

Patient Name: _____

Date: _____

PROMIS – Fatigue

Please respond to each question by checking one box per row.

In the past 7 days...

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
How often did you feel tired?	1	2	3	4	5
How often do you experience extreme exhaustion?	1	2	3	4	5
How often do you run out of energy?	1	2	3	4	5
How often did your fatigue limit you at work and home?	1	2	3	4	5
How often were you too tired to think clearly?	1	2	3	4	5
How often were you too tired to take a bath or shower?	1	2	3	4	5
How often did you have enough energy to exercise strenuously?	5	4	3	2	1

TOTAL _____

PROMIS – Depression

Please respond to each question by checking one box per row.

In the past 7 days...

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
I felt worthless...	1	2	3	4	5
I felt that I had nothing to look forward to...	1	2	3	4	5
I felt helpless...	1	2	3	4	5
I felt sad...	1	2	3	4	5
I felt like a failure...	1	2	3	4	5
I felt depressed...	1	2	3	4	5
I felt unhappy...	1	2	3	4	5
I felt hopeless...	1	2	3	4	5

TOTAL _____

SF-36 – Vitality

These questions are about how you feel and how things have been with you during the **LAST TWO WEEKS**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past two weeks....

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Did you feel full of life?*	6	5	4	3	2	1
Did you have a lot of energy?*	6	5	4	3	2	1
Did you feel worn out?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

TOTAL _____