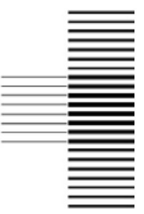
To be filled in by the interviewer!

Patient Name:

Date of Birth:

Universitätsklinikum
Erlangen



Patient Survey
Follow-up Questionnaire on the Integrative Medicine Consultancy Service (IMed Consultancy Service)

1. In the integrative medicine consultancy service you were provided a holistic naturopathic treatment concept. How well could you integrate the therapy recommendations into your everyday life? Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

2. In the integrative medicine consultancy service you received the following treatment recommendations. (see treatment plan, every individual recommendation should be assessed)

   Do you still apply the recommended treatment?
   If not, for how long did you apply the recommended treatment?

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

Treatment recommendation: ☐ Yes
______________________________ ☐ No, I have applied the recommended treatment for ___ weeks

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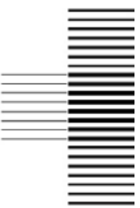

3. In the integrative medicine consultancy service you received a letter with information on your individual treatment plan. How satisfied were you with the comprehensibility of the provided information?
Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

4. How satisfied were you with your individual treatment plan?
Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

5. How satisfied were you with the atmosphere and surroundings in the integrative medicine consultancy service?
Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

6. How satisfied were you with the way in which the integrative medicine consultancy service was organized?
Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

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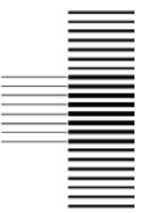

7. Upon your first presentation in the integrative medicine consultancy service you reported the following symptoms.
(see IMed questionnaire, each symptom should be assessed individually)

In your opinion, did the symptoms change by making use of integrative medicine?

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

Symptom: ________________________________

- [ ] Yes, symptom stopped
- [ ] Yes, symptom significantly improved
- [ ] Yes, symptom slightly improved
- [ ] No, symptom unchanged
- [ ] No, symptom slightly worse
- [ ] No, symptom significantly worse
- [ ] Don't know

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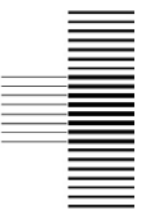

8. At present do you feel impaired by any of the following symptoms?
If yes, to what extend do you feel affected?

Symptom			
☐ Tiredness/ fatigue/ lack of motivation	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Musculoskeletal pain	☐ severe	☐ moderate	☐ minor
(e.g. back pain, muscle pain)	☐ always	☐ frequently	☐ infrequently
☐ Depressive mood	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Impaired cognitive function	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Climacteric complaints/ Hot flushes	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Polyneuropathy	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Diarrhea	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Sleep disturbances	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Constipation	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ Nausea/ emesis	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ other:_____________________	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ other:_____________________	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ other:_____________________	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ other:_____________________	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently
☐ other:_____________________	☐ severe	☐ moderate	☐ minor
	☐ always	☐ frequently	☐ infrequently

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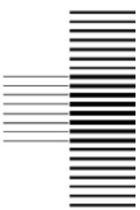

9. Upon your first presentation in the integrative medicine consultancy service you reported the following therapy goals
(see IMed questionnaire, each therapy goal should be assessed individually)

How well could you achieve these therapy goals?
Please assign grades.

Relief of cancer symptoms

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Reduction of side effects of conventional therapy

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Improvement of disease related quality of life

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Improvement in coping with the disease

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Stabilization of body, mind and spirit

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Active participation in treatment of the disease

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Slowing of tumor progression

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

Prolonging survival time

1 (very satisfied)	2 (satisfied)	3 (partly satisfied)	4 (partly dissatisfied)	5 (dissatisfied)	6 (very dissatisfied)	0 (don't know)
☐	☐	☐	☐	☐	☐	☐

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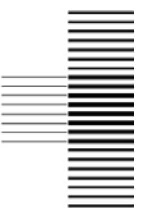

10. What therapy goals would you like to achieve from **today's** perspective? Please tick any of the following boxes.

- ☐ Relief of cancer symptoms
- ☐ Reduction of side effects of conventional therapy
- ☐ Improvemnet of disease related quality of life
- ☐ Improvment in coping with the disease
- ☐ Stabilization of body, mind and spirit
- ☐ Active participation in treatment of the disease
- ☐ Slowing of tumor progression
- ☐ Prolonging survival time

11. How satisfied were you with the overall concept of the integrative medicine consultancy service? Please assign grades.

1	2	3	4	5	6	0
(very satisfied)	(satisfied)	(partly satisfied)	(partly dissatisfied)	(dissatisfied)	(very dissatisfied)	(don't know)
☐	☐	☐	☐	☐	☐	☐

12. How much money did you approximately spend on integrative treatments per month?

Approximately ___________ Euro

13. What suggestions or wishes to you have to improve the integrative medicine consultancy service?

____

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