

BASELINE SURVEY

DEMOGRAPHICS

- 1) How old are you (in years)? _____
- 2) What is your gender? _____
- 3) What is your race/ethnicity? (select multiple options if applicable)
 - White
 - Black or African American
 - American Indian/ Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Hispanic/Latinx
- 4) What is your education level?
 - Less than high school diploma
 - High school diploma
 - Some college
 - College degree
 - Graduate degree
- 5) What is your employment status?
 - Employed
 - Job seeking
 - Not job seeking
 - Retired
 - Disabled
- 6) What is your income?
 - Less than \$20,000
 - \$20,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999

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- \$75,000 to \$99,999
- Over \$100,000

7) What is your marital status?

- Married
- Living with partner/ Domestic partnership
- Widowed
- Divorced/ Separated
- Never Married/ Single

8) How many medications are you currently taking on a daily basis?

9) How many medications do you take on a weekly or every other week basis? _____

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DISEASE ACTIVITY

1. Are you having a gout attack (flare) today?

- Yes
- No

2. Are any of your joints swollen?

- Yes
- No

3. Are any of your joints warm to touch?

- Yes
- No

4. Considering pain from your gout over the last 1 week when you are resting (for example in bed or sitting quietly) please circle the number indicating the level of pain when it was at its worst:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10

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MEDICATION USE

We have printed out your medication list. Please circle the medications your doctor has prescribed for at least 4 months.

Please list the medications your rheumatologist prescribes that you take at least once a day.

Please answer the following questions about your gout medication(s). These questions are about your views on your health and medication(s). There are no right or wrong answers. We are interested in your personal views. All answers will be private and confidential, so please answer honestly.

In the last 30 days, on how many *days* did you miss at least one dose of any of this medication?

1	Write in number of days (0-30):	
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		Very poor	Poor	Fair	Good	Very good	Excellent
2	In the last 30 days, how good a job did you do at taking your medication(s) in the way you were supposed to?	○	○	○	○	○	○

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		Never	Rarely	Sometimes	Usually	Almost always	Always
3	In the last 30 days, how often did you take your medication(s) in the way you were supposed to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate each statement from 1(not at all) to 7 (very much so) by circling the number you think most closely aligns with your opinion.

		1 (Not at all)	2	3	4	5	6	7 (Very much so)
4	Taking my medication(s) is part of a routine I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I typically take my medication(s) at the same time of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I take my medication(s) a certain way and will continue to do so this way in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6b	When I take my medications, it's usually in the same place (e.g., bathroom, kitchen).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6c	When taking my medications, there's something I typically do right before (e.g., brush teeth, sit down at the table)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6d	I usually drink water when I take my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6e	I have a cup/ glass I typically use when I take my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6f	I usually keep all of my medications in the same place in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please answer whether each statement is true about you by circling YES or NO.

Taking my daily medication is something....

7. I do automatically YES NO
 8. I do without having to consciously remember YES NO
 9. I do without thinking YES NO
 10. I start doing before I realize I'm doing it YES NO

Please mark one circle in each row to show how much you agree or disagree with the statement.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
11	Coming regularly to my clinic appointments is good for my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	My treatment plan for arthritis/lupus/gout will make a big difference in keeping my rheumatic condition under control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Medications help to control arthritis/lupus/gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	If medications are prescribed, it's important to take the medications every day to control rheumatic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Not taking medications every day affects how well the arthritis/lupus/gout treatment works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	An arthritis/lupus/gout patient who is feeling well can safely stop taking rheumatic medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	An arthritis/lupus/gout patient who follows recommended care for arthritis/lupus/gout can expect to live long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	There is a lot I can do to control my arthritis/lupus/gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	What I do can determine whether my arthritis/lupus/gout gets better or worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	My actions will have no effect on the outcome of my arthritis/lupus/gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>