Patient Reported Outcomes Measurement Information System (PROMIS®)

The PROMIS® initiative was launched by the National Institutes of Health (NIH) in 2004 for the purpose of developing and strengthening patient-reported health outcome measures, or instruments, for use in clinical trials and other research. PROMIS® measures are currently integrated into electronic health records for clinical care. The measures are not tied to any known program planning, evaluation, or accountability requirements.

PROMIS® Health Organization (PHO)

Located just outside of Chicago IL, PHO is an international, non-profit organization with PHO National Coordinators representing 19 countries across 5 continents. The National Coordinators collaborate with the PHO International Committee to optimize and harmonize the use of PROMIS measures across the world for research, clinical care, and population monitoring.

The PROMIS® Domain Framework conceptualizes health in alignment with the World Health Organization (WHO) framework of physical, mental, and social health and functioning. PROMIS® instruments are non-disease specific and assess a range of health and well-being outcomes by asking patients a series of questions about what they are able to do and how they feel. They are designed to be used alongside traditional clinical measures to understand how treatments affect what patients are able to do and the symptoms they experience. All PROMIS® instruments focus on a single construct (domain). Each domain has as its basis a calibrated scale or an *item bank* of many items. Computer administration (through the Assessment Center) provides computerized adaptive testing (CAT) for item banks. Using CAT, responses to 4-6 items provide a highly reliable domain score. For paper/pencil administration, each item bank has *short forms* (ranging from 4 to 10 items). All PROMIS® instruments undergo a state-of-the-science mixed-methods qualitative and quantitative approach, including extensive input for patients themselves and national norming to the U.S. general population. Instruments undergo rigorous psychometric testing using item response theory (IRT) to demonstrate their reliability and validity and provide precise measurement of the domain. A large body of Research demonstrates the validity of PROMIS® measures across clinical conditions, with ongoing research to provide additional validation.

Currently, there are over 90 domains of PROMIS® instruments available for use among adults, 25 for use among children, and 22 for parent-proxy report for children. Child questionnaires can be answered independently by children ages 8-17, or through a parent-proxy for children ages 5-17. All questionnaires are available for public use.

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Developer(s)	Many experts contributed to the development of PROMIS® items and instruments. Development was coordinated by the PROMIS® Health Organization (PHO) and the National Institutes of Health (NIH).
Funder(s)	NIH
Purpose(s)	To provide person-centered assessments of adult and child health and well-being outcomes that are efficient, precise, and valid and accessible to clinicians and researchers to provide standard outcome metrics for research involving different treatments and disorders.
Target Populations	All adults; child self-report ages 8-17 years; parent-proxy report for children ages 5-17 years.
Data Sources	PROMIS® instruments can be administered either via computerized administration of the item bank for the concept/domain of interest or short form freely available questionnaires.
Technical Measure Descriptions	Methodologies for the development and testing of each measure are available, in addition to various publications related to measurement testing. All questionnaires and scoring manuals can be searched and viewed here.
Number of Measures	Over 90 instruments for use among adults, 25 instruments for pediatric self-report, and 22 instruments for parent-proxy report for pediatric patients.
Topics of Measurement	Child instruments include global health, physical activity, physical function (overall mobility and upper extremity), strength impact, pain (behavior and interference), pain quality, asthma impact, fatigue, physical stress, sleep (disturbance and impairment), cognitive function, anger, anxiety, depressive symptoms, psychological stress, life satisfaction, meaning and purpose, positive affect, family relationships, peer relationships.
Reporting Requirements	None, other than acknowledging the source of the PROMIS® measure(s) used.
Recommended or Required Stratification	No demographic questions; stratifications not possible if only PROMIS® measures used.
Link to Additional Info	PROMIS® FAQ. | Learn about links between different patient-reported measures through PROsetta Stone®

Browse and Search the Measures

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