

Appendix S1. Specific IRD questionnaire, adapted from Guillemin et al. [25].

Subjects are asked to answer “yes” or “no” to the following questions:

Q0. Do you confirm having one of these rheumatic disorders?

Q1. Which was your rheumatic disease?

- Rheumatoid arthritis?
- Spondyloarthritis / axial spondyloarthritis and/or peripheral spondyloarthritis (formerly called ankylosing spondyloarthritis)?
- Psoriatic arthritis?
- Other: please precise

Q2. Was this diagnosis confirmed by a physician? If “yes”, which one?

- Rheumatologist
- General practitioner
- Internist
- Other

Q3. What was the date of diagnosis?

Q4. What was the date of first symptoms?

Q5. Do you have full reimbursement for health care for this disease (*ALD – Affection longue durée*)?

Concerning your joint pain:

Q6. Are you at present experiencing, or have you in the past experienced, pains in your joints more than 2 weeks in a row (hands, wrists, feet, shoulder, elbows, knees)?

Q7. Are your joints swollen or have they been in the past?

Q8. Are or were your joints symmetrically affected, that is to say about the same on each side? (both hands, or both feet for example)

Q9. Are or were your hands affected?

Q10. Are or were your lower limbs affected (that is to say, your groin, your hip joint, your knees, your ankles, or your feet)?

Q11. Are or were more than three joints affected?

Q12. Has the pain lasted or did it last more than six weeks?

Q13. Have you ever been woken up by joint pain?

Q14. Are or were your joints stiff in the morning?

If Yes: For about how many minutes?

- < 30 minutes
- 30 minutes to 1 hour
- > 1 hour

Q15. Have you or have you had nodules under the skin on your elbows or hands?

Q16. Have you had the rheumatoid factor test, sometimes called the latex test or the Waaler-Rose test? If “yes”: Do you know if it was positive?

Q17. Have you had the anti CCP test, sometimes called ACPA test? If “yes”: Do you know if it was positive?

Q18. Have you had anti-fillagrin antibody test or anti-keratin antibody test? If “yes”: Do you know if it was positive?

Q19. Have you had x ray examinations of your hands and wrists?

[Q20 to Q33: specific questions for axial spondyloarthritis and/or psoriatic rheumatism]

Q34. Among the following treatment, which one(s) do or did you receive for your disease?

- methotrexate (Novatrex®, Imeth®, Metoject®)
- leflunomide (Arava®)
- sulfasalazine (Salazopyrine®)
- hydroxychloroquine (Plaquenil®)
- azathioprine (Imurel®)
- gold salts, aurothiopropanolsulfonate (Allochrysine®, Auranofin®)
- ciclosporine (Neoral®)
- D-penicillamine (Trolovol®)
- tiopronine (Acadione®)
- Anakinra (Kineret®)
- infliximab (Remicade®, Inflectra®, Remsima®)
- etanercept (Enbrel®, Benepali®)
- adalimumab (Humira®)
- certolizumab (Cimzia®)
- golimumab (Simponi®)
- abatacept (Orencia®)
- tocilizumab (Roactemra®)
- rituximab (Mabthera)