

Supplementary data

Brink et al. Developing a personalized integrative obesity-coaching program: a systems health perspective.

### **System Biologist Questionnaire**

This questionnaire will be used to identify sets of symptoms related to aspects of obesity. This information can be used to develop more personalized treatment strategies.

The questions will take approximately 15 minutes to complete.

Please complete all questions by circling the correct answer.

If no answer is possible, please indicate this. All information will be treated confidentially.

Best of luck to you!

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Tiredness	
I generally feel tired	yes – no
<i>How strong is this tiredness</i>	not strong – a little – moderate – strong – very strong
I am easily tired	yes – no
Sleep	
I have trouble falling asleep	yes – no
I often wake up at night	yes – no
I feel sleepy during the day	yes – no
I put my feet under the covers at night to cool off	yes – no
Movement	
After physical exertion I feel	very tired – tired – normal – better
I perspire easily with a little exertion	yes – no
Digestion/Appetite	
My appetite is	very poor – poor – normal – good – very good
I regularly have pain in the stomach	yes – no
I regularly suffer from abdominal bloating	yes – no
I regularly suffer from belching, burping and/or heartburn:	yes – no
Eating soothes my stomach when it feels restless	yes – no
I regularly have to gag	yes – no
My need to drink is	great – normal – small
I often have a dry mouth	yes – no
I often have a bitter taste in my mouth	yes – no
I often have bad breath	yes – no
I suffer from excessive saliva	yes – no
I need to urinate often	yes – no
What colour is your urine in general?	dark yellow – yellow – clear water
How is your stool in general?	diarrhoea – mushy – solid – hard
Does your stool alternate between soft and runny, and then again with constipation?	yes – no
After eating, I quickly feel hungry again	yes – no

Physical	
Do you regularly suffer from... ?	
Headache	yes – no
<i>Applying pressure to the head:</i>	relieves the headache – aggravates the headache
Tinnitus	yes – no
Sneezing	yes – no
Burning/dry eyes or difficulty in focusing	yes – no
Sore/weak knees	yes – no
Low back pain	yes – no
Night sweats	yes – no
Shortness of breath	yes – no
Feeling of pressure on the sternum	yes – no
Feeling of having a lump in the throat	yes – no
An aversion to cold	yes – no
A languid/heavy feeling in the arms and legs	yes – no
Tiredness in the arms and legs	yes – no
Moisture in the lower legs	yes – no
Cold arms and/or legs	yes – no
Little strength in the arms and legs	yes – no
Cold back/buttocks/legs	yes – no
Feeling of having a hot head at the end of the afternoon	yes – no
Pain	
I am in pain	yes – no
<i>The pain can be described as</i>	stabbing, sharp and easy to locate – "nagging", diffuse and radiating

Mental	
I talk	little – normal – a lot
I have little motivation to do things	yes – no
I am dreamy during the day	yes – no
I am easily irritated	never – rarely – rather – very – very much
I often feel listless	yes – no
I worry and grind a lot	yes – no

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Questions for women	
My period is	too early - regular - too late
My period is painful	yes – no
I have mood swings around my period	yes – no
My period sometimes skips a month	yes – no
I have clear vaginal discharge	yes – no
I have less desire for sex	yes – no

Questions for men	
I have difficulty getting or keeping an erection	yes – no
I have less desire for sex	yes – no