**SURVEY FORM RELATED TO FAMILY MEDITERRANEAN FEVER**

|  |  |
| --- | --- |
| Your age |  |
| your gender |  |
| Your job |  |
| Your Education Status | ( ) Primary school graduate ( ) Secondary School Graduate( ) High school graduate ( ) College / University Graduate |

1. Does anyone in your Familly or Relatives have Familial Mediterranean Fever (FMF)?

( ) Myself

( ) My parents

( ) My brother

( ) My child

( ) Other

( ) No

**PLEASE CHOOSE THE CORRECT OPTION FOR YOU:**

1. Recurrent fever occurs in this disease.

( ) Yes ( ) No

1. Joint pain occurs in this disease.

( ) Yes ( ) No

1. Abdominal pains occur in this disease.

( ) Yes ( ) No

1. In this disease, chest pains occur.

( ) Yes ( ) No

1. This disease hapens in attacks.

( ) Yes ( ) No

1. This disease is contagious.

( ) Yes ( ) No

1. This disease is passed on genetically and consanguineous marriage has a role.

( ) Yes ( ) No

1. The disease can be treated with medication.

( ) Yes ( ) No

1. This disease causes kidney failure if not treated appropriately.

( ) Yes ( ) No

1. This disease causes heart failure if not treated appropriately.

( ) Yes ( ) No

1. This disease causes infertility if not treated appropriately.

( ) Yes ( ) No

1. Attacks can be triggered by insomnia, fatigue and stress.

( ) Yes ( ) No

1. Attacks can be triggered by skipping treatment.

( ) Yes ( ) No

1. The patient feels completely healthy between attacks.

( ) Yes ( ) No

1. The disease can be completely healed and passed with colchicine treatment.

( ) Yes ( ) No

1. What is the most common expected side effect in a person receiving colchicine therapy?

( ) Vomiting ( ) Diarrhea

1. If attacks persist despite colchicine, is there a different (alternative) treatment?

( ) Yes ( ) No

\*\* I allow my answers to be used as statistical data in scientific studies.

( ) Yes ( ) No