

Let's get to know YOU questionnaire!

Please answer each question to the best of your ability and we look forward to hearing your responses!

Questions 1-6 do not have to be answered

* Required

1. Question 1: What age range are you in?

Mark only one oval.

- ☐ 18-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71-80
- ☐ Other: _____

2. Question 2: What gender do you identify as?

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Other: _____

3. Question 3: Marital Status?*Mark only one oval.*

- ☐ Married
- ☐ Single
- ☐ Living with a Partner
- ☐ Other: _____

4. Question 4: What is your country of residence?

5. Question 5: What is your employment status?*Mark only one oval.*

- ☐ Employed
- ☐ Unemployed
- ☐ Student
- ☐ Other: _____

6. Question 6: What is your highest level of education?*Mark only one oval.*

- ☐ Some High School
- ☐ High School Graduate
- ☐ College Graduate
- ☐ Masters Degree or Higher
- ☐ Other: _____

Question 7:



7. What does this picture remind you of? *

8. Question 8: On a daily basis what are the top 3 issues you face (remembering to take medication, etc.)? *

9. Question 9: Choose 1 to 2 words that describe how you feel at the moment. **Check all that apply.*

- ☐ Content
- ☐ Anxious
- ☐ Happy
- ☐ Moody
- ☐ Indifferent
- ☐ Other: _____

10. Question 10: What are the best ways you have received support/medical care so far (support group, doctors, family, etc.)? *

11. Question 11: What are some things you wish you could receive more aid or help with? *

12. Question 12: What challenges are you most proud of overcoming so far? *

Only a few more questions left...



13. Question 13: What have been the hardest moments for you thus far since being diagnosed (finding a routine, emotional support, etc.)? *

14. Question 14: What are some fun activities you enjoy doing? *

Thank you for filling out our questionnaire and we are excited to be working with you!



