

How intense was the **headache** pain?

NO PAIN	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	MAXIMUM PAIN
	0 0,5 1 1,5 2 2,5 3 3,5 4 4,5 5 5,5 6 6,5 7 7,5 8 8,5 9 9,5 10	

6. Have you often felt **nervous** and/or **anxious**? Do you perceive a feeling of fear unrelated to anything in particular?

NOT ANXIOUS	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	VERY ANXIOUS
	0 0,5 1 1,5 2 2,5 3 3,5 4 4,5 5 5,5 6 6,5 7 7,5 8 8,5 9 9,5 10	

7. Have you felt **sad** and/or **depressed**?

NO SAD	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	VERY SAD
	0 0,5 1 1,5 2 2,5 3 3,5 4 4,5 5 5,5 6 6,5 7 7,5 8 8,5 9 9,5 10	

8. Have you had difficulty **concentrating** on your daily tasks?

NO DIFFICULTY	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	MANY DIFFICULTIES
	0 0,5 1 1,5 2 2,5 3 3,5 4 4,5 5 5,5 6 6,5 7 7,5 8 8,5 9 9,5 10	

9. Have you had **pain** in the belly/**abdomen**?

NEVER	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	VERY FREQUENTLY
	0 0,5 1 1,5 2 2,5 3 3,5 4 4,5 5 5,5 6 6,5 7 7,5 8 8,5 9 9,5 10	

13. Compared to the last assessment, your illness is:

Much improved	Slightly improved	Stable/Invariant	Slightly worsened	Much worsened
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Considering all the ways the disease affects your life, would you be satisfied if your condition remained the same for the next few months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Supplementary Table S1. Floor and ceiling effects (% of observations with the lowest and highest scores for each domain) are reported for the examined measures.

Variable	% Lowest score (Floor effect)	% Highest score (Ceiling effect)
Pain	0.0871	0.0332
Fatigue	0.0419	0.0890
Sleep	0.0628	0.0733
Depression	0.1466	0.0524
Concentration	0.1684	0.0316
Anxiety	0.0838	0.1257
PGA	0.0476	0.0212
QoL	0.0275	0.0000
FA	0.0546	0.0000