

## Questionnaire for adult Patient

1. First name

.....

2. Surname

.....

3. Date of birth

.....

4. Telephone number

.....

5. Email

.....

6. Home address

.....

7. Date of completing the questionnaire

.....

8. Current body weight and height

Body weight ..... [kg]      height ..... [cm]

9. Are you under constant endocrine care?

*(please mark "X" the correct answer)*

Yes     No

*If you are, please provide the name of the institution*

.....

.....

10. Did you remain under the endocrine care of a center other than CMHI up to 18 years?

Yes     No

*If you did, please provide the name of the institution*

.....

.....

11. Have you been diagnosed with a recurrence of Cushing's disease?

Yes     No

*If you have:* What were the symptoms of recurrence of Cushing's disease?  
.....

*If you have:* When did the symptoms of recurrence appear ? (please provide an indicative date of the first symptom)  
.....

Please provide the date of the recurrence diagnosis.  
.....

How was the recurrence treated? (second surgery?/radiation therapy?/medicines?)  
.....

12. Do you take any medicines? Yes  No

*If you do:* what medicine do you take, how many times a day, please provide a dose?  
.....  
.....  
.....

13. Have you been treated with a growth hormone? Yes  No   
*If you have:* How long? Until when?  
.....

14. Have you taken hydrocortisone in the past? Yes  No   
*If you have:* How long? Until when?  
.....

15. Have you taken thyroid hormones in the past? Yes  No   
*If you have:* How long? Until when?  
.....

16. Have you taken desmopressin in the past? Yes  No   
*If you have:* How long? Until when?  
.....

17. Have you taken testosterone in the past? Yes  No   
*If you have:* How long? Until when?  
.....

18. (*concerns woman*) Have you taken estrogens in the past? Yes  No   
*If you have: How long? Until when?*

.....

19. Have you taken dehydroepiandrosterone in the past? Yes  No

*If you have: How long? Until when?*

.....

20. Do you take metformin or have you taken it in the past? Yes  No

*If you have: How long? Until when?*

.....

21. Do you have chronic diseases? Yes  No

*If you do, what kind of diseases?*

diabetes? Yes  No

prediabetes? Yes  No

hypertension? Yes  No

liver steatosis? Yes  No

Other diseases? (*please specify*)

.....

.....

22. Are you under constant non-endocrine specialist care? Yes  No

*If you are, what and for what reason?*

.....

.....

23. Have you undergone neurosurgical operations performed outside the CMHI? Yes  No

*If you have: what kind of?*

.....

when?.....

24. Have you had adrenal glands surgery? Yes  No

*If you have: what kind of?*

.....

when?.....

25. Please provide the date of the last ophthalmologic evaluation and its result

Date of examination .....

ophthalmologic assessment:  without deviations in ophthalmological examination

impaired vision acuity

visual field defects

monocular blindness

binocular blindness

26. Do you suffer from osteoporosis? Yes  No

27. Have you had recently bone mineral density test? Yes  No

*if you have*, please provide date of examination and result

.....

28. Have you had any bone fractures? Yes  No

*if you have*, when and what kind of fracture it was?

.....

.....

29. How do you assess your mood?

reduced

normal

elevated

30. Do you have any of the conditions listed below?

Depressive states? Yes  No

Problems with memory? Yes  No

Emotional lability? Yes  No

Problems with concentration? Yes  No

Mood swings? Yes  No

Irritability? Yes  No

31. Do you have a husband / wife / partner / partner? Yes  No

32. Do you have children? Yes  No

*If you do: how many? .....*

33. (*concerns woman*) Do you have difficulties in getting pregnant? Yes  No

*If you do: please write in more detail, e.g. How long does the problem last? Are you taking any medication? Have you plans to try in vitro fertilization?*

.....  
.....

34. Do you have problems with reduced libido? Yes  No

35. What is your education?

basal

secondary

incomplete higher

higher

*Please write in details what school you graduated from*

.....

36. Please enter your source of income

I work (occupation: .....) )

Pension

Im am on a dole

Other.....

Do you have any comments to the above questions? Please write below.

.....  
.....

*Thank you for completing the questionnaire!*