Supplementary File 1.

Sociodemographic and Clinical Questionnaire

I. Personal information

1. Sex: Male ❑ Female ❑
2. Year of birth: _____
3. Age: ____ years
4. City: _____
5. Education: _____
6. Marital status: Single ❑ Married/living together ❑ Separated /Divorced ❑ Widowed ❑
7. Occupation

   Work full-time ❑ Work part-time ❑ Unemployed ❑ Medical leave ❑

   Retired due to age ❑ Retired due to disability ❑ Other ❑ Please specify _____

   i. Current or former occupation/job: _____
   ii. If retired/unemployed/on medical leave: For how long? _____
   iii. Reason for medical leave/retirement due to disability: _____

II. Clinical data

1. Weight: _____ kg
2. Height: _____ cm
3. Total arthroplasty: Knee ❑ Hip ❑
4. Side of total arthroplasty: Left ❑ Right ❑
5. How long ago did the affected joint start to hurt? _____
6. Comorbidities: _____