Association: Branch:

LIVESTRONG FOUNDATION

LIVESTRONG® AT THE YMCA PROMIS-29 PROFILE

VERSION 1.0

Participant name:	**Date** (DD/MM/YY): / /	**Timepoint:** ☐ Baseline ☐ Post

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

	PHYSICAL FUNCTION **Are you able to...**	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	With much difficulty	Unable to do
1	**Do chores such as vacuuming or yard work?**	☐	☐	☐	☐	☐	☐
2	**Go up and down stairs at a normal pace?**	☐	☐	☐	☐	☐	☐
3	**Go for a walk of at least 15 minutes?**	☐	☐	☐	☐	☐	☐
4	**Run errands and shop?**	☐	☐	☐	☐	☐	☐

	ANXIETY **In the past 7 days...**	Never	Rarely	Sometimes	Often	Always
5	**I felt fearful**	☐	☐	☐	☐	☐
6	**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 **In the past 7 days...**	Not at all	A little bit	Somewhat	Quite a bit	Very much
13	**I feel fatigued**	☐	☐	☐	☐	☐
14	**I have trouble starting things because I am tired**	☐	☐	☐	☐	☐
15	**How run-down do you feel on average?**	☐	☐	☐	☐	☐
16	**How fatigued did you feel on average?**	☐	☐	☐	☐	☐

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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	Quite a bit	Very much
18	My sleep was refreshing	☐	☐	☐	☐	☐
19	I had a problem with my sleep	☐	☐	☐	☐	☐
20	I had difficulty falling asleep	☐	☐	☐	☐	☐

SATISFACTION WITH SOCIAL ROLE In the past 7 days...		Not at all	A little bit	Somewhat	Quite a bit	Very much
21	I am satisfied with how much work I can do (include work at home)	☐	☐	☐	☐	☐
22	I am satisfied with my ability to work (include work at home)	☐	☐	☐	☐	☐
23	I am satisfied with my ability to do regular personal and household responsibilities	☐	☐	☐	☐	☐
24	I am satisfied with my ability to perform my daily routines	☐	☐	☐	☐	☐

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

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