

PAPER ID:

---

**Measure Description**

Measure name:

Immediate (1)     Contemporary (2)     Retrospective (3)

Time Frame:

Sub Construct:

Number of Items:

Lowest Value:

Highest Value:

Response Option Type:

Likert-Like (1)     VAS (2)     Dichotomous (3)     Categorical ( normal) (4)

Categorical (ordinal) (5)     Other (6)

Response Option other:

Response Levels n=:

Cms (1)     Points (2)     Events (3)

Cut off:

Construct Family:

Health (1)     Non-Health (2)     Unknown (3)

Construct Family Unknown:

Construct Measure:

Anxiety (1)     Attitudes (2)     Beliefs (3)     Mental Health (4)

Pain (5)     Personality (6)     Preference (7)     QOL (8)

Symptoms (9)     Functional Health Status (10)     Other (11)

Construct Other:

PAPER ID:

---

Subjective:

Yes (1)

No (0)

Mix (2)

Number of Subjective Items:

Skip Instruction:

Yes (1)

No (0)

Don't Know (2)

Notes: