Supplementary Table S1. Data collected at each patient visit (by questionnaire and measurements).

Demographics and general information	Age, sex, BMI, smoking status, alcohol consumption, type and frequency of physical exercise, exposure to direct sun light, daily calcium intake, use of care services, socio-economic status
Description of GC therapy	Current GC dose, mean daily GC dose, cumulative (lifetime) GC dose*, and duration of GC therapy
Description of underlying disease	Onset of disease, comorbidities, selected patient reported outcomes (Pain NAS, HAQ), past and current antirheumatic drugs
General bone-relevant parameters	Vitamin D and calcium supplementation, treatment with anti-osteoporotic drugs, treatment with drugs having a known or potential impact on bone (e.g., proton pump inhibitors)
Clinical bone-relevant parameters	Family history of osteoporosis/osteoporotic fractures, frailty assessment (timed-up and go-test, chair-rising-test, tandem stand), back pain, prior low-trauma vertebral and non-vertebral fractures**, date of fracture, management of fractures, fracture sequalae, weight loss, loss of height, past falls, risk assessment of falls, back pain, menarche/menopause/pregnancies/ lactation / past use of hormone-based contraceptives
Technical bone-relevant parameters	Routine laboratory parameters such as calcium, phosphate, vitamin D levels (1,25 and 25), iPTH, bone alkaline phosphatase, crosslinks and other, BMD / T-Score measured by DXA, TBS

BMI, body mass index; ESR erythrocyte sedimentation rate; CRP, c-reactive protein; BMD, bone mineral density; GC, glucocorticoid; iPTH, intact parathyroid hormone; DXA, Dual Energy X-ray Absorptiometry; TBS, Trabecular Bone Score. When patients were not able to provide full or detailed information, patient charts were used to complement the investigated parameters. *Cumulative Glucocorticoid-dose was meticulously calculated from patients' self-reported dose and duration of glucocorticoid therapy with the help of supplemental data retrieved from patient charts. **History of fractures was self-reported and verified from patient charts if available. Fractures were adjudicated under osteoporotic fractures when having occurred due to inadequate trauma or fall from standing height.