Supplemental material

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Online Supplementary Text with Tables S1-S3 and figure S1

Survey among external researchers and experts
The questionnaires addressed level of importance to emphasize in '*points to consider on condcting and reporting studies with work participation as an outcome domain*' each of the 24 methodological topics accross 6 main areas:(I) Study design; (II) Work participation; (III) outcome domains; (IV) Work participation outcome instruments; (V) Contextual factors; (VI) Data analyses; (VII) Reporting.
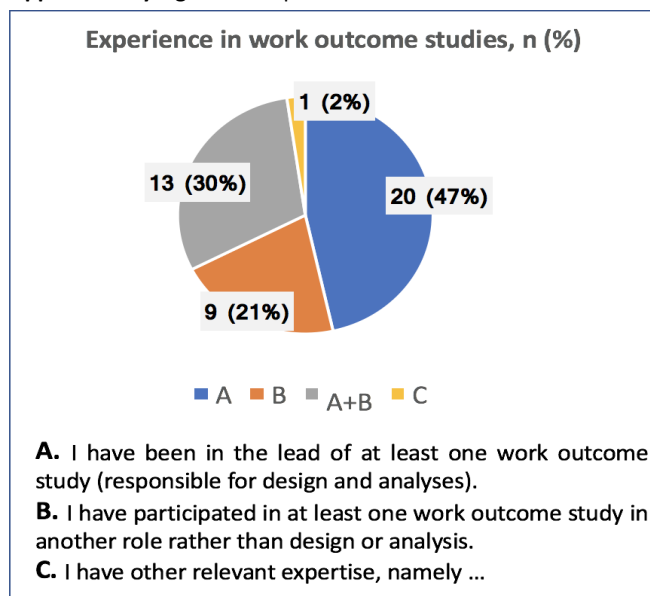
Forty-three respondents were included, from 13 different countries (Netherlands (n=11); Hungary (n=8); United Kingdom (n=6); Sweden (n=4); Canada (n=3); United States of America (n=3); Denmark (n=2); Belgium (n=1); Finland (n=1); France (n=1); Mexico (n=1); Portugal (n=1) and Romania (n=1) . Their background and experience in work outcome studies varied.

Supplementary Table S1: Background of the 43 respondents

Background[#]	n*
Rheumatologist	**17**
Other medical specialist	3
Health professional	6
Epidemiologist or statistician	**12**
(Health)-economist	5
Researcher	4
Patient research partner/patient advocate	2

[#]72% with experience in inflammatory arthritis or other musculoskeletal diseases
* Several answer options were possible

Supplementary Figure S1: Experience with work outcome studied of the respondents

A. I have been in the lead of at least one work outcome study (responsible for design and analyses).
B. I have participated in at least one work outcome study in another role rather than design or analysis.
C. I have other relevant expertise, namely …

Supplementary Table S2: Level of importance (0= *do not agree at all* to 5= *fully agree*) for each topic.

Area	Statements	n/43*	Level of importance# Mean (SD)
I. Study design	**Statement 1. The target population and eligibility criteria should be clearly defined and chosen in relation to the work-related objective(s).**	42	4.8 (0.4)
	Statement 2. The sample size calculation of a study with work as one of the outcomes deserves specific consideration as work outcomes often apply to subpopulations only.	42	4.0 (0.9)
	Statement 3. The time horizon should align with the study objective, outcome domain(s) of interest.	41	4.3 (0.6)
	Statement 4. Comparison with (matched groups of) the general population should be considered to provide a better understanding of the impact of the disease (or the interventions) on work participation, as it reveals the 'normal' participation level.	42	4.2 (0.8)
	Statement 5. The frequency of assessment of the endpoints and contextual factors (confounders) should be related to the study objective and the recall period of the measures.	39	4.4 (0.7)
II. Work outcome domains	**Statement 6. When selecting the work outcomes domains, the interdependence of work status, sick leave and presenteeism needs specific consideration.**	38	4.6 (0.6)
	Statement 7. The assessment of both paid- and unpaid work outcomes should be considered, to provide a complete picture of worker participation.	38	4.0 (0.9)
	Statement 8. Definitions of work outcome domains need to be explicit, in particular when no validated instruments are used.	38	4.8 (0.4)
III. Work outcome measurement instruments	**Statement 9. Validated self-report instruments** or **objective data sources to assess work outcome domains** should be preferred above self-composed questionnaires.	39	4.6 (0.8)
	Statement 10. The *attribution* of work participation should be assessed in relation to overall health and not merely in relation to the inflammatory arthritis.	37	4.1 (1.0)
	Statement 11. The choice between ***single*** and ***multi-dimensional*** instruments should be justified and aligned with the study objective.	39	4.1 (0.8)
	Statement 12. The ***construct* measured to assess presenteeism and restrictions in unpaid work** should be justified and aligned with the study objective.	37	4.1 (0.7)
	Statement 13. The ***recall period*** of the instruments should be aligned with the study objective, the frequency of assessment and the study duration.	39	4.3 (0.8)
	Statement 14. When **measuring days absent from paid work,** the measurement should reflect **actual *workdays absent*,** i.e. excluding weekend days or other days one would not work.	38	4.3 (1.0)

Area	Statements	n*	Level of importance# Mean (SD)
IV. Contextual factors	**Statement 15. Specific contextual factors** (e.g. physical demand of the work, support from colleagues, characteristics of the social security system) should be chosen in view of the study objectives.	39	4.4 (0.8)
	Statement 16. The **OMERACT framework** on classification of contextual factors for work outcomes (Tang et al. 2011) should guide the selection of contextual factors.	36	4.2 (0.9)
V. Data analysis	**Statement 17. Appropriate methods should be applied to understand (the type) of skewness of work outcomes** with a continuous scale and the choice of method for further analyses should be justified.	37	4.6 (0.6)
	Statement 18. Longitudinal data analyses on work status should account for potential interdependence or competition between outcomes (e.g. when a person is absent due to sick leave, presenteeism is no longer possible).	37	4.7 (0.5)
	Statement 19. Analyses of work outcomes should be **corrected for contextual factors**.	38	4.4 (0.9)
VI. Reporting	**Statement 20.** In longitudinal studies, **work-related reasons for drop-out should be described** (i.e. changes in work status) in addition to traditional **reasons for loss to follow-up.**	39	4.4 (0.8)
	Statement 21. The size and characteristics of the (sub)groups in which the analyses are performed should be described.	39	4.7 (0.6)
	Statement 22. The descriptive data (status or changes) should be presented as means (with SD) in addition to medians (with range or IQR), even in case of skewness.	36	3.8 (1.1)
	Statement 23. In addition to aggregated group results at the group level (mean/median), **reporting results on the individual patient level should be considered** (e.g. the proportion of patients with 'no presenteeism' and/or 'no sick leave').	39	4.1 (0.7)
	Statement 24. In case **productivity costs** is included as an outcome, **volumes** (e.g. days, hours) of work loss should be reported.	39	4.6 (0.6)

*excluding no opinion