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Please include the following:

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FIRST-DailyLife Example Grant Proposal Text

Making the case for using a PROMIS measure in a grant

If you are considering a PROMIS measure for a study, you will have substantial evidence to evaluate. The questions you ask about that evidence can also serve as the framework for supporting your choice to others (e.g., granting agency). Here are some questions you should consider:

- Why is it important to measure this construct or these constructs in my study or clinic? Describe the relevance of the symptom or outcome to the population of interest.
- What psychometric evidence has accumulated when this measure was used in my targeted population? If you are not able to find a study in your population, weigh the evidence that exists for the measure across populations.
- It is appropriate to consider evidence gathered about the validity of a measure, even if a different assessment strategy was used (e.g., one short form versus another, CAT versus short form). You should keep in mind that shorter short forms sacrifice some reliability for reduction in response burden.
- What are the alternatives to the PROMIS measures? State clearly why you believe a PROMIS measure is a good choice, particularly for your population and for your particular purpose. Remember, validity resides in the *use* of the scores.

How to describe psychometric evidence for a grant proposal

Below is an example of reporting the psychometric properties of a PROMIS instrument—PROMIS Sleep Disturbance. Remember, however, that the tone, length, and focus are context dependent. Consider the audience when describing the properties of a measure.

PROMIS Sleep Disturbance (PROMIS-SD)

The PROMIS-SD items assess self-reported perceptions of sleep quality, sleep depth, and restoration associated with sleep. This includes perceived difficulties and concerns with getting to sleep or staying asleep, as well as perceptions of the adequacy of, and satisfaction with,

sleep. Sleep Disturbance does not focus on symptoms of specific sleep disorders; those symptoms are addressed in the PROMIS Sleep Related Impairment bank. The PROMIS-SD has demonstrated excellent validity as evidenced in associations with disease activity, depression, female sex, smoking, and use of corticosteroids or narcotics (N=3173; inflammatory bowel disease) (**Ananthkrishnan, 2013**), ability to distinguish among those with and without sleep disorders (**Buysse, 2010**), and prediction (along with negative affect) of global ratings of improvement in back pain (**Karp, 2014**). PROMIS-SD scores predicted return of active disease in a subsample of patients with Crohn's disease (N=1291) in remission at baseline (**Ananthkrishnan, 2013**). Those with sleep disturbance, as measured by the PROMIS-SD, had a 2-fold increase in risk of active disease at six months (adjusted odds ratio, 2.00). The PROMIS-SD has been tested and exhibited validity evidence (e.g., expected associations, discrimination among known groups) in a wide range of populations including, but not limited to, parents in neonatal ICU (**Busse, 2013**), individuals with neurological conditions (**Cook, 2012**), patients with pelvic pain (**Fenton, 2011**), and head and neck cancer (**Stachler, 2014**).