

PROMIS Physical Function with Mobility Aid –Short Form

Please respond to each item by marking one box per row.

The following questions ask about your ability to stand and move with and without support. “Support” means using items such as canes, walking sticks, walkers and leg braces, or other people.		Yes	No			
PF_Screener 2	Can you walk 25 feet on a level surface (with or without support)?	<input type="checkbox"/>	<input type="checkbox"/>			
		Yes→ Participant receives all items No→ Participant proceeds to PFA55 through PF_53				
		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFC6	Are you able to walk a block on flat ground?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC29	Are you able to walk up and down two steps?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_17	Are you able to walk more than a mile?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA55	Are you able to wash and dry your body?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC45	Are you able to get on and off the toilet?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC53	Are you able to get in and out of bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA9	Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA20	Are you able to cut your food using eating utensils?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA12	Are you able to push open a heavy door?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_23	Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_53	Are you able to stand upright briefly without support?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1