## SURVEY CONTENT

### I. Socio-demographic data

**1.1 Gender**:

- ◻ Male
- ◻ Female
- ◻ Other: ________________
- ◻ I prefer not to say

**1.2 Age:** _____

**1.3 Country:**

- ◻ Portugal
- ◻ …

**1.4 How many years of formal education do you have?** _____

**1.5 What is your current marital status?**

- ☐ Single
- ☐ Married/co-habiting
- ☐ Divorced/separated
- ☐ Widowed

**1.6 What is your current work situation?**

- ☐ Student
- ☐ Working
- ☐ Domestic
- ☐ Unemployed
- ☐ Sick Leave
- ☐ Retired
- ☐ Disability Pension

**1.7 How do you rate your socio-economic level, within your country?**

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ I don't know/I prefer not to say

### II. Medical history

**2.1 How old were you when you experienced the first symptoms of FM/PTSD?** ____

**2.2 How old were you when you were diagnosed with FM/ PTSD?**_____

**2.3 Which physician was responsible for the diagnosis?**

- ☐ Rheumatologist
- ☐ Psychiatrist
- ☐ Family doctor
- ☐ Other (please, specify):_______________

**2.4 Which prior/ current treatments have you been under?** (select all that apply):

- ☐ Antidepressants (e.g. fluoxetine, duloxetine, sertraline, quetiapine, escitalopram)
- ☐ Sleep inducers (e.g. trazodone, mirtazapine, amitriptyline, alprazolam)
- ☐ Opioids (e.g. tramadol, tapentadol, morphine, oxycodone, codeine, fentanyl)

☐ Gabapentinoids (e.g. pregabalin, gabapentin)

☐ Muscle relaxants (e.g. cyclobenzaprine, tizanidine, thiocolchicoside, diazepam)

☐ NSAIDs (e.g. ibupren, naproxen, diclofenac, etoricoxib)

☐ Psychotherapy

**2.4.1 How would you classify your overall degree of satisfaction with the treatment you have received so far, from 0 (very unsatisfied) to 100 (totally satisfied)?:** ____ (0-100)

**2.5 Do you have a previous or current history of any of these conditions?** (select all that apply):

☐ Irritable bowel disease

☐ Depression

☐ Obsessive-compulsive disorder

☐ Panic attacks

☐ Social phobia

☐ Obstructive and central sleep apnea

☐ Restless leg syndrome

☐ Attention deficit and hyperactivity disorder

**2.6 Have you experienced any significant stressful experience during:**

☐ Childhood (≤ 10 years of age)?

☐ Adolescence (≥11 ≤ 18 years of age)?

☐ Adulthood (19 + years of age)?

If yes, please indicate:

**2.6.1 Which type of stressful experience was it?**

☐ Physical

☐ Emotional

☐ Sexual

**2.6.1.1 Was this stressful experience an isolated event or repeated?**

☐ Isolated event

☐ Repeated

## III. Symptoms

| **3.1 Over the last month, how much have you been bothered by:** | 0-Not at all; 1-A little; 2-Moderately; 3-Quite a bit; 4-Extremely | | | | |
|---|---|---|---|---|---|
| | **0** | **1** | **2** | **3** | **4** |
| Repeated, disturbing, and unwanted memories of the stressful experience/s? | | | | | |
| Repeated, disturbing dreams of the stressful experience/s? | | | | | |
| Suddenly feeling or acting as if the stressful experience was/were actually happening again (as if you were actually back there reliving it/them)? | | | | | |
| Feeling very upset when something reminded you of the stressful experience/s? | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Having strong physical reactions when something reminded you of the stressful experience/s (for example, heart pounding, trouble breathing, sweating)? | | | | | |
| Avoiding memories, thoughts, or feelings related to the stressful experience/s? | | | | | |
| Avoiding external reminders of the stressful experience/s (for example, people, places, conversations, activities, objects, or situations)? | | | | | |
| Trouble remembering important parts of the stressful experience/s? | | | | | |
| Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | | | | | |
| Blaming yourself or someone else for the stressful experience/s or what happened after it/them? | | | | | |
| Having strong negative feelings such as fear, horror, anger, guilt, or shame? | | | | | |
| Loss of interest in activities that you used to enjoy? | | | | | |
| Feeling distant or cut off from other people? | | | | | |
| Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | | | | | |
| Irritable behavior, angry outbursts, or acting aggressively? | | | | | |
| Taking too many risks or doing things that could cause you harm? | | | | | |
| Being "superalert" or watchful or on guard? | | | | | |
| Feeling jumpy or easily startled? | | | | | |
| Having difficulty concentrating? | | | | | |
| Trouble falling or staying asleep? | | | | | |
| Multisite pain? | | | | | |
| Fatigue? | | | | | |
| Sleep problems? | | | | | |
| Cognitive problems (trouble concentrating, forgetfulness, and disorganized or slow thinking)? | | | | | |
| Environmental sensitivity (manifesting as intolerance to bright lights, loud noises, perfumes and/or cold)? | | | | | |
| Temporomandibular problems (pain or dysfunction in the jaw)? | | | | | |
| Chronic headaches or migraine? | | | | | |
| Pain/ cramps in the lower abdomen? | | | | | |
| Numbness/ tingling? | | | | | |
| Dizziness? | | | | | |
| Frequent and/or uncomfortable urination? | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Muscle spasms, tightness or cramps? | | | | | |
| A tendency to repeatedly revisit problems? | | | | | |
| A tendency to be overtaken by problems or negative events? | | | | | |
| A tendency to overvalue negative aspects of life, and undervaluing the positive ones? | | | | | |
| A tendency to be oversensitive to any clues of threat (aggression, suspicion, shame, discounting from others,…)? | | | | | |
| Lacking or having trouble in accepting and valuing clues of closeness~~closeness~~ and support (being protected, ~~cuddled~~loved, valued,…)? | | | | | |
| Feeling frequently anxious or extremely worried? | | | | | |
| Other: ____________________ | | | | | |

**3.1.1 Regarding some of the symptoms above, please provide some more detail:**

**3.1.1.1 Have you had any aches or pains lasting at least 1 day?**

☐ Yes ☐ No

**3.1.1.1.1 Please indicate each location affected:**

□ Head
□ Left arm
□ Right arm
□ Chest
□ Abdomen
□ Upper back and spine
□ Lower back and spine, including buttocks
□ Left leg
□ Right leg

**3.1.1.1.2 Have these symptoms lasted for 3 months or more?**

☐ Yes ☐ No

**3.1.1.2 Have you experienced any of the following symptoms for 3 months or more?**

**3.1.1.2.1 Sleep problems** (difficulty falling asleep, frequent awakening or waking unrefreshed)

☐ Yes ☐ No

**3.1.1.2.2 Fatigue** (physical or mental)

☐ Yes ☐ No

| **3.2. What weight do each of these emotions carry in your unique way of facing, feeling and experiencing life?** | 0-Totally absent; 1-Rarely; 2-Moderately; 3-Quite a bit; 4-Very frequent. | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Joy | | | | | | | | | | | |
| Fear | | | | | | | | | | | |
| Disgust | | | | | | | | | | | |
| Guilt | | | | | | | | | | | |
| Pride | | | | | | | | | | | |
| Sadness | | | | | | | | | | | |
| Safeness | | | | | | | | | | | |
| Pleasure | | | | | | | | | | | |
| Humiliation | | | | | | | | | | | |
| Enthusiasm | | | | | | | | | | | |
| Anger | | | | | | | | | | | |
| Contentment (satisfaction) | | | | | | | | | | | |
| Love | | | | | | | | | | | |
| Shame | | | | | | | | | | | |
| Anxiety | | | | | | | | | | | |
| Relaxation | | | | | | | | | | | |
| Embarrassment | | | | | | | | | | | |
| Peacefulness | | | | | | | | | | | |
| Calmness | | | | | | | | | | | |
| Disdain | | | | | | | | | | | |
| Irritation | | | | | | | | | | | |
| Upset | | | | | | | | | | | |

**(Nota: comentário aos 50% de preenchimento)**
You have now responded to half of the questions we had for you. We realize they are quite numerous! (emoji com sorriso comprometido). We can´t, however, understand complex conditions without the details.
We are deeply grateful for your patience. Please, bear with us for a little longer.
Perhaps it is the ideal time for that cup of tea or coffee?

**Comentário final**
You have reached the end of this questionnaire.
Thank you ever so much!
We are very hopeful that the conclusions will provide a decisive help in understanding a number of diseases and supporting patients to increased their quality of life. All of them will be grateful for your help.

Please let us know whether:

- You are willing to further **collaborate in future studies**,

☐ Yes ☐ No

- You want to receive the results of this study

  ☐ Yes ☐ No

In case you have responded yes to any of the previous questions, please provide your e-mail address:

_______________________________________