Patient Rheumatoid Arthritis Social Support Initiative

Partner Application

Name: _____ Date:_____

Please check off your preferred method of communication and write in your contact information.

___Home phone_____

___Work phone _____

___Cell phone _____

___Email address _____

Best day and time of day to reach you:

_____

Age: _____ Age at diagnosis: _____

Marital Status:

- ☐ **Single**
- ☐ **Married**
- ☐ **Divorced**
- ☐ **Widowed**

Children:

- ☐ **No**
- ☐ **Yes; Ages: _____**

How many years did you attend school? _____

Currently, what is your employment status?

- ☐ Employed
  → ☐ Full-Time or ☐ Part-Time
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled

Whom do you currently live with? (Mark all that apply)

- ☐ I live alone
- ☐ I live with my spouse/partner
- ☐ I live with my children
- ☐ I live with other family members or friends

How many people can you count on to provide you with emotional support?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more

How would you describe your ethnicity?

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

How would you describe your race? (Mark all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Black or African America
- ☐ White
- ☐ Other

What medications are you currently taking for RA? (please include any pain medication):

_____

_____

_____

Please list all RA-related surgeries and treatments you have received:

_____

_____

_____

To better match you, we would like to get to know you a little better:

What would you like your peer support volunteer to help you with?

_____

_____

_____

How has RA most affected your life?

_____

_____

_____

What topics regarding RA are you interested in talking about with a peer support volunteer?

- ☐ **Newly diagnosed**
- ☐ **Understanding what it is like to live with RA**
- ☐ **Flares**
- ☐ **Feeling less alone and more connected**
- ☐ **Help with work related issues**
- ☐ **Help maintaining a healthy lifestyle**
- ☐ **Family and friends (help with relationships)**
- ☐ **Getting information on medical aspects**
- ☐ **Advice about joint replacement; specifically (wrist, knee etc.): _____**
- ☐ **Improving communication with my doctor**
- ☐ **Having RA and caring for young children**
- ☐ **Other: _____**

Please tell us about your activities, hobbies, career goals etc. that might help us match you.

_____

_____

_____

Additional Comments:

_____

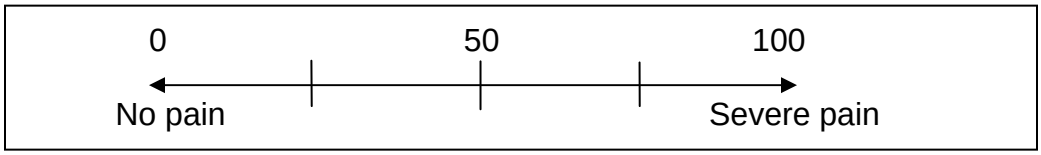
_____

_____

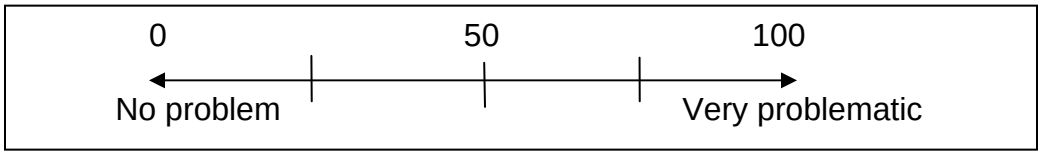
Thank you for your interest in our peer support program!

Visual Scales – impact of disease on patient

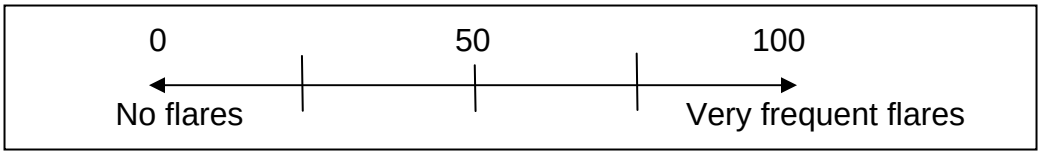
We are interested in learning whether or not you are affected by pain because of your illness. How much pain have you had because of your illness in the PAST WEEK? Mark the response that best describes the severity of your pain on a scale of 0 – 100.



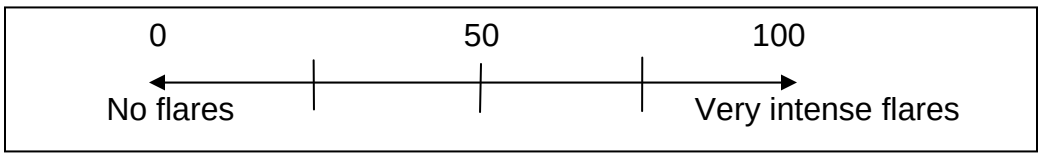
We are interested in knowing about any problems that you may have been having with fatigue. How much of a problem has fatigue or tiredness been for you in the PAST WEEK? Mark the response below that best describes the severity of your fatigue on a scale of 0 – 100.



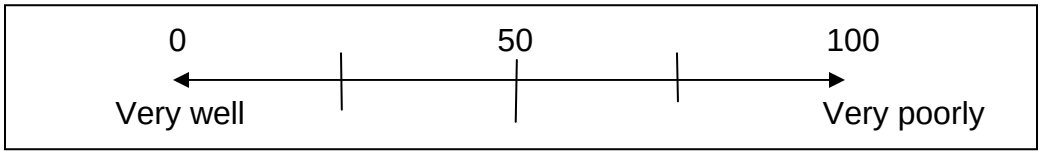
We are interested in knowing about your flare activity. What has been the frequency of your flares in the PAST WEEK? Mark the response below that best describes the frequency of your flares on a scale of 0 – 100.



In the PAST WEEK how intense have your flares been? Mark the response below that best describes the intensity of your flares on a scale of 0 – 100.



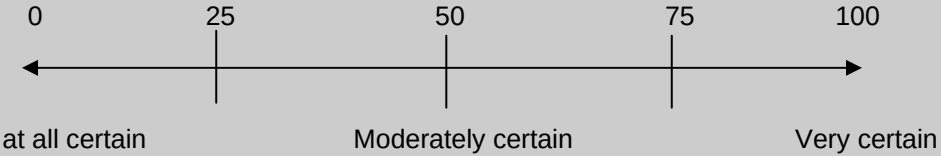
Considering all of the ways that RA affects you, please rate how you are doing overall on a scale of 0 - 100.



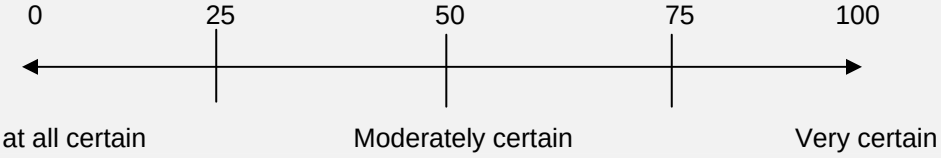
Arthritis Self-efficacy Questions

In the following questions, we'd like to know how you feel about your ability to control your arthritis. For each of the following questions, please indicate on the scale the number which corresponds to the certainty that you can perform the following activities or tasks.

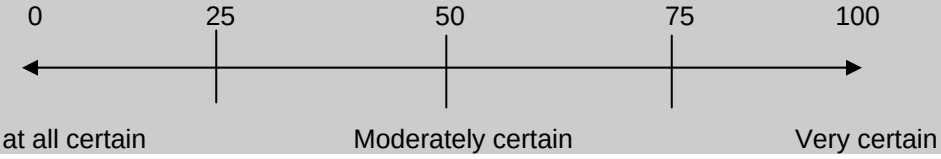
1. **How certain are you that you can control your fatigue?**



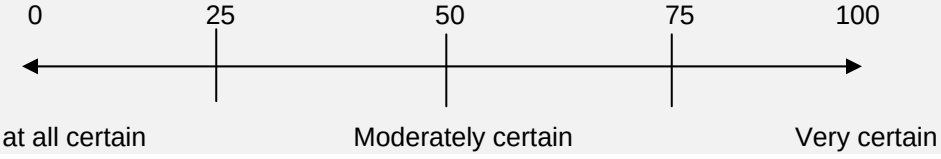
2. **How certain are you that you can regulate your activity so as to be active without aggravating your arthritis?**



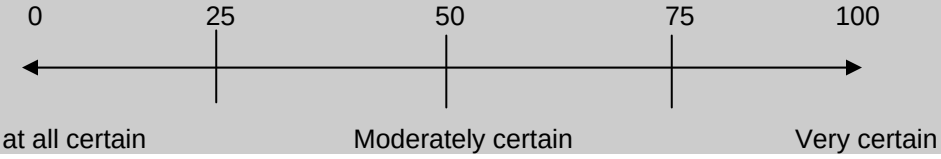
3. **How certain are you that you can do something to help yourself feel better if you are feeling blue?**



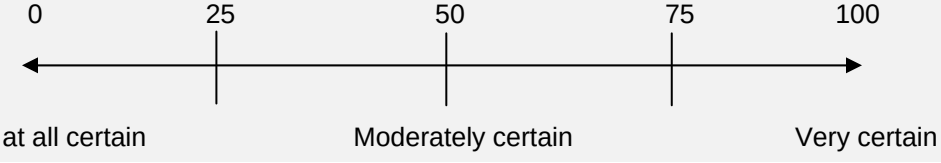
4. **As compared with other people with arthritis like yours, how certain are you that you can manage arthritis pain during your daily activities?**



5. **How certain are you that you can manage your arthritis symptoms so that you can do the things you enjoy doing?**



6. **How certain are you that you can deal with the frustration of arthritis?**



1. In general would you say your health is:	excellent	very good	good	fair	poor	
2. The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? First, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you:	a lot	a little	not at all			
3. Climbing several flights of stairs. Does your health now limit you:	a lot	a little	not at all			
4. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?	Yes	No				
5. During the past 4 weeks, were you limited in the kind of work or other regular activities you do as a result of your physical health?	Yes	No				
6. During the past 4 weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?	Yes	No				
7. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?	Yes	No				
8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?	Not at all	Slightly	Moderately	Quite a bit	Extremely	
9. – 12. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question please give the one answer that comes closest to the way you have been feeling.						
How much of the time during the past 4 weeks…	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
9. Have you felt calm and peaceful?						
10. Did you have a lot of energy?						
11. Have you felt down?						
12. Has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, etc?						

Taking Medicine – What gets in the way?

Please think about all of the medicines you take. Mark one answer for each item below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. I just forget to take my medicines some of the time.					
2. I run out of my medicine because I don't get refills on time.					
3. My use of alcohol gets in the way of taking my medicines.					
4. I worry about how medicine will affect my sexual health.					
5. I sometimes forget things that are important to me.					
6. I have felt sad, down, or blue during the past month.					
7. I feel confident that each one of my medicines will help me.					
8. I know if I am reaching my health goals.					
9. I have someone I can call with questions about my medicines.					
10. I understand my doctor's/nurse's instructions about the medicines I take.					
11. My doctor/nurse and I work together to make decisions.					
12. I am able to read and understand pill bottle labels.					
13. Taking medicines more than once a day is inconvenient.					
14. I have to take too many medicines a day.					
15. It is hard for me to swallow the pills I have to take.					

Have you…	In the last week	In the last month	In the last 3 months	More than 3 months ago	Never
16. Taken a medicine more or less often than prescribed?					
17. Skipped or stopped taking a medicine because you didn't think it was working?					
18. Skipped or stopped taking a medicine because it made you feel bad?					
19. Skipped, stopped, not refilled, or taken less medicine because of the cost?					
20. Not had medicine with you when it was time to take it?					

Thank you for your interest in our peer support program!