

ICARO questionnaire (InfeCtions in pAtients with endocRinOpathies). The following questions assess the frequency, duration and treatment of any infections you have had in the past 12 months. Please add up how often you suffered from these infections. For example if you had a cold 2 times and a middle ear infection once, then you had 3 upper respiratory tract infections (so you should choose the option "3 or 4 times"). A clinician is available for any questions or clarifications on the questionnaire.

How often have you had an infection of the upper respiratory tract (e.g. cold or an infection of the sinus, tonsils, middle ear (otitis media), throat, larynx, pharynx) in the past 12 months?

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long did each infectious episode last?				Did you take any medicines to treat the infection?		
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics	yes, antifungals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you had bronchitis or pneumonia in the past 12 months?

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long did each infectious episode last?				Did you take any medicines to treat the infection?		
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics	yes, antivirals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you had a gastrointestinal infection (stomach bug) in the past 12 months?

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long did each infectious episode last?				Did you take any medicines to treat the infection?		
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How often have you had a skin or soft tissue infection in the past 12 months? (Herpes labialis (cold sore), warts, herpes zoster (chickenpox/shingles), conjunctivitis)

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long did each infectious episode last?				Did you take any medicines to treat the infection?		
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics	yes, antivirals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you had a skin or soft tissue infection in the past 12 months? (boils, abscesses, styes)

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long did each infectious episode last?				Did you take any medicines to treat the infection?		
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How often have you had a fungal infection (e.g. fungal infection of the fingernails or toenails, oral thrush, vaginal thrush) in the past 12 months?

None ^(0.5)	1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How long did each infectious episode last?				Did you take any medicines to treat the infection?	
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antifungals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you had a genital infection (e.g. chlamydia, gonorrhoea, syphilis) <u>in the past 12 months</u>?					
None ^(0.5)		1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long did each infectious episode last?				Did you take any medicines to treat the infection?	
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you had a lower urinary tract infection (e.g. bladder infection) <u>in the past 12 months</u>?					
None ^(0.5)		1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long did each infectious episode last?				Did you take any medicines to treat the infection?	
less than one week ⁽⁰⁾	from one to two weeks ⁽²⁾	from two to three weeks ⁽⁴⁾	more than three weeks ⁽⁴⁾	no	yes, antibiotics yes, antifungals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you had the flu <u>in the past 12 months</u>?					
None ^(0.5)		1 or 2 times ⁽²⁾	3 or 4 times ⁽⁴⁾	5 or 6 times ⁽⁴⁾	more than 6 times ⁽⁴⁾
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hospitalized for infectious diseases <u>in the past 12 months</u>?					
no		yes			
<input type="checkbox"/>		<input type="checkbox"/>			
Have you been vaccinated in the past year?			If so, which vaccines did you get in the past year?		
yes		no		flu	pneumococcus other*
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			*, specify:.....		
Have you been absent from work due to infectious disease?			If yes, how long?		
Yes		No		Less than 7 days	More than 7 days
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Supplementary data: ICARO questionnaire, completed by the study participants.