



RHEUMAPS Study

Understanding the experiences and priorities for care for people with rheumatic and musculoskeletal conditions living in rural and urban areas

* Required

This survey aims to understand the priorities for care for people with rheumatic and musculoskeletal conditions living in rural and urban areas. To do this, we would like to understand more about your priorities for health care. For example, how easy you find it to access care, information and support networks, and what matters to you. We will use the findings from this study to support service planning and decision making for people living in rural settings. It will also help us understand the long-term impacts of the COVID-19 pandemic on care for people with rheumatic and musculoskeletal conditions.

This survey has been approved by the School Ethics Review Board, University of Aberdeen (CERB/2021/7/2143). All information you give as part of this survey is anonymous and will be kept strictly confidential. You do not have to participate in this survey if you do not wish to do so. Please answer all the questions and use the "other" boxes to add any additional information you feel relevant. The survey will take approximately 20 mins to complete.

If you have any questions about this survey you can contact Dr Kevin Stelfox by email: rheumap@abdn.ac.uk (<mailto:rheumap@abdn.ac.uk>), or the Chief Investigator Dr Rosemary Hollick on rhollick@abdn.ac.uk (<mailto:rhollick@abdn.ac.uk>), or you can visit our study website:

<https://www.abdn.ac.uk/iahs/research/epidemiology/mapping-rmd-study-1688.php>
(<https://www.abdn.ac.uk/iahs/research/epidemiology/mapping-rmd-study-1688.php>).

Section 2

1. I consent to participate in the survey and the use of my survey responses as described above. *

☐ Yes

☐ No

2. I have been diagnosed with a rheumatic and musculoskeletal condition by a health care professional? *

☐ Yes

☐ No

3. I am aged 18 years or older? *

☐ Yes

☐ No

4. What is your gender *

☐ Male

☐ Female

☐ Non-binary

☐ Prefer not to say

☐ Self describe (please provide details below)

5. If you selected self describe, please provide further details

6. What is your age? *

- ☐ 18-24
- ☐ 25-44
- ☐ 45 to 64
- ☐ 65 to 74
- ☐ 75 years or older

7. What is your postcode? (e.g. AB25 2ZD) Your postcode will only be used to tell us more information about where you live e.g. remote, rural or urban area.

8. Do you consider where you live to be: *

- ☐ Rural
- ☐ Urban
- ☐ Not sure

About your rheumatic and musculoskeletal condition

9. From the list below please indicate the rheumatic and musculoskeletal conditions that you have been diagnosed with by a health care professional? Please select all that apply. *

- ☐ ANCA associated vasculitis
- ☐ Axial spondyloarthritis (Ankylosing spondylitis)
- ☐ Bechet's disease
- ☐ Connective tissue diseases: e.g systemic lupus erythematosus, scleroderma, Sjogren's syndrome
- ☐ Fibromyalgia
- ☐ Giant cell arteritis
- ☐ Gout
- ☐ Inflammatory bowel disease associated arthritis
- ☐ Joint hypermobility
- ☐ Juvenile idiopathic arthritis
- ☐ Large vessel vasculitis
- ☐ Osteoarthritis
- ☐ Osteogenesis imperfecta
- ☐ Osteoporosis
- ☐ Paget's disease
- ☐ Polymyalgia rheumatica
- ☐ Psoriatic arthritis
- ☐ Reactive arthritis
- ☐ Rheumatoid arthritis
- ☐ Other rheumatic and musculoskeletal conditions (please specify below)

10. If you answered "Other rheumatic and musculoskeletal conditions", please specify:

11. When were you first diagnosed? *

- ☐ Less than a year ago
- ☐ 1-2 years
- ☐ 3-4 years ago
- ☐ 5-10 years ago
- ☐ 11-20 years ago
- ☐ More than 20 years ago

12. Who did you receive your diagnosis from? *

- ☐ Primary care e.g GP
- ☐ Specialist service e.g rheumatology, orthopaedics
- ☐ Complementary services e.g chiropractor, osteopath
- ☐ Other (please specify below)

13. If you answered "Other", who did you receive your diagnosis from, please specify:

14. How long did you wait before seeking care for your symptoms? *

- ☐ Up to three months
- ☐ 4-11 months
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5 or more years

15. What factors influenced your decision to seek medical care for your rheumatic and musculoskeletal condition? Please select all that apply. *

- ☐ My family suggested I seek medical care
- ☐ A friend suggested I seek medical care
- ☐ I was unable to work
- ☐ I could not undertake everyday tasks such as shopping, cleaning
- ☐ I was finding it difficult to participate in social activities e.g meeting friends or family
- ☐ I felt that my quality of life had deteriorated
- ☐ I was in pain
- ☐ Other factors influencing your decision to seek medical care (please detail below)

16. If you answered "Other", please detail the other factors that influenced your decision to seek medical care:

17. Did you delay seeking care after your symptoms first appeared? *

☐ Yes

☐ No

18. What influenced your decision to delay seeking medical care? Please select all that apply. *

☐ I thought I would have to wait a long time to see a health care professional

☐ I consciously put off seeking medical care

☐ I did not want to travel to the hospital

☐ I did not think there was any treatment for my symptoms

☐ I did not want to waste health care professionals time

☐ I looked for a diagnosis online rather than see an health care professional

☐ I did not believe it was a serious issue

☐ I chose to manage symptoms myself

☐ I thought it was just old age

☐ I was frightened of what might be wrong

☐ Other (please detail below)

19. If you answered "Other", please detail other factors influencing your decision to delay seeking medical care:

Information and support for your rheumatic and musculoskeletal condition

20. What problems, if any, have you experienced accessing information? Please select all that apply. *

- ☐ I don't know where to find reliable information online
- ☐ The specialist team are unable to answer my questions
- ☐ Information is not well signposted
- ☐ I prefer paper copies of information and these are not readily available
- ☐ Information does not relate to my circumstances
- ☐ Information does not answer my questions
- ☐ I find it difficult to take in and understand information
- ☐ I didn't know where to look for information
- ☐ I didn't require access to any further information
- ☐ No difficulties accessing information

21. If you have any other issues accessing information please specify

22. Over the last 12 months have you accessed any of the following to find out information about your condition and care? *

	Often	Occasionally	Never
Charity Website e.g.Versus Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General web searches using topical words (rheumatoid, fatigue, pain etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS web pages e.g NHS inform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS 24 MSK help line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MSK App	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology /orthopaedic service in person (Clinic appointment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology / orthopaedic services help line/email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government web pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local council office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
News channels (e.g BBC, ITV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University/Research websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Often

Occasionally

Never

NICE (National Institute
for health and Care
Excellence)

☐☐☐

23. If there are any other resources that you have accessed in the past 12 months please specify

24. Does the information you access from the above sources help you to manage your condition? *

☐ Yes

☐ No

25. Please tell us how you think the information provided could be improved.

Access to rheumatic and musculoskeletal services

26. Please indicate if you had any difficulties BEFORE THE PANDEMIC, attending the following services? *

	A lot of difficulty	Some difficulty	No difficulty	Not available	Not applicable to me
Primary care e.g GP practice, community nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist services e.g. rheumatology, orthopaedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatry services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social care e.g social work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please indicate if you CURRENTLY have any difficulties attending the following services? *

	A lot of difficulty	Some difficulty	No difficulty	Not available	Not applicable to me
Primary care e.g GP practice, community nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist services e.g. rheumatology, orthopaedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatry services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social care e.g social work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Are there any services that you would find helpful that you do not currently have access to? Please specify

29. Do any of the following TRAVEL issues create difficulties for you attending health services: *

	Always a problem	Sometimes a problem	Neutral	Not usually a problem	Never a problem	Not applicable to me
Lack of public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timing of public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of disabled access on public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of personal transport (e.g petrol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to private transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complexity of journey e.g multiple modes of transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation e.g. cost and availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of patient / hospital transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journey time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Do any of the following WORK issues create difficulties for you attending health services: *

	Always a problem	Sometimes a problem	Neutral	Not usually a problem	Never a problem	Not applicable to me
Permission from employer to get time off work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My roles and responsibilities at work prohibit taking time off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can only attend before or after work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in taking time off work due to loss of earnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer is not aware of my health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Do any of the following create difficulties for you attending HEALTH SERVICES *

	Always a problem	Sometimes a problem	Neutral	Not usually a problem	Never a problem	Not applicable to me
Services not available at convenient times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not available locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not available in my health board or trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are available but I don't know how to access them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time taken to attend the appointment is not worth it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment times offered are not convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. I find the following create difficulties for me attending health services *

	Always a problem	Sometimes a problem	Neutral	Not usually a problem	Never a problem	Not applicable to me
Caring responsibilities e.g. children, other family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional care costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to attend services e.g. patient transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to ask someone to take time off work to accompany me to my appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependant on friends or family for transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependant on availability of my carer to take me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost incurred by others (friends or family) for my transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time taken to travel to the services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Currently, how important are the following in helping you access services to manage your condition? *

	Very Important	Important	Neutral	Unimportant	Very Unimportant
Help from friends and family to access services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transport to and from services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of local specialist health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing the same health care staff who know me and my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care provision for dependants or others, to allow me to attend services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer understanding of the need to attend services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible opening times for the services to avoid normal working hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. If you have any further comments about your priorities for help to access services, please describe them below.

A large, empty rectangular box with a thin black border, intended for the user to provide further comments or descriptions.

Employment

35. Please select one category that best describes your current employment status. *

- ☐ Working full time in a paid job, as an employee
- ☐ Working full time - self-employed
- ☐ Working part time in a paid job, as an employee
- ☐ Working part time - self-employed
- ☐ Doing unpaid work full time in the home, e.g.housework, carer
- ☐ Unemployed but seeking work
- ☐ Unemployed because of ill health / disability (and not seeking work)
- ☐ Retired
- ☐ Retired early because of ill health / disability
- ☐ Volunteer
- ☐ Student

36. What is your occupation? *

37. In what sector do you work (e.g. farming, shipyard, car factory, shoe shop, hospital, insurance office)

38. What size is the organization/ company that you work for ? Or if you are a self-employed/ business owner, how many do you employ? Please select one. *

- ☐ 1 person (myself)
- ☐ Micro (2 to 9 people)
- ☐ Small (10 to 49 people)
- ☐ Medium (50 to 249 people)
- ☐ Large (250 people or more)

39. Do any of the following create difficulties for commuting to and from work BECAUSE OF YOUR RHEUMATIC AND MUSCULOSKELETAL CONDITION? *

	Always a problem	Sometimes a problem	Not usually a problem	Never a problem	Not able to do	Not applicable
Using public transport (e.g. bus/train)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using private transport (car)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. If there are any other difficulties in accessing your work, please specify

41. Thinking about the demands of your work. Please indicate which best represents your views on the following statements: *

	Not at all	A little	Somewhat	Quite a bit	A great deal
Do you have control over your work schedule (That is, the order in which you do your work, the pace at which you work, being able to take short breaks when you need to)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your job flexible? (That is, being able to start and finish at different times)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you receive help from colleagues in carrying out your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your job physically demanding (e.g. using tools and equipment with force, bending, lifting, walking, standing for longer periods etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your job mentally demanding? (e.g. requires a lot of your attention, concentration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 6 months, do you think your condition and its treatment has resulted in you being less productive at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. What work-related support services are you aware of, or have accessed in connection to your rheumatic and musculoskeletal condition? Please select all that apply. *

	Aware	Accessed	Not Aware
Occupational health in your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources in your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Access to Work" Employment support programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fit for Work (website or telephone support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Sutton Trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Employment Advisor/ Job Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received work advice or work rehabilitation from an NHS therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received work advice or rehabilitation from any other occupational health practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Are there any other work-related support services that you are aware of, or have accessed in connection to your rheumatic and musculoskeletal condition?

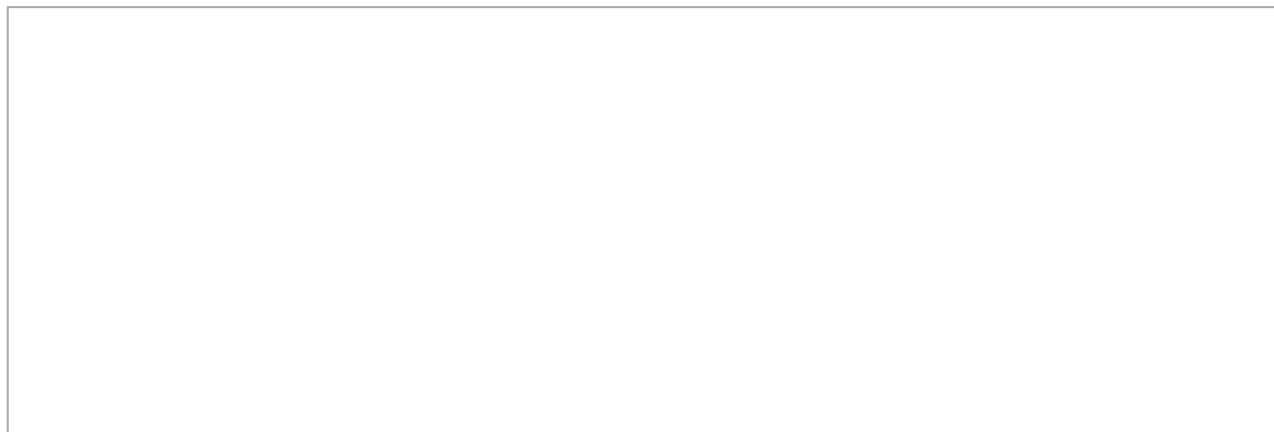
44. Please use this space to tell us anything else about your rheumatic and musculoskeletal condition and your work that we have not asked.

45. Did you retire early or have to give up work due to your MSK condition? *

☐ Yes

☐ No

46. Please give further details of your reasons for leaving employment

A large, empty rectangular box with a thin black border, intended for the respondent to provide further details of their reasons for leaving employment.

Service delivery

47. We would like to know about your priorities for delivery of rheumatic and musculoskeletal services.

Please place the following statements in order of importance, where 1 is most important and 4 least important. In order to answer this question you need to make at least one change in the order of priorities (using up and down arrows to change priority), even if you change it back again before submitting the question. *

Seeing the same members of the care team

On demand appointments when I need them

Access to multi-disciplinary rheumatic and musculoskeletal care services at one location (even if travel is required)

Access to care provision locally (in my local town or village)

48. Do you have any issues getting your medicine(s)? e.g delivery *

☐ Yes

☐ No

49. Please describe any issues that you have getting your medicine(s)

50. Do you have access to any of the following? Please select all that apply. *

- ☐ A land line
- ☐ A mobile phone
- ☐ Internet access at home
- ☐ Internet access in public building such as library
- ☐ I do not have access to any of the above

51. With regards to virtual (video) and telephone appointments, please indicate your response to the following statements: *

	Always	Sometimes	Neutral	Not often	Never
My mobile phone reception is good enough to be able to have a telephone appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Internet connection/broadband speed is good enough to be able to have a virtual (video) appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my condition can be well managed via phone appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my condition can be well managed via video appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I save time by having a video or telephone appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my condition can be well managed by an in person appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like a mixture of virtual (video), phone or in person appointments depending on my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I require assistance or support to access virtual(video) appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. With regards to services please state how much you agree or disagree with the following statements in relation to your rheumatic and musculoskeletal condition? *

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Seeing the same staff for my care means I have consistency in my treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer access to less frequent but more locally available services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer access to more frequent services even if they were further away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequently changing staff gives me less confidence in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequently changing staff gives a fresh perspective to my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. If you have any other comments about your rheumatic and musculoskeletal services, please detail these below.

Goals and priorities for your rheumatic and musculoskeletal care

54. Apart from your Rheumatology team (including: consultant, rheumatology nurse, occupational health and physiotherapy) what other services are a priority for your rheumatic and musculoskeletal care?

Please place the following statements in order of importance, where 1 is most important and 5 is least important. In order to answer this question you need to make at least one change in the order of priorities (using up and down arrows to change priority), even if you change it back again before submitting the question. *

Mental Health services

Complimentary services e.g osteopathy

Chronic pain services

Sexual health services e.g family planning

Sports and exercise medicine services

55. How important is it to you that your care enables you to: *

	Very Important	Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Not applicable to me
Stay in work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go back to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better manage pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better manage fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remain physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be able to socialise with friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be able to look after children/grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remain engaged in hobbies and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoy physical relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for an older relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Do the services you currently access for your rheumatic and musculoskeletal condition enable you to meet your own priorities? *

☐ Yes

☐ No

57. Please tell us why the services you currently access do / do not help meet your priorities?

58. If there is anything else you'd like to tell us about your care priorities please tell us below.

The impact of COVID-19 on your rheumatic and musculoskeletal care

59. With regards to the impact of COVID -19 on care for your condition please state how much you agree with the following statements. *

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
COVID-19 has changed my priorities for care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID -19 has changed the way I have received care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been positive changes to my care due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been negative changes to my care due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel COVID-19 has changed the priorities of those who provide my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Please give details of any changes to your care provision that came into place due to COVID 19 that you would like to continue after the pandemic?

Access to Research

The following section is asking about your views on research in general and not this specific project.

61. Have you ever had the opportunity to take part in any research related to your rheumatic and musculoskeletal condition in the past? *

☐ Yes

☐ No

62. Please tell us any reasons for not previously taking part in research. Please select all that apply *

☐ Geographical location

☐ Time commitment

☐ Difficulty attending study appointments

☐ No interest in research

☐ I lived too far away to be recruited

☐ My health board / trust wasn't involved in the study

☐ I didn't meet the inclusion criteria for the study

☐ I only wanted to take part in some aspects of the study

☐ I didn't get paid for taking part

☐ The study was too confusing

☐ My friends and family discouraged me from taking part

☐ Someone on my health care team discouraged me from taking part

☐ Not previously seen or heard of any opportunities

☐ Other (please detail below)

63. Please tell us any other reasons for not previously taking part in research.

64. Would you consider taking part in other research in the future? *

- ☐ Yes
- ☐ No
- ☐ Unsure

65. If you were to take part in other research would you be: *

	Yes	No
Willing to travel to take part in the research (travel expenses reimbursed)	<input type="radio"/>	<input type="radio"/>
Willing to take part in research by telephone or video call if appropriate	<input type="radio"/>	<input type="radio"/>
Willing to become involved in the design of the research as a Patient Partner	<input type="radio"/>	<input type="radio"/>

66. How would you like to be informed/find out more about research opportunities in the future?

Please mark all that apply *

- ☐ As part of my usual healthcare appointments
- ☐ Social media
- ☐ Charity e.g Versus Arthritis
- ☐ Support groups
- ☐ Prefer to find out information on my own
- ☐ University web sites
- ☐ Other (please detail below)

67. Please detail any other ways you like to be informed/find out more about research opportunities in the future?

68. Is there anything else that you would like to comment on that we have not covered in the survey?

Finally before you go

We may wish to contact you and invite you to take part in more study activities such as workshops or sharing our findings. At the moment, you are only asked to provide consent for us to contact you again. If you agree, we will send you further details at a later date. You will be free to decide if you wish to take part or not. You are free to change your mind and withdraw your consent at any time.

69. Please indicate whether you consent or not to us contacting you by ticking the relevant box below *

- ☐ I do not give consent to be contacted again
- ☐ I give consent to receive further information about this research study
- ☐ I give consent to receive further information about this, and other research studies

Please provide contact details

Please note that this information below will be separated from the rest of the survey to ensure your answers remain anonymous. Thank you again for your help.

You can also click on the link below to see details of our Privacy Policy, this notice explains how the University of Aberdeen handles your personal information.

<https://tinyurl.com/4rbmmc83> (<https://tinyurl.com/4rbmmc83>).

70. Full name *

71. Postal Address (optional)

72. Email *

73. Telephone Number (optional)

Thank you for completing the survey

If you have any questions about this survey you can contact Dr Kevin Stelfox by email: rheumap@abdn.ac.uk (mailto:rheumap@abdn.ac.uk), or the Chief Investigator Dr Rosemary Hollick on rhollick@abdn.ac.uk (mailto:rhollick@abdn.ac.uk) , or you can visit our study website:

<https://www.abdn.ac.uk/iahs/research/epidemiology/mapping-rmd-study-1688.php>
(<https://www.abdn.ac.uk/iahs/research/epidemiology/mapping-rmd-study-1688.php>).

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