

Supplementary material:

Multi-disciplinary Rheumatoid Arthritis Clinic Survey

No.	Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
		1	2	3	4	5
1	I am more aware of my condition and medication adverse effects.					
2	I am more likely to adhere to my medication treatment.					
3	I am willing to come back for follow up at the pharmacist clinic.					
4	The information provided is clear.					
5	I am satisfied with the service provided at the Pharmacist-					

	managed Rheumatology Clinic.					
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