

## **Supplementary Online Resources**

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## Section A: Expert and Patient Survey Methodology

Experts were invited via institutional mailing lists and personal contact. Inclusion criterion was clinical or research experience with  $\geq 100$  patients with FMS or MDD as a licensed psychologist or physician. The expert survey for FMS was conducted online using SoSci-Survey (SoSci Survey GmbH, 2020) and the expert rating for MDD was conducted in person in our inpatient and outpatient clinics. Experts were asked to rate the relevance and completeness of the current symptom list.

Patients were recruited via flyers and social media. Inclusion criteria were self-reported diagnosis of FMS or MDD and age  $\geq 18$ . The patient survey for FMS was conducted online using RedCap (Harris et al., 2009) and the patient survey for MDD was conducted in person in our inpatient and outpatient clinics. Surveys included the current symptom list and a prompt to suggest missing symptoms.

Demographic characteristics of the respondents are summarized below

**Table S1 Demographic characteristics of patients and experts**

Survey	N	Age (M, SD)	Female (%)	Number of treated patients (M, SD)	Number of patients included in clinical study (M, SD)
FMS expert	14	51.14 (SD=13.88)	57%	141.07 (SD = 117.02)	278.57 (SD = 279.97)
FMS patient	75	51.79 (SD = 10.51)	97%		
MDD expert	10	50.56 (SD = 10.88)	50%	221.67 (SD = 215.61)	160 (136.6)
MDD patient	20	45.85 (SD = 16.37)	70%		

*Table S1: Demographic characteristics of respondents of the two expert and patient surveys. M = mean, SD = standard deviation.*

**Table S2: Final Symptom list ordered by the Symptom Importance Factor (SIF)**

<b>Label</b>	<b>Item</b>	<b>Nb r.</b>	<b>Selected</b>	<b>SIF</b>
Fatigue	I have felt tired or exhausted.	21	97 (MDD: 48; FMS: 49)	0.72 (MDD: 0.7; FMS: 0.74)
Sleep problems	I have had trouble falling or staying asleep, have woken up earlier than desired (early morning awakening), or have felt that my sleep was non-restorative despite sufficient duration.	23	92 (MDD: 46; FMS: 46)	0.64 (MDD: 0.6; FMS: 0.69)
Pain	I have had pain.	55	77 (MDD: 29; FMS: 48)	0.55 (MDD: 0.31; FMS: 0.78)
Troubles relaxing	I have had trouble relaxing	17	81 (MDD: 46; FMS: 35)	0.51 (MDD: 0.58; FMS: 0.44)
Nervous or tense	I have been nervous or tense.	18	72 (MDD: 47; FMS: 25)	0.46 (MDD: 0.61; FMS: 0.3)
Lack of drive	I have been lacking motivation or drive	33	75 (MDD: 41; FMS: 34)	0.46 (MDD: 0.51; FMS: 0.4)
Excessive effort perception	Everything I have done has felt like a great effort.	61	68 (MDD: 37; FMS: 31)	0.46 (MDD: 0.49; FMS: 0.42)
Concentration problems	I have had difficulties concentrating, paying attention, or staying focused.	1	74 (MDD: 39; FMS: 35)	0.41 (MDD: 0.43; FMS: 0.39)

Stressed	I have been stressed.	50	73 (MDD: 39; FMS: 34)	0.4 (MDD: 0.4; FMS: 0.39)
Depressed mood	I have often felt down, sad, or depressed.	39	66 (MDD: 42; FMS: 24)	0.38 (MDD: 0.54; FMS: 0.22)
Stimulus sensitivity	I have been highly sensitive to stimuli such as light, noise, or smells	25	64 (MDD: 30; FMS: 34)	0.38 (MDD: 0.32; FMS: 0.44)
Morning stiffness	I have suffered from morning stiffness.	31	53 (MDD: 11; FMS: 42)	0.38 (MDD: 0.12; FMS: 0.65)
Physical weakness	I have felt physically weak or lacked strength (e.g., unable to open a bottle).	22	65 (MDD: 27; FMS: 38)	0.37 (MDD: 0.27; FMS: 0.47)
Ruminating	I have ruminated a lot or had persistent negative thoughts	38	61 (MDD: 44; FMS: 17)	0.35 (MDD: 0.55; FMS: 0.15)
Pull myself together	I have often told myself to pull myself together	20	63 (MDD: 37; FMS: 26)	0.35 (MDD: 0.38; FMS: 0.31)
Just functioning	I have just functioned	93	59 (MDD: 29; FMS: 30)	0.35 (MDD: 0.36; FMS: 0.35)
Avoidance	I have avoided activities that I usually enjoy due to my physical or mental condition.	10	76 (MDD: 39; FMS: 37)	0.34 (MDD: 0.39;

				FMS: 0.29)
Procrastinating	I have procrastinated a lot.	51	63 (MDD: 33; FMS: 30)	0.34 (MDD: 0.39; FMS: 0.29)
Digestive problems	I have had digestive problems (e.g. diarrhea, constipation, cramps, bloating).	26	65 (MDD: 31; FMS: 34)	0.34 (MDD: 0.31; FMS: 0.36)
Paresthesia/ dysesthesia	I have experienced physical sensations such as numbness, tingling, burning, or extreme sensitivity to pain	67	59 (MDD: 19; FMS: 40)	0.32 (MDD: 0.17; FMS: 0.47)
Anhedonia	I have had little interest or enjoyment in my activities.	36	60 (MDD: 35; FMS: 25)	0.31 (MDD: 0.37; FMS: 0.25)
Sexual dysfunction	I have had little or no interest in sexual activities or have suffered from sexual dysfunction (i.e. lack of arousal, erection problems, lack of vaginal lubrication, orgasm difficulties, or pain during or from penetration).	24	49 (MDD: 24; FMS: 25)	0.31 (MDD: 0.26; FMS: 0.35)
Forgetfulness	I have had trouble remembering things or have been very forgetful.	2	59 (MDD: 36; FMS: 23)	0.29 (MDD: 0.36; FMS: 0.22)
Reduced social contacts	I have limited my social contacts	9	68 (MDD: 37; FMS: 31)	0.29 (MDD: 0.35; FMS: 0.23)
Emptiness	I have felt empty, numb, or emotionally dead inside	71	50 (MDD: 35; FMS: 15)	0.28 (MDD: 0.4; FMS: 0.16)

Muscle tension or cramps	I have had muscular cramps, tension or nystagmus	72	62 (MDD: 24; FMS: 38)	0.28 (MDD: 0.2; FMS: 0.35)
Self-worth issues	I have had a low opinion of myself or felt worthless or like a failure.	37	45 (MDD: 36; FMS: 9)	0.27 (MDD: 0.46; FMS: 0.09)
Desperate/helpless	I have felt desperate or helpless.	43	43 (MDD: 35; FMS: 8)	0.27 (MDD: 0.44; FMS: 0.11)
Hopelessness, pessimism	I have felt hopeless or very pessimistic about my future.	40	42 (MDD: 35; FMS: 7)	0.27 (MDD: 0.44; FMS: 0.1)
Lonely	I have often felt lonely.	41	46 (MDD: 28; FMS: 18)	0.27 (MDD: 0.35; FMS: 0.19)
Heavy limbs	I have felt that my limbs were very heavy.	64	54 (MDD: 22; FMS: 32)	0.27 (MDD: 0.2; FMS: 0.34)
Indecisiveness	I have had difficulties making decisions	6	50 (MDD: 34; FMS: 16)	0.26 (MDD: 0.35; FMS: 0.16)
Health worries	I have had fears or worries about my health.	15	56 (MDD: 35; FMS: 21)	0.26 (MDD: 0.31; FMS: 0.21)
Sensitivity to weather	I have been sensitive to the weather, including changes in the weather.	78	54 (MDD: 16; FMS: 38)	0.26 (MDD:

				0.1; FMS: 0.41)
Alexithymia	I have had trouble recognizing, making sense of, or putting my feelings into words.	46	46 (MDD: 34; FMS: 12)	0.25 (MDD: 0.4; FMS: 0.1)
Generalized anxiety	I have been anxious or worried about various activities or events.	16	51 (MDD: 32; FMS: 19)	0.25 (MDD: 0.34; FMS: 0.16)
Sympathetic activation	I have had signs of physical arousal such as heart palpitations, skipped beats, shortness of breath, pressure or tightness in the chest, and sweating.	30	67 (MDD: 33; FMS: 34)	0.25 (MDD: 0.27; FMS: 0.23)
Physical inactivity	I have not been physically active enough.	11	49 (MDD: 25; FMS: 24)	0.25 (MDD: 0.25; FMS: 0.25)
Tinnitus	I have experienced ringing in my ears (e.g., hissing, buzzing, tinnitus).	62	50 (MDD: 20; FMS: 30)	0.25 (MDD: 0.15; FMS: 0.34)
Anger	I have been angry, irritable or annoyed.	42	62 (MDD: 32; FMS: 30)	0.24 (MDD: 0.22; FMS: 0.27)
Interrupting activities	I have had to interrupt activities or work due to my physical or mental condition.	7	67 (MDD: 34; FMS: 33)	0.24 (MDD: 0.21; FMS: 0.27)
Exceeding physical limits	I have engaged in activities even though they exceeded my physical limits.	69	52 (MDD: 20; FMS: 32)	0.24 (MDD: 0.19; FMS: 0.29)

Guilt	I have felt guilty about things I did, things outside of my control, or things that happened to me	54	44 (MDD: 34; FMS: 10)	0.23 (MDD: 0.37; FMS: 0.08)
Hot or cold flashes	I have had hot or cold flashes.	79	47 (MDD: 16; FMS: 31)	0.23 (MDD: 0.1; FMS: 0.35)
Dry mucous membranes or watery eyes	My mucous membranes (e.g. in the mouth, eyes) have been very dry or my eyes have watered	73	40 (MDD: 12; FMS: 28)	0.23 (MDD: 0.09; FMS: 0.36)
Self-neglect	I have ignored my needs or neglected myself.	85	46 (MDD: 32; FMS: 14)	0.22 (MDD: 0.31; FMS: 0.13)
Suppressed aggressions	I have kept my anger or irritation to myself	70	50 (MDD: 32; FMS: 18)	0.22 (MDD: 0.27; FMS: 0.17)
Difficulty managing daily life	I have struggled to fulfill my obligations or manage my daily life.	57	51 (MDD: 28; FMS: 23)	0.22 (MDD: 0.26; FMS: 0.18)
Ashamed	I have frequently felt ashamed.	86	40 (MDD: 35; FMS: 5)	0.21 (MDD: 0.38; FMS: 0.04)
Burden to others	I have felt like a burden to others.	84	43 (MDD: 30; FMS: 13)	0.21 (MDD: 0.31; FMS: 0.11)



Gastrointestinal or swallowing issues	I have had stomach or swallowing problems such as nausea, acid reflux, heartburn, a lump in the throat, gagging when swallowing, regurgitation of swallowed food, or coughing while eating.	68	48 (MDD: 20; FMS: 28)	0.21 (MDD: 0.18; FMS: 0.25)
Slow information processing	It has taken me a long time to process new information	4	39 (MDD: 22; FMS: 17)	0.2 (MDD: 0.23; FMS: 0.16)
Brain fog	I have often felt mentally unclear or have had brain fog	5	44 (MDD: 26; FMS: 18)	0.19 (MDD: 0.22; FMS: 0.15)
Changes in appetite	I have had significantly more or less appetite than usual or experienced binge eating.	83	38 (MDD: 21; FMS: 17)	0.19 (MDD: 0.2; FMS: 0.18)
Attention to pain	I have frequently focused on my pain or thought about it a lot.	13	33 (MDD: 15; FMS: 18)	0.19 (MDD: 0.15; FMS: 0.22)
Mood swings	I have experienced severe mood swings.	60	40 (MDD: 27; FMS: 13)	0.18 (MDD: 0.24; FMS: 0.12)
Hypersomnia	I have fallen asleep during the day or struggled to stay awake.	76	42 (MDD: 21; FMS: 21)	0.18 (MDD: 0.14; FMS: 0.21)
Movement difficulties	I have only been able to move with great difficulty or slowly	65	34 (MDD: 13; FMS: 21)	0.18 (MDD: 0.12; FMS: 0.23)
Negative eating habits	I have overeaten, eaten too little, or skipped meals.	32	47 (MDD: 29; FMS: 18)	0.17 (MDD: 0.21;

				FMS: 0.13)
Fear of pain aggravation or persistence	I have feared that my pain would worsen or never go away.	14	33 (MDD: 16; FMS: 17)	0.16 (MDD: 0.14; FMS: 0.19)
Anticipatory fear of pain	I have been afraid of situations in which pain could occur or worsen.	56	32 (MDD: 18; FMS: 14)	0.16 (MDD: 0.13; FMS: 0.18)
Computer games/social media	I have spent excessive time gaming, streaming, or using social media.	91	27 (MDD: 19; FMS: 8)	0.15 (MDD: 0.22; FMS: 0.07)
Vision	I have only been able to see very blurry or out of focus (even with glasses).	66	32 (MDD: 11; FMS: 21)	0.15 (MDD: 0.07; FMS: 0.23)
Swollen body parts	I have felt that parts of my body have been swollen.	27	36 (MDD: 9; FMS: 27)	0.15 (MDD: 0.05; FMS: 0.25)
Vertigo/ imbalance	I have frequently felt dizzy or have had balance issues.	29	38 (MDD: 19; FMS: 19)	0.14 (MDD: 0.12; FMS: 0.15)
Too little breaks	I have taken too few breaks.	48	30 (MDD: 13; FMS: 17)	0.14 (MDD: 0.1; FMS: 0.18)
Overwhelmed by pain	I have felt overwhelmed by the pain, at the mercy of it, or as if I could not endure it anymore.	44	26 (MDD: 9; FMS: 17)	0.14 (MDD: 0.09; FMS: 0.19)

Bladder issues	I have had bladder problems (burning, pain, cramps, frequent urination, or nighttime urination).	75	26 (MDD: 7; FMS: 19)	0.14 (MDD: 0.05; FMS: 0.22)
Perceived life failure	I have felt like my life was a failure.	59	27 (MDD: 24; FMS: 3)	0.13 (MDD: 0.24; FMS: 0.03)
Speech slowness / word finding struggles	My speech has been slow, or I have often struggled to find the right words.	3	33 (MDD: 20; FMS: 13)	0.13 (MDD: 0.16; FMS: 0.1)
Physical restlessness	I have fidgeted with my hands and/or feet and/or had an increased urge to move.	19	30 (MDD: 21; FMS: 9)	0.12 (MDD: 0.15; FMS: 0.09)
Future plans based on pain	I have made future plans based on my pain.	12	30 (MDD: 12; FMS: 18)	0.12 (MDD: 0.09; FMS: 0.16)
Hair loss	I have had severe hair loss.	81	18 (MDD: 8; FMS: 10)	0.12 (MDD: 0.09; FMS: 0.15)
Anxiety attacks	I have had sudden attacks of intense anxiety that escalated rapidly and peaked within minutes (anxiety attacks)	74	32 (MDD: 26; FMS: 6)	0.11 (MDD: 0.19; FMS: 0.03)
Paralyzed	I have felt paralyzed.	92	22 (MDD: 15; FMS: 7)	0.11 (MDD: 0.15; FMS: 0.08)

Not leaving the house	I have rarely or never left the house.	8	32 (MDD: 19; FMS: 13)	0.11 (MDD: 0.14; FMS: 0.09)
Perceived social rejection	I have felt that other people were particularly unfriendly to me or disliked me.	58	26 (MDD: 16; FMS: 10)	0.1 (MDD: 0.13; FMS: 0.07)
Weight changes	I have lost or gained a lot of weight without dieting.	28	14 (MDD: 7; FMS: 7)	0.1 (MDD: 0.12; FMS: 0.08)
Incontinence	I have had difficulty controlling my bladder or bowel movements.	88	21 (MDD: 6; FMS: 15)	0.1 (MDD: 0.06; FMS: 0.13)
Suicidal thoughts	I have had suicidal thoughts or wished I were dead.	34	24 (MDD: 22; FMS: 2)	0.09 (MDD: 0.16; FMS: 0.01)
Nightmares	I have had nightmares.	87	36 (MDD: 24; FMS: 12)	0.09 (MDD: 0.12; FMS: 0.07)
Crying	I have cried excessively.	52	20 (MDD: 15; FMS: 5)	0.07 (MDD: 0.12; FMS: 0.02)
Interpersonal conflicts	I have had interpersonal conflicts	47	24 (MDD: 16; FMS: 8)	0.07 (MDD: 0.09; FMS: 0.06)
Twitches	I have had muscle twitches.	77	22 (MDD: 11; FMS: 11)	0.07 (MDD:

				0.05; FMS: 0.1)
Feeling punished	I have felt as if I was being punished.	53	17 (MDD: 8; FMS: 9)	0.07 (MDD: 0.05; FMS: 0.09)
Depersonalization	I have felt like I was disconnected from my body and mind or had the feeling of observing myself from the outside.	63	16 (MDD: 14; FMS: 2)	0.06 (MDD: 0.12; FMS: 0.01)
Tremor	My hands or other body parts have trembled constantly (excluding eye tremors).	80	15 (MDD: 11; FMS: 4)	0.06 (MDD: 0.1; FMS: 0.02)
Bored	I have been bored.	49	16 (MDD: 13; FMS: 3)	0.05 (MDD: 0.08; FMS: 0.03)
Substance abuse	I have consumed excessive amounts of drugs, medications, alcohol, or smoked too much.	45	12 (MDD: 6; FMS: 6)	0.05 (MDD: 0.02; FMS: 0.07)
Cough	I have had a persistent cough.	82	9 (MDD: 5; FMS: 4)	0.04 (MDD: 0.04; FMS: 0.04)
Gambling	I have gambled excessively	90	1 (MDD: 0; FMS: 1)	0.01 (MDD: 0; FMS: 0.02)
Hallucinations	I have had hallucinations or delusions.	89	1 (MDD: 1; FMS: 0)	0 (MDD: 0; FMS: 0)

Self-harm	I have harmed myself	35	4 (MDD: 4; FMS: 0)	0 (MDD: 0.01; FMS: 0)
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*Table S2: The final symptom list that was used in our study, ordered by the symptom impact factor (SIF) over both samples. Label = Symptom label used in the manuscript; Item = Formulation of the item in the list; Nbr. = Number of the symptom in the list; Selected: How many persons selected the symptom, overall and stratified by group; SIF = Symptom impact factor = ((frequency \* severity) / 800) \* percentage selected, overall and stratified by group.*

**Table S3: Symptom list development**

<b>Item (abbreviation)</b>	<b>Item number in final list</b>	<b>Changes made throughout the process</b>	<b>Reason(s) for change</b>	<b>Was added/changed/delete d during...</b>
Concentration problems	1			Added during: Initial literature review (Kravitz & Katz, 2015)
Forgetfulness	2			Added during: Initial literature review (Kravitz & Katz, 2015)
Concentration problems	3			Added during: Initial literature review (Kravitz & Katz, 2015)
Slow information processing	4			Added during: Initial literature review (Kravitz & Katz, 2015)
Brain fog	5	Added: “and/or feeling foggy”	“Brainfog”/”Fibrofog” was mentioned repeatedly in PS FMS	Added during: Initial literature review (Kravitz & Katz, 2015)  Complemented after PS FMS
Indecisiveness	6			Added during: Initial literature review (Kravitz & Katz, 2015)

Interrupting activities	7	Initial phrase: “I have interrupted activities/tasks, when I started to feel pain”		Added during: Initial literature review (McCracken & Dhingra, 2002)
		First change: “I have interrupted activities/task”		First change: before PS FMS
			First change: To leave space for explanations for the behavior other than “pain” the second part of the phrase was deleted	
		Second change: “I have interrupted activities/task because of my physical or mental constitution”	Second change: To prevent people from picking the item because of external factors (e.g. “I have interrupted my task because I had to pick up my kids from school”) “...because of my physical or mental constitution” was added	Second change: after PS FMS
Medication intake when there is pain		Item in ES	Became part of “substance abuse” (Item 45)	Added during: Initial literature review (McCracken & Dhingra, 2002)
		Deleted	to leave space for explanations for the behavior other than “pain”	Deleted after: ES FMS
Not leaving the house	8	Added: “never”	For more precision	Added during: Initial literature review (Klintwall et al., 2023)
Reduced social contacts	9	Initial phrase: “I have reduced my social contacts because of pain”	To leave space for explanations for the behavior other than “pain”	Added during: Initial literature review (Ware et al., 1996)
		was changed to “I		Changed after ES FMS



		have reduced my social contacts”		
Avoidance	10	Original phrase: “I have refrained from activities, when there was the risk that pain would appear/aggravate”		Added during: Initial literature review (Wicksell et al., 2010)
		First change: “I have refrained from activities I usually enjoy”		
			First change: To leave space for explanations for the behavior other than “pain” the second part of the phrase was deleted	First change: before PS FMS
		Second change: “I have refrained from activities I usually enjoy because of my physical or mental constitution”	Second change: To prevent people from picking the item because of external factors (e.g. “I have interrupted my task because I had to pick up my kids from school”) “...because of my physical or mental constitution” was added	Second change: after PS FMS
Physical inactivity	11			Added during: Initial literature review (Klintwall et al., 2023)

Future plans based on pain	12			Added during: Initial literature review (Wicksell et al., 2010)
Attention to pain	13			Added during: Initial literature review (Meyer et al., 2008)
Fear of pain aggravation or persistence	14			Added during: Initial literature review (Meyer et al., 2008)
Fear of pain aggravation or persistence	15			Added during: Initial literature review (Klintwall et al., 2023)
Generalized anxiety	16	Initial phrase: “Feeling afraid as if something awful might happen” was changed to: “I was afraid/worried because of all different kinds of activities/events”	“anxiety/ anxiety in general” was mentioned repeatedly in PS FMS	Added during: Initial literature review (Gräfe et al., 2004; Hinz et al., 2017; Spitzer et al., 2006)  Changed after: PS FMS
Troubles relaxing	17			Added during: Initial literature review (Gräfe et al., 2004; Hinz et al., 2017; Spitzer et al., 2006)
Nervous or tense	18	Initial phrase: “I have been nervous, anxious or tense” was changed to “I have been nervous or tense”	“feeling anxious” was deleted from the sentence because of a remark during the pilot study saying that there were too many items depicting worriedness (15, 16, 17, 18, “Inner turmoil”)	Added during: Initial literature review (Gräfe et al., 2004; Hinz et al., 2017; Spitzer et al., 2006)  Changed after: Pilot study

Physical restlessness	19	Initial phrase: “I have been agitated and restless”	Added during: Initial literature review (Gräfe et al., 2004)
		First change: “I have been physically agitated, restless and fidgety, I have had an increased urge to move”,	First change: after ES FMS
		First change because of a recommendation during the ES FMS to differentiate between inner and physical unrest.	
		Second change: “I have fidgeted with my hands and/or feet or I have had an increased urge to move”	Second change: after pilot study
		Second change after a remark during the pilot study saying that items 17,18 and 19 were too alike	
Pull myself together	20		Added during: Initial literature review (Hasenbring & Verbunt, 2010)
Fatigue	21		Added during: Initial literature review (Klintwall et al., 2023)
Weakness	22	Initial phrase: “I have felt weak”	Added during: Initial literature review (Galvez-Sánchez et al., 2019)
		First change: “I have felt weak or feeble”	First change: After ES FMS
		First change: “...or feeble” it of remark during the ES FMS saying that “feebleness, e.g. not being able to open a bottle, letting things slide out of the hands) was missing	

		Second change: “Physical non-resilience” was mentioned in the PS FMS	Second change: After PS FMS
		Second change: “I have felt physically weak, not resilient and/or I have lacked physical strength (e.g. not being able to open a bottle)	
Sleep problems	23	Initial phrase: “I have had sleep problems (e.g. difficulties falling or staying asleep, waking up too early”	Added during: Initial literature review (Klintwall et al., 2023)
		First change: “I have had sleep problems (e.g. difficulties falling or staying asleep, waking up too early) or I slept too much (e.g. during the day),	First change: Further research after ES FMS (Fried, 2017; Gräfe et al., 2004; Sarzi-Puttini et al., 2021)
		Second change: “I have had problems falling/staying asleep/ I’ve woken up earlier than I wanted to (early in the morning) or I have perceived my sleep as unrefreshing, even	First change: “...or I slept too much (e.g. during the day)” was added to cover “hypersomnia”, a symptom occurring in MDD (Gräfe et al., 2004) as well as in fibromyalgia (Sarzi-Puttini et al., 2021)
			Second change: Further research after PS FMS (Häuser et al., 2008)
			Second change: Decision to divide Insomnia and Hypersomnia in two items (-> item 76) because of further research (Fried, 2017)

		though I had slept enough	“Unrefreshing sleep” was added because of its importance in fibromyalgia (Häuser et al., 2008)	
Sexual dysfunction	24	<p>Initial phrase: “I have suffered from sexual dysfunction”</p> <p>First change: “I have suffered from sexual dysfunction (e.g. lack of arousal, erection problems or lack of vaginal moisture, orgasm difficulties, pain during or through penetration) or I have had no interest/fun in sexual activities”,</p> <p>Second change: “I have had no interest/fun in sexual activities” or “I have suffered from sexual dysfunction (e.g. lack of arousal, erection problems or lack of vaginal moisture, orgasm difficulties, pain during or through penetration)</p>	<p>Definition of sexual dysfunction (Berner, M.M. et al., 2004) was added to avoid patients not understanding</p>	<p>Added during: Initial literature review (Besiroglu &amp; Dursun, 2019)</p> <p>Changed before PS FMS</p>

Stimulus sensitivity	25	Initial phrase: "I have been very sensitive to stimuli" was changed to "I have been very sensitive to stimuli (e.g. light, noise, smell)	Complemented after remark during the ES FMS that "sensitivity to light, noise, sometimes smell" was missing	Added during: Initial literature review (Clauw, 2009)  Complemented after ES FMS
Digestive problems	26	Initial phrase: "I have had digestive problems"  First change: "I have had digestive problems or bladder issues"  Second change: "I have had digestive problems (e.g. diarrhea, obstipation, cramps, flatulence)	First change: Bladder issues were added after being mentioned in ES FMS  Second change: Item was divided in two (Bladder issues -> Item 75) to avoid items covering several constructs	Added during: Initial literature review (Gierk et al., 2014)  First change: After ES FMS  Second change: After PS FMS
Swollen body parts	27			Added during: Initial literature review (Chakrabarty & Zoorob, 2007)
Weight changes	28	Initial phrase: "I have had drastic changes in weight" was changed to "I have lost/gained weight without changing my diet"	For more precision, derived from SCID-CV (Beesdo-Baum et al., 2019)	Added during: Initial literature review (Clauw, 2009)  Changed after further research after the PS FMS (Beesdo-Baum et al., 2019)

Vertigo/ imbalance	29	Initial phrase: “I have often felt dizzy” was changed to: “I have often felt dizzy or have had an impaired balance”	Complemented after remark during the ES FMS that “impaired balance” was missing	Added during: Initial literature review (Gierk et al., 2014)  Complemented after ES FMS
Sympathetic activation	30	Initial phrase: ”My heart has been racing or I have had a shortness of breath” was		Added during: Initial literature review (Gräfe et al., 2004)
		First change: “I have had physical reactions such as: feeling my heart racing, shortness of breath, heavy sweating, hot or cold flashes”	First change: More symptoms representing physical arousal were added (Fried, 2017)	First change before PS FMS
		Second change: “I have felt signs of physical arousal such as: feeling my heart racing, palpitations, shortness of breath, pressure or tightness in the chest, heavy sweating”	Second change: “panic attack” was mentioned repeatedly in PS FMS  As it was decided to avoid the term “panic attack” in favor of an indirect way (Krasselt & Baerwald, 2018) to ask for the construct, more symptoms representing sympathetic activation during a panic attack (Beesdo-Baum et al., 2019) were added	Second change after PS FMS and internal discussion

				<p>“Hot or cold flashes” became a single item (79) as it was concluded during an internal discussion that there could be other reasons for them (e.g. menopause)</p>
Morning stiffness	31			Added during: Initial literature review (Chakrabarty & Zoorob, 2007)
Negative eating habits	32			Added during: Initial literature review (Klintwall et al., 2023)
Lack of drive	33			Added during: Initial literature review (Dilling et al., 2015)
Suicidal thoughts	34	Initial phrase: “I have had suicidal thoughts” was changed to: I have thought about taking my own life or have thought that it would be better to be dead”	<p>Was marked as incomprehensible in the PS FMS</p> <p>In the following internal discussion, it was concluded that “suicidal thoughts” might be considered a technical term</p>	<p>Added during: Initial literature review (Klintwall et al., 2023)</p> <p>Changed after PS FMS</p>
Self-harm	35			Added during: Initial literature review (Klintwall et al., 2023)
Anhedonia	36			Added during: Initial literature review (Gräfe et al., 2004)
Self-worth issues	37	Initial phrase: “I have had a low opinion of myself or felt like a loser” was changed to :” I have had a low opinion of myself or felt	Worthlessness was added to align with (Fried, 2017)	<p>Added during: Initial literature review (Gräfe et al., 2004)</p> <p>Complemented before PS MDD to align with (Fried, 2017)</p>



		worthless/like a loser”		
Ruminating	38	Initial phrase: “I have ruminated a lot” was changed to: “I have ruminated a lot or I have been spiraling”	Was mentioned in PS MDD	Added during: Initial literature review (Klintwall et al., 2023)  Complemented after PS MDD
Depressed mood	39	Initially two items: “I have often felt down” and “I have been sad” were combined to: “I have often felt down, sad or depressed”	“Feeling down” and “feeling sad” was too alike  “Feeling depressed” was mentioned repeatedly in PS FMS	Added during: Initial literature review (Gräfe et al., 2004; Klintwall et al., 2023)  Combined and complemented after PS FMS
Hopelessness, pessimism	40	Initially two items: “I have been hopeless” and “I have had a pessimistic regard concerning my future”, were combined to: “I have felt hopeless or had a pessimistic view of my future.”	Approach to reduce number of items by combining items too alike	Added during: Initial literature review (Gräfe et al., 2004)  Combined after PS FMS
Lonely	41			Added during: Initial literature review (Klintwall et al., 2023)
Anger	42	Initial phrase: “I have felt angry or irritated” was changed to: “I have felt angry, irritated or annoyed”	For more precision	Added during: Initial literature review (Klintwall et al., 2023)

Desperate/helpless	43	Initially two items:  “I have been desperate” and “I have felt helpless”, were combined to: “I have been desperate or felt helpless”	Approach to reduce number of items by combining items too alike	Added during: Initial literature review (Palomino et al., 2007)  Combined after PS FMS
Overwhelmed by pain	44	Initially two items:  “I have felt overwhelmed by/surrendered to the pain” and “I could not bear the pain” were combined to: ““I have felt overwhelmed by/surrendered to the pain or could not bear it	Approach to reduce number of items by combining items too alike (Sullivan et al., 1995)	Added during: Initial literature review (Meyer et al., 2008)  Combined after PS FMS
Substance abuse	45	Initial phrase: “I have consumed too much/many alcohol/drugs/pills” was changed to “I have consumed too much/many alcohol/drugs/pills or smoked to much”	Smoking was added as it is a common drug	Added during: Initial literature review (Klintwall et al., 2023)  “Smoking” added after PS FMS
Alexithymia	46	Initial phrase: “I have struggled with expressing or feeling my emotions” was changed to: “I have struggled with expressing, feeling or sorting my emotions”	For more precision	Added during: Initial literature review (Galvez-Sánchez et al., 2019) Complemented after PS FMS

Interpersonal conflicts	47			Added during: Initial literature review (Klintwall et al., 2023)
Too little breaks	48			Added during: Initial literature review (Hasenbring & Verbunt, 2010)
Bored	49			Added during: Initial literature review (Klintwall et al., 2023)
Stressed	50			Added during: Initial literature review (Klintwall et al., 2023)
Procrastinating	51	Initial phrase: "I have procrastinated or postponed many things" was changed to: "I have postponed many things (procrastinated)	Was marked as incomprehensible in PS FMS	Added during: Initial literature review (Klintwall et al., 2023)
<b>Symptoms added at a stage other than initial research</b>				
Crying	52		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
Feeling punished	53		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)

Guilt	54	First added as: "I have had feelings of guilt", then changed to: "I have felt guilty for things I have or have not done or which have happened to me"	To align with Fried (2017)  Changed because it was marked as incomprehensible during PS FMS	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
Pain	55		Pain had not been added before as there was the idea to make it an obligation to have pain in the networks. This idea was dismissed in order to have networks which truly represent the patients symptoms	Added during: literature review between ES FMS and PS FMS (Krasselt & Baerwald, 2018)
Anticipatory fear of pain	56		"Being afraid of movement" was mentioned in ES FMS  In order to have a broader item which covers up for pain magnification as a subcategory of pain catastrophizing (Sullivan et al., 1995) the wording was held in a more general matter	Added during: literature review between ES FMS and PS FMS (Sullivan et al., 1995)
Difficulty managing daily life	57	Initial phrase: "I have not been able to fulfill obligations" was changed to : "I have not been able to fulfill obligations or to manage everyday life"	Added as it reflects reduced quality of life (Ware et al., 1996)  Complemented to cover up for even more aspects of reduced quality of life (Ware et al., 1996)	Added during: literature review between ES FMS and PS FMS (Ware et al., 1996)

Self-criticalness		Self-criticalness item in PS FMS: "I have been very self-critical" which was deleted after	First added to align with Fried (2017)  Was deleted because it resembled "Self-worth issues" too much	Added during: literature review between ES FMS and PS FMS (Fried, 2017)  Deleted during pilot study
Perceived social rejection	58		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
Perceived life failure	59		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017; Radloff, 1977)
Mood swings	60		Depressive symptom (Bowen et al., 2011)	Added during: literature review between ES FMS and PS FMS (Bowen et al., 2011)
Excessive effort perception	61		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
Tinnitus	62	Initially added before PS FMS as: "I have had unpleasant sensations in my ear that did not originate from the environment (hissing, buzzing, ringing; tinnitus)" was changed to : "I have had ear noises such as: Hissing, buzzing, ringing (tinnitus)"	Was mentioned as missing during the ES FMS  Change was made for better wording	Added because of ES FMS

Inner turmoil		Initially added before PS FMS as: "I have felt an inner turmoil"	Added because of a recommendation during the ES FMS to differentiate between inner and physical unrest	Added because of ES FMS
		Deleted later	Deleted after a remark during the pilot study saying that items 17,18 and 19 were too alike	Deleted during pilot study
Diurnal variation		Initially added before PS FMS as: "There has been a clear and predictable connection between the time of day and my mood"	Added to align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
		Deleted later	Deleted to prevent confusion regarding different time frames of the item and the interview	Deleted during pilot study
Depersonalization	63		"panic attack" was mentioned repeatedly in PS FMS	Added because of PS FMS
			As it was decided to avoid the term "panic attack" in favor of an indirect way to ask for the construct (Moosbrugger & Brandt, 2020), "depersonalization" as symptom of a panic attack was added (Beesdo-Baum et al., 2019)	Further literature review after PS FMS (Beesdo-Baum et al., 2019; Moosbrugger & Brandt, 2020)
Heavy limbs	64		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017; Trivedi et al., 2004)

Movement difficulties	65		To align with Fried (2017)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)
Vision	66		“Blurred vision” was mentioned as missing during ES FMS	Added because of ES FMS
Paresthesia/ dysesthesia	67	Initially added before PS FMS as:  “I have had the feeling that parts of my body were numb or tingling” was changed to: “I have had physical sensations such as: Numbness, tingling, burning or excessive sensitivity to pain all over the body or parts of it”	“Numbness or tingling in hands or feet” was mentioned as missing during ES FMS  Complemented by adding “excessive sensitivity to pain” after PS FMS	Added because of ES FMS  Complemented because of PS FMS
Pessimism	40	Initially added before PS FMS as: “I have had a pessimistic regard concerning my future” combined with “feeling hopeless” to: “I have felt hopeless or had a pessimistic view of my future.”	Initially added to align with Fried (2017)  Combined to one item with “feeling hopeless” to reduce number of items by combining items too alike	Added during: literature review between ES FMS and PS FMS (Fried, 2017)  Combined after PS FMS
Gastrointestinal or swallowing issues	68		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)

Exceeding physical limits	69		Was added because of the following remark during the ES FMS: “The rarer type of FMS patients with the attempt to negate the pain and with inappropriate endurance strategies or who are ignoring pain for a long time, going beyond their own physical limits, disregarding pain is missing”	Added because of ES FMS
Suppressed aggressions	70	Initially added before PS FMS as:  “I have suppressed aggressions”, then changed to: “I have kept my anger/rage to myself”	“Suppressed aggressions” were mentioned as missing during ES FMS  Change was made for better wording	Added because of ES FMS
Emptiness	71	Initially added before PS FMS as:  “I have felt an inner void”, then changed to: “I have felt numb, jaded or empty inside”	To align with Fried (2017)  Further rephrasing to describe emotional numbness and dissociative experiences as a sub-component of “brain fog” (McWhirter et al., 2023)	Added during: literature review between ES FMS and PS FMS (Fried, 2017)  Changed during literature review after PS FMS (McWhirter et al., 2023)
Muscle tension or cramps	72		Mentioned in PS FMS	Added because of PS FMS
Dry mucous membranes or watery eyes	73		Mentioned in PS FMS	Added because of PS FMS



Anxiety attacks	74		Mentioned in PS FMS	Added because of PS FMS
Bladder issues	75	Initially added as: “I have had digestive problems or bladder issues”, then divided in “digestive problems” (item 26) and “I have had bladder issues (burning sensation, pain/cramps, frequent or nocturnal urinating)	Bladder issues were added after being mentioned in ES FMS  Item 26 was divided in two (Bladder issues became Item 75) to avoid items covering several constructs	Added because of ES FMS  Changed after PS FMS
Hypersomnia	76	Initially added to item 23 as: “I have had sleep problems (e.g. difficulties falling or staying asleep, waking up too early) or I slept too much (e.g. during the day), then item 23 was divided  Item 76 became: “I have fallen asleep during the day or could not stay awake”	“...or I slept too much (e.g. during the day)” was added to initial item 23 (-> sleeping problems) to cover “hypersomnia”, a symptom occurring in MDD (Gräfe et al., 2004) as well as in fibromyalgia (Sarzi-Puttini et al., 2021)  Decision to divide Insomnia and Hypersomnia in two items because of further research (E. Fried, 2017)	Added to item 23 during further research after ES FMS (Gräfe et al., 2004; Sarzi-Puttini et al., 2021)  Divided after PS FMS (E. Fried, 2017)
Twitches	77		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)
Sensitivity to weather	78		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)

Hot or cold flashes	79	Initially added to item 30 as: “I have had physical reactions such as: feeling my heart racing, shortness of breath, heavy sweating, hot or cold flashes”  Item 30 was then divided so that item 76 became: “I have had hot or cold flashes”	Initially added to item 30 to have more symptoms representing physical arousal  Then “Hot or cold flashes” became a single item as it was concluded during an internal discussion that there could be other reasons for them (e.g. menopause)	Added to item 30 before PS FMS  Became single item after PS FMS and internal discussion
Tremor	80		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)
Hair loss	81		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)
Cough	82		Symptom of FMS (Häuser et al., 2008)	Further literature review after PS FMS (Häuser et al., 2008)
Changes in appetite	83		“Cravings” were mentioned in PS FMS, changes in appetite added as symptom of MDD (Beesdo-Baum et al., 2019)	“Cravings” added because of PS FMS  Complemented after further research (Beesdo-Baum et al., 2019)
Burden to others	84		/	Added after PS because of internal discussion
Self-neglect	85		Mentioned during PS MDD	Added because of PS MDD
Ashamed	86		Mentioned during ES MDD	Added because of ES MDD

Nightmares	87	Initially added before PS FMS as: "I have had nightmares which reminded me of a traumatic event in my past", deleted in the meantime, eventually added as: "I have had nightmares"	Initially added because of literature review  Deleted in the meantime to avoid confounding by post-traumatic stress disorder (PTSD)  Eventually added without the link to a traumatic event because nightmares were mentioned in PS MDD	Added during: literature review between ES FMS and PS FMS  Deleted in the meantime  Re-added after PS MDD
Incontinence	88		Mentioned during PS MDD	Added because of PS MDD
Hallucinations	89		Mentioned during ES MDD	Added because of ES MDD
Gambling	90		Mentioned during PS MDD	Added because of PS MDD
Computer games/social media	91		Mentioned during PS MDD	Added because of PS MDD
Feeling paralyzed	92		Symptom of dissociation	Further research after PS and ES MDD
Just functioning	93		Mentioned during PS MDD	Added because of PS MDD
Unwanted memories of a traumatic event		Initially added before PS FMS as: "Unwanted memories of a traumatic event haunted me out of the sudden"  Deleted afterwards	Initially added because of literature review (Frewen et al., 2013)  Deleted afterwards to avoid confounding by PTSD	Added during: literature review between ES FMS and PS FMS (Frewen et al., 2013)  Deleted after

Flashbacks	Initially added before PS FMS as: "I have felt as though I was re-living a traumatic event from my past (so-called 'flashbacks')"	Initially added because of literature review (Frewen et al., 2013)	Added during: literature review between ES FMS and PS FMS (Frewen et al., 2013)
	Deleted afterwards	Deleted afterwards to avoid confounding by PTSD	Deleted after
Trying to avoid traumatic memories	Initially added before PS FMS as: "I have tried to avoid traumatic memories (thoughts and sensations included)"	Initially added because of literature review (Frewen et al., 2013)	Added during: literature review between ES FMS and PS FMS (Frewen et al., 2013)
	Deleted afterwards	Deleted afterwards to avoid confounding by PTSD	Deleted after

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*Table S3: The item development process for the symptom list used in the main study, including the changes made during the process and the reasons for them. PS: Patient Survey; ES: Expert Survey.*

## Section B: Used R Packages

**Following packages were used for the data analyse the data or to create and export the figures:**

*cocor* (Diedenhofen & Musch; 2015), *PECAN2* (Reichert & Vogel. 2024), *visNetwork* (Almende & Thieurmél), *rstatix* (Kassambara, 2023), *dplyr* (Wickham et al., 2023), *tidyr* (Wickham et al., 2024), *readxl* (Wickham & Bryan, 2023), *writexl* (Ooms, 2024), *table1* (Rich, 2023), *readr* (Wickham et al., 2024b), *compareGroups* (Subirana et al., 2024), *rempsyc* (Thériault, 2023), *stringr* (Wickham, 2023), *car* (Fox et al., 2012).

## **Section C: Definition of the final categories for qualitative differences of the edges**

### **Definitions of explanations for missing edges at T2**

- 1) “No explanation”: Participant does not know why the edge is missing.
- 2) “Causality is the other way around/ not clear”: Either the participant has noticed that symptom x does not influence symptom y, but vice versa, so that the originally assumed causality from t1 is missing OR the participant cannot say with certainty that symptom x causes symptom y and not vice versa.
- 3) “Forgot to mention the edge during the second interview”: The participant forgot to mention the perceived causal relation during the second interview.
- 4) “Symptoms are not related (mistake at T1)”: The subject noticed that the two symptoms forming the edge were not related at all, contrary to what was stated in the first interview.
- 5.) “One of the symptoms was perceived differently on the day of the interview”: The participant had perceived a symptom to be particularly strong on the day of the first interview and/ or hardly perceived it at all on the day of the second interview, so that the influence was assessed differently.
- 6.) “Symptom relation changed between the interviews”: The severity, occurrence, or frequency of one of the symptoms that form the edge has changed between interviews, and thus its associated perceived causal relations.
- 7) “Symptoms were hard to differentiate”: The participant struggles to understand what the item really means, or to separate it from other experienced symptoms.

### **Definitions of explanations for newly edges at T2**

- 1) “No explanation”: Participant does not know why the edge is new.
- 2) “New insight”: Through a process of reflection between interviews or during the second interview, the participant realized that there was a causal relationship between the two symptoms.
- 3) “Forgot to mention the edge during the first interview”: The participant forgot to mention the perceived causal relation during the first interview.
- 4) “Symptoms are not related (mistake at T2)”: The perceived causal relationship is false because the participant made a mistake in selecting it in the second interview.
- 5) “One of the symptoms was perceived differently at the day of the interview”: The participant had perceived a symptom to be particularly strong on the day of the second interview and/ or hardly perceived it at all on the day of the first interview, so that the influence was assessed differently.
- 6) “Symptom relation changed between the interviews”: The severity, occurrence, or frequency of one of the symptoms that form the edge has changed between interviews, and thus its associated perceived causal relations.
- 7) Symptoms were hard to differentiate: The participant struggles to understand what the item really means, or to separate it from other experienced symptoms.
- 8) “Causality is not clear/ the other way around”: Either the participant has noticed that symptom x does not influence symptom y, but vice versa, so that the causality is now stated at the second interview OR the participant cannot say with certainty that symptom x causes symptom y and not vice versa.

**Table S4: Participant ratings of network usability and comprehensibility**

	<b>FMS (N=50)</b>	<b>MDD (N=50)</b>	<b>Overall (N=100)</b>
<b>Usability ratings</b>			
“I think the networks are absolutely useful”.	4.00 (.83)	4.16 (.73)	4.08 (.79)
“I think I will use the networks”.	3.53 (1.20)	3.70 (.91)	3.62 (1.06)
“I think I can use the networks to make changes on my own to improve my mental health.”	3.32 (1.14)	3.40 (.93)	3.36 (1.03)
“The visual representation of the results in the form of a network has helped me to gain a better understanding of my complaints and the connections between them.”	3.51 (1)	3.88 (1)	3.70 (1.01)
“The visual representation of the results in the form of a network is useful”	3.83 (.76)	4.18 (0.77)	4.01 (.78)
<b>Comprehensibility ratings</b>			
“I can use the networks without having to learn anything new.”	3.40 (0.88)	3.70 (1.05)	3.56 (.98)
“I found looking at the networks stressful.”	2.49 (1.06)	2.22 (.91)	2.35 (.99)
“I found the networks easy to understand.”	3.72 (.90)	3.82 (.98)	.77 (.94)
“I think I can understand the networks without the support of another person.”	3.53 (1.08)	3.68 (1.08)	3.61 (1.08)

“I found the networks intuitive.”	3.36 (.74)	3.88 (.9)	3.63 (.86)
“I felt confident in interpreting the networks.”	3.87 (.71)	4.02 (0.958)	3.95 (.85)
“I can imagine that most people learn to understand the networks very quickly.”	3.36 (.82)	4.00 (.7)	3.69 (.82)

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*Table S4: Mean participant ratings and standard deviations of network usability and comprehensibility, overall and stratified by group. Items were rated on a five-point Likert scale from 1 ("disagree") to 5 ("strongly agree").*



**Table S5: Average participant evaluation of the unedited and the edited network.**

	<b>edit (N=20)</b>	<b>unedit (N=98)</b>
“The network shows how my complaints are interrelated”, Mean (SD)	4.25 (0.72)	4.10 (.79)
“The network helps me to better understand my complaints.”, Mean (SD)	3.80 (.95)	3.55 (.95)
“The network could help me to talk about my symptoms at the start of therapy”, Mean (SD)	3.95 (1.05)	3.76 (1.03)
“The network shows me what I need to change in order to feel better.”, Mean (SD)	3.30 (1.13)	3.01 (.99)
“The network helps me to understand what I can expect if I change something.”, Mean (SD)	3.25 (1.21)	3.19 (.92)
“Engaging with the network motivates me to change something.”, Mean (SD)	3.30 (1.26)	3.16 (1.06)
“Providing the results of this network will help my therapist to better understand and work on my complaints.”, Mean (SD)	3.80 (1.01)	3.56 (1.01)
“The network reflects my complaints well.”, Mean (SD)	4.05 (.76)	3.83 (.87)
“I am happy with the way the network is presented.”	4.05 (1)	3.90 (.94)

*Table S5: Mean participant ratings and standard deviations of participants evaluation of the unedited and the edited network. Items were rated on a five-point Likert scale from 1 ("disagree") to 5 ("strongly agree").*

#### **Section D: Statements about which connections became clearer to participants**

“That one symptom is the focus for me and many things are connected to it; some connections were surprising”; “It was interesting to see how everything is connected and that there are connections at all.”; “I now know what triggers my sleep problems and can work on those triggers”; “By consciously thinking about the connections, I noticed connections that I had not seen before.”; “The study made me realize how much my two main symptoms, loneliness and despair, affect the other symptoms.”; “Differentiation: What is the actual problem and what is just a by-product?”; “For example, the extent to which aimless "avoidance rumination" fosters useless worry, frustration, and procrastination.”; “More connections”; “The interview made me think about observing how symptoms affect each other, and if I try to relieve one symptom, do other symptoms improve?”; “I have at least realized THAT there are connections. How some influence each other and make each other stronger. I found that incredibly exciting.”; “These were not necessarily so clear to me before”; “Symptom cascades or core symptoms that can directly cause other symptoms”; “The dependence of some symptoms on others.”; “For me, one realization was that nervousness acts as one of the connecting symptoms, which is linked to a surprising number of symptoms”; “I have realized that lack of drive is at the heart of my illness, so I need to focus on life energy and purpose. Difficulty making decisions (along with lack of drive) also seems to have a chain of negative consequences. Many of the problems lead to online activity, often as a distraction. I was surprised that the feeling of being "alone" actually stands alone.”; “In the feedback I realized once again and schematically what my main trigger is and how everything is connected”; “I was aware of the major influence of sleep problems -> vicious circle. The interview made me more aware that depersonalization and inner emptiness also exacerbate some symptoms such as lack of concentration and lack of exercise and that there is a vicious circle here too.”; “Especially that they are actually two separate networks and not one and how mistrust, loneliness and suicidal tendencies are connected.”; “Connection between tension, attention to it, previous overload, not standing up for myself enough and rest breaks.”; “It is noticeable that the lack of sleep, i.e. little sleep, apparently intensifies the complaints during the day.”; “when the interviewer gave individual examples of possible connections.”; “Certain symptoms have a greater influence on my well-being”; “I have tried to avoid certain patterns of thinking or acting that could lead to a worsening of my condition.”; “How the symptoms are related”; “Strong correlations between various Symptoms, knotted system/feelings”; “A little more "structure" recognizable and easier to classify.”; “It's all a chain reaction.”; “I had not previously associated my frequent use of the toilet with this illness.”; “Whether stress increases pain”; “Tiredness/exhaustion due to indigestion/pain and worries”; “Poor sleep has a major impact on various complaints”; “That the pain does have a greater impact on the whole body”; “Where the depression mood swings come from”; “Visualizing the individual connections helps me to think and make decisions”; “I thought more about the connections and it was very clear”; “The interlocking of symptoms”; “I think the connections were already clear, but they are now easier to understand”; “Actually, knowledge about my illness was refreshed in order to deal with it more again”; “I realized that stress has a big influence on my complaints.”; “The perspective on what happened can give rise to different views.”; “That stress and irritation affect the pain”; “I have noticed that the more problems I have, the more physical problems I get”; “So far, I have dealt less with the different interactions. You try something, e.g. nutrition, and it either does you good or it doesn't”; “I have never consciously thought about it. You observe this through the questions.”

## **Section E: Statements on which other positive of negative interview effects**

“It helped me to understand why I feel the way I do. It helped me sort through my thoughts.”; “It was stressful at times, but it also led to a bit more clarity in other ways.”; “I’m more careful not to take on too much and to say no sometimes.”; “I have actively tried to increase my well-being by alleviating individual symptoms - as far as possible for me.”; “I definitely want to continue researching whether and how I have an influence and whether this knowledge will now perhaps even enable me to “attenuate” certain fears.”; “After that, greater exhaustion/tiredness”; “Yes, I was able to organize my thoughts more”; “Immediately after the first interview (about an hour long), I was a bit down and thought more about the depressive phases of the past.”; “Positive in so far as someone else has heard my concerns again.”; “It has enabled a different level of self-reflection.”; “Visualization of the inner state/reflection.”; “More clarity regarding the symptoms and their contexts. Also to see which symptoms become clearer in a good phase and which become clearer or more burdensome in a worse phase.”; “It exhausted me.”; “I am glad that such studies are being done at all and hope that they will have an impact on future diagnostics and treatments. My impression is that the topic should be approached in a much more interdisciplinary way; there is still far too little coordination between treating physicians.”; “It makes you more aware that you are not alone.”; “More rest and breaks”; “It made me realize once again... Giving up is not an option, even when the pain is mostly unbearable.”; “Many things went through my head that I had suppressed.”; “I will think about how I can positively influence certain symptoms through others.”; “I am able to better understand the disease.”; “I am taking myself more seriously again and sharing this with those around me, especially my family.”; “Better understanding”; “It is always good to deal with your complaints. Although it is very exhausting, it is also stimulating to reflect on them.”; “As I said, I see everything in a more differentiated way and observe more what happens to my body and my mind when I have more stress or get less sleep than usual, etc., and I then see the influence in my perception.”; “Better understanding between pain and trigger”; “You think about a lot of things!!!!”; “The visualization helped me a lot to sort the different complaints”; “To reflect on it more consciously. It was definitely very interesting to visualize the connections in this way.”; Dealing with it made me feel worse mentally. I usually try to deal with my pain as little as possible and distract myself, unless the pain is so severe that it isn't possible. The intense engagement with it made me feel worse overall.”.

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