Appendix III Questions e-survey 'Evaluation of TGCT on daily living'

Non-validated questions

	Question	Answer options
1	What is your email address?	Open question, optional
2	What is your gender?	Male
-	What is your gender.	Female
3	What is your year of birth?	Open question
4	In which country do you live?	Open question
5	What is your employment status?	Employed
		Self-employed
		Unemployed
		Student
		Retired
0		Other, specify
6	Please specify employment status	Full time paid employment Part-time paid employment, due to TGCT
		Part-time paid employment, due to rGC1 Part-time paid employment, due to other reasons
		No paid employment due to TGCT
		No paid employment due to TGCT but receiving
		disability aid paid by the government
		No paid employment due to other reasons
		Retired due to TGCT
		Retired due to other reasons
7	Do you have any auto-immune diseases (e.g. rheumatoid arthritis,	No
	SLE, Diabetes Mellitus type I?)	Yes, please specify disease
8	Do you have any auto-immunes disease s in the family?	No Vac places energity disease
0	At which age were you first diagnosed with TGCT?	Yes, please specify disease Open question
9 1	Where is TGCT localized?	Knee
0	Where is i GCT localized?	Hip
Ů		Ankle
		Foot
		Shoulder
		Elbow
		Wrist
		Hand
1	Did you oversigned trauma and/or outgoing at leastion of TCCT prior	Other, please specify No
1 1	Did you experience trauma and/or surgery at location of TGCT prior to diagnosis (e.g. fracture, (repetitive) sprain, rupture)?	Yes, I experienced trauma, but no previous
-		surgery at location of TGCT [please specify
		trauma]
		Yes, I experienced surgery, but no trauma at
		location of TGCT [please specify surgery]
		Yes, I experienced trauma at location of TGCT
		prior to diagnosis and underwent surgery at
		location of TGCT [please specify trauma and surgery]
1	Which type of TGCT is diagnosed?	Localized (giant cell tumor tendon sheath)
2		Diffuse (previous PVNS)
		Soft tissue
		Unknown
1	What were your <u>initial</u> symptoms? [more answer-options possible]	None
3		Pain
		Stiffness
		Swelling Limited range of motion
		Other, specify
1	What are your <u>current</u> symptoms? [more answer-options possible]	None
4	what are your <u>ourrent</u> symptoms: [more answer-options possible]	Pain
		Stiffness
		Swelling
		Limited range of motion
		Other, specify
1	How many GP (General Practitioner) visits due to TGCT did you	Open question
5	have? [estimation] [please put 99 when unknown]	

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			One muchter antiquel
		Space for questions/suggestions/notes from the participant	Open question, optional
	1		

Validated questionnaire I: EQ-5D-5L Health Questionnaire

Under each heading, please tick the ONE box that best describes your health TODAY.

Ouestion	Answer options
Mobility	I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about I have severe problems in walking about I am unable to walk about
Self-care	I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself
Usual activities (e.g. work, study, housework, family or leisure activities)	I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities
Pain/discomfort	I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have extreme pain or discomfort
Anxiety/depression	I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed
We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100;	Open question (0-100)
100 means the best health you can imagine;0 means the worst health you can imagine.	
Please write the number for your health today.	

Validated questionnaire II: Visual Analogue Scale (VAS) for worst pain/stiffness in last 24 hours

Question	Answer options
Worst pain over the last 24 hours	0-10
Please rate your pain by choosing the one number that best	
 describes your pain at its worst in the last 24 hours; 0 means no pain; 10 means pain as bad as you can imagine. 	
Worst stiffness over the last 24 hours	0-10
Please rate your pain by choosing the one number that best	
 describes your stiffness at its worst in the last 24 hours; 0 means no stiffness; 10 means stiffness as bad as you can imagine. 	

Validated questionnaire III: Patient-Reported Outcomes Measurement Information System-Physical Functioning (PROMIS-PF); upper- and lower extremity short forms

Upper extremity Please respond to each item by marking one box per row.

Question	Answer options
PFB34: Are you able to change a light bulb overhead?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA16r1: Are you able to dress yourself, including tying shoelaces	Without any difficulty
and buttoning up your clothes?	With a little difficulty
and buttoning up your clothes:	With some difficulty
	With much difficulty
	Unable to do
PFB54: Does your health now limit you in going OUTSIDE the home,	Without any difficulty
for example to shop or visit a doctor's office?	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA4: Does your health now limit you in doing heavy work around	Without any difficulty
the house like scrubbing floors, or lifting or moving heavy furniture?	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA12: Are you able to push open a heavy door?	Without any difficulty
FIAIZ. Are you able to push open a neavy door?	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFB28r1: Are you able to lift 10 pounds (5 kg) above your shoulder?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA14r1: Are you able to carry a heavy object (over 10 pounds/5	Without any difficulty
kg)?	With a little difficulty
5,	With some difficulty
	With much difficulty
	Unable to do
PFB1: Does your health now limit you in doing moderate work	Without any difficulty
around the house like vacuuming, sweeping floors or carrying in	With a little difficulty
groceries?	With some difficulty
grocenes?	With much difficulty
	Unable to do
PFA5: Does your health now limit you in lifting of carrying groceries?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA42: Are you able to carry a laundry basket up a flight of stairs?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
DEA12: Are you able to eversize for an bour?	
PFA13: Are you able to exercise for an hour?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty Unable to do

Lower extremity

Please respond to each item by marking one box per row.

Question	Answer options
PFA23: Are you able to go for a walk of at least 15 minutes?	Without any difficulty
	With a little difficulty

	With some difficulty
	With much difficulty
	Unable to do
PFA16r1: Are you able to dress yourself, including tying shoelaces	Without any difficulty
and buttoning up your clothes?	With a little difficulty
· · ·	With some difficulty
	With much difficulty
	Unable to do
PFB54: Does your health now limit you in going OUTSIDE the home,	Without any difficulty
for example to shop or visit a doctor's office?	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PEA4: Deep your health new limit you in doing heavy work around	
PFA4: Does your health now limit you in doing heavy work around the house like corubbing floore, or lifting or maying beauty furniture?	Without any difficulty
the house like scrubbing floors, or lifting or moving heavy furniture?	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA12: Are you able to push open a heavy door?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA14r1: Are you able to carry a heavy object (over 10 pounds/5	Without any difficulty
kg)?	With a little difficulty
5,	With some difficulty
	With much difficulty
	Unable to do
PFB1: Does your health now limit you in doing moderate work	Without any difficulty
around the house like vacuuming, sweeping floors or carrying in	With a little difficulty
groceries?	With some difficulty
grocenes:	With much difficulty
	Unable to do
DEAL Dees your bealth new limit, while lifting of semilar and in a	
PFA5: Does your health now limit you in lifting of carrying groceries?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
PFA21: Are you able to go up and down stairs at a normal pace?	Without any difficulty
	With a little difficulty
	With some difficulty
	With much difficulty
	Unable to do
	Without any difficulty
PFA42: Are you able to carry a laundry basket up a flight of stairs?	
PFA42: Are you able to carry a laundry basket up a flight of stairs?	With a little difficulty
PFA42: Are you able to carry a laundry basket up a flight of stairs?	
PFA42: Are you able to carry a laundry basket up a flight of stairs?	With a little difficulty With some difficulty
PFA42: Are you able to carry a laundry basket up a flight of stairs?	With a little difficulty With some difficulty With much difficulty
	With a little difficulty With some difficulty With much difficulty Unable to do
PFA42: Are you able to carry a laundry basket up a flight of stairs? PFA10: Are you able to stand for one hour?	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty
	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty
	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty With some difficulty
	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty With some difficulty With much difficulty
PFA10: Are you able to stand for one hour?	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty
PFA10: Are you able to stand for one hour?	With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do Without any difficulty With a little difficulty
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith a little difficultyWith some difficultyWith some difficulty
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyUnable to doWithout any difficultyWith a little difficultyWith a little difficultyWith some difficultyWith some difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficulty
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith a little difficultyWith some difficultyWith a little difficultyWith some difficultyWith a little difficultyWith some difficultyWith bound any difficultyWith some difficultyWith some difficultyUnable to do
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyUnable to doWithout any difficultyWith a little difficultyWith a little difficultyWith some difficultyWith some difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficulty
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or stooping?	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith a little difficultyWith some difficultyWith a little difficultyWith some difficultyWith a little difficultyWith some difficultyWith boxWith boxUnable to do
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or stooping?	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficultyWith much difficultyWithout any difficultyWithout any difficulty
PFA10: Are you able to stand for one hour? PFA3: Does your health now limit you in bending, kneeling or stooping?	With a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith some difficultyWith much difficultyUnable to doWithout any difficultyWith a little difficultyWith a little difficultyWith a little difficultyWith out any difficultyWith a little difficultyWith some difficultyWith much difficultyWith out any difficultyWithout any difficultyWithout any difficultyWithout any difficultyWithout any difficultyWithout any difficultyWith a little difficulty

Validated questionnaire IV: SF-12

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just ONE answer. If you are unsure how to answer a question, please give the best answer you can.

Question	Answer options
In general, would you say your health is	Excellent
	Very good
	Good
	Fair
	Poor
Health and daily activities	Yes, limited a lot
The following questions are about activities you might do	Yes, limited a little
during a typical day. Does your health limit you in these	No, not limited at all
activities? If so, how much?	
Moderate activities, such as moving a table, pushing a vacuum	
cleaner, bowling or playing golf?	
Health and daily activities	Yes, limited a lot
The following questions are about activities you might do	Yes, limited a little
during a typical day. Does your health limit you in these	No, not limited at all
activities? If so, how much?	
Climbing several flights of stairs?	
Physical health	No
During the past 4 weeks, have you had any of the following	Yes
problems with your work or other regular daily activities as a	
result of your physical health?	
Accomplished less than you would like.	
Physical health	No
During the past 4 weeks, have you had any of the following	Yes
problems with your work or other regular daily activities as a	
result of your physical health?	
Were limited in the kind of work or other activities.	
Emotional health	No
Accomplished less than you would like.	Yes
Emotional health	No
Didn't do work or other activities as carefully as usual.	Yes
During the past 4 weeks, how much did pain interfere with your	Not at all
normal work (including both work outside the home and housework	A little bit
normal work (including both work outside the norme and housework	
	Moderately
	Quite a bit
	Extremely
Feelings	All of the time
Feelings Have you felt calm and peaceful?	All of the time Most of the time
J-	All of the time
J-	All of the time Most of the time
J-	All of the time Most of the time A good bit of the time
J-	All of the time Most of the time A good bit of the time Some of the time
J-	All of the time Most of the time A good bit of the time Some of the time A little of the time
Have you felt calm and peaceful? Feelings	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time
Have you felt calm and peaceful?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time
Have you felt calm and peaceful? Feelings	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time A good bit of the time
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Have you felt calm and peaceful? Feelings Did you have a lot of energy?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
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Have you felt calm and peaceful? Feelings Did you have a lot of energy? Feelings Have you felt downhearted and blue?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time Agood bit of the time Some of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time Agood bit of the time All of the time All of the time Agood bit of the time Agood bit of the time All of the time Nost of the time A good bit of the time None of the time
Have you felt calm and peaceful? Feelings Did you have a lot of energy? Feelings Have you felt downhearted and blue? During the <u>past 4 weeks</u> , how much of the time has	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time Agood bit of the time Some of the time A good bit of the time Some of the time A little of the time None of the time All of the time
Have you felt calm and peaceful? Feelings Did you have a lot of energy? Feelings Have you felt downhearted and blue? During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time Agood bit of the time Some of the time A good bit of the time Some of the time A good bit of the time None of the time All of the time Agood bit of the time A good bit of the time All of the time Most of the time All of the time Most of the time
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Have you felt calm and peaceful? Feelings Did you have a lot of energy? Feelings Have you felt downhearted and blue? During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time All of the time Most of the time Agood bit of the time Some of the time A good bit of the time Some of the time A good bit of the time None of the time All of the time Agood bit of the time A good bit of the time All of the time Most of the time All of the time Most of the time