## Data Sharing Statement

| Item | Question                                                                 | Authors’ Response (place “-” if not applicable) |
|------|---------------------------------------------------------------------------|--------------------------------------------------|
| 1    | Would you like to share data collected for your study to others?         | No.                                             |
| 2    | If not, would you like to share the reason for your decision?            | The data are still under analysis; data need to be further processed subject identification to remove |
| 3    | What data in particular will be shared?                                  | Data with ID information removed to be shared upon the request made to the corresponding authors. |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Yes, the questionnaire, study protocol, and consent form could be shared. |
| 5    | When will data availability begin?                                       | -                                               |
| 6    | When will data availability end?                                         | -                                               |
| 7    | To whom will you share the data?                                        | The public.                                     |
| 8    | For what type of analysis or purpose?                                   | Scientific research.                            |
| 9    | How or where can the data/documents be obtained?                        | Contact with the corresponding author: liuqin81622@163.com. |
| 10   | Any other restrictions?                                                 | The original data shall not be disclosed without the consent with the corresponding author. |