

Patient Name: \_\_\_\_\_

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

<b>Physical Function</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 1	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 2	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 3	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 4	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>Anxiety</b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
EDANX01 5	I felt fearful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX40 6	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 7	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 8	I felt uneasy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Depression</b>						
<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
EDDEP04 9	I felt worthless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP06 10	I felt helpless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP29 11	I felt depressed .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP41 12	I felt hopeless .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Fatigue</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 13	I feel fatigued .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AN3 14	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
FATEXP41 15	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
FATEXP40 16	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

# PROMIS-29 Profile v2.0

<b>Sleep Disturbance</b>			Very poor	Poor	Fair	Good	Very good					
Sleep109 17	In the past 7 days...											
	My sleep quality was.....	5	4	3	2	1						
<b>Sleep Disturbance</b>												
<b>In the past 7 days...</b>			Not at all	A little bit	Somewhat	Quite a bit	Very much					
Sleep116 18	My sleep was refreshing.....	5	4	3	2	1						
	I had a problem with my sleep .....	1	2	3	4	5						
Sleep44 20	I had difficulty falling asleep .....	1	2	3	4	5						
<b>Ability to Participate in Social Roles and Activities</b>												
<b>Never</b>			Rarely	Sometimes	Usually	Always						
SRPPER11 _CaPS	I have trouble doing all of my regular leisure activities with others.....	5	4	3	2	1						
	I have trouble doing all of the family activities that I want to do .....	5	4	3	2	1						
SRPPER23 _CaPS	I have trouble doing all of my usual work (include work at home) .....	5	4	3	2	1						
	I have trouble doing all of the activities with friends that I want to do .....	5	4	3	2	1						
<b>Pain Interference</b>												
<b>In the past 7 days...</b>			Not at all	A little bit	Somewhat	Quite a bit	Very much					
PAININ9 25	How much did pain interfere with your day to day activities? .....	1	2	3	4	5						
	How much did pain interfere with work around the home? .....	1	2	3	4	5						
PAININ31 27	How much did pain interfere with your ability to participate in social activities? .	1	2	3	4	5						
	How much did pain interfere with your household chores? .....	1	2	3	4	5						
<b>Pain Intensity</b>												
<b>In the past 7 days...</b>												
Global07 29	How would you rate your pain on average?.....	0	1	2	3	4	5	6	7	8	9	10
		No pain										Worst imaginable pain

## Consent to Use Data

Thank you for taking the time to fill out this questionnaire. Your responses will be used by Genova Diagnostics and our research partners to develop innovative new diagnostic tests and to explore the clinical relevance and associations of our test results with health status. By completing this questionnaire, you agree that we may use the information you provide in conjunction with your laboratory test results to advance our understanding of the best ways to diagnose and treat disease and to improve the health of people like you. The information will be kept confidential and once collected is made anonymous.

Do you agree to allow Genova Diagnostics and its research partners to use the information you provide in conjunction with your laboratory test results?

Please choose only one of the following: Yes \_\_\_ No \_\_\_