

## Appendix

The *Symptom Checklist 90, revised version* (SCL-90-R) (49) comprises 90 items covering the subjectively experienced impairment of a person through mental and physical symptoms within a 7-day period. The test contains the following 9 scales: somatization, compulsion, insecurity in social contact, depression, anxiety, aggression, phobic anxiety, paranoid thinking, and psychoticism. 3 global characteristics provide information on the overall mental burden, the intensity of responses, and the number of symptoms representing a mental burden. T-values between 60 and 70 indicate a clinically registered mental burden, and T-values between 70 and 80 a high to very high burden.

The *State of Health Questionnaire* (SF-36) (50) is an illness-related test method for recording the health-related quality of life. It comprises 36 items and covers the following 8 dimensions of physical and mental health: physical functioning, physical role function, physical pain, general perception of health, vitality, social functioning, emotional role function, and mental wellbeing. 20 items relate to a 4-week period, and 16 to long-term assessments of physical wellbeing. With respect to the subscales, percentage ranks are calculated: The higher the percentage rank, the better the respectively perceived quality of life.

The *Hospital Anxiety and Depression Scale – German Version* (HADS-D) (51) is a questionnaire for the recording of anxiety and depression in somatic medicine. Therefore, it was included in the procedures in addition to the SCL-90-R. The test comprises 14 items assigned in equal proportions to an anxiety scale and a depression scale. Registration covers the last 7 days. Evaluation within the framework of the intervention was based on the following cutoff values: values  $\leq 7$  were classified as within the normal range, values from 8 to 10 as limiting values, and values  $\geq 11$  as pathologic.

The *Questionnaire for Registration of Control Convictions Relating to Illness and Health* (KKG) (52) comprises 21 items assigned in equal proportions to 3 scales: internality (conviction that health and/or illness can be controlled by the person affected), social externality (conviction that they can be controlled by other persons, primarily by doctors), and fatalistic externality (conviction that they cannot be controlled or are dependent on chance or fate). The test instruction focuses attention on the symptoms of SLE. Percentage ranks are calculated: The higher the corresponding percentage rank, the stronger the respective control conviction. Percentage ranks  $\leq 2$  are classified as far below average, from 3 to 30 as below average, from 31 to 84 as average, from 85 to 97 as above average, and  $\geq 98$  as far above average.

The *Freiburg Questionnaire on Coping with Illness* (FKV) (53) was used in the abbreviated form/ self-rating (FKV-LIS-SE). Various kinds of coping at cognitive,

emotional and behavioral level are registered. The questionnaire comprises 35 items and the following 5 scales: depressive coping, active problem-oriented coping, distraction and self-encouragement, religiousness and search for meaning, playing down and wishful thinking. The test instruction focused the attention of the patients on their SLE. The raw value of the items assigned to the respective scale were added and divided by the number of items (calculation of mean value). The higher the respective mean value, the stronger the corresponding coping modality (minimum:1, maximum:5).

The *Self-Acceptance Registration Scale* (SESA) (54) comprises 29 items and registers the degree of self-acceptance by a person. The concept is based on an assumed correlation between low self-acceptance and depressive mood. The raw values of all items are added to form a total value. Values between 95 and 80 (-1 SD) indicate the need for a differentiated examination with respect to depression, values < 80 (-2 SD) indicate the likelihood of a depressive disorder due to low self-acceptance.

The *Everyday Life Questionnaire* (FAL) (55) was used in abbreviated form: subscales 'everyday life' (9 items, value range: 9 to 45), 'social life' (9 items, value range: 9 to 45) and 'medical care' (3 items, value range: 3 to 15). It was included into the test procedures to enable a global assessment of every-day life quality. The registration period is the last 7 days. For evaluation purposes, the raw values of all items are added together; however, the sum totals of the respective scales can also be determined individually. In general, the higher the point score, the better the result. The total value is between 21 (minimum) and 105 (maximum) points. Cutoff values were not specified by the authors.

The ECLAM (57) is an instrument for assessing ongoing disease activity. It comprises 20 clinical manifestations of illness (areas: general symptoms, joint problems, skin-mucosal involvement, myositis, pericarditis, intestinal involvement, pulmonary involvement, and CNS involvement) as well as 11 laboratory values (areas: renal involvement, hematological involvement, BSG and complement suppression). Calculated values can range from 0 (no activity) to 10 (maximum activity).

The SLICC/ ACR (58) serves to assess the severity of chronic illness-induced changes caused by SLE, by side effects of medication or by concomitant diseases, e.g. cancer. The rating comprises 10 categories: eye, CNS, kidney, lung, heart, vascular system, gastrointestinal region, locomotor system, skin, and miscellaneous. Calculated values can range from 0 (no damage) to 46 (maximum damage).