

ANXIETY

MEASURE DIFFERENCES

A brief guide to differences between the PROMIS® Anxiety instruments:

ADULT	PEDIATRIC	EARLY CHILDHOOD PARENT-REPORT	PARENT PROXY
PROMIS Bank v1.0 – Anxiety PROMIS Bank v1.0 – Anxiety (recommended) PROMIS Bank v1.0 – Anxiety (screen-to-CAT) PROMIS Short Form v1.0 – Anxiety 4a PROMIS Short Form v1.0 – Anxiety 6a PROMIS Short Form v1.0 – Anxiety 7a PROMIS Short Form v1.0 – Anxiety 8a PROMIS-Ca Bank v1.0 – Anxiety	PROMIS Pediatric Bank GenPop v3.0 – Anxiety PROMIS Pediatric Bank GenPop v3.0 – Anxiety (screen-to-CAT) PROMIS Pediatric Short Form GenPop v3.0 – Anxiety 8a PROMIS Pediatric Bank v2.0 – Anxiety* PROMIS Pediatric Bank v2.0 – Anxiety (recommended)* PROMIS Pediatric Bank v2.0 – Anxiety (screen-to-CAT)* PROMIS Pediatric Short Form v2.0 – Anxiety 8a* PROMIS Pediatric Bank v1.1 – Anxiety* PROMIS Pediatric Short Form v1.1 – Anxiety 8b* PROMIS Pediatric Bank v1.0 – Anxiety* PROMIS Pediatric Short Form v1.0 – Anxiety 8a*	PROMIS Early Childhood Parent-Report Bank v1.0 – Anxiety PROMIS Early Childhood Parent-Report Short Form v1.0 – Anxiety 4a PROMIS Early Childhood Parent-Report Short Form v1.0 – Anxiety 8a	PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety (screen-to-CAT) PROMIS Parent Proxy Short Form GenPop v3.0 – Anxiety 8a PROMIS Parent Proxy Bank v2.0 – Anxiety* PROMIS Parent Proxy Bank v2.0 – Anxiety (recommended)* PROMIS Parent Proxy Bank v2.0 – Anxiety (screen-to-CAT)* PROMIS Parent Proxy Short Form v2.0 – Anxiety 8a* PROMIS Parent Proxy Bank v1.1 – Anxiety* PROMIS Parent Proxy Short Form v1.1 – Anxiety 8b* PROMIS Parent Proxy Bank v1.0 – Anxiety* PROMIS Parent Proxy Short Form v1.0 – Anxiety 8a*

*Retired measure

ABOUT ANXIETY

The Adult PROMIS Anxiety item banks assess self-reported fear (fearfulness, panic), anxious misery (worry, dread), hyperarousal (tension, nervousness, restlessness), and somatic symptoms related to arousal (racing heart, dizziness). Anxiety is best differentiated by symptoms that reflect autonomic arousal and experience of threat. Only one behavioral avoidance item is included in the adult item bank; therefore, behavioral fear avoidance is not fully evaluated. The anxiety measures are universal rather than disease-specific. All assess anxiety over the past seven days.

The PROMIS Pediatric and Parent Proxy Anxiety item banks assess fear (fearfulness, panic), anxious misery (worry, dread), hyperarousal (tension, nervousness, restlessness), and somatic symptoms related to arousal (racing heart, dizziness).

The PROMIS Early Childhood Parent-Report Anxiety item bank assesses fear (fearfulness, panic), anxious misery (worry/dread), hyperarousal (tension, nervousness), and social/separation anxiety (fear/distress when separating from caregivers, in unfamiliar situations).

Anxiety instruments are available for adults (ages 18+), pediatric self-report (ages 8-17) and for parents serving as proxy reporters for their child (youth ages 5-17) or for their very young child (ages 1-5).

INTRODUCTION TO ASSESSMENT OPTIONS

There are two administration options for assessing anxiety: short forms and computer adaptive test (CAT). When administering a short form, instruct participants to answer all of the items (i.e., questions or statements) presented. With a CAT, participant responses guide the system's choice of subsequent items from the full item bank (29 items in total for adults). Although items differ across respondents taking a CAT, scores are comparable across participants.

Some administrators may prefer to ask the same question of all respondents or of the same respondent over time, to enable a more direct comparability across people or time. In these cases, or when paper administration is preferred, a short form would be more desirable than CAT. This guide provides information on all anxiety short form and CAT instruments.

CAT: A minimum number of items (e.g., 4) must be answered in order to receive a score for Anxiety CATs. The response to the first item will guide the system's choice of the next item for the participant. The participant's response to the second item will dictate the selection of the following question, and so on. As additional items are administered, the potential for error is reduced and confidence in the respondent's score increases. CATs will continue until either the standard error drops below a specified level (e.g., on the T-score metric 3.0), or the participant has answered the maximum number of questions (e.g., 12), whichever occurs first. For some CATs, specifically "recommended" and "screen-to-CAT" there are additional stopping rules. These include stopping when the standard error isn't improving much or if a respondent is asymptomatic. For details on the exact stopping rules for Anxiety CATs, see below.

CAT versus Short Form: Whether one uses a short form or CAT, the score metric is Item Response Theory (IRT), a family of statistical models that link individual questions to a presumed underlying trait or concept of anxiety represented by all items in the item bank. When choosing between a CAT and short form, it is useful to consider the demands of computer-based assessment, and the psychological, physical, and cognitive burden placed on respondents as a result of the number of questions asked.

Figure 1 illustrates the correlations (strength of relationship) of the adult full bank with a CAT and with short forms of varying length. The correlation of CAT scores with the full bank score is greater than a short form of any length. A longer CAT or longer short form offers greater correlation, as well as greater precision. When evaluating precision, not all questions are equally informative. The flexibility of a CAT to choose more informative questions offers more precision.

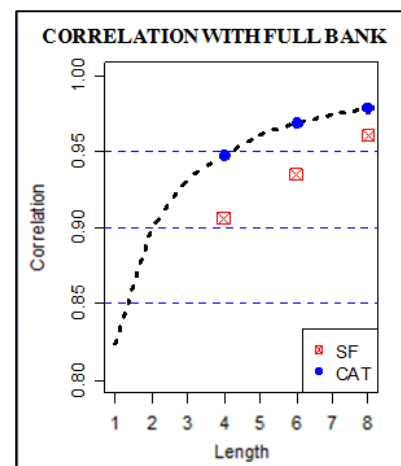


Figure 1

VERSION DIFFERENCES

Some PROMIS domains have multiple versions of instruments (i.e., v1.0, v1.1, v2.0, v3.0). Generally, **it is recommended that you use the most recent version available which can be identified as the instrument with the highest version number**. In most cases, an instrument that has a decimal increase (v1.0 to v1.1) retains the same item-level parameters as well as instrument reliability and validity. In cases where a version number increases by a whole number (e.g., v1.0 to v2.0), the changes to the instrument are more substantial.

Adult

Standard, Recommended, and Screen-to-CAT Stopping Rules: The standard, recommended, and screen-to-CAT Adult Anxiety computer adaptive tests are based on the exact same item banks, but utilize different stopping rules.

PROMIS Bank v1.0 – Anxiety default standard stopping rules:

- Minimum number of items administered = 4
- Stop when one of these occurs:
 - 12 items are administered OR
 - Standard error is below 0.3 on the theta metric (3.0 on the T-score metric)

PROMIS Bank v1.0 – Anxiety (recommended) stopping rules:

- Minimum number of items administered = 4
- Stop when one of these occurs:
 - 8 items are administered OR
 - Standard error is below 0.3 on the theta metric (3.0 on the T-score metric) OR
 - Standard error changes by less than 0.01 on the theta metric (0.1 on the T-score metric)

PROMIS Bank v1.0 – Anxiety (screen-to-CAT) stopping rules:

- If the response to the first item is the “healthiest” response, then stop.
- If the response to the first item is NOT the “healthiest” response, proceed with the “recommended” CAT stopping rules.

Pediatric and Parent Proxy

Changes from v2.0 to GenPop v3.0

- The GenPop v3.0 Pediatric and Parent Proxy measures replaced the v2.0 measures.
- The GenPop v3.0 measures were re-normed. This means that the scores produced by v3.0 measures are NOT equivalent to scores from older measures (i.e., v1.0, v1.1, v2.0).
- The v2.0 measures were developed with U.S. children sampled from a combination of the general population and those with chronic conditions. This means a v2.0 T-score of 50 is based on the mean of a sample comprised of a mix of children from the general population AND children with chronic conditions. The re-normed v3 GenPop measures are now purely based on a sample from the general pediatric population. This makes interpreting a PROMIS score easier as it is referencing just the general population. The use of “GenPop” (general population) is used to convey the difference in metrics between v3.0 and earlier versions of the measures.
- Earlier versions of the PROMIS Pediatric and Parent Proxy measures can be converted to the v3.0 GenPop metric. Instructions are included in the Anxiety Scoring Manual.
- Three items were revised:
 - **PROMIS Pediatric Bank GenPop v3.0 – Anxiety, PROMIS Pediatric Bank GenPop v3.0 – Anxiety (screen-to-CAT), and PROMIS Pediatric Short Form GenPop v3.0 – Anxiety 8a:**
 - The Item ID **2230R1r** was changed to **2230R1r2** to account for the revised Item Stem from "I got scared really easy." to "I got scared really easily."
 - **PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety, PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety (screen-to-CAT), and PROMIS Parent Proxy Short Form GenPop v3.0 – Anxiety 8a:**
 - The Item ID **Pf1anxiety1r** was changed to **Pf1anxiety1r2** to account for the revised Item Stem from "My child got scared really easy." to "My child got scared really easily."

- **PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety** and **PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety (screen-to-CAT)**:
 - The Item ID **Pf2anxiety3r** was changed to **Pf2anxiety3r2** to account for the revised Response Scores from 1-2-3-4-4 to 1-2-3-4-5.

Changes from v1.1 to v2.0

- For Anxiety, v2.0 Pediatric and Parent Proxy measures replaced v1.0/v1.1.
- The v2.0 measures 1) changed from using response scores of 0-4 to use 1-5 (item IDs amended with an “r”) and 2) added new items (item IDs start with 7000).
- The v1.1 short form 8b and v2.0 short form 8a include the same items but have different response scores.
- The calibrations between v1.0, v1.1, and v2.0 are identical.

Changes from v1.0 to v1.1

The Pediatric and Parent Proxy v1.1 item banks and short form existed briefly – they eliminated two items from the original v1.0 banks. This affected the 8-item short forms as well; the v1.0 and v1.1 short forms have slightly different items included. The calibrations between v1.0 and v1.1 are identical.

Pediatric and Parent Proxy CAT Stopping Rules:

- Measures named “Bank” are administered by default as computer adaptive tests.
- CATs with the same version number (e.g., v2.0 recommended, v2.0 screen-to-CAT) are based on the same item bank but use different stopping rules.

PROMIS Pediatric Bank GenPop v3.0 – Anxiety and PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety stopping rules:

- Minimum number of items administered = 4
- Stop when one of these occurs:
 - 8 items are administered OR
 - Standard error is below 0.3 on the theta metric (3.0 on the T-score metric) OR
 - Standard error changes by less than 0.01 on the theta metric (0.1 on the T-score metric)

PROMIS Pediatric Bank GenPop v3.0 – Anxiety (screen-to-CAT) and PROMIS Parent Proxy Bank GenPop v3.0 – Anxiety (screen-to-CAT) stopping rules:

- If the responses to the first two items are both the “healthiest” responses, then stop.
- If the responses to the first two items are NOT the “healthiest” responses, proceed with the PROMIS Pediatric or Parent Proxy Bank GenPop v3.0 – Anxiety CAT stopping rules.

PROMIS Pediatric Bank v2.0 – Anxiety and PROMIS Parent Proxy Bank v2.0 – Anxiety stopping rules:

- Minimum number of items administered = 5
- Stop when one of these occurs:
 - 12 items are administered OR
 - Standard error is below 0.4 on the theta metric (4.0 on the T-score metric)

PROMIS Pediatric Bank v2.0 – Anxiety (recommended) and PROMIS Parent Proxy Bank v2.0 – Anxiety (recommended) stopping rules:

- Minimum number of items administered = 5
- Stop when one of these occurs:

- 12 items are administered OR
- Standard error is below 0.4 on the theta metric (4.0 on the T-score metric) OR
- Standard error changes by less than 0.01 on the theta metric (0.1 on the T-score metric)

PROMIS Pediatric Bank v2.0 – Anxiety (screen-to-CAT) and PROMIS Parent Proxy Bank v2.0 – Anxiety (screen-to-CAT) stopping rules:

- If the responses to the first two items are both the “healthiest” responses, then stop.
- If the responses to the first two items are NOT the “healthiest” responses, proceed with the “recommended” CAT stopping rules.

SHORT FORMS DIFFERENCES

Adult Profile Short Forms

You will notice that there are 4 anxiety short forms for adults. Items in the 4a, 6a, and 8a short forms were selected based on rankings using two psychometric criteria: 1) maximum interval information; and 2) CAT simulations. Item rankings were similar for both criteria. For the maximum interval criterion, each item information function was integrated (without weighting) for the interval from the mean to 2 SDs worse than the mean. For the CAT simulations, responses to all items in each bank were generated using a random sample of 1,000 simulees drawn separately for each bank (centered on 1.0 SD worse than the general population mean). Items were rank ordered based on their average administration rank over the simulees. Content experts reviewed the items and rankings and made cuts of 8, 6, and 4 items. For each domain, 4-item, 6-item, and 8-items have been selected so that the items are nested/overlap (e.g., the 8-item form is the 6-item form plus two additional items). The 4a, 6a, and 8a short forms can be administered with short forms of similar length from other domains (Depression, Pain Interference, Fatigue, Sleep Disturbance, Ability to Participate in Social Roles and Activities (v2.0), and Physical Function (6b and 8b NOT 6a and 8a)) as part of a PROMIS Profile (see PROMIS-29, 43, or 57 Profile v2.0), though they can also be administered individually. The original adult short form (7a) was constructed by the domain team with a focus on representing the range of the trait and also representing the content of the item bank. Domain experts reviewed short forms to give input on the relevance of each item. Each domain group worked independently, and the original short forms are 6-10 items long depending on the domain. Psychometric properties and clinical input were both used and likely varied in importance across domains.

Pediatric and Parent Proxy Short Forms

There is 1 current pediatric and 1 parent proxy short form. Items were selected based on content and psychometric characteristics.

Selecting a Short Form

In selecting between short forms, the difference is instrument length. The reliability and precision of the short forms within a domain is highly similar. If you are working with a sample in which you want the most precise measure, select the longest short form. If you have little room for additional measures but really wanted to capture something as a secondary outcome, select one of the shorter instruments (e.g., 4-item short form).

Early Childhood Parent-Report Forms

There are two PROMIS Early Childhood Parent-Report short forms. Items in the 4a and 8a short forms were selected based on content coverage of the key domain facets and psychometric characteristics. The 4-item and 8-item have been selected so that the items are nested/overlap (i.e., the 8-item is the 4-item form plus 4 additional items).

Recommended Early Childhood Parent-Report Short Form

The primary difference between the two Early Childhood Parent-Report anxiety short forms is instrument length. The reliability and precision of the short forms within a domain is highly similar. If you are working with a sample in which you want the most precise measure, select the 8-item form. The 8-item form is also superior for individual evaluation/comparing small groups. If you have little room for additional measures but still want to capture the domain, select the 4-item form. Either form is sufficient for large group comparison.

Parent Proxy Report Versus Early Childhood Parent-Report Measures

The PROMIS Parent Proxy measures are for parents to report on their children ages 5-17. The PROMIS Early Childhood Parent-Report measures are for parents to report on their children ages 1 to 5. In both cases, the parent provides his or her perspective about the child's anxiety. Scores from PROMIS Parent Proxy and PROMIS Early Childhood Parent-Report measures are calibrated and normed with different, age-appropriate reference populations and therefore are on different metrics. Scores from one should not be compared to scores on the other. For parents of 5-year-old children, either the PROMIS Parent Proxy or the PROMIS Early Childhood Parent-Report measure can be used. In general, for longitudinal research and/or on-going clinical follow-up, using the measure that aligns with the majority of the time frame with which the child will be studied is recommended. For example, if the measure is administered at child age 1 year through child age 5, using the PROMIS Early Childhood Parent-Report is recommended. If the child will be studied across in both early childhood and beyond age 5, switching to the PROMIS Parent Proxy measure is necessary.

PROMIS ADULT CANCER MEASURES

PROMIS-Cancer (PROMIS-Ca) measures (Physical Function, Fatigue, Pain Interference, Depression and Anxiety) were developed under the PROMIS Cancer Supplement (CaPS) grant from NCI. The measures are highly similar to PROMIS measures. Some banks include unique items. In rare instances, a shared item uses different item-level calibrations in each bank.

- PROMIS-Ca Bank v1.1 - Physical Function contains 45 items, 33 of which are also in PROMIS Bank v2.0 - Physical Function.
- PROMIS-Ca Bank v1.0 - Fatigue contains 54 items, all of which are from PROMIS Bank v1.0 - Fatigue.
- PROMIS-Ca Bank v1.0 - Anxiety contains 22 items; 20 items from PROMIS Bank v1.0 - Anxiety, and 2 items unique to CaPS in which cancer specific calibrations were used: EDANX09 & EDANX39.
- PROMIS-Ca Bank v1.0 - Depression item bank contains 30 items; 23 items are from PROMIS Bank v1.0 - Depression and 7 items unique to CaPS in which cancer specific calibrations were used: EDANG09, EDANG29, EDDEP02, EDDEP12, EDDEP16, EDDEP38 & EDDEP55.
- PROMIS-Ca Bank v1.1 - Pain Interference contains 35 items; 32 items from PROMIS Bank v1.1 - Pain Interference v1.1 and 3 items unique to CaPS in which cancer specific calibrations were used: PAININ4, PAININ15 & PAININ30.

PROMIS-Cancer (PROMIS-Ca) measures were developed by having content experts review the adult PROMIS item banks for Anxiety, Depression, Fatigue, Pain Interference, and Physical Function. Items were selected through expert consensus and informed by focus groups and cognitive interviews with cancer patients. Multidisciplinary clinical input was obtained to ensure content coverage and the relevance of PROMIS items to patients' cancer and/or cancer treatment experiences. Items' psychometric properties were reviewed when applicable. Next, calibration testing was conducted with cancer patients with different diagnoses and treatments. Data were analyzed to identify if items performed differently in people with cancer than people with other chronic conditions or in the general population. In most cases, PROMIS calibrations ("PROMIS Wave

1”) were retained. In rare cases where differential item functioning was identified, calibrations for that item were revised for when that item is used in the PROMIS-Ca item bank. For items that exist only in a PROMIS-Ca item bank, new calibrations were created by using a fixed parameter linking strategy. This set of calibrations is named “Cancer” in the HealthMeasures Scoring Service.

A fixed parameter linking approach was taken because of the additional analyses that were conducted to evaluate the differences between the PROMIS item bank and the PROMIS-Ca item bank. The measures produce slightly different scores. This difference was determined to be so small that comparing scores from a PROMIS measure and PROMIS-Ca measure is acceptable. Because the PROMIS measures have demonstrated validity across diverse patient populations, are linked with other PRO measures (i.e., [PROsetta Stone](#)), and have continued to be improved through item bank expansion (e.g., PROMIS Physical Function item bank v2.0), it is recommended to use the general population PROMIS calibrations when assessing individuals with cancer.

SELECTING A PEDIATRIC OR PARENT PROXY INSTRUMENT

In selecting whether to use the pediatric or parent proxy instrument for this domain, it is important to consider both the population and the domain which you are studying. Pediatric self-report should be considered the standard for measuring patient-reported outcomes among children. However, circumstances exist when the child is too young, cognitively impaired, or too ill to complete a patient-reported outcome instrument. While information derived from self-report and proxy-report is not equivalent, it is optimal to assess both the child and the parent since their perspectives may be independently related to healthcare utilization, risk factors, and quality of care.

WHICH CALIBRATION SAMPLE SHOULD I USE?

Some PROMIS Parent Proxy v1.0, v1.1, and v2.0 measures (Anxiety, Depressive Symptoms, Fatigue, Mobility, Pain Interference, Peer Relationships) had two calibration samples – “Parent Proxy” and “Parent Proxy Without Local Dependence.” The former (Parent Proxy) included calibrations for all items. This was the default calibration sample. The Parent Proxy Without Local Dependence did not include calibrations for some items. The items without calibrations are enemy items. That is, a dyad or triad of items was identified in which there are psychometric reasons to only administer one of those items to a given respondent. For example, item Pf2anxiety5 and Pf2anxiety4 are enemy items. A participant should only see one of these items in a CAT. The v3.0 GenPop measure have a single calibration sample and no enemy items.

SCORES

For most PROMIS instruments, a score of 50 is the average for the United States general population with a standard deviation of 10 because calibration testing was performed on a large sample of the general population. You can read more about the calibration and centering samples on HealthMeasures.net (<http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis>). The T-score is provided with an error term (Standard Error or SE). The Standard Error is a statistical measure of variance and represents the “margin of error” for the T-score.

Important: *A higher PROMIS T-score represents more of the concept being measured.* For negatively-worded concepts like anxiety, a T-score of 60 is one SD worse than average. By comparison, an anxiety T-score of 40 is one SD better than average.

STATISTICAL CHARACTERISTICS

There are four key features of the score for anxiety:

- **Reliability:** The degree to which a measure is free of error. It can be estimated by the internal consistency of the responses to the measure, or by correlating total scores on the measure from two time points when there has been no true change in what is being measured (for z-scores, reliability = $1 - SE^2$).
- **Precision:** The consistency of the estimated score (reciprocal of error variance).
- **Information:** The precision of an item or multiple items at different levels of the underlying continuum (for z-scores, information = $1/SE^2$).
- **Standard Error (SE):** The possible range of the actual final score based upon the scaled T-score. For example, with a T-score of 52 and a SE of 2, the 95% confidence interval around the actual final score ranges from 48.1 to 55.9 (T-score $\pm (1.96*SE) = 52 \pm 3.9 = 48.1$ to 55.9).

The final score is represented by the T-score, a standardized score with a mean of 50 and a standard deviation (SD) of 10.

In Figure 2 (Adult 7a short form), the two dotted horizontal lines each represent a degree of internal consistency reliability (i.e., .90 or .95) typically regarded as sufficient for an accurate individual score. The shaded blue region marks the range of the scale where measurement precision is comparable to the reliability of .90 for the seven-item form. Figure 3 also tells us where on the scale the form is most informative based upon the T-score. This form would typically be more informative than an anxiety form with fewer items.

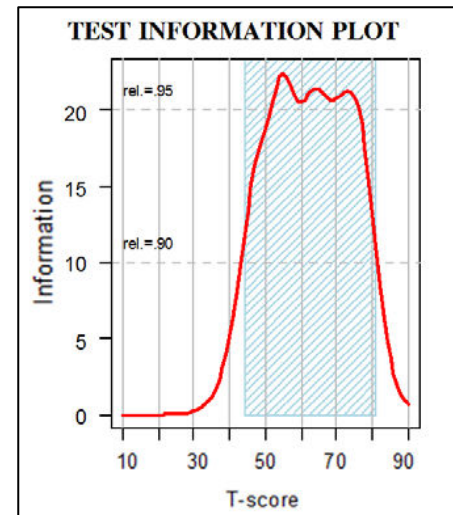


Figure 2

The three dotted horizontal lines in Figure 3 each represent a degree of internal consistency reliability (i.e., .70, .90, or 0.95) typically regarded as sufficient for an accurate individual score for the Early Childhood Parent-Report item bank. The shaded blue region marks the range of the scale where measurement precision is comparable to the reliability of .70 for the form.

Figure 4 (Adult 4a, 6a & 8a short forms) also tells us where on the scale the form is most informative based upon the T-score: the 8-item form is more informative than the 6-item form, which is more informative than the 4-item form. See additional test information figures for pediatric instruments in Appendix 1.

Figure 5 is a sample of the statistical information available for the adult Anxiety CAT.

Early Childhood Parent-Report Item Bank Test Information Plot

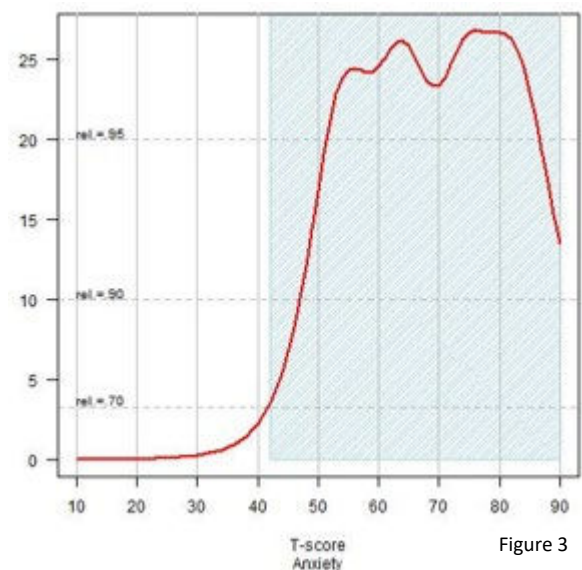


Figure 3

More information is available on HealthMeasures.net.

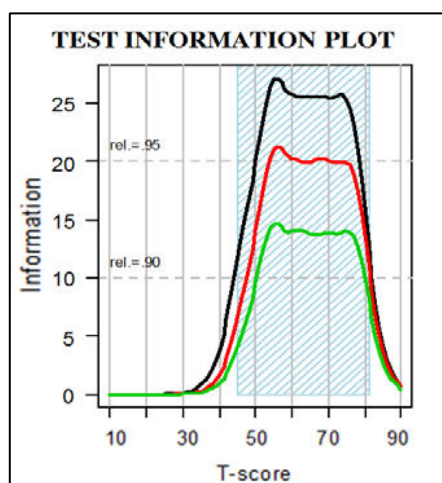


Figure 4

Scaling Model Used For Calibration	Graded Response Model (GRM)
Total Number of Items	29

Sample	N	Alpha Reliability
PROMIS Wave 1 Full Bank	788	0.97

Score Distributions									
	Mean	SD	P5	P10	P25	P50	P75	P90	P95
Raw	49.42	20.09	29.00	30.00	34.00	43.00	59.00	80.00	90.30
Scale	48.47	9.82	31.64	35.19	41.75	48.21	54.64	61.56	65.49

										Min	Max
Scale Score	10.0	20.0	30.0	40.0	50.0	60.0	70.0	80.0	90.0	31.6	88.4
SE	4.80	2.10	.80	.30	.20	.10	.10	.20	.40		
Reliability	.00	.00	.38	.93	.98	.98	.98	.98	.88		

Figure 5

PREVIEW OF SAMPLE ITEM

Figure 6 is an excerpt from the paper version of the adult eight-item short form. This is the paper version format used for all anxiety instruments. It is important to note that the CAT is not available for paper administration, though PDFs are available to review all included items.

In the past 7 days...		Never	Rarely	Sometimes	Often	Always
EDANK27	I felt something awful would happen	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EDANK53	I felt uneasy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Figure 6

FREQUENTLY ASKED QUESTIONS (FAQs)

Q: I am interested in learning more. Where can I do that?

Review the HealthMeasures website at www.healthmeasures.net.

Q: Are these instruments available in other languages?

Yes! Look at the HealthMeasures website (<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis/available-translations/117-available-translations>) for current information on PROMIS translations.

Q: Can I make my own short form?

Yes, custom short forms can be made by selecting any items from an item bank. This can be scored using the HealthMeasures Scoring Service (https://www.assessmentcenter.net/ac_scoringervice).

APPENDIX 1

Test Information for PROMIS Pediatric Bank and Short Forms v1.0 and v1.1:

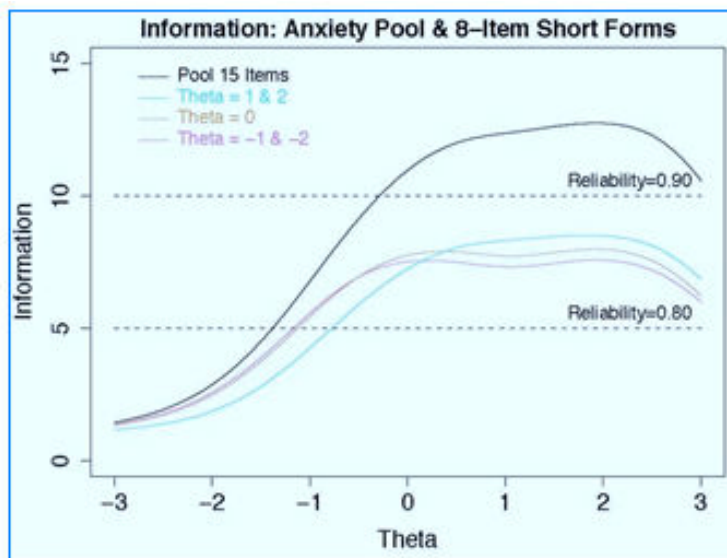


Figure 8- Pediatric Test Information Anxiety