

Supplemental appendix 2. Questionnaires sheet on the management of ocular sarcoidosis

Name:  Degree:  Affiliation:   
 City:  Country:  E-mail address:

Please choose one from the pop-up window

A. Background of the respondents							
1	Approximate number of patients with uveitis in your clinic.	<input type="text"/>					
2	Approximate number of OS patients in your clinic.	<input type="text"/>					
3	What criteria do you use for the diagnosis of ocular sarcoidosis? Please choose one.	<input type="text"/>	Enter name of your criteria here if you chose "others"				
4	What tool(s) do you use to evaluate inflammatory activity of OS when you start therapy? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Enter here if you chose "others"
5	What tool(s) do you use to monitor the effectiveness of therapy? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Enter here if you chose "others"
B. Anterior uveitis (AU) in OS							
1	What ocular manifestations of AU do you treat? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	What is the first line therapy for severe AU (e.g. iris nodules, many mutton fat KPs, AC cells=3+ or more) ?	<input type="text"/>					
3	What is the second line therapy for severe AU (e.g. iris nodules, many mutton fat KPs, AC cells=3+ or more) ?	<input type="text"/>					
4	What is the first line therapy for moderate AU (e.g. AC cells < 3+) ?	<input type="text"/>					
5	What is the second line therapy for moderate AU (e.g. AC cells < 3+) ?	<input type="text"/>					
6	Do you keep treating inactive AU (no AC cells, no AC flare)?	<input type="text"/>					
7	Do you use mydriatics for active AU?	<input type="text"/>					
C. Intermediate uveitis (IU) in OS							
1	What ocular manifestations of IU do you treat? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	What is the first line therapy for bilateral active IU?	<input type="text"/>					
3	What is the second line therapy for bilateral active IU?	<input type="text"/>					
4	What is the first line therapy for unilateral active IU?	<input type="text"/>					
5	What is the second line therapy for unilateral active IU?	<input type="text"/>					
D. Posterior uveitis (PU) in OS							
1	What ocular manifestations of PU do you treat? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	What is the first line therapy for bilateral active PU?	<input type="text"/>					
3	What is the second line therapy for bilateral active PU?	<input type="text"/>					
4	What is the first line therapy for unilateral active PU?	<input type="text"/>					
5	What is the second line therapy for unilateral active PU?	<input type="text"/>					
E. Corticosteroids, immunosuppressive drugs, biologic drugs							
1	What is the mean initial dose of oral prednisone/prednisolone for severe chronic intermediate/posterior uveitis (OS) causing decreased visual acuity?	<input type="text"/>					
2	What is the mean duration of this initial dose of oral prednisone/prednisolone?	<input type="text"/>					
3	What is the mean duration of total treatment with oral prednisone/prednisolone?	<input type="text"/>					
4	What immunosuppressive drug do you initially use as a steroid-sparing agent if necessary?	<input type="text"/>	Enter drug name here if you chose "others"				
5	Do you use a biologic drug for OS?	<input type="text"/>					
6	If yes, which biologic drug do you use? (Multiple choices allowed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Enter drug name here if you chose "others"