

## The Patient Roles and Responsibilities Scale (PRRS)

Below is a list of statements that other people with your illness have said are important.

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

Please try to answer all of the items.

Where the word 'family' is used, please consider this to also include your partner and/or children if applicable.

| <b>Responsibilities and Social Life</b> |   | <b>Not at all</b> | <b>A little bit</b> | <b>Some-what</b> | <b>Quite a bit</b> | <b>Very much</b> |
|---|---|-------------------|---------------------|------------------|--------------------|------------------|
| PL1                                     | My illness interferes with performing my responsibilities at home (e.g. cooking, cleaning, gardening, DIY)                | 0                 | 1                   | 2                | 3                  | 4                |
| PL3                                     | I am less able to fulfil my caregiving responsibilities (e.g. looking after children, grandchildren, another adult, pets) | 0                 | 1                   | 2                | 3                  | 4                |
| PL4                                     | I have less patience for my caregiving responsibilities (e.g. looking after children, grandchildren, another adult, pets) | 0                 | 1                   | 2                | 3                  | 4                |
| PL5                                     | I feel sad that my illness forces me to miss out on doing things with my children and/or other family members             | 0                 | 1                   | 2                | 3                  | 4                |
| PL13                                    | I socialise less because of my illness  | 0                 | 1                   | 2                | 3                  | 4                |

| <b>Family Wellbeing</b> |  | <b>Not at all</b> | <b>A little bit</b> | <b>Some-what</b> | <b>Quite a bit</b> | <b>Very much</b> |
|-------------------------|--|-------------------|---------------------|------------------|--------------------|------------------|
| PL6                     | I worry about the impact of my illness on my partner (or the person who is my main support)  | 0                 | 1                   | 2                | 3                  | 4                |
| PL7                     | I worry about the impact of my illness on my children and/or other family members  | 0                 | 1                   | 2                | 3                  | 4                |
| PL8                     | I worry about the impact of my illness on people that I normally provide support to (e.g. friends, neighbours, parents and/or grandchildren) | 0                 | 1                   | 2                | 3                  | 4                |
| PL9                     | The way I see myself within the family has changed because of my illness   | 0                 | 1                   | 2                | 3                  | 4                |
| PL11                    | I worry how my family will cope in the future  | 0                 | 1                   | 2                | 3                  | 4                |

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

| <b>Financial Wellbeing</b> |  | <b>Not at all</b> | <b>A little bit</b> | <b>Some-what</b> | <b>Quite a bit</b> | <b>Very much</b> |
|----------------------------|--|-------------------|---------------------|------------------|--------------------|------------------|
| FT11                       | I feel in control of my financial situation  | 0                 | 1                   | 2                | 3                  | 4                |
| FT3                        | I worry about the financial problems I will have in the future as a result of my illness or treatment  | 0                 | 1                   | 2                | 3                  | 4                |
| PF4                        | My family and/or friends have to help me financially   | 0                 | 1                   | 2                | 3                  | 4                |
| PF3                        | My family gives up things because of the financial impact of my illness  | 0                 | 1                   | 2                | 3                  | 4                |
| PF5                        | The additional costs of my illness are more than I thought they would be (e.g. travel and parking, heating, healthy eating, supplements, non-prescription medication, paying for help at home) | 0                 | 1                   | 2                | 3                  | 4                |
| PF6                        | I have difficulty meeting the additional costs of my illness   | 0                 | 1                   | 2                | 3                  | 4                |

**PLEASE ONLY ANSWER THE QUESTIONS BELOW IF YOU ARE IN PAID EMPLOYMENT (including long-term sick leave) OR SELF-EMPLOYED**

| <b>Jobs and Career</b> |   | <b>Not at all</b> | <b>A little bit</b> | <b>Some-what</b> | <b>Quite a bit</b> | <b>Very much</b> |   |
|------------------------|---|-------------------|---------------------|------------------|--------------------|------------------|---|
| PE2                    | I have reduced my working hours because of my illness                       | 0                 | 1                   | 2                | 3                  | 4                |   |
| PE3                    | I am able to work flexibly around my treatment and appointments             | 0                 | 1                   | 2                | 3                  | 4                |   |
| PE4                    | I am able to do my job as well as before my illness                         | 0                 | 1                   | 2                | 3                  | 4                |   |
| PE5                    | I worry that my illness will impact my employment in the future             | 0                 | 1                   | 2                | 3                  | 4                |   |
| FT9                    | I am concerned about keeping my job and income, including paid work at home | 0                 | 1                   | 2                | 3                  | 4                |   |
| PE6                    | I feel that my illness has limited my career opportunities                  | 0                 | 1                   | 2                | 3                  | 4                |   |
| PE7                    | I feel supported at my place of work  | N/A               | 0                   | 1                | 2                  | 3                | 4 |