



**Your views on your illness,
treatment and general health
and how this impacts on your life**

We are interested in your views about your illness, treatment and general health. We know that people may respond differently to the same treatment for a number of reasons. We are particularly interested in seeing if these differences can be explained by how a person perceives their illness and treatment.

**This booklet contains a series of questionnaires.
Please try to answer every question in the booklet.
There are no right or wrong answers.**

If you have any questions or queries about this booklet, please contact:

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For office use only

QUESTIONNAIRE A: Your views about your rheumatoid arthritis

Your rheumatoid arthritis is “your illness” we refer to in this questionnaire

For the following questions, please circle the number that best corresponds to your views:

A1	How much does your illness affect your life?									
0	1	2	3	4	5	6	7	8	9	10
no affect at all										
severely affects my life										
A2	How long do you think your illness will continue?									
0	1	2	3	4	5	6	7	8	9	10
a very short time										
forever										
A3	How much control do you feel you have over your illness?									
0	1	2	3	4	5	6	7	8	9	10
absolutely no control										
extreme amount of control										
A4	How much do you think your treatment can help your illness?									
0	1	2	3	4	5	6	7	8	9	10
not at all										
extremely helpful										
A5	How much do you experience symptoms from your illness?									
0	1	2	3	4	5	6	7	8	9	10
no symptoms at all										
many severe symptoms										
A6	How concerned are you about your illness?									
0	1	2	3	4	5	6	7	8	9	10
not at all concerned										
extremely concerned										
A7	How well do you feel you understand your illness?									
0	1	2	3	4	5	6	7	8	9	10
don't understand at all										
understand very clearly										
A8	How much does your illness affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)									
0	1	2	3	4	5	6	7	8	9	10
not at all affected emotionally										
extremely affected emotionally										
A9	Please list in rank-order the three most important factors that you believe caused your illness. <i>The most important causes for me:-</i>									
1. _____										
2. _____										
3. _____										

QUESTIONNAIRE B: Your views about your medication (I)

It is possible that you sometimes do not take your arthritis medication or that you yourself decided to change your dose because of various reasons (not because your rheumatologist told you to stop taking or to change the dose).

We would like to know for each of the following statements if it never, rarely, sometimes, often or very often happened in the last 6 months.

During the last six months	Never	Rarely	Sometimes	Often	Very often
B1 I altered the dose of my arthritis medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B2 I forgot to use my arthritis medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B3 I stopped taking my arthritis medication for a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4 I decided to miss out on a dose of my arthritis medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B5 I took less arthritis medication than instructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONNAIRE C: Your views about your medication (II)

Here you will find a list of statements made by patients with a rheumatic disease.

Please indicate for each statement how far you agree by ticking the appropriate box that reflects your opinion best. It is important you complete all the items listed.

	Don't agree at all	Don't agree	Agree	Agree very much
C1 If the rheumatologists tells me to take the medicines, I do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 I take my anti-rheumatic medicines because I then have fewer problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3 I definitely don't dare to miss my anti-rheumatic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4 If I can help myself with alternative therapies, I prefer that to what my rheumatologist prescribes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5 My medicines are always stored in the same place, and that's why I don't forget them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE C: Your views about your medication (II) (continued)

		Don't agree at all	Don't agree	Agree	Agree very much
C6	I take my medicines because I have complete confidence in my rheumatologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7	The most important reason to take my anti-rheumatic medicines is that I can still do what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8	I don't like to take medicines. If I can do without them, I will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9	When I am on holiday, it sometimes happens that I don't take my medicines/miss my appointment for my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	I take my anti-rheumatic drugs, for otherwise what's the point of consulting a rheumatologist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	I don't expect miracles from my anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	If you can't stand the medicines you might say: "throw it away, no matter what"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	If I don't take my anti-rheumatic medicines regularly, the inflammation returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	If I don't take my anti-rheumatic medicines, my body warns me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15	My health goes above anything else and if I have to take medicines to keep well, I will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16	I use a dose organiser or some other way to remember my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C17	What the doctor tells me, I hang on to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C18	If I don't take my anti-rheumatic medicines, I have more complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19	It happens every now and then, I go out for the weekend and then I don't take my medicines/miss my appointment for my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE D: Your views about your medication (III)

We would like to ask you about your personal views about medicines prescribed for you.

These are statements other people have made about their medicines.

Please indicate the extent to which you agree or disagree with them by ticking the appropriate box.

There are no right or wrong answers. We are interested in your personal views.

		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
D1	My health, at present, depends on my anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	Having to take anti-rheumatic medicines worries me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3	My life would be impossible without anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4	Without my anti-rheumatic medicines I would be very ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5	I sometimes worry about long-term effects of my anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6	My anti-rheumatic medicines are a mystery to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7	My health in the future will depend on my anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8	My anti-rheumatic medicines disrupt my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9	I sometimes worry about becoming too dependent on my anti-rheumatic medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	My anti-rheumatic medicines protect me from becoming worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We would like to thank you
for completing this booklet of questionnaires.
Your contribution is much appreciated.**

**Please return the completed booklet in the pre-paid envelope provided.
You do not need to use a stamp.**



**British Society for
Rheumatology**

Rheumatoid Arthritis Register

Questionnaire A - The Brief Illness Perception Questionnaire © Elizabeth Broadbent.
Questionnaire B (Medication Adherence Report Scale 5) & Questionnaire D (Beliefs about
Medicines Questionnaire) © Professor Rob Horne