

UWCORR and PROMIS Physical Function Scale for Samples that Use Mobility Aids

Version 2
(Use After June 1, 2013)

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PROMIS instruments measuring self-reported fatigue, pain, physical function, social function, emotional distress, sleep disturbance, sleep-related impairment, and global health are available for adult and pediatric samples. Additionally, an item bank and short form for measuring impact of asthma in pediatric samples is available. These tools were developed in the English language using extensive qualitative methods to ensure conceptual and semantic clarity. They have been tested for reliability and comparability to more established measures of these same content areas. Adult testing in over 20,000 individuals from the United States (U.S.) general population has resulted in individual item calibrations that enable one to generate a T-score (mean=50; standard deviation = 10) based on a sample of people in the general U.S. population. Included in this first wave of PROMIS item testing were several clinical samples. Child and youth testing in over 4,000 individuals from the United States (U.S.) general pediatric clinical population has resulted in individual item calibrations that enable one to generate a T-score (mean=50; standard deviation = 10) based on a sample of children in the U.S. general pediatric clinical population. The item calibrations and test statistics provided are all based upon cross-sectional data collection. PROMIS item banks have not yet been tested longitudinally in clinical or non-clinical samples; therefore information on the responsiveness of PROMIS item banks is unavailable. Their use in clinical research is encouraged, with the understanding that data collected from that use will contribute to knowledge about the validity of PROMIS measures. Therefore, until validity data are more mature, USERS OF PROMIS TOOLS ARE STRONGLY ENCOURAGED TO SUBMIT A BRIEF REPORT INCLUDING SAMPLE DEMOGRAPHIC INFORMATION, CLINICAL DATA SUFFICIENT TO DEFINE THE SAMPLE WITHOUT INDICATING TREATMENT RESPONSE DATA, AND PROMIS SCORE DISTRIBUTIONS (E.G., BASELINE MEAN AND STANDARD DEVIATIONS OR CHANGE SCORES BLINDED TO TREATMENT INFORMATION). This brief report should be submitted to help@assessmentcenter.net for internal review. None of this submitted information will be published without the written consent and participation of the submitter. In addition to the brief report, clinical researchers are encouraged to submit de-identified data for collaborative analysis and reporting. Data ownership would remain with the submitter. Clinical researchers are strongly encouraged to collaborate with PROMIS investigators when applying these items and banks to their research.

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Thomas M. Achenbach, PhD Child Behavior Checklist for Youth
Torbjörn Åkerstedt Karolinska Sleep Diary
Stanley E. Althof Center for Marital and Sexual Health Sexual Functioning Questionnaire
Julie Barroso, PhD HIV-Related Fatigue Scale
Dorcas Beaton Disabilities of the Arm, Shoulder and Hand (DASH)
Basia Belza Multidimensional Assessment of Fatigue
Jill Binkley, PT Lower Extremity Functional Scale
Thomas Borkovec Penn State Worry Questionnaire
Bengt Brorsson Swedish Health Related Quality of Life Survey
Richard Brown, PhD Parkinson Fatigue Scale
Elly Budiman-Mak, MD Foot Function Scale
Arnold Buss Buss-Durkee Hostility Inventory
Daniel J. Buysse Pittsburgh Sleep Quality Index
Andrei Calin, MD Bath Ankylosing Spondylitis Function Index (BASFI)
David Cella, PhD Functional Assessment of Chronic Illness Therapy (FACIT) Center on Outcomes, Research, and Education Item Banks
Larry Chambers, PhD McMaster Health Index Questionnaire
Trudie Chadler 14-Item fatigue scale
Kimberly A. Cote Brock Sleep and Insomnia Questionnaire
Laura Creti Sexual History Form
Peter Dent, MD Juvenile Arthritis Self-Report Index (JASI)
George Domino Assessment of Sleep Sleep Questionnaire
Maxime Dougados, MD Dougados Functional Index (DFI)

Alan B. Douglass Sleep Disorders Questionnaire
M Tuncay Duruoaz, MD Duruoz Hand Index
Colin A. Espie Beliefs and Attitudes about Sleep Scale Dysfunctional Beliefs and Attitudes about Sleep Scale - 10 Glasgow Content of Thoughts Inventory Insomnia Impact Scale Sleep Disturbance Questionnaire
Catherine S. Fichten Sleep Diary Sleep Questionnaire
Robert Ficke Performance Outcomes Measures Project
J.D. Fisk Fatigue Impact Scale
James F Fries, MD Health Assessment Questionnaire (HAQ)
Johanna CJM de Haes, PhD Rotterdam Symptom Checklist
Stephen Haley, PhD Late Life Function and Disability Instrument: Function Component
Danete Hann, PhD and Paul Jacobsen, PhD Fatigue Symptom Inventory
Philip S Helliwell, MD, PhD Revised Leeds Disability Questionnaire
Ian Hindmarch Quality of Life of Insomniacs Leeds Sleep Evaluation Questionnaire (LESQ)
Mark Hlatky, MD Duke Activity Status Index (DASI)
Timothy J. Hoelscher Insomnia Impact Scale
E. Scott Huebner, PhD Multidimensional Students' Life Satisfaction Scale (MSLSS)
Jeffrey G. Johnson, PhD Patient Health Questionnaire for Adolescents (PHQ-A)
Lauren Krupp Fatigue Severity Scale Sleep Symptom Questionnaire
Jin-Shei Lai, PhD Pediatric Fatigue Item Bank
Kathryn A. Lee Numerical Rating Scale for Fatigue
Debra Lerner, PhD Work Limitations Questionnaire
Kenneth Lichstein Sleep Questionnaire
Daniel Lovell, MD Juvenile Arthritis Functional Assessment Scale Juvenile Arthritis Functional Assessment Report for Children (JAFAR-C)
Ayala Malach-Pines Burnout Measure
Ralph Marino, MD Capabilities of Upper Extremity (CUE)
Robert Meenan, MD Arthritis Impact Measurement Scales 2 (AIMS2)
Tito Mendoza, Charles Cleeland MD Anderson Symptom Inventory
Charles M. Morin

Insomnia Interview Schedule Sleep Diary
Douglas E. Moul Pittsburgh Insomnia Rating Scale
Nikolaus Netzer Berlin Questionnaire
Geraldine Padilla Quality of Life Scale – Cancer
Tonya M. Palermo, PhD Child Activity Limitations Interview (CALI)
George Parkerson, MD Duke Health Profile
Donald Patrick, PhD WHOQOL-100 US Version
Arnold L. Potosky Prostate Cancer Outcomes Study
Jack D. Edinger, Professional Resource Exchange Edinger's Sleep History Questionnaire
Quentin R. Regestein Hyperarousal Scale
Robin Richards, MD American Shoulder and Elbow Surgeons Shoulder Form (ASES)
Tracey Riseborough Hospital Anxiety and Depression Scale (HADS)
Kathryn Roach, PhD Shoulder Pain and Disability Index
Martin Roland, MA, MRCP Roland-Morris Low Back Pain and Disability Questionnaire
Raymond Rosen and Jules Mitchell Brief Index of Sexual Functioning for Women Female Sexual Function Index
Thomas Roth Global Sleep Assessment Questionnaire
Debra Sciabarrasi Barthel Index
Cathy Sherbourne, Robert Brook, Brent Bradley Rand-36 Index of Vitality
Judith Siegel, PhD Multidimensional Anger Inventory
Ann Skinner Sickness Impact Profile (SIP)
John Spertus, MD, MPH Seattle Angina Questionnaire
Charles D. Spielberger, PhD State-Trait Anger Expression Inventory (STAXI)
Barbara Starfield, MD, MPH Child Health and Illness Profile – Adolescent Edition (CHIP-AE)
Kevin Stein Multidimensional Fatigue Symptom Inventory
K.L. Syrjala Sexual Function Questionnaire
Peter Tugwell, MD McMaster Toronto Arthritis
James W. Varni, PhD PedsQL™ Arthritis Module Version 3.0 Child Report (ages 8-12) PedsQL™ Asthma Module Version 3.0 Child Report (ages 8-12) PedsQL™ Cerebral Palsy Module Version 3.0 Child Report (ages 8-12) PedsQL™ Multidimensional Fatigue Scale Standard Version Child Report (ages 8-12) PedsQL™ Pediatric Quality of Life Inventory Version 4.0 Child Report (ages 8-12)
John Ware, PhD PIQ-6

SF-36 v2
Terri E. Weaver Functional Outcomes of Sleep Questionnaire
Wilse B. Webb Post-Sleep Inventory
Nadine Weisscher AMC Linear Disability Score (ALDS)
Nick Wetton Crown-Crisp Experiential Index
Hornng-Shiuann Wu, PhD Cancer-Related Fatigue Instrument

Instructions for using the UWCORR and PROMIS Physical Function Short Forms:

The physical function short forms shown here were developed in the process of modifying the PROMIS physical function item bank to ensure that it is appropriate for persons who use mobility aids.

Below you will find three different short forms. Depending on your sample, you will choose one of the three forms to administer.

- A) For samples that include only users of wheelchairs, use the 8 item form indicated for use in wheelchair samples (Samples Who Use Wheelchairs).
- B) For samples that include individuals who use mobility aids other than wheelchairs (but not wheelchair users), such as upper body mobility aids, use the 11 item form below (Samples Who Use Mobility Aids Other than Wheelchairs).
- C) For mixed samples of wheelchair users and ambulatory participants and participants who use other mobility aids (including reachers, grabbers, walkers, and scooters), use the last form shown below (Mixed Mobility Aid Samples) including the items that follow the screening item “Can you walk 25 feet on a level surface (with or without support)?” This form can be used when you are unsure what type of mobility aids individuals in your sample may use.

SCORING:

Items can be summed to generate a total score for each short form. Responses to each item are given the values shown below. Thus, total scores on the 8 item form will range from 8 to 40, and from 11 to 55 on the 11 item form. A table transforming the summary score to IRT-based T-score appears on the following page.

Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
5	4	3	2	1

Physical Function Short Forms Scoring Tables

8 Item WC User short form				11 Item Non-WC User Short Form			
Summary Score	Theta Score	SD (Theta)	T-score	Summary Score	Theta Score	SD (Theta)	T-score
8	-3.78	0.32	12.2	11	-3.81	0.32	11.9
9	-3.52	0.29	14.8	12	-3.56	0.28	14.4
10	-3.35	0.27	16.5	13	-3.39	0.26	16.1
11	-3.21	0.26	17.9	14	-3.27	0.25	17.3
12	-3.10	0.25	19.0	15	-3.16	0.24	18.4
13	-2.99	0.25	20.1	16	-3.06	0.23	19.4
14	-2.90	0.24	21.0	17	-2.97	0.22	20.3
15	-2.81	0.24	21.9	18	-2.89	0.22	21.1
16	-2.72	0.24	22.8	19	-2.82	0.21	21.8
17	-2.63	0.23	23.7	20	-2.74	0.21	22.6
18	-2.55	0.23	24.5	21	-2.67	0.21	23.3
19	-2.47	0.23	25.3	22	-2.6	0.21	24
20	-2.39	0.23	26.1	23	-2.54	0.20	24.6
21	-2.31	0.23	26.9	24	-2.47	0.20	25.3
22	-2.24	0.23	27.6	25	-2.41	0.20	25.9
23	-2.16	0.23	28.4	26	-2.35	0.20	26.5
24	-2.08	0.24	29.2	27	-2.29	0.20	27.1
25	-2.00	0.24	30.0	28	-2.23	0.20	27.7
26	-1.92	0.24	30.8	29	-2.17	0.20	28.3
27	-1.84	0.24	31.6	30	-2.11	0.20	28.9
28	-1.75	0.25	32.5	31	-2.05	0.20	29.5
29	-1.67	0.25	33.3	32	-1.99	0.20	30.1
30	-1.58	0.26	34.2	33	-1.93	0.20	30.7
31	-1.48	0.27	35.2	34	-1.87	0.20	31.3
32	-1.38	0.28	36.2	35	-1.81	0.20	31.9
33	-1.27	0.30	37.3	36	-1.75	0.20	32.5
34	-1.15	0.32	38.5	37	-1.69	0.20	33.1
35	-1.01	0.36	39.9	38	-1.63	0.20	33.7
36	-0.79	0.49	42.1	39	-1.57	0.20	34.3
37	-0.75	0.40	42.5	40	-1.51	0.20	34.9
38	-0.57	0.41	44.3	41	-1.44	0.20	35.6
39	-0.29	0.44	47.1	42	-1.38	0.21	36.2
40	0.59	0.72	55.9	43	-1.31	0.21	36.9
				44	-1.24	0.21	37.6
				45	-1.17	0.22	38.3
				46	-1.09	0.23	39.1
				47	-1.01	0.24	39.9
				48	-0.92	0.25	40.8
				49	-0.82	0.27	41.8
				50	-0.7	0.30	43
				51	-0.54	0.38	44.6
				52	-0.45	0.33	45.5
				53	-0.28	0.34	47.2
				54	-0.01	0.38	49.9
				55	0.79	0.66	57.9

General Physical Function Short Form for Samples Who Use Wheelchairs

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to cut your food using eating utensils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you able to push open a heavy door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you able to stand upright briefly without support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Physical Function Short Form for Samples Who Use Mobility Aids Other than Wheelchairs

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to cut your food using eating utensils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you able to push open a heavy door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you able to stand upright briefly without support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you able to walk a block on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you able to walk up and down two steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you able to carry a laundry basket up a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Physical Function Short Form for Mixed Mobility Aid Samples

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to cut your food using eating utensils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you able to push open a heavy door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you able to stand upright briefly without support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question asks about your ability to move with and without support. "Support" means using items such as canes, walking sticks, walkers, and leg braces, or other people.

Can you walk 25 feet on a level surface (with or without support)?

No (please skip the following three questions)

Yes (please answer the following three questions)

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to walk a block on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to walk up and down two steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to carry a laundry basket up a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

