



Nationale vereniging voor mensen met
lupus, APS, sclerodermie en MCTD

questionnaire APS

Why you should fill in the questionnaire

How are you? While that's a question you frequently hear when visiting your doctor, you might not always know how to answer it, or even where to begin.

This questionnaire will help you to talk to your doctor about:

- how you are doing
- what you would like to change

What the questionnaire will cover

The questionnaire covers five topics relating to your life:

1. Physical health
2. Sense of meaning
3. Mental health
4. Daily life
5. Quality of life

How to complete the questionnaire

Answer all the questions yourself. Choose the answer that best suits you, and mark it with a cross.

If you would like to talk about it, then also put a cross under 'I would like to talk about this'.

After completing each topic, give it a number rating.

A sample question

	No	Somewhat	Yes	I would like to talk about this
Are you feeling good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Physical health

	No	Somewhat	Yes	I would like to talk about this
Do you feel healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you feeling fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you in pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you sleeping well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you move without any problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you sick often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After having reflected on your physical health, how would you rate it?



2. Sense of meaning

	No	Somewhat	Yes	I would like to talk about this
Do you find your life meaningful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept your life the way it is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After having reflected on your sense of meaning in your life, how would you rate it?



3. Mental health

	No	Somewhat	Yes	I would like to talk about this
Are you good at remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you think clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with who you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know what to do when you don't feel good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you make your own decisions about important matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you talk to people about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you cope with changes such as your appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After having reflected on your mental health, how would you rate it?



4. Daily life

	No	Somewhat	Yes	I would like to talk about this
Can you take good care of yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of what you can and cannot do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to live in a healthy way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you ask for help when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After having reflected on how things are going in your daily life, how would you rate it?



5. Quality of life

	No	Somewhat	Yes	I would like to talk about this
Are you enjoying life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience balance in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After having reflected on your quality of life, how would you rate it?



End



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What would you like to change in order to feel better?

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You have completed the questions.

Now go onto the 'spider's web' diagram.

Put a circle around the rating you gave. Do this for each topic.

We will now draw a figure.

Draw lines between the circles you put in the spider's web.

**NVLE National association for
lupus APS scleroderma and MCTD**

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For more information, visit www.nvle.org