

Symptoms in Persons At Risk of Rheumatoid Arthritis (SPARRA) Questionnaire

You may or may not have experienced one or more of the following symptoms in relation to your current episode of joint problems. Please indicate whether you have had the listed symptoms, and when they first appeared. For example, if you have had joint pain for the last 3 months, and swelling for the last 4 years but never had stiffness of your joints, you fill in:

Example of possible symptom	Experienced (past or present)*	If yes, how long ago did it first appear?
Joint pain	Past / <u>present</u> / not	3 months / years
Swelling of the joints	Past / <u>present</u> / not	4 months / years
Stiffness of the joints	Past / present / <u>not</u>	... months / years

In the bottom two rows, there is space to add any other symptoms you may have noticed.

Possible symptom	Experienced (past or present)*	If yes, how long ago did it first appear?*
Joint pain	Past / present / not	... months / years
Swelling of the joints	Past / present / not	... months / years
Stiffness of the joints	Past / present / not	... months / years
Burning sensations in the joints	Past / present / not	... months / years
Tingling sensations in the joints	Past / present / not	... months / years
Numbness in the joints	Past / present / not	... months / years
Changes in skin colour over any joints	Past / present / not	... months / years
Muscle cramps	Past / present / not	... months / years
Weakness or loss of strength	Past / present / not	... months / years
Fatigue	Past / present / not	... months / years
Emotional distress (e.g. sadness, worry, upset)	Past / present / not	... months / years
Concentration difficulties	Past / present / not	... months / years
Sleep problems	Past / present / not	... months / years
Other symptom, namely: _____	Past / present	... months / years
Other symptom, namely: _____	Past/present	... months / years

If you have had any other symptoms **before this episode of joint problems** that you think may be relevant, you can describe them here:

The answers to the following questions will help us to understand more about the type of symptoms you have experienced over the **past month**. Do not think too long about the questions; the first answer that comes to mind is often the best.

Please read each question and circle the one option which best answers the question for you, for example:

Example question				
a) Over the past month how many days of the month have you had X in your joints?	0 days (continue to next question)	1 to 5 days	6 to 15 days	16 to 30 days

Q1: Joint pain				
1a) Over the past month how many days of the month have you had pain in your joints?	0 days (continue to question 2)	1 to 5 days	6 to 15 days	16 to 30 days
1b) Over the past month how much joint pain have you had?	None	Mild	Moderate	Severe
1c) What impact has this joint pain had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
1d) Which of the following descriptions is most like your joint pain?	Burning pain	Sharp or stabbing pain	Aching pain	Other type of pain. Please describe: _____ _____
1e) Does your joint pain move from joint to joint?	No	from arms to legs	from legs to arms	from one side to the other

Q2: Joint swelling

2a) Over the past month how many days of the month have you had swelling in your joints?	0 days (continue to question 3)	1 to 5 days	6 to 15 days	16 to 30 days
2b) Over the past month how much joint swelling have you had?	None	Mild	Moderate	Severe
2c) What impact has joint swelling had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
2d) Where did you feel the joint swelling? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q3: Joint stiffness

3a) Over the past month how many days of the month have you had stiffness in your joints?	0 days (continue to question 4)	1 to 5 days	6 to 15 days	16 to 30 days
3b) Over the past month, how much joint stiffness have you had?	None	Mild	Moderate	Severe
3c) If you have had joint stiffness when you wake up in the morning how long does it last?	I don't have morning stiffness	For less than an hour: ... minutes**	For 1 to 2 hours	All morning
3d) What impact has joint stiffness had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
3e) Where did you feel the joint stiffness? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

** please fill in how many minutes on average

Q4: Burning sensations in joints				
4a) Over the past month how many days of the month have you had a feeling of burning in your joints?	0 days (continue to question 5)	1 to 5 days	6 to 15 days	16 to 30 days
4b) Over the past month, how much feeling of burning in your joints have you had?	Not	Mild	Moderate	Severe
4c) What impact has this feeling of burning in your joints had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
4d) Where did you experience this feeling of burning in your joints ? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q5: Tingling sensations in joints				
5a) Over the past month how many days of the month have you had pins and needles or tingling sensations?	0 days (continue to question 6)	1 to 5 days	6 to 15 days	16 to 30 days
5b) Over the past month how much tingling have you had?	None	Mild	Moderate	Severe
5c) What impact has this tingling had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
5d) Where did you feel the tingling? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q6: Numbness				
6a) Over the past month how many days of the month have you had numbness?	0 days (continue to question 7)	1 to 5 days	6 to 15 days	16 to 30 days
6b) Over the past month, how much numbness have you had?	None	Mild	Moderate	Severe
6c) What impact has this numbness had on your ability to carry out activities such as e.g. work, household chores, childcare, social activities?	No impact	A small impact	A moderate impact	severe impact
6d) Where did you feel the numbness? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q7: Changes in skin colour over joints (may be skin looking unusually red, blue, brown, etc)				
7a) Over the past month how many days of the month have you had skin discolouration over any joints?	0 days (continue to question 8)	1 to 5 days	6 to 15 days	16 to 30 days
7b) Over the past month, how much skin discolouration have you had?	None	Mild	Moderate	Severe
7c) What impact has skin discolouration had on your ability to carry out day to day activities?	No impact	A small impact	A moderate impact	A large impact
7d) Where did you experience skin discolouration? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q8: Muscle cramps

8a) Over the past month how many days of the month have you had muscle cramps?	0 days (continue to question 9)	1 to 5 days	6 to 15 days	16 to 30 days
8b) Over the past month, how much muscle cramping have you had?	None	Mild	Moderate	Severe
8c) What impact have muscle cramps had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
8d) Where did you experience muscle cramps? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q9: Weakness

9a) Over the past month how many days of the month have you had weakness?	0 days (continue to question 10)	1 to 5 days	6 to 15 days	16 to 30 days
9b) Over the past month, how much weakness have you had?	None	Mild	Moderate	Severe
9c) What impact has weakness had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact
9d) Where did you experience weakness? (circle all that apply)	Hand: One Both	Arm: One Both	Foot: One Both	Leg: One Both

Q10: Fatigue				
10a) Over the past month how many days of the month have you had fatigue?	0 days (continue to question 11)	1 to 5 days	6 to 15 days	16 to 30 days
10b) Over the past month, how much fatigue have you had?	None	Mild	Moderate	Severe
10c) What impact has fatigue had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact

Q11: Emotional Distress (e.g. sadness, worry, upset)				
11a) Over the past month how many days of the month have you had these feelings of emotional distress?	0 days (continue to question 12)	1 to 5 days	6 to 15 days	16 to 30 days
11b) Over the past month, how much emotional distress have you felt?	None	Mild	Moderate	Severe
11c) What impact have these feelings of emotional distress had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact

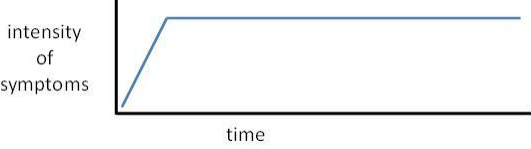
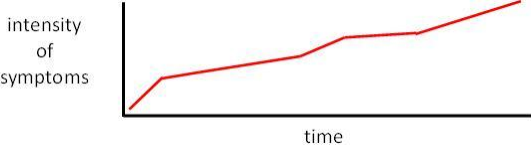
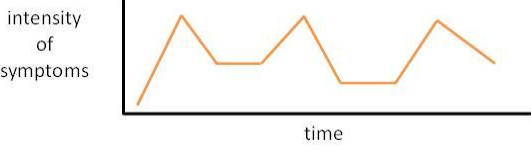
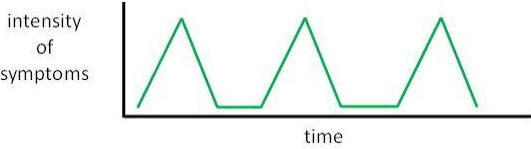
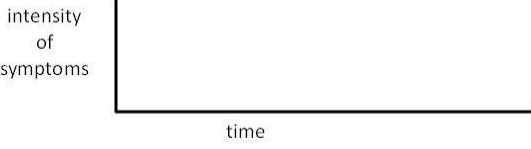
Q12: Concentration difficulties				
12a) Over the past month how many days of the month have you had difficulties in concentrating?	0 days (continue to question 13)	1 to 5 days	6 to 15 days	16 to 30 days
12b) Over the past month, how much difficulty with concentrating have you had?	None	Mild	Moderate	Severe
12c) What impact have difficulties in concentrating had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact

Q13: Sleep problems				
13a) Over the past month how many days of the month have you had problems sleeping?	0 days (continue to question 14)	1 to 5 days	6 to 15 days	16 to 30 days
13b) Over the past month, how much problem sleeping have you had?	None	Mild	Moderate	Severe
13c) What impact have sleeping difficulties had on your ability to carry out daily activities (e.g. work, household chores, childcare, social activities)?	No impact	A small impact	A moderate impact	A large impact

Q 14: Please use the scales below to rate how much pain you had on average over the last month in each of the mentioned body areas. Please circle the number which corresponds with your level of pain with 0 being no pain and 3 being severe pain.

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
A Left fingers	0	1	2	3	I Right fingers	0	1	2	3
B Left wrist	0	1	2	3	J Right wrist	0	1	2	3
C Left elbow	0	1	2	3	K Right elbow	0	1	2	3
D Left shoulder	0	1	2	3	L Right shoulder	0	1	2	3
E Left hip	0	1	2	3	M Right hip	0	1	2	3
F Left knee	0	1	2	3	N Right knee	0	1	2	3
G Left ankle	0	1	2	3	O Right ankle	0	1	2	3
H Left toes	0	1	2	3	P Right toes	0	1	2	3
Q Neck	0	1	2	3	R Back	0	1	2	3

Q15: This question asks about how your symptoms have developed since the time they first began. Please select the **one pattern of the following options that you think best describes** how your symptoms have developed. Between the time that your symptoms first began and now, have your symptoms:

	Please tick the <i>one</i> box which best describes your symptom pattern:	
a) increased rapidly and then remained constant (like the line to the right):	 <p>intensity of symptoms</p> <p>time</p>	<input type="checkbox"/>
b) gradually increased to their current level over time (like the line to the right):	 <p>intensity of symptoms</p> <p>time</p>	<input type="checkbox"/>
c) come and gone increasing and decreasing though always with some symptoms (like the line to the right):	 <p>intensity of symptoms</p> <p>time</p>	<input type="checkbox"/>
d) come and gone with periods without symptoms in between (like the line to the right):	 <p>intensity of symptoms</p> <p>time</p>	<input type="checkbox"/>
e) If these do not match your symptom experience, use the space to the right to draw what your symptoms were like between the time they began and now, or describe them below: <hr/> <hr/>	 <p>intensity of symptoms</p> <p>time</p>	<input type="checkbox"/>

