

Date: _____

Name: _____

Please answer all statements by placing one check mark per statement to indicate which response best applies to you **at this moment in time** taking into account your rheumatic disease (the term “rheumatic disease” contains all forms of spondyloarthritis including ankylosing spondylitis) .

1. Pain sometimes disrupts my normal activities.
 I agree
 I do not agree
2. I find it hard to stand for long.
 I agree
 I do not agree
3. I have problems running.
 I agree
 I do not agree
4. I have problems using toilet facilities.
 I agree
 I do not agree
5. I am often exhausted.
 I agree
 I do not agree
6. I am less motivated to do anything that requires physical effort.
 I agree
 I do not agree
7. I have lost interest in sex.
 I agree
 I do not agree
 Not applicable, I do not want to answer
8. I have difficulty operating the pedals in my car.
 I agree
 I do not agree
 Not applicable, I cannot / do not drive

9. I am finding it hard to make contact with people.
- I agree
- I do not agree
10. I am not able to walk outdoors on flat ground.
- I agree
- I do not agree
11. I find it hard to concentrate.
- I agree
- I do not agree
12. I am restricted in traveling because of my mobility.
- I agree
- I do not agree
13. I often get frustrated.
- I agree
- I do not agree
14. I find it difficult to wash my hair.
- I agree
- I do not agree
15. I have experienced financial changes because of my rheumatic disease.
- I agree
- I do not agree
16. I sleep badly at night.
- I agree
- I do not agree
17. I cannot overcome my difficulties.
- I agree
- I do not agree

Thank you for answering this questionnaire.