

Rheumatic Disease Illness perception Questionnaire (RD-IPQ)

The following questions ask about your personal experiences, thoughts and views relating to your rheumatic disease. Please think about how you have felt during the past two weeks when answering. If you have had large fluctuations in your disease during the past two weeks, think about how you have been on the whole during this period. For each question, please cross the box that comes closest to how you feel.

During the past two weeks, to what extent:

1. Have you experienced symptoms of your rheumatic disease?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have the symptoms from your rheumatic disease affected your life?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has your rheumatic disease had a negative effect on your life?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have a good life in spite of your rheumatic disease?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you thought that health care can help your rheumatic disease?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you been able to influence your rheumatic disease?

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past two weeks, to what extent:

7. **Have you experienced fluctuations in your rheumatic disease?**

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **Have you had a clear understanding of your rheumatic disease?**

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **Have you been worried about your rheumatic disease?**

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **Have you had negative emotions because of your rheumatic disease (for example angry, depressed, restless, scared)?**

Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **Do you have any thoughts about the causes of your rheumatic disease (for example, environment, genes, hereditary, infections or life events)?** Please use your own words and write down up to three of the most important causes. *Please think more generally and not just about the last two weeks.*

1. _____

2. _____

3. _____