

**NINDS CDE Notice of Copyright
PROMIS Pain Interference Short Form**

Availability:	Publicly Available from the PROMIS website: Please click here for the PROMIS Pain Interference Short Form.
Classification:	Supplemental.
Short Description of Instrument:	<p>Construct measured: Self-reported consequences of pain on relevant aspects of one’s life.</p> <p>Generic vs. disease specific: Generic.</p> <p>Means of administration: Short forms or computerized adaptive testing (CAT).</p> <p>Intended respondent: Patient.</p> <p># of items: 41 (total), 6 (short form).</p> <p># of subscales and names of sub-scales: N/A.</p> <p># of items per sub-scale: N/A.</p>
Comments/Special instructions:	<p>Scoring: Each question has five response options ranging in value from one to five. To find the total raw score, sum the values of the response to each question. For example, for the six-item form, the lowest possible raw score is 6; the highest possible raw score is 30. A higher PROMIS T-score represents more of the concept being measured. For negatively-worded concepts like pain interference, a T-score of 60 is one SD worse than average. By comparison, a pain interference T-score of 40 is one SD better than average.</p> <p>Background: The pain interference item bank measures the self-reported consequences of pain on relevant aspects of one’s life. This includes the extent to which pain hinders engagement with social, cognitive, emotional, physical, and recreational activities. Pain interference also incorporates items probing sleep and enjoyment in life, though the item bank only contains one sleep item. The pain interference short form is generic rather than disease-specific. It assesses pain interference over the past seven days.</p>
References:	Amtmann D, et al. Development of a PROMIS item bank to measure pain interference. Pain. 2010 July;150(1):173-182

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Rationale/ Justification:	<p>Strengths/ Weaknesses: The strength of the six-item version 1.0 instrument lies in its focus on item content and its ability to assess the full range of pain interference measured by the pain interference item bank. When selecting a short form, the main difference is instrument length. Reliability and precision of short forms within a domain are highly similar. Longer short forms generally offer greater correlation (strength of relationship) with the full item bank, as well as greater precision.</p> <p>If you are working with a sample in which you expect large variability in a domain and you want to include the full range of item content from that domain, you would probably prefer this six-item version 1.0 short form. On the other hand, if you are hoping to capture secondary outcomes data, but have little room for additional measures, you would probably prefer a very brief (four-item) profile short form.</p> <p>Psychometric Properties: For scores in the T-score range 50-80, the reliability was equivalent to 0.96 to 0.99. Patterns of correlations with other health outcomes supported the construct validity of the item bank. The scores discriminated among persons with different numbers of chronic conditions, disabling conditions, levels of self-reported health, and pain intensity ($p < 0.0001$).</p> <p>Administration: There are two administration options for assessing pain interference: short forms and computerized adaptive testing (CAT). When administering a short form, instruct participants to answer all of the items (i.e., questions or statements) presented. With CAT, participant responses guide the computer's choice of subsequent items from the full item bank (41 items in total). Although items differ across respondents taking 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.</p>
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