

## Online Supplementary file 3

### Self-reported adverse events assessed at 12-months.

Have you carried out any type of treatment during the last year? (With treatment we mean medication, physical exercise, self-management course or any alternative treatments) Yes/ No Have you experienced any adverse event as a result of the treatment? Yes/ No If yes, which adverse events as a result of treatment? Elaborate In your opinion, which treatment(s) do you think the adverse event was/were caused by? Elaborate