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

### Physical Function

<table>
<thead>
<tr>
<th>Physical Function</th>
<th>Without any difficulty</th>
<th>With a little difficulty</th>
<th>With some difficulty</th>
<th>With much difficulty</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFA11 Are you able to do chores such as vacuuming or yard work?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PFA21 Are you able to go up and down stairs at a normal pace?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PFA23 Are you able to go for a walk of at least 15 minutes?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PFA53 Are you able to run errands and shop?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Anxiety

#### In the past 7 days...

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDANX01 I felt fearful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDANX40 I found it hard to focus on anything other than my anxiety</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDANX41 My worries overwhelmed me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDANX53 I felt uneasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Depression

#### In the past 7 days...

<table>
<thead>
<tr>
<th>Depression</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDDEP04 I felt worthless</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDDEP06 I felt helpless</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDDEP29 I felt depressed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EDDEP41 I felt hopeless</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Fatigue

#### During the past 7 days...

<table>
<thead>
<tr>
<th>Fatigue</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit I feel fatigued</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>AN3 I have trouble starting things because I am tired</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**Fatigue**
In the past 7 days...
- How run-down did you feel on average? ...
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

- How fatigued were you on average? .......
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

**Sleep Disturbance**
In the past 7 days...
- My sleep quality was.......................
  - Very poor: 5
  - Poor: 4
  - Fair: 3
  - Good: 2
  - Very good: 1

In the past 7 days...
- My sleep was refreshing..................
  - Very poor: 5
  - Poor: 4
  - Fair: 3
  - Good: 2
  - Very good: 1

- I had a problem with my sleep ...............
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

- I had difficulty falling asleep ...............
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

**Ability to Participate in Social Roles and Activities**
- I have trouble doing all of my regular leisure activities with others...................
  - Never: 5
  - Rarely: 4
  - Sometimes: 3
  - Usually: 2
  - Always: 1

- I have trouble doing all of the family activities that I want to do ...............
  - Never: 5
  - Rarely: 4
  - Sometimes: 3
  - Usually: 2
  - Always: 1

- I have trouble doing all of my usual work (include work at home) ...............
  - Never: 5
  - Rarely: 4
  - Sometimes: 3
  - Usually: 2
  - Always: 1

- I have trouble doing all of the activities with friends that I want to do ..........
  - Never: 5
  - Rarely: 4
  - Sometimes: 3
  - Usually: 2
  - Always: 1

**Pain Interference**
In the past 7 days...
- How much did pain interfere with your day to day activities?..................
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

- How much did pain interfere with work around the home? ..................
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

- How much did pain interfere with your ability to participate in social activities?.
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5

- How much did pain interfere with your household chores? ..................
  - Not at all: 1
  - A little bit: 2
  - Somewhat: 3
  - Quite a bit: 4
  - Very much: 5
Pain Intensity
In the past 7 days…

How would you rate your pain on average?................................. 0 1 2 3 4 5 6 7 8 9 10
No pain  Worst pain imaginable

PROMIS–29 Profile v2.1