

## SUPPLEMENTARY MATERIAL

Study ID \_\_\_\_\_

Questionnaire ID \_\_\_\_\_

Name (Initial) \_\_\_\_\_

Gender  Male  Female

Date of birth \_\_\_\_\_

Date of response \_\_\_\_\_

### Muscle Cramp Questionnaire

**1. For the last 3 months, have you ever experienced painful muscle cramps?**

Yes → Go to the Q2

No → The end

**2. How often have you experience muscle cramps?**

Everyday ( \_\_\_\_\_ times per day)

More than once per week, not everyday ( \_\_\_\_\_ times per week)

1-3 times per month ( \_\_\_\_\_ times per month)

Less than once per month ( \_\_\_\_\_ times per year)

**3. How do you feel pain during muscle cramps?**

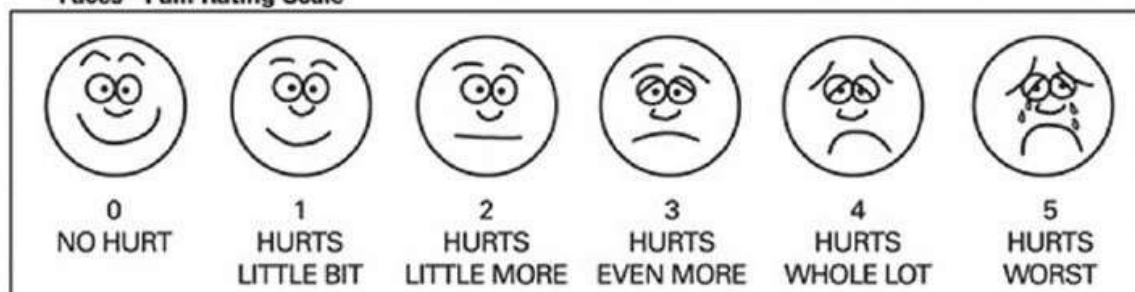
Very painful

Painful

Not painful

Choose a number from 0 to 5 that best describe your pain.

"Faces" Pain Rating Scale



**4. Which body part have you experienced muscle cramps? (If multiple area you have, please check**

them all)

- Calf    Thigh    Foot    Hand    Abdomen    Neck    Others ( )

**5. When does a muscle cramp usually occur during the day?**

- Day    Night    Both day and night

**6. How long does a muscle cramp last?**

- < 1 min    1-5 min    5-10 min    10-30 min    30-60 min    ≥ 1 hour

**7. What makes muscle cramps worse by any of the following?**

- During exercise    After exercise    Cold  
 Rest    Sleeping    Standing

**8. What makes muscle cramps better by any of the following?**

- Spontaneously  
 OTC medicine (Name: \_\_\_\_\_ )  
 Medication prescribed by a doctor (Name: \_\_\_\_\_ )  
 Others

**9. Do you have any problem to perform usual activities or works due to muscle cramps?**

- I am unable to perform my usual activities. (e.g. eating, washing or dressing)  
 I have some problem with performing my usual activities.  
 I can perform usual activities, but unable to do strenuous works.  
 I can perform usual activities, but have some problem to do strenuous works.  
 I have no problem with performing my usual activities or strenuous works.