

The University of Manchester
Rutherford House, Unit 4
40 Pencroft Way
Manchester Science Park
Manchester
M15 6SZ

ID
For office use only

Patient baseline questionnaire

Thank you for taking the time to fill in this questionnaire! First we would like to ask you some background information about yourself: (please complete the form in capital letters!)

Title: Mr/Mrs/Miss/Ms/Other: _____

Surname:

Forenames:

Maiden name:

Address:

Postcode:

Contact Phone Number:

Email Address:

(By providing your email address you are agreeing to be contacted by the BSRBR-RA team via email with information regarding study updates and questionnaire completion)

What is your NHS number?

(CHI number if in Scotland. HCN number if in Northern Ireland)
(You will find this on the card which shows the GP practice you are registered with)

Are you:

Male

Female

What is your occupation?

Please tick the one box which best describes you:

- Working full-time
- Working part-time
- Working full-time in the home
- Unemployed but seeking work
- Not working due to ill health/disability
- Student
- Retired

What is your date of birth?

d	d	m	m	y	y	y	y
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Country of birth

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Which of these ethnic groups do you belong to?

<input type="checkbox"/>	White
<input type="checkbox"/>	Black-African
<input type="checkbox"/>	Black-Caribbean
<input type="checkbox"/>	Black-British
<input type="checkbox"/>	Black-other

<input type="checkbox"/>	Indian	
<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	Bangladeshi	
<input type="checkbox"/>	Chinese	
<input type="checkbox"/>	Other (Please specify)	<input type="text"/>

Have you EVER smoked more than one cigarette a day?

Yes 1 No 0

If you have ever smoked, what was the average number of cigarettes per day?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 cigarettes/day

Age started smoking:

<input type="text"/>	<input type="text"/>	years
<input type="text"/>	<input type="text"/>	years

Age stopped smoking:

Do you CURRENTLY smoke more than one cigarette a day?

Yes 1 No 0

If YES, how many cigarettes do you smoke each day?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 cigarettes/day

Do you CURRENTLY use any of the following tobacco or nicotine products? (tick all that apply)

<input type="checkbox"/>	Cigars
<input type="checkbox"/>	Pipe
<input type="checkbox"/>	E-cigarette
<input type="checkbox"/>	None of the above

How many of the following do you drink in an average week?

<input type="text"/>	Pints of beer / lager
<input type="text"/>	Glasses of wine
<input type="text"/>	Glasses of spirits

Work Disability Questions

Please tick the box that best describes you:

- Working full-time or part-time for pay
- Working full-time or part-time for pay, but temporarily on sick leave
- Unable to work due to disability ("work disability")
→ reason for work disability: _____
→ start date of work disability: _____ (dd) / _____ (mm) / _____ (year)
- Retired early due to arthritis
→ date of early retirement: _____ (dd) / _____ (mm) / _____ (year)
- Working full-time in the home (homemaker)
- Unemployed but seeking work
- Retired early not due to arthritis
- Retired because of age
- Student
- Other, please describe:

Please complete this section if you have paid work (including working in the home). Please also complete if you are currently on sick leave:

- What is your **current occupation** (please also complete if you are currently on long term sick leave):

- Are you on **sick leave** at this time?

Yes - Date sick leave started: _____ (dd) / _____ (mm) / _____ (year)

No

- How many **hours** per week do you have to work according to your contract?
_____ hours per week

- Over how many **days** are these hours distributed?
_____ days per week

• How many days in the last month have you missed work because of your arthritis?

(If none, please write '0'). _____ days

• How many days in the last month was your **productivity at work reduced by half or more** because of your arthritis?
(please don't include any days noted in the question above; if none please write '0') _____ days

• In the last month, how much has arthritis **interfered with your work productivity** (paid work) on a scale of 1-10, where 0=no interference and 10=complete interference:

• Since the start of your arthritis, did you need to **change your occupation** or has your working environment been changed because of your arthritis?

No

Yes - please describe these changes below →

What year did these changes take place? _____

Your signature:

Today's date:

d	d	m	m	y	y	y	y
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Thank you for completing this questionnaire!

Please return it (in the pre-paid envelope provided) to:

BSRBR-RA
Unit 4 Rutherford House
40 Pencroft Way
Manchester Science Park
Manchester
M15 6SZ

During your participation in the study, it is important that we keep in touch with you. If you have a **change of address** during this time please contact the BSRBR-RA offices on 0161 275 1652/7390 to notify us.

For further information please contact: Biologics.register@manchester.ac.uk
0161 275 1652/7390