



Supplementary appendix: A standardised form

Date:
Name-surname:
ID number:
Gender: **Birth date:**
Phone number:
Age at disease onset:
Age at diagnosis of Takayasu's arteritis:
Current immunosuppressive therapies:
Involved vessels:
Echocardiographic findings:
Findings of eye examination:

Concomitant inflammatory disorders and age at diagnosis:

Inflammatory bowel disease (Crohn's disease, ulcerative colitis), ankylosing spondylitis, psoriasis, psoriatic arthritis, Behçet's syndrome, systemic lupus erythematosus, rheumatoid arthritis, Sjögren's syndrome, systemic sclerosis, inflammatory myositis, amyloidosis, familial Mediterranean fever, vasculitides other than large vessel vasculitis

Concomitant non-rheumatic autoimmune diseases

Concomitant inflammatory features:

Recurrent oral ulcers (at least 3 in a year), genital ulcer, erythema nodosum, papulopustular lesions, and arthritis

Inflammatory back pain (Assessment of Spondyloarthritis International Society criteria)

1. Did your back pain start when you were aged 40 or under?.....Yes.....No.....
2. Did your back pain develop gradually?Yes.....No.....
3. Does your back pain improve with exercise?Yes.....No.....
4. Do you find there is no improvement in your back pain when you rest?Yes.....No.....
5. Do you suffer from back pain at night which improves upon getting up?Yes.....No.....

If inflammatory back pain is present: dorsal, lower or both