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)

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
1
2
3
4
5
6
7
8
9
Very severe pain

10
<table>
<thead>
<tr>
<th>E2. In general, how severe would you rate your fatigue during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fatigue at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E3. In general, how severe would you rate your sleep problems during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sleep problem at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E4. In general, how severe would you rate the severity of your disease during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disease activity at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E5. In general, how inactive was your lifestyle during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not inactive at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E6. In general, how would you rate your experience of lack of understanding of your disease by others during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No lack of understanding at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E7. In general, how unhealthy was your diet during the last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not unhealthy at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E8. In general, how unhealthy is your body weight?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not unhealthy at all</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
In general, how severe would you rate your psychological problems during the last month?

Section F:

Weight

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

- lbs/pounds
- kilograms

F2. Enter here your weight in lbs

F3. Enter here your weight in kgs

Height

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

- feet and inches
- centimeters

F5. Enter here your height in feet

F6. Enter here your height in inches

F7. Enter here your height in cm

Section G:

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

- Fibromyalgia
- Rheumatoid arthritis
- Osteoarthritis
- Systemic lupus erythematosus (SLE)
- Spondyloarthritis/Bechterew's disease
- Sjögren's syndrome
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 ____________ No ____________

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)

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
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)

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)

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)

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)
L3. Spondyloarthritis/Bechterew's 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 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
- No

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
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)

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
- No
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)

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)

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)
P3. **Mixed Connective Tissue 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 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
- No

**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
- No

**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)

<table>
<thead>
<tr>
<th>Duration</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td></td>
</tr>
<tr>
<td>Between 6 months and 2 years</td>
<td></td>
</tr>
<tr>
<td>Between 2 and 5 years</td>
<td></td>
</tr>
<tr>
<td>Between 5 and 10 years</td>
<td></td>
</tr>
<tr>
<td>Between 10 and 20 years</td>
<td></td>
</tr>
<tr>
<td>More than 20 years</td>
<td></td>
</tr>
</tbody>
</table>

Section R:

R1. Have you ever been diagnosed with any other rheumatic disease not previously mentioned?

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)

<table>
<thead>
<tr>
<th>Duration</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td></td>
</tr>
<tr>
<td>Between 6 months and 2 years</td>
<td></td>
</tr>
<tr>
<td>Between 2 and 5 years</td>
<td></td>
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<tr>
<td>Between 5 and 10 years</td>
<td></td>
</tr>
<tr>
<td>Between 10 and 20 years</td>
<td></td>
</tr>
<tr>
<td>More than 20 years</td>
<td></td>
</tr>
</tbody>
</table>
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

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
- 2-4 weeks
- 4-8 weeks
- 8-12 weeks
- 12-16 weeks
- More than 16 weeks

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
- No
- Not sure

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
- No
- Not sure

Section X:

X1.

Medication for rheumatic conditions

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

- Yes
- No
- Not sure
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 tryptizol, 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
- A little bit lower
- Average
- A little bit higher
- Higher

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
- A little bit lower
- Average
- A little bit higher
- Higher

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

- No, my symptoms are the same as usual
- Yes, my symptoms have suddenly worsened

Section AF:

AF1. How could you describe your current menstrual status?

- Premenopause (before menopause; having regular periods)
- Menopause transition (changes in periods, but have not gone 12 months in a row without a period)
- Postmenopause (after menopause)
Section AG:

AG1. In the past week, on how many days have you done a total of 30 minutes or more of physical activity during your leisure time?

This may include activities ranging from low intensity (for instance, slow walking) to high intensity (for instance, cycling for recreation or to get to and from places), but should not include housework or physical activity that may be part of your job.

AG2. In a normal week, on how many days have you done a total of 30 minutes or more of physical activity during your leisure time?

This may include activities ranging from low intensity (for instance, slow walking) to high intensity (for instance, cycling for recreation or to get to and from places), but should not include housework or physical activity that may be part of your job.

Section AH:

AH1. This question is about sitting or lying during your leisure time (but NOT including work or sleeping time). How many hours do you usually spend sitting or lying (reclining) on a normal day during your leisure time?

Section AI:

AI1. In general, how severe were your sleeping problems during the last month?

None  
Mild  
Moderate  
Severe  
Very Severe

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A12. During the last month, to what extent did you wake up tired in the morning?:

Not at all
A little
Moderately
Quite a bit
Extremely

Section AJ:

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

Not at all anxious
1 2 3 4 5 6 7 8 9 Extremely anxious

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

Not at all depressed
1 2 3 4 5 6 7 8 9 Extremely depressed

Section AK:

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

Not at all
A little
Moderately
Quite a bit
Extremely

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

Not at all
A little
Moderately
Quite a bit
Extremely

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

Not at all
A little
Moderately
Quite a bit
Extremely

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

Not at all
A little
Moderately
Quite a bit
Extremely
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

Section AO:

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

Section AP:

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

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

Section AQ:

AQ1. There is a special person with whom I can share my joys and sorrows
**AQ2. I have a special person who is a real source of comfort to me**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td>Mildly disagree</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Mildly agree</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td></td>
</tr>
</tbody>
</table>

**Section AR:**

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>Very often/Always</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>Very often/Always</td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot be done at all</td>
<td></td>
</tr>
<tr>
<td>Can be done with a lot of difficulty</td>
<td></td>
</tr>
<tr>
<td>Can be done with difficulty</td>
<td></td>
</tr>
<tr>
<td>Can be done with little difficulty</td>
<td></td>
</tr>
<tr>
<td>Can be done without any difficulty</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td></td>
</tr>
</tbody>
</table>
**Section AT:**

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

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 piece</td>
</tr>
<tr>
<td>1 piece</td>
</tr>
<tr>
<td>2 pieces</td>
</tr>
<tr>
<td>3 pieces</td>
</tr>
<tr>
<td>4 pieces</td>
</tr>
<tr>
<td>5 or more pieces</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 serving</td>
</tr>
<tr>
<td>1 serving</td>
</tr>
<tr>
<td>2 servings</td>
</tr>
<tr>
<td>3 servings</td>
</tr>
<tr>
<td>4 or more servings</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Fair</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Very good</td>
</tr>
<tr>
<td>Excellent</td>
</tr>
</tbody>
</table>

**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