



Dear reader,

You are invited to participate in a study examining factors that can influence symptom severity in rheumatic disease, in particular pain and fatigue. This research is being carried out in several countries across Europe including Portugal, Spain, the Netherlands, Ireland and the UK. This study is funded by the European Alliance of Associations for Rheumatology (EULAR). The project supervisor is Fernando Estévez-López.

We are interested in including people in this study who are 18 years of age or older and have been diagnosed with a rheumatic or musculoskeletal disease.

Participation in the study will take approximately 10 minutes (basic survey) or 20 minutes (full survey) depending on your preferences. Your data will be processed confidentially and your name will not be linked to the results.

If you have questions, please get in contact with:

Ciara M. Hughes (Ulster University) United Kingdom: cm.hughes@ulster.ac.uk

Joseph G. McVeigh (University College Cork) Ireland: joseph.mcveigh@ucc.ie

Thank you in advance for participating in this study.

Kind regards,



Section A: Consent

A1. By completing and submitting the survey I am providing consent to use the information submitted for research purposes. My responses are anonymous and confidential. I can stop participation at any time.

I provide consent to participate in this survey
I do not provide consent to participate in this survey

Section B:

B1. Gender

Male
Female
Other

B2. Age

Section C:

C1. Country

England
Ireland
Northern Ireland
Scotland
Wales
Other (please specify)

Other (please specify)



Section D:

D1. Marital Status

In a relationship (married, cohabiting, living together)

Separated/divorced

Widowed

Single

Other (please specify)

Other (please specify)

D2. What is the highest level of education you have completed?

No school education

Primary Education

Secondary Education

Further Education (e.g. Technical College)

Higher Education (University)

D3. Current employment status

Self-employed or employed (paid) work for 16 hours or more per week

Self-employed or employed (paid) work for less than 16 hours per week

Volunteer work (unpaid)

Sick leave

Pandemic unemployment payment or other special arrangement due to the COVID-19 pandemic

Homeworker (doing household or looking after children)

Student

Retired

Disability pension

Combination of employed and one of the other categories

Other

D4. Which of the following better describes your main activity during working hours?

Mainly sitting during working hours

Mainly standing during working hours with little movement

Walking, lifting some weights, and frequent movement

Tasks that require great physical effort

Not applicable

Section E:

E1. In general, how severe would you rate your pain during the last month?

No pain at all 0 1 2 3 4 5 6 7 8 9 Very severe pain 10



E2. In general, how severe would you rate your fatigue during the last month?

No fatigue at all	1	2	3	4	5	6	7	8	9	Very severe fatigue
<input type="checkbox"/>	10									

E3. In general, how severe would you rate your sleep problems during the last month?

No sleep problems at all	1	2	3	4	5	6	7	8	9	Very severe sleep problems
<input type="checkbox"/>	10									

E4. In general, how severe would you rate the severity of your disease during the last month?

This refers to your primary rheumatic disease. For example: severity of inflammatory activity in the case of rheumatoid arthritis or severity of pain in the case of osteoarthritis

No disease activity at all	1	2	3	4	5	6	7	8	9	Very severe disease activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

E5. In general, how inactive was your lifestyle during the last month?

Not inactive at all	1	2	3	4	5	6	7	8	9	Very inactive
<input type="checkbox"/>	10									

E6. In general, how would you rate your experience of lack of understanding of your disease by others during the last month?

This refers to your condition not being recognized by others including nonacceptance, misunderstanding, disbelief, rejection or stigmatization

No lack of understanding at all	1	2	3	4	5	6	7	8	9	Very severe lack of understanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

E7. In general, how unhealthy was your diet during the last month?

Not unhealthy at all	1	2	3	4	5	6	7	8	9	Very unhealthy
<input type="checkbox"/>	10									

E8. In general, how unhealthy is your body weight?

Not unhealthy at all	1	2	3	4	5	6	7	8	9	Severely unhealthy
<input type="checkbox"/>	10									



E9. In general, how severe would you rate your psychological problems during the last month?

No psychologi cal problems at all0	1	2	3	4	5	6	7	8	9	Very severe psychologi cal problems10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F:

F1. Weight

Please select in which units you prefer to report your data:

lbs/pounds	<input type="checkbox"/>
kilograms	<input type="checkbox"/>

F2. Enter here your weight in lbs

F3. Enter here your weight in kgs

F4. Height

Please select in which units you prefer to report your data:

feet and inches	<input type="checkbox"/>
centimeters	<input type="checkbox"/>

F5. Enter here your height in feet

F6. Enter here your height in inches

F7. Enter here your height in cm

Section G:

G1. Have you ever been diagnosed with any of the following rheumatic diseases?

Fibromyalgia	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>
Systemic lupus erythematosus (SLE)	<input type="checkbox"/>
Spondyloarthritis/Bechterew's disease	<input type="checkbox"/>
Sjögren's syndrome	<input type="checkbox"/>



Psoriatic arthritis	<input type="checkbox"/>
Scleroderma / Systemic sclerosis	<input type="checkbox"/>
Mixed Connective Tissue Disease (MCTD)	<input type="checkbox"/>
Other rheumatic disease not included in this list (you can specify later)	<input type="checkbox"/>

Section H:

H1. Fibromyalgia: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

H2. Fibromyalgia:

Who diagnosed this disease?

If more than one answer is true for you, select the one with the lowest number assigned

- 1. A medical specialist such as a rheumatologist
- 2. General practitioner
- 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
- 4. I made the diagnosis myself
- 5. Another person (please specify the role of the person who made the diagnosis)

<input type="checkbox"/>

5. Another person (please specify the role of the person who made the diagnosis)

H3. Fibromyalgia: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

<input type="checkbox"/>



Section I:

I1. Rheumatoid Arthritis: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes
No

I2. Rheumatoid Arthritis Who diagnosed this disease? If more than one answer is true for you, select the one with the lower number assigned

1. A medical specialist such as a rheumatologist
2. General practitioner
3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
4. I made the diagnosis myself
5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)

I3. Rheumatoid arthritis: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

Section J:

J1. Osteoarthritis: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes
No



J2. Osteoarthritis

Who diagnosed this disease?

If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
 2. General practitioner
 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
 4. I made the diagnosis myself
 5. Another person (please specify the role of the person who made the diagnosis)
5. Another person (please specify the role of the person who made the diagnosis)

J3. Osteoarthritis: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

Section K:

K1. Systemic Lupus Erythematosus: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes

No



K2. Systemic Lupus Erythematosus Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
 2. General practitioner
 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
 4. I made the diagnosis myself
 5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)

K3. Systemic Lupus Erythematosus: Disease duration (time since diagnosis)

- Less than 6 months
 Between 6 months and 2 years
 Between 2 and 5 years
 Between 5 and 10 years
 Between 10 and 20 years
 More than 20 years

Section L:

L1. Spondyloarthritis/Bechterew's disease: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes
 No

L2. Spondyloarthritis/Bechterew's disease Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
 2. General practitioner
 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
 4. I made the diagnosis myself
 5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)



L3. Spondyloarthritis/Bechterew's disease: Disease duration (time since diagnosis)

- | | |
|------------------------------|--------------------------|
| Less than 6 months | <input type="checkbox"/> |
| Between 6 months and 2 years | <input type="checkbox"/> |
| Between 2 and 5 years | <input type="checkbox"/> |
| Between 5 and 10 years | <input type="checkbox"/> |
| Between 10 and 20 years | <input type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> |

Section M:

M1. Sjögren's syndrome: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

M2. Sjögren's syndrome Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

- | | |
|--|--------------------------|
| 1. A medical specialist such as a rheumatologist | <input type="checkbox"/> |
| 2. General practitioner | <input type="checkbox"/> |
| 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist) | <input type="checkbox"/> |
| 4. I made the diagnosis myself | <input type="checkbox"/> |
| 5. Another person (please specify the role of the person who made the diagnosis) | <input type="checkbox"/> |

5. Another person (please specify the role of the person who made the diagnosis)

M3. Sjögren's syndrome: Disease duration (time since diagnosis)

- | | |
|------------------------------|--------------------------|
| Less than 6 months | <input type="checkbox"/> |
| Between 6 months and 2 years | <input type="checkbox"/> |
| Between 2 and 5 years | <input type="checkbox"/> |
| Between 5 and 10 years | <input type="checkbox"/> |
| Between 10 and 20 years | <input type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> |

Section N:

N1. Psoriatic arthritis: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |



N2. Psoriatic Arthritis

Who diagnosed this disease?

If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
2. General practitioner
3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
4. I made the diagnosis myself
5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)

N3. Psoriatic arthritis: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

Section O:

O1. Scleroderma/Systemic sclerosis: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes

No



O2. Scleroderma/Systemic sclerosis Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
 2. General practitioner
 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
 4. I made the diagnosis myself
 5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)

O3. Scleroderma/Systemic sclerosis: Disease duration (time since diagnosis)

- Less than 6 months
 Between 6 months and 2 years
 Between 2 and 5 years
 Between 5 and 10 years
 Between 10 and 20 years
 More than 20 years

Section P:

P1. Mixed Connective Tissue Disease (MCTD): Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

Yes
 No

P2. Mixed Connective Tissue Disease (MCTD) Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
 2. General practitioner
 3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
 4. I made the diagnosis myself
 5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)



P3. Mixed Connective Tissue Disease: Disease duration (time since diagnosis)

- | | |
|------------------------------|--------------------------|
| Less than 6 months | <input type="checkbox"/> |
| Between 6 months and 2 years | <input type="checkbox"/> |
| Between 2 and 5 years | <input type="checkbox"/> |
| Between 5 and 10 years | <input type="checkbox"/> |
| Between 10 and 20 years | <input type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> |

Section Q:

Q1. Have you ever been diagnosed with any other rheumatic disease not previously mentioned? $\$(function() { \$("label[for=answercomment].control-label").text("If yes, please specify the name of the rheumatic disease(only one disease:"); });$

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Q2. Other rheumatic disease: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Q3. Other rheumatic disease Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
2. General practitioner
3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
4. I made the diagnosis myself
5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)



Q4. Other rheumatic disease: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

Section R:

R1. Have you ever been diagnosed with any other rheumatic disease not previously mentioned? \$(function() { \$("label[for=answercomment].control-label").text("If yes, please specify the name of the rheumatic disease(only one):"); });

- Yes
- No

R2. Other rheumatic disease: Is this the primary/most incapacitating disease with which you have been diagnosed? Please answer the following questions for all diseases which you have been diagnosed with (not only your primary disease)

- Yes
- No

R3. Other rheumatic disease Who diagnosed this disease? If more than one answer is true for you, select the one with lowest number assigned

1. A medical specialist such as a rheumatologist
2. General practitioner
3. Another health professional (such as a nurse, physiotherapist / physical therapist or psychologist)
4. I made the diagnosis myself
5. Another person (please specify the role of the person who made the diagnosis)

5. Another person (please specify the role of the person who made the diagnosis)

R4. Other rheumatic disease: Disease duration (time since diagnosis)

- Less than 6 months
- Between 6 months and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years



Section S:

S1. Please select other diseases that you have been diagnosed with

- Persistent physical symptoms (e.g. chronic fatigue syndrome/Myalgic Encephalomyelitis (ME/CFS), Irritable bowel syndrome (IBS), somatoform disorder, somatic symptom disorder, chronic pain in the body (not migraine))
- Psychiatric or psychological problems (e.g., schizophrenia, depression, anxiety, personality disorder, job burnout, or an addiction that needs treatment)
- A pulmonary disease (emphysema, COPD, asthma, bronchitis)
- Diabetes or severe obesity
- Chronic skin condition
- Neurological disorder (e.g., Epilepsy, Dementia, Parkinson's disease, migraine)
- Cancer
- Cardiovascular diseases (e.g., high blood pressure, stroke or other cerebrovascular accidents, myocardial infarction)
- Stomach, liver, gastrointestinal tract, kidney or other organ disease
- Hereditary disease (e.g., Huntington, Ehlers-Danlos)
- I have not been diagnosed with any other disease
- Other

Other

Section T:

T1.

You have completed the first part of the survey

You can continue answering more questions to complete the full survey or you can finish your collaboration here.

Full survey will take approximately 10 more minutes.

I would like to continue with the full survey

I would like to finish my participation now

Section U:

U1. COVID-19 disease status

Never tested positive or never suffered from COVID-19

Tested positive/suffered from COVID-19 at some point

Currently tested positive/suffering from COVID-19



U2. How much time have you been quarantined at home? *This includes time at home due to government policies, being infected or being in contact with someone infected*

Less than 2 weeks	<input type="checkbox"/>
2-4 weeks	<input type="checkbox"/>
4-8 weeks	<input type="checkbox"/>
8-12 weeks	<input type="checkbox"/>
12-16 weeks	<input type="checkbox"/>
More than 16 weeks	<input type="checkbox"/>

Section V:

V1.

Medication for rheumatic conditions

Do you currently use anti-inflammatory (Nonsteroidal anti-inflammatory drugs NSAID) medication, such Ibuprofen, Naproxen or Celecoxib?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

Section W:

W1.

Medication for rheumatic conditions

Do you currently use a biologic drug, such as etanercept, adalimumab, golimumab, certolizumab, infliximab, rituximab, abatacept, tocilizumab, sarilumab, or a similar drug (which all have to be administered as injection or infusion)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

Section X:

X1.

Medication for rheumatic conditions

Do you currently use targeted drugs (called JAK inhibitors), such as baricitinib, tofacitinib, and upadacitinib?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**Section Y:**

Y1.

Medication for rheumatic conditions

Do you currently use a drug such as prednisone, prednisolone, or do you get on a regular or repeated basis injections or infusions with methylprednisolone or dexamethasone or a similar drug in the same category?

Yes
No
Not sure

Section Z:

Z1.

Medication for rheumatic conditions

Do you currently use medication such as methotrexate, sulfasalazine (salazopyrine), cloroquine, hydroxychloroquine, leflunomide, ciclosporin or gold injections?

Yes
No
Not sure

Section AA:

AA1.

Medication for rheumatic conditions

Do you currently use any other medication for your rheumatic condition?

Yes
No
Not sure

**Section AB:****AB1.****Pain medication**

Do you currently use acetaminophen (paracetamol) as pain alleviating medication?

Yes
No
Not sure

AB2.**Pain medication**

Do you currently use pain alleviating medication other than NSAIDs or acetaminophen (paracetamol)? For example: tramadol, codeine, oxycodone or similar opioid drug, tricyclic antidepressant such as amitriptyline, medication such as gabapentin or pregabalin, or over-the-counter (non-prescription) medication, such as cannabis and similar medications, glucosamine or, other complementary medicines?

Yes
No
Not sure

Section AC:**AC1.****Medication for psychological problems**

Do you currently use other medication for psychological or psychiatric symptoms, such as drugs for depression, anxiety, or schizophrenia?

Yes
No
Not sure

Section AD:**AD1.****Medication for sleep problems**

Do you currently use other medication that help you to sleep?

Yes
No
Not sure



Section AE:

AE1. Regarding your primary rheumatic disease, how do you feel the severity of your disease compares to other patients with a similar disease?

Lower	<input type="checkbox"/>
A little bit lower	<input type="checkbox"/>
Average	<input type="checkbox"/>
A little bit higher	<input type="checkbox"/>
Higher	<input type="checkbox"/>

AE2. Regarding your primary rheumatic disease, how do you feel the severity of your disease is, as compared to the severity you have experienced in the past?

Lower	<input type="checkbox"/>
A little bit lower	<input type="checkbox"/>
Average	<input type="checkbox"/>
A little bit higher	<input type="checkbox"/>
Higher	<input type="checkbox"/>

AE3. Would you consider yourself to be in a flare at the moment?

No, my symptoms are the same as usual	<input type="checkbox"/>
Yes, my symptoms have suddenly worsened	<input type="checkbox"/>

Section AF:

AF1. How could you describe your current menstrual status?

Premenopause (before menopause; having regular periods)	<input type="checkbox"/>
Menopause transition (changes in periods, but have not gone 12 months in a row without a period)	<input type="checkbox"/>
Postmenopause (after menopause)	<input type="checkbox"/>



AI2. During the last month, to what extent did you wake up tired in the morning?:

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Extremely	<input type="checkbox"/>

Section AJ:

AJ1. How anxious have you generally felt during the last month?

Not at all anxious 0	1	2	3	4	5	6	7	8	9	Extrem ely anxious 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AJ2. How depressed have you generally felt during the last month?

Not at all depre ssed 0	1	2	3	4	5	6	7	8	9	Extrem ely depre ssed 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section AK:

AK1. To what extent have you generally felt nervous during the last month?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Extremely	<input type="checkbox"/>

AK2. To what extent have you generally felt distressed during the last month?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Extremely	<input type="checkbox"/>

AK3. To what extent have you felt enthusiastic during the last month?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Extremely	<input type="checkbox"/>

AK4. To what extent have you felt inspired during the last month?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Extremely	<input type="checkbox"/>



Section AL:

AL1. How satisfied have you generally felt with your life during the last month?

(Very) dissatisfied

Somewhat dissatisfied

Neither dissatisfied nor satisfied

Somewhat satisfied

(Very) satisfied

AL2. During the last month, I considered myself to be...

(Very) unhappy

Somewhat unhappy

Moderately happy

Somewhat happy

(Very) happy

Section AM:

AM1. During the last month, my painful memories have prevented me from having a fulfilling life

Not at all

To a slight degree

To a moderate degree

To a great degree

All the time

AM2. During the last month, my painful experiences and memories made it difficult for me to live a life that I would have valued

Not at all

To a slight degree

To a moderate degree

To a great degree

All the time

Section AN:

AN1. During the last month, I kept thinking about how badly I wanted the pain or fatigue to stop

Not at all

To a slight degree

To a moderate degree

To a great degree

All the time

AN2. During the last month, I wondered whether something serious may happen

Not at all

To a slight degree

To a moderate degree

To a great degree

All the time



AN3. During the last month, I felt I couldn't go on

Not at all
To a slight degree
To a moderate degree
To a great degree
All the time

Section AO:

AO1. During the last month, when I went through a very hard time, I gave myself the caring and tenderness I needed

Never
Rarely
Sometimes
Often
Very often/Always

AO2. During the last month, I was disapproving and judgmental about my own flaws and inadequacies

Never
Rarely
Sometimes
Often
Very often/Always

Section AP:

AP1. My family, colleagues at work, or medical professionals think I should be tougher

Never
Rarely
Sometimes
Often
Very often/Always

AP2. My family, colleagues at work, or medical professionals make me feel like I am an exaggerator

Never
Rarely
Sometimes
Often
Very often/Always

Section AQ:

AQ1. There is a special person with whom I can share my joys and sorrows

Strongly disagree
Mildly disagree
Neutral
Mildly agree
Strongly agree



AQ2. I have a special person who is a real source of comfort to me

Strongly disagree	<input type="checkbox"/>
Mildly disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Mildly agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

Section AR:

AR1. During the last month, how often have you felt that there were people who really understand you?

Never	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Very often/Always	<input type="checkbox"/>

AR2. During the last month, how often did you feel part of a group of friends?

Never	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Very often/Always	<input type="checkbox"/>

Section AS:

AS1. During the last month, I could perform activities such as dressing and grooming, arising, eating, walking, hygiene, reach, grip, and common daily activities

Cannot be done at all	<input type="checkbox"/>
Can be done with a lot of difficulty	<input type="checkbox"/>
Can be done with difficulty	<input type="checkbox"/>
Can be done with little difficulty	<input type="checkbox"/>
Can be done without any difficulty	<input type="checkbox"/>

AS2. Compared to people who are the same age as me, my general physical fitness during the last month was ...

Very poor	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Average	<input type="checkbox"/>
Good	<input type="checkbox"/>
Very good	<input type="checkbox"/>



Section AT:

AT1. How many pieces of fruit (including fresh-squeezed juice) did you consume per day during the last month?

- | | |
|-------------------|--------------------------|
| Less than 1 piece | <input type="checkbox"/> |
| 1 piece | <input type="checkbox"/> |
| 2 pieces | <input type="checkbox"/> |
| 3 pieces | <input type="checkbox"/> |
| 4 pieces | <input type="checkbox"/> |
| 5 or more pieces | <input type="checkbox"/> |

AT2. How many servings of red meat, hamburger, or sausages did you consume per day during the last month? A full serving is 100-150 g (4-6 oz)

- | | |
|---------------------|--------------------------|
| Less than 1 serving | <input type="checkbox"/> |
| 1 serving | <input type="checkbox"/> |
| 2 servings | <input type="checkbox"/> |
| 3 servings | <input type="checkbox"/> |
| 4 or more servings | <input type="checkbox"/> |

AT3. In general, how healthy was your diet during the last month?

- | | |
|-----------|--------------------------|
| Poor | <input type="checkbox"/> |
| Fair | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Very good | <input type="checkbox"/> |
| Excellent | <input type="checkbox"/> |

Section AU:

AU1.

**This is the end of the survey. All your answers have been registered.
We do appreciate your participation.**

Before finishing, would you like to provide feedback to the research team?

Any type of information that you find of interest is valuable for us.



Thank you very much for taking the time to complete this survey