

# Appendix

The role of biomechanical factors in ankylosing spondylitis: the patient's perspective

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### **Supplementary Information: Questionnaire**

1. Are you

- Male 0
- o Female
- 2. How old were you when you were diagnosed? (please enter a numerical value) rcialuseonly
- 3. Are you HLA B27 positive?
  - Yes 0
  - No 0
  - I don't know

### 4. Have you ever had a swollen joint (or joints)?

- Yes 0
- No 0
- Not sure/I don't know 0
- 5. Do you have, or have you ever had, skin psoriasis?
  - Yes 0
  - No 0
  - Not sure/I don't know 0

6. Do you have, or have you ever had, uveitis (also known as iritis)?

- Yes 0
- No 0
- Not sure/I don't know 0

7. Do you have, or have you ever had, inflammatory bowel disease? That means a diagnosis of Crohn's disease or Ulcerative Colitis rather than irritable bowel syndrome.

- Yes 0
- No 0
- Not sure/I don't know 0
- 15eoni 8. Has a doctor ever said your AS is affecting your hips?
  - Yes 0
  - No 0
  - Not sure/I don't know 0
- 9. Before your back pain first started, did you ever have pain in the heel of your foot?
  - Yes 0
  - No 0
  - Not sure/I don't know 0

#### 10. If yes: When did you first have pain in the heel of your foot?

- Less than 1 year before the diagnosis of AS 0
- 1 to less than 2 years before the diagnosis of AS 0
- More than 2 years before the diagnosis of AS 0

11. Before your back pain first started, did you ever have pain in your knee cap?

- o Yes
- o No
- o Not sure/I don't know

12. If yes: When did you first have pain in your knee cap?

- Less than 1 year before the diagnosis of AS
- 1 to less than 2 years before the diagnosis of AS
- More than 2 years before the diagnosis of AS

13. Before your back pain first started, did you ever have pain and stiffness around the chest or chest wall?

- o Yes
- o No
- Not sure/I don't know
- 14. If yes: When did you first have pain and stiffness around the chest or chest wall?
  - Less than 1 year before the diagnosis of AS
  - o 1 to less than 2 years before the diagnosis of AS
  - More than 2 years before the diagnosis of AS

#### 15. Were you initially investigated for heart problems?

- o Yes
- o No
- o Not sure/I don't know

16. Looking back to before you were diagnosed with AS. Did you have pain in more than one area outside of your back before you developed back pain?

- Yes 0
- No 0
- Not sure/I don't know 0

17. Before your back pain or pain elsewhere first started, do you remember an injury or trauma that you thought triggered the whole disease off? By trauma we mean things such as a fall, knock or a sporting, bike or car related injury. 121 USE OF

- Yes 0
- No 0
- Not sure/I don't know 0

### 18. How long before the symptoms started would you estimate the trauma happened?

- Days before 0
- Weeks before 0
- Months before 0
- Years before 0

19. How actively would you say you were involved in sport before your diagnosis of AS?

- Very active 0
- Quite active 0
- Not very active 0
- Not at all active 0
- Don't know/can't remember 0

20. Following on from your diagnosis of AS have you had to do any of the following? Please tick all that apply

- Give up a sport
- Reduce a sporting activity 0
- Change to a less strenuous sporting activity 0

21. Did the job you did before your diagnosis involve heavy physical activity such as lifting or moving heavy objects? ercialuseont

- Yes 0
- No 0
- Not sure/I don't know 0

## 22. Looking back do you feel your job...

- Helped your symptoms 0
- Made your symptoms worse 0
- Made no difference to your symptoms 0
- Don't know/I can't remember 0

23. Before your back pain or pain elsewhere first started, were you diagnosed with tendonitis by your GP or other doctor?

- Yes 0
- No 0
- Not sure/I don't know 0

24. Did you find your pain eased when you reduced your activity?

- Yes 0
- No 0
- Not sure/I don't know 0

25. Do you feel that the recommended physiotherapy exercises for your AS have ever caused a flare up of your AS symptoms?

- Yes 0
- 0 No
- Not sure/I don't know 0

seont 26. Have you had to change the recommended exercises for your AS to lessen disease flares? yon.commerci

- Yes 0
- No 0
- Not sure/I don't know