

# STPR - Strategies in the Treatment of Patients with RA

## FLARE Questionnaire: FLare Assessment in RhEumatoid arthritis

### Information prior to answer the questionnaire:

This questionnaire has been designed to be completed either by the patient him/herself or by the physician asking the questions in the course of a consultation.

**In the last three months (or at some time since the last consultation), please indicate how true the statements below are for you personally**

1 – You noticed the appearance or worsening of morning stiffness in joints over several consecutive days

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

2 – You noticed the appearance or worsening of pain in one or several joints over several consecutive days

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

3 – You noticed the appearance or worsening of swelling in one or several joints over several consecutive days

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

4 – You noticed the worsening of your sleep because of arthritic pain over several consecutive nights

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

5 – You noticed a marked worsening in your arthritis lasting several consecutive days

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

6 – You increased your doses of pain killers or anti-inflammatory medication over several consecutive days (If you are not taking any pain killer, select 'Completely untrue')

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

7 – You increased your daily dose of prednisone for several consecutive days (If you are not taking prednisone, select 'Completely untrue')

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

8 – You felt particularly tired for several consecutive days because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

# STPR - Strategies in the Treatment of Patients with RA

---

9 – You were so restricted that you have decreased your daily activity over several consecutive days because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

10 – You felt more irritable than usual over several consecutive days because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

11 – You felt depressed over several consecutive days because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

12 – You felt you wanted to withdraw and be alone over several consecutive days, because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

13 – You felt an increased need for help over several consecutive days, because of your rheumatic disorder

Completely untrue	0	1	2	3	4	5	6	7	8	9	10	Absolutely true
-------------------	---	---	---	---	---	---	---	---	---	---	----	-----------------

# STPR - Strategies in the Treatment of Patients with RA

---

## Anchor question

In the last three months (or at some time since the last consultation),

1	Do you think your RA has a flare?	<input type="checkbox"/> No <input type="checkbox"/> Yes, once <input type="checkbox"/> Yes, several times
---	-----------------------------------	--