Additional file 3. Participant questionnaire

PATIENT QUESTIONNAIRE

First of all, please state your name. Your name is only needed to assign you a number. It will be removed from the questionnaire later on so that it can no longer be connected with you personally.
Your name: _____

ID (Pseudonym) (to be entered by the researchers)	_____

In the following section, you will find some questions about yourself and your illness. Please mark the answer that applies to you.	
How old are you?	1
_____ years	
Your gender?	2
male ☐ 1 female ☐ 2	
Your nationality?	3
German ☐ 1 other ☐ 2	
Do you live with a spouse or permanent partner?	4
yes ☐ 1 no ☐ 2	

What is the highest level of education or degree you have obtained? (If you have several degrees, please mark only the highest qualification).	5

No school-leaving certificate	☐ 1
Secondary general school certificate (*Volksschul- oder Hauptschulabschluss*)	☐ 2
General certificate of secondary education (*Mittlere Reife / Realschulabschluss*)	☐ 3
Poly-technical high school (*Polytechnische Oberschule*)	☐ 4
Advanced technical college entrance qualification (*Fachhochschulreife / Abschluss einer Fachoberschule)*)	☐ 5
Qualification for university entrance (*Abitur / Hochschulreife*)	☐ 6
Other school-leaving certificate	☐ 7

The following questions refer to your professional career.	6

Are you still working? (including voluntary work)	yes	☐ 1	no	☐ 2
Did you retire early?	yes	☐ 1	no	☐ 2

If so, at the age of: _____

Please name the illness or health problem that is currently affecting you the most (the problem can be either physical or psychological) 7

How long have you had this illness?

___ days 8

___ weeks 9

___ months 10

___ years 11

How burdened do you feel by your illness in your everyday life? 12
(Please circle the number that applies to you.)

Not at all **Very much**

0 1 2 3 4 5 6 7

THANK YOU VERY MUCH FOR YOUR COOPERATION!