

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

PROMIS©-29 Profile v2.0

| | Physical Function | any | | With some difficulty | With much difficulty | Unable to do |
|---|--|-------|--------|-------------------------|----------------------------|-----------------|
| 1 | Are you able to do chores such as vacuuming or yard work? | [] | [] | [] | [] | [] |
| | Are you able to go up | | | | | |
| 2 | Are you able to go up and down stairs at a normal pace | [] | [] | [] | [] | [] |
| | | | | | | |
| 3 | Are you able to go for a walk of at least 15 minutes? | [] | [] | [] | [] | [] |
| | | | | | | |
| 4 | Are you able to run errands and shop? | [] | [] | [] | [] | [] |
| | Anxiety In the past 7 days | Never | Rarely | Sometimes | Often | Always |

| 5 | I felt fearful | [] | [] | [] | [] | [] |
|----|--|------------|-----------------|-----------|-------|--------------|
| | I found it hard to focus on anything other than my anxiety | [] | [] | [] | [] | [] |
| 7 | My worries overwhelmed me | [] | [] | [] | [] | [] |
| 8 | I felt uneasy | [] | [] | [] | [] | [] |
| | Depression In the past 7 days | Never | Rarely | Sometimes | Often | Always |
| 9 | I felt worthless | [] | [] | [] | [] | [] |
| 10 | I felt helpless | [] | [] | [] | [] | [] |
| 11 | I felt depressed | [] | [] | [] | [] | [] |
| 12 | I felt hopeless | [] | [] | [] | [] | [] |
| | Fatigue During the past 7 days | Not at all | A little bit | Somewhat | | Very much |
| 13 | I feel fatigued | [] | [] | [] | [] | [] |

| 14 | I have trouble <u>starting</u> things because I am tired | [] | [] | [] | [] | [] |
|-----|---|------------|-----------------|-----------|-------|--------------|
| | <u>Fatigue</u> In the past 7 days | Not at all | A little bit | Somewhat | | Very much |
| 15 | How run-down did you feel on average? | [] | [] | [] | [] | [] |
| | | | | | | |
| 16 | How fatigued were you on average? | [] | [] | [] | [] | [] |
| | Sleep Disturbance In the past 7 days | Very poor | Poor | Fair | Good | Very good |
| 17 | My sleep quality was | [] | [] | [] | [] | [] |
| | In the past 7 days | Not at all | A little bit | Somewhat | _ | Very much |
| 18 | My sleep was refreshing | [] | [] | [] | [] | [] |
| 119 | I had a problem with my sleep | [] | [] | [] | [] | [] |
| | | | | | | |
| | I had difficulty falling asleep | [] | [] | [] | [] | [] |
| | Ability to Participate in Social Roles and | Never | Rarely | Sometimes | Often | Always |

| | <u>Activities</u> | | | | | |
|----|---|------------|-----------------|----------|----------------|--------------|
| | I have trouble doing all of my regular leisure activities with others. | [] | [] | [] | [] | [] |
| 22 | I have trouble doing all of the family activities that I want to do | [] | [] | [] | [] | [] |
| 23 | I have trouble doing all of my usual work (include work at home) | [] | | [] | [] | [] |
| 24 | I have trouble doing all of the activities with friends that I want to do | [] | [] | [] | [] | [] |
| | Pain Interference In the past 7 days | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| 25 | How much did pain interfere with your day to day activities? | [] | [] | [] | [] | [] |
| | How much did pain interfere with work around the home? | [] | [] | [] | [] | [] |
| 27 | How much did pain | [] | [] | [] | [] | [] |

| | interfere with your ability to participate in social activities? | | | | | |
|----|--|----|----|----|----|-----|
| | | | | | | |
| 28 | How much did pain interfere with your household chores? | [] | [] | [] | [] | [] |

Pain Intensity
In the past 7 days...

| | How would you | []0 | []1 | []2 | []3 | []4 | []5 | []6 | []7 | []8 | []9 | []10 |
|----|-------------------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------------------|
| 29 | rate your pain on average? | No pain | | | | | | | | | | Worst imaginable pain |

Protocol source: https://www.phenxtoolkit.org/protocols/view/221302