PROMIS-29

April 2026

Decision support guidelines for clinicians

The Patient Reported Outcomes Measurement Information System-29 (PROMIS-29) is a validated and reliable generic patient-reported outcome measure (PROM) that assesses health-related quality of life through 29 questions across 7 domains.

Intended population

The PROMIS-29 is intended for adults aged 18 and over, across a range of health conditions and care settings. It is suitable for both clinical and general populations, including those with chronic physical or mental health issues. The survey is culturally adaptable and has been translated into multiple languages, with validation ongoing in different populations globally.

Scoring

The PROMIS-29 contains 7 domains (see below). Each domain has 4 questions ranked on a 5-point Likert scale. The PROMIS-29 contains one standalone item for pain intensity, which is ranked on an 11-point numeric rating scale.

PROMIS-29 domains include:

- physical function
- anxiety
- depression
- fatigue
- sleep disturbance
- ability to participate in social roles and activities
- pain interference.

Patients answer each of the 29 questions on a 5-point scale, with 1 being “not at all” and 5 being “very much”. The scores are calculated and displayed via the Health Outcomes and Patient Experience (HOPE) platform in accordance with the scoring guide.

Each question is automatically scored into raw scores for each domain, and these are converted into T-scores. The PROMIS-29 does not generate a single total score.

T-scores are standardised based on the general population but can be adapted for specific populations:

- Mean = 50
- Standard deviation = 10 (based on the general population)

How scoring works

- Raw domain scores (sum of responses to 4 items) are converted to T-scores via the HOPE platform.
- Domains are scored on 2 scales; **function scale** and **symptoms scale** (see below).
- Higher T-scores indicate **more** of the domain concept being measured.

Figure 1: Scoring scale

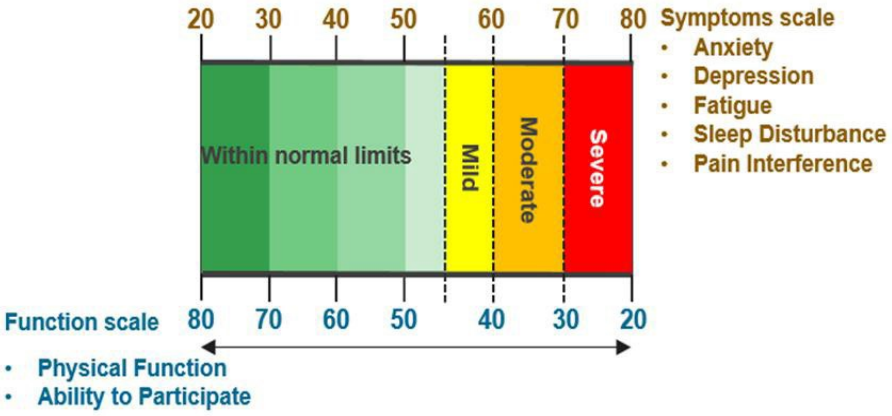

Table 1: PROMIS-29 scoring

Domain	Higher raw or T-score indicates
Physical function	Better functioning
Ability to participate in social roles	Better participation
Anxiety, depression, fatigue, sleep, pain interference	More symptoms or greater impact (worse)
Pain intensity (0–10 scale)	More pain

Interpretation of scores

- A T-score of 50 represents the average for the general population.
- T-scores greater than 60 or less than 40 are typically considered meaningfully different from the norm and may indicate a clinical concern.
- The HOPE platform categorises T-scores into severity bands for local interpretation: **within normal limits**, **mild**, **moderate** and **severe**.

- Severity levels are displayed directly beneath each domain score within HOPE to assist with quick interpretation.
- Scores in the **severe** range require **immediate attention**.
- A change in severity band, e.g. from within normal limits to moderate or severe, should prompt timely clinical review, patient discussion and consideration of appropriate support or intervention.

Trending scores and detailed responses

Score trending is available when the patient or carer has completed 2 or more of the same survey. Trending in the results page of HOPE compares the previous survey with the most recent survey. Note that the symptom and function scale for the PROMIS-29 are scored differently. For example, a higher score in physical function means better functioning and improving trend; whereas a higher score for anxiety means more symptoms or impact resulting in a declining trend (see Figure 1).

For domain score and individual question trending:

- **Declining** = the score has increased (symptom scale); the score has decreased (functional scale).
- **Improving** = the score has decreased (symptom scale); the score has increased (functional scale).
- **Stable** = the score is the same for both symptom and physical scales.

Figure 2: Consolidated domain score

Domain	26-02-2026 (This survey)		26-08-2025	29-07-2025
Physical Function	16 | T: 41.9 ▲ Mild	Improving	11 | T: 35.6 Moderate	10 | T: 34.4 Moderate
Anxiety	10 | T: 59.5 ▼ Mild	Improving	13 | T: 65.3 Moderate	11 | T: 61.4 Moderate
Depression	12 | T: 62.2 ▲ Moderate	Declining	11 | T: 60.5 Moderate	14 | T: 65.7 Moderate
Fatigue	12 | T: 57 ▼ Mild	Improving	15 | T: 62.7 Moderate	16 | T: 64.6 Moderate
Sleep Disturbance	12 | T: 54.3 – Within normal limits	Stable	12 | T: 54.3 Within normal limits	11 | T: 52.4 Within normal limits
Ability to Participate in Social Roles and Activities	10 | T: 40.5 ▼ Mild	Declining	13 | T: 46.2 Within normal limits	12 | T: 44.2 Mild
Pain Interference	8 | T: 55.6 ▼ Mild	Improving	13 | T: 62.5 Moderate	14 | T: 63.8 Moderate
Pain Intensity	10 ▲	Declining	7	8

Considerations and follow-up

The below table provides a comprehensive guide for clinicians to assess, address and refer patients based on common symptoms identified in the PROMIS-29 survey, using supportive communication and evidence-informed pathways to enhance patient care and wellbeing.

Scores in the severe range require prompt follow-up and immediate attention.

Table 2: PROMIS-29 symptom management and referral guide

Symptom	Assessment – supportive conversation prompts	Action steps	Referral or liaison pathways and resources
Pain	• What is your main concern about your pain? • Where is the pain located? • How would you describe it (e.g. stabbing, burning)? • What worsens or relieves it? • How long have you had the pain (chronic > 3 months)? • How does it affect your daily life?	• Determine if urgent review is needed • Consider medication or specialist review • Assess if pain is acute or chronic • Discuss impact on function and daily living	• GP: for further assessment or medication review • Chronic pain clinic via GP referral • Acute pain team (inpatient) • Allied health: occupational therapist (OT), physiotherapist, psychologist • Resources: **Medicare Mental Health** (formerly Head to Health), **MyOA** (formerly My Joint Pain) and **My Back Pain**
Anxiety	• Have you felt worried or anxious in recent weeks? • Do you struggle to stop or control your worrying thoughts? • How is anxiety affecting your day-to-day life?	• Validate distress, offer emotional support • Discuss mental health supports and coping strategies • Provide information on anxiety management	• GP: consider referral to psychologist or mental health plan • Allied health: social worker, counsellor • Aboriginal and Torres Strait Islander People: 13YARN (139276) • Resources: **Medicare Mental Health** (formerly Head to Health), **Beyond Blue**
Depression	• Have you been feeling sad or hopeless lately? • Have you lost interest or pleasure in things? • Have you had thoughts of self-harm or suicide? • Is this a new concern or a past diagnosis?	• Screen severity using clinical judgement • If question 12 scores 4–5, refer immediately • Consider using depression scale (DASS21 or geriatric depression scale for further information) • Provide emotional support • Encourage discussion with GP or mental health team	• GP or junior medical officer: immediate referral for moderate to severe scores or risks • Crisis lines: Lifeline (13 11 14), Mental Health Line (1800 011 511) • Aboriginal and Torres Strait Islander People: 13YARN (139276) • Resources: **MindSpot**, **Moodgym**, **Black Dog Institute**
Sleep disturbance	• What is your typical sleep pattern? • Is the sleep disturbance new or ongoing? • Have you tried anything to improve it? • Do other symptoms (e.g. pain, medication) affect your sleep?	• Provide sleep hygiene advice • Consider medical causes (e.g. sleep apnoea) • Recommend routine adjustments and behavioural strategies	• GP: for review of sleep-related conditions • OT: review of environment and potential modifications • Resources: **ReachOut tools and apps**

Symptom	Assessment – supportive conversation prompts	Action steps	Referral or liaison pathways and resources
Fatigue	• Is this fatigue new or chronic? • Is it relieved by rest? • How does it impact your activities or mood? • Are other symptoms contributing (e.g. anaemia, sleep, pain)?	• Assess for medical causes • Offer fatigue management advice • Encourage graded exercise and pacing techniques	• OT: energy conservation, equipment prescription and activity modification • Physiotherapist: conditioning programs • Social worker or discharge planner: home-based support services
Physical function	• Do you use any mobility aids or support when walking? • Have you fallen or almost fallen recently? • Can you walk short distances or upstairs? • Has anyone assessed your mobility recently?	• Determine fall risk • Provide support aids or interventions • Address new or severe limitations promptly • Consider link in with local community programs and support	• OT and physiotherapist: functional and falls risk assessments, strengthening and functional adaptations • GP: review and coordination, referral to falls prevention programs or supportive programs (e.g. condition specific such as osteoarthritis) • Consider linking in with local exercise or activity groups following therapy. • Resources: **My Aged Care**, **Stepping On**, **Active and Healthy**
Social roles and activities	• Do you feel limited in your usual activities? • Is this result a concern for you? • Are there barriers (e.g. physical, emotional, logistical)?	• Discuss social and emotional impacts • Determine current support network and if supports can be adjusted or added • Review existing care plans • Use local networks and link in with programs to support (e.g. local groups including libraries, community centres)	• Consider referral to My Aged Care for socialisation opportunities available via support from Australian Government Support at Home programs or other. • Social work: for emotional or family barriers • Resources: Men's Shed, mobility parking
Transport	• Can you attend appointments easily? • How far do you live from services? • Do you have reliable transport? • Is cost a barrier?	• Explore local transport support options • Provide written or verbal information about subsidies	• Social work: support coordinating transport needs • GP: consider taxi subsidies • Community transport: consider referral to My Aged Care for financial assistance and coordination
Drug and alcohol use	• Is substance use affecting your health or wellbeing? • Are you open to discussing supports?	• Provide non-judgemental discussion	• NSW Helpline: 1800 422 599

How you can support the patient today

The total domain score should be used as an indicator to start a conversation with a patient and their carer. Shared decisions are made using your clinical judgement and the patient's preferences. As a general guide, conversations about survey results should include the following:

- **Acknowledge** the results of the survey. Invite the patient and carer to be involved in the decision-making process.
- **Discuss** your concerns and issues, as well as those of the patient and carer. Also discuss the priorities for care and what matters to the patient as part of the assessment process. Shared decision-making requires strong two-way communication and recognition of each other's expertise and perspectives. Use communication techniques, such as teach-back to clarify the patient's understanding.
- **Act** on actions that are reached by shared decision-making between the patient, carer and the clinical team. Remember to explain the options, including the benefits and harms of any actions. Consider whether another clinician has acted on the issue or concern, as more than one clinician may have access to the results in HOPE.

References

HealthMeasures. Interpret scores: PROMIS, n.d., accessed 26 May 2025.
https://www.healthmeasures.net/score-and-interpret/interpret-scores/promis

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