





## Patient Reported Outcomes Measurement Information System (PROMIS®)

The <u>PROMIS®</u> initiative was launched by the National Institutes of Health (NIH) in 2004 for the purpose of developing and strengthening patient-reported health outcome measures, or instruments, for use in clinical and research settings. PROMIS® measures are not tied to any known program planning, evaluation, or accountability requirements.

PROMIS® instruments assess physical, mental, and social health functioning and wellbeing by asking patients a series of questions about what they are able to do and how they feel. They are designed to be used alongside traditional clinical measures of health to better understand how treatments affect what patients are able to do and the symptoms they experience. The individual questions that make up the PROMIS® instruments are called *items*. Some domains of measurement contain several instruments that can be used in different settings, and usually differ based on the number of items. Many

## PROMIS® Health Organization (PHO)

Located just outside of Chicago IL, PHO is a non-profit organization that was founded in 2008 by a group of scientists with funding from the National Institutes of Health (NIH) for the primary purpose of developing and validating the PROMIS item banks. PHO is now an open society that encourages membership among those who strive to bring the "patient's voice" to the forefront of health care.

instruments contain an extended survey, called the *long form*, and a shortened survey containing fewer items, called the *short form*. All PROMIS® instruments have undergone psychometric <u>testing</u> to evaluate their reliability and validity in providing precise measurement of health constructs. Each instrument assesses an aspect of health as defined through the PROMIS Domain <u>Framework</u>. Current <u>research</u> is underway to further test the validity of the PROMIS® measures.

Currently, there are over 60 domains of PROMIS® instruments available for use among adults, and 23 for use among children (14 of these are pending final approval). Child questionnaires can be answered independently by children ages 8-17, or through a parent proxy for children ages 5-17. All questionnaires are freely available for public use.

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Developer(s)	Many experts contributed to the development of PROMIS® items and instruments. Development was coordinated by the PROMIS® Health Organization (PHO) and the National Institutes of Health (NIH).
Funder(s)	NIH
Purpose(s)	To provide access to efficient, precise, valid, and responsive adult- and child-reported measures of health and well-being.
Target Populations	All adults, and children ages 5-17.
Data Sources	PROMIS® data are collected through the administration of <u>freely available</u> <u>questionnaires</u> .
Technical Measure Descriptions	Methodologies for the development and testing of each measure are available, in addition to various <u>publications</u> related to measurement testing. All questionnaires and scoring manuals are <u>freely available</u> .
Number of Measures	Over 60 instruments for use among adults, and 23 instruments for use among children.
Topics of Measurement	Child instruments include physical function (overall mobility and upper extremity), pain (behavior, interference and intensity), asthma, fatigue, anger, anxiety, depression, life satisfaction, meaning and purpose, positive affect, family involvement and belonging, psychological and physical stress, strength impact, and peer relationships.
Reporting Requirements	There are no known requirements associated with the reporting of PROMIS® measures.
Recommended or Required Stratification	PROMIS instruments do not include demographic questions. Therefore, stratifications are not possible when PROMIS® instruments are used alone.
Link to Additional Info	PROMIS® FAQ.   Learn about links between different patient-reported measures through PROsetta Stone®

## **Browse and Search the Measures**