

Appendix 1

I. Sociodemographic information:

1. Age (in years):
2. Sex:
 - Male
 - Female
3. Years of experience in rheumatology:
4. Workplace:
 - Resident in rheumatology in the university hospital sector.
 - Rheumatologist in the public sector.
 - Rheumatologist in the private sector.
 - Rheumatologist in the university hospital sector.

II. Attitudes of Moroccan rheumatologists towards the non-pharmacological management of rheumatoid arthritis:

1. I am aware of the importance of integrating the various components of non-pharmacological management of rheumatoid arthritis.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Neutral
2. I believe that patients with rheumatoid arthritis are not aware of the importance of integrating the various components of non-pharmacological management.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Neutral
3. I believe that patients with rheumatoid arthritis do not adhere sufficiently to the non-pharmacological management of their disease.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Neutral
4. I think that recommendations for non-pharmacological management of rheumatoid arthritis should be developed to fit our Moroccan context.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Neutral

III. Practices of Moroccan rheumatologists in the non-pharmacological management of rheumatoid arthritis:

1. I integrate non-pharmacological interventions in the management of patients with rheumatoid arthritis.
 - Always
 - Frequently
 - Sometimes
 - Rarely
 - Never

2. I choose non-pharmacological interventions in a personalized manner according to:

- Patient's needs:
 - Always
 - Frequently
 - Sometimes
 - Rarely
 - Never
- Patient's capabilities:
 - Always
 - Frequently
 - Sometimes
 - Rarely
 - Never

3. I propose an adapted and personalized non-pharmacological management:

- From the diagnosis of rheumatoid arthritis in the patient:
 - Always
 - Frequently
 - Sometimes
 - Rarely
 - Never
- At any stage of the disease:
 - Always
 - Frequently
 - Sometimes
 - Rarely
 - Never

4. I integrate various non-pharmacological interventions through shared decision-making with my patient.

- Always
- Frequently
- Sometimes
- Rarely
- Never

5. How frequently do you recommend adapted physical activity for the management of rheumatoid arthritis?

- Always
- Frequently
- Sometimes
- Rarely
- Never

6. How frequently do you provide evidence-based dietary advice to your patients with rheumatoid arthritis?

- Always
- Frequently
- Sometimes
- Rarely
- Never

7. How frequently do you educate your patients on the importance of good oral hygiene in managing rheumatoid arthritis?

- Always
- Frequently
- Sometimes

- Rarely
 Never
8. How frequently do you educate your patients on the importance of restful sleep in managing rheumatoid arthritis?
 Always
 Frequently
 Sometimes
 Rarely
 Never
9. How frequently do you educate your patients on the importance of managing stress in the context of rheumatoid arthritis?
 Always
 Frequently
 Sometimes
 Rarely
 Never
10. How frequently do you educate your patients on smoking cessation as part of managing rheumatoid arthritis?
 Always
 Frequently
 Sometimes
 Rarely
 Never
11. How frequently do you assess the mental health of your patients and refer them for appropriate intervention if necessary?
 Always
 Frequently
 Sometimes
 Rarely
 Never
12. How frequently do you provide ergonomic advice tailored to the needs of your patients with rheumatoid arthritis?
 Always
 Frequently
 Sometimes
 Rarely
 Never
- VI. Perceived barriers to integrating non-pharmacological interventions into the management of patients with rheumatoid arthritis**
I believe the factor(s) that would constitute a barrier(s) to integrating non-pharmacological management of rheumatoid arthritis in my current practice is (are):
1. Lack of knowledge about non-pharmacological treatment for rheumatoid arthritis:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
2. Lack of suitable training about non-pharmacological management of patients with rheumatoid arthritis:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
3. Difficulties with time management during consultation:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
4. Neglect by rheumatologists:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
5. Challenges in organizing multidisciplinary care:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
6. Lack of multidisciplinary team members:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
7. Difficulties in communicating with patients due to their educational level:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
8. Economic constraints:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral
9. Lack of specialized infrastructure:
 Strongly agree
 Agree
 Disagree
 Strongly disagree
 Neutral