

Questionnaire

1. Birthdate? (Day/Month/YEAR)
2. When was Rheumatoid Arthritis first diagnosed? (YEAR)
3. Which foot was operated? Left / Right / Both
4. Did you have to have a re-operation? Yes - right / left foot – No
5. Shoe wear use (multiple selection possible)
 - a. Conventional shoes
 - b. Conventional shoes with minor modifications
 - c. Custom-fabricated orthopedic shoes
 - d. Insoles
 - e. Toe pads
6. Do have pain at the operated foot/feet?
 - a. No pain
 - b. Pain under strain
 - c. Pain at rest
7. Please indicate on the figure where the pain is located? (image of a foot)
8. Do you need in addition to the rheumatoid arthritis medication any additional pain medication?
9. How far can you walk barefoot?
 - a. < 2 m
 - b. 2 – 10 m
 - c. > 10 – 100 m
 - d. > 100 m
10. How far can you walk with your shoe wear?
 - a. < 2 m
 - b. 2 – 10 m
 - c. > 10 – 100 m
 - d. > 100 m
11. Can you stand in a two-legged tip-toe stand without help?
 - a. Yes, without problems, > 5 sec
 - b. Yes, but only 1 – 5 sec
 - c. Not possible
12. In cases you cannot perform a two-legged tip-toe stand, what do you believe is the reason? (Left and/or Right foot/feet)
 - a. The forefoot operation
 - b. Other problems of the foot (eg. arthritis, flat foot)
 - c. Other disorders than the foot/feet e.g. knee or hip complaint?
13. Can you perform a one-legged stand without help?
 - a. Left and/or Right operated foot
 - i. Yes, without problems, > 5 sec
 - ii. Yes, but only 1 – 5 sec
 - iii. Not possible
14. Can you perform a one-legged tip-toe stand without help?
 - a. Left and/or Right operated foot
 - i. Yes, without problems, > 5 sec
 - ii. Yes, but only 1 – 5 sec
 - iii. Not possible
15. How satisfied are you in general with the operative outcome?
 - a. Very satisfied

- b. Satisfied
 - c. Not satisfied
 - d. Dissatisfied
16. The following pictures demonstrate typical foot problems in cases of Rheumatoid Arthritis. Please indicate, which ones you can identify now for your operated foot/feet.
- a. Picture 1: Hallux valgus
 - b. Picture 2: Hammertoes
 - c. Picture 3: Plantar swelling
 - i. Left and/or Right operated foot/feet
 - 1. No Deformity
 - 2. Mild Deformity
 - 3. Severe Deformity
17. Please send us a picture of your feet, photographed from the top while standing and with a view from the bottom when lying down.
18. Space for additional notes.

Supplemental Figure 1

