



REDCap Shared Library

The REDCap Shared Library is a repository for REDCap data collection instruments and forms that can be downloaded and used by researchers at REDCap partner institutions including the Ohio State University. Curated instruments have been approved for inclusion by the REDCap Library Oversight Committee (REDLOC) after review for research relevance, accuracy in coding and function, and copyright issues.

Visit this website to access the REDCap Shared Library: <http://project-redcap.org/>

Agitated Behavior Scale

The Agitated Behavior Scale (ABS) was developed to assess the nature and extent of agitation during the acute phase of recovery from acquired brain injury. Its primary purpose is to allow serial assessment of agitation by treatment professionals who want objective feedback about the course of a patient's agitation. Serial assessments are particularly important when treatment interventions are being attempted. This instrument may be useful with populations other than patients recovering from acquired brain injury. Tabloski, McKinnon-Howe, and Remington (1995) and Corrigan, Bogner, and Tabloski (1996) demonstrated the utility of the ABS for measuring agitation in nursing home residents with progressive dementias, primarily Alzheimer's disease. Description obtained from: Bogner, J. (2000). The Agitated Behavior Scale. The Center for Outcome Measurement in Brain Injury. <http://www.tbims.org/combi/abs> (accessed April 20, 2011).

APACHII Severity of Disease Classification System

A severity of disease classification system. APACHE II uses a point score based upon initial values of 12 routine physiologic measurements, age, and previous health status to provide a general measure of severity of disease. An increasing score (range 0 to 71) was closely correlated with the subsequent risk of hospital death for 5815 intensive care admissions from 13 hospitals. This relationship was also found for many common diseases. When APACHE II scores are combined with an accurate description of disease, they can prognostically stratify acutely ill patients and assist investigators comparing the success of new or differing forms of therapy. This scoring index can be used to evaluate the use of hospital resources and compare the efficacy of intensive care in different hospitals or over time.

Autism Parenting Stress Index (APSI)

The APSI is a measure of parenting stress specific to core and co-morbid symptoms of autism that has been validated in children under age six. Cronbach's alpha is .827.

It is intended for use by clinicians to identify areas where parents need support with parenting skills, and to assess the effect of intervention on parenting stress. It was originally developed to measure the outcome of a parent-delivered qigong massage program on measures of autism and parenting stress. Initial times that of the typical group and double that of the other developmental delay group [F(2,272)=153

Barthel Index

A measure of someone's ability to function in daily activities including mobility

BRFSS 2009 — Modules 1-29

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984

Brief Health Literacy Screening

This is a 3 question instrument to determine health literacy of patients.

Buss-Perry Scale

Aggression questionnaire - A self-rating scale that has quickly become the gold standard for the measurement of aggression.

CAHPS APQ 1.0 (RS-4 and RS-6 points)

The CAHPS Clinician & Group Survey asks adult patients to report on and rate the quality of care received in physicians' offices. It consists of 41 core items, which ensure standardization across survey sponsors, as well as over 50 supplemental items that sponsors may choose to add to the survey instrument to meet their specific needs. Response scales are in either 4 or 6 point formats.

CDASH v1.1

CDASH Version 1.1 was developed via CDISC's consensus-based standards development process that included comments from organizations in all three ICH regions (US, Europe and Japan). It describes the basic recommended (minimal) data collection fields for 18 domains, including common header fields, and demographic, adverse events, and other safety domains that are common to all therapeutic areas and phases of clinical research. CDASH V 1.1 also includes implementation recommendations and best practice guidelines, regulatory references and other information on the CDASH project.

CES-D

A widely used self-assessment tool for screening levels of depression

CFQ-R

The Cystic Fibrosis Questionnaire-Revised (CFQ-R) is a disease-specific health-related quality of life (HRQOL) measure for children, adolescents and adults with cystic fibrosis (CF). It is a profile measure of HRQOL with several different domains. It was initially developed through focus groups and interviews with CF patients and health care professionals and has undergone extensive reliability and validity testing. It is one of the most widely used HRQOL measures for CF and was judged as 'well-established' in a review of evidence-based measures. It is being used in the United States and internationally in a number of clinical trials. It is also used clinically during routine CF care. Items have been coded in accordance with the scoring manual, including reverse coding items when appropriate. For administration, scoring instructions and the CFQ-R in many languages visit http://www.psy.miami.edu/cfq_QLab.

Charlson Comorditiy Index

Widely accepted validated instrument that predicts the one-year mortality for a range of co-morbid conditions.

CSHQ

Parent-reported screening survey designed to assess behavioral and medically based sleep problems in school children, aged 4-10 years

CAMS-R

As interest grows in mindfulness training as a psychosocial intervention, it is increasingly important to quantify this construct to facilitate empirical investigation. The goal of the present studies was to develop a brief self-report measure of mindfulness with items that cover the breadth of the construct and that are written in everyday language. The resulting 12-item measure demonstrated acceptable internal consistency and evidence of convergent and discriminant validity with concurrent measures of mindfulness, distress, well-being, emotion-regulation, and problem-solving approaches in three samples of university students.

CIRS

The Cumulative Illness Rating Scale was designed to meet the need for a brief, comprehensive and reliable instrument for assessing physical impairment.

DASH

The Disabilities of the Arm, Shoulder and Hand (DASH) Outcome Measure is a 30-item, self-report questionnaire designed to measure physical function and symptoms in patients with any or several musculoskeletal disorders of the upper limb. The questionnaire was designed to help describe the disability experienced by

people with upper-limb disorders and also to monitor changes in symptoms and function over time. Testing has shown that the DASH performs well in both these roles. It gives clinicians and researchers the advantage of having a single, reliable instrument that can be used to assess any or all joints in the upper extremity. The DASH Outcome Measure contains two optional, four-item modules intended to measure symptoms and function in athletes, performing artists and other workers whose jobs require a high degree of physical performance. Because they may be having difficulties only at high performance levels—which are beyond the scope of the 30-item DASH Outcome Measure—clinicians may find the modules, which are scored separately from the DASH, useful in assessing these special patients. The DASH Outcome Measure was jointly developed by the Institute for Work & Health and the American Academy of Orthopaedic Surgeons (AAOS). The project was supported by the American Association for Hand Surgery, the American Orthopaedic Society for Sports Medicine, the American Shoulder & Elbow Surgeons, the American Society for Surgery of the Hand, the Arthroscopy Association of North America and the American Society of Plastic and Reconstructive Surgeons. The DASH web site and translation approval process is administered by the Institute for Work & Health.

Decision Self-Efficacy Scale

: The 'Decision Self-Efficacy Scale' measures self-confidence or belief in one's abilities in decision making, including shared decision making.

DNT (5 and 15)

The DNT, DNT15 and the DNT 5 are assessment tests designed to investigate numeracy skills in patients with diabetes. Numeracy can be defined as the ability to understand and use numbers and math skills in daily life. Numeracy is particularly important to patients with diabetes because these patients apply math skills to diabetes self-management activities such as, glucose monitoring, carbohydrate counting, and adjustment of insulin.

Diet Habit Survey

The Diet Habit Survey was designed to identify eating habits and measure dietary changes made over time by 442 adults in the Family Heart Study, a coronary heart disease prevention project.

ECBQ-SF

The ECBQ grew from an effort to supplement the Toddler Behavior Assessment Questionnaire (TBAQ), which was developed by Dr. Hill Goldsmith at the University of Wisconsin and described in the Child Development article, "Studying temperament via construction of the Toddler Behavior Assessment Questionnaire" (Goldsmith, 1996). The new instrument includes scales developed by Dr. Rothbart and her students that measure several aspects of temperament not included in the

TBAQ. A preliminary form of the ECBQ was given to 138 parents of toddlers in 1998 and 1999. Based on the findings from that effort, existing scales were revised and new scales were added. A second experimental form was administered to 320 parents in 2000. Analysis of this form resulted in the final version of the ECBQ, which contains 18 scales and 201 items. Because the new measure only overlaps slightly with the TBAQ, the instrument has been named The Early Childhood Behavior Questionnaire (ECBQ) to avoid confusion. Short (107 items; 18 scales) and Very Short (36 items; 3 broad scales) forms of the ECBQ were developed in 2009.

EDE-Q

The EDE-Q is a self-report version of the Eating Disorder Examination (EDE), the well-established investigator-based interview.

FACIT-4 (v4)

FACIT-F: Functional Assessment of Chronic Illness Therapy-Fatigue The FACIT Measurement System is a collection of QOL questionnaires targeted to the management of chronic illness. "FACIT" (Functional Assessment of Chronic Illness Therapy) was adopted as the formal name of the measurement system in 1997 to portray the expansion of the more familiar "FACT" (Functional Assessment of Cancer Therapy) series of questionnaires into other chronic illnesses and conditions. Thus, FACIT is a broader, more encompassing term that includes the FACT questionnaires under its umbrella.

FACT-B & -G (v4)

FACT-B: For patients with Breast cancer. <http://www.facit.org/FACITOrg> The FACIT Measurement System is a collection of QOL questionnaires targeted to the management of chronic illness. "FACIT" (Functional Assessment of Chronic Illness Therapy) was adopted as the formal name of the measurement system in 1997 to portray the expansion of the more familiar "FACT" (Functional Assessment of Cancer Therapy) series of questionnaires into other chronic illnesses and conditions. Thus, FACIT is a broader, more encompassing term that includes the FACT questionnaires under its umbrella.

FACT-G: Functional Assessment of Cancer Therapy - General (constitutes the core of all subscales; the FACT-G can be used with patients of any tumor type) The FACIT Measurement System is a collection of QOL questionnaires targeted to the management of chronic illness. "FACIT" (Functional Assessment of Chronic Illness Therapy) was adopted as the formal name of the measurement system in 1997 to portray the expansion of the more familiar "FACT" (Functional Assessment of Cancer Therapy) series of questionnaires into other chronic illnesses and conditions. Thus, FACIT is a broader, more encompassing term that includes the FACT questionnaires under its umbrella.

Fagerstrom Test for Cigarette Dependence

A valid six question self-reporting measure of cigarette dependence.

Fecal Incontinence Quality of Life Scale and Severity Index (2 forms)

A health-related quality of life scale developed to address issues related specifically to fecal incontinence, the Fecal Incontinence Quality of Life Scale.

Geriatric Depression Scale -- GDS (short and long form)

Basic screening measure for depression in older adults

GOSE

The Glasgow Outcome Scale (GOS) is the most widely used outcome measure after traumatic brain injury, but it is increasingly recognized to have important limitations. It is proposed that shortcomings of the GOS can be addressed by adopting a standard format for the interview used to assign outcome. A set of guidelines is outlined that are directed at the main problems encountered in applying the GOS. The guidelines cover the general principles underlying the use of the GOS and common practical problems of applying the scale. Structured interview schedules are described for both the five-point GOS and an extended eight-point GOS (GOSE). An inter-rater reliability study of the structured interviews for the GOS and GOSE yielded weighted kappa values of 0.89 and 0.85, respectively. It is concluded that assessment of the GOS using a standard format with a written protocol is practical and reliable. The GOSE is intended is a structured interview for clinicians rather than a questionnaire to be self-completed by people with brain injury. Anyone who wishes to use the interview should also read the guidelines for administration. These can be obtained here:

<http://www.psychology.stir.ac.uk/staff/lwilson/documents/Gosguide.PDF>

HAM-A

The Hamilton Anxiety Scale (HAM-A) is a rating scale developed to quantify the severity of anxiety symptomatology, often used in psychotropic drug evaluation. It consists of 14 items, each defined by a series of symptoms. Each item is rated on a 5-point scale.

HAM-D

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

<http://www.ncbi.nlm.nih.gov/pubmed/14399272>

<http://www.assessmentpsychology.com/HAM-D.pdf>

HCG Pregnancy Test

Data collection form to reflect if pregnancy test was performed and results of test.

HOOS Hip Survey

HOOS is developed as an instrument to assess the patients' opinion about their hip and associated problems. It is intended to be used for hip disability with or without osteoarthritis (OA). HOOS is validated in two slightly different versions LK 1.1 and LK 2.0. HOOS is meant to be used over both short and long time intervals; to assess changes from week to week induced by treatment (medication, operation, physical therapy) or over years due to the primary injury or post traumatic OA

ICD10 MDI

Major Depression Inventory is a self report mood questionnaire

Illness Perception Questionnaire (IPQR & IPQR-Scored)

"Research using a variety of different assessment techniques suggests patients cluster their ideas about an illness around five coherent themes or components. These components together make up the patient's perception of their illness. The components provide a framework for patients to make sense of their symptoms, assess health risk, and direct action and coping. Each of these components holds a perception about one aspect of the illness and together they provide the individual's coherent view of an illness." www.uib.no/ipq

Infant Behavior questionnaire (IBQ-R and –Rvsf)

The original IBQ was developed by Dr. Rothbart in the early 1980s and first reported in the 1981 Child Development article, "Measurement of Temperament in Infancy" (Rothbart, 1981). This early form of the instrument assessed 6 domains of infant temperament (activity level, soothability, fear, distress to limitations, smiling and laughter, and duration of orienting). The items on the IBQ ask parents to rate the frequency of specific temperament-related behaviors observed over the past week (or sometimes 2 weeks). In 1998, Dr. Rothbart and her colleague, Dr. Masha Gartstein, revised the IBQ by refining the original scales and adding several new scales. The new instrument is referred to as the IBQ-Revised (IBQ-R). Short (91 items; 14 scales) and Very Short (36 items; 3 broad scales) forms of the IBQ-R were developed in 2008

Interpersonal Reactivity Index

The Interpersonal Reactivity Index is a measure of dispositional empathy that takes as its starting point the notion that empathy consists of a set of separate but related constructs. The instrument contains four seven-item subscales, each tapping a separate facet of empathy.

Inventory of Socially Supportive Behaviors (ISSB)

The scale is used for measuring the extent of social support systems the respondent has experienced in the last 4 weeks. As the tool is self-administered, it can be done in a variety of environments provided the respondent is relatively free of distractions. This scale has 40 items that examine both emotional support and tangible support. Emotional support is the extent to which the respondent perceives that others give him/her care and love. Tangible support is the extent that others assist an individual in providing or helping obtain concrete materials/supplies needed for daily living.

IPAQ (self admin and telephone {Short and Long})

The scale is used for measuring the extent of social support systems the respondent has experienced in the last 4 weeks. As the tool is self-administered, it can be done in a variety of environments provided the respondent is relatively free of distractions. This scale has 40 items that examine both emotional support and tangible support. Emotional support is the extent to which the respondent perceives that others give him/her care and love. Tangible support is the extent that others assist an individual in providing or helping obtain concrete materials/supplies needed for daily living.

KATZ Activities of Daily Living (ADL) Scale

The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is an instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently.

Koos (Knee Injury and Osteoarthritis Outcome Score) Knee Survey

KOOS is developed as an instrument to assess the patient's opinion about their knee and associated problems. KOOS is intended to be used for knee injury that can result in posttraumatic osteoarthritis (OA); i.e. ACL (anterior cruciate ligament) injury, etc.

Lawton-Brody Instrumental Activities of Daily Living Scale (IADL)

Self-reported instrument to assess independent living skills

Lower Extremity Functional Scale (LEFS)

The Lower Extremity Functional Scale (LEFS) is a questionnaire containing 20 questions about a person's ability to perform everyday tasks. The LEFS can be used by clinicians as a measure of patients' initial function, ongoing progress and outcome, as well as to set functional goals. The LEFS can be used to evaluate the functional impairment of a patient with a disorder of one or both lower extremities. It can be used to monitor the patient over time and to evaluate the effectiveness of an intervention.

Marx Activity Scale

A rating scale to measure activity levels of patients with knee disorders.

Migraine Disability Assessment Test (MIDAS)

The Migraine Disability Assessment (MIDAS) score is used to quantify headache-related disability.

Multidimensional Health Locus of Control (Forms A-C)

Forms A & B are the "general" health locus of control scales that have been in use since the mid-late 1970's (and were first described in Wallston, Wallston, & DeVellis, 1978, Health Education Monographs, 6, 160-170.) Each of these two "equivalent" forms contain three 6 item subscales: internality; powerful others externality; and chance externality. In the past 30 years, forms A/B have been used in over a thousand studies and have been cited in the literature hundreds of times. <http://www.vanderbilt.edu/nursing/kwallston/mhlcscales.htm>

Form C is designed to be "condition-specific" and can be used in place of Form A/B when studying people with an existing health/medical condition. [The way you make this happen is to replace the word "condition" in each item with whatever condition (e.g., arthritis, diabetes, pain, etc.) your subjects have.] Like Forms A/B, Form C also has 18 items, but, instead of a single 6 item powerful others subscale, Form C has two, independent 3 item subscales: doctors, and other people. <http://www.vanderbilt.edu/nursing/kwallston/mhlcbibliography.htm>

Multiple Sclerosis Quality of Life (MSQOL-54)

The MSQOL-54 is a multidimensional health-related quality of life measure that combines both generic and MS-specific items into a single instrument. (Vickrey et al, 1995) (Vickrey et al, 1997) The developers utilized the SF-36 as the generic component to which 18 items were added to tap MS-specific issues such as fatigue, cognitive function, etc. This 54-item instrument generates 12 subscales along with two summary scores, and two additional single-item measures. The subscales are: physical function, role limitations-physical, role limitations-emotional, pain, emotional well-being, energy, health perceptions, social function, cognitive function, health distress, overall quality of life, and sexual function. The summary scores are the physical health composite summary and the mental health composite summary. The single item measures are satisfaction with sexual function and change in health. (www.nationalmssociety.org/ms-clinical-care-network/researchers/clinical-study-measures/msqol-54/index.aspx)

NCI Standard Demography Module Template

The purpose of the Demography module template is to collect a standardized subset of clinical data, patient/participant demographics that will become part of a broader database of clinical data serving the cancer research community. For complete

usage instructions, please visit <https://wiki.nci.nih.gov/display/CRF/Demography>.

Neck Disability Index (NDI)

The Neck Disability Index (NDI) is a 10-item questionnaire for self-rating of disability due to neck pain. Each item consists of six detractors, ranging from 0-5, where the larger the score, the greater the disability. The NDI was developed in 1991 and is currently the most widely used of the region-specific disability-related instruments in the field of neck pain. It has widely proven reliability and validity and has been used in over a 150 clinical trials. It has been translated into over 25 languages.

Newest Vital Sign

The Newest Vital Sign (NVS) is a valid and reliable screening tool available in English and Spanish that identify patients at risk for low health literacy. It is easy and quick to administer, requiring just three minutes. In clinical settings, the test allows providers to appropriately adapt their communication practices to the patient's health literacy level. Researchers have used the instrument to measure health literacy and evaluate the impact of low health literacy on a variety of health outcomes. <http://www.pfizerhealthliteracy.com/public-policy-researchers/NewestVitalSign.aspx>

Opioid Risk Tool

The Opioid Risk Tool (ORT) represents a move toward addressing the need to predict who is at risk for opioid abuse before opioid therapy is initiated. This gives physicians a better opportunity to monitor moderate-to-high-risk patients rather than waiting until treatment has begun to check for abuse. Dr. Lynn R. Webster designed the ORT to be used as a point of care tool for providers prescribing opioids during the initial visit for pain treatment. The ORT is a five-question self-administered assessment that takes fewer than five minutes to complete and can accurately predict which patients were at the highest and lowest risk for displaying aberrant drug-related behaviors associated with abuse or addiction.

OPTIMAL INSTRUMENT

APTA's Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) is an instrument that measures difficulty and self-confidence in performing 22 movements that a patient/client needs to accomplish in order to do various functional activities. OPTIMAL 1.1 has been updated from the original version to increase clinical utility. This includes adding the clinically relevant item of standing and providing changes to scoring instructions to increase clinical utility. These changes will assist patient and physical therapist discussion toward identifying the primary goal for the episode of care.

Pain PADT

The Pain Assessment and Documentation Tool (PADT) was developed "to focus on key outcomes and provide a consistent way to document progress in pain management therapy over time."

Positive and Negative Affect Schedule (PANAS)

The Positive and Negative Affect Schedule (PANAS) measures positive and negative constructs as both states and traits. Used as a psychometric scale, the PANAS can show relations between positive and negative affect with personality stats and traits. Ten descriptors are used for each PA scale and NA to define their meanings.

Patient Health Questionnaire 9

The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day). The PHQ-9 was completed by 6,000 patients in 8 primary care clinics and 7 obstetrics-gynecology clinics. Construct validity was assessed using the 20-item Short-Form General Health Survey, self-reported sick days and clinic visits, and symptom-related difficulty. Criterion validity was assessed against an independent structured mental health professional (MHP) interview in a sample of 580 patients.

Pediatric Symptom Checklist (PSC-35)

The Pediatric Symptom Checklist (PSC) is a brief parent report questionnaire that is used to measure overall psychosocial functioning in children from 4 to 16 years of age. Originally developed to be a screen that would allow pediatricians and other health professionals to identify children with poor overall functioning who were in need of further evaluation or referral, the PSC has also been validated for use as an outcome measure to assess changes in functioning over time. In addition to the original 35-item parent report form of the PSC in English, there are now many other validated forms including translations of the original form into more than a dozen other languages, a youth self-report, a pictorial version, and a briefer 17-item version for both the parent and youth forms. The PSC has been endorsed by the National Quality Forum as a suitable measure for assessing quality and outcomes of child psychosocial functioning. <http://www.massgeneral.org/psc>

PedMIDAS

PedMIDAS was developed to assess migraine disability in pediatric and adolescent patients. It has been tested and validated for ages 4 to 18 and mirrors the use of the adult MIDAS that Lipton and Stewart developed for adults age 20 to 50.

Pelvic Floor Distress Inventory (Short Form 20 and long)

The PFDI assesses symptom distress in women with pelvic floor disorders and has 3

scales: UDI (28 items), Colorectal-anal Distress Inventory (17 items), and Pelvic Organ Prolapse Distress Inventory (16 items).

The short-form version of the Pelvic Floor Distress Inventory has a total of 20 questions and 3 scales (Urinary Distress Inventory, Pelvic Organ Prolapse Distress Inventory, and Colorectal-Anal Distress Inventory).

Pelvic Floor Impact Questionnaire (PFIQ-SF7)

A 7 question version of the Pelvic Floor Impact Questionnaire which measures the effects of bladder, bowel or vaginal symptoms or conditions over the last 3 months on activities, relationships or feelings.

Perceived Diabetes Self Management Scale (PDSMS)

The degree to which patients with a chronic medical condition can successfully self manage their illness is a function of how confident they feel about their ability to carry out multiple self-management tasks. The 8-item PDSMS takes two minutes to administer and is a diabetes-specific version of the previously validated Perceived Health Competence Scale. The PDSMS is reliable, easy to administer, and predictive of both self-management behaviors and glycemic control. It can be used to screen for patients needing more intensive counseling in self-management, and also potentially as an outcome measure for interventions designed to increase self-management skills.

Perceived Stress Scale (PSS-10)

The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress.

PISQ (long and short [PISQ-12])

A condition-specific, reliable, validated and self-administered instrument to evaluate sexual function in women with pelvic organ prolapse and/or urinary incontinence.

Pittsburgh Sleep Quality Index (PSQI)

"The Pittsburgh Sleep Quality Index was developed with several goals: (1) to provide a reliable, valid, and standardized measure of sleep quality; (2) to discriminate between "good and "poor" sleepers;

PROMIS (12 forms)

PROMIS self-reported instrument to measure anger

PROMIS self-reported instrument to measure anxiety

PROMIS self-reported instrument to measure depression

PROMIS self-reported instrument to measure fatigue

PROMIS self-reported instrument to measure pain behavior
PROMIS self-reported instrument to measure pain interference
PROMIS self-reported instrument to measure physical function
PROMIS self-reported instrument to measure satisfaction with participation in discretionary social activities
PROMIS self-reported instrument to measure satisfaction with participation in social roles
PROMIS self-reported instrument to measure global health
PROMIS self-reported instrument to measure sleep disturbance
PROMIS self-reported instrument to measure sleep related impairment

Pubertal Development Scale

The Pubertal Development Scale (PDS) is a noninvasive measure of pubertal development.

QIDS-C16 & -SR16

The 30 item Inventory of Depressive Symptomatology (IDS) (Rush et al. 1986, 1996) and the 16 item Quick Inventory of Depressive Symptomatology (QIDS) (Rush et al. 2003) are designed to assess the severity of depressive symptoms. Both the IDS and the QIDS are available in the clinician (IDS-C30 and QIDS-C16) and self-rated versions (IDS-SR30 and QIDS-SR16). The IDS and QIDS assess all the criterion symptom domains designated by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders - 4th edition (DSM-IV) (APA 1994) to diagnose a major depressive episode. These assessments can be used to screen for depression, although they have been used predominantly as measures of symptom severity. The seven-day period prior to assessment is the usual time frame for assessing symptom severity.

QuickDASH Outcome Measure

The QuickDASH is a shortened version of the DASH Outcome Measure. Instead of 30 items, the QuickDASH uses 11 items to measure physical function and symptoms in people with any or multiple musculoskeletal disorders of the upper limb. Like the DASH Outcome Measure the QuickDASH also has two optional modules intended to measure symptoms and function in athletes, performing artists and other workers whose jobs require a high degree of physical performance. These optional models are scored separately. Both the QuickDASH and the full DASH Outcome measure are valid, reliable and responsive and can be used for clinical and/or research purposes. However, because the full questionnaire provides greater precision, it may be the best choice for clinicians who wish to monitor arm pain and function in individual patients.

Rand 36 Item SF Health Survey Instrument

A set of generic, coherent, and easily administered quality-of-life measures. These measures rely upon patient self-reporting and are now widely utilized by managed

care organizations and by Medicare for routine monitoring and assessment of care outcomes in adult patients.

Reintegration to Normal Living Index (RLNIS)

Wood-Daughnee et al developed the Reintegration to Normal Living Index (RNLI) to evaluate the global function status of a patient during rehabilitation. The instrument can be used to evaluate the degree to which the patient has been able to return to a normal life. The authors are from McGill University and Montreal General Hospital.

Short Test of Music Preferences-Revise (STOMP)

The Short Test of Music Preferences-Revised (STOMPR) is a 23-item scale assessing preferences in music genres. It assesses four broad music-preference dimensions.

SKILLD

A new 10-item knowledge scale for patients with type 2 diabetes and poor literacy.

St. George's Respiratory Questionnaire (SGRQ)

The SGRQ is a 50-item questionnaire developed to measure health status (quality of life) in patients with diseases of airways obstruction.

<http://www.healthstatus.sgul.ac.uk/sgrq-downloads>

Subjective Numeracy Scale (SNS)

The Subjective Numeracy Scale (SNS) is a self-report measure of perceived ability to perform various mathematical tasks and preference for the use of numerical versus prose information. The 8-item scale contains no mathematics questions and has no correct or incorrect answers. Instead, it consists of 4 questions asking respondents to assess their numerical ability in different contexts and 4 questions asking them to state their preferences for the presentation of numerical and probabilistic information. The SNS is both reliable and highly correlated with the Lipkus, Samsa & Rimer (2001) numeracy measure, and it has been validated in both risk communication and utility elicitation domains.

Ten-Item Personality Inventory (TIPI)

When time is limited, researchers may be faced with the choice of using an extremely brief measure of the Big-Five personality dimensions or using no measure at all. To meet the need for a very brief measure, 5 and 10-item inventories were developed and evaluated. Although somewhat inferior to standard multi-item instruments, the instruments reached adequate levels in terms of (a) convergence with widely used Big-Five measures in self, observer, and peer reports, (b) test-retest reliability, (c) patterns of predicted external correlates, and (d) convergence between self and observer ratings. On the basis of these tests, a 10-item measure of

the Big Five dimensions is offered for situations when very short measures are needed, personality is not the primary topic of interest, or researchers can tolerate the somewhat diminished psychometric properties associated with very brief measures.

Tinnitus Handicap Inventory

A self-report tinnitus handicap measure that is brief, easy to administer and interpret, broad in scope, and psychometrically robust.

Upper Extremity Functional Index (UEFI)

The Upper Extremity Functional Index (UEFI) is a self-administered questionnaire that measures disability in people with upper extremity orthopaedic conditions. The questionnaire lists 20 activities and the patient gives a score to each based on the difficulty they have completing that activity.

Veterans Specific Activity Questionnaire (VSAQ)

Estimating a patient's symptoms associated with daily activities along with age are the strongest predictors of a patient's exercise tolerance. The VSAQ, combined with pretest clinical data, predicts the estimated MET value from treadmill speed and grade better than directly measured METs do. When used for estimating a patient's symptom limits to individualize ramp rates on a treadmill, this approach yields appropriate test duration in accordance with recent exercise testing guidelines.

Whiteley-7 Scale

A screening instrument for somatization illness

Well-Being Index (WHO [Five]) (1998 version)

Assessment of mental well being

World Health Organization Quality of Life (WHOQOL-BREF)

The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials.