

Additional file 3. SeMaS questionnaire and scoring categories.

A. SeMaS questionnaire

SeMaS: Self Management Screening

Fill-in date-.....-..... (dd-mm-yyyy)

Date of birth-.....-..... (dd-mm-yyyy)

Gender

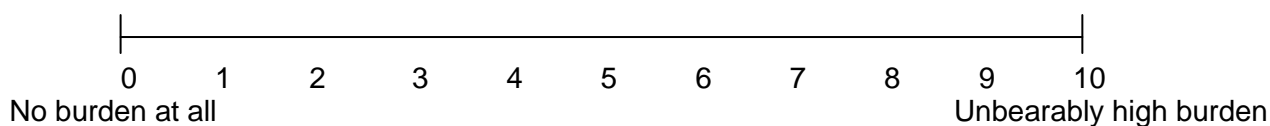
- Male
- Female

1. What is your highest completed education?

- No education
- Elementary school
- Preparatory education
- Junior general secondary education
- Intermediate vocational education
- Senior general secondary education or Pre-University education
- Higher vocational education or university
- Other: _____

2. Please answer the following question

How much burden do you experience usually from your disease(s)?



Skills	Disagree strongly	Disagree	Agree	Agree strongly
3. I have good computer skills (e.g. looking up on google, e-mail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I function well in groups (e.g. colleagues, other patients etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am prepared to perform self care (e.g. measure blood pressure, weighing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Locus of control		Disagree strongly	Disagree	Agree	Agree strongly
6.	The main thing which affects my health is what I myself do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Regarding my health, I can only do what my doctor tells me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-efficacy		Disagree strongly	Disagree	Agree	Agree strongly
8.	I think I am able to live in a healthy way (e.g. eating healthy, exercise adequately, no smoking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If I put effort into it, I will be able to live in a healthy way (e.g. eating healthy, exercise adequately, no smoking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social support

10.		These persons are helpful when I have health problems			
I have the following persons in my network:		Completely false	Somewhat false	Somewhat true	Completely true
Partner	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues	<input type="checkbox"/> No	Yes -> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coping

When people experience problems, they usually react more often in one way than the other. Please indicate after each sentence **how often you in general react in the way that is described** when you experience problems.

		No	Sometimes	Often	Frequently	Always
11.	I think of other things that have nothing to do with the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I show my feelings (e.g. anger, sadness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I try to feel better in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I think of several possibilities to solve the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I look for distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I search for comfort and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I work purposeful to solve the problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I let other notice that I have a problem with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I intervene directly when problems occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anxiety and depression

In the next questions, it is about complaints and symptoms that you experienced **in the past week (the last 7 days, including today)**. Complaints you had before, but not during the past week, do not count. Please indicate per complaint how often you experienced this in the last week by checking the corresponding box.

	No	Sometimes	Often	Frequently	Always
During the past week, I had					
20. anxiety or panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past week, I was:					
21. afraid of leaving the house alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. afraid of something I shouldn't be afraid of (e.g. heights, animals, small spaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. scared of being embarrassed in company of other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past week, I had the feeling					
24. that I could not have fun anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. that everything was pointless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. that life wasn't worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Scoring and categories of SeMaS.

The items of SeMaS are scored and subsequently sum scores are computed for each characteristic. Overall, the items are scored from zero to four. The perceived burden of disease is scored on a visual analogue scale from zero to 10. For coping, depression and anxiety, all responses from 'often' to 'always' are scored as 2. Item 7 is inversely scored.

The cut off values for the categories were based on the original questionnaires, or on face validity if no categorisation was available. Table 1 provides the cut off values based on the sum scores per characteristic on the SeMaS questionnaire. For coping, the sum score per coping style is determined. The style with the highest score is the most prevalent one. All characteristics have three categories, except perceived burden of disease, which has two categories.

Table 1. Cut off values for categories of SeMaS

Characteristic	Major barrier	Minor barrier	No barrier
Perceived burden of disease	-	0-2/8-10	3-7
Locus of control	0-1	2-3	4-6
Self-efficacy	0-1	2-3	4-6
Social support	0-1	2	3-12
Coping	D	E	P
Anxiety	4-8	3	0-2
Depression	3-6	2	0-1

Coping styles: (P) problem solving; (E) emotional; (D) distraction.
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