**APPENDIX (ABOQ QUESTIONS AND PROMIS ITEMS)**

**Adult Burn Outcome Questionnaire** (ABOQ) Version 2015-1

Note: Answers to each item are coded for analysis according to the numbers in parentheses. The first bolded area of each item is the domain of measurement for that item. Question 15 is a stem question and does not count into the final question number.

* 1. ***PAIN*** During the past week, how much of the time have you had **pain** from the burn injury? a) None of the time (1), b) Some of the time (2), c) About half the time (3), d) Most of the time (4), e) All of the time (5).
* 2. ***ITCH*** During the past week, how much of the time have you had **itching** from the burned area? a) None of the time (1), b) Some of the time (2), c) About half the time (3), d) Most of the time (4), e) All of the time (5).
* 3. ***PHYSICAL FUNCTION*** During the past week, has it been easy or hard for you to ***climb three flights of stairs***? a) Easy (1), b) A little hard (2), c) Very hard (3), d) Can’t do (4).
* 4. ***FINE MOTOR FUNCTION*** During the past week, has it been easy or hard for you to ***use a fork or spoon***? a) Easy (1), b) A little hard (2), c) Very hard (3), d) Can’t do (4).
* 5. ***SOCIAL FUNCTION LIMITED BY PHYSICAL FUNCTION*** Does your physical function limit your ability to *attend a community gathering*? a) No (1), b) Yes (2).
* 6. ***PERCEIVED APPEARANCE*** Because of my appearance, I think people would not want to touch me. a) Definitely false (1), b) mostly false (2), c) Not sure (3), d) Mostly true (4), e) Definitely true (5).
* 7. ***SOCIAL FUNCTION LIMITED BY APPEARANCE*** Does your **appearance** limit your ability to *attend a community gathering*? a) No (1), b) Yes (2).
* 8. ***SEXUAL FUNCTION*** During the past 4 weeks, how much of a problem have you had with *becoming sexually aroused* due to the burn injury? a) Not a problem (1), b) Sometimes a problem (2), c) Often a problem (3), d) Very much of a problem (4), e) Does not apply (5).
* 9. ***EMOTION*** How well does the following statement describe you? “I feel sad since my burn injury.” a) None of the time (1), b) Some of the time (2), c) Half of the time (3), d) Most of the time (4), e) All of the time (5).
* 10. ***FAMILY FUNCTION*** Over the past month, how often has your burn injury *limited your family’s ability to have time for themselves or time with friends*? a) Never (1), b) Rarely (2), c) Sometimes (3), d) Very often (4), e) Always (5), f) Does not apply (6).
* 11. ***FAMILY FUNCTION*** Over the past month, how often has your burn injury *interrupted simple family activities like meals*? a) Never (1), b) Rarely (2), c) Sometimes (3), d) Very often (4), e) Always (5), f) Does not apply (6).
* 12. ***FAMILY CONCERN*** Over the past month, how much worry or concern has your family or significant other expressed about your *level of pain and suffering*? a) None at all (1), b) Not very much some (2), c) Some (3), d) A fair amount (4), e) A lot (5), f) Don’t know (6).
* 13. ***SATISFACTION WITH SYMPTOM RELIEF*** How satisfied are you now with your itch relief? a) Very satisfied (1), b) Somewhat satisfied (2), c) Not sure (3), d) Somewhat dissatisfied (4), e) Very dissatisfied (5).
* 14. ***SATISFACTION WITH ROLE*** How satisfied are you now with your ability to play and have fun? a) Very satisfied (1), b) Somewhat satisfied (2), c) Not sure (3), d) Somewhat dissatisfied (4), e) Very dissatisfied (5).
* 15. [STEM QUESTION] After your burn injury, did you return to work or school? a) Yes (1), b) No (2).
* 16. ***WORK REINTEGRATION*** If you answered yes to question 15, following your return to work or school after the burn injury, how would you rate your acceptance by peers? a) Much better now (1), b) Somewhat better now (2), c) Same (3), d) Somewhat worse now (4), e) Much worse now (5).

**PROMIS-10 Questions**

Note: Answers are coded from 1 to 5 for question 1 to 9, with higher scores corresponding to better outcomes. Responses to question 10 (pain scale) were recoded for analysis, so 0 indicates the worst pain and 10 indicates no pain.

* 1. In general, would you say your health is:
* 2. In general, would you say your quality of life is:
* 3. In general, how would you rate your physical health?
* 4. In general, how would you rate your mental health, including your mood and your ability to think?
* 5. In general, how would you rate your satisfaction with your social activities and relationships?
* 6. 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.)
* 7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
* 8. In the past 7 days: How often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?
* 9. In the past 7 days: How would you rate your fatigue on average?
* 10. In the past 7 days: How would you rate your pain on average? (0 is no pain and 10 is worst pain. In this work, we have recoded the direction of this scale for analysis.)