**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.

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| --- | --- | --- | --- | --- | --- |
| **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 |

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| **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.**

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| --- | --- | --- | --- | --- | --- |
| **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 |

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