# Supplementary material – Questionnaire

# General Questions

age: \_\_\_\_\_\_\_\_\_

sex: \_\_\_\_\_\_\_\_\_

size: \_\_\_\_\_\_\_\_\_

weight: \_\_\_\_\_\_\_\_\_

status of partnership: 🞏married 🞏divorced 🞏single 🞏engaged 🞏widowed

number of children: \_\_\_\_\_\_\_\_\_

# Childhood development

**Have you been breast fed?** 🞏Yes 🞏no

**If yes, up to which month have you been breast-fed? \_\_\_\_\_\_\_\_\_\_\_month**

How certain are you about this answer?

🞏Very sure 🞏relatively sure 🞏relatively unsure 🞏very unsure

**How tall and heavy have you been as toddler (till the age of three)?**

🞏above-average height 🞏average height 🞏below average height

🞏above-average weight 🞏average weight 🞏below average weight

How certain are you about this answer?

🞏Very sure 🞏relatively sure 🞏relatively unsure 🞏very unsure

**Until which month of life did you use diapers during the night? \_\_\_\_\_\_\_\_\_\_\_months**

How certain are you about this answer?

🞏Very sure 🞏relatively sure 🞏relatively unsure 🞏very unsure

# Current feeling

Eating behavior

What is you preferred food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Totally agree | Rather agree | Rather disagree | Totally disagree |
| I eat at fixed times |  |  |  |  |
| I eat when I am hungry. |  |  |  |  |
| I eat when I have appetite. |  |  |  |  |
| I have accidently eaten spoiled food. |  |  |  |  |
| I avoid eating with other people. |  |  |  |  |
| It happens to me that I scorch food. |  |  |  |  |

Daily life

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Totally agree | Rather agree | Rather disagree | Totally disagree |
| Accidents in my household often happen to me. |  |  |  |  |
| I rarely perceive smoke. |  |  |  |  |
| Sometimes I burn clothes when ironing. |  |  |  |  |
| I worry about my body odor. |  |  |  |  |
| I have problems in contacting other people. |  |  |  |  |
| I wash myself at fixed times |  |  |  |  |
| I wash myself when I feel dirty. |  |  |  |  |

How often do you shower?

🞏more than ones a day 🞏daily 🞏every second day

🞏 more than ones a week 🞏weekly 🞏 less than ones a week

Partnership

At which age have you had you first sexual intercourse? \_\_\_\_years

How many different sexual partners did you have during your life? \_\_\_\_\_\_\_\_\_

Do you life in a partnership at the moment? 🞏yes 🞏no

If yes, how well do you feel in your partnership?

🞏 totally happy 🞏rather happy 🞏partly happy 🞏rather unhappy 🞏totally unhappy

If yes, how satisfied are you with you sexuality?

🞏 totally satisfied 🞏rather satisfied 🞏rather unsatisfied 🞏totally unsatisfied