

# ColiveVoice

BY LUXEMBOURG INSTITUTE OF HEALTH

## Questionnaire

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## Baseline characteristics

What country do you reside in?	
What is your mother tongue?	"Arabic", "Bengali", "Chinese (Mandarin, Wu...)", "English", "French", "German", "Hindi", "Italian", "Japanese", "Korean", "Luxembourgish", "Portuguese", "Russian", "Spanish", "Other"
How old are you?	15-120
What is your gender?	"Male", "Female", "Other"
What is your weight?	40-220 kg (88-440 lbs)
What is your height?	
What is the highest degree or level of education you have completed?	"Some High School or lower", "High School", "Bachelor's Degree", "Master's Degree", "PhD or higher", "Prefer not to say"
Which ethnic group would best represent you?	"Arab", "Asian", "Black/African/Caribbean", "Hispanic/Latino", "Mixed/Multiple Ethnic Group", "White/Caucasian", "Other", "Don't know"
Regarding smoking, you are...	"A current smoker, I smoke daily", "A current smoker, I smoke less than daily", "A current smoker, I smoke occasionally", "A past smoker, I stopped more less 10 years ago", "A past smoker, I stopped more than 10 years ago", "Not a smoker"
During the last 12 months, how often did you usually have any kind of drink containing alcohol? By a drink we mean 250mL of beer or cooler, a 125 mL glass of wine, or a drink containing 1 shot of liquor.	"Every day", "5 to 6 times a week", "3 to 4 times a week", "Twice a week", "Once a week", "2 to 3 times a month", "Once a month", "3 to 11 times in the past year", "1 or 2 times in the past year", "Never"
How frequently do you exercise?	"Every day", "5 to 6 times a week", "3 to 4 times a week", "Twice a week", "Once a week", "2 to 3 times a month", "Once a month", "3 to 11 times in the past year", "1 or 2 times in the past year", "Never"
When was your last period?	"I'm currently on my period", "1 week ago", "2 weeks ago", "3 weeks ago", "One month ago", "I have irregular periods", "I no longer have my period (due to contraception, disease, treatment, menopause or other)", "I don't know / I prefer not to say"

## Symptoms

Please rate how much pain you have right now: from 0= no pain to 10= pain as bad as you can imagine	0 to 10
Do you have a sore throat?	"Yes", "No"
Do you have balance disorders or walking difficulties?	"Yes", "No"
Have you - unintentionally - lost weight in the last 3 months?	"Yes", "No"
What emotion best describes your feeling at the moment?	"Love", "Joy", "Surprise", "Anger", "Sadness", "Fear", "Neutral"
How often have you been bothered by the following over the past 2 weeks? Little interest or pleasure in doing things?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Feeling down, depressed, or hopeless	"Not at all", "Several days", "More than half the days", "Nearly every day"
Trouble falling or staying asleep, or sleeping too much?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Which sleep problem bothers you more: trouble falling asleep or staying asleep, sleeping too much, or both?	"Trouble falling or staying asleep", "Sleeping too much", "Both"
Feeling tired or having little energy?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Poor appetite or overeating?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Feeling bad about yourself — or that you are a failure or have let yourself or your family down?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Trouble concentrating on things, such as reading the newspaper or watching television?	"Not at all", "Several days", "More than half the days", "Nearly every day"
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	"Not at all", "Several days", "More than half the days", "Nearly every day"
Thoughts that you would be better off dead or of hurting yourself in some way	"Not at all", "Several days", "More than half the days", "Nearly every day"
During the past month, when have you usually gone to bed?	
During the past month, how long (in minutes) has it taken you to fall asleep each night?	
During the past month, when have you usually gotten up in the morning?	
During the past month, how many actual hours of sleep did you get at night? (This may be different than the number of hours you spend in bed.)	0-24

During the past month, how often have you had trouble sleeping because you... Cannot get to sleep within 30 minutes?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Wake up in the middle of the night or early morning?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Cannot breath comfortably?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Cough or snore loudly?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Feel too hot?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Have bad dreams?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
Have pain?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	"Not during the past month", "Less than once a week", "Once or twice a week", "Three or more times a week"
My motivation is lower when I am fatigued	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Exercise brings on my fatigue	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
I am easily fatigued	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Fatigue interferes with my physical functioning	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Fatigue causes frequent problems for me	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
My fatigue prevents sustained physical functioning	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Fatigue interferes with carrying out certain duties and responsibilities	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Fatigue is among my three most disabling symptoms	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"

Fatigue interferes with my work, family, or social life	"Strongly disagree", "Disagree", "Slightly disagree", "Neither agree nor disagree", "Slightly agree", "Agree", "Strongly agree"
Which of the following best describes your cough during daytime?	"No cough", "Yes, transient cough occasionally during the daytime", "Yes, frequent cough mildly affecting daily life", "Yes, frequent cough severely affecting daily life"
Which of the following best describes your cough during nighttime?	"No cough", "Yes, transient cough before sleep or occasional cough during the night", "Yes, cough mildly affecting night sleep", "Yes, cough severely affecting night sleep"
Please rate how much stress you have right now: from 0= no stress to 10= stress as bad as you can imagine	0 to 10
In the last month, how often have you been upset because of something that happened unexpectedly?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt that you were unable to control the important things in your life?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt nervous and "stressed"?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt confident about your ability to handle your personal problems?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt that things were going your way?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you found that you could not cope with all the things that you had to do?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you been able to control irritations in your life?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt that you were on top of things?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you been angered because of things that were outside of your control?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	"Never", "Almost Never", "Sometimes", "Fairly Often", "Very Often"

## Diseases

Have you ever been diagnosed with diabetes?	"Yes", "No"
Have you ever been diagnosed with cancer?	"Yes", "No"
Have you ever been diagnosed with depression?	"Yes", "No"
Have you ever been diagnosed with one or several of the following cardiovascular diseases? You can select multiple answers.	"Infarction/Heart attack", "Congestive heart failure", "Coronary heart disease", "Angina pectoris", "Hypertension", "None of the above"
Have you ever been diagnosed with one or several of the respiratory conditions? You can select multiple answers.	"Allergy", "Emphysema", "Chronic obstructive pulmonary disease (COPD)", "Asthma", "None of the above"
Have you ever been diagnosed with one or several of the following autoimmune diseases? You can select multiple answers.	"Rheumatoid Arthritis or Systemic Lupus (SLE)", "Multiple Sclerosis", "None of the above"
Have you ever been diagnosed with one or several of the following gastrointestinal diseases?	"Crohn's disease", "Ulcerative colitis", "None of the above"
Have you ever been diagnosed with one or several of the following diseases? You can select multiple answers.	"COVID-19", "Long Covid", "Chronic fatigue", "Thyroid disease", "Parkinson's disease", "Stroke", "Migraine", "None of the above"

## Treatments

Are you taking any medications (excluding contraception) more than 3 times per week?	"Yes", "No"
Are you currently taking any of the following medication?	"Diabetes medication (tablets or insulin)", "Anxiety and depression medication", "Sleep disorders medication", "Allergies medication (antihistamines)", "Cholesterol medication", "Hypertension medication", "Reflux medication", "Thyroid medication", "Muscle relaxants", "Decongestants", "Other"
Are you currently taking any hormonal treatment (contraception, menopause...)?	"Yes", "No"
Please specify the goal of the hormonal treatment	"Contraception", "Menopause", "Medical condition", "Transition", "Prefer not to say", "Other"

## Diabetes

What type of diabetes do you have?	"Type 1 Diabetes", "Type 2 Diabetes", "Gestational Diabetes", "LADA", "MODY", "Other forms of diabetes", "Don't know"
How old were you when you have been diagnosed with diabetes?	1-100
Do you use tablets to treat your diabetes?	"Yes", "No"
Do you use insulin to treat your diabetes?	"Yes", "No"
How do you use insulin?	"I use an insulin pump", "I use an insulin pen", "Other"
What is your most recent HbA1c result (%)?	3-20
Do you use a continuous or flash glucose monitoring device?	"Yes", "No"
Can you please read your glucose level now and report the value here? (in mmol/l or mg/dl)	0-500
Can you please read your Glucose Management Indicator (GMI) - estimated HbA1c) now and report the value here? (%)	3-20
Can you please read your Time in Range (TIR between 70 to 180 mg/dl) now and report the value here? (%)	0-100
Can you please read your TBR (% of time spent below 70)	0-100
Can you please read your TAR (% of time spent below 70)	0-100
Does anyone in your family (parents, siblings, children) have diabetes?	"Yes", "No"
Do you have any of the following diabetes-related complications?	"Diabetic retinopathy", "Diabetic neuropathy (Autonomic neuropathy, peripheral neuropathy, diabetic foot complications)", "Diabetic nephropathy", "Cardiovascular disease", "Musculoskeletal disorder", "I don't know", "None"
Which of the following diabetes issues are currently a problem for you? Not having clear and concrete goals for your diabetes care	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling discouraged with your diabetes treatment plan	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling scared when you think about living with diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Uncomfortable social situations related to your diabetes care (eg people telling you	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"

what to eat)	
Which of the following diabetes issues are currently a problem for you? Feelings of deprivation regarding food and meals	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling depressed when you think about living with diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Not knowing if your mood or feelings are related to your diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling overwhelmed by your diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Worrying about low blood sugar reactions	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling angry when you think about living with diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling constantly concerned about food and eating	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Worrying about the future and the possibility of serious diabetes complications	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feelings of guilt or anxiety when you get off track with your diabetes management	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Not 'accepting' your diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling unsatisfied with your diabetes physician	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling that diabetes is taking up too much of your mental and physical energy every day	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling alone with your diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling that your friends and family are not supportive of your diabetes management efforts	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a	"Not a problem", "Minor problem", "Moderate



problem for you? Coping with complications of diabetes	problem", "Somewhat serious problem", "Serious problem"
Which of the following diabetes issues are currently a problem for you? Feeling 'burned out' by the constant effort needed to manage diabetes	"Not a problem", "Minor problem", "Moderate problem", "Somewhat serious problem", "Serious problem"
How often do you fear not recognizing the symptoms of hypoglycemia?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of not knowing what to do in the event of hypoglycemia?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of having hypoglycemia at work?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of having hypoglycemia outside of a hospital/health care setting?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of having hypoglycemia while alone?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you avoid social situations (meetings, outings, etc.) due to fear of having a hypoglycemic episode?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you stop doing things you used to do for fear of having a hypoglycemic episode?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you have hypoglycemia that makes you unable to drive or use machinery?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often you have hypoglycemia that makes you unable to work?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you have hypoglycemia that interferes with your leisure activities?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you have hypoglycemia that interferes with your family life?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you have hypoglycemia that interferes with your social life?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often do you worry about losing consciousness due to hypoglycemia?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of falling asleep for fear of having hypoglycemia at night?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
How often are you afraid of taking a trip/holiday for fear of experiencing hypoglycemia?	"Never", "Almost never", "Sometimes", "Almost always", "Every day"
The category that best describes you	"I always have symptoms when my blood sugar is low", "I sometimes have symptoms when my blood sugar is low", "I no longer have symptoms when my blood sugar is low"
Have you lost some of the symptoms that used to occur when your blood sugar was low?	"Yes", "No"
In the past six months how often have you had moderate hypoglycaemia episodes where you might	"Never", "Once or twice", "Every other month", "Once a month", "More than once a month"

have been confused, disoriented or lethargic and were unable to treat yourself?	
In the past year how often have you had severe hypoglycaemia where you were unconscious or had a seizure or needed glucagon or intravenous glucose?	"Never", "Once or twice", "1 - 3 times", "4 - 7 times", "8 - 11 times", "> 12 times"
How often in the last month have you had readings < 3.9 mmol/L with symptoms?	"Never", "1 to 3 times", "1 times/week", "2 to 3 times/week", "4 to 5 times/week", "Almost daily"
How often in the last month have you had readings < 3.9 mmol/L without symptoms?	"Never", "1 to 3 times", "1 times/week", "2 to 3 times/week", "4 to 5 times/week", "Almost daily"
How low does your blood sugar go before you feel symptoms?	"3.3 - 3.8 mmol/L", "2.8 - 3.3 mmol/L", "2.2 - 2.7 mmol/L", "< 2.2 mmol/L"
To what extent can you tell low blood sugars by your symptoms?	"Never", "Rarely", "Sometimes", "Often", "Always"

## Long-COVID

Which specific persistent long-COVID symptoms are most impactful on your daily life?	"Fatigue", "Shortness of breath", "Loss of smell and/or taste", "Memory and concentration loss (also called "brain fog")", "Chest pain or tightness", "Sleep disturbances", "Heart palpitations", "Headaches", "Digestive issues", "Anxiety/irritability", "Post-exercise syncope", "Pain", "Other"
Please rate your current level of fatigue as it relates to your long-COVID experience	0 - 10
Please rate your current level of shortness of breath as it relates to your long-COVID experience	0 - 10
Please rate your current level of loss of smell/taste as it relates to your long-COVID experience	0 - 10
Please rate your current level of memory and concentration loss as it relates to your long-COVID experience	0 - 10
Please rate your current level of chest pain or tightness as it relates to your long-COVID experience	0 - 10
Please rate your current level of sleep disturbances as it relates to your long-COVID experience	0 - 10
Please rate your current level of heart palpitations as it relates to your long-COVID experience	0 - 10
Please rate your current level of headaches as it relates to your long-COVID experience	0 - 10
Please rate your current level of digestive issues as it relates to your long-COVID experience	0 - 10
Please rate your current level of anxiety/irritability as	0 - 10

it relates to your long-COVID experience	
Please rate your current level of post-exercise syncope as it relates to your long-COVID experience	0 - 10
Please rate your current level of pain as it relates to your long-COVID experience	0 - 10

## Multiple Sclerosis

How old were you when you have been diagnosed with multiple sclerosis?	1-100
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## Crohn's disease

How old were you when you have been diagnosed with Crohn's disease?	1-100
How often has the feeling of fatigue or being tired and worn out been a problem for you during the past 2 weeks?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How often during the last 2 weeks have you delayed or canceled a social engagement because of your bowel problem?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
As a result of your bowel problems, how much difficulty did you experience doing leisure or sports activities during the past 2 weeks?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How often during the past 2 weeks have you been troubled by pain in the abdomen?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How often during the past 2 weeks have you felt depressed or discouraged?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
Overall, in the past 2 weeks, how much of a problem have you had with passing large amounts of gas?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
Overall, in the past 2 weeks, how much of a problem have you had maintaining or getting to the weight you would like to be?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How often during the past 2 weeks have you felt relaxed and free of tension?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How much of the time during the past 2 weeks have you been troubled by a feeling of having to go to the	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time",

bathroom even though your bowels were empty?	"Hardly any of the time", "None of the time"
How often during the past 2 weeks have you felt angry as a result of your bowel problem?	"All of the time", "Most of the time", "A good bit of the time", "Some of the time", "A little of the time", "Hardly any of the time", "None of the time"
How have you been feeling the last seven days?	"Well", "Slightly below average", "Poor", "Very poor", "Terrible"
How would you define the abdominal pain that was currently affecting you?	"None", "Mild", "Moderate", "Severe"
During last week, how many liquid or soft stools have you had each day?	
Do you notice you have an abdominal mass?	"Yes", "maybe", "No"
Do you have any of these complications?	"Arthritis or arthralgia", "Iritis or uveitis", "Erythema nodosum, pyoderma gangrenosum or aphthous stomatitis", "Anal fissure, fistula or abscess", "Other fistula", "Temperature over 100 degrees F (37.8 degrees C) in the last week"
Are you currently taking other anti-inflammatory drugs such as aminosalicylates (sulfasalazine (Azulfidine) or mesalamine (Asacol HD, Delzicol)?	"Yes", "No"
Are you currently taking immune system suppressors such as azathioprine (Azasan, Imuran) or mercaptopurine (Purinethol, Purixan)?	"Yes", "No"
Are you currently taking other immune system suppressors such as methotrexate (Trexall)?	"Yes", "No"
Are you currently taking biologic medication such as infliximab (Remicade), adalimumab (Humira), golimumab (Simponi) or vedolizumab (Entyvio)?	"Yes", "No"
Are you currently taking antibiotics such as ciprofloxacin (Cipro) and metronidazole (Flagyl)?	"Yes", "No"

## Ulcerative Colitis

How old were you when you have been diagnosed with ulcerative colitis?	1-100
On average per day (24 hours), how many times did you use the toilet for defecation during the previous week? Blood and slime discharge is also considered as defecation	"0 to 3 times", "4 to 6 times", "7 to 9 times", "More than 9 times"
On average per night, how many times did you get out of bed to use the toilet for defecation during the previous week?	"Never", "1 to 3 times", "More than 3 times"
During the previous week, were you able to hold up your stool for 15 minutes or longer, when you felt the	"Yes", "No", "I Don't know"

urge to use the toilet?	
During the previous week, did you have to make adjustments to your activities, to ensure that there was a toilet nearby?	"Yes", "No", "I Don't know"
During the previous week, have you found stool in your underwear?	"Yes", "No", "I Don't know"
During the previous week, how many times did you see blood in your stool?	"Never", "Much less than half of the times", "A little less than half of the times", "More than half of the times"
If you would have to rate your general well-being during the previous week by giving it a number, what number would you choose?	1 to 10. 1 = "very bad", 10 = "perfect"
During the previous week, did you have joint pain which was worse at rest than after activity?	"Yes", "No", "I Don't know"
During the previous week, were your joints red or swollen?	"Yes", "No", "I Don't know"
During the previous week, have you ever woken up from joint pain?	"Yes", "No", "I Don't know"
During the previous week, have you had a skin disorder that has been diagnosed as erythema nodosum by your treating specialist?	"Yes", "No", "I have a skin disorder but have not seen my specialist for it or do not know what the disorder is called"
During the previous week, have you had a skin disorder that has been diagnosed as pyoderma by your treating specialist?	"Yes", "No", "I have a skin disorder but have not seen my specialist for it or do not know what the disorder is called"
Do you momentarily have an eye infection, that you have seen an eye-specialist for and which your treating specialist diagnosed as uveitis?	"Yes", "No", "I have an eye infection but have not seen an eye specialist for it or do not know what the infection is called"
Are you currently taking aminosaliclates, such as sulfasalazine (Azulfidine) or Mesalamine, mesalamine (Asacol HD, Delzicol, others)?	"Yes", "No"
Are you currently taking balsalazide (Colazal)?	"Yes", "No"
Are you currently taking olsalazine (Dipentum)?	"Yes", "No"
Are you currently taking immunosuppressant drugs (Azathioprine, Infliximab, Methotrexate, Natalizumab, Ustekinumab)?	"Yes", "No"
Are you currently taking biologic medication (Infliximab (Remicade), adalimumab (Humira) and golimumab (Simponi). Vedolizumab (Entyvio)?	"Yes", "No"

## Cancer

What kind of cancer was it?	"Bladder", "Blood", "Bone", "Brain", "Breast", "Cervix", "Colon", "Esophagus", "Gallbladder", "Kidney", "Larynx", "Leukemia", "Liver", "Lung", "Lymphoma", "Melanoma", "Mouth", "Nervous system", "Ovary", "Pancreas", "Prostate", "Rectum", "Skin (no melanoma)", "Soft tissue", "Stomach", "Testis", "Thyroid", "Uterus", "Other"
How old were you when you have been diagnosed with cancer?	1-100
Are you currently undergoing cancer treatment?	"Yes", "No"
What was the type of cancer treatment you have received or are currently receiving? (multiple answers possible)	"Surgery", "Chemotherapy", "Immunotherapy", "Radiotherapy", "Other"
With which type of lung cancer were you diagnosed?	"Non-small cell lung cancer (NSCLC)", "Small cell lung cancer (SCLC)", "Not sure"
How long ago were you diagnosed with lung cancer?	"Less than 1 year ago", "1 year to 2 years ago", "2 years to 5 years ago", "More than 5 years ago", "I'm not sure"
At what stage were you diagnosed?	"NSCLC Stage I", "NSCLC Stage II", "NSCLC Stage III", "NSCLC Stage IV", "SCLC Limited Stage", "SCLC Extensive Stage", "Not sure"
Which of the following best describes your current condition?	"My stage has remained the same", "My stage has increased", "I am cancer free", "I'm not sure"

## Allergy and asthma

What type of allergy do you have? You can select multiple answers.	"Seasonal allergies (e.g., pollen, hay fever)", "Perennial allergies (e.g., dust mites, pet dander)", "Food allergies", "Insect Sting allergies", "Dust allergies", "Latex allergies", "Contact allergies (e.g., skin reactions)", "Other(s)", "I don't know"
What type of food allergy do you have? You can select multiple answers.	"Milk and Dairy", "Eggs", "Fish", "Crustacean shellfish", "Tree nuts (e.g., almonds, walnuts, pecans)", "Peanuts", "Wheat", "Soybeans", "Sesame", "Other", "I don't know"
Do you usually experience nose/eyes symptoms related to your allergies (also called allergic rhinitis)?	"Yes", "No"
Regular activities at home and at work (your occupation or tasks that you have to do regularly around your home and/or garden)	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"

Recreational activities (indoor and outdoor activities with friends and family, sports, social activities, hobbies)	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Sleep (difficulties getting a good night's sleep and/or getting to sleep at night)	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Need to rub nose/eyes	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Need to blow nose repeatedly	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Sneezing	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Stuffy blocked nose	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Runny nose	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Itchy eyes	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Sore eyes	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Watery eyes	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Tiredness and/or fatigue	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Thirst	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
Feeling irritable	"Not troubled", "Hardly troubled at all", "Somewhat troubled", "Moderately troubled", "Quite a bit troubled", "Very troubled", "Extremely troubled"
During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?	"All the time", "Most of the time", "Some of the time", "A little of the time", "None of the time"
During the last 4 weeks, how often have you had shortness of breath?	"More than once a day", "Once a day", "3 to 6 times a week", "Once or twice a week", "Not at all"
During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing,	"4 or more nights a week", "2 to 3 nights a week", "Once a week", "Once or twice", "Not at all"

shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?	
During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?	"3 or more times per day", "Once or twice per day", "2 to 3 times per week", "Once a week or less", "Not at all"
How would you rate your asthma control during the last 4 weeks?	"Not controlled at all", "Poorly controlled", "Somewhat controlled", "Well controlled", "Completely controlled"

## Hypertension

How frequently do you check your blood pressure?	"Daily", "Weekly", "Monthly", "Every 3-4 months", "Every 6 months", "Once a year"
Where do you usually check your blood pressure? Multiple answers possible.	"At home", "At the doctor's office", "Other"
When did you last check your blood pressure?	"Today", "This week", "This month", "3-4 months ago", "6 months ago", "Last year"
What was your last systolic blood pressure reading (top number)?	50-200
What was your last diastolic blood pressure reading (bottom number)?	20-150