

EPCOG study**Questionnaire
sociodemography and
medical history****Patient ID:****Date:**

			-				
--	--	--	---	--	--	--	--

			-			-					
	D	D		M	M		Y	Y	Y	Y	

This form is completed only once at the beginning of the study, during the basis assessment. The scientist who carries out the data collection guides the patient or caregiver (if the patient is unable to answer independently) through the questionnaire by asking questions and completing the questionnaire accordingly.

Sociodemographics						
gender	<input type="radio"/> male <input type="radio"/> female					
age in years	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>					
family status	<input type="radio"/> single <input type="radio"/> married <input type="radio"/> partnership <input type="radio"/> separated <input type="radio"/> divorced <input type="radio"/> widowed					
children	<input type="radio"/> no <input type="radio"/> yes	number	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>			
housing situation (multiple answers possible)	<input type="radio"/> alone <input type="radio"/> with partner <input type="radio"/> with child / children <input type="radio"/> with parents <input type="radio"/> with other relatives / friends <input type="radio"/> nursing home <input type="radio"/> shared apartment <input type="radio"/> other, namely: <hr/>					
highest school leaving certificate	<input type="radio"/> general qualification for university entrance <input type="radio"/> vocational baccalaureate diploma <input type="radio"/> intermediate maturity <input type="radio"/> secondary school certificate <input type="radio"/> other, namely: <hr/> <input type="radio"/> none					

EPCOG study**Questionnaire
sociodemography and
medical history**

advance directive	<input type="radio"/> yes <input type="radio"/> no
power of attorney	<input type="radio"/> yes <input type="radio"/> no
postcode of patient's city	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Disease status data at baseline

To keep the burden on patients / caregivers as low as possible the assessment researcher is held to primarily access the following data on patient's disease status from patient's file (of the University Hospital or possibly affiliated University Medical Care Centre file). Only in case of ambiguities and / or unanswered questions the patient and / or caregivers should be asked specifically.

Disease status data at baseline		
glioblastoma multiforme (GBM)	<input type="radio"/> GBM first diagnosis:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y date of first diagnosis
	<input type="radio"/> recurrent GBM <input type="radio"/> first recurrence <input type="radio"/> second recurrence <input type="radio"/> third recurrence <input type="radio"/> > third recurrence	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y date of diagnosis of current recurrence
localization (multiple answers possible)	<input type="radio"/> frontal <input type="radio"/> temporal <input type="radio"/> parietal <input type="radio"/> occipital <input type="radio"/> corpus callosum	
further diseases	<input type="radio"/> no <input type="radio"/> yes (please specify below)	
	cardiovascular diseases	<input type="radio"/> no <input type="radio"/> yes if <u>yes</u> , which kind <input type="radio"/> coronary heart disease <input type="radio"/> heart failure <input type="radio"/> arterial hypertension <input type="radio"/> peripheral arterial occlusive disease <input type="radio"/> cardiac arrhythmia

EPCOG study

Questionnaire
sociodemography and
medical history

		<p> <input type="radio"/> heart valve diseases <input type="radio"/> others, please specify: </p> <p>since (date)</p> <p> _ _ - _ _ - _ _ _ _ D D M M Y Y Y Y </p> <p>to</p> <p> _ _ - _ _ - _ _ _ _ D D M M Y Y Y Y </p> <p>or</p> <p> <input type="radio"/> ongoing <input type="radio"/> unknown </p>
	<p>bronchopulmonary diseases</p>	<p> <input type="radio"/> no <input type="radio"/> yes </p> <p>if <u>yes</u>, which kind</p> <p> <input type="radio"/> chronic obstructive pulmonary disease <input type="radio"/> asthma <input type="radio"/> others, please specify: </p> <p>since (date)</p> <p> _ _ - _ _ - _ _ _ _ D D M M Y Y Y Y </p> <p>to</p> <p> _ _ - _ _ - _ _ _ _ D D M M Y Y Y Y </p> <p>or</p> <p> <input type="radio"/> ongoing <input type="radio"/> unknown </p>

EPCOG study

Questionnaire
sociodemography and
medical history

	metabolic diseases	<input type="radio"/> no <input type="radio"/> yes if <u>yes</u> , which kind <input type="radio"/> lipid metabolism disorder <input type="radio"/> obesity <input type="radio"/> diabetes mellitus <input type="radio"/> thyroid disorder <input type="radio"/> others, please specify: _____ _____ since (date) - - T T M M J J J J to - - T T M M J J J J or <input type="radio"/> ongoing <input type="radio"/> unknown
	liver or kidney diseases (other than tumors, infections)	<input type="radio"/> no <input type="radio"/> yes if <u>yes</u> , which kind <input type="radio"/> liver disease <input type="radio"/> kidney diseases <input type="radio"/> digestive disorders & gastrointestinal diseases <input type="radio"/> diseases of the sexual organs since (date) - - D D M M Y Y Y Y to - - D D M M Y Y Y Y

EPCOG study

Questionnaire
sociodemography and
medical history

		or <input type="radio"/> ongoing <input type="radio"/> unknown
	infectious diseases	<input type="radio"/> no <input type="radio"/> yes if <u>yes</u> , which kind <input type="radio"/> pneumonia <input type="radio"/> urinary tract infections <input type="radio"/> abscesses <input type="radio"/> herpes zoster <input type="radio"/> human immunodeficiency virus <input type="radio"/> others, please specify: <hr/> <hr/> since (date) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> </div> to <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> </div> or: <input type="radio"/> ongoing <input type="radio"/> unknown
	neurological diseases other than GBM (and other than infections)	<input type="radio"/> no <input type="radio"/> yes if <u>yes</u> , which kind <input type="radio"/> multiple sclerosis <input type="radio"/> typical and atypical Parkinson's disease <input type="radio"/> polyneuropathies <input type="radio"/> epilepsy <input type="radio"/> stroke <input type="radio"/> restless legs <input type="radio"/> other malignant tumors of the nervous system as GBM

EPCOG study

Questionnaire
sociodemography and
medical history

		<p><input type="radio"/> benign tumors of the nervous system</p> <p><input type="radio"/> others, please specify:</p> <p>_____</p> <p>_____</p> <p>since (date)</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p>to</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p>or</p> <p><input type="radio"/> ongoing</p> <p><input type="radio"/> unknown</p>
	<p>diseases of the musculoskeletal system</p>	<p><input type="radio"/> no</p> <p><input type="radio"/> yes</p> <p>if <u>yes</u>, which kind</p> <p> <input type="radio"/> fractures <input type="radio"/> osteoporosis <input type="radio"/> rheumatism <input type="radio"/> degenerative changes of the musculoskeletal system <input type="radio"/> others, please specify </p> <p>_____</p> <p>_____</p> <p>since (date)</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p>to</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p>

EPCOG study

Questionnaire
sociodemography and
medical history

		<div>or</div> <div><input type="radio"/> ongoing</div> <div><input type="radio"/> unknown</div>
	<div>systemic malignant tumor diseases</div>	<div><input type="radio"/> no</div> <div><input type="radio"/> yes</div> <div>if <u>yes</u>, which kind</div> <div><div><input type="radio"/> breast cancer</div><div><input type="radio"/> prostate carcinoma</div><div><input type="radio"/> colorectal cancer</div><div><input type="radio"/> bronchial carcinoma</div><div><input type="radio"/> malignant melanoma</div><div><input type="radio"/> others, please specify</div></div> <div></div> <div></div> <div>since (date)</div> <div><div><div><div></div><div></div></div><div>D</div></div><div><div></div><div></div></div><div>D</div></div> <div>-</div> <div><div><div></div><div></div></div><div>M</div></div> <div><div></div><div></div></div> <div>M</div>

-

Y

Y

Y

Y

to

D

D

-

M

M

-

Y

Y

Y

Y

or

☐ ongoing☐ unknown