

## Supplementary Tables

**Supplementary Table 1.** Center information

Center	Province	City	Number of patients	Number of physicians
Beijing Union Medical College Hospital	Beijing	Beijing	180	16
The First Hospital of China Medical University	Liaoning	Shengyang	119	15
The Affiliated Hospital of Inner Mongolia Medical University	Inner Mongolia	Hohhot	114	11
Xinjiang Uygur Autonomous Region People's Hospital	Xinjiang	Urumchi	114	10
The First Affiliated Hospital of Zhengzhou University	Henan	Zhengzhou	113	14
The First Affiliated Hospital of Henan Science and Technology University	Henan	Luoyang	111	10
The First Affiliated Hospital of Army Medical University	Chongqing	Chongqing	111	7
West China Hospital of Sichuan University	Sichuan	Chengdu	96	12
The First Affiliated Hospital of Kunming Medical University	Yunnan	Kunming	93	9

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The First Bethune Hospital of Jilin University	Jilin	Changchun	76	10
Xijing Hospital of the Fourth Military Medical University	Shaanxi	Xi'an	55	10
The Second Affiliated Hospital of Nanchang University	Jiangxi	Nanchang	55	4
Nanjing Drum Tower Hospital of Nanjing University Medical School	Jiangsu	Nanjing	0	2
Zhangye Rheumatism and Cervical and Lumbar Diseases Hospital	Gansu	Zhangye	0	2
Tianjing Medical University General Hospital	Tianjin	Tianjin	0	1
Zaozhuang Municipal Hospital	Shandong	Zaozhuang	0	1
Yiling Hospital of Hebei Medical University	Hebei	Shijiazhuang	0	1
Jiaozuo People's Hospital	Henan	Jiaozuo	0	1
Guangzhou Women and Children's Medical Center	Guangdong	Guangzhou	0	1
The Third People's Hospital of Bengbu	Anhui	Bengbu	0	1
Nanfang Hospital of Southern Medical University	Guangdong	Guangzhou	0	1
Hebei General Hospital	Hebei	Shijiazhuang	0	1

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The Third Hospital of Hebei Medical University	Hebei	Shijiazhuang	0	1
The Second Affiliated Hospital of Baotou Medical College	Inner Mongolia	Baotou	0	1
Hunan People's Hospital	Hunan	Changsha	0	1
Yuci People's Hospital	Shanxi	Jinzhong	0	1
Minda Hospital of Hubei Minzu University	Hubei	Enshi	0	1
Ordos Central Hospital	Inner Mongolia	Ordos	0	1

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**Supplementary Table 2.** Characteristics of the physicians

Characteristics	N=146
Working years, <i>n</i> (%)	
<2	9 (6.2%)
2–5	31 (21.2%)
6–10	48 (32.9%)
>10	58 (39.7%)
Number of outpatient visits per day, <i>n</i> (%)	
<10	21 (14.4%)
10–20	68 (46.6%)
21–50	32 (21.9%)
>50	25 (17.1%)
Consultation time of each patient (min), <i>n</i> (%)	
<5	17 (11.6%)
5–10	87 (59.6%)
11–20	38 (26.0%)
>20	4 (2.7%)
Proportion of shared decision-making (%), <i>n</i> (%)	
<10	8 (5.5%)
10–30	45 (30.8%)
31–50	43 (29.5%)
>50	50 (34.2%)

**Supplementary Table 3.** Item scores of TSQM-II for biological disease-modifying antirheumatic drugs in patients and physicians

Items	Patients, median (range)	Physicians, median (range)	<i>P</i>
Q1	0.83 (0–1)	0.83 (0.33–1)	0.408
Q2	0.83 (0–1)	0.83 (0.33–1)	0.292
Q3	1 (0–1)	0.75 (0.25–1)	<0.001
Q4	1 (0–1)	1 (0–1)	<0.001
Q5	1 (0.25–1)	0.75 (0–1)	<0.001
Q6	0.67 (0–1)	0.67 (0–1)	0.141
Q7	0.67 (0–1)	0.67 (0–1)	<0.001
Q8	0.75 (0–1)	0.75 (0.25–1)	0.002
Q9	0.83 (0–1)	0.83 (0.17–1)	0.756
Q10	0.83 (0–1)	0.83 (0.17–1)	0.985
Area of the radar chart (Q1–Q9)	1.93	1.72	

Q, question; TSQM-II, the Treatment Satisfaction Questionnaire for Medication, version II

**Supplementary Table 4.** Item scores of TSQM-II for bDMARDs and csDMARDs in physicians

Items	bDMARDs, median (range)	csDMARDs, median (range)	<i>P</i>
Q1	0.83 (0.33–1)	0.67(0.33-1)	0.005
Q2	0.83 (0.33–1)	0.67(0.17-1)	<0.001
Q3	0.75 (0.25–1)	0.75(0.25-1)	<0.001
Q4	1 (0–1)	0.75(0.25-1)	0.034
Q5	0.75 (0–1)	0.75(0-1)	0.011
Q6	0.67 (0–1)	0.67(0.33-1)	1.000
Q7	0.67 (0–1)	0.67(0-1)	0.969
Q8	0.75 (0.25–1)	0.75(0.25-1)	0.705
Q9	0.83 (0.17–1)	0.67(0.17-1)	0.005
Q10	0.83 (0.17–1)	0.67(0.17-1)	0.001
Area of the radar chart (Q1–Q9)	1.72	1.45	

bDMARDs, biological disease-modifying antirheumatic drugs; csDMARDs, conventional synthetic disease-modifying antirheumatic drugs; Q, question; TSQM-II, the Treatment Satisfaction Questionnaire for Medication, version II.

## APPENDIX

### Appendix 1. Rheumatoid Arthritis Questionnaire for Patients-English version

#### Rheumatoid Arthritis Questionnaire for Patients

Dear patient: Thank you for spending time answering this questionnaire.

The survey is sponsored by Beijing Medical Award Foundation, academically supported by Chinese Rheumatology Center Alliance, and launched through the Chinese rheumatology information platform. The aim of the survey is to understand the needs, satisfaction and associated factors of diagnosis and treatment in both physicians and patients, to provide a theoretical basis for subsequent standardization of diagnosis and treatment behavior of rheumatoid arthritis (RA), promotion of treat-to-target, and improvement of adherence and treatment satisfaction in patients.

It will take you about 10 minutes to complete the questionnaire. If you are willing to continue, please click to agree! The information you fill in will be kept strictly confidential, and the project sponsor will process and analyze the data for further improvement of medical quality. Thank you for your cooperation.

#### Personal Basic Information

**In this section, we want to know your personal information and help us analyze the characteristics of patients accurately.**

1. What is your age? \_\_\_\_ years old
  
2. What is your gender?
  - A. Male
  - B. Female
  
3. What is your occupation (If you are retired, please choose the work you did before retirement)?
  - A. Person in charge of party organizations, state organizations, mass organizations, social organizations, enterprises, and institutions
  - B. Professional (e.g., professional in scientific research, law and philosophy, athlete, actor/actress, advertising designer, etc.)
  - C. Clerk (e.g., administrative staff, fireman, policeman, etc.)
  - D. Service staff (e.g., shop assistant, chef, social intermediary service personnel, etc.)
  - E. Agricultural, forestry, animal husbandry, fisheries, and auxiliary personnel (e.g., gardener, lumberjack, livestock keeper, etc.)
  - F. Manufacturing and related personnel (e.g., metallurgical worker, foundry worker, etc.)
  - G. Soldier
  - H. Others

4. What is your education level?
- A. Junior high school or below
  - B. Senior high school
  - C. College
  - D. Master degree or above
5. How long have you been diagnosed with RA?
- A. 0-2 years
  - B. 2-5 years
  - C. 6-10 years
  - D. More than 10 years
6. How serious do you think your condition is?
- A. Severe
  - B. Moderate
  - C. Mild
  - D. Fully recovered, like a normal person
7. What medicine are you currently using to treat RA (multiple choices available)?
- A. Conventional synthetic disease-modifying anti-rheumatic drugs:
    - A1. Methotrexate
    - A2. Leflunomide
    - A3. Sulfasalazine
    - A4. Hydroxychloroquine
    - A5. Tripterygium
  - B. Glucocorticoids (e.g., prednisone, hydrocortisone, dexamethasone, etc.)
  - C. Biologics
    - C1. Remicade
    - C2. Humira
    - C3. Enbrel
    - C4. Yisaipu, Qiangke, Anbainuo
    - C5. Actemra
    - C6. Xeljanz
  - D. Other medicine, please specify \_\_\_\_\_
8. During previous RA outpatient visits, can you fully communicate with the rheumatologist to understand your condition and treatment plan?
- A. Full communication
  - B. Good communication, but a little hasty
  - C. Average communication level and can get the information
  - D. Less communication with physicians
  - E. Basically no communication
9. In the past clinic experiences of RA, how satisfied are you with the general diagnosis and



treatment service of the rheumatologist?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

Reasons: \_\_\_\_\_

10. What is your current monthly cost for treating RA as a proportion of household income?

- A. Less than 10%
- B. 10-30%
- C. 31-50%
- D. More than 50%

### **Patients' needs and expectations for the treatment target of RA**

**In this section, we want to know your specific needs for all aspects of your treatment target.**

11. If the physician recommends you an RA treatment plan, the following factors may affect whether you adopt the plan or not, please grade the factors according to the importance: 1 means the most unimportant - 9 means the most important (after grading, the system will sort your selection according to the score automatically, please review it again. If necessary, you can drag the options and adjust them again so that the final score is sorted according to your idea)

- A. It can relieve the symptoms and signs (e.g., joint swelling, joint pain, and morning joint stiffness can be improved)
- B. It can prevent the joint injury and deformation, and avoid the progression of the disease leading to disability
- C. It can improve the physical function, reduce fatigue, and enhance self-care ability, etc.
- D. It can help you return to society, participate in work and socialize
- E. Treatment cost
- F. It is easy to use medicine, the interval of hospital treatment is long, or you can use medicine yourself at home
- G. Medications with fewer side effects and better safety
- H. It can reduce other complications (e.g., cardiovascular disease and osteoporosis, etc.)
- I. Other factors, please specify \_\_\_\_\_



1-Most unimportant, 2-Extremely unimportant, 3-Very unimportant, 4-Somewhat unimportant, 5-Neutral, 6-Somewhat important, 7-Very important, 8-Extremely important, 9-Most important

12. RA is a chronic disease that requires long-term treatment. The following factors may affect your adherence to long-term treatment, please grade the factors according to the importance: 1 means the most unimportant - 9 means the most important (after grading, the system will

sort your selection according to the score automatically, please review it again. If necessary, you can drag the options and adjust them again so that the final score is sorted according to your idea)

- A. The effect is stable, and there is no need to go to hospitals frequently due to poor disease control
- B. It is convenient to use medicine, the interval of hospital treatment is long, or you can use medicine yourself at home
- C. Medications with fewer side effects and better safety
- D. Physician's medication guidance and regular follow-up
- E. Low treatment cost
- F. Other factors, please specify \_\_\_\_\_



1-Most unimportant, 2-Extremely unimportant, 3-Very unimportant, 4-Somewhat unimportant, 5-Neutral, 6-Somewhat important, 7-Very important, 8-Extremely important, 9-Most important

13. If there is a new treatment plan in the future that can meet the following treatment needs, please grade the needs according to your expectations: 1 means the least expected – 9 means the most expected (after grading, the system will sort your choice according to the score automatically, please review it again. If necessary, you can drag the options and adjust them so that the final score is sorted according to your idea.)

- A. More effective
- B. The effect is more durable and stable
- C. Reducing complications and controlling comorbidities
- D. Better safety
- E. New mechanism
- F. Less treatment cost
- G. It is convenient to use medicine, the interval of treatment is long, or you can use medicine yourself at home
- H. It is easy for you to adhere to treatment
- I. Other needs, please specify \_\_\_\_\_



1-Least expected, 2-Extremely not expected, 3-Less expected, 4-Somewhat not expected, 5-Neutral, 6-Somewhat expected, 7-Very expected, 8-Extremely expected, 9-Most expected

### **Patients' satisfaction survey on current treatment plan for RA**

**In this section, we hope to see your satisfaction with current treatment plan.**

14. How satisfied or dissatisfied are you with the ability of current RA medications to prevent

disease progression or control the condition of RA?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

15. How satisfied or dissatisfied are you with the way current RA medications relieves symptoms?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

16. As a result of taking RA medications, do you experience any side effects at all?

1-Yes, 2-No (If you choose "Yes", then continue with the 17th question. If you choose "No", then jump to the 20th question.)

17. How dissatisfied are you by side effects of current RA medications that interfere with your physical health and ability to function (e.g., strength, energy levels)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

18. How dissatisfied are you by side effects of current RA medications that interfere with your mental function (e.g., ability to think clearly, stay awake)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

19. How dissatisfied are you by side effects of current RA medications that interfere with your mood or emotions (e.g., anxiety/fear, sadness, irritation/anger)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

20. How satisfied or dissatisfied are you with how easy current RA medications are to use?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

21. How satisfied or dissatisfied are you with how easy it is to plan when you will use current RA medications in accordance with the protocols (e.g., on-time medication, adequate medication, etc.)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

22. How satisfied or dissatisfied are you by how often you are expected to use current RA medications?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied

23. How satisfied are you that the benefits of current RA medications outweigh the risks?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

24. Taking all things into account (efficacy, safety, convenience, etc.), how satisfied or dissatisfied are you with current RA medications?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

25. Have you used or are using biologics (e.g., Remicade, Humira, Enbrel, Etanercept, Qiangke, Anbainuo, Actemra, Xeljanz) to treat RA?

A. Yes B. No (If you choose A, then continue with the 26th question. If you choose B, the survey ends.)

26. How satisfied or dissatisfied are you with the ability of current biologics to prevent disease progression or control the condition of RA?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

27. How satisfied or dissatisfied are you with the way current biologics relieves symptoms?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

28. As a result of taking biologics, do you experience any side effects at all?

1-Yes, 2-No (If you choose "Yes", then continue with the 29th question. If you choose "No", the survey ends.)

29. How dissatisfied are you by side effects of current biologics that interfere with your physical health and ability to function (e.g., strength, energy levels)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

30. How dissatisfied are you by side effects of current biologics that interfere with your mental function (e.g., ability to think clearly, stay awake)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

31. How dissatisfied are you by side effects of current biologics that interfere with your mood or emotions (e.g., anxiety/fear, sadness, irritation/anger)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

32. How satisfied or dissatisfied are you with how easy current biologics are to use?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

33. How satisfied or dissatisfied are you with how easy it is to plan when you will use current biologics in accordance with the protocols (e.g., on-time medication, adequate medication, etc.)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

34. How satisfied or dissatisfied are you by how often you are expected to use current biologics?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied

35. How satisfied are you that the benefits of current biologics outweigh the risks?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

36. Taking all things into account (efficacy, safety, convenience, etc.), how satisfied or dissatisfied are you with current biologics?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

## Appendix 2. Rheumatoid Arthritis Questionnaire for Patients-Chinese version

### 类风湿关节炎患者调查问卷

亲爱的患者：您好！感谢您在百忙之中抽出时间填写这份调查问卷。

本次调查是由北京医学奖励基金会主办，中国风湿免疫病医联体联盟提供学术支持，并基于风湿病信息共享平台系统发起，目的是了解医患双方诊疗需求，诊疗满意度及其影响因素，为后续规范类风湿关节炎诊疗行为，推动达标治疗，提高患者治疗依从性和治疗满意度提供理论依据。

本次问卷填写将占用您 10 分钟左右的时间，如您愿意继续，请点击同意！您填写的信息将被严格保密，项目主办方将对这些数据进行处理、分析后用于进一步的医疗质量提升。感谢您的配合。

#### 个人基础信息

在这个部分，我们希望了解您的个人情况，帮助我们准确分析患者特征

1. 您的年龄?            \_\_\_\_ 周岁
  
2. 您的性别?
  - A. 男
  - B. 女
  
3. 您从事的职业（退休人员请填选退休前所从事的工作）？
  - A. 党的机关、国家机关、群众团体和社会组织、企事业单位负责人
  - B. 专业技术人员：例如科研、法律、哲学等专业人员、运动员、演员、广告设计等
  - C. 办事人员和有关人员：例如行政办公人员、消防员、人民警察、等
  - D. 社会生产服务和生活服务人员：例如营业员、厨师、社会中介服务人员等
  - E. 农、林、牧、渔业生产及辅助人员：例如园艺工、伐木工、家畜饲养人员等
  - F. 生产制造及有关人员：例如冶金工人、铸造工人等
  - G. 军人
  - H. 不便分类的其他从业人员
  
4. 您的受教育水平？
  - A. 初中或以下
  - B. 高中
  - C. 大学
  - D. 研究生及以上
  
5. 您确诊患上类风湿关节炎有多长时间？
  - A. 0-2 年
  - B. 2-5 年

- C. 6-10 年
- D. 10 年以上

6. 您认为您的病情严重程度如何？

- A. 重度
- B. 中度
- C. 轻度
- D. 完全好了，像正常人一样

7. 您目前正在使用的类风湿关节炎治疗药物有（可多选）：

A. 传统改善病情抗风湿药：

- A1 甲氨蝶呤
- A2 来氟米特
- A3 柳氮磺吡啶
- A4 羟氯喹
- A5 雷公藤

B. 激素，如泼尼松、氢化可的松、地塞米松等

C. 生物制剂

- C1 类克
- C2 修美乐
- C3 恩利
- C4 益赛普、强克、安佰诺
- C5 雅美罗
- C6 尚杰

D. 中医药

E. 其他，请注明\_\_\_\_\_

8. 在既往类风湿关节炎门诊就诊中，您是否能够与风湿科主诊医生进行充分沟通，了解您的病情和治疗方案：

- A 可以得到充分沟通
- B 沟通较好，但还是略仓促
- C 和医生的沟通程度一般，基本上可以得到想要的信息
- D 和医生的沟通较少
- E 基本没有沟通

9. 在既往类风湿关节炎就诊经历中，您对于风湿科主诊医生对您疾病的总体诊治服务是否满意：

- 1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意
- 原因是\_\_\_\_\_

10. 您目前每月用于治疗类风湿关节炎的费用占家庭收入百分比？

- A. 不足 10%
- B. 10-30%
- C. 31-50%
- D. 超过 50%

#### 患者对于类风湿关节炎治疗目标的需求和期待

在这部分，我们希望了解到您对于治疗目标各个方面的具体需求

11. 如果医生向您推荐一种类风湿关节炎治疗方案，以下因素会影响到您是否采纳该方案，请按照重要性打分：1分最重要---9分最不重要(打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

- A. 症状体征缓解，比如关节肿胀、关节疼痛和晨起关节僵硬等改善
- B. 预防关节损伤及变形，避免病情进展导致残疾
- C. 改善身体机能，减轻疲劳、增强生活自理能力等
- D. 回归社会，参与工作和社交
- E. 治疗花费
- F. 用药方便，到医院治疗间隔长或可在家自行用药
- G. 药物的副作用少，更安全
- H. 减少伴发的其他疾病，如心血管疾病、骨质疏松等
- I. 其它，请注明\_\_\_\_\_



1-最不重要 2-非常不重要 3-比较不重要 4-不太重要 5-中立 6-一般重要 7-比较重要 8-非常重要 9-最重要

12. 类风湿关节炎是一种慢性疾病，需要长期治疗。您认为下列影响您坚持长期治疗的因素，请按照重要性进行打分：1分最重要---9分最不重要（打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

- A. 疗效稳定，不需要因病情控制不佳频繁就医
- B. 用药方便，到医院治疗间隔长或患者可在家自行用药
- C. 药物的副作用少，更安全
- D. 医生的用药指导和定期随访
- E. 治疗费用较低
- F. 其它，请注明\_\_\_\_\_





1-最不重要 2-非常不重要 3-比较不重要 4-不太重要 5-中立 6-一般重要 7-比较重要 8-非常重要 9-最重要

13. 如果将来有一种新的治疗方案，可满足下列治疗需求，请按照您的期待程度进行打分：1分最期待---9分最不期待（(打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

- A. 疗效更强
- B. 疗效更持久稳定
- C. 减少伴发疾病
- D. 安全性更好
- E. 新作用机制
- F. 治疗花费少
- G. 使用方便，用药间隔长或可在家自行用药
- H. 易于坚持治疗
- I. 其它，请注明\_\_\_\_\_



1-最不期待 2-非常不期待 3-比较不期待 4-不太期待 5-中立 6-一般期待 7-比较期待 8-非常期待 9-最期待

**患者对于目前采用的类风湿关节炎治疗方案的满意度调查**  
在这部分，我们希望看到您对于目前治疗方案的满意度

14. 您对目前正在采用的类风湿关节炎治疗药物，在预防疾病进展或控制病情方面的满意度评分  
1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

15. 您对目前正在采用的类风湿关节炎治疗药物，在缓解症状方面的满意度评分  
1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

16. 您在使用目前类风湿关节炎治疗药物的过程中，是否曾经历任何不良反应或副作用  
1 是 2 否（如选择“是”则继续 17 题，如选择“否”则跳转至 20 题）

17. 目前治疗药物的副作用，对于您身体功能产生的影响（如对体力、精力等的影响），是否有不满意  
1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

18. 目前治疗药物的副作用，对于您思维功能方面产生的影响（如对保持清醒、思维清晰等的影响），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

19. 目前治疗药物的副作用，对于您情绪或情感产生的影响（如恐惧/焦虑紧张、易激动易怒、悲伤等），您是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

20. 您对目前正在采用的类风湿关节炎治疗药物，在使用的便利性方面满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

21. 您对目前正在采用的类风湿关节炎治疗药物，在坚持按照用药方案的规定用药方面（如按时用药、足量用药等）的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

22. 您对目前正在采用的类风湿关节炎治疗药物，在用药频率方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意

23. 您对目前正在采用的类风湿关节炎治疗药物，其优点（获得的好处）多于缺点（可能带来的坏处）方面，您是否满意

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

24. 考虑所有相关因素（疗效、安全性、便利性等），您对目前正在采用的类风湿关节炎治疗药物总体治疗满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

25. 您是否曾经或正在使用生物制剂（如类克、修美乐、恩利、益赛普、强克、安佰诺、雅美罗、尚杰）治疗类风湿关节炎？

A. 是 B. 否（如选择 A 则继续 26 题，如选择 B 则调研结束）

26. 您对曾经或正在使用的生物制剂，在预防类风湿关节炎疾病进展或控制病情方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

27. 您对曾经或正在使用的生物制剂，在缓解类风湿关节炎症状方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

28. 您曾经或正在使用的生物制剂过程中，是否曾经历任何不良反应或副作用

1 是 2 否（如选择“是”则继续 38 题，如选择“否”则调研结束）

29. 对于曾经或正在使用的生物制剂的副作用，对于您身体功能产生的影响（如对体力、精力等

的影响), 是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

30. 对于曾经或正在使用的生物制剂的副作用, 对于您思维功能方面产生的影响(如对保持清醒、思维清晰等的影响), 是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

31. 对于曾经或正在使用的生物制剂的副作用, 对于您情绪或情感产生的影响(如恐惧/焦虑紧张、易激动易怒、悲伤等), 您是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

32. 您对曾经或正在使用的生物制剂, 在使用的便利性方面满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

33. 您对曾经或正在使用的生物制剂, 在坚持按照用药方案的规定用药方面(如按时用药、足量用药等)的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

34. 您对曾经或正在使用的生物制剂, 在用药频率方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意

35. 您对曾经或正在使用的生物制剂, 其优点(获得的好处)多于缺点(可能带来的坏处)方面, 您是否满意

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

36. 考虑所有相关因素(疗效、安全性、便利性等), 您对曾经或正在使用的生物制剂治疗类风湿关节炎的总体治疗满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

### **Appendix 3. Rheumatoid Arthritis Questionnaire for Physicians-English version**

#### **Rheumatoid Arthritis Questionnaire for Physicians**

Dear physician: Thank you for spending time answering this questionnaire.

The survey is sponsored by Beijing Medical Award Foundation, academically supported by Chinese Rheumatology Center Alliance, and launched through the Chinese rheumatology information platform. The aim of the survey is to understand the needs, satisfaction and associated factors of diagnosis and treatment in both physicians and patients, to provide a theoretical basis for subsequent standardization of diagnosis and treatment behavior of rheumatoid arthritis (RA), promotion of treat-to-target, and improvement of adherence and treatment satisfaction in patients.

It will take you about 15 minutes to complete the questionnaire. If you are willing to continue, please click to agree! The information you fill in will be kept strictly confidential, and the project sponsor will process and analyze the data for further improvement of medical quality. Thank you for your cooperation.

#### **Personal Basic Information**

**In this section, we want to know your personal information and help us analyze the characteristics of outpatient clinic accurately.**

1. How many years have you worked for the diagnosis and treatment of RA?
  - A. Less than 2 years
  - B. 2 to 5 years
  - C. 6 to 10 years
  - D. more than 10 years
  
2. How many RA patients do you treat on average weekly?
  - A. Less than 10 patients per week
  - B. 10-20 patients per week
  - C. 21-50 patients per week
  - D. More than 50 patients per week
  
3. How long does it take when treating an RA outpatient?
  - A. Less than 5 minutes
  - B. 5-10 minutes
  - C. 11-20 minutes
  - D. more than 20 minutes
  
4. What is the proportion of shared decision-making with RA patients and/or family members in your daily work?
  - A. Less than 10%
  - B. 10-30%

- C. 31-50%
- D. More than 50%

**Physician's needs and expectations for the treatment target of RA**

**In this section, we want to know your specific needs for RA treatment protocols.**

5. You may consider the following factors when developing a treatment plan for RA patients. Please grade the factors according to importance: 1 means the most unimportant - 9 means the most important (after grading, the system will sort your choice according to the score automatically, please review it again. If necessary, you can drag the options and adjust them again so that the final score is sorted according to your idea)

- A. To relieve the symptoms and signs, and to control the inflammation (e.g., the improvement of DAS28, or joint swelling and pain)
- B. To prevent the joint deformation, to reduce bone damage, and to suppress the progression in imaging examination
- C. To improve the physical function (e.g., the improvement of fatigue and self-care ability, etc.)
- D. To help patients return to society and participate in work and social contact
- E. The financial burden of patients
- F. Convenient medication, long interval medication or self-medication
- G. Medications with fewer side effects and better safety
- H. To reduce complications, and to control comorbidities
- I. Other factors, please specify \_\_\_\_\_



1-Most unimportant, 2-Extremely unimportant, 3-Very unimportant, 4-Somewhat unimportant, 5-Neutral, 6-Somewhat important, 7-Very important, 8-Extremely important, 9-Most important

6. The following factors may affect the patients' adherence to long-term treatment, please grade the factors according to the importance: 1 means the most unimportant - 9 means the most important (after grading, the system will sort your choice according to the score automatically, please review it again. If necessary, you can drag the options and adjust them so that the final score is sorted according to your idea.)

- A. The effect is stable, and there is no need to go to hospitals frequently due to poor disease control
- B. It is convenient to use medicine, the interval of hospital treatment is long, or patients can use medicine themselves at home
- C. Medications with fewer side effects and better safety
- D. Physician's medication guidance and regular follow-up
- E. Low treatment cost
- F. Other factors, please specify \_\_\_\_\_



1-Most unimportant, 2-Extremely unimportant, 3-Very unimportant, 4-Somewhat unimportant, 5-Neutral, 6-Somewhat important, 7-Very important, 8-Extremely important, 9-Most important

7. If there is a new treatment plan in the future that can meet the following treatment needs, please grade the needs according to your expectations: 1 means the least expected – 9 means the most expected (after grading, the system will sort your choice according to the score automatically, please review it again. If necessary, you can drag the options and adjust them so that the final score is sorted according to your idea.)

- A. More effective
- B. The effect is more durable and stable
- C. Reducing complications and controlling comorbidities
- D. Better safety
- E. New mechanism
- F. Less treatment cost
- G. It is convenient to use medicine, the interval of treatment is long, or patients can use medicine themselves at home
- H. It is easy for patients to adhere to treatment
- I. Other needs, please specify\_\_\_\_\_



1-Least expected, 2-Extremely not expected, 3-Less expected, 4-Somewhat not expected, 5-Neutral, 6-Somewhat expected, 7-Very expected, 8-Extremely expected, 9-Most expected

### **Physicians' satisfaction survey on current common treatment plans for RA**

**In this section, we hope to see your satisfaction with different types of current treatment plans for RA.**

8. How satisfied or dissatisfied are you with the ability of current conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) to prevent disease progression or control the condition of RA?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

9. How satisfied or dissatisfied are you with the way current csDMARDs relieves symptoms?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

10. How satisfied or dissatisfied are you with the safety of current csDMARDs?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

11. How dissatisfied are you by side effects of current csDMARDs that interfere with patients' physical health and ability to function (e.g., strength, energy levels)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

12. How dissatisfied are you by side effects of current csDMARDs that interfere with patients' mental function (e.g., ability to think clearly, stay awake)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

13. How dissatisfied are you by side effects of current csDMARDs that interfere with patients' mood or emotions (e.g., anxiety/fear, sadness, irritation/anger)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

14. How satisfied or dissatisfied are you with how easy current csDMARDs are to use?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

15. How satisfied or dissatisfied are you with how easy it is to plan when patients will use current csDMARDs in accordance with the protocols?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

16. How satisfied or dissatisfied are you by how often patients are expected to use current csDMARDs?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied

17. How satisfied are you that the benefits of current csDMARDs outweigh the risks?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

18. Taking all things into account (efficacy, safety, adherence, etc.), how satisfied or dissatisfied are you with current csDMARDs?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

19. How satisfied or dissatisfied are you with the ability of current biologics (including small molecule targeted drugs) to prevent disease progression or control the condition of RA?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

20. How satisfied or dissatisfied are you with the way current biologics (including small molecule targeted drugs) relieves symptoms?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied,

5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

21. How satisfied or dissatisfied are you with the safety of current biologics (including small molecule targeted drugs)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

22. How dissatisfied are you by side effects of current biologics (including small molecule targeted drugs) that interfere with patients' physical health and ability to function (e.g., strength, energy levels)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

23. How dissatisfied are you by side effects of current biologics (including small molecule targeted drugs) that interfere with patients' mental function (e.g., ability to think clearly, stay awake)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

24. How dissatisfied are you by side effects of current biologics (including small molecule targeted drugs) that interfere with patients' mood or emotions (e.g., anxiety/fear, sadness, irritation/anger)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Slightly dissatisfied, 5-Not at all dissatisfied

25. How satisfied or dissatisfied are you with how easy current biologics (including small molecule targeted drugs) are to use?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

26. How satisfied or dissatisfied are you with how easy it is to plan when patients will use current biologics (including small molecule targeted drugs) in accordance with the protocols?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

27. How satisfied or dissatisfied are you by how often patients are expected to use current biologics (including small molecule targeted drugs)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied

28. How satisfied are you that the benefits of current biologics (including small molecule targeted drugs) outweigh the risks?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied



29. Taking all things into account (efficacy, safety, adherence, etc.), how satisfied or dissatisfied are you with current biologics (including small molecule targeted drugs)?

1-Extremely dissatisfied, 2-Dissatisfied, 3-Not quite satisfied, 4-Somewhat satisfied, 5-Satisfied, 6-Very satisfied, 7-Extremely satisfied

## Appendix 4. Rheumatoid Arthritis Questionnaire for Physicians-Chinese version

### 类风湿关节炎（RA）医生调查问卷

尊敬的医生：您好！感谢您在百忙之中抽出时间填写这份调查问卷。

本次调查是由北京医学奖励基金会主办，中国风湿免疫病医联体联盟提供学术支持，并基于风湿病信息共享平台系统发起，目的是了解医患双方诊疗需求，诊疗满意度及其影响因素，为后续规范类风湿关节炎诊疗行为，推动达标治疗，提高患者治疗依从性和治疗满意度提供理论依据。本次问卷填写将占用您 15 分钟左右的时间，如您愿意继续，请点击同意！您填写的信息将被严格保密，项目主办方将对数据进行处理、分析后用于进一步的医疗质量提升。谢谢您的配合。

#### 个人基础信息

在这个部分，我们希望了解您的个人情况，帮助我们准确分析门诊特征

37. 您从事类风湿关节炎（RA）诊疗已有多少年了：

- A. 少于 2 年
- B. 2 到 5 年
- C. 6 到 10 年
- D. 10 年以上

2. 您平均每周诊治的 RA 患者数量？

- A. 每周少于 10 人
- B. 每周 10-20 人
- C. 每周 21-50 人
- D. 每周超过 50 人

3. 您在门诊接诊一位 RA 患者的平均时间是多少？

- A. 少于 5 分钟
- B. 5-10 分钟
- C. 11-20 分钟
- D. 20 分钟以上

4. 在您日常工作中，与 RA 患者和（或）家属进行治疗决策共享（shared decision making）的比例大约为多少？

- A. 少于 10%
- B. 10-30%
- C. 31-50%

D. 超过 50%

### 医生对于类风湿关节炎治疗目标的需求和期待

在这部分，我们希望了解到您对于类风湿关节炎治疗方案的具体需求

5. 您在为 RA 患者制定治疗方案时会考虑下列因素，请按照重要性打分：1 分最重要----9 分最不重要(打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

F. 症状体征缓解，控制炎症（如 DAS28 或关节肿痛改善）

G. 预防关节变形，减轻骨损伤：抑制影像学进展

H. 改善身体机能，如疲劳、生活自理能力等的改善

I. 帮助患者回归社会，参与工作和社交

E. 患者的经济负担

F. 用药方便，用药间隔长或可自行用药

G. 药物的副作用少，更安全

H. 减少并发症，控制共病

I. 其它，请注明\_\_\_\_\_



1-最不重要 2-非常不重要 3-比较不重要 4-不太重要 5-中立 6-一般重要 7-比较重要 8-非常重要 9-最重要

6. 您认为下列影响患者坚持长期治疗的因素，请按照重要性进行打分：1 分最重要----9 分最不important(打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

G. 疗效稳定，不需要因病情控制不佳频繁就医

H. 用药方便，到医院治疗间隔长或患者可在家自行用药

I. 药物的副作用少，更安全

J. 医生的用药指导和定期随访

K. 治疗费用较低

L. 其它，请注明\_\_\_\_\_



1-最不重要 2-非常不重要 3-比较不重要 4-不太重要 5-中立 6-一般重要 7-比较重要 8-非常重要 9-最重要

7. 如果将来有一种新的治疗方案，可满足下列治疗需求，请按照您的期待程度进行打分：1分代表期待度最高---9分代表期待度最低(打分后，系统会把您的选择按照分值自动排序，请您再审阅一次，如有需要，可以拖动选项再调整，使最终的打分排序符合您的想法)

- A. 疗效更强
- B. 疗效更持久稳定
- C. 减少并发症，控制共病
- D. 安全性更好
- E. 新作用机制
- F. 治疗花费少
- G. 使用方便，用药间隔长或可在家自行用药
- H. 患者易于坚持治疗
- I. 其它，请注明



1-最不期待 2-非常不期待 3-比较不期待 4-不太期待 5-中立 6-一般期待 7-比较期待 8-非常期待 9-最期待

#### 医生对于目前常见类风湿关节炎治疗方案的满意度调查

在这部分，我们希望看到您对于目前不同种类类风湿关节炎治疗方案的满意度

8. 您对目前常用的改善病情抗风湿药物（csDMARDs），在预防疾病进展或控制类风湿关节炎病情方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

9. 您对目前常用的改善病情抗风湿药物（csDMARDs），在缓解症状方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

10. 您对目前常用的改善病情抗风湿药物（csDMARDs），在安全性方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

11. 您对目前常用的改善病情抗风湿药物（csDMARDs）的副作用，对于患者躯体功能产生的影响（如对体力、精力等的影响），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

12. 您对目前常用的改善病情抗风湿药物（csDMARDs）的副作用，对于患者的思维功能产生的影响（如对保持清醒、思维清晰等的影响），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

13. 您对目前常用的改善病情抗风湿药物（csDMARDs）的副作用，对于患者的情绪或情感产生的影响（如恐惧/焦虑紧张、易激惹、悲伤等），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

14. 您对目前常用的改善病情抗风湿药物（csDMARDs），在使用的便利性方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

15. 您对目前常用的改善病情抗风湿药物（csDMARDs），在按用药方案规定用药（依从性）方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

16. 您对目前常用的改善病情抗风湿药物（csDMARDs），在用药频率方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意

17. 您对目前常用的改善病情抗风湿药物（csDMARDs）在获益优于风险方面，是否满意

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

18. 考虑所有相关因素（疗效、安全性、依从性等），您对目前常用的改善病情抗风湿药物（csDMARDs）的总体治疗满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

19. 您对目前常用的生物制剂（包括小分子靶向药物），在预防疾病进展或控制类风湿关节炎病情方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

20. 您对目前常用的生物制剂（包括小分子靶向药物），在缓解症状方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

21. 您对目前常用的生物制剂（包括小分子靶向药物），在安全性方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

22. 您对目前常用的生物制剂（包括小分子靶向药物）的副作用，对于患者躯体功能产生的影响（如对体力、精力等的影响），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

23. 您对目前常用的生物制剂（包括小分子靶向药物）的副作用，对于患者的思维功能产生的影响（如对保持清醒、思维清晰等的影响），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

24. 您对目前常用的生物制剂（包括小分子靶向药物）的副作用，对于患者的情绪或情感产生的影响（如恐惧/焦虑紧张、易激惹、悲伤等），是否有不满意

1 非常不满意 2 不满意 3 不太满意 4 有一些不满意 5 没有不满意

25. 您对目前常用的生物制剂（包括小分子靶向药物），在使用的便利性方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

26. 您对目前常用的生物制剂（包括小分子靶向药物），在按用药方案规定用药（依从性）方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

27. 您对目前常用的生物制剂（包括小分子靶向药物），在用药频率方面的满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意

28. 您对目前常用的生物制剂（包括小分子靶向药物）在获益优于风险方面，是否满意

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

29. 考虑所有相关因素（疗效、安全性、依从性等），您对目前常用的生物制剂（包括小分子靶向药物）总体治疗满意度评分

1 非常不满意 2 不满意 3 不太满意 4 尚能接受 5 满意 6 很满意 7 非常满意

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