

Vaccine survey

Start of Block: Block 1

Q1

The COVID-19 Global Rheumatology Alliance (GRA) is studying how COVID-19 affects people with rheumatic diseases throughout the world. The GRA is seeking to learn about perspectives and experience from adults with rheumatic diseases related to the COVID-19 vaccine.

Eligibility for the COVID-19 vaccine survey: -You have a diagnosis of a rheumatic disease -You are 18 years or older

You are eligible to complete the survey regardless of whether or not you have received the COVID-19 vaccine.

All of the information we collect is anonymous. Everyone is welcome and asked to complete this survey, even those who may have taken other surveys from the GRA. Have questions? Visit our website at rheum-covid.org or email us at rheum.covid@gmail.com.

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Q2 By participating, I confirm to be at least 18 years of age and provide consent for the information I provide to be used in analysis conducted by the COVID-19 Global Rheumatology Alliance. I understand that my data are anonymous and that I will not be able to be personally identified from my responses today.

- Confirm (1)
- Exit Survey (2)

Skip To: End of Survey If By participating, I confirm to be at least 18 years of age and provide consent for the informatio... = Exit Survey

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Q3 What year were you born?

Skip To: End of Survey If Condition: What year were you born? Is Greater Than or Equal to 2004. Skip To: End of Survey.

Page Break



Q4 Has a doctor ever told you that you had any of the following rheumatologic diseases?
(Check all that apply)

- ANCA-associated vasculitis (e.g. granulomatosis with polyangiitis [GPA] - microscopic polyangiitis [MPA] - eosinophilic GPA - Wegener's - Churg-Strauss) (1)
- Ankylosing spondylitis or axial spondyloarthritis (2)
- Antiphospholipid antibody syndrome (3)
- Autoinflammatory disease (including TRAPS - CAPS - FMF - HIDS - PFAPA - or others) (4)
- Behcet's syndrome (5)
- Chronic recurrent multifocal osteomyelitis (CRMO) or SAPHO (6)
- Dermatomyositis - polymyositis - inclusion body myositis - or other inflammatory muscle diseases (7)
- Eye inflammation (scleritis - uveitis - etc.) (8)
- Fibromyalgia (9)
- Giant cell arteritis (temporal arteritis) (10)
- Gout (11)
- IgG4-related disease (12)
- Juvenile idiopathic arthritis (JIA) - not including the systemic subtype (13)
- Systemic juvenile idiopathic arthritis (SJIA) / adult-onset Still's Disease (14)
- Kawasaki disease (15)
- Lupus (systemic lupus erythematosus/SLE) (16)

- Mixed connective tissue disease (MCTD) (17)
- Relapsing Polychondritis (18)
- Polymyalgia rheumatica (PMR) (19)
- Psoriatic arthritis (PsA) (20)
- Rheumatoid arthritis (RA) (21)
- Kikuchi syndrome (22)
- Osteoarthritis (23)
- Raynaud's (24)
- Sarcoidosis (25)
- Sjogren's syndrome (26)
- Systemic sclerosis (scleroderma) (27)
- Undifferentiated connective tissue disease (28)
- Other crystalline arthritis (including pseudogout) (29)
- Other inflammatory arthritis (30)
- Other spondyloarthritis (including reactive arthritis) (31)
- Other systemic vasculitis (polyarteritis nodosa - Henoch-Schonlein purpura - cryoglobulinemia) (32)
- I do not have a rheumatologic diagnosis (33)

Other (please specify): (34)

Skip To: End of Survey If Has a doctor ever told you that you had any of the following rheumatologic diseases? (Check all t... = I do not have a rheumatologic diagnosis

Page Break

Display This Question:

If Has a doctor ever told you that you had any of the following rheumatologic diseases? (Check all t...
= Autoinflammatory disease (including TRAPS - CAPS - FMF - HIDS - PFAPA - or others)



Q5 What autoinflammatory disease do you have?

- TRAPS (1)
- CAPS (2)
- FMF (3)
- HIDS (4)
- PFAPA (5)
- Other (Please Specify): (6) _____

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Carry Forward Selected Choices from "Has a doctor ever told you that you had any of the following rheumatologic diseases? (Check all that apply)"



Q6 What approximate year were you diagnosed with this rheumatic condition? (If unknown, enter 9999)

	Year of Diagnosis (1)
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<p>ANCA-associated vasculitis (e.g. granulomatosis with polyangiitis [GPA] - microscopic polyangiitis [MPA] - eosinophilic GPA - Wegener's - Churg-Strauss) (x1)</p>	
<p>Ankylosing spondylitis or axial spondyloarthritis (x5)</p>	
<p>Antiphospholipid antibody syndrome (x3)</p>	
<p>Autoinflammatory disease (including TRAPS - CAPS - FMF - HIDS - PFAPA - or others) (x4)</p>	
<p>Behcet's syndrome (x7)</p>	
<p>Chronic recurrent multifocal osteomyelitis (CRMO) or SAPHO (x8)</p>	
<p>Dermatomyositis - polymyositis - inclusion body myositis - or other inflammatory muscle diseases (x11)</p>	
<p>Eye inflammation (scleritis - uveitis - etc.) (x15)</p>	
<p>Fibromyalgia (x33)</p>	

Giant cell arteritis (temporal arteritis) (x9)	
Gout (x28)	
IgG4-related disease (x10)	
Juvenile idiopathic arthritis (JIA) - not including the systemic subtype (x13)	
Systemic juvenile idiopathic arthritis (SJIA) / adult-onset Still's Disease (x12)	
Kawasaki disease (x2)	
Lupus (systemic lupus erythematosus/SLE) (x23)	
Mixed connective tissue disease (MCTD) (x14)	
Relapsing Polychondritis (x31)	
Polymyalgia rheumatica (PMR) (x16)	

Psoriatic arthritis (PsA) (x17)	
Rheumatoid arthritis (RA) (x18)	
Kikuchi syndrome (x32)	
Osteoarthritis (x29)	
Raynaud's (x30)	
Sarcoidosis (x20)	
Sjogren's syndrome (x22)	
Systemic sclerosis (scleroderma) (x24)	
Undifferentiated connective tissue disease (x25)	
Other crystalline arthritis (including pseudogout) (x34)	

Other inflammatory arthritis (x19)	
Other spondyloarthritis (including reactive arthritis) (x6)	
Other systemic vasculitis (polyarteritis nodosa - Henoch-Schonlein purpura - cryoglobulinemia) (x35)	
<input checked="" type="checkbox"/> I do not have a rheumatologic diagnosis (x26)	
Other (please specify): (x27)	

Page Break



Q7 Which of the following rheumatology medications are you currently taking? (Check all that apply).

- Abatacept (Orencia) (1)
- Antimalarials (including hydroxychloroquine/Plaquenil, chloroquine) (2)
- Apremilast (Otezla) (3)
- Azathioprine / 6-MP (Imuran, mercaptopurine) (4)
- Belimumab (Benlysta) (5)
- Bisphosphonates (pamidronate, alendronate, risedronate, zoledronic acid) (6)
- Calcineurin inhibitors (cyclosporine, tacrolimus) (7)
- Cyclophosphamide (Cytoxan) (8)
- Colchicine (Mitigare, Colcrys) (9)
- Denosumab (Prolia) (10)
- IL-1 inhibitors (including anakinra/Kineret, canakinumab/Ilaris, rilonacept/Arcalyst) (11)
- IL-6 inhibitors (including tocilizumab/Actemra, sarilumab/Kevzara, siltuximab/Sylvant) (12)
- IL-12/23 inhibitors (including ustekinumab/Stelara, guselkumab/Tremfya) (13)
- IL-17 inhibitors (including secukinumab/Cosentyx, ixekizumab/Taltz) (14)
- Intravenous immunoglobulin (IVIG) (15)
- JAK inhibitors (including tofacitinib/Xeljanz, baricitinib/Olumiant, upadacitinib/Rinvoq) (16)

- Leflunomide (Arava) (17)
 - Methotrexate (Trexall) (18)
 - Mycophenolate mofetil / mycophenolic acid (Cellcept, Myfortic) (19)
 - NSAIDs (non-steroidal anti-inflammatory drugs including ibuprofen/Advil/Motrin, naproxen/Naprosyn, celecoxib/Celebrex, indomethacin, diclofenac, meloxicam, and others) (20)
 - Rituximab (Rituxan and biosimilar version) (21)
 - Sclerostin inhibitor (Romosozumab) (22)
 - Steroids (including prednisone, prednisolone, methylprednisolone, Medrol, prednisolone, dexamethasone, Decadron, glucocorticoids, corticosteroids, cortisol, and others) (23)
 - Sulfasalazine (Asulfidine, salazine) (24)
 - Teriparatide (Forteo) (25)
 - Thalidomide / lenalidomide (Thalomid, Revlimid) (26)
 - TNF-inhibitors (infliximab/Remicade, etanercept/Enbrel, adalimumab/Humira, golimumab/Simponi, certolizumab/Cimzia, and biosimilar versions) (27)
 - None (28)
 - I don't know the type or name of my medication (29)
 - Other (please specify): (30)
-



Q8 Has a doctor ever told you that you had any of the following medical conditions? Check all that apply

- High blood pressure (1)
- Immunodeficiency (2)
- Lung disease such as: asthma - emphysema - chronic bronchitis - COPD (3)
- High blood pressure in the lungs (pulmonary hypertension) (4)
- Interstitial lung disease (ILD) / idiopathic pulmonary fibrosis (IPF) (5)
- Other lung disease (6)
- Obesity (body mass index ≥ 30) (7)
- Severe obesity (body mass index ≥ 40) (8)
- Diabetes (9)
- Cancer (10)
- Heart disease (myocardial infarction/heart attack, heart failure, valvular disease, pericarditis) (11)
- HIV/AIDS (12)
- Chronic viral hepatitis (B, C, D or E) (13)
- Chronic kidney disease (14)
- Inflammatory bowel disease (Crohn's disease or Ulcerative colitis) (15)
- Organ transplant recipient (16)
- Liver disease (17)

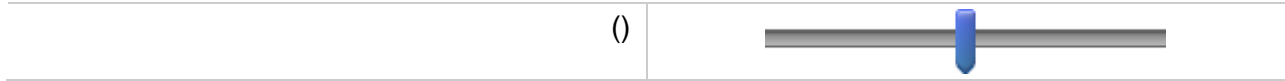
- Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) (18)
- Psoriasis (19)
- Stroke (20)
- Chronic neurological or neuromuscular disease (multiple sclerosis, ALS, etc.) (21)
- None (22)
- Don't know (23)

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Q9 Considering all the ways your rheumatic disease affects you, rate your overall rheumatic disease activity TODAY on a scale from 0 (very low disease activity) to 10 (very high/active disease activity)?

0 = very low
(doing extremely well) **10 = very high**
(doing extremely poorly)

0 1 2 3 4 5 6 7 8 9 10



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Q10 If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated?

- Yes, I have already received at least one dose (1)
- Yes, I will get it when it is available (2)
- No (3)
- Unsure (4)

Display This Question:

If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? = Yes, I will get it when it is available

Or if one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? = No

Or if one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? = Unsure

Q11 How willing are you to receive the COVID-19 vaccine? If you already received the COVID-19 vaccine, please answer what your willingness was prior to the vaccine.

0 = not willing at all 10 = very willing

0 1 2 3 4 5 6 7 8 9 10

Willingness to receive COVID-19 Vaccine ()	
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Display This Question:

If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? = No

Or if one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you agree to be vaccinated? = Unsure



Q12 What would increase your willingness to be vaccinated with a COVID-19 vaccine? (Check all that apply)

- If someone I know and trust receives the vaccine safely (1)
- I need to have more information about what can happen from the vaccine for someone like me (2)
- Once more people have had it, I can judge if it is worth receiving (3)
- If others who I believe are more vulnerable were able to get their vaccine before me (4)
- If my rheumatologist or other health care providers tell me I should receive the vaccine (5)
- I am willing to receive it once my health improves (6)
- I am willing to receive it once I make changes to my medications (7)
- Nothing will increase my willingness to be vaccinated (8)
- Other (9) _____

Page Break



Q13 Please rate the following statements related to the COVID-19 vaccine from strongly agree to strongly disagree.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Not applicable (6)
The COVID-19 vaccines were developed too quickly (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm concerned about side effects to the COVID-19 vaccine (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the COVID-19 vaccine is unsafe (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of needles/injections (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about being able to pay for the COVID-19 vaccine (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried that travel will be too difficult to obtain the COVID-19 vaccine (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried it will be too complicated to get an appointment to receive the COVID-19 vaccine (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will have a milder course of COVID-19 if I am vaccinated (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I consider myself as being “pro-vaccine” (26)

I never get very ill with infections so the COVID-19 vaccine is not needed for me (27)

I am worried the vaccine could cause COVID-19 infection (28)

The COVID-19 vaccine will not work as well for me (3)

I would rather wait for a specific type of COVID-19 vaccine (29)

I don't think the vaccine is helpful because it will not protect me against new variants of COVID-19. (30)

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Q14 Please rank at least TOP THREE sources of information most likely to influence your decision whether or not to receive a COVID-19 vaccine by entering 1, 2, 3 in each box.

_____ Social media (for example, Facebook, Twitter, TikTok) (1)

_____ Your doctor(s) or other health professionals (2)

_____ Patient or professional organization(s) (3)

_____ Political figures (4)

_____ Public health figures (5)

_____ Advertisements/commercials (6)

_____ Friends and family (7)

_____ Government public health advice (8)

_____ News media (TV/radio/newspaper) (9)

_____ Other: (Please specify) (10)



Q15 Please rate the following statements from strongly agree to strongly disagree.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
Letting the infection run through the population is the best way to deal with the pandemic (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 is not dangerous for my health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The vaccine will help us return to how life was before COVID-19 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being vaccinated will alleviate the fears and worries I have about the pandemic (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to protect myself and my family from COVID-19 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe in natural or traditional remedies (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not get vaccinations for religious reasons (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The vaccine will lessen the financial hardships of the pandemic (8)

I generally trust information and instructions from the government (9)

Wearing masks and social distancing are important ways to control COVID-19 (10)

Page Break

Display This Question:

If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you get it? If Yes, I have already received at least one dose



Q16 If you got the COVID-19 vaccine, how likely do you think it is that you would experience serious side effects?

- Very likely (1)
- Somewhat likely (2)
- Unsure (3)
- Not so likely (4)
- Not at all likely (5)



Q17 Please rate the following statements from strongly agree to strongly disagree.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I would be willing to stop my regular rheumatic condition medication(s) for a short time so I could take the vaccine (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried that taking the vaccine will cause a flare of my rheumatic condition (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about being exposed to COVID-19 at the facility to get a vaccine (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q18 Have you ever previously declined to receive a vaccine (NOT for COVID-19) that was recommended to you by your doctor or health professional?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If Have you ever previously declined to receive a vaccine (NOT for COVID-19) that was recommended t... = Yes



Q19 What were the reason(s) you declined to receive a vaccine (NOT for COVID-19) that was recommended to you by your doctor or health professional in the past? (Check all that apply)

- I never take vaccines (1)
- I was worried it was not safe (2)
- I was worried about possible side effects (3)
- I thought it was not needed (4)
- I doubted it would work for me (5)
- I did not think I was susceptible to the disease/infection (6)
- I did not think the infection was very serious (7)
- I was concerned I would get that disease/infection from the vaccine (8)
- I never get sick so it was not needed (9)
- Other health issues were active (10)
- I previously had a bad reaction to a vaccine (11)
- I did not trust pharmaceutical companies (12)
- I did not trust my health care professional (13)
- I had a previous allergy to a vaccine (14)
- I did not think I should take it due to my underlying conditions or medications (15)
- I do not remember (16)

Other reasons: (Please Specify) (17)

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Q20 Do you regularly get the influenza immunization (flu shot)?

- Yes (1)
 - No (2)
 - Not sure (3)
 - Prefer not to say (4)
-



Q21 Have you ever had a serious reaction to a vaccine NOT for COVID-19 (that you experienced within two months of the vaccination)?

- Yes (1)
 - No (2)
 - Not sure (3)
-

Display This Question:

If srs_react_nonCOVID_vacc = Yes



Q22 Which vaccine(s) did you have a serious reaction(s) to? (Check all that apply)

- Tetanus (1)
 - Hepatitis B (2)
 - Zoster/Shingles (3)
 - Pneumococcal (pneumonia shot) (4)
 - Influenza (flu shot) (5)
 - I do not remember (6)
 - Other (Please Specify): (7)
-

Page Break

Display This Question:

If which_vax_srs = Tetanus



Q23 What were the serious side effect(s) you experienced to Tetanus vaccine? (Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If tetanus_react = Flare of my existing rheumatic disease



Q24 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If which_vax_srs = Tetanus

And tetanus_react = New rheumatic or other autoimmune disease

Q25 What new rheumatic or other autoimmune disease developed due to a Tetanus vaccine?

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Display This Question:

If which_vax_srs = Hepatitis B



Q26 What were the serious side effect(s) you experienced to Hepatitis B vaccine? (Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If hebB_react = Flare of my existing rheumatic disease



Q27 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If hebB_react = New rheumatic or other autoimmune disease

Q28 What new rheumatic or other autoimmune disease developed due to Hepatitis B vaccine?

Page Break

Display This Question:

If which_vax_srs = Zoster/Shingles



Q29 What were the serious side effect(s) you experienced to Zoster/Shingles vaccine? (Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If zoster_react = Flare of my existing rheumatic disease



Q30 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If zoster_react = New rheumatic or other autoimmune disease

Q31 What new rheumatic or other autoimmune disease developed due to Zoster/Shingles vaccine?

Page Break

Display This Question:

If which_vax_srs = Pneumococcal (pneumonia shot)



Q32 What were the serious side effect(s) you experienced to Pneumococcal (pneumonia shot) vaccine? (Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If pneum_react = New rheumatic or other autoimmune disease

Q33 What new rheumatic or other autoimmune disease developed due to Pneumococcal (pneumonia shot) vaccine?

Display This Question:

If pneum_react = Flare of my existing rheumatic disease



Q34 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Page Break

Display This Question:

If which_vax_srs = Influenza (flu shot)

X→

Q35 What were the serious side effect(s) you experienced to Influenza (flu shot) vaccine?
(Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If influenza_react = New rheumatic or other autoimmune disease

Q36 What new rheumatic or other autoimmune disease developed due to Influenza (flu shot) vaccine?

Display This Question:

If influenza_react = Flare of my existing rheumatic disease



Q37 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Page Break

Display This Question:

If which_vax_srs = Other (Please Specify):



Q38 What were the serious side effect(s) you experienced to a non-COVID-19 vaccine `other` vaccine? (Check all that apply)

- Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (1)
 - Other allergic reaction (2)
 - Rash (3)
 - Fever or chills (4)
 - Widespread muscle/joint pain (5)
 - Fatigue or sleepiness (6)
 - Headache (7)
 - Nausea (8)
 - Vomiting (9)
 - Poor appetite (10)
 - Flare of my existing rheumatic disease (11)
 - New rheumatic or other autoimmune disease (12)
 - Chest pain - palpitations (13)
 - Other: (please specify) (14)
-

Display This Question:

If other_react = New rheumatic or other autoimmune disease

Q39 What new rheumatic or other autoimmune disease developed due to a non-COVID-19 'other' vaccine?

Display This Question:

If other_react = Flare of my existing rheumatic disease



Q40 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

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Q41 Please indicate how you have communicated (contacted by phone, email, or some other method of communication) with your healthcare provider about whether to receive a COVID-19 vaccine.

	Yes (1)	No (2)	Not sure (3)	Not applicable (4)
Have you reached out to your physician or other health care provider about whether to receive the vaccine? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your care provider reached out to you about the vaccine? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you discuss the vaccine with your provider during a visit (in-person or telehealth)? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you communicated with multiple providers about the vaccine, was there agreement between them? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Please indicate how you have communicated (contacted by phone, email, or some other method of com... = Yes



Q42 What advice did you receive from your healthcare provider about whether to receive a COVID-19 vaccine?

- My healthcare provider strongly endorsed it (1)
- My healthcare provider suggested it (2)
- My healthcare provider was unsure (3)
- My healthcare provider advised against it (4)
- My healthcare provider strongly discouraged it (5)
- Unsure (6)

Display This Question:

If Please indicate how you have communicated (contacted by phone, email, or some other method of com... = Yes



Q43 How satisfied were you with this conversation with your healthcare provider?

- Very satisfied (1)
- Satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (4)
- Very dissatisfied (5)

Display This Question:

If If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, wo... != Yes, I have already received at least one dose



Q44 Have you been told you are currently eligible to receive a COVID-19 vaccine?

Yes (1)

No (2)

Not sure (3)

Page Break

Display This Question:

If If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, wo... = Yes, I have already received at least one dose



Q45 Which vaccine did you receive?

- Pfizer-BioNTech (mRNA) (1)
- Moderna (mRNA) (2)
- Janssen/Johnson & Johnson (J&J) (3)
- Oxford-AstraZeneca (4)
- Novavax (5)
- Sinovac/Sinopharm (Chinese) (6)
- Sputnik V (Russian) (7)
- Cansino (8)
- Not sure (9)
- Other (please specify) (10) _____

Display This Question:

If If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, wo... = Yes, I have already received at least one dose

And Which of the following rheumatology medications are you currently taking? (Check all that apply). != None



Q46 Did you stop (either temporarily or permanently) any of your rheumatic medications before or after receiving the COVID-19 vaccine?

- Yes (1)
 - No (2)
 - Not sure (3)
-

Display This Question:

*If Did you stop (either temporarily or permanently) any of your rheumatic medications before or afte...
= Yes*



Q47 Did you discuss these changes to your rheumatic medication(s) with your rheumatologist (or other health care provider that manages your rheumatic condition)?

- Yes (1)
 - No (2)
 - Not sure (3)
-

Page Break

Display This Question:

If one of the approved vaccines to prevent COVID-19 was available to you right now at no cost, would you get it? = Yes, I have already received at least one dose



Q48 Did you have a serious reaction to the COVID-19 vaccine (except for anaphylaxis, lasting more than 2 days and within two months of the vaccination)? (Check all that apply)

- No (1)
 - Anaphylaxis (severe, potentially life-threatening allergic reaction often with rash, nausea, vomiting, difficulty breathing, and throat tightening needing emergency medical response such as an EpiPen) (2)
 - Other allergic reaction (3)
 - Rash (4)
 - Fever or chills (5)
 - Widespread muscle/joint pain (6)
 - Fatigue or sleepiness (7)
 - Headache (8)
 - Nausea (9)
 - Vomiting (10)
 - Poor appetite (11)
 - Flare of my existing rheumatic disease (12)
 - New rheumatic or other autoimmune disease (13)
 - Chest pain - palpitations (14)
 - Other (15) _____
-

Display This Question:

If Did you have a serious reaction to the COVID-19 vaccine (except for anaphylaxis, lasting more than... = New rheumatic or other autoimmune disease

Q49 What new rheumatic or other autoimmune disease developed due to the COVID-19 vaccine?

Display This Question:

If Did you have a serious reaction to the COVID-19 vaccine (except for anaphylaxis, lasting more than... = Flare of my existing rheumatic disease



Q50 Did this flare or worsening require change in treatment (increasing dosages, adding new medications) for your rheumatic disease?

- Yes (1)
- No (2)
- Not sure (3)

Page Break

Display This Question:

If Which of the following rheumatology medications are you currently taking? (Check all that apply).
!= None

Carry Forward Selected Choices from "Which of the following rheumatology medications are you currently taking? (Check all that apply)."



Q51 If you were asked by your physician or other health professional, would you be willing to temporarily stop your medication(s) listed below if it would improve the effectiveness of a COVID-19 vaccine?

	Yes, I would stop my medication (1)	No, I would NOT stop my medication (2)	Not sure (3)
Abatacept (Orencia) (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimalarials (including hydroxychloroquine/Plaquenil, chloroquine) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apremilast (Otezla) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Azathioprine / 6-MP (Imuran, mercaptopurine) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belimumab (Benlysta) (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisphosphonates (pamidronate, alendronate, risedronate, zoledronic acid) (x28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcineurin inhibitors (cyclosporine, tacrolimus) (x29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyclophosphamide (Cytoxan) (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colchicine (Mitigare, Colcrys) (x27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denosumab (Prolia) (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-1 inhibitors (including anakinra/Kineret, canakinumab/Illaris, rilonacept/Arcalyst) (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-6 inhibitors (including tocilizumab/Actemra, sarilumab/Kevzara, siltuximab/Sylvant) (x11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IL-12/23 inhibitors (including ustekinumab/Stelara, guselkumab/Tremfya) (x12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-17 inhibitors (including secukinumab/Cosentyx, ixekizumab/Taltz) (x13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intravenous immunoglobulin (IVIG) (x14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JAK inhibitors (including tofacitinib/Xeljanz, baricitinib/Olumiant, upadacitinib/Rinvoq) (x15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leflunomide (Arava) (x16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methotrexate (Trexall) (x17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mycophenolate mofetil / mycophenolic acid (Cellcept, Myfortic) (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAIDs (non-steroidal anti-inflammatory drugs including ibuprofen/Advil/Motrin, naproxen/Naprosyn, celecoxib/Celebrex, indomethacin, diclofenac, meloxicam, and others) (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rituximab (Rituxan and biosimilar version) (x19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sclerostin inhibitor (Romosozumab) (x30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (including prednisone, prednisolone, methylprednisolone, Medrol, prednisolone, dexathemason, Decadron, glucocorticoids, corticosteroids, cortisol, and others) (x20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfasalazine (Asulfidine, salazine) (x21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teriparatide (Forteo) (x31)

Thalidomide / lenalidomide
(Thalomid, Revlimid) (x23)

TNF-inhibitors
(infliximab/Remicade,
etanercept/Enbrel,
adalimumab/Humira,
golimumab/Simponi,
certolizumab/Cimzia, and
biosimilar versions) (x24)

None (x1)

I don't know the type or
name of my medication (x25)

Other (please specify): (x26)

Carry Forward Selected Choices from "If you were asked by your physician or other health professional, would you be willing to temporarily stop your medication(s) listed below if it would improve the effectiveness of a COVID-19 vaccine?"



Q52 What is your greatest concern about temporarily stopping your rheumatic medication?

	Disease Flare (1)	Withdrawal effects (2)	Side effects when previously stopped (3)	I tried to temporarily stop before and it didn't work (4)	Rheumatic medication may no longer work as well (5)	No concerns (6)
Abatacept (Orencia) (xx2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimalarials (including hydroxychloroquine/Plaquenil, chloroquine) (xx3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apremilast (Otezla) (xx4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Azathioprine / 6-MP (Imuran, mercaptopurine) (xx5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belimumab (Benlysta) (xx6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisphosphonates (pamidronate, alendronate, risedronate, zoledronic acid) (xx28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcineurin inhibitors (cyclosporine, tacrolimus) (xx29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyclophosphamide (Cytoxan) (xx7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colchicine (Mitigare, Colcrys) (xx27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denosumab (Prolia) (xx9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-1 inhibitors (including anakinra/Kineret, canakinumab/Ilaris, rilonacept/Arcalyst) (xx10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-6 inhibitors (including tocilizumab/Actemra, sarilumab/Kevzara, siltuximab/Sylvant) (xx11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IL-12/23 inhibitors (including ustekinumab/Stelara, guselkumab/Tremfya) (xx12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IL-17 inhibitors (including secukinumab/Cosentyx, ixekizumab/Taltz) (xx13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intravenous immunoglobulin (IVIG) (xx14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JAK inhibitors (including tofacitinib/Xeljanz, baricitinib/Olumiant, upadacitinib/Rinvoq) (xx15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leflunomide (Arava) (xx16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methotrexate (Trexall) (xx17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mycophenolate mofetil / mycophenolic acid (Cellcept, Myfortic) (xx18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAIDs (non-steroidal anti-inflammatory drugs including ibuprofen/Advil/Motrin, naproxen/Naprosyn, celecoxib/Celebrex, indomethacin, diclofenac, meloxicam, and others) (xx8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rituximab (Rituxan and biosimilar version) (xx19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sclerostin inhibitor (Romosozumab) (xx30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (including prednisone, prednisolone, methylprednisolone, Medrol, prednisolone, dexathemason, Decadron, glucocorticoids, corticosteroids, cortisol, and others) (xx20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfasalazine (Asulfidine, salazine) (xx21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teriparatide (Forteo) (xx31)

Thalidomide / lenalidomide
(Thalomid, Revlimid) (xx23)

TNF-inhibitors
(infliximab/Remicade,
etanercept/Enbrel,
adalimumab/Humira,
golimumab/Simponi,
certolizumab/Cimzia, and
biosimilar versions) (xx24)

None (xx1)

I don't know the type or
name of my medication
(xx25)

Other (please specify): (xx26)

Page Break

X→

Q53 Have you been diagnosed with, or thought you had, COVID-19 (Coronavirus) infection?

- Yes (1)
- No (2)
- Not sure (3)

Skip To: Q60 If Have you been diagnosed with, or thought you had, COVID-19 (Coronavirus) infection? = Not sure

Skip To: Q60 If Have you been diagnosed with, or thought you had, COVID-19 (Coronavirus) infection? = No

X→

Q54 In which approximate month was the diagnosis of COVID-19 made?

▼ December 2019 (1) ... November 2021 (24)

X→

Q55 How was COVID-19 diagnosed?

- I diagnosed myself based on symptoms (1)
- My doctor diagnosed me based only on symptoms (2)
- I was diagnosed based on positive test results for COVID-19 or SARS-CoV-2 (such as PCR or antibodies) (3)
- Not sure (4)
- Other (please specify): (5) _____

Page Break



Q56 Has your COVID-19 infection resolved at the time of this survey (meaning you no longer have symptoms related to COVID-19)?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If Has your COVID-19 infection resolved at the time of this survey (meaning you no longer have sympt... = Yes



Q57 How many days did your symptoms last, from the first day you became ill until symptoms resolved?

Display This Question:

If Has your COVID-19 infection resolved at the time of this survey (meaning you no longer have sympt... = No

Or Has your COVID-19 infection resolved at the time of this survey (meaning you no longer have sympt... = Not sure



Q58 For how many days have you been ill, counting from the first day you became ill until today?



Q59 What happened during the course of your COVID-19 infection?

I was not hospitalized and had no difficulties performing my daily activities (bathing, eating, dressing, etc.) (1)

I was not hospitalized but did have some difficulties performing my daily activities (bathing, eating, dressing, etc.) (2)

I was hospitalized (3)

I was hospitalized and required ICU care such as a breathing machine (ventilator) (4)

Page Break



Q60 What is your present gender identity?

- Female (1)
 - Male (2)
 - Transgender Female/ Trans woman (3)
 - Transgender Male/ Trans man (4)
 - Genderqueer/ Gender non-conforming (5)
 - Different identity (please specify): (6)

 - Prefer not to answer (7)
-



Q61 What sex were you assigned at birth, meaning on your original birth certificate?

- Male (1)
 - Female (2)
 - Prefer not to say (3)
-

Page Break _____

Display This Question:

If What sex were you assigned at birth, meaning on your original birth certificate? = Female



Q62 Are you currently pregnant, or have you been pregnant in the last 6 weeks?

- I am not pregnant (1)
- I am currently pregnant (2)
- I was pregnant in the last 6 weeks (3)
- Not applicable (4)
- Not sure (5)
- Prefer not to answer (6)

Display This Question:

If What sex were you assigned at birth, meaning on your original birth certificate? = Female



Q63 Are you currently breastfeeding or lactating and feeding pumped milk to your baby?

- Yes (1)
- No (2)
- Not sure (3)
- Not applicable (4)

Page Break



Q64 Do you currently, or have you ever smoked tobacco?

- Yes, I am a current tobacco smoker (1)
- Yes, I am a former tobacco smoker (2)
- No, I never smoked (3)

Page Break



Q65 What is your highest level of education obtained?

- Less than high school (secondary level) (1)
- High school (secondary level) / GED (2)
- Some college (3)
- Bachelor degree (graduated college) (4)
- Graduate or professional degree (5)

Page Break



Q66 Which single option best describes your current employment or student status?

- Employed full time (1)
- Employed part-time (2)
- Not employed, looking for work (3)
- Not employed, NOT looking for work (4)
- Retired (5)
- Not able to work due to disability (6)
- Part-time student (7)
- Full-time student (8)

Page Break



Q67 What is your ancestry, race, or ethnic background? (Check all that apply)

- Middle Eastern or North African (1)
 - Black (2)
 - East Asian (3)
 - Hispanic, Latinx, or Latin American (4)
 - South Asian (5)
 - Pacific Islander (6)
 - White (7)
 - American Indian / Alaska Native / Aboriginal / Indigenous / 1st Nations (8)
 - Don't know (9)
 - Prefer not to answer (10)
 - Other (please specify): (11)
-

Page Break



Q68 In what country do you live?

▼ Afghanistan (1) ... Zimbabwe (201)

Display This Question:

If In what country do you live? = Canada



Q69 In what province/territory do you live?

▼ Ontario (1) ... Saskatchewan (13)

Display This Question:

If In what country do you live? = United States of America (USA)



Q70 In what state do you live?

▼ Alabama (1) ... Wyoming (51)

Page Break



Q71 Do you belong to any of the following patient support organizations? Check all that apply

- American Behcet's Disease Foundation (ABDA) (1)
- Arthritis Consumer Experts (2)
- Arthritis Foundation (3)
- Arthritis Life (4)
- Association of Rheumatology Concerns (5)
- Autoinflammatory Alliance (6)
- Canadian Arthritis Patient Alliance (7)
- CARRA (8)
- CreakyJoints (9)
- CureJM (10)
- Deutsche Rheuma-Liga (11)
- Disability Federation of Ireland (12)
- EULAR PARE (13)
- Foundation for Sarcoidosis Research (14)
- Hospital Clinic, Barcelona, Spain (15)
- Hospital Especialidades Centro Médico Nacional IMSS (16)
- Instituto de Investigación Hospital 12 de Octubre (RIER, Red de Investigación en Inflamación y Enfermedades Reumáticas) (17)

- International Foundation for Autoimmune & Autoinflammatory Arthritis (18)
- Iran University of Medical Sciences (19)
- JIA Matters (20)
- Juvenile Arthritis Research (JAR) (21)
- Klinik für Kinder- und Jugendmedizin I des UKSH, Campus Kiel (22)
- Lupus Foundation of America (23)
- Mayo Clinic Health System (24)
- Medical University of Lodz, Department of Rheumatology, (25)
- Mifrakim Tz'eirim (26)
- National Axial Spondyloarthritis Society (NASS) (27)
- Norwegian Rheumatism Association (28)
- Ontario Rheumatology Association (29)
- Piedmont Healthcare - Piedmont Atlanta Rheumatology (30)
- Psoriasis and Psoriatic Arthritis Alliance (PAPAA) (31)
- RA chicks (32)
- RareConnect (33)
- Rheumatology Specialists of Connecticut, Inc. (34)
- Rheumatology UKE Hamburg (35)

- Rhumatologie Hopital Maisonneuve-Rosemont (36)
- Scleroderma Clinical Trials Consortium (37)
- Sociedad Chilena de Reumatología (SOCHIRE) (38)
- Spanish Society of Rheumatology (39)
- St James's Hospital (40)
- Stowarzyszenie "3majmy się razem" (41)
- Spondylitis Association of America (42)
- Systemic JIA Foundation (43)
- The Myositis Association (44)
- The Polyclinic (45)
- UK National Rheumatoid Arthritis Society (NRAS) (46)
- Universita Politecnica Delle Marche (47)
- University of Michigan (48)
- Vasculitis Foundation (49)
- Vasculitis UK (50)
- Versus Arthritis (51)
- Women with Rheumatoid Disease (52)
- None (53)

Other (please specify with the full name of the organization): (54)

Page Break

Q72 Do you have any other questions, comments, or concerns? We would love to hear your feedback!

End of Block: Block 1
