

Supplementary file 1: SURVEY ABOUT MEDICATION USE – SARCOIDOSIS PATIENTDAY

Age: years Gender: male/female

When was the diagnosis sarcoidosis confirmed? (Example: March 2014)

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Are you currently using medication for sarcoidosis? Yes/No

If yes, what medication do you use and in what dosage?

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For how long have you been using the above mentioned medication?

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Have you experienced any side-effects of your sarcoidosis medication? Yes/No

Side-effect:	Medication?	Bothersomeness of side-effects on a scale from 0-10? <i>Not bothersome = 0, very bothersome = 10</i>
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Please fill in the next three questions if you have used prednisone in the past

Did you experience side-effects of prednisone? If yes, please describe the most important side-effects.

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Why did you stop taking prednisone? (example: side-effects, prednisone was not effective)

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How long did you use prednisone?

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Please fill in the next three questions if you have used methotrexate in the past

Did you experience side-effects of methotrexate? If yes, please describe the most important side-effects.

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Why did you stop taking methotrexate? (example: side-effects, methotrexate was not effective)

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How long did you use methotrexate?

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