Did you ever suffer from XXX?
- no
- yes

Was XXX diagnosed by a physician/GP?
- no
- yes

When did XXX first occur?
- at the age of ___
- in the year ___

When did XXX last occur?
- past 4 weeks
- less than 12 months
- before that

Did you take any medication within the past 12 months because of XXX or were you professionally treated?
- no
- yes

Are you limited in your everyday abilities because of XXX at the moment?
- no, not at all
- a little
- moderately
- strongly
- very strongly