17832

Study ID ☐☐ – ☐☐☐☐ Todays Date ☐☐ / ☐☐ / ☐☐
dd/mm/yyyy

The ASRAP (Assessment of Scleroderma-associated RAynaud's Phenomenon) questionnaire

The following questions relate to your experience of Raynaud's symptoms over the last 7 days. When considering your Raynaud's symptoms, we want you to think about the effects of reduced blood flow (reduced circulation) in your fingers. This might include symptoms that are present most of the time, as well as "attacks" of worsening symptoms in response to cold exposure or stress that many people experience.

Please **try to avoid** considering symptoms being caused by sores (finger ulcers), skin tightening and/or calcinosis (calcium deposits in the skin) that may also affect your fingers, when choosing your response.

For each question, please indicate your response by placing an 'x' in the box/selecting the box that best describes your experiences relating to your Raynaud's symptoms **over the last 7 days**. Raynaud's symptoms can change from day to day and during the day. You may feel unsure about how to answer a question, but please give the best answer you can.

THE FOLLOWING QUESTIONS ASK ABOUT THE PHYSICAL SYMPTOMS OF RAYNAUD'S

In the PAST 7 DAYS ...	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much / a lot**
1. Raynaud's symptoms have caused pain in my fingers	☐	☐	☐	☐	☐
2. Raynaud's symptoms have caused numbness in my fingers	☐	☐	☐	☐	☐
3. Raynaud's symptoms have caused tingling in my fingers	☐	☐	☐	☐	☐
4. Raynaud's symptoms have made my fingers tender / hypersensitive to touch	☐	☐	☐	☐	☐
5. Raynaud's symptoms have caused a burning sensation in my fingers	☐	☐	☐	☐	☐
6. Raynaud's symptoms have made my fingers feel cold	☐	☐	☐	☐	☐
7. Raynaud's symptoms have made my fingers change one or more colours (white/blue/ red/purple etc.)	☐	☐	☐	☐	☐
8. Raynaud's symptoms have made it difficult to use my fingers	☐	☐	☐	☐	☐

NOW CONSIDER THE FREQUENCY AND DURATION OF YOUR RAYNAUD'S ATTACKS:

In the PAST 7 DAYS					
9. On average, how often have you experienced attacks of Raynaud's symptoms?	None ☐	1-2 times per day ☐	3-4 times per day ☐	5-10 times per day ☐	over 11 times per day ☐
10. On average, how much total time per day have you experienced attacks of Raynaud's symptoms?	None ☐	Less than 15 minutes per day ☐	15 minutes to an hour per day ☐	1-2 hours per day ☐	over 2 hours per day ☐
11. On average, how long has a typical attack of Raynaud's lasted?	None ☐	Less than 5 minutes ☐	5-10 minutes ☐	11-25 minutes ☐	over 25 minutes ☐

17832

THE FOLLOWING QUESTIONS ASK ABOUT THE EMOTIONAL IMPACT OF YOUR RAYNAUD'S SYMPTOMS

In the PAST 7 DAYS ....

	Not at all	A little bit	Somewhat	Quite a bit	Very much / a lot
12. Raynaud's symptoms have made me tearful	☐	☐	☐	☐	☐
13. Raynaud's symptoms have made me worry about my ability to do things	☐	☐	☐	☐	☐
14. Raynaud's symptoms have made me frustrated	☐	☐	☐	☐	☐
15. Raynaud's symptoms have made me irritable	☐	☐	☐	☐	☐
16. Raynaud's symptoms have caused feelings of despair / loss of hope	☐	☐	☐	☐	☐
17. Raynaud's symptoms have made me embarrassed	☐	☐	☐	☐	☐
18. Raynaud's symptoms have made me sad/depressed	☐	☐	☐	☐	☐
19. Being unable to do normal things because of Raynaud's symptoms has bothered me	☐	☐	☐	☐	☐
20. Raynaud's symptoms have beaten me/got the better of me	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS ASK ABOUT THE IMPACT OF YOUR RAYNAUD'S SYMPTOMS ON DAILY LIFE

In the PAST 7 DAYS ....

	Not at all	A little bit	Somewhat	Quite a bit	Very much / a lot
21.Raynaud's symptoms have made it difficult when I have been shopping	☐	☐	☐	☐	☐
22. Raynaud's symptoms have made it difficult to do work around the house	☐	☐	☐	☐	☐
23. Raynaud's symptoms have made social events / doing exercise difficult	☐	☐	☐	☐	☐
24. Raynaud's symptoms have made it difficult to do my job (paid or unpaid)	☐	☐	☐	☐	☐
25. Raynaud's symptoms have had an effect on my home / family life	☐	☐	☐	☐	☐
26. Raynaud's symptoms have had an effect on my personal / private life	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS ASK ABOUT THE IMPACT OF COLD AND OTHER RELEVANT FACTORS ON YOUR RAYNAUD'S SYMPTOMS

In the PAST 7 DAYS ...

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
27. I have been able to reduce (control) the intensity of my Raynaud's symptoms?	☐	☐	☐	☐	☐

In the PAST 7 DAYS ....

	Never	Rarely	Sometimes	Often	Always	This activity not undertaken
28. Being inside a grocery store / super-market has caused Raynaud's symptoms	☐	☐	☐	☐	☐	☐
29. Household activities e.g. taking things out of the refrigerator/washing vegetables has triggered Raynaud's symptoms	☐	☐	☐	☐	☐	☐
30. Being in air-conditioned rooms has triggered Raynaud's symptoms	☐	☐	☐	☐	☐	☐
31. Stressful situations have triggered Raynaud's symptoms	☐	☐	☐	☐	☐	☐
32. Being outdoors without gloves has triggered Raynaud's symptoms	☐	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS ASK ABOUT APPROACHES YOU HAVE TAKEN TO MANAGE YOUR RAYNAUD'S SYMPTOMS

In the PAST 7 DAYS ....

	Never	Rarely	Somewhat	Often	Always
33. I have used gloves / extra clothing to control Raynaud's symptoms	☐	☐	☐	☐	☐
34. I have used techniques (e.g. hand warmers/putting hands in warm water/sitting on hands) to control/ manage Raynaud's symptoms'	☐	☐	☐	☐	☐
35. I have avoided doing things (e.g. going outside / doing things I enjoy) to avoid making my Raynaud's symptoms worse	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS RELATE TO ADAPTATIONS YOU MAY HAVE MADE TO HELP YOU MANAGE YOUR RAYNAUD'S SYMPTOMS

In the PAST 7 DAYS ....

	Never	Rarely	Somewhat	Often	Always
36. Raynaud's symptoms have made me have to do things differently	☐	☐	☐	☐	☐
37. Raynaud's symptoms have made me need to seek help from others	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS RELATE TO UNCERTAINTY CAUSED BY YOUR RAYNAUD'S SYMPTOMS

In the PAST 7 DAYS ....

	Not at all	A little bit	Somewhat	Quite a bit	Very much / a lot
38. Raynaud's symptoms have caused me to worry about my future health	☐	☐	☐	☐	☐
39. A change in my normal routine has caused me to worry about possible worsening of my Raynaud's symptoms	☐	☐	☐	☐	☐