

Trauma Outcomes Registry and Quality Evaluation (TORQUE)

Record ID _____

Date of Survey Completion (PROMIS-29) _____

Please respond to each question or statement by marking one box per row.

Physical Function

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to do chores such as vacuuming or yard work?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you able to go up and down stairs at a normal pace?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are you able to go for a walk of at least 15 minutes?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are you able to run errands and shop?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anxiety

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
5. I felt fearful....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I found it hard to focus on anything other than my anxiety....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My worries overwhelmed me....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt uneasy....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
9. I felt worthless....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt helpless....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt depressed....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt hopeless....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fatigue**During the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
13. I feel fatigued....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have trouble starting things because I am tired....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How run-down did you feel on average?...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How fatigued were you on average?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep Disturbance**In the past 7 days...**

	Very poor	Poor	Fair	Good	Very good
17. My sleep quality was....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
18. My sleep was refreshing....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I had a problem with my sleep....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ability to Participate in Social Roles and Activities

	Never	Rarely	Sometimes	Usually	Always
21. I have trouble doing all of my regular leisure activities with others....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I have trouble doing all of the family activities that I want to do....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have trouble doing all of my usual work (include work at home)....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have trouble doing all of the activities with friends that I want to do....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pain Interference**In the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
25. How much did pain interfere with your day to day activities?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How much did pain interfere with work around the home?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How much did pain interfere with your ability to participate in social activities?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How much did pain interfere with your household chores?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pain Intensity**In the past 7 days...**

	No Pain	1	2	3	4	5	6	7	8	9	Worst imaginable pain
29. How would you rate your pain on average?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey Progress: 50%.

Survey Progress: 33%.

Please click on the 'submit' button below to go to the next section

PROMIS-29 Summary

Physical Function Raw Score

Physical Function T Score

ALERT: Client's 'Physical Function' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Physical Function' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Physical Function' score is in the normal range.

ACTION: No action required

Anxiety Raw Score

Anxiety T Score

ALERT: Client's 'Anxiety' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Anxiety' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Anxiety' score is in the normal range.

ACTION: No action required

Depression Raw Score

Depression T Score

ALERT: Client's 'Depression' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Depression' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Depression' score is in the normal range

ACTION: No action required

Fatigue Raw Score

Fatigue T Score

ALERT: Client's 'Fatigue' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Fatigue' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Fatigue' score is in the normal range.

ACTION: No action required

Sleep Disturbance Raw Score

Sleep Disturbance T Score

ALERT: Client's 'Sleep Disturbance' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Sleep Disturbance' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Sleep Disturbance' score is in the normal range.

ACTION: No action required

Participation Raw Score

Participation T Score

ALERT: Client's 'Participation' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Participation' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Participation' score is in the normal range.

ACTION: No action required

Pain Interference Raw Score

Pain Interference T Score

ALERT: Client's 'Pain Interference' score is between 1SD and 2SD worse than average.

ACTION: Monitor client

ALERT: Client's 'Pain Interference' score is at least 2SD worse than average.

ACTION: Intervention required

NOTE: Client's 'Pain Interference' score is in the normal range.

ACTION: No action required

Pain Intensity Score

_____ (5=No Pain, 1=Worst Pain Imaginable)