

Questionnaire sociodemographic data and medical history

Patient ID:	Date:	-		-			
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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.

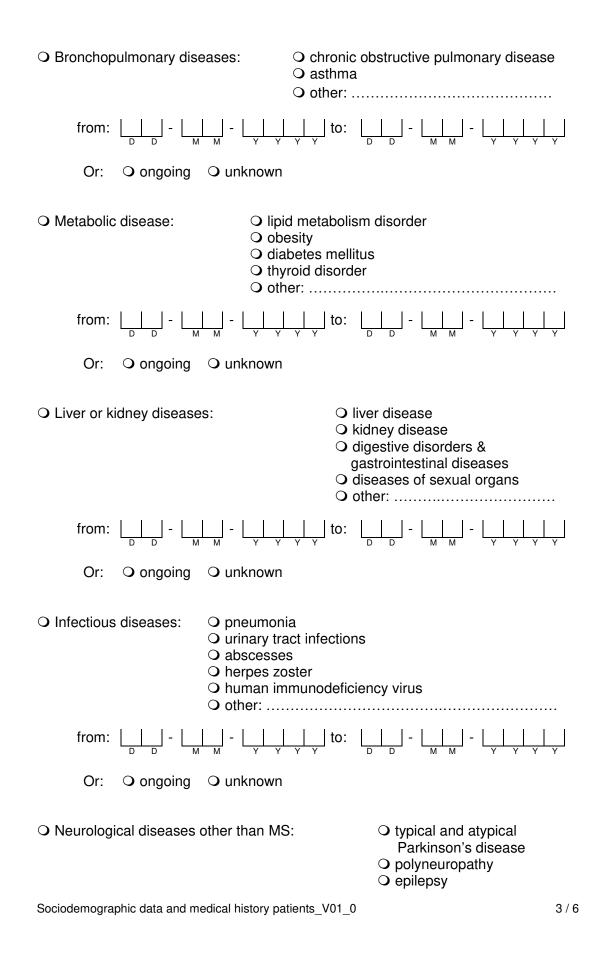
If the patient has agreed to participate in the study but is not able to complete the questionnaire by themselves, a formal or informal caregiver can complete the questionnaire on behalf of the patient.

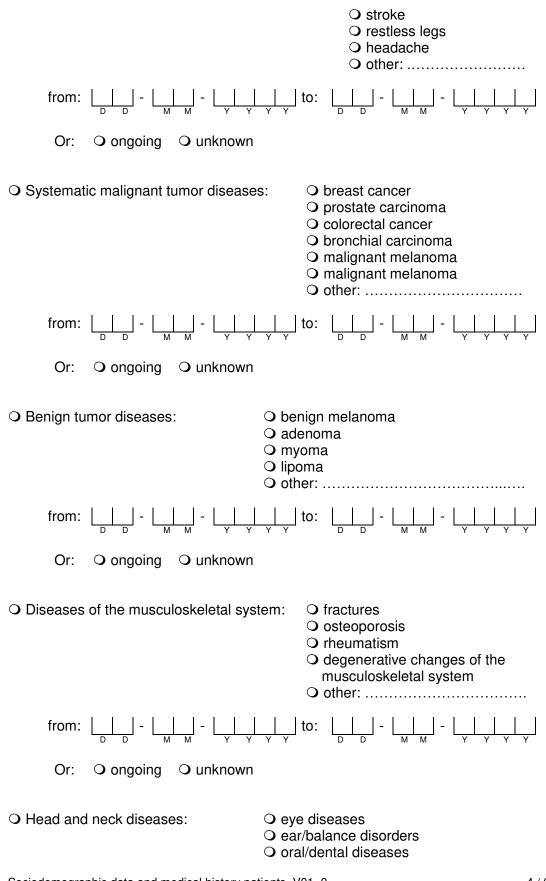
Gender: O male O fem	ale O diverse	
Age in years:		
Marital status: O single	O married / partnered O divorced O widowed	
Children: O no O yes	number:	
Patchwork family: O no	O yes: please specify:	
Living situation: (multiple answers possible)	 alone with partner with child / children with parent / parents with other relatives / friends nursing home shared flat other: 	

Sociodemographic data and medical history patients_V01_0

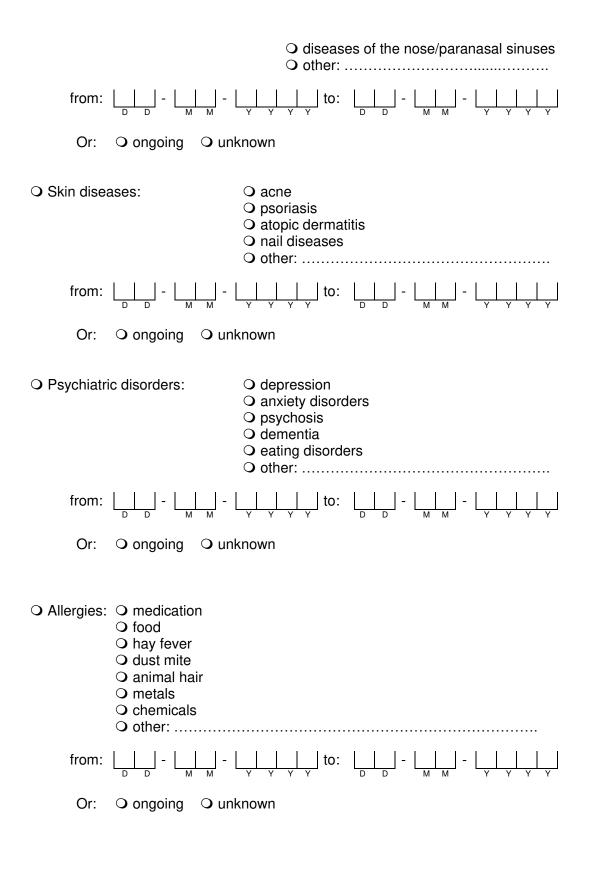
 Highest level of education: O General Certificate of Education (GCE) A-levels O Advanced Vocational Certificate of Education (AVCE) O General Certificate of Secondary Education (GCSE) O Certificate of Secondary Education (CSE) O other: O none 						
Country of origin:						
Advance directives:	 patient decree guardianship directive (a legal ordinance on the leasing agent) power of attorney legal guardianship 					
Postal code of place of re	esidence:					
Medical history						
Primary disease Multiple	Sclerosis: O relapsing-remitting O primary chronic progressive O secondary chronic progressive O other:					
Date first diagnosis:						
Expanded Disability Sta	tus Scale (EDSS):					
Other diseases: O no C If no , then continue to "particip If yes , then specify below (mul	ation caregiver"					
 Cardiovascular disease 	 es: O coronary heart disease O heart failure O arterial hypertension O peripheral arterial occlusive disease O cardiac arrhythmia O heart valve diseases O other: 					
from:	I M - I I I I TO: D D - M M - I I I I I					
Or: O ongoing O unknown						

Sociodemographic data and medical history patients_V01_0





Sociodemographic data and medical history patients_V01_0



Sociodemographic data and medical history patients_V01_0

Participation caregiver

Participation: O yes O no, reason: Relation: O partner O child O parent O sibling O other relative O friend O other:

Participation patient

Patient themselves is participating person: O yes O no

If no: Participation on behalf of patient by

O legal guardian

O healthcare agent (the donee

of a lasting power of attorney)

Relation of legal guardian or healthcare agent to patient:

O partner

- O child
- O parent
- sibling

O other relative

O friend

- professional guardian
- O other:

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S	ubject ID:			Date:	D D			Y Y Y
ba the	seline asses	sment. The through t	nly be complete e outcome asses he questionnaii y.	ssor who (carries ou	ut the dat	a collecti	on guides
Ge	ender: O ma	le O fer	male O divers	se				
A	ge in years:							
Ma	arital status:	O single	O married / pa	artnered	O divo	rced 🤇) widowe	ed
C	hildren: 🔾 no	o O yes	number:					
Pa	atchwork fam	ily: O no	O yes: please	specify:				
	ving situation		 alone with partne with child / with parent with other r shared flat other: 	children t / parents relatives /	friends			
Hi	ghest level o	f educatio	n: O General Co O Advanced O General C O-levels O Certificate O other: O none	Vocationa ertificate of of Secon	al Certific of Secon dary Edu	ate of Eddary Edu	ducation location (C CSE)	(AVCE)

Sociodemographic data caregiver_V01_0

Postal code of place of residence:	1	1				
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Relation to patient:

Relation:

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

Sociodemographic data caregiver_V01_0

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		Questionnaire s	ociodemograp	ohic data	1	
Group:			Date:	- [-	Y Y Y
Please provi	de us v	vith some informatic	on about yourself f	irst.		
Gender: O r	nale	O female O dive	erse			
Age in years	: [
Profession:	O nur O psy O occ	vsician, position: sing staff rchotherapist supational therapist	 chief physicia senior physicia specialist assistant physicia 	ian		
	O phy O soo	eech therapist vsiotherapist sial worker er:				
Workplace: (multiple answer are requested)	,	O outpatient O praxis O en O pri	nployed vate praxis palliative home c			
		 Semi-inpatient acute car rehabilita day clinic other: 	e hospital tion clinic			
	b) me	dical specialty: O general medicin O internal medicin				
Sociodemogra	phic data	a health care specialists	s_V01_0			1/2

 neurology palliative care psychiatry psychosomatics urology other: 	
Postal code of workplace:	

Work experience:

O less than 5 years
O 5 to 10 years
O 11 to 15 years
O 16 to 20 years
O more than 20 years

Sociodemographic data health care specialists_V01_0

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[Questionnaire so	ciodemographi	c data	
	Group:			Date:	[] - [Y Y Y
	Please provi	de us v	with some information	about yourself first		
	Gender: O r	nale	O female O divers	se		
	Age in yea	rs:				
	Profession:	O phi O nui O psy O occ O spe O phy O soc O sci	ysician, medical speci armacist rsing staff ychotherapist cupational therapist eech therapist ysiotherapist cial worker entist ier:			
	Workplace: (multiple answer are requested)		O outpatient O praxis O emp O priva	oloyed ate praxis palliative home care		
			 Acute care rehabilitation day clinic 	•		
		b) me	dical specialty: O general medicine O internal medicine O neurology O palliative care			
	Sociodemogra	phic dat	a experts_V01_0			1/2

	 psychiatry psychosomatics urology other:
O ins	urance, position and scope of work:
O res	earch department: O health services O health economics O other:
O pat	ient organization, name:
O pro	fessional association, name:
O oth	er:
Postal code of wo	rkplace:
Work experience:	 Iess than 5 years 5 to 10 years 11 to 15 years 16 to 20 years

O 16 to 20 yearsO more than 20 years

Sociodemographic data experts_V01_0