

## Appendix 1 (as supplied by the authors): Original questionnaire used in the PRECISE project

For the present study, we limited the number of diagnoses to 12 as some were referring to symptoms or were judged too vague and difficult to match with the administrative data codes. We also combined under the term “Any cardiac disease” two diagnoses referring to heart conditions. The amended list of conditions used in the present study along with the diagnostic codes is provided after the questionnaire.

**Have you been told by a health professional that you have any of the following illnesses OR do you take medication to control one of these conditions?**

<b>Check all that apply</b>	
<input type="checkbox"/>	<b>Hypertension</b> (high pressure)
<input type="checkbox"/>	<b>Cholesterol problem</b>
<input type="checkbox"/>	<b>Asthma</b>
<input type="checkbox"/>	<b>Pulmonary problem</b> (chronic bronchitis or emphysema)
<input type="checkbox"/>	<b>Diabetes</b>
<input type="checkbox"/>	<b>Thyroid disorder</b>
<input type="checkbox"/>	<b>Arthrosis</b>
<input type="checkbox"/>	<b>Rheumatoid arthritis</b>
<input type="checkbox"/>	<b>Persistent back pain <i>or</i> sciatic pain</b> (excluding arthrosis)
<input type="checkbox"/>	<b>Osteoporosis</b>
<input type="checkbox"/>	<b>Another illness that affects the members or the articulations for more than 6 months</b> (tendonitis, bursitis, fibromyalgia, lupus, etc.)
<input type="checkbox"/>	<b>Reflux <i>or</i> peptic ulcer <i>or</i> pyrosis</b>
<input type="checkbox"/>	<b>Intestine problem</b> (Irritable bowel syndrome, Crohn disease, <b>ulcerative colitis, diverticulosis, etc.</b> )
<input type="checkbox"/>	<b>Overweight</b>
<input type="checkbox"/>	<b>Audition problem</b> (hard of hearing)
<input type="checkbox"/>	<b>Vision problem even though you wear glasses</b>
<input type="checkbox"/>	<b>Cardiac illnesses</b> (pharyngitis, infarctus, dilatation, bypass, angioplasty, etc.)
<input type="checkbox"/>	<b>CVA</b> (cerebrovascular accident)
<input type="checkbox"/>	<b>Heart failure</b> (diagnostic confirmed by a doctor)
<input type="checkbox"/>	<b>Cancer in the last 5 years</b> (including melanomas, but excluding all other skin

<input type="checkbox"/>	cancer)
<input type="checkbox"/>	<b>Depression or anxiety problem</b>
<input type="checkbox"/>	<b>OTHER condition (specify) :</b> _____
<input type="checkbox"/>	<b>I DON'T HAVE ANY OF THESE CONDITIONS</b>

<b>Condition</b>	<b>Code ICD9</b>	<b>Code ICD10</b>
Hypertension	401-405	I10, I11, I12, I13, I15
High cholesterol	272.0 - 272.4	E78.0, E78.5
Asthma	493	J45, J46
COPD	491, 492, 496	J41 - J44
Diabetes	250	E10, E11, E13, E14
Thyroid Disorder	240 - 246	E00 - E07
Arthrosis	715	M15 - M19
Rheumatoid Arthritis	714.0, 714.3, 716.9	M05.8, M05.9, M06, M08.0, M08.2, M08.3, M08.4, M08.8, M08 .9
Osteoporosis	733.0	M81
Intestinal diseases	555, 556, 557, 562	K50, K51, K57, K58
Any Cardiac Disease	410 - 414, 428	I20, I21, I22, I25, I27, I26.0, I50, I51
Cancer	140 - 208	C00 – C95