

RD-IPQ Scoring Instructions

The RD-IPQ is scored following the recoding of some of the items and summing items 1, 2, 3, 4, 9 and 10 to calculate RD-IPQ scale scores. The results of statistical analysis showed that these items form a summary scale of illness perceptions comprising aspects of *illness identity*, *illness consequences* and *illness emotions*. Scale scores are computed by simply adding the scores for these items and transforming to a 0 to 100 scale. A higher score represent a more threatening view of the illness. Items are scaled from not at all (1), to a small extent (2), to a moderate extent (3), to a large extent (4), to a very large extent (5). Scale scores are calculated for respondents completing half or more of the six items 1, 2, 3, 4, 9 and 10.

Items

1. Identity: item 1 and 2
2. Consequences: items 3 and 4 (reverse scoring for 4)
3. Treatment control: item 5 (reverse scoring for 5)
4. Personal control: item 6 (reverse scoring for 6)
5. Fluctuations: item 7
6. Comprehension: item 8 (reverse scoring for 8)
7. Emotions: items 9 and 10
8. Illness cause: items 11 (follows the scoring of the IPQ-R where responses can be categorised (Moss- Morris 2002)).

High scores on the identity, consequences and fluctuation items represent strongly held beliefs about the number of symptoms experienced, the negative consequences and the fluctuation of the rheumatic disease. High scores on emotions represent negative emotions related to the rheumatic disease. High scores on the personal control, treatment control and comprehension items represent positive beliefs about the controllability and a personal understanding of the rheumatic disease.