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V1: 12/06/2013

BCRD Study ID



**BCRD Study – Transition to Adulthood questionnaire**

Thank you for your participation in the Biologics for Children with Rheumatic Diseases Study! So far, your research nurse and rheumatology team at the hospital have been providing us with data about how you are and how your treatment for arthritis is going. We want to know a bit more about how you feel like your arthritis has affected you growing up, in particular about your education and employment. If you have any questions about this questionnaire please contact the study coordinator ([katy.mowbray@manchester.ac.uk](mailto:katy.mowbray@manchester.ac.uk)) who will be happy to help you.

**If you would prefer to complete this questionnaire online, please give your nurse or healthcare professional your email address, who will pass this to the study coordinator. You will then be sent a unique link to complete the form securely online.**

**SECTION ONE: Growth and Development**

cm

**OR**

ft

inches

1) What is your current height?

Yes

No

Don’t Know

2) Has your arthritis affected your height?

**.**

3) Have you ever had treatment with growth hormones?

Yes

No

Don’t Know

4) Do you think your arthritis affected your pubertal development?

Yes

No

Don’t Know

5) If so, do you think you have caught up with your peers?

Yes

No

Don’t Know

6) Has your arthritis affected your bones at all with osteoporosis\* needing treatment?

7) Has your arthritis affected your bones at all with osteoporosis\* causing any growth deformities ?

Yes

No

Yes

No

*\*osteoporosis is a condition that affects the bones, causing them to become weak and fragile and more likely to break (fracture)*

**SECTION TWO: Education and Qualifications**

If no, please go to question 3

1) Are you still at school/college/University/Other higher education ?

No

Yes

If yes, which year are you in?

2) If you are currently at secondary school, do you plan to continue to further education?

N/A – no longer at secondary school

Don’t Know

No

Yes

If yes, please provide details:

3) What is your highest academic achievement to date? If you are currently studying please **also** provide the qualification you are studying for

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Yes

No

Don’t Know

4) Do you think your results were affected by your arthritis?

Yes

No

Don’t Know

Yes

No

Don’t Know

Yes

No

Don’t Know

If yes, is this because of time you missed?

Is it because of writing difficulties?

Is it because of other reasons?

If yes, please provide details:

5) Has your arthritis or treatment made it difficult to study because you felt unwell?

Yes

No

Don’t Know

**SECTION THREE: Employment and Social Life**

Part Time

N/A – still in education

Yes

1) Are you currently employed or have a job to go to?

Full Time

Voluntary

Temporary

No

If yes, is the work (Tick all that apply):

Permanent

What is the nature of your job?

2) If you aren’t currently employed, is this because of your arthritis?

Yes

No

Don’t Know

3) Have you had to compromise your career choice because of your condition?

Yes

No

Don’t Know

4) **Driving**

No

Yes

Do you have a drivers licence?

No

Yes

Have you ever smoked?

Do you currently smoke?

5) **Smoking**

If yes, how many on average do you smoke per day?

If yes, age first smoked?

No

Yes

Yes

No

Do you drive a car?

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No

If yes, number of units\*\* per week on average?

6) **Drinking**

Do you drink alcohol?

Yes

*\*\*One unit is half a pint of lager, ale or cider, a small glass of wine or one shot of spirits. For more information see www.drinkaware.co.uk*

7) **Hobbies**

Please list any hobbies you have (such as going to the gym, football, reading, going out etc)

Who do you live with? Mum/Dad/Guardian On your Own

With friends/flatmate Partner

8)**Living arrangements**

What is your current postcode?

**SECTION 4: Reproduction**

Prefer not to say

No

Prefer not to say

***Section for females***

2) Have you ever had a miscarriage?

1) Have you ever been pregnant?

No

Prefer not to say

Yes

No

Yes

Yes

3) Have you ever had a termination?

Years old

4) At what age did you start your menstrual period?

Contraceptive Injections

Do not use any of these

Contraceptive pill

Contraceptive Implant

5) Do you currently use any of the following methods of birth control?

Prefer not to say

Please list any medication that you are currently taking for any reason:

**SECTION 5: Current medication**

2) Do you use contraception because of your arthritis medication?

Prefer not to say

No

Yes

Prefer not to say

No

Yes

1) Have you ever fathered a child?

***Section for males***

Date of birth

**Y Y**

**Y Y**

**MM**

**DD**

**Y Y**

**MM**

**DD**

Today’s date

Initials

**Y Y**

**Thank you for completing this questionnaire! Please return it to the study offices in the pre-paid envelope provided.**

**All answers will be treated confidentially. If you have any questions about the questionnaire or the study please contact the coordinator Katy Mowbray (0161 3061917, katy.mowbray@manchester.ac.uk)**