



Record ID	
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Visit

Date of posttreatment visit at 12-15 months after the end of gonadotoxic treatment		<i>Min: 01-11-2023 Max: 31-12-2039</i>
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Gonadotoxic treatment

Disease		<i>See annexed list with the disease list.</i>
	<i>Final diagnosis, for which the fertility counselling is performed.</i>	

if → NOT LISTED	
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Start of gonadotoxic treatment		<i>Min: 01-01-2020 Max: 31-12-2039</i>
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End of gonadotoxic treatment		<i>Min: 01-01-2020 Max: 31-12-2039</i>
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Duration of gonadotoxic treatment		<i>Automatic calculation of rounded number of months in REDCap.</i>
	<i>Months</i>	

Treatment protocol <i>(To be added by the organizers of the study.)</i>		<i>Numbered list from 1 to 99.</i>
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Have ovaries been removed as part of cancer therapy?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

if YES → How many ovaries?	<input type="checkbox"/> ½ ovary
	<input type="checkbox"/> 1 ovary
	<input type="checkbox"/> 2 ovaries



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A	<p><i>Agranulocytosis (D70)</i> <i>Anal carcinoma (C21)</i> <i>Anaemia - Aplastic (D60 – D61)</i> <i>Anaemia - Fanconi (D61.0)</i> <i>Angiosarcoma (C22.3)</i></p>	N	<p><i>Nasopharyngeal carcinoma (C11)</i> <i>Nebennierenkrebs → »Adrenocortical carcinoma«</i> <i>Nephritis / Glomerulonephritis (N05)</i> <i>Nephroblastoma → »Wilms' tumour«</i> <i>Non-Hodgkin lymphoma (C82 – C88)</i></p>
B	<p><i>Blasenmole → »Trophoblastic disease«</i> Brain cancer: <ul style="list-style-type: none"> ▪ <i>Astrocytoma (C71.9)</i> ▪ <i>Ependymoma (C71.9)</i> ▪ <i>Glioblastoma (C71.9)</i> ▪ <i>Oligodendroglioma (C71.9)</i> ▪ <i>Medulloblastoma (C71.6)</i> ▪ <i>other (C71)</i> Breast cancer: <ul style="list-style-type: none"> ▪ <i>benign BRCA positive (Z15.01)</i> ▪ <i>hormone receptor positive (Z17.0)</i> ▪ <i>hormone receptor negative (Z17.1)</i> ▪ <i>hormone receptor status not known (Z17)</i> ▪ <i>other (C50)</i> <i>Burkitt lymphoma (C83.7)</i></p>	O	<p><i>Osteosarcoma (C41.9)</i> Ovary (C56): <ul style="list-style-type: none"> ▪ <i>borderline malignancy</i> ▪ <i>teratoma benign</i> ▪ <i>teratoma malignant</i> ▪ <i>other</i> </p>
C	<p><i>Cervix uteri carcinoma (C53)</i> <i>Chondrosarcoma (C41.9)</i> <i>Colitis ulcerosa → »Ulcerative colitis«</i> <i>Colon carcinoma (C18)</i> <i>Crohn disease (K50)</i></p>	P	<p><i>Pancreatic cancer (C25)</i> <i>Placenta cancer (C58.9; D39.2) → »Trophoblastic disease«</i> <i>Pleomorphic undifferentiated sarcoma → »Undifferentiated pleomorphic sarcoma«</i> <i>Polyarteritis nodosa (M30)</i> <i>Polychondritis (M94.8)</i> <i>Polymyositis (M33)</i> <i>Premature ovarian insufficiency (E28.3)</i> <i>Prostate cancer (C61)</i></p>
D	<p><i>Dermatomyositis (M33)</i></p>	R	<p><i>Rectal cancer (C20)</i> <i>Rectosigmoid junction cancer (C19)</i> <i>Renal cell carcinoma → »Kidney cancer«</i> <i>Rhabdomyosarcoma (C49.9)</i> <i>Rheumatoid arthritis (M05 – M06, M08)</i></p>
E	<p><i>Endometrial carcinoma (C54)</i> <i>Endometriosis (N80)</i> <i>Ewing sarcoma (C40-C41)</i></p>	S	<p><i>Schilddrüsenkrebs → »Thyroid cancer«</i> <i>Sharp syndrome → »Mixed connective tissue disease«</i> <i>Sickle cell disease (D57)</i> <i>Sigmakarzinom → »Colon carcinoma«</i> <i>Sjögren (Sicca) syndrome (M35)</i> <i>Stomach cancer (C16)</i> <i>Synovial sarcoma (C49.9)</i> <i>Systemic sclerosis (including: Scleroderma) (M34)</i></p>
F	<p><i>Fibrosarcoma (C49.9)</i> <i>Fragile X syndrome (Q99.2)</i></p>	T	<p><i>Takayasu arteritis (Aortic arch syndrome) (M31.4)</i> Testicular cancer (C62): <ul style="list-style-type: none"> ▪ <i>seminoma</i> ▪ <i>non seminomatous germ cell tumour - teratoma</i> ▪ <i>non seminomatous germ cell tumour - embryonal carcinoma</i> ▪ <i>non seminomatous germ cell tumour - yolk sac carcinoma</i> ▪ <i>stromal tumour - Leydig cell tumour</i> ▪ <i>stromal tumour - Sertoli cell tumour</i> ▪ <i>other histological types</i> <i>Thalassemia (D56)</i> <i>Thyroid cancer (C73)</i> <i>Transgender (F64)</i> <i>Trophoblastic disease (O01.9)</i> <i>Turner syndrome (Q96)</i></p>
G	<p><i>Galactosemia (E74.2)</i> <i>Germ cell tumour - extragonadal (ICD-O-3 M906-909)</i></p>	U	<p><i>Ulcerative colitis (K51)</i> <i>Undifferentiated pleomorphic sarcoma (C49)</i></p>
H	<p><i>Hodgkin lymphoma (C81)</i></p>	V	<p><i>Vasculitis limited to skin (L95)</i> <i>Vulva carcinoma (C51)</i></p>
I	<p><i>Immune thrombocytopenia (D69)</i></p>	W	<p><i>Wegener granulomatosis (M31.3)</i> <i>Wilms' tumour (Kidney cancer in children) (C64)</i></p>
K	<p><i>Keimzelltumor → »Germ cell tumour«</i> <i>Kidney cancer (C64)</i></p>	?	DISEASE NOT LISTED
L	<p><i>Leiomyosarcoma NOS (ICD-O-3 M8890/3)</i> Leukaemia: <ul style="list-style-type: none"> ▪ <i>Leukaemia lymphoid - acute lymphoblastic (C91.0)</i> ▪ <i>Leukaemia lymphoid - chronic lymphocytic (C91)</i> ▪ <i>Leukaemia myeloid - acute (C92)</i> ▪ <i>Leukaemia myeloid - chronic (C92)</i> ▪ <i>Leukaemia - other forms (C91 - C95)</i> <i>Liposarcoma (C49.9)</i> <i>Liver cancer (C22)</i> <i>Lung cancer (C34)</i> <i>Lupus erythematosus (L93)</i></p>		
M	<p><i>Malignant fibrous histiocytoma → »Undifferentiated pleomorphic sarcoma«</i> <i>Malignant nerve sheath tumour (C47.9)</i> <i>Melanoma (C43)</i> <i>Mesothelioma (C45)</i> <i>Mixed connective tissue disease (M35.1)</i> <i>Morbus Crohn → »Crohn disease«</i> <i>Myelodysplastic syndrome (D46)</i> <i>Multiple sclerosis (G35)</i> <i>Myositis (M60)</i></p>		



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Chemotherapy

 Yes

if YES → Protocol name (such as BEACOPPesc, CHOP, FEC, AC, etc.), medications given, dosage per cycle, number of cycles

 No

Radiotherapy

 Yes

if YES → Protocol name, radiation field and applied dosage in case of pelvic radiation

 No



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Immumotherapy

 Yes

if YES → Protocol name, type of antibodies or inhibitors, dosage plus any other relevant details

 No

Operation / Surgery

 Yes

if YES → Protocol name plus any other relevant details

 No

Other type of gonadotoxic treatment

 Yes

if YES → Protocol name plus any other relevant details

 No



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Disease status

Disease status	<input type="checkbox"/> Absence of tumor/disease (complete remission) <input type="checkbox"/> Some tumor mass/disease left (>50% reduction = partial remission) <input type="checkbox"/> Substantial tumor mass/disease left (≤50% reduction = no remission) <input type="checkbox"/> Relapse (reappearance of tumor/disease)
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Any important cancer treatment-related events, such as: further therapies, a second cancer, other diseases, etc. Yes No

if YES ➔ Please specify

Contraception or hormone replacement therapy

What is your speciality?	<input type="checkbox"/> Gynaecology <input type="checkbox"/> Oncology <input type="checkbox"/> Other specialities
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if GYNAECOLOGY ➔ Methods for contraception or HRT used

FSH reducing contraceptives (combined oral, transdermal, vaginal contraceptives or three month intracutaneous injections, known as DPMA, "3-Monats-Spritze")
 Non-FSH reducing contraceptives (progesterone only, subcutaneous implants or any IUD)
 Hormone replacement therapy (HRT)
 None of the above

➔ if ONCOLOGY or OTHER SPECIALITIES

Is there any method of contraception or hormone replacement therapy (HRT)? Yes No

if YES ➔ Methods for contraception or HRT used



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Blood parameters

Date of blood test	<input style="width: 100%;" type="text"/>	<i>Min: 01-11-2023 Max: 31-12-2039</i>
Serum AMH concentration	<input style="width: 100%;" type="text"/>	<i>Number (one decimal place), suggested range: 0.0 - 150.0</i>
Unit of the serum AMH value	<input type="checkbox"/> pmol/L <input type="checkbox"/> ng/mL <input type="checkbox"/> microgram/L	
Serum FSH concentration	<input style="width: 100%;" type="text"/> IU/L	<i>Number (one decimal place), suggested range: 0.0 - 160.0</i>
Serum LH concentration	<input style="width: 100%;" type="text"/> IU/L	<i>Number (one decimal place), suggested range: 0.0 - 100.0</i>
Serum E2 concentration	<input style="width: 100%;" type="text"/>	<i>Number (one decimal place), suggested range: 0.0 - 2000.0</i>
Unit of serum E2 value	<input type="checkbox"/> pmol/L <input type="checkbox"/> ng/L <input type="checkbox"/> pg/L	

Menstrual cycle parameters

How is the menstrual cycle?	<input type="checkbox"/> Regular (21-35 days) <input type="checkbox"/> Regular (due to hormones, such as oral contraceptives and hormone replacement therapy) <input type="checkbox"/> Irregular (oligomenorrhea, polymenorrhea, etc.) <input type="checkbox"/> Amenorrhea = no or rare bleeding (due to premature ovarian insufficiency) <input type="checkbox"/> Amenorrhea (due to other reasons, such as pregnancy, breastfeeding, hormone treatment, etc.) <div style="text-align: right;"><i>In the last 3-6 months.</i></div>
Day of menstrual cycle when blood test was taken	<input type="checkbox"/> Day 1-5 <input type="checkbox"/> After day 5 <input type="checkbox"/> Cannot be specified (amenorrhoea etc.) <input type="checkbox"/> Unknown



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Fertility preservation measures

<p>Type of fertility preservation measure performed</p>	<ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> GnRH analogues <input type="checkbox"/> Oocyte freezing <input type="checkbox"/> Zygote freezing <input type="checkbox"/> Embryo freezing <input type="checkbox"/> Ovarian tissue freezing <input type="checkbox"/> Transposition of the ovaries <p style="text-align: right; font-size: small;"><i>Several items can be chosen.</i></p>
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Patient satisfaction

Is the patient satisfied with the decision to have undergone fertility preservation measures or not? Yes No

How satisfied is the patient with the <u>decision</u> to undergo or not to undergo fertility preservation measures?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10</td> </tr> </table>													0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10														

How satisfied is the patient with the fertility preservation <u>counselling</u> before the gonadotoxic treatment?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10</td> </tr> </table>												0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10													

Slider labels:
 0 = not applicable (N/A)
 1 = not satisfied at all
 10 = very satisfied



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Pregnancy outcomes USING fertility preservation measures

Was frozen material used to achieve pregnancy?	<input type="checkbox"/> Yes	if YES ➔	Total number of pregnancies achieved <u>after</u> the gonadotoxic treatment using their own previous frozen material	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> > 3
	<input type="checkbox"/> No			

1st Pregnancy	Frozen material	<input type="checkbox"/> Oocyte freezing <input type="checkbox"/> Embryo freezing <input type="checkbox"/> Ovarian tissue freezing <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER ➔ please specify		

2nd Pregnancy	Frozen material	<input type="checkbox"/> Oocyte freezing <input type="checkbox"/> Embryo freezing <input type="checkbox"/> Ovarian tissue freezing <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER ➔ please specify		



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Pregnancy outcomes USING fertility preservation measures

3rd Pregnancy	Frozen material	<input type="checkbox"/> Oocyte freezing <input type="checkbox"/> Embryo freezing <input type="checkbox"/> Ovarian tissue freezing <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER ➔ please specify		

4th Pregnancy	Frozen material	<input type="checkbox"/> Oocyte freezing <input type="checkbox"/> Embryo freezing <input type="checkbox"/> Ovarian tissue freezing <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER ➔ please specify		



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Pregnancy outcomes NOT USING their previous fertility preservation measures

<p>Total number of pregnancies achieved <u>after</u> the gonadotoxic treatment <u>NOT</u> using their own previous frozen material</p>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> > 3
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<p>0 Pregnancies</p>	<p>Has the patient <u>tried to get pregnant</u> after the end of gonadotoxic treatment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>1st Pregnancy</p>	<p>Method</p>	<input type="checkbox"/> Natural conception (sexual intercourse) <input type="checkbox"/> ART (Assisted Reproductive Technology) <input type="checkbox"/> Unknown	
	<p>Status</p>	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
<p>if OTHER → please specify</p> <div style="border: 1px solid black; height: 40px;"></div>			

<p>2nd Pregnancy</p>	<p>Method</p>	<input type="checkbox"/> Natural conception (sexual intercourse) <input type="checkbox"/> ART (Assisted Reproductive Technology) <input type="checkbox"/> Unknown	
	<p>Status</p>	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
<p>if OTHER → please specify</p> <div style="border: 1px solid black; height: 40px;"></div>			



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Pregnancy outcomes NOT USING their previous fertility preservation measures

3rd Pregnancy	Method	<input type="checkbox"/> Natural conception (sexual intercourse) <input type="checkbox"/> ART (Assisted Reproductive Technology) <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER → please specify		

4th Pregnancy	Method	<input type="checkbox"/> Natural conception (sexual intercourse) <input type="checkbox"/> ART (Assisted Reproductive Technology) <input type="checkbox"/> Unknown	
	Status	<input type="checkbox"/> Live birth <input type="checkbox"/> Ongoing pregnancy <input type="checkbox"/> Miscarriage - 1st trimester (< 14 weeks) <input type="checkbox"/> Miscarriage - 2nd trimester (< 22 weeks) <input type="checkbox"/> Stillbirth (≥ 22 weeks and weight ≥ 500 g) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Other	
	if OTHER → please specify		



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WHOQOL-BREF

The World Health Organization Quality of Life Brief 26-item Version

English version

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WHO REFERENCE NUMBER: WHO/HIS/HSI Rev.2012.03



Instructions

This assessment asks how you feel about **your quality of life, health, or other areas of your life**. Please read each question, assess your feelings, and circle the number on the scale for each question **that gives the best answer for you**. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last 2 weeks**.

		Very poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	<i>How would you rate your quality of life?</i>	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	<i>How satisfied are you with your health?</i>	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	<i>To what extent do you feel that (physical) pain prevents you from doing what you need to do?</i>	1	2	3	4	5
4 (F11.3)	<i>How much do you need any medical treatment to function in your daily life?</i>	1	2	3	4	5
5 (F4.1)	<i>How much do you enjoy life?</i>	1	2	3	4	5
6 (F24.2)	<i>To what extent do you feel your life to be meaningful?</i>	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7 (F5.3)	<i>How well are you able to concentrate?</i>	1	2	3	4	5
8 (F16.1)	<i>How safe do you feel in your daily life?</i>	1	2	3	4	5
9 (F22.1)	<i>How healthy is your physical environment?</i>	1	2	3	4	5



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The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	<i>Do you have enough energy for everyday life?</i>	1	2	3	4	5
11 (F7.1)	<i>Are you able to accept your bodily appearance?</i>	1	2	3	4	5
12 (F18.1)	<i>Have you enough money to meet your needs?</i>	1	2	3	4	5
13 (F20.1)	<i>How available to you is the information that you need in your day-to-day life?</i>	1	2	3	4	5
14 (F21.1)	<i>To what extent do you have the opportunity for leisure activities?</i>	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15 (F9.1)	<i>How well are you able to get around?</i>	1	2	3	4	5

The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	<i>How satisfied are you with your sleep?</i>	1	2	3	4	5
17 (F10.3)	<i>How satisfied are you with your ability to perform your daily living activities?</i>	1	2	3	4	5
18 (F12.4)	<i>How satisfied are you with your capacity for work?</i>	1	2	3	4	5
19 (F6.3)	<i>How satisfied are you with yourself?</i>	1	2	3	4	5
20 (F13.3)	<i>How satisfied are you with your personal relationships?</i>	1	2	3	4	5
21 (F15.3)	<i>How satisfied are you with your sex life?</i>	1	2	3	4	5
22 (F14.4)	<i>How satisfied are you with the support you get from your friends?</i>	1	2	3	4	5
23 (F17.3)	<i>How satisfied are you with the conditions of your living place?</i>	1	2	3	4	5
24 (F19.3)	<i>How satisfied are you with your access to health services?</i>	1	2	3	4	5
25 (F23.3)	<i>How satisfied are you with your transport?</i>	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	<i>How often do you have negative feelings such as blue mood, despair, anxiety, depression?</i>	1	2	3	4	5

Thank you for your help!



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End Study Block I

Did the patient complete the first study block (12-15 months) according to the protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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if YES ➔	Completion date	
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if NO ➔	Reason for non-completion	<input type="checkbox"/> Patient withdrew consent <input type="checkbox"/> Patient was lost to follow-up <input type="checkbox"/> Patient died <input type="checkbox"/> Other reason
	End of study date	

*Min: 01-11-2023
Max: 31-12-2039*