**Attachment.** Questionnaire

|  |  |
| --- | --- |
| **1.** | **Have you exercised in the last 4 months?** |
|  | 🞎 no | ☞ |  | Please skip directly to section B |
|  | 🞎 yes | ☞ |  | Please fill in the table and specify the approximate intensity of the exercise youperformed in each category |
|  |  |  |  |  |
|  |  |  | We want to determine your perceived exertion during exercise. That is, we want to determine how strenuous the exercise was for you. Perceived exertion depends on the load and exhaustion of the muscles, as well as on breathlessness (or shortness of breath) or chest pain.**On this scale, 0 represents no exhaustion and 10 represents maximum exhaustion.**Attempt to state your perceived exertion as spontaneously and honestly as possible. Try not to overestimate or underestimate the effort. Your own perception of performance and effort is important; this is not comparison to others. Review the scale and the accompanying words, and mark a number with a cross. |
|  |  | Minutes/Week | no exhaustion |  |  |  |  |  |  | maximum exhaustion | Help-ful? |
| **1.** | **Endurance sports***(e.g., swimming, jogging, cycling, exercise bike)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **2.** | **Weight training**(*e.g., weights/body weight exercises)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **3.** | **Game sports/ball sports***(e.g., soccer, volleyball, tennis, handball)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **4.** | **Martial arts/ dueling sports***(e.g., Judo, Kung Fu)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **5.** | **Gymnastics/aerobics/fitness** *(includes yoga, pilates)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **6.** | **Dance sport** | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **7.** | **Technical sports***(e.g., skiing, snowboarding)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
| **8.** | **Other physical activity;****Please specify** *(e.g., housework or gardening, occupation)* | 🞎 no 🞎 yes | **\_\_\_\_\_** | [0] | [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | [10] | 🞎 yes |
|  |  |

|  |  |
| --- | --- |
| **2.** | **Do you currently follow a particular nutritional regimen?** |
|  | 🞎 no | 🞎 yes | **If yes,** please specify and mark with a cross if you find the regimen helpful. |
|  |  |  | Helpful? |  | Helpful? |
|  |  |  | no | yes |  | no | yes |
|  |  | 🞎 Whole food | 🞎 | 🞎 | 🞎 Chinese diet | 🞎 | 🞎 |
|  |  | 🞎 Vegetarian (including dairy products, egg) | 🞎 | 🞎 | 🞎 Whole exclusive dairy products | 🞎 | 🞎 |
|  |  | 🞎 Vegetarian (excluding dairy products, egg) | 🞎 | 🞎 | 🞎 Paleo | 🞎 | 🞎 |
|  |  | 🞎 Vegan (no animal products) | 🞎 | 🞎 | 🞎 Other *(please specify)* |  |  |
|  |  | 🞎 Ayurvedic | 🞎 | 🞎 |  |  |  |  |
|  |  |
| **3.** | **Have you restricted the consumption of certain foods or food components due to atopic dermatitis?** |
|  | 🞎 no | 🞎 yes | **If yes,** please specify and mark with a cross if you have found the food restriction helpful. |
|  |  |  | Helpful? |  | Helpful? |
|  |  |  | no | yes |  | no | yes |
|  |  | 🞎 Dairy products | 🞎 | 🞎 | 🞎 Nuts total/individual types | 🞎 | 🞎 |
|  |  | 🞎 Wheat | 🞎 | 🞎 | 🞎 Fruit types | 🞎 | 🞎 |
|  |  | 🞎 Gluten | 🞎 | 🞎 | 🞎 Crustaceans | 🞎 | 🞎 |
|  |  | 🞎 Foods rich in histamines | 🞎 | 🞎 | 🞎 Caffeinated drinks | 🞎 | 🞎 |
|  |  | 🞎 Refined sugar | 🞎 | 🞎 | 🞎 Alcoholic drinks | 🞎 | 🞎 |
|  |  | 🞎 Solanaceous plants (e.g., tomatoes) | 🞎 | 🞎 | 🞎 Other *(please specify)* | 🞎 | 🞎 |
|  |  | 🞎 Processed foods | 🞎 | 🞎 |  |  |  |  |
|  |  |
| **4.** | **Have you consciously increased your intake of certain foods due to atopic dermatitis?** |
|  | 🞎 no | 🞎 yes | **If yes,** please specify and mark with a cross if you have found the increase helpful. |
|  |  |  | Helpful? |  | Helpful? |
|  |  |  | no | yes |  | no | yes |
|  |  | 🞎 Vegetables | 🞎 | 🞎 | 🞎 Organic food | 🞎 | 🞎 |
|  |  | 🞎 Fish oil/Omega-3 fatty acids | 🞎 | 🞎 | 🞎 Linseed oil | 🞎 | 🞎 |
|  |  | 🞎 Fruits | 🞎 | 🞎 | 🞎 Ginger | 🞎 | 🞎 |
|  |  | 🞎 Vitamin D | 🞎 | 🞎 | 🞎 Other *(please specify)* | 🞎 | 🞎 |
|  |  | 🞎 Probiotics (e.g., yogurt, fermented vegetables) | 🞎 | 🞎 |  |  |
|  |  |  |  |
| **5.** | **Have you used a relaxation method in the last 4 months?** |
|  | 🞎 no | 🞎 yes | **If yes,** please specify and mark with a cross if you have found the relaxation technique helpful. |
|  |  |  | Helpful? |  | Helpful? |
|  |  |  | no | yes |  | no | yes |
|  |  | 🞎 Hypnosis | 🞎 | 🞎 | 🞎 Mindfulness training | 🞎 | 🞎 |
|  |  | 🞎 Meditation | 🞎 | 🞎 | 🞎 Yoga | 🞎 | 🞎 |
|  |  | 🞎 Visualization | 🞎 | 🞎 | 🞎 Breathing exercises | 🞎 | 🞎 |
|  |  | 🞎 Progressive muscle relaxation | 🞎 | 🞎 | 🞎 Other *(please specify)* |  |  |
|  |  | 🞎 Autogenous training |  |  |  |  |  |  |