



Carolinan Collaborative Data Dictionary

Updated: 6/8/2018

Overview

This data dictionary is intended to be a guide of the readily available, harmonized data in the Carolinas Collaborative Common Data Model via i2b2/SHRINE. Please arrange a consult (<http://carolinascollaborative.org/researchers/>) with the Carolinas Collaborative to discuss the data needed for your project. The Carolinas Collaborative team of data analysts can provide information on data quality and availability across sites.

Additional data sets may be available from each institution, but will require greater effort. Feasibility will be evaluated on a case-by-case basis.

Network statistics

(percentages rounded)

Four major health systems:

- Duke University
- Health Sciences South Carolina
- University of North Carolina
- Wake Forest University

Over 11 million patients over 10 years (may include duplicate patients who receive care from more than one health system)

- 54% Female, 45% Male
- 61% with Ambulatory visits, 17% with Inpatient visits, 23% with Emergency visits
- 60% White, 19% Black, 2% Asian, 1% Native American
- 5% Hispanic
- 19% under age 18, 20% over age 65

Over 150 million encounters

- 84% Ambulatory, 8% Emergency, 4% Inpatient, 4% other

Visits dating back to 2007

Data sets

- Demographics
- Diagnosis
- Encounter Details
- Laboratory
- Medications
- Procedures
- Tobacco History
- Vitals
- Patient Reported Outcomes (PROs)

Demographics

Patient demographics cover basic information about a patient such as their current age, gender, race etc. Some of this information may change over time but at any given time only one value or code for each category (the most recent value) will be attached to a patient. For demographic values, in most circumstances the most recent or last known value for a demographic value is available for querying.

Age (Current)

A patient's current age is calculated at the time the query is run by comparing a patient's birth date and the query date. The resulting value is then rounded down to the nearest whole number.

For example, a patient that is 17 years old and 11 months will round down to 17 years old, not up to 18 years old.

Age (At Encounter)

A patient's age at encounter is calculated at the time the query is run by comparing a patient's birth date and the start date of the encounter. The resulting value is then rounded down to the nearest whole number.

Ethnicity

Many systems only began collecting ethnicity data in the past few years, as such, roughly half of patient records will not have been updated and reported ratios are likely different from the true ratios.

| Code | Value |
|-------------|------------------------|
| Y | Hispanic or Latino |
| N | Not Hispanic or Latino |
| R | Refuse to answer |
| NI | No Information |
| UN | Unknown |

| | |
|----|-------|
| OT | Other |
|----|-------|

Race

A patient's race is determined by how the patient identifies themselves. A race indicator is input into the system at the point of care. Many systems only began collecting Multiple Race distinctions recently so for many cases the reported race may be the primary race.

| Code | Value |
|-------------|---|
| 01 | American Indian or Alaska Native |
| 02 | Asian |
| 03 | Black or African American |
| 04 | Native Hawaiian or Other Pacific Islander |
| 05 | White |
| 06 | Multiple race |
| 07 | Refuse to answer |
| NI | No Information |
| UN | Unknown |
| OT | Other |

Sex / Gender

The concepts of sex and gender are mixed in the data. Because gender identity is not currently captured as a separate variable, Sex/Gender may reflect gender assigned at birth or gender identity, depending on the patient and provider. This concept is based often based on self- or provider-report.

| Code | Value |
|-------------|----------------|
| A | Ambiguous |
| F | Female |
| M | Male |
| NI | No Information |
| UN | Unknown |

| | |
|----|-------|
| OT | Other |
|----|-------|

Vital Status

A patient is not assumed to be Alive if not marked deceased. Some Collaborative sites incorporate external death registries to aid in completeness.

| Code | Value |
|-------------|--------------------------|
| Y | Deceased |
| N | Not Known to be Deceased |
| NI | No Information |
| UN | Unknown |

Diagnosis

A diagnosis is applied in the process of determining which disease or condition explains a person's symptoms. Diagnoses can be associated with a patient in two ways: at the point of care or during billing for hospital or physician.

The concepts in this folder focus on specific standardized codes that are used for identifying diagnoses within a patient's medical record. Additionally, there are diagnosis modifiers that allow you to specifically target how a diagnosis is associated with the patient.

There are two main coding systems that are available for associating diagnoses with a patient: ICD9 and ICD10 codes. The International Classification of Diseases (ICD) is designed to map health conditions to corresponding generic categories together with specific variations.

ICD codes are maintained by the World Health Organization, which periodically provides revisions and updates. ICD-9 was used until October 1, 2015, at which time all health systems switched to ICD-10. If the date range in your query crosses over October 1, 2015 and includes diagnoses, make sure to use both ICD-9 and ICD-10 codes for the condition of interest. Some sites dual-coded diagnoses leading up to the October 1 switchover, which means both ICD-9 and ICD-10 version of the diagnoses may be stored for certain windows of time.

References

1. [ICD9](#)
2. [ICD10](#) (National conversion occurred on October 1, 2015)

Modifiers

| Code | Value |
|--------------|---------------------|
| DX_SOURCE:AD | Admitting |
| DX_SOURCE:DI | Discharge |
| DX_SOURCE:FI | Final |
| DX_SOURCE:IN | Interim |
| DX_SOURCE:NI | No Information |
| DX_SOURCE:OT | Other |
| DX_SOURCE:UN | Unknown |
| 0 / X | Unable to Classify |
| 1 / P | Principal Diagnosis |
| 2 / S | Secondary Diagnosis |

| | |
|--------|----------------|
| PDX:NI | No Information |
| PDX:OT | Other |
| PDX:UN | Unknown |

Encounter details

General information on patient encounters is found in Encounter Details. An encounter can be described as a record of any patient interaction. This includes patient visits to the physician's office, but also non face-to-face interactions such as telephone calls.

The concepts in this folder provide information regarding when the encounter happened, where it happened, and various statuses of the encounter and the patient during the encounter. More detail on these areas is provided in the sections below.

Admitting Source

| Code | Value |
|-------------|--------------------------------|
| AF | Adult Foster Home |
| AL | Assisted Living Facility |
| AV | Ambulatory Visit |
| ED | Emergency Department |
| HH | Home Health |
| HO | Home / Self Care |
| HS | Hospice |
| IP | Other Acute Inpatient Hospital |
| NH | Nursing Home (Includes ICF) |
| RH | Rehabilitation Facility |
| RS | Residential Facility |
| SN | Skilled Nursing Facility |
| NI | No Information |
| UN | Unknown |
| OT | Other |

DRG

The 3-digit Diagnosis Related Group (DRG) is used for reimbursement for inpatient encounters.

It is a Medicare requirement that combines diagnoses into clinical concepts for billing. Frequently used in observational data analyses.

1. CMS-DRG (old system, through version 25)
2. MS-DRG (current system began usage on October 1, 2007)

Discharge Disposition

| Code | Value |
|-------------|------------------|
| A | Discharged Alive |
| E | Expired |
| NI | No Information |
| UN | Unknown |
| OT | Other |

Discharge Status

| Code | Value |
|-------------|--------------------------------|
| AF | Adult Foster Home |
| AL | Assisted Living Facility |
| AM | Against Medical Advice |
| AW | Absent Without Leave |
| EX | Expired |
| HH | Home Health |
| HO | Home / Self Care |
| HS | Hospice |
| IP | Other Acute Inpatient Hospital |
| NH | Nursing Home (Includes ICF) |
| RH | Rehabilitation Facility |
| RS | Residential Facility |
| SH | Still In Hospital |

| | |
|----|--------------------------|
| SN | Skilled Nursing Facility |
| NI | No Information |
| UN | Unknown |
| OT | Other |

Encounter Type

| Code | Value |
|-------------|---|
| AV | Ambulatory Visit |
| ED | Emergency Department |
| EI | Emergency Department Admit to Inpatient Hospital Stay |
| IP | Inpatient Hospital Stay |
| IS | Non-Acute Institutional Stay |
| OA | Other Ambulatory Visit |
| NI | No Information |
| UN | Unknown |
| OT | Other |

Payor

A patient may have multiple parties financially responsible for an encounter. When known, the payors are qualified with modifiers signifying Primary and Secondary payor status.

| Code | Value |
|-------------|-------------------------------------|
| BCBS | Commercial - Blue Cross Blue Shield |
| GROUP | Commercial - Group Health Plan |
| MEDADV | Commercial - Medicare Advantage |
| MEDIGAP | Commercial - Medigap |
| COM OTHER | Commercial - Other |

| | |
|--------------|--|
| CHAMPVA | Government - Champ VA |
| FECA | Government - FECA Black Lung |
| MEDICAID | Government - Medicaid |
| MEDAPP | Government - Medicaid - Medicaid Application Confirmed |
| MEDICARE | Government - Medicare |
| GOV OTHER | Government - Other |
| TRICARE | Government - Tricare |
| LIABILITY | Liability |
| MANAGED | Managed Care |
| NI | No Information |
| OTHER | Other |
| SELF | Self-Pay |
| UNK | Unknown |
| WORKERS_COMP | Worker's Compensation |

Payor Modifiers

| Code | Value |
|-----------------|-----------------|
| PAYOR:PRIMARY | Primary Payor |
| PAYOR:SECONDARY | Secondary Payor |

Laboratory

Logic Observation Identifiers Names and Codes (LOINC) is a standard for identifying medical laboratory observations. Lab results are driven by LOINC codes associated with lab tests within the medical record system. Each lab result may be numeric or textual. For numeric results, the text value will indicate (E)qual to, (G)reater than, or (L)ess than. To date, the Carolinas Collaborative has harmonized a small portion of the available labs at each site to ensure comparability of data between sites. The full LOINC ontology of labs is available.

Curated Set

| Set | LOINC tests |
|-----------------|--|
| A1C | 4548-4 |
| Creatine Kinase | 2157-6, 12187-1, 13969-1, 20569-0, 32673-6 |
| Creatinine | 2160-0 |
| Hemoglobin | 718-7, 30313-1 |
| INR | 6301-6 |
| LDL | 2089-1, 13457-7, 18262-6 |
| Troponin | 6598-7, 10839-9, 42757-5, 49563-0 |

References:

1. [LOINC](#), includes orders and results

Medications

Standardized at ingredient level, in some cases Semantic Branded Drug and Semantic Clinical Drug forms may be available.

The National Library of Medicine provides a web tool called RxNav that allows you to search for appropriate RxNorm codes to be used.

References:

1. [RxNorm](#)
2. [RxNav](#)

Procedures

The concepts in this folder focus on providing specific standardized codes that are used for identifying procedures that were performed on a patient or are associated with a patient's medical record.

References:

1. [CPT](#) (i.e. HCPCS Level 1)
2. [HCPCS](#) (i.e. HCPCS Level 2)
3. [ICD9-CM](#)
4. [ICD10-PCS](#)

Tobacco History

Tobacco history is often patient-reported and will vary greatly depending on date of survey and reliability of reporter.

Smokeless Tobacco Use

| Code | Value |
|-------------|--------------|
| LES:1 | Current User |
| LES:2 | Former User |
| LES:3 | Never Used |
| LES:4 | Unknown |

Smoking Tobacco Use

| Code | Value |
|-------------|---------------------------------------|
| SMO:1 | Current Every Day Smoker |
| SMO:2 | Current Some Day Smoker |
| SMO:3 | Smoker, Current Status Unknown |
| SMO:4 | Former Smoker |
| SMO:5 | Never Smoker |
| SMO:6 | Never Assessed |
| SMO:7 | Passive Smoke Exposure - Never Smoker |
| SMO:8 | Unknown If Ever Smoked |
| SMO:9 | Heavy Tobacco Smoker |
| SMO:10 | Light Tobacco Smoker |
| SMO:NI | No Information |
| SMO:OT | Other |
| SMO:UN | Unknown |

Tobacco User

| Code | Value |
|-------------|-----------------------------------|
| ANY:1 | Current User |
| ANY:2 | Never Used |
| ANY:3 | Not Asked |
| ANY:4 | Quit / Former User |
| ANY:5 | Passive or Environmental Exposure |
| ANY:NI | No Information |
| ANY:OT | Other |
| ANY:UN | Unknown |

Tobacco Type

| Code | Value |
|-------------|--|
| TYP:1 | Smoked Tobacco Only |
| TYP:2 | Non-Smoked Tobacco Only |
| TYP:3 | Smoked and Non-Smoked Tobacco |
| TYP:4 | None |
| TYP:5 | Smoked Tobacco, Unknown Non-Smoked Tobacco |
| TYP:NI | No Information |
| TYP:OT | Other |
| TYP:UN | Unknown |

Modifiers

| Code | Value |
|-------------------|------------------------|
| SMOKE:PACKSPERDAY | Packs Per Day |
| SMOKE:YEARSUSED | Years Used |
| SMOKE:PACKYEARS | Pack Years calculation |

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|------------|--------------|
| SMOKE:TYPE | Smoking Type |
|------------|--------------|

Vitals

Patient vitals provide information on some of the most common clinical and descriptive measurements associated with a patient. Vital measurements are performed at almost all clinical encounters with patients and may be recorded multiple times throughout a single patient encounter (i.e., a several-day inpatient stay).

Blood Pressure

| Code | Value |
|--------------------|--------------|
| VITAL:BP_DIASTOLIC | Diastolic |
| VITAL:BP_SYSTOLIC | Systolic |

Modifiers

May not be available across all sites

| Code | Value |
|-----------------|-----------------------------|
| BP_POSITION:01 | Sitting |
| BP_POSITION:02 | Standing |
| BP_POSITION:03 | Supine |
| BP_POSITION:NI | No Information |
| BP_POSITION:OT | Other |
| BP_POSITION:UN | Unknown |
| VITAL_SOURCE:HC | Healthcare Delivery Setting |
| VITAL_SOURCE:NI | No Information |
| VITAL_SOURCE:OT | Other |
| VITAL_SOURCE:PR | Patient-Reported |
| VITAL_SOURCE:UN | Unknown |

Body Mass Index (BMI)

(for 25% of population)

| Code | Value |
|--------------------|--------------|
| VITAL:ORIGINAL_BMI | BMI |

Height (in inches)

| Code | Value |
|-------------|--------------|
| VITAL:HT | Height |

Weight (in pounds)

| Code | Value |
|-------------|--------------|
| VITAL:WT | Weight |

Patient Reported Outcomes (PROs)

The Collaborative supports a subset of PROs from the PROMIS-57/61 measures. The scope of PRO data starts in 2017 to present. The methodology of our Patient Reported Outcomes originates from a Collaborative Pilot Project.

[PROMIS Reference Documentation](#)

The Value Set for PROMIS is based on current LOINC mappings available for the supported PROMIS measures in the Collaborative Data Model.

[LOINC PROMIS Value Set Documentation](#)

PROMIS Measures Available

| LOINC | PRO Question |
|--------------|--|
| 78997-4 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 1 (PF_SCREENER2) |
| 61685-4 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 2 (PFC6) |
| 61691-2 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 3 (PFC29) |
| 61622-7 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 4 (PFA39) |
| 61610-2 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 5 (PFA25) |
| 61588-0 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 6 (PFA1) |
| 61641-7 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 7 (PFB5) |
| 61637-5 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 8 (PFA55) |
| 61710-0 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 9 (PFC53) |
| 61595-5 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 10 (PFA9) |
| 61598-9 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 11(PFA12) |
| 75909-2 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 12 (PF_23) |
| 78063-5 | PROMIS ADULT SHORT FORM V1.0 PHYSICAL FUNCTION QUESTION 13 (PFC35) |
| 61923-9 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 1 (EDANX01) |
| 61941-1 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 2 (EDANX40) |
| 61942-9 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 3 (EDANX41) |
| 61949-4 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 4(EDANX53) |
| 61944-5 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 5 (EDANX46) |

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| 61927-0 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 6 (EDANX07) |
| 61926-2 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 7(EDANX05) |
| 61950-2 | PROMIS ADULT SHORT FORM V1.0 ANXIETY QUESTION 8 (EDANX54) |
| 61953-6 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 1 (EDDEP04) |
| 61955-1 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 2 (EDDEP06) |
| 61967-6 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 3 (EDDEP29) |
| 61973-4 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 4 (EDDEP41) |
| 61962-7 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 5 (EDDEP22) |
| 61971-8 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 6 (EDDEP36) |
| 61954-4 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 7 (EDDEP05) |
| 61957-7 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION QUESTION 8 (EDDEP09) |
| 61878-5 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 1 (HI7) |
| 61864-5 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 2 (FATEXP40) |
| 61865-2 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 3 (FATEXP41) |
| 61882-7 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 4(AN3) |
| 61861-1 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 5 (FATEXP35) |
| 61836-3 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 6 (FATIMP49) |
| 61798-5 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 7 (FATIMP3) |
| 61809-0 | PROMIS ADULT SHORT FORM V1.0 FATIGUE QUESTION 8(FATIMP16) |
| 61985-8 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 1 (SLEEP115) |
| 61986-6 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 2 (SLEEP116) |
| 61998-1 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 3 (SLEEP20) |
| 61999-9 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 4 (SLEEP44) |
| 61996-5 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 5(SLEEP108) |
| 62006-2 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 6 (SLEEP72) |
| 62001-3 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 7 (SLEEP67) |

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| 61987-4 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE QUESTION 8 (SLEEP109) |
| 75417-6 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 1 (SRPPER11_CAPS) |
| 76708-7 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 2 (SRPPER18_CAPS) |
| 76709-5 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 3 (SRPPER23_CAPS) |
| 76712-9 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 4 (SRPPER46_CAPS) |
| 76707-9 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 5 (SRPPER15_CAPS) |
| 76711-1 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 6 (SRPPER28R1) |
| 76706-1 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 7 (SRPPER14R1) |
| 76710-3 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE QUESTION 8 (SRPPER26_CAPS) |
| 61758-9 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 1 (PAININ9) |
| 61769-6 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 2 (PAININ22) |
| 61773-8 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 3 (PAININ31) |
| 61761-3 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 4 (PAININ12) |
| 61777-9 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 5 (PAININ36) |
| 61775-3 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 6 (PAININ34) |
| 61762-1 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 7 (PAININ13) |
| 61794-4 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE QUESTION 8 (PAININ3) |
| 61577-3 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 1 (GLOBAL01) |
| 61578-1 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 2 (GLOBAL02) |
| 61579-9 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 3 (GLOBAL03) |
| 61580-7 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 4 (GLOBAL04) |
| 61580-7 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 5 (GLOBAL05) |
| 61582-3 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 6 (GLOBAL06) |

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| 61583-1 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 7 (GLOBAL07) |
| 61584-9 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 8 (GLOBAL08) |
| 61585-6 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH QUESTION 9 (GLOBAL09R) |
| 61586-4 | PROMIS ADULT SHORT FORM V1.0GLOBAL HEALTH QUESTION 10 (GLOBAL10) |
| 77866-2 | PROMIS ADULT SHORT FORM V1.0-PHYSICAL FUNCTION SCORE |
| 77862-1 | PROMIS ADULT SHORT FORM V1.0 ANXIETY SCORING |
| 77861-3 | PROMIS ADULT SHORT FORM V1.0 DEPRESSION SCORING |
| 77864-7 | PROMIS ADULT SHORT FORM V1.0 FATIGUE SCORING |
| 77860-5 | PROMIS ADULT SHORT FORM V1.0 SLEEP DISTURBANCE SCORING |
| 77854-8 | PROMIS ADULT SHORT FORM V1.0 ABILITY TO PARTICIPATE SCORING |
| 77865-4 | PROMIS ADULT SHORT FORM V1.0 PAIN INTERFERENCE SCORING |
| 77825-8 | PROMIS ADULT SHORT FORM V1.0 PAIN INTENSITY SCORING |
| 71971-6 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH SCORING (PHYSICAL) |
| 71969-0 | PROMIS ADULT SHORT FORM V1.0 GLOBAL HEALTH SCORING (MENTAL) |