

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

On the following pages you will find some statements which have been made by people who have suffered with Scleroderma

**Instructions:** This questionnaire consists of 29 statements. Please read each statement carefully, and then choose **True** if the statement applies to you and choose **Not True** if it does not apply to you **at the moment**. Circle the appropriate number.

1. **I can't do anything without really thinking it through**

1 True

0 Not True

2. **It's always on my mind**

1 True

0 Not True

3. **I worry that I let people down**

1 True

0 Not True

4. **My condition makes me angry**

1 True

0 Not True

5. **I would like to be spontaneous**

1 True

0 Not True

6. **I get upset when I can't do things**

1 True

0 Not True

7. **I often get frustrated**

1 True

0 Not True

8. **I cannot rely on how I will be tomorrow**

1 True

0 Not True

9. **My condition means I have disturbed sleep**

1 True

0 Not True

10. **It has affected me a lot socially**

1 True

0 Not True

11. **It has affected the health of people around me**

1 True

0 Not True

12. **My hands don't work as well as they did**

1 True

0 Not True

13. **It puts a strain on my personal relationships**

1 True

0 Not True

14. **I need to rest more often**

1 True

0 Not True

15. **I avoid certain social situations because I am embarrassed**

1 True

0 Not True

16. **I find it difficult to take care of the people I'm close to**

1 True

0 Not True

17. **I take to heart things which wouldn't have worried me before**

1 True

0 Not True

18. **Life is just not what it was**

1 True

0 Not True

19. **I can't cope at all**

1 True

0 Not True

20. **I feel very isolated**

1 True

0 Not True

21. **I am unable to join in activities with friends and family**

1 True

0 Not True

22. **Household tasks can be a problem**

1 True

0 Not True

23. **I have had to stop some of my hobbies**

1 True

0 Not True

24. **There are days when you are really tired and don't want to talk to anyone**

1 True

0 Not True

25. **I feel guilty at being ill**

1 True

0 Not True

26. **I struggle to wash myself as I would like**

1 True

0 Not True

27. **I feel helpless**

1 True

0 Not True

28. **Pain tires me out**

1 True

0 Not True

29. **I miss being able to sort things out**

1 True

0 Not True