

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.

Responsibilities and Social Life		Not at all	A little bit	Some-what	Quite a bit	Very much
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

Family Wellbeing		Not at all	A little bit	Some-what	Quite a bit	Very much
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.

Financial Wellbeing		Not at all	A little bit	Some-what	Quite a bit	Very much
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

Jobs and Careers						
PE1	I have stopped paid employment altogether because of my illness		Yes	No	N/A	
PE8	I intend to return to paid employment		Yes	No	N/A	
PLEASE <u>ONLY</u> ANSWER THE QUESTIONS BELOW IF YOU ARE <u>CURRENTLY EMPLOYED</u>						
		Not at all	A little bit	Some-what	Quite a bit	Very much
PE2	I have reduced my working hours because of my illness	0	1	2	3	4
PE3	My working hours are flexible to accommodate my treatment and appointments	0	1	2	3	4
PE4	I feel I am able to do my job as well as I would like	0	1	2	3	4
PE5	I worry that my illness will impact my employment in the future (including return to work)	0	1	2	3	4
FT9	I am concerned about keeping my job and income	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 by my employer	0	1	2	3	4