

Additional file 7: Questionnaire before ultrasound-guided lymph node biopsy (in English)

Question 1.

Please state your sex:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Question 2.

Please state your age:

..... years

The following questions concern your past experiences with biopsies or other medical procedures.

Question 3.

a. Have you ever undergone inguinal lymph node biopsy sampling under local anesthetic?

No	<input type="checkbox"/>	If you answered 'no', please continue to question 4
Yes	<input type="checkbox"/>	

b. If you answered 'yes' to question 3a: How many times have you undergone an inguinal lymph node biopsy under local anesthetic?

..... times

c. When was the last time that you have undergone an inguinal lymph node biopsy under local anesthetic?

...../..... (month/year)

Question 4.

a. Have you ever undergone a procedure under local anesthetic?

No	<input type="checkbox"/>	If you answered 'no', please continue to question 5
Yes	<input type="checkbox"/>	

b. If you answered 'yes' to question 4a: How many times have you undergone a procedure under local anesthetic?

..... times

c. If you answered 'yes' to question 4a: when was the last time that you have undergone a procedure under local anesthetic?

...../..... (month/year)

Question 5.

What are your reasons for participating in this study? Please check the appropriate box(es). You can select multiple boxes.

I have a family member or friend with rheumatoid arthritis (RA), so I know how RA can affect someone's life and want to help.	<input type="checkbox"/>
I would like to help decrease RA burden for future patients.	<input type="checkbox"/>
I believe it is important to partake, if possible, in research projects to advance medicine in general.	<input type="checkbox"/>
I heard about it from my general practitioner / rheumatologist and wanted to help	<input type="checkbox"/>
Other, namely.....	<input type="checkbox"/>

Question 6.

Please indicate with a vertical mark on the lines below, how well prepared you feel for the lymph node biopsy procedure with respect to:

- a. understanding of the aim of the procedure and the background information

0 mm *100 mm*

I do not understand

I completely understand

- b. what to expect during the procedure

0 mm *100 mm*

I do not understand

I completely understand

- c. after-care

0 mm *100 mm*

I do not understand

I completely understand

- d. possible complications

0 mm *100 mm*

I do not understand

I completely understand

Question 7.

Please indicate with a vertical mark on the lines below, how anxious you are about undergoing the procedure:

0 mm *100 mm*

I am not anxious

I am very anxious

Question 8.

Please indicate with a vertical mark on the lines below, how much you dread to undergo the procedure:

0 mm *100 mm*

I do not dread the procedure

I dread the procedure
very much

Question 9.

Please tick the appropriate box(es) if you had to discontinue the following medication because of the lymph node biopsy procedure:

Anti-coagulants	<input type="checkbox"/>
Pain medication	<input type="checkbox"/>

Please elaborate below, if you have any remarks about this questionnaire.

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Thank you for your cooperation!