Online supplementary Figure S1 – The process used to develop the PsAID

**Identification / selection of domains of health**
- Initial identification 11 patient-partners
- Domains prioritised for importance: 139 patients from 13 countries
- Ranking order prioritisation (yes/no)

**Identification / elaboration of questions**
- Physician expert opinion
- Patient-family opinion on wording

**Validation**
- Cross-sectional and longitudinal study in 13 countries, define PsA patients according to the physician
- To obtain weights of the different questions to combine them in a score
- Patients asked to 'spend' 100 points across domains
- Analysis by ranks of points

**Validation of 'Truth'**
- Construct validity: correlation with other questionnaires: OTQ8, FAQ, and MOS, TAIQ, Pain VAS, Patient global VAS, EQ-5D, ULQ
- Other measures: NPSA, NSA, OAQ
- Feasibility: > 95% missing data

**PsAID finalised**

**Validation process**
- Cross-sectional N=474 patients
- Test-retest N=88
- Sensitivity to change N=71

2 validated PsAID questionnaires
- PsAID-9 for clinical trials
- PsAID-12 for clinical practice
**Online Figure S2.** Agreement between PsAID-9 and PsAID-12 score results in 474 PsA patients by Bland and Altman technique.

Agreement was high, with a mean difference close to 0 and agreement limits of -0.7 to +0.3.