

Additional file 3: Socio-demographics questionnaire

Patients

Please provide the following information about yourself. These data are provided with a coding number. After the evaluation, it will no longer be possible to draw conclusions about your person from the coding number.

1. Age: _____ years old

2. Gender:

Female

Male

Diverse

3. Highest educational qualification

No school-leaving qualification

A-levels/Vocational baccalaureate/Matriculation

Secondary school-leaving certificate

Intermediate school-leaving certificate

Vocational training

Bachelor/Master craftsman/Business administrator

Master's diploma/State examination

PhD/Habilitation

Other: _____

4. Occupational status

Unemployed

Trainee, student

Full-time employed

Part-time employed

Retired

Other: _____

5. Current or last occupation: _____

6. Membership of a support group for patients with knee osteoarthritis?

Yes

No

7. Date of diagnosis of knee arthrosis: _____ (month/year)

8. Date of surgery for total knee replacement

Date of operation is not known

Operation is planned for: _____ (month/year)

Operation has been performed: _____ (month/year)

Doctors

Please provide the following information about yourself. These data are provided with a coding number. After the evaluation, it will no longer be possible to draw conclusions about your person from the coding number.

1. Age: _____ years old

2. Gender:

Female

Male

Diverse

3. Highest educational qualification:

State examination

Medical doctor

Habilitation

other: _____

4. Specialist training:

Yes: _____

No

5. Field of activity

General practice

Specialist practice for orthopaedics

Hospital

Other: _____

6. Work experience: _____ (years)

7. How often do you see patients with knee osteoarthritis in your practice?

_____ per week

8. Advanced training in evidence-based medicine and/or shared decision-making

Yes: _____

No