



Sarcoidosis in Black Women in the United States

Data From the Black Women's Health Study

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e-Appendix 1.

BLACK WOMEN'S HEALTH STUDY SARCOIDOSIS QUESTIONNAIRE FOR PHYSICIANS

1. **How certain is the diagnosis of sarcoidosis?** Definite ____ Possible ____ Not Sarcoidosis ____
2. **Date of Diagnosis** Month _____ Year _____
3. **When did the patient first develop symptoms?** Year _____ Not known to me _____
4. **What were the presenting symptoms?** Shortness of breath ____ Chest pain ____ Screening CXR ____
Skin disease ____ Other: _____
5. **What is the organ involvement of sarcoidosis?** Lung ____ Intrathoracic lymph nodes ____ CNS ____
Eye ____ Heart ____ Liver ____ Face (Lupus Pernio) ____ Skin (not lupus pernio) ____ Other
(specify): _____
6. **Sarcoidosis course:** Never with symptoms ____ Acute illness (with resolution) ____
____ Chronic/stable ____ Chronic/progressive ____

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7. Diagnostic Tests (check all that apply):

Findings

	Normal	Abnormal	<u>Comments:</u>
1. Chest X-ray	_____	Stage: _____ Enlarged lymph nodes: _____ Nodules _____ Infiltrates _____	_____
2. Chest CT	_____	Fibrosis _____	_____
3. Serum ACE	_____	Increased _____ Value _____	_____
4. PPD Status	_____	Positive _____ Unknown _____	_____
5. Gallium Scan	_____	Panda/Lambda _____ Other _____	_____
6. Biopsy (site: _____)	_____	Consistent with Sarcoidosis _____	_____
7. Other: _____	_____	_____	_____

8. Treatment (check all that apply):

Duration

Prednisone	_____	_____
Methotrexate	_____	_____
Plaquenil	_____	_____
Inhaled steroids	_____	_____
Nasal steroids	_____	_____
Other: _____	_____	_____

9. Co-Morbid Illness?: Yes _____ No _____ If yes, specify: _____

10. What is your primary specialty?

Pulmonology _____ Internal Medicine _____ Rheumatology _____ Primary Care _____
 Other (please specify): _____

Signature: _____ Date: _____

Thank you for completing this questionnaire

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e-Appendix 2.

BLACK WOMEN'S HEALTH STUDY SARCOIDOSIS QUESTIONNAIRE FOR PARTICIPANTS

1. What was the approximate date of your first sarcoidosis symptom? ____/____ (month/year)

Figure 3. What was the approximate date that a doctor diagnosed you with sarcoidosis? ____/____ (month/year)

8. How were you diagnosed with sarcoidosis? (check all that apply)

Chest X-ray ____ Chest CT ____ Biopsy (site: _____) ____ Other: _____

9. Are you currently having problems from your sarcoidosis? ____ Yes ____ No

10. What problems, if any _____

11. Please indicate all sarcoidosis medications you have used, either currently or in the past (check):

	Currently Using	Used In The Past
Prednisone	_____	_____
Methotrexate	_____	_____
Plaquenil	_____	_____
Inhaled Steroid (Flovent, Pulmicort)	_____	_____
Nasal Steroid (Nasonex, Flonase)	_____	_____
Other: _____	_____	_____

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12. Please indicate all the symptoms you have experienced for more than 24 hours, either in the past or currently:

	At Diagnosis	In Last Month	In The Past
Shortness of breath	_____	_____	_____
Cough	_____	_____	_____
Chest pain	_____	_____	_____
Fatigue/generalized weakness	_____	_____	_____
Palpitations	_____	_____	_____
Nasal/Sinus congestion	_____	_____	_____
Joint pain/Muscle aches	_____	_____	_____
Numbness/tingling (arms, legs, face)	_____	_____	_____
Headaches	_____	_____	_____
Other: _____	_____	_____	_____

13. Have any of the following family members been diagnosed with sarcoidosis?

Mother: ___ Father: ___ Sister: ___ Brother: ___ Other family member: ___ (relationship to you: _____)

Thank You For Completing This Questionnaire

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