

## Online Supplement – questionnaire

### Patient Details:

Number: ..... Gender: M / F Age: ..... years  
Ethnicity: .....

Highest Educational Achievement:

None / Primary School / Middle School / High School / University degree / Vocational Qualification

### Current Medications: Please tick box and **circle** your answer

Steroids e.g prednisolone ☐ Anti-TNF drugs ☐  
e.g. Infliximab (*remicade*), Etanercept (*enbrel*),

Adalimumab (*humira*)

Immunosuppressants ☐ Other(s) *please give details* ☐  
(e.g. Azathioprine, Methotrexate)

Mycophenolate (MMF), Ciclosporin,

Sulphasalazine ☐  
None

**Other Medical Conditions:** Please list .....

### Current Occupation:

Homemaker ☐ Retired ☐ Student ☐

Employed ☐ Unemployed ☐ Voluntary work (unpaid) ☐

### If you are currently **NOT WORKING** (unemployed):

Were you working before your Behçet's syndrome was diagnosed? Yes ☐ No ☐

Are you not working because of Behçet's syndrome?

Yes ☐ *If yes, please state **why** your Behçet's syndrome prevented you from working*

No ☐ .....

If you have stopped working, do you think your Behçet's has improved??

Yes ☐ *If yes, please state **how** your Behçet's syndrome has improved since this change*

No ☐ .....

### If you are currently **WORKING** (employed):

Are you working: Full-time ☐ Part-time ☐

Because of Behçet's syndrome, have you: (*please tick all that apply*)

Reduced the hours you work ☐ Different job/part time ☐ Changed your job ☐

If you have reduced the hours you work or gone part-time or changed job, do you feel your Behçet's has improved?

Yes ☐ *If yes, please state **how** your Behçet's syndrome has improved since this change*

No ☐ .....

How many sick days have you taken in the last year? .....days

How many of these sick days, were due to Behçet's syndrome? .....days

Over the last year, how much did your **Behçet's** affect your productivity, whilst you were working?

Health problems had no effect on my work	0	1	2	3	4	5	6	7	8	9	10	Health problems completely prevented me from working
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# Letters to the Editors

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CIRCLE A NUMBER

Over the last year, how much did your **Behçet's affect** your ability to do your regular activities? *e.g.* dressing, cooking, washing

Health problems had no effect on my daily activities	0	1	2	3	4	5	6	7	8	9	10	Health problems completely prevented me from doing my daily activities
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CIRCLE A NUMBER

How much do you think your **work has affected** your Behçet's syndrome?

Work has no effect on my Behçet's syndrome	0	1	2	3	4	5	6	7	8	9	10	Work has had a really significant effect on my Behçet's syndrome
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Please provide any comments on how you think work affected your Behçet's syndrome below:

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*Thank you for completing this questionnaire. We appreciate your time.*

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Published with **Work-related disability in Behçet's syndrome: a British case series**  
**P. Mehta, N. Ambrose, D.O. Haskard**

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