Introduction

Welcome to the survey on patients' perspectives on social assistance needs.

"Quality of life is very important for patients, and in particular for patients who suffer from rare or unknown disorders"

Who is this survey for?

All rare metabolic patients and/or their caregivers can participate, as long as they are at least 18 years old. Only one survey per patient.

What is the main aim of this survey?

To understand the differences in social assistance needs of patients affected by rare metabolic disorders in Europe.

What will the main outcomes of this study be?

- to have a clear picture of the European social assistance landscape/measures regarding rare metabolic patients;
- to know the social assistance needs of patients;
- to inform patient associations on this topic and empower them to lobby for social assistance measures in their country.

How long will it take me to complete this survey?

The survey contains 46 questions and should take roughly 15 minutes to complete.

By completing the survey to the best of your ability, you will help us to build a complete and representative data set for these important purposes.

Who developed this study?

This survey was developed by MetabERN, the European Reference Network on Rare Hereditary Metabolic Disorders and particularly by the members of Work Package 6.

Learn more about MetabERN HERE.

What will you do with my data?

All answers are anonymous. Answers will be collected and analysed by the MetabERN central office. The individual responses will not be shared with any third-party entities, with the exception of Survey Monkey. At the end of the analysis, the conclusions will be returned to the healthcare providers and patient associations in MetabERN, and if the study is conclusive then it may be published and/or a report will be posted on the MetabERN website. The findings of the study will be shared with other ERN teams and the European Commission officers (DG Santé). The Survey Monkey privacy policy and cookie policy is accessible at the bottom of the survey home page.

| Do you have any further questions? |
|--|
| Contact cinzia.bellettato@metab.ern-net.eu |
| Deadline: |
| By clicking "agree" you confirm: |
| you have read and understood the previous information; you voluntarily agree to participate; you are at least 18 years of age; you are a rare metabolic patient yourself or a family member/caregiver of someone living with a rare metabolic disorder. |
| * 1. Please indicate your choice below: |
| Agree |
| Disagree, and by doing so I refuse to participate in the survey |
| |
| Perception of Social Assistance in the Daily Life of Rare Metabolic Patients |
| * 2. Are you? |
| A patient |
| A parent |
| A caregiver/relative of a patient |

| * 3. Are you? |
|---|
| Male |
| Female |
| * 4. What country do you live in? |
| |
| * 5. What is the name of the rare metabolic disorder that you/or the patient is affected by? |
| * 6. How old are you (the patient)? |
| Under 18 |
| Over 18 |
| |
| |
| Perception of Social Assistance in the Daily Life of Rare Metabolic Patients |
| our town/city |
| his section is to gather information about services offered in the place that you live. |
| The coolies to games sincimument about our rices choice in the place that you into |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? Yes, all |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? Yes, all Some |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? Yes, all Some No |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? Yes, all Some No I don't know |
| 7. In your city/town, is there a reference contact point (office, institution) for access to local, regional or national government benefits and services? Yes No I don't know 8. Are public buildings accessible to disabled people? Yes, all Some No I don't know 9. Are there disorder-specific medical services, specialised in your disorder, available in your area? |

| 10. Are there emergency services, specialised in your disorder, in your area? |
|---|
| Yes |
| ○ No |
| O I don't know |
| |
| 11. In your country's health system is there a particular pathway dedicated to your disorder area, to which a patient is assisted from diagnosis up to starting treatment, to follow-ups and annual tests, etc? |
| Yes |
| ○ No |
| O I don't know |
| |
| 12. Is your metabolic consultant/specialist or a member of their team easily accessible? |
| Yes |
| ○ No |
| |
| 13. Do you (the patient) need food supplements or dietary supplements? |
| Yes |
| ○ No |
| I don't know |
| |
| 14. In your (the patient) case, is home care necessary? |
| Yes |
| ○ No |
| |
| |
| Perception of Social Assistance in the Daily Life of Rare Metabolic Patients |
| 15. Is the cost of home care covered by the government? |
| Carried Fully |
| Partially |
| Not at all |

| 16. What is your level of satisfaction with | the following aspects of home care? |
|---|-------------------------------------|
|---|-------------------------------------|

| 16. What is your level of satisfaction with the following aspects of home care? | | | | | | |
|---|---------------------|-----------------|------------------------------------|-----------|----------------|--|
| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | |
| Range of care offered | | | | | | |
| Having blood and other types of samples collected (e.g. urine) at home | | | | | | |
| Medical home examinations/appointments | | | | | | |
| Scheduled home visits | | | | | | |
| Physiotherapy | | | | | | |
| Other types of at home therapy | | | | | | |
| Other types of at home thera | py (please specify) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | _ | | |
| Perception of Social | Assistance in the | e Daily Life of | Rare Metabolic | Patients | | |
| Perception of Social 17. Are the services of a | | | Rare Metabolic | Patients | | |
| | | | Rare Metabolic | Patients | | |
| 17. Are the services of a | | | Rare Metabolic | Patients | | |
| 17. Are the services of a | | | Rare Metabolic | Patients | | |
| 17. Are the services of a | | | Rare Metabolic | Patients | | |
| 17. Are the services of a | | | Rare Metabolic | Patients | | |
| 17. Are the services of a | a social worker gua | aranteed? | | | | |
| 17. Are the services of a Yes No I don't know | a social worker gua | e Daily Life of | | | | |
| 17. Are the services of a Yes No I don't know | a social worker gua | e Daily Life of | Rare Metabolic | | Very Satisfied | |

| 19. Is psychological assistar | nce available? | | | |
|-------------------------------|--------------------|--------------------------|-------------------------|-----------------|
| | Yes | No | | I don't know |
| For the patient | | |) | |
| For parents/caregivers | | | | |
| | | | | |
| 20. Do you think that psycho | ological assistanc | ce is necessary? | | |
| | Yes | No | I don't know | Not applicable |
| The patient | | O | | |
| Parents/caregivers | | | | |
| 21. Are physiotherapy service | noc oncily access | sible in checific medies | al facilities, such a | s hoonitals |
| physiotherapy centres, priva | - | sible in specific medica | ai iaciiilles, sucii as | s Hospitais, |
| Yes | | | | |
| No | | | | |
| I don't know | | | | |
| Not applicable | | | | |
| | | | | |
| 22. If you use a physiothera | py service, how r | many sessions a week | do you do? | |
| Less than 1 | | | | |
| <u> </u> | | | | |
| 2-3 | | | | |
| 4-5 | | | | |
| More than 5 | | | | |
| On't use | | | | |
| | | | | |
| | | | | |
| | | | | |
| Perception of Social Ass | istance in the D | Daily Life of Rare Me | etabolic Patients | |
| 23. If you do not use the phy | siotherapy servi | ce. how many session | ns per week would | vou need? |
| Less than 1 | , 1.1.1.5.6, 50.00 | 4-5 | - F Trock Would | , . |
| ① 1 | | More than | 15 | |
| 2-3 | | Oon't know | | |

| health service or must the | | • | , , , | ade avaliable by the |
|--|--------------------|----------------------|------------|----------------------|
| Fully covered | | | | |
| Partially covered | | | | |
| Not covered | | | | |
| Oon't know | | | | |
| Not applicable | | | | |
| 25. In the case of using th | | | | |
| | Yes | No | Don't know | Not applicable |
| There is no specific therapy covered by health service | | | | |
| Health-service cover is insufficient | | | | |
| The need for that therapy is not recognised by the referring physician | | | | |
| 26. Do you (the patient) so Yes No | uffer from an inte | llectual disability? | | |
| | | | | |

| country, at no cost, by any | - | | | - |
|--|--------------------|-------------------------------|--------------------------|------------------------|
| | Yes | No | I don't know | Not applicable |
| A home educator | | | | |
| Special needs school | | | | |
| A day care centre | | | | |
| Psychomotor skills development | | | | |
| Autonomy building structures or organisations | | | | 0 |
| Tutor for job placement | | | | |
| Specific vocational training programmes | | | | |
| Family houses (assisted independent living group home) | \bigcirc | | \bigcirc | |
| Other, any service provided by a specify) | any government you | perceive as appropriate to th | ne education/development | of the patient (please |
| | | | | |
| | | | | |
| | | | | |
| Perception of Social As | ssistance in the | Daily Life of Rare M | letabolic Patients | |
| :hool-age patients | | | | |
| is section is for school-a | ge patients. | | | |
| 28. Is the patient at school | l? | | | |

Yes

| 29. What type of scho | 9. What type of school does the patient attend? | | | | | | |
|--|---|---------------------------------------|-------------|---|----------------------------|-----------------------------|--|
| Public school | | | | | | | |
| Public school specifically designed for children with assistance needs | | | | | | | |
| Private school (Fee paying) | | | | | | | |
| Other (please specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 30. In the case of a pr | ivate school, is | s the choice due | e to | | | | |
| Reasons unrelated to | the disease | | | | | | |
| Greater facilities relate | ed to the disease | , compared to publi | c school | | | | |
| There is no suitable p | ublic school in yo | ur region | | | | | |
| Not applicable | | | | | | | |
| Other (please specify) | | | | | | | |
| Curior (produce opensity) | | | | | | | |
| (, , , , , , , , , , , , , , , , , , , | | | | | | | |
| | | | | | | | |
| 31. We are interested | | on the following | elements of | the school facilit | ies which the | e patient | |
| | | on the following | elements of | | ies which the | e patient | |
| 31. We are interested | in your views | on the following Very dissatisfied | elements of | the school facilit Neither satisfied nor dissatisfied | ies which the Satisfied | e patient Very satisfied | |
| 31. We are interested | in your views | | | Neither satisfied | | | |
| 31. We are interested attends The transportation services to and from the school are properly | in your views | | | Neither satisfied | | | |
| 31. We are interested attends The transportation services to and from the school are properly equipped Does the school canteen provide for the dietary | in your views | | | Neither satisfied | | | |

| | Yes | No | I don't know | Not applicab |
|--|---|--|--------------------|--------------|
| re-school feeding sssistance | | 0 | 0 | |
| unior school feeding assistance | \bigcirc | | \bigcirc | |
| enior school feeding assistance | | | \bigcirc | |
| ransport service for the school | | | | |
| her (please specify) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| erception of Social As | sistance in the [| Daily Life of Rare I | Metabolic Patients | |
| | | | | |
| sition from childhood | to adulthood, an | d available facilitie | es and jobs | oo who are |
| Perception of Social Assistion from childhood section is for patients | to adulthood, an transitioning froi | d available facilitie | es and jobs | se who are |
| sition from childhood section is for patients | to adulthood, an transitioning froi | d available facilitie | es and jobs | se who are |
| sition from childhood section is for patients ts and are looking for v | to adulthood, an transitioning froi vork. | d available facilitien m childhood to adu | es and jobs | se who are |
| sition from childhood | to adulthood, an transitioning froi vork. | d available facilitien m childhood to adu | es and jobs | se who are |
| sition from childhood section is for patients ts and are looking for v | to adulthood, an transitioning froi vork. | d available facilitien m childhood to adu | es and jobs | se who are |
| sition from childhood section is for patients ts and are looking for volume 1. Is the patient transition Yes | to adulthood, an transitioning froi vork. | d available facilitien m childhood to adu | es and jobs | se who are |

34. Regarding the transition from childhood to adulthood

| | Yes | No | I don't know | Not applicable |
|--|-------|----|--------------|--------------------------------|
| Are gathering places for young people in your city accessible to people with disabilities? | | | | |
| Are autonomy-building structures or organisations provided? | | | | |
| Are specific vocational training programs planned/available? | | | | |
| Is social-therapeutic placement offered? | | | | |
| Are family houses available? | | | | |
| Are there specific autonomy-development pathways? | | | \bigcirc | \bigcirc |
| Is there the possibility of access to independent life experiences? | 0 | 0 | 0 | 0 |
| Is there personal psychological support for you (the patient)? | | | | |
| Is there personal psychological support for parents/caregivers/other? | | | | |
| 35. Is there any economic sup government in the case of a c | | | | ul or national I don't know |
| discount on electricity bills, heating expenses, taxes etc | Tes O | No | | C |
| allowance for independent living | | | | \bigcirc |
| allowance for non-self- sufficiency | 0 | | | |
| Other (please specify) | | | | |
| | | | | |

| 36. Have you (the patient) obt | ained recognition | n of civil disability? | |
|--|-------------------|---|-------------------------|
| Yes | | | |
| No | | | |
| | | | |
| 37. On the board that determine required? | nes such recogn | ition, is the presence of an expert | doctor in rare diseases |
| Yes | | | |
| No | | | |
| I don't know | | | |
| | | | |
| 38. Is civil disability recognition | n necessary to e | easily obtain services/facilitations li | ke? |
| | Yes | No | I don't now |
| awarding of a disabled parking permit | | | |
| access to specific areas of public transport | | | |
| accompanying allowance (sum provided by government specifically to pay for a personal assistant) | | | |
| discounts on the purchase of food products (supplements, etc.) | \bigcirc | | |
| discounts on the purchase of medical devices | | | |
| Other (please specify) | | | |
| | | | |
| 20 Are you (the notice) | antly ampleyed | | |
| 39. Are you (the patient) curre | nuy employed? | | |
| | | | |
| No Not applicable | | | |
| Not applicable | | | |

| hunting for the first time)? | (the patient) to find | a suitable job position (from the | moment you started job |
|--|-----------------------|--|-----------------------------|
| less than 3 months | | over 2 years | |
| less than 6 months | | I'm currently unemployed | |
| less than 1 year | | Not applicable | |
| less than 2 years | | | |
| 41. Are job opportunities ma | de available in the ք | public sector for patients with va | rious types of limitations? |
| Yes | | | |
| No | | | |
| I don't know | | | |
| 42. What support is given in | the workplace for y | ou (the patient) to facilitate your | |
| | Yes | No | I don't know |
| Are there any workplace facilitations (aids, etc.)? | | | |
| Is part-time/flexible schedule possible (e.g. home based work)? | | | |
| Are health and hospitalisation needs recognised? (e.g. medical appointments) | | | |
| Other (please specify) | | | |
| • | | ns developed "After Us" projects trents/relatives/caregivers have | |

| 44. Are these After Us projects | or equivalent deve | eloped in your country? | |
|---|-----------------------|-------------------------------|--------------|
| | Yes | No | I don't know |
| By state departments | | | |
| With the collaboration of other institutions | | | |
| With the support of patients associations | | | |
| 45. How is the "After Us" projec | ets or equivalent fir | nanced? | |
| | Yes | No | I don't know |
| Completely dependent on the family | | | |
| Partially dependent on the family | | | |
| Paid for by the government/public funds | | | |
| Wholly supported (covered/paid) by patient associations | \bigcirc | | |
| | | | |
| Perception of Social Assista | ance in the Daily | Life of Rare Metabolic Pation | ents |
| Final question | | | |
| Please see question below. | | | |

46. Please fill in the table below

Not covered. Partly covered The The costs are Fully covered by by the patient/family covered by a support(s) all the patient/non profit the healthcare healthcare system costs association Not applicable system I don't know Medical devices (e.g. crutches, wheelchair, adapted bed, etc) Medications Food supplements/dietary integrators Physiotherapy Occupational therapy Speech therapy Music therapy Home care assistant Psychological assistance