**Precision Medicine Initiative Cohort Program Pilot**

**PMI Survey Module: Overall health and mental health -- English version**

**Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.**

**Don't feel like you have to spend a long time over each question. The first answer that comes to you is usually the best one. If you aren’t sure how to answer a question, choose the best answer from the options given.**

This module asks you to rate your health and how well you manage in several different areas. There are 15 questions in this section, taking about 3-5 minutes to complete.

The first 10 questions ask you how you feel about your health and daily activities.

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| **Item ID:** | **Ref. Survey** | **Question Stem** | **Responses** |
| G1 | PROMIS Global Health | In general, would you say your health is: | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G2 | PROMIS Global Health | In general, would you say your quality of life is: | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G3 | PROMIS Global Health | In general, how would you rate your physical health? | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G4 | PROMIS Global Health | In general, how would you rate your mental health, including your mood and your ability to think? | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G5 | PROMIS Global Health | In general, how would you rate your satisfaction with your social activities and relationships? | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G6 | PROMIS Global Health | To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair without assistance? | Completely  Mostly  Moderately  A little  Not at all  Prefer not to answer |
| G7 | PROMIS Global Health | In the past 7 days, how would you rate your pain on average? | 0 (no pain)  1  2  3  4  5  6  7  8  9  10 (worst pain imaginable)  Prefer not to answer |
| G8 | PROMIS Global Health | In the past 7 days, how would you rate your fatigue or how tired you are on average? | None  Mild  Moderate  Severe  Very severe  Prefer not to answer |
| G9 | PROMIS Global Health | In general, please rate how well you carry out your usual social roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) | 5. Excellent  4. Very Good  3. Good  2. Fair  1. Poor  0. Prefer not to answer |
| G10 | PROMIS Global Health | In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? | Never  Rarely  Sometimes  Often  Always  Prefer not to answer |
| *Many people have trouble understanding the medical information they get at a hospital or doctor’s office. The next 3 questions ask how you feel about medical information*. | | | |
| BHL1 | BHLS | How confident are you filling out medical forms by yourself | Extremely  Quite a bit  Somewhat  A little bit  Not at all  Prefer not to answer |
| BHL2 | BHLS | How often do you have someone help you read health-related materials? | Always  Often  Sometimes  Occasionally  Never  Prefer not to answer |
| BHL3 | BHLS | How often do you have problems learning about your medical condition because of difficulty understanding written information? | Always  Often  Sometimes  Occasionally  Never  Prefer not to answer |
| *The last statement is about how you handle your health. Choose how much you agree or disagree with the statement.* | | | |
| PHCS | PHCS | It is difficult for me to find effective solutions to the health problems that come my way | Strongly agree  Agree  Neither agree nor disagree  Disagree  Strongly disagree |

**Key:** PROMIS = Patient Reported Outcomes Measurement Information System

BHLS = Brief Health Literacy Screen

PHCS = Perceived Health Competency Scale

**PMI Survey Module: Overall health and mental health -- Spanish version**

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| **Identificacion** | **Encuesta de Referencia** | **Preguntas** | **Respuestas** |
| G1 | PROMIS Salud general | |  | | --- | | En general, diría que su salud es: | | Excelente  Muybuena  Buena  Pasable  Mala  Prefiero no contestar |
| G2 | PROMIS Salud general | |  | | --- | | En general, diría que su calidad de vida es: | | Excelente  Muy buena  Buena  Pasable  Mala  Prefiero no contestar |
| G3 | PROMIS Salud general | |  | | --- | | En general, ¿cómo calificaría su salud física? | | Excelente  Muy buena  Buena  Pasable  Mala  Prefiero no contestar |
| G4 | PROMIS Salud general | |  | | --- | | En general, ¿cómo calificaría su salud mental, incluyendo su estado de ánimo y su capacidad para pensar? | | Excelente  Muy buena  Buena  Pasable  Mala  Prefiero no contestar |
| G5 | PROMIS Salud general | |  | | --- | | En general, ¿cómo calificaría su satisfacción con sus actividades sociales y sus relaciones con otras personas? | | Excelente  Muy buena  Buena  Pasable  Mala  Prefiero no contestar |
| G6 | PROMIS Salud general | |  | | --- | | ¿En qué medida puede realizar actividades físicas diarias, como caminar, subir escaleras, cargar las compras o mover una silla? | | Completamente  En su mayoría  Moderamente  Un poco  Para nada  Prefiero no contestar |
| G7 | PROMIS Salud general | **En los últimos 7 días…**  En promedio, ¿cómo calificaría su dolor? | 0 Ningún dolor  1  2  3  4  5  6  7  8  9  10 El peor dolor imaginable  Prefiero no contestar |
| G8 | PROMIS Salud general | **En los últimos 7 días…**  En promedio, ¿cómo calificaría su cansacio? | Ninguno  Leve  Moderado  Intenso  Muy intenso  Prefiero no contestar |
| G9 | PROMIS Salud general | |  | | --- | | En general, califique en qué medida puede realizar actividades sociales y funciones habituales. (Esto incluye actividades en su casa, en el trabajo y en el área donde reside, así también comosus responsabilidades como padre o madre, hijo/a, cónyuge, empleado/a, amigo/a, etc.) | | Excelente  Muy Buena  Buena  Pasable  Mala  Prefiero no contestar |
| G10 | PROMIS Salud general | **En los últimos 7 días…**  ¿Con qué frecuencia le han afectado problemas emocionales como: sentir ansiedad, depresión o irritabilidad? | Nunca  Rara vez  Algunas veces  A menudo  Siempre  Prefiero no contestar |
| BHL1 | BHLS | ¿Cuánto confianza tiene completando formas médicos por usted mismo? | Extremadamente  Bastante  Algo  Un poco  Nada seguro  Prefiero no contestar |
| BHL2 | BHLS | ¿Con qué frecuencia alguien lo ayuda a leer material relacionado con su salud? | Siempre  A menudo  A veces  De vez en cuando  Nunca  Prefiero no contestar |
| BHL3 | BHLS | ¿Con qué frecuencia tiene problemas de aprender sobre su estado de salud porque tiene dificultad entendiendo la información escrita? | Siempre  A menudo  A veces  De vez en cuando  Nunca  Prefiero no contestar |
| PHCS | PHCS | Me resulta difícil encontrar soluciones adecuadas a los problemas de salud que voy teniendo | Completamente de acuerdo  Bastante de acuerdo  Ni de acuerdo / Ni en desacuerdo  Bastante en desacuerdo Completamente en desacuerdo |