Supplementary Materials 1

Table 1
Summary of Sample Characteristics (N = 10)

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>45.90</td>
<td>13.89</td>
<td>27 - 62</td>
</tr>
<tr>
<td>Time since diagnosis (years)</td>
<td>17.70</td>
<td>12.61</td>
<td>1 - 41</td>
</tr>
<tr>
<td>Mean annual salary of residential postcode (AUD)</td>
<td>$69,491</td>
<td>$18,401</td>
<td>$43,977 - $97,794</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender - Female</td>
<td>100%</td>
</tr>
<tr>
<td>Highest Education</td>
<td></td>
</tr>
<tr>
<td>Diploma/TAFE</td>
<td>50%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>40%</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>10%</td>
</tr>
<tr>
<td>Current Employment</td>
<td></td>
</tr>
<tr>
<td>Part-time work</td>
<td>20%</td>
</tr>
<tr>
<td>Full-time work</td>
<td>50%</td>
</tr>
<tr>
<td>Retired</td>
<td>30%</td>
</tr>
</tbody>
</table>
Supplementary Materials 2

Participant Consent Form

A Trial of Two Psychological Treatments to Help Manage Rheumatoid Arthritis
Prof. Louise Sharpe (Responsible Researcher)
Faculty of Science | School of Psychology
Phone: +61 29351 4558 | Email: louise.sharpe@uni.sydney.edu.au

I agree to take part in this research study. In giving my consent, I confirm that that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.

- I understand the purpose of the study is to investigate the effectiveness of psychological interventions for people with Rheumatoid Arthritis.

- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.

- I understand that in this study I will be required to complete a series of questionnaires, telephone interview, as well as an 8-week course if allocated to one of the two treatment groups.

- I understand that my information may be used in future research.

- I understand that being in this study is completely voluntary.

- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney or Macquarie University.

- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).

- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I understand that after returning this consent form it will be retained by the researcher, and that I may request a copy at any time.

HREC Approval No.: 2021/516
I consent ☐

Date: xx/xx/xx

Please provide us with your contact details:
Name: ____________________________
Contact number: ______________________

Do you consent to us contacting your doctor (GP) to confirm your diagnosis of Rheumatoid Arthritis? (Note: This is a requirement to be eligible for this study): Yes ☐ No ☐

Please provide us with the contact details for your doctor:
Name: ____________________________
Contact number: ______________________

I would like feedback on the overall results of this study Yes ☐ No ☐

If you answered yes, please provide your email address:

______________________________________________________________