**Appendix. The Compliance Questionnaire.**

Dear patient:

Medical treatments that help to control symptoms from diseases like yours are frequently indicated for a long period of time. Sometimes, patients forget or stop taking their medications, or missed a medical appointment what may account in lesser therapy effectiveness than previously expected.

We are interested in knowing possible reasons which may help you to continue taking your medication as prescribed in order to improve your medical attention.

Your participation in this study is voluntary. You may stop participating whenever you decide and if so, it will not interfere with the existing medical attention at the Institution.

You are invited to collaborate by answering the following survey.

This interview refers to the arthritis-therapy taking behavior you had since last visit to the outpatient early arthritis Clinic (six months ago).

Interview date: Day, Month, Year

Name: First Last name, Second Last name, Name(s)

Institution identification number:

**1 .- Actual occupation**

1 Housewife 4 Non-officially employed 6 Retired

2 Student 5 Unemployed 7 Other

3 Officially employed

**2.- Socioeconomic classification at the Institution**

1 90% gratuity 3 70% gratuity 5 50% gratuity

2 80% gratuity 4 60% gratuity 6 40% gratuity

**3.- Have you taken any alternative therapy, additionally to the treatment prescribed by the rheumatologist in charge of your care?**

1 Yes 2 No If the answer is yes please specified which one

**4.- During the past 2 months, did you stop taking the medication prescribed by your rheumatologist because of any reason including the choice of alternative medicine?**

 4. Always 3. Almost always 2. Sometimes 1. Almost never 0. Never

**5.-** **Please rate in a scale from 0 to 10, how much you trust your rheumatologist.**

0 indicates no trust at all and 10 indicates all the possible trust.

**6.- Please** **rate in a scale from 0 to 10, how well you have understood treatment indications given by the rheumatologist in charge of your care.**

0 indicates no understanding of medical indications regarding treatment and 10 indicates a perfect understanding.

**7a.- Please rate in a scale from 0 to 10 the quality of the rheumatic evaluations you received.** 0 indicates the poorest quality and number 10 the best quality.

**7b.- Please rate in a scale from 0 to 10 the quality of central laboratory appointments you received.**

0 indicates the poorest quality and number 10 the best quality (excellence).

**8.- In the past two months, how often did you completely stop taking your medication?**

4. Always 3. Almost always. 2. Sometimes 1. Almost never 0. Never

*\*If you have answered numbers 4 (always), 3 (almost always), 2 (sometimes) or 1 (almost never), please answer the following question as well (question number 9).*

 \**If you have answered number 0 (never), please go to question number 10*

**9.- Please read the following sentences and cross with an X each sentence you consider it was a reason to stop taking your medication during the past 2 months.** *You may choose more than one answer*

 9.1- Because I had no money     Yes     No

 9.2- Because it was not available at the drugstore Yes No     9.3- Because it does not make me feel better     Yes     No

 9.4- Because it may me feel worse when I take it     Yes     No

 9.5- Because the medication is very expensive     Yes     No

 9.6- Because I forget to take it     Yes     No

 9.7- Because nothing happens if I do not take it     Yes     No

 9.8- Because I am taking a lot of medication at this time     Yes     No

 9.9- Because I had to do more things than I usually do through the day Yes     No

 9.10- Because I did fewer things than I usually do through the day Yes     No

 9.11- Because nobody reminded me to take my medication Yes     No

 9.12- Because timing/s when my medication is prescribed is different from mealtime/s Yes No

 9.13- Because I was not at home when I had to take my medication Yes     No

 9.14- Because I did not buy it     Yes     No

 9.15- Because I went out on a trip   Yes     No

 **\*** If you wish to write some other reason/s, you may do it in the following space……………………………………………………………………………

**10.- In the past 2 months, I took my medication exactly at the day/s indicated by my rheumatologist**

4. Always 3. Almost always. 2. Sometimes 1. Almost never 0. Never

**11.- In the past 2 months, I took my medication exactly at the day-times indicated by my rheumatologist**

4. Always 3. Almost always. 2. Sometimes 1. Almost never 0. Never

**12.- In the past 2 months, every time I took my medication, I took the precise amount of tablets indicated by my rheumatologist**

4. Always 3. Almost always. 2. Sometimes 1. Almost never 0. Never

**13.- You consider that Rheumatoid Arthritis is ….**

a) A chronic disease   b) A disease that will resolve c) I do not know

**14.- Do you have any confident to talk with?**  Yes No

**15.- Do you consider that Rheumatoid Arthritis is a curable disease?**

Yes No I do not know     Si     No     No se

**16.- If you have an economical urgency is there somebody who can help you?** Yes No

**17.- Do you consider that Rheumatoid arthritis is an inherited disease?**

Yes No I don’t know

**18.- If you have doubts about your health, is there somebody trustworthy to talk with?** Yes No

**19.- Do you believe that someone who has rheumatoid arthritis should exercise?** Yes No I don’t know

**20.- Do you have relatives to talk or spend time with them?** Yes No

Items 1 and 2 are related to demography; items 3 and 4 are related to the use of alternative medicine (yes/no and modality); items 5 and 6 evaluate patient-physician relationship; in item 7 patients qualify the quality of physician’s evaluation and central laboratory facilities; in item 8, patients use a Likert scale (0 to 4) to determine non persistence on therapy; item 9 investigates patients reasons of inadequate medication taking behavior and includes 15 predefined answers (most of them obtained from literature review) and one open answer; in items 10 to 12, patients use a Likert scale to evaluate adherence to DMARD therapy; items 13, 15, 17 and 19 investigate patient’s knowledge about the disease (scored from 0 if no answer is correct to 4 if all the items are correctly answered); finally, items 14, 16, 18 y 20 determine the level of social support (scored from 0 to 4, if all the items are answered as Yes).