

BRICS NINR Global Health

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BRICS Main and Form Administration

Main

1. Global unique identifier number

2. Subject identifier number


3. Age in years

 Years

4. Vital status


- Alive Dead Unknown

5. Visit date



6. Site name

7. Days since baseline

 days

8. Case control indicator

9. General notes text

Form Administration

10. Context Type

- Follow-up 1 Follow-up 2 Follow-up 3 Follow-up 4
 Follow-up 5 Other, specify

11. Context type other text

12. Data source

- Participant/subject
 Friend
 Chart/Medical record
 Family, specify relation
 Physician
 Other, specify

13. Data source other text

PROMIS SF v1.1 - Global Health

	Excellent	Very good	Good	Fair	Poor
14. In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. In general, would you say your quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Completely	Mostly	Moderately	A little	Not at all
20. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
21. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

None Mild Moderate Severe Very severe

22. How would you rate your fatigue on average?

In the past 7 days...

0 1 2 3 4 5 6 7 8 9 10

23. How would you rate your pain on average?