Supplementary material

STUDY QUESTIONNAIRE

Section 1. General patient information

1. Age (years):
2. Sex:*
   ☐ Male
   ☐ Female
3. Educational level:*
   ☐ Illiterate
   ☐ Primary
   ☐ Secondary
   ☐ University
4. Place of residence:*
   ☐ Urban
   ☐ Rural

Section 2. Rheumatoid arthritis–related information

5. Disease duration (years):*
6. Time between symptom onset and first consultation with a rheumatologist:*
7. Which medications are you currently taking for rheumatoid arthritis?*

(Yes / No for each option)

Medication	Yes	No
Non-steroidal anti-inflammatory drugs (NSAIDs)		
Corticosteroids		
Methotrexate		
Leflunomide		
Sulfasalazine		
Biologic therapy		

- If biologic therapy, please specify:
  ☐ Anti-TNF-α
  ☐ Anti–IL-6
  ☐ Anti-CD20

Section 3. Methotrexate use

8. Time between methotrexate prescription and treatment initiation:*
9. Duration of methotrexate use:*
10. Form of methotrexate administration:*

☐ Oral form
☐ Pre-filled injection
☐ Injection requiring preparation

11. If injectable, who administers the injection?

☐ The patient

☐ A family member or acquaintance

☐ A nurse at a healthcare facility

☐ A Red Crescent staff member

☐ A pharmacy assistant

12. Do you take folic acid supplementation?*

☐ Yes

☐ No

13. What are your sources of information about rheumatoid arthritis and its treatment?*

(Yes / No for each option; multiple answers possible)

Source of information	**Yes**	**No**
Rheumatologist or general practitioner		
Internet		
Television		

Section 4. Fears related to methotrexate

14. Please indicate your level of agreement with the following statements:*

Likert scale:

1 = Strongly disagree

2 = Disagree

3 = Neutral / No opinion

4 = Agree

5 = Strongly agree

☐ I'm afraid that MTX is chemotherapy.

☐ I'm afraid of self-injections

☐ I'm afraid of missing an injection of MTX, which would cause a flare-up of my disease.

☐ I'm afraid MTX will cause liver complications.

☐ I'm afraid MTX will cause digestive complications.

☐ I'm afraid MTX will accelerate the aging of my skin.

☐ I'm afraid MTX will cause hair loss.

☐ I'm afraid MTX will cause a skin allergy.

☐ I'm afraid MTX will affect my fertility.

☐ I'm afraid MTX will cause a loss of self-image.

☐ I'm afraid MTX won't be efficient for my disease.

☐ I'm afraid MTX will cause handicaps.

Section 5. Beliefs about medicines (BMQ-Specific)
15. (Original version applied to methotrexate – used without modification)

Response scale:
1 = Strongly disagree
2 = Disagree
3 = Neutral / No opinion
4 = Agree
5 = Strongly agree

BMQ-Necessity
☐ My health, at present, depends on methotrexate.
☐ My life would be impossible without methotrexate.
☐ Without methotrexate, I would be very ill.
☐ My health in the future will depend on methotrexate.
☐ Methotrexate protects me from becoming worse.

BMQ-Concerns
☐ Having to take methotrexate worries me.
☐ I sometimes worry about the long-term effects of methotrexate.
☐ Methotrexate is a mystery to me.
☐ Methotrexate disrupts my life.
☐ I sometimes worry about becoming too dependent on methotrexate.