



Survey of foot complaints among people with systemic lupus erythematosus

About you

Firstly, we are seeking some general information about you

1. How old are you? Years
2. Are you male or female? Male Female
3. What is your employment status?
Paid work Un-paid work Sick leave Retired
OR NO, I do not work
4. What is your ethnic group?
 European Asian Maori Pacific Island
 Afro-Caribbean Chinese Other
5. Are you currently a cigarette smoker?
No, never No, I gave up Yes
6. Approximately how tall are you?
 feet inches **OR** cm
7. Approximately how much do you weigh?
 stones lbs **OR** kg

About your systemic lupus erythematosus (SLE).

Next, we need some information about your SLE.

8. How long ago did your symptoms of SLE actually start?
Symptoms started Months / Years ago
(delete as appropriate)

9. How long ago were you first told you had SLE?

I was told Months / Years ago
(delete as appropriate)

10. At the start of your condition, which joints were affected by your SLE?

Please indicate which were involved first by putting number 1, second by 2, third by 3 and so on... If a joint has NEVER been involved, please leave that box blank or put 0.

Finger/hand joints	<input type="checkbox"/>	Back	<input type="checkbox"/>
Wrist joints	<input type="checkbox"/>	Hip joints	<input type="checkbox"/>
Elbow joints	<input type="checkbox"/>	Knee joints	<input type="checkbox"/>
Shoulder joints	<input type="checkbox"/>	Ankle joints	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Toe/foot joints	<input type="checkbox"/>

11. What symptoms first led to your Lupus being diagnosed?

(please tick as many as apply)

skin rash feeling unwell arthritis
 kidney problems poor circulation
 (other – please specify).....

12. Are you taking any medication prescribed by your doctor for your lupus at the current time?

Yes

No

13. **IF YOU ARE TAKING ANY MEDICATION**, please look at the list of treatments below and tick any that you are currently taking:

Methotrexate	<input type="checkbox"/>	Azathioprine	<input type="checkbox"/>
Prednisolone (steroids)	<input type="checkbox"/>	Mycophenolate	<input type="checkbox"/>
Anti-inflammatories	<input type="checkbox"/>	Hydroxychloroquine	<input type="checkbox"/>
Cyclophosphamide	<input type="checkbox"/>	Rituximab injections	<input type="checkbox"/>

14. When you get out of bed in the mornings, do some or all of your joints currently feel stiff?

Yes

No

IF YES, how long does the stiffness generally last for?

Stiffness lasts for Minutes / Hours each day
(delete as appropriate)

About your feet

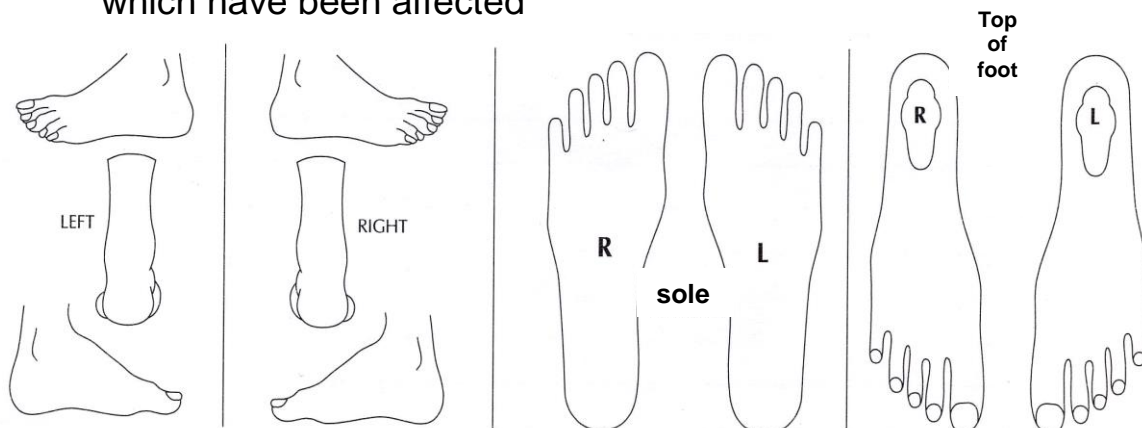
We are particularly interested in how your Lupus affects your feet

15. Have you **ever** had pain in your feet which you think is because of the SLE which lasted one day or longer?

Yes

No

IF YES, please circle on the diagrams below ALL the places which have been affected

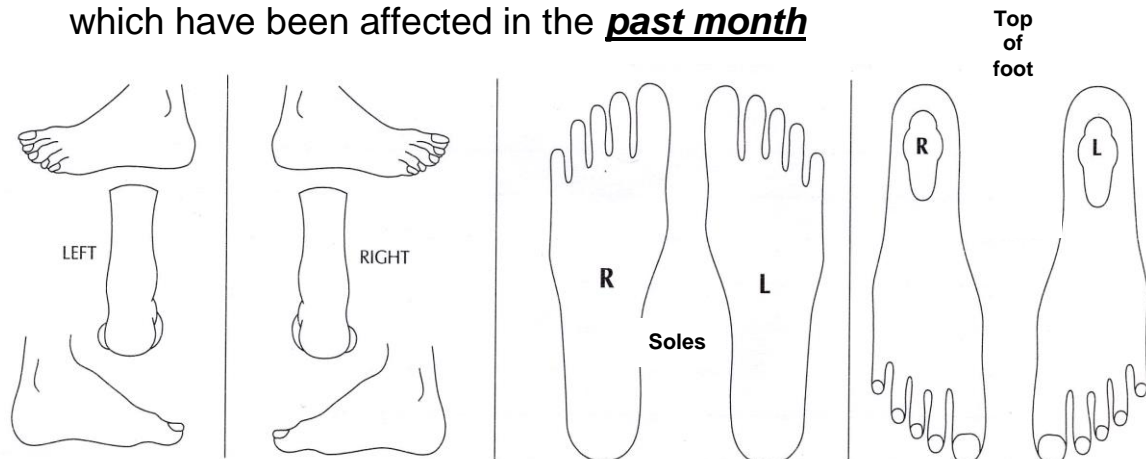


16. In the **past month**, have you had pain in your feet because of the SLE which lasted a day or longer?

Yes

No

IF YES, please mark on the diagrams below ALL the places which have been affected in the **past month**

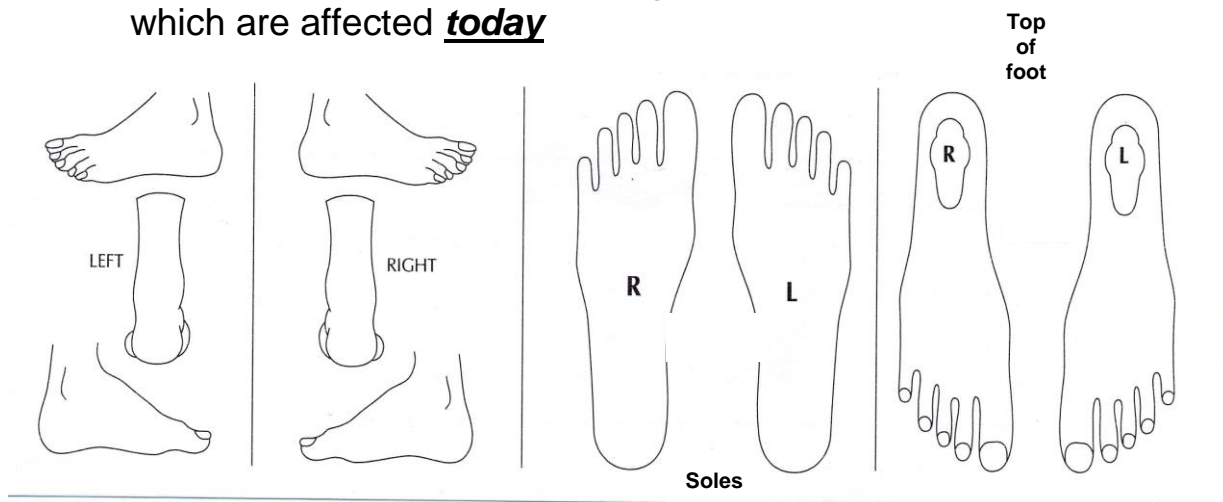


17. **Today**, do you have pain in your feet, which you think might be because of the Lupus?

Yes

No

IF YES, please mark on the diagrams below ALL the places which are affected **today**



AND IF YES, please estimate how severe it is **today**

No pain **0**

_____ **10**

Worst pain ever

Apart from pain, do you have any of these other symptoms in your feet? (please tick ALL that apply)

18. Lupus and your circulation	Always	Sometimes	Never
a) Do you have cold feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you suffer with Chilblains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you toes/fingers change colour? – (typically white, blue then red (Rayaunds phenomenon))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you experience Intermittent Claudication (cramp-like pain in your calf when walking)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Lupus and your skin			
Do you get a rash on your feet or legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get a rash that blisters on your feet or legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get ulcers on your feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Lupus and your nervous system			
Do you experience a loss or sensation/numbness in your feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the numbness in your feet cause you to loose your balance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Lupus and the bones and joints in your feet			
Do your feet swell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get pain in your foot joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience pain in the arch of your foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get pain in your tendons? (e.g. back of the leg, the Achilles tendon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Does the pain in your feet stop you sleeping?

Yes

No

23. Does the pain in your feet affect you emotionally?

Yes

No

If YES, how would you describe the way it makes you feel?

.....
.....
.....
.....

24. Have you discussed your foot symptoms with your GP at any time?

Yes

No

25. Have you discussed your foot symptoms with your hospital Rheumatologist at any time?

Yes

No

26. Approximately how long ago did a doctor or specialist rheumatology nurse last examine your feet?

Approximately

Months / Years ago
(delete as appropriate)

OR Never examined feet

27. Approximately how long ago did a doctor or specialist rheumatology nurse last examine your hands?

Approximately

Months / Years ago
(Delete as appropriate)

OR Never examined hands

28. Do you have difficulty cutting your toe nails because of your SLE?

Yes

No

29. Have you ever seen a chiropodist/podiatrist about your feet?

Yes

No

30. Have you ever seen a foot surgeon about your feet?

Yes

No

31. Have you ever had an operation on your feet?

Yes

No

32. Have you ever had an X-ray of your feet?

Yes

No

33. Please list any problems that you have had with your feet e.g. corns, ulcers, callus, bunions, flat feet etc.

34. Have you been prescribed insoles for your shoes?

Yes

No

IF YES, for which foot?

Right

Left

Both

AND IF YES, do you still wear them?

Yes

No

IF YOU DO NOT WEAR THEM, why not?

They were not helpful

They wore out

They caused more pain

My symptoms got better

I had surgery

I had special shoes made instead

Did not fit in my shoes

35. Have you ever been prescribed hospital shoes?

Yes

No

AND IF YES, do you still wear them?

Yes

No

IF YOU DO NOT WEAR THEM, why not?

They were not helpful

They wore out

They caused more pain

My symptoms got better

They look unattractive
 I had surgery
 They do not fit

36. To what extent has the symptoms of Lupus in your feet interfered with your normal social activities?
 (please tick one box)

Never Once or twice Sometimes
 Often All the time

37. Do you feel life in general is affected by the symptoms of Lupus in your feet?

Yes No

IF YES, which aspects are affected?

	No NEVER	Yes, SOMETIMES	Yes, ALL THE TIME
Standing for longer than 15 mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing different shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. To what extent has the symptoms of Lupus in your feet, interfered with your activities with family members? (please tick one box)

Never Once or twice Sometimes
 Often All the time

39. Please list the social activities and/or activities with family members that the symptoms of Lupus in your feet prevent you from undertaking.

.....
.....
.....
.....

40. **Is there any additional information that you would like to provide?**

***THANK YOU FOR TAKING THE TIME TO
COMPLETE THIS QUESTIONNAIRE***

Please return completed questionnaire to:
Dr. Simon Otter
AUT University
AA Building
90 Akoranga Drive
Northcote
Auckland, 0627,

In the stamped, addressed envelope provided