Annex 1.

Screening questionnaire [English template]

Patient ID:

__ __ __ __ __

Questionnaire for early identification of axial spondyloarthritis and psoriatic arthritis

1.	Is the patient 18 years of age or older?	□ Yes □ No
2.	Does the patient have a confirmed diagnosis of psoriasis (current or past)?	□ Yes □ No
3.	Does the patient suffer from back pain?	□ Yes □ No
3b.	Has the patient's back pain been chronic (≥ 3 months)?	□ Yes □ No
3c.	Did the patient's back pain start before the age of 45 years?	□ Yes □ No
4.	Has the patient been treated with a biologic or targeted synthetic DMARD in the past 12 weeks (e.g. Tofacitinib)?	□ Yes □ No

If the answers to questions 1 to 3c are all "YES" and the answer to question 4 is "NO" the patient is eligible for referral to Charité Universitätsmedizin Berlin Rheumatology department.

Does the patient qualify for referral to Charité Universitätsmedizin Berlin Rheumatology department? **□ Yes □ No**

If the patient does NOT qualify for referral, please complete the following two questions.

1.	Does the patient have a history of chronic back pain (≥ 3 months) starting before the age of 45 years (even if no longer experiencing back pain)?	□ Yes □ No
2.	Does the patient have a history of SpA (ankylosing spondylitis, axial spondyloarthritis (radiographic or non-radiographic), psoriatic arthritis, reactive arthritis, enteropathic arthritis, or undifferentiated spondyloarthritis) by a rheumatologist? If yes, please specify:_____	□ Yes □ No

If the patient qualifies for referral, please send the patient for further evaluation to Charité Universitätsmedizin Berlin Rheumatology department. Therefore, please complete the backside of this form and send both pages via fax to the number (030) 8445 4149 or via e-mail to rheumatologie.cbf@charite.de and hand out the original copy to the patient. We will contact the patient and give her/him an appointment. If desired, the patient can call us directly for an appointment at 0172 89 87 637 (Monday to Friday, 8 am to 3 pm).

If one or more questions (#1-3c) are answered with “No”, a diagnosis of a Spondyloarthritis is unlikely. In this case, please store this form without completing the backside. The evaluation will be anonymous.

Patient Contact Information

Patient Name: _____

Contact Number (home):_____

Contact Number (work):_____

Contact Number (mobile):_____

Preferred contact number (home, work, or mobile):_____