not at all    A little bit    Somewhat    Quite a bit    Very much**

Sleep116	My sleep was refreshing.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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Sleep20	I had a problem with my sleep .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Sleep44	I had difficulty falling asleep .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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### **Ability to Participate in Social Roles and Activities**

**Never    Rarely    Sometimes    Usually    Always**

SRPPER11 _CaPS	I have trouble doing all of my regular leisure activities with others .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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SRPPER18 _CaPS	I have trouble doing all of the family activities that I want to do .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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SRPPER23 _CaPS	I have trouble doing all of my usual work (include work at home) .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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SRPPER46 _CaPS	I have trouble doing all of the activities with friends that I want to do .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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### **Pain Interference**

**In the past 7 days...**

**Not at all    A little bit    Somewhat    Quite a bit    Very much**

PAININ9	How much did pain interfere with your day to day activities? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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PAININ22	How much did pain interfere with work around the home? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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PAININ31	How much did pain interfere with your ability to participate in social activities? .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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PAININ34	How much did pain interfere with your household chores? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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# PROMIS-29 Profile v2.1

## Pain Intensity

**In the past 7 days...**

Global07

How would you rate your pain on average?.....

0  
No  
pain

1

2

3

4

5

6

7

8

9

10

**Worst pain  
imaginable**