

Common part	
Please specify your gender	male, female
Please specify your age	
Are you the patient's parent or guardian?	yes, no
How would you describe your social status?	-working -self-employed -unemployed -receiving welfare support
What is your level of education?	-secondary school -higher education -academic degree
Family status	- Married - Divorced - Widow/widower - Single parent
How old is your child?	
Please specify the gender of your child	
The age at which the diagnosis was made	
<b>Infectious status</b>	
In your opinion, how did your child usually tolerate acute respiratory infections?	slightly, symptomatic treatment is often enough; slightly moderate, lasting longer than 7 days, with high fever; heavily, almost always requiring the use of antibacterial drugs
How many episodes of ARI had your child last year?	
Average duration of last ARI episode was ( days)?	
Body temperature during acute respiratory infections more often	36.6-37.0; 37.1-38.0; 38.0-39.0; over 39.0)
Please specify the average duration of a common cold (acute respiratory infections) in your child?	
Has your child had chickenpox?	yes/no
<b>Vaccine status</b>	
Is your child vaccinated according to the national calendar?	Yes, all vaccinations recommended by the pediatrician have been done; Yes, but not all vaccinations have been done, many have been missed; No, vaccinations have been refused; No, there is a medical reason not to vaccinate
Is your child vaccinated:	yes/no questions (for each vaccine)

<ul style="list-style-type: none"> <li>- BCG vaccine,</li> <li>- Hepatitis B,</li> <li>- Hepatitis A,</li> <li>- Pentaxim,</li> <li>- Infanrix,</li> <li>- DPT,</li> <li>- measles,</li> <li>- Mumps,</li> <li>- parotitis,</li> <li>- Pneumococcal,</li> <li>- Meningococcal,</li> <li>- Haemophilus influenzae,</li> <li>- Rotavirus,</li> <li>- Chickenpox,</li> <li>- Poliomyelitis,</li> <li>- Influenza,</li> <li>- Tick-borne encephalitis</li> </ul>	
How many times has your child been vaccinated against the Influenza so far? (Indicate the number, please)	
How would you describe your child's medical condition at the time of vaccination?	stable / unstable
Why did your child not complete the vaccination according to the national vaccination calendar? (More than one answer is allowed.)	Didn't know he needed it; didn't know it was supposed to be regular; afraid of side effects; unsafe; vaccination not available in my region; afraid of exacerbation of illness; child was unwell; fully vaccinated; had health contraindications
What sources of information motivated you to vaccinate your child?	<ul style="list-style-type: none"> <li>- Personal beliefs</li> <li>- Doctor's advice</li> <li>- Internet / Media</li> <li>- Parents' forums</li> <li>- Others</li> </ul>
Has your child had any complications after any vaccination?)	Yes, fever, Yes, local reaction, Yes, exacerbation of underlying disease, No Others
On average, how many courses of antibiotics did your child receive last year?	give a number
Please list any antibiotics your child has ever taken?	<ul style="list-style-type: none"> <li>- Benzylpenicillin, ampicillin, oxacillin, amoxicillin (amoxiclav)</li> <li>- cefazolin, cephalixin, cefamandole, cefotaxime, ceftriaxone, cefoperazone</li> <li>- meropenem, penem, imipenem</li> <li>- amikacin, gentamicin, kanamycin, sisomicin, tobramycin and others</li> <li>doxycycline, tetracycline Metacycline and others</li> </ul>

	<ul style="list-style-type: none"> <li>- Levomycetin (chloramphenicol)</li> <li>- erythromycin, azithromycin (sumamed), jozamicin, clarithromycin and others</li> <li>- rifaximin, rifampicin, rifamycin</li> <li>- vancomycin, capreomycin and others</li> <li>- clindamycin, lincomycin</li> <li>- bacitracin, polymyxin, ristomycin, fusafungin, fusidic acid, cycloserine</li> </ul>
<b>JIA specialized questions</b>	
What is your child's diagnosis (type of JIA)	oligoarthritis; polyarthritis; entesytis-related arthritis; psoriatic arthritis, systemic arthritis, undifferentiated arthritis, don't know
At what age was your child diagnosed with JIA?	
Is your child currently taking any medications?	yes, no
What medications is your child currently taking?	Methotrexate, non-steroidal anti-inflammatory drug, genetically engineered biological drug, steroids, traditional medicine, Leflunomide
Methotrexate	yes / no, date of initiation of therapy
Enbrel	yes / no, date of initiation of therapy
Humira	yes / no, date of initiation of therapy
Actemra	yes / no, date of initiation of therapy
Other genetically engineered biological drug	yes / no, date of initiation of therapy
Leflunomide (arava)	yes / no, date of initiation of therapy
non-steroidal anti-inflammatory drugs	yes / no, date of initiation of therapy
steroids	yes / no, date of initiation of therapy
dietary supplements	yes / no, date of initiation of therapy
What medications has the child taken before?	
How often does your child have acute respiratory viral infections in the year after the diagnosis of JIA?	1-3 episodes/year; 3-6; 6-10; >10
Was your child tested for antibody titers and vaccinated before initiating immunosuppressive therapy?	
Have you had a chance to discuss your concerns about vaccinations with the rheumatologist who supervises your child?	

Did you continue to vaccinate your child after the JIA was diagnosed?	yes/no reason: I don't think vaccination is necessary Fear of possible side effects Fear of adverse reactions to the vaccine doubts about the effectiveness High cost of the vaccine discouragement by health workers Temporary medical contraindications for vaccination (postponed vaccination), Fear of a JIA complication
<b>IBD specialized questions</b>	
The age of onset of illness	
Please indicate which medications your child is currently taking: - Prednisolone, - Infliximab (Remicade), - Humira, - Azathioprine, - Methotrexate, - Mesalazine (Sulfasalazine/Salofalk)	yes / no, date of initiation of therapy
Was your child tested for antibody titers and vaccinated before initiating immunosuppressive therapy?	
Did you continue to vaccinate your child after the diagnosis of Inflammatory Bowel Disease?	yes/no reason: I don't think vaccination is necessary Fear of possible side effects Fear of adverse reactions to the vaccine doubts about the effectiveness High cost of the vaccine discouragement by health workers Temporary medical contraindications for vaccination (postponed vaccination) Fear of a JIA complication
Have you had an opportunity to discuss vaccination with the gastroenterologist/pediatrician who is supervising your child?	
Please indicate which antibiotics your child was taking BEFORE the diagnosis of IBD?	
Please indicate which antibiotics your child was taking AFTER the diagnosis of IBD?	
How often does your child have acute respiratory viral infections (ARI) in the year BEFORE the diagnosis of IBD?	
How often does your child have acute respiratory viral infections (ARI) in the year AFTER the diagnosis of IBD?	

How, in your opinion, now the child usually tolerated acute respiratory infections ?	
Control group	
Does your child have any chronic illnesses?	<input type="checkbox"/> No, the child is healthy <input type="checkbox"/> There is a chronic illness
Please indicate what chronic disease the child has (if any)	
Have you had a chance to discuss vaccinations with your child's pediatrician?	
Has your child had any complications after any vaccination?	