

Appendix

QUESTIONNARY:

Name:

Date of birth:

First name:

- 1) Do you have a family history of Crohn disease or ulcerative colitis?
- 2) Do you have a family history of Spondyloarthritis, psoriasis or uveitis? (mark right(s) answer(s))
- 3) Do you have a Spondyloarthritis, skin disease (psoriasis) uveitis? (mark right(s) answer(s))
- 4) Do you have a Crohn disease?
- 5) Do you have an ulcerates colitis?
- 6) Do you have articular pain?
If YES, do you have:
 - low back pain?
 - buttock pain
 - peripheral articular pain?
- 7) Do you have heel pain?
- 8) Do you have chest pain?
- 9) Do you have nocturnal pain?
- 10) Do you have morning stiffness more than 30 minutes?
- 11) Some articulations have swelling?
- 12) Did articular pains disappear with NSAID? (If they are authorized)
- 13) Do you have already taken corticoids?
 - If yes, do you find an efficacy in your articular pain?
- 14) Do you have already taken a biotherapy?
 - If yes, do you find an efficacy in your articular pain?
- 15) Have you already consulted a rheumatologist for your joint pains?
- 16) Do/did you smoke?