

Patient Methotrexate Tapering Survey

ID # _____

For office use only

Dear Valued Rheumatoid Arthritis Patient: Thank you for taking the time to complete this survey. We appreciate your responses to this brief questionnaire. These results will determine if we have enough information to go forward with a study looking at withdrawal of methotrexate in our patients. If you choose not to complete this survey, this will not affect your care from us.

For all appropriate responses, please darken in the circle that responds to your answer.

1. What health network are you being seen at? Allegheny Health Network
 Penn State Health

2. What is your current age in years? _____

3. What is your preferred gender? Male
 Female
 Non-binary/non-conforming
 Prefer not to answer

4. Do you identify as Hispanic/LatinX? Yes
 No

5. What is your racial identity? (select all that apply) White
 Black/African American
 Asian
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaska Native
 Other
 Don't know/Not Sure
 Prefer not to answer

6. Approximately how many years have you had RA? _____
(round to the nearest whole #)

7. Approximately how many years have you been on methotrexate (MTX)? _____
(round to the nearest whole #)

8. Do you ever skip or forget to take your MTX? Yes
 No

If you answered yes to #8, please continue to #'s 8a and 8b

8a. If yes, why have you skipped or forgotten to take your MTX? _____
(one sentence answer preferred)

8b. If yes, how often do you skip or forget to take your MTX? _____

9. Considering all the ways your arthritis affects you, rate:

9a. How well are you doing on the following scale (with 0 being very well and 10 being very poor)

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

9b. How well you were doing at the time of your diagnosis on the following scale (with 0 being very well and 10 being very poor)

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

10. Over the past year, do you think your RA has been well controlled? Yes No

11. Have you or your doctor ever tried to reduce the dose or stop your MTX? Yes No

If you answered yes to #11, please continue to #'s 11a and 11b

11a. If yes, was it you or your doctor that suggested it? Yourself Doctor

11b. Why? (select all that apply) Infection Side effects Abnormal labs I was doing great! Other Don't know/Not Sure

11c. If you answered "Other" in question 11b, please explain in a couple of words _____

12. If your RA was in remission or well controlled and your rheumatologist thought it was possible to decrease or stop your MTX, would you consider that option? Yes No

13. Do you have any concerns with reducing or stopping MTX? Yes No

If you answered yes to #13, please continue to #13a

13a. If yes, why? (select all that apply) Risk of flare Worsening disease Tried it before but it did not work Other Don't know/Not Sure

13b. If you answered "Other" in question 13a, please explain in a couple of words _____

14. Do you have any concerns about staying on MTX long term? Yes No

If you answered yes to #14, please continue to #14a

14a. If yes, in a couple of words, please state your top reason _____

Thank you!