



**UNIKLINIK  
KÖLN**

Zentrum für  
Palliativmedizin



**UNIKLINIK  
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Klinik und Poliklinik  
für Neurologie

### Questionnaire sociodemographic data and medical history

Patient ID:

Date:   -   -      
D D M M Y Y Y Y

### Sociodemographic data

This questionnaire will only be completed once at the beginning of the study during baseline. The outcome assessor who carries out the data collection guides the patient or legal representative through the questionnaire by asking questions and filling out the questionnaire accordingly.

If the patient has agreed to participate in the study but is not able to complete the questionnaire by themselves, a formal or informal caregiver can complete the questionnaire on behalf of the patient.

Gender:  male  female  diverse

Age in years:

Marital status:  single  married / partnered  divorced  widowed

Children:  no  yes number:

Patchwork family:  no  yes: please specify: .....

.....  
.....  
.....  
.....

Living situation:

(multiple answers possible)

- alone
- with partner
- with child / children
- with parent / parents
- with other relatives / friends
- nursing home
- shared flat
- other: .....

- Highest level of education:  General Certificate of Education (GCE) A-levels  
 Advanced Vocational Certificate of Education (AVCE)  
 General Certificate of Secondary Education (GCSE) O-levels  
 Certificate of Secondary Education (CSE)  
 other: .....  
 none

Country of origin: .....

- Advance directives:  patient decree  
 guardianship directive (a legal ordinance on the leasing agent)  
 power of attorney  
 legal guardianship

Postal code of place of residence:

### Medical history

- Primary disease Multiple Sclerosis:  relapsing-remitting  
 primary chronic progressive  
 secondary chronic progressive  
 other: .....

Date first diagnosis:    -    -

Expanded Disability Status Scale (EDSS):

Other diseases:  no  yes

If **no**, then continue to "participation caregiver"

If **yes**, then specify below (multiple answers possible)

- Cardiovascular diseases:  coronary heart disease  
 heart failure  
 arterial hypertension  
 peripheral arterial occlusive disease  
 cardiac arrhythmia  
 heart valve diseases  
 other: .....

from:    -    -       to:    -    -

Or:  ongoing  unknown

- Bronchopulmonary diseases:       chronic obstructive pulmonary disease  
 asthma  
 other: .....

from: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

 to: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

Or:  ongoing  unknown

- Metabolic disease:       lipid metabolism disorder  
 obesity  
 diabetes mellitus  
 thyroid disorder  
 other: .....

from: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

 to: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

Or:  ongoing  unknown

- Liver or kidney diseases:       liver disease  
 kidney disease  
 digestive disorders &  
gastrointestinal diseases  
 diseases of sexual organs  
 other: .....

from: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

 to: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

Or:  ongoing  unknown

- Infectious diseases:       pneumonia  
 urinary tract infections  
 abscesses  
 herpes zoster  
 human immunodeficiency virus  
 other: .....

from: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

 to: 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

Or:  ongoing  unknown

- Neurological diseases other than MS:       typical and atypical  
Parkinson's disease  
 polyneuropathy  
 epilepsy

- stroke
- restless legs
- headache
- other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

- Systematic malignant tumor diseases:
  - breast cancer
  - prostate carcinoma
  - colorectal cancer
  - bronchial carcinoma
  - malignant melanoma
  - malignant melanoma
  - other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

- Benign tumor diseases:
  - benign melanoma
  - adenoma
  - myoma
  - lipoma
  - other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

- Diseases of the musculoskeletal system:
  - fractures
  - osteoporosis
  - rheumatism
  - degenerative changes of the musculoskeletal system
  - other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

- Head and neck diseases:
  - eye diseases
  - ear/balance disorders
  - oral/dental diseases

diseases of the nose/paranasal sinuses

other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

Skin diseases:

acne

psoriasis

atopic dermatitis

nail diseases

other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

Psychiatric disorders:

depression

anxiety disorders

psychosis

dementia

eating disorders

other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

Allergies:  medication

food

hay fever

dust mite

animal hair

metals

chemicals

other: .....

from:    -    -     to:    -    -

Or:  ongoing  unknown

**Participation caregiver**

Participation:  yes  no, reason: .....

Relation:  partner  
 child  
 parent  
 sibling  
 other relative  
 friend  
 other: .....

**Participation patient**

Patient themselves is participating person:  yes  no

If **no**: Participation on behalf of patient by  legal guardian  
 healthcare agent (the donee of a lasting power of attorney)

Relation of legal guardian or healthcare agent to patient:

partner  
 child  
 parent  
 sibling  
 other relative  
 friend  
 professional guardian  
 other: .....



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.....

Living situation:  alone  
(multiple answers possible)  with partner  
 with child / children  
 with parent / parents  
 with other relatives / friends  
 shared flat  
 other: .....

Highest level of education:  General Certificate of Education (GCE) A-levels  
 Advanced Vocational Certificate of Education (AVCE)  
 General Certificate of Secondary Education (GCSE)  
O-levels  
 Certificate of Secondary Education (CSE)  
 other: .....  
 none

Postal code of place of residence:

**Relation to patient:**

Relation:

- partner
- child
- parent
- sibling
- other relative / friend
- other: .....





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### Questionnaire sociodemographic data

Group:

Date:   -   -      
D D M M Y Y Y Y

Please provide us with some information about yourself first.

Gender:  male  female  diverse

Age in years:

Profession:  Physician, position:  chief physician  
 senior physician  
 specialist  
 assistant physician

- nursing staff
- psychotherapist
- occupational therapist
- speech therapist
- physiotherapist
- social worker
- other: .....

Workplace: a) setting:

- (multiple answers are requested)
- outpatient
  - praxis
    - employed
    - private praxis
  - specialist palliative home care
  - other: .....

- semi-inpatient  inpatient
  - acute care hospital
  - rehabilitation clinic
  - day clinic
  - other: .....

b) medical specialty:

- general medicine
- internal medicine

- neurology
- palliative care
- psychiatry
- psychosomatics
- urology
- other: .....

Postal code of workplace:

- Work experience:
- less than 5 years
  - 5 to 10 years
  - 11 to 15 years
  - 16 to 20 years
  - more than 20 years



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Date:   -   -

D D M M Y Y Y Y

Please provide us with some information about yourself first.

Gender:  male  female  diverse

Age in years:

Profession:  physician, medical specialty .....  
 pharmacist  
 nursing staff  
 psychotherapist  
 occupational therapist  
 speech therapist  
 physiotherapist  
 social worker  
 scientist  
 other: .....

Workplace: a) setting:

(multiple answers  
are requested)

outpatient

praxis

employed

private praxis

specialist palliative home care

other: .....

semi-inpatient  inpatient

acute care hospital

rehabilitation clinic

day clinic

other: .....

b) medical specialty:

general medicine

internal medicine

neurology

palliative care

- psychiatry
- psychosomatics
- urology
- other: .....

insurance, position and scope of work: .....  
.....

- research department:
- health services
  - health economics
  - other: .....

patient organization, name: .....

professional association, name: .....

other: .....

Postal code of workplace:

- Work experience:
- less than 5 years
  - 5 to 10 years
  - 11 to 15 years
  - 16 to 20 years
  - more than 20 years