

1 **Archives of Women's Mental Health**

2 **Unmet clinical needs in women with polycystic ovary syndrome in regard to mental health**
3 **– a cross-sectional study**

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5 M. D., Bachmann Annette, M. D., Stute Petra, M.D.

6

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#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: consent (einverstndnis) Enabled as survey									
1	record_id	Record ID	text						
2	info0	Welcome to this survey! Please read all information provided below carefully and give your consent to start the questionnaire.	descriptive						
3	info1	<p>What is PCOS? Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in women of reproductive age. Typical symptoms include irregular to no menstrual bleedings and signs of hyperandrogenism such as hair loss, excess hair growth and acne.</p> <p>Why this study? The aim of this study is to assess implementation of new guidelines for management of PCOS by gynecologists. We are also interested in the areas in which women with PCOS would like additional care. To achieve this we need your honest opinion.</p> <p>Participation Criteria: All German-speaking women with PCOS who are of full age and have not yet reached menopause can participate in this study. If you have not yet been diagnosed with PCOS, but suspect from your symptoms that you may be affected, you are also welcome to participate. If you do not meet inclusion criteria, this will be indicated in the first part of the survey and the survey will be closed.</p> <p>What do you get out of it? You make an important contribution to improving the care situation for women with PCOS. If you are interested in the results of this study, you will be informed how to subscribe for it at the end of the survey.</p> <p>Ethical approval and anonymity: This study has been deemed safe by the relevant ethical committees. There are questions about your health, but no personal, identifiable data will be collected. The data are therefore collected anonymously. This means that your answers can not be traced back to you. Thus, in the first section you are instructed to create a personal code. This ensures that each person participates in the survey only once.</p> <p>Important information: The survey takes about 15-20 minutes to complete. You can cancel participation at any time and without giving reasons. We would like to point out that we can only use fully completed surveys for the study. Please read the questions carefully and answer them as correctly as possible. Below the answer field you will find helpful extra information or instructions in some cases.</p>	descriptive						
4	info2	If you agree please select „yes“ and the survey can begin. Thank you very much for your participation!	descriptive						
5	agree	Do you give your consent to take part in this study?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
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6	info_submit	Please always select "Submit", to get to the next page.	descriptive						
7	einverstndnis_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
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8	participant_id	<p>Section Header: <i>Personal-ID</i></p> <p>Section Header: Teilnehmer-ID</p> <p>Please create your personal identification code in CAPITAL LETTERS out of following information:</p> <ul style="list-style-type: none"> -first and last letter of your mother's first name -first and last letter of your father's first name -first and last letter of your first name -last two digits of your birth year <p>You can find an example below the answer field. If you can not give one of the details (e.g. you do not know the name of a parent) write «XX» in the correspondent position.</p> <p><i>E.g.: AETNMA76 (mother Anne, father Thorsten, you Michaela, born 1976)</i></p>	text, Required																								
9	info_continuation	To continue later: You can pause the survey at any time and resume it later. To do so, select „Safe & Return Later“. You will then receive a code, which you can use to continue the survey at the same point. Your answers will be saved.	descriptive																								
10	sex	<p>Section Header: <i>characteristics</i></p> <p>sex</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>female</td></tr> <tr><td>2</td><td>male</td></tr> <tr><td>88</td><td>other</td></tr> </table>	1	female	2	male	88	other																		
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11	sex_88	sex - other	notes, Required																								
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12	excluded_1	Unfortunately, you do not fulfill required criteria for this study. Nevertheless, we thank you for your willingness and wish you all the best. Please select «submit». Afterwards you can close the window.	descriptive																								
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13	age	age	text (integer, Min: 1, Max: 110), Required																								
	Show the field ONLY if: [sex] = '1'																										
14	excluded_2	Unfortunately, you do not fulfill required criteria for this study. Nevertheless, we thank you for your willingness and wish you all the best. Please select «submit». Afterwards you can close the window.	descriptive																								
	Show the field ONLY if: [age] = 1 or [age] = 2 or [age] = 3 or [age] = 4 or [age] = 5 or [age] = 6 or [age] = 7 or [age] = 8 or [age] = 9 or [age] = 10 or [age] = 11 or [age] = 12 or [age] = 13 or [age] = 14 or [age] = 15 or [age] = 16 or [age] = 17																										
15	height	height [cm]	text (integer, Min: 50, Max: 250), Required																								
	Show the field ONLY if: [sex] = '1' and [age] >= 18	<i>e.g.: 165</i>																									
16	weight	weight [kg]	text (integer, Min: 30, Max: 300), Required																								
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17	bmi	BMI	calc, Required																								
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18	domicile	residence	radio, Required																								
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19	domicile_88	residence - other	text, Required																								
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20	children_nr	Number of children	dropdown, Required																								
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27	education_0 Show the field ONLY if: [education_ch] = '0' or [education_de] = '0' or [education_at] = '0' or [education_other] = '0'	How many years did you go to school?	text (number, Min: 0, Max: 12), Required																																						
28	employment Show the field ONLY if: [sex] = '1' and [age] >= 18	employment status: Please select ALL applicable.	checkbox, Required <table border="1"> <tr><td>1</td><td>employment__1</td><td>Full time (100%)</td></tr> <tr><td>2</td><td>employment__2</td><td>Part time</td></tr> <tr><td>3</td><td>employment__3</td><td>Hourly wages</td></tr> <tr><td>4</td><td>employment__4</td><td>Student / in training</td></tr> <tr><td>5</td><td>employment__5</td><td>Unpaid internship</td></tr> <tr><td>6</td><td>employment__6</td><td>Self-employed</td></tr> <tr><td>7</td><td>employment__7</td><td>Unemployed</td></tr> <tr><td>88</td><td>employment__88</td><td>Other</td></tr> </table>	1	employment__1	Full time (100%)	2	employment__2	Part time	3	employment__3	Hourly wages	4	employment__4	Student / in training	5	employment__5	Unpaid internship	6	employment__6	Self-employed	7	employment__7	Unemployed	88	employment__88	Other														
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31	ethnicity Show the field ONLY if: [sex] = '1' and [age] >= 18	Ethnicity (multiple answers possible) <i>Please select your ethnicity. If you are not sure select the one that fits best. It is possible to select more than one answer if your parents are from different regions.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>ethnicity__1</td><td>White (caucasian/light-skinned)</td></tr> <tr><td>2</td><td>ethnicity__2</td><td>Mediterranean (France; Portugal; Spain; Italy; Greece; Malta; Cyprus)</td></tr> </table>	1	ethnicity__1	White (caucasian/light-skinned)	2	ethnicity__2	Mediterranean (France; Portugal; Spain; Italy; Greece; Malta; Cyprus)																																
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32	ethnicity_88 Show the field ONLY if: [ethnicity(88)] = '1'	Ethnicity - Other <i>Please specify.</i>	notes, Required																								
33	ethnicity_spec Show the field ONLY if: [ethnicity(1)] = '1'	What region do you come from? <i>Please specify your descendance. It is possible to select more than one answer if your parents are from different regions.</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>ethnicity_spec__1</td> <td>Europe</td> </tr> <tr> <td>2</td> <td>ethnicity_spec__2</td> <td>Australia</td> </tr> <tr> <td>3</td> <td>ethnicity_spec__3</td> <td>North-America</td> </tr> <tr> <td>88</td> <td>ethnicity_spec__88</td> <td>Other</td> </tr> </table>	1	ethnicity_spec__1	Europe	2	ethnicity_spec__2	Australia	3	ethnicity_spec__3	North-America	88	ethnicity_spec__88	Other												
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35	charakteristika_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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36	mens_age_know	Section Header: <i>menstrual cycle profile</i> Do you know how old you were when you had your first menstruation?	radio, Required <table border="1" data-bbox="1015 241 1230 358"><tr><td>1</td><td>Age known (approx.)</td></tr><tr><td>99</td><td>Age not known</td></tr><tr><td>2</td><td>no menstuation yet</td></tr></table>	1	Age known (approx.)	99	Age not known	2	no menstuation yet																																																																																														
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37	mens_age_nr Show the field ONLY if: [mens_age_know] = '1'	How many years ago did you have your first menstruation? Please subtract your your age when you had your first menstruation from your current age. <i>Number in years.</i>	dropdown, Required <table border="1" data-bbox="1015 398 1230 2083"><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr><tr><td>41</td><td>41</td></tr><tr><td>42</td><td>42</td></tr><tr><td>43</td><td>43</td></tr><tr><td>44</td><td>44</td></tr><tr><td>45</td><td>45</td></tr><tr><td>46</td><td>46</td></tr><tr><td>47</td><td>47</td></tr><tr><td>48</td><td>48</td></tr><tr><td>49</td><td>49</td></tr><tr><td>50</td><td>50</td></tr></table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40	41	41	42	42	43	43	44	44	45	45	46	46	47	47	48	48	49	49	50	50
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38	mens_menopause_yn Show the field ONLY if: [mens_age_know] = '1' or [mens_age_know] = '99'	Did you already reach menopause? <i>Menopause is defined as minimum 12 months without menstruation in women older than 40 years.</i>	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
39	mens_menopause_nr Show the field ONLY if: [mens_menopause_yn] = '1' and ([mens_age_know] = '1' or [mens_age_know] = '99')	How many years ago did you have your last menstruation?	text (integer, Min: 1, Max: 60), Required						
40	excluded_3 Show the field ONLY if: [mens_menopause_yn] = '1'	Unfortunately, you do not fulfill required criteria for this study. Nevertheless, we thank you for your willingness and wish you all the best. Please select «submit». Afterwards you can close the window.	descriptive						
41	mens_info1 Show the field ONLY if: [mens_menopause_yn] = '0'	Following questions are to assess regularity of your menstrual cycle profile. You will be asked questions to cycle duration and period duration. If you do not know exactly how many days your cycle or period lasts, give your best estimation. - cycle duration = number of days between 1st day of menstruation and 1st day of next menstruation - period duration = number of days bleeding	descriptive						
42	mens_info2 Show the field ONLY if: [mens_menopause_yn] = '0'	Section Header: <i>current menstrual cycle profile</i> Following questions refer to your current period. Think about the last 12 months. If you are using hormonal contraception (pill, hormone spiral, implanon, vaginal contraceptive ring, etc.) or you are currently pregnant you will not be asked further questions about your current period	descriptive						
43	mens_current_contracep_yn Show the field ONLY if: [mens_menopause_yn] = '0'	Do you currently use any hormonal contraceptive method? <i>E.g. pill, hormone spiral, implanon, vaginal contraceptive ring</i>	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
44	mens_current_ss_yn Show the field ONLY if: [mens_menopause_yn] = '0'	Are you currently pregnant or do breast-feeding?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
45	mens_current_regular_yn Show the field ONLY if: ([mens_age_know] = '1' or [mens_age_know] = '99') and [mens_menopause_yn] = '0' and [mens_current_contracep_yn] = '0' and	Is your cycle duration always more or less regular (+/- 7 days)? <i>E.g. cycle-duration in April 27 days, in May 33 days, difference = 6days -> YES</i>	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
46	mens_current_reg_cycle_nr Show the field ONLY if: [mens_current_regular_yn] = '1'	How long does your cycle last on average? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation. Mean in normal population is 28days.</i>	text (integer, Min: 2), Required						
47	mens_current_reg_period_nr Show the field ONLY if: [mens_current_regular_yn] = '1'	How long does your period last on average? [days] <i>Days you are bleeding.</i>	text (integer, Min: 1, Max: 30), Required						
48	mens_current_irreg_spec Show the field ONLY if: [mens_current_regular_yn] = '0'	In what way isn't your cycle more or less regular?	dropdown, Required <table border="1"><tr><td>1</td><td>no period</td></tr><tr><td>2</td><td>fluctuation >8days</td></tr><tr><td>88</td><td>other</td></tr></table>	1	no period	2	fluctuation >8days	88	other
1	no period								
2	fluctuation >8days								
88	other								
49	mens_current_irreg_none Show the field ONLY if: [mens_current_irreg_spec] = '1'	How many months ago did you have your last menstruation? [months] <i>Number in months. If it is more than one year please multiply years by 12.</i>	text (integer, Min: 1), Required						
50	mens_current_irreg_min Show the field ONLY if: [mens_current_irreg_spec] = '2'	What has been your shortest cycle time during the last 12 months? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation.</i>	text (integer, Min: 1), Required						
51	mens_current_irreg_max Show the field ONLY if: [mens_current_irreg_spec] = '2'	What has been your longest cycle time during the last 12 months? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation.</i>	text (integer, Min: 1), Required						
52	mens_current_irreg_spec_88 Show the field ONLY if: [mens_current_irreg_spec] = '88'	Other irregularities <i>Please specify.</i>	notes, Required						
53	mens_current_irreg_period_nr Show the field ONLY if: [mens_current_irreg_spec] = '2' or [mens_current_irreg_spec] = '88'	How long does your period last on average? [days] <i>Days you are bleeding.</i>	text (integer, Min: 1), Required						
54	mens_current_irreg_cyclenr Show the field ONLY if: [mens_current_irreg_spec] = "2" or [mens_current_irreg_spec] = "88"	How many menstrual cycles do you have on average per year?	text (integer, Min: 2, Max: 30), Required						

55	mens_info3 Show the field ONLY if: [mens_menopause_yn] = '0'	Section Header: <i>menstrual cycle profile in the past</i> Following questions refer to your period in the past. Think about periods more than 12 months ago. We are interested in your natural menstrual cycle profile. Thus do not include the first year of having menstruations. Irregularities are normal in this period and should not be declared here. Also you should not include times of pregnancy, breast-feeding or hormonal contraception. If you have used hormonal contraception (pill, hormone spiral, implanon, vaginal contraceptive ring, etc.) please answer this questions for the time before you started using it	descriptive						
56	mens_cycle90 Show the field ONLY if: ((mens_age_know) = '1' or [mens_age_know] = '99') and [mens_menopause_yn] = '0'	Have you ever had a cycle duration of more than 90 days?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
57	mens_past_regular_yn Show the field ONLY if: ((mens_age_know) = '1' or [mens_age_know] = '99') and [mens_menopause_yn] = '0'	Has your cycle duration always been more or less regular (+/- 7 days)? <i>E.g. cycle-duration in April 27 days, in May 33 days, difference = 6days -> YES?</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
58	mens_past_reg_nr Show the field ONLY if: [mens_current_regular_yn] = '0' and [mens_past_regular_yn] = '1'	For how many years have your cycle duration been regular? [years] <i>A long guess is sufficient.</i>	text (integer, Min: 1), Required						
59	mens_past_reg_irreg_nr Show the field ONLY if: [mens_current_regular_yn] = '0' and [mens_past_regular_yn] = '1'	For how many years do you already have irregular cycle durations? [years] <i>A long guess is sufficient.</i>	text (integer, Min: 1), Required						
60	mens_past_reg_cycle_nr Show the field ONLY if: [mens_past_regular_yn] = '1'	How long did your cycle last on average (approx.)? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation. Mean in normal population is 28days</i>	text (integer, Min: 3), Required						
61	mens_past_reg_period_nr Show the field ONLY if: [mens_past_regular_yn] = "1"	How long did your period last on average? [days] <i>Days you were bleeding.</i>	text (integer, Min: 1), Required						
62	mens_past_irreg_nr Show the field ONLY if: [mens_current_regular_yn] = '1' and [mens_past_regular_yn] = '0'	For how many years have you had irregular cycle durations? [years]	text (integer, Min: 1), Required						
63	mens_past_irreg_reg_nr Show the field ONLY if: [mens_current_regular_yn] = '1' and [mens_past_regular_yn] = '0'	For how many years do you now have regular cycle durations? [years]	text (number, Min: 1), Required						
64	mens_past_irreg_spec Show the field ONLY if: [mens_past_regular_yn] = '0'	In what way hasn't your cycle been more or less regular?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>no period</td> </tr> <tr> <td>2</td> <td>fluctuation >8days</td> </tr> <tr> <td>88</td> <td>other</td> </tr> </table>	1	no period	2	fluctuation >8days	88	other
1	no period								
2	fluctuation >8days								
88	other								
65	mens_past_irreg_none Show the field ONLY if: [mens_past_irreg_spec] = '1'	How many months ago did you have your last menstruation? [months] <i>Number in months. If it is more than one year please multiply years by 12.</i>	text (integer, Min: 1), Required						
66	mens_past_irreg_min Show the field ONLY if: [mens_past_irreg_spec] = '2'	What has been your shortest cycle time you remember? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation</i>	text (integer, Min: 3), Required						
67	mens_past_irreg_max Show the field ONLY if: [mens_past_irreg_spec] = '2'	What has been your longest cycle time you remember? [days] <i>Number of days between 1st day of menstruation and 1st day of next menstruation</i>	text (integer, Min: 3), Required						
68	mens_past_irreg_spec_88 Show the field ONLY if: [mens_past_irreg_spec] = '88'	Other irregularities <i>Please specify.</i>	notes, Required						
69	mens_past_irreg_period_nr Show the field ONLY if: [mens_past_irreg_spec] = '2' or [mens_past_irreg_spec] = '88'	How long did your period last on average? [days] <i>Days you are bleeding.</i>	text (integer, Min: 1), Required						
70	mens_past_irreg_cyclenr Show the field ONLY if: [mens_past_irreg_spec] = "2" or [mens_past_irreg_spec] = "88"	How many menstrual cycles did you have on average per year?	text (integer, Min: 2, Max: 30), Required						
71	mens_thelarche Show the field ONLY if: [mens_age_know] = '2'	Is the the onset of your breast development more than 3 years ago?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								

72	<p>irregular</p> <p>Show the field ONLY if: (([mens_age_know] = '2') or ([mens_age_know] = '1' and ([mens_age_nr] = 1 or [mens_age_nr] = 2 or [mens_age_nr] = 3)) or ((([mens_age_know] = '1' and [mens_age_nr] > 3) or ([mens_age_know] = '99') and (([mens_current_regular_yn] = '1' and ([mens_current_reg_cycle_nr] < 21 or [mens_current_reg_cycle_nr] > 35)) or ([mens_cycle90] = '1') or ([mens_current_regular_yn] = '0' and ([mens_current_irreg_spec] = '1' and [mens_current_irreg_none] >= 3) or ([mens_current_irreg_spec] = '2' and ([mens_current_irreg_min] < 21 or [mens_current_irreg_max] > 35 or [mens_current_irreg_cyclenr] < 8)) or ([mens_current_irreg_spec] = '88' and [mens_current_irreg_cyclenr] < 8))) or ([mens_past_regular_yn] = '1' and ([mens_past_reg_cycle_nr] < 21 or [mens_past_reg_cycle_nr] > 35)) or ([mens_past_regular_yn] = '0' and ([mens_past_irreg_spec] = '1' and [mens_past_irreg_none] >= 3) or ([mens_past_irreg_spec] = '2' and ([mens_past_irreg_min] < 21 OR [mens_past_irreg_max] > 35 or [mens_past_irreg_cyclenr] < 8)) or ([mens_past_irreg_spec] = '88' and</p>	Your menstrual cycle profile is regarded irregular.	<p>radio</p> <p>Field Annotation: @HIDDEN-SURVEY</p>						
73	diagnosekriterien_teil_1_comple te	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1" data-bbox="1018 929 1230 1025"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

74	clhy_acne_yn	<p>Section Header: <i>clinical hyperandrogenism</i></p> <p>Do you have or did you ever have acne?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown
1	Yes								
0	No								
99	Unknown								
75	clhy_alopecia_yn	<p>Do you have or did you ever have excessive hair loss? <i>To answer take a look at following picture.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown
1	Yes								
0	No								
99	Unknown								
76	clhy_alopecia_pic	<p>To illustrate "excessive hair loss" you are shown following picture with different grades of hair loss. If one of these pictures suits you please answer "YES" in the question above.</p>	<p>descriptive</p>						
<p style="text-align: center;">Type I Type II Type III</p>									
77	<p>clhy_alopecia_quant</p> <p>Show the field ONLY if: [clhy_alopecia_yn] = '1'</p>	<p>Take a look at the different grades of hair loss illustrated in the picture. What grade would you classify yourself?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Type 1</td></tr> <tr><td>2</td><td>Type 2</td></tr> <tr><td>3</td><td>Type 3</td></tr> </table>	1	Type 1	2	Type 2	3	Type 3
1	Type 1								
2	Type 2								
3	Type 3								
78	clhy_hirsutism_yn	<p>Do you have or did you ever have excess hair-growth compared to other women? <i>To answer take a look at following picture.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown
1	Yes								
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79	clhy_hirsutism_pic	<p>To illustrate "excess hair-growth" you are shown following picture with different grades of hair-growth. If one of these pictures suits, even if it is only one body region, you please answer "YES" in the question above.</p>	<p>descriptive</p>						
80	<p>clhy_hirsutism_spec</p> <p>Show the field ONLY if: [clhy_hirsutism_yn] = '1'</p>	<p>What body regions are affected?</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>clhy_hirsutism_spec__1</td><td>face</td></tr> <tr><td>2</td><td>clhy_hirsutism_spec__2</td><td>breast</td></tr> </table>	1	clhy_hirsutism_spec__1	face	2	clhy_hirsutism_spec__2	breast
1	clhy_hirsutism_spec__1	face							
2	clhy_hirsutism_spec__2	breast							

			<table border="1"> <tr> <td>3</td> <td>clhy_hirsutism_spec__3</td> <td>upper abdomen (breast to belly button, left row</td> </tr> <tr> <td>4</td> <td>clhy_hirsutism_spec__4</td> <td>lower abdomen (belly botton to bikini line, left</td> </tr> <tr> <td>5</td> <td>clhy_hirsutism_spec__5</td> <td>upper arm</td> </tr> <tr> <td>6</td> <td>clhy_hirsutism_spec__6</td> <td>tight</td> </tr> <tr> <td>7</td> <td>clhy_hirsutism_spec__7</td> <td>upper back (neck to waist, right row 3)</td> </tr> <tr> <td>8</td> <td>clhy_hirsutism_spec__8</td> <td>lower back (waist to buttocks, right row 4)</td> </tr> <tr> <td>88</td> <td>clhy_hirsutism_spec__88</td> <td>other</td> </tr> </table>	3	clhy_hirsutism_spec__3	upper abdomen (breast to belly button, left row	4	clhy_hirsutism_spec__4	lower abdomen (belly botton to bikini line, left	5	clhy_hirsutism_spec__5	upper arm	6	clhy_hirsutism_spec__6	tight	7	clhy_hirsutism_spec__7	upper back (neck to waist, right row 3)	8	clhy_hirsutism_spec__8	lower back (waist to buttocks, right row 4)	88	clhy_hirsutism_spec__88	other
3	clhy_hirsutism_spec__3	upper abdomen (breast to belly button, left row																						
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7	clhy_hirsutism_spec__7	upper back (neck to waist, right row 3)																						
8	clhy_hirsutism_spec__8	lower back (waist to buttocks, right row 4)																						
88	clhy_hirsutism_spec__88	other																						
81	clhy_hirsutism_spec_88 Show the field ONLY if: [clhy_hirsutism_spec(88)] = '1'	body regions - other <i>Please specify.</i>	notes, Required																					
82	clhy_hirsutism_spec_face Show the field ONLY if: [clhy_hirsutism_spec(1)] = '1'	Where in your face?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>clhy_hirsutism_spec_face 1</td> <td>upper lips</td> </tr> <tr> <td>2</td> <td>clhy_hirsutism_spec_face 2</td> <td>chin</td> </tr> <tr> <td>88</td> <td>clhy_hirsutism_spec_face 88</td> <td>other</td> </tr> </table>	1	clhy_hirsutism_spec_face 1	upper lips	2	clhy_hirsutism_spec_face 2	chin	88	clhy_hirsutism_spec_face 88	other												
1	clhy_hirsutism_spec_face 1	upper lips																						
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88	clhy_hirsutism_spec_face 88	other																						
83	clhy_hirsutism_spec_face_88 Show the field ONLY if: [clhy_hirsutism_spec_face(88)] = '1'	face - other <i>Please specify.</i>	notes, Required																					
84	clhy_hirsutism_quant1_1 Show the field ONLY if: [clhy_hirsutism_spec_face(1)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your upper lips?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
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85	clhy_hirsutism_quant1_2 Show the field ONLY if: [clhy_hirsutism_spec_face(2)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your chin?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
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86	clhy_hirsutism_quant1_88 Show the field ONLY if: [clhy_hirsutism_spec_face(88)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your other face-region?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
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87	clhy_hirsutism_quant2 Show the field ONLY if: [clhy_hirsutism_spec(2)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your breast?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
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88	clhy_hirsutism_quant3 Show the field ONLY if: [clhy_hirsutism_spec(3)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your upper abdomen?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
1	1																							
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89	clhy_hirsutism_quant4 Show the field ONLY if: [clhy_hirsutism_spec(4)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your lower abdomen?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
1	1																							
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90	clhy_hirsutism_quant5 Show the field ONLY if: [clhy_hirsutism_spec(5)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your upper arms?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table>	1	1	2	2	3	3	4	4													
1	1																							
2	2																							
3	3																							
4	4																							
91	clhy_hirsutism_quant6 Show the field ONLY if: [clhy_hirsutism_spec(6)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your tights?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> </table>	1	1	2	2	3	3															
1	1																							
2	2																							
3	3																							

			4	4
92	clhy_hirsutism_quant7 Show the field ONLY if: [clhy_hirsutism_spec(7)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your upper back?	dropdown, Required	
			1	1
			2	2
			3	3
			4	4
93	clhy_hirsutism_quant8 Show the field ONLY if: [clhy_hirsutism_spec(8)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your lower back?	dropdown, Required	
			1	1
			2	2
			3	3
			4	4
94	clhy_hirsutism_quant88 Show the field ONLY if: [clhy_hirsutism_spec(88)] = '1'	Take a look at the different grades of hair-growth illustrated in the picture. What grade would you classify yourself regarding your other body-region (as described)?	dropdown, Required	
			1	1
			2	2
			3	3
			4	4
95	cl_hyperandrogenism Show the field ONLY if: [clhy_acne_yn] = '1' or [clhy_alopezia_yn] = '1' or [clhy_hirsutism_yn] = '1'	clinical hyperandrogenism	radio Field Annotation: @HIDDEN-SURVEY	
96	bchy_hormone_yn	Section Header: <i>biochemical hyperandrogenism</i> Has there ever been done blood examination for female and male sex hormones?	radio, Required	
			1	Yes
			0	No
			99	Unknown
97	bchy_hormone_m_yn Show the field ONLY if: [bchy_hormone_yn] = '1'	Thus, have there been found elevated levels of male sex hormones?	radio, Required	
			1	Yes
			0	No
			99	Unknown
98	bc_hyperandrogenism Show the field ONLY if: [bchy_hormone_m_yn] = '1'	biochemical hyperandrogenism	radio Field Annotation: @HIDDEN-SURVEY	
99	pcom_us_yn	Section Header: <i>morphological polycystic ovaries</i> Has there ever been done a vaginal sonography? <i>For this purpose there is insertet a slender, rod-shaped receiving transducer into your vagina.</i>	radio, Required	
			1	Yes
			0	No
			99	Unknown
100	pcom_us_ovarien_yn Show the field ONLY if: [pcom_us_yn] = '1'	Thus, have there been detected an increased ovary size?	radio, Required	
			1	Yes
			0	No
			99	Unknown
101	pcom_us_cysts_yn Show the field ONLY if: [pcom_us_yn] = '1'	Thus, have there been detected an increased number of follicles (sometimes called cysts)? <i>These are "bubbles" inside the ovary that occur when immature egg cells are accumulating.</i>	radio, Required	
			1	Yes
			0	No
			99	Unknown
102	pcom Show the field ONLY if: [pcom_us_cysts_yn] = '1' or [pcom_us_ovarien_yn] = '1'	morphological polycystic ovaries	radio Field Annotation: @HIDDEN-SURVEY	
103	pcos_diagnosis	Section Header: <i>received diagnosis</i> Did your gynecologist tell you that you have polycystic ovary syndrome (PCOS)?	radio, Required	
			1	Yes
			0	No
			99	Unknown
104	pcos_dd_aggs	Section Header: <i>differentialdiagnoses</i> Have you been diagnosed with adrenogenital syndrome? <i>Falls Sie nicht wissen was das ist, kreuzen sie "Nein/Unbekannt" an.</i>	radio, Required	
			1	Yes
			0	No / Unknown
105	pcos_dd_prolaktinom	Have you been diagnosed with a prolactinoma? <i>Prolactinoma is a benign tumor of the pituary gland and is producing the hormone prolactin.</i>	radio, Required	
			1	Yes
			0	No / Unknown

106	pcos_dd Show the field ONLY if: [pcos_dd_aggs] = '1' or [pcos_dd_prolaktinom] = '1'	fulfill differentialdiagnosis	descriptive Field Annotation: @HIDDEN-SURVEY						
107	excluded_4 Show the field ONLY if: [pcos_dd_prolaktinom] = '1' or [pcos_dd_aggs] = '1'	Unfortunately, you do not fulfill required criteria for this study. Nevertheless, we thank you for your willingness and wish you all the best. Please select «submit». Afterwards you can close the window.	descriptive						
108	diagnosekriterien_teil_2_complette	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Programing: only eligible participants can continue

([pcos_diagnosis] or ((([mens_age_know] = '2') or ([mens_age_know] = '1' and ([mens_age_nr] = 1 or [mens_age_nr] = 2 or [mens_age_nr] = 3)) or
 ((([mens_age_know] = '1' and [mens_age_nr] > 3) or ([mens_age_know] = '99')) and ((([mens_current_regular_yn] = '1' and ([mens_current_reg_cycle_nr] < 21
 or [mens_current_reg_cycle_nr] > 35)) or ([mens_cycle90] = '1') or ([mens_current_regular_yn] = '0' and (([mens_current_irreg_spec] = '1' and
 [mens_current_irreg_none] >= 3) or ([mens_current_irreg_spec] = '2' and ([mens_current_irreg_min] < 21 or [mens_current_irreg_max] > 35 or
 [mens_current_irreg_none] >= 3) or ([mens_current_irreg_spec] = '88' and [mens_current_irreg_cyclenr] < 8))) or ([mens_past_regular_yn] = '1' and
 ([mens_past_reg_cycle_nr] < 21 or [mens_past_reg_cycle_nr] > 35)) or ([mens_past_regular_yn] = '0' and (([mens_past_irreg_spec] = '1' and
 [mens_past_irreg_none] >= 3) or ([mens_past_irreg_spec] = '2' and ([mens_past_irreg_min] < 21 OR [mens_past_irreg_max] > 35 or [mens_past_irreg_cyclenr]
 < 8) or ([mens_past_irreg_spec] = '88' and [mens_past_irreg_cyclenr] < 8)))))) and (([clhy_acne_yn] = '1' or [clhy_alopezia_yn] = '1' or [clhy_hirsutism_yn] =
 '1') or ((([mens_age_know] = '2') or ([mens_age_know] = '1' and ([mens_age_nr] = 1 or [mens_age_nr] = 2 or [mens_age_nr] = 3)) or ((([mens_age_know] =
 '1' and [mens_age_nr] > 3) or ([mens_age_know] = '99')) and ((([mens_current_regular_yn] = '1' and ([mens_current_reg_cycle_nr] < 21 or
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 < 8) or ([mens_past_irreg_spec] = '88' and [mens_past_irreg_cyclenr] < 8)))))) and ([bchy_hormone_m_yn] = '1')) or ((([mens_age_know] = '2') or
 ([mens_age_know] = '1' and ([mens_age_nr] = 1 or [mens_age_nr] = 2 or [mens_age_nr] = 3)) or ((([mens_age_know] = '1' and [mens_age_nr] > 3) or
 ([mens_age_know] = '99')) and ((([mens_current_regular_yn] = '1' and ([mens_current_reg_cycle_nr] < 21 or [mens_current_reg_cycle_nr] > 35)) or
 ([mens_cycle90] = '1') or ([mens_current_regular_yn] = '0' and (([mens_current_irreg_spec] = '1' and [mens_current_irreg_none] >= 3) or
 ([mens_current_irreg_spec] = '2' and ([mens_current_irreg_min] < 21 or [mens_current_irreg_max] > 35 or [mens_current_irreg_cyclenr] < 8) or
 ([mens_current_irreg_spec] = '88' and [mens_current_irreg_cyclenr] < 8))) or ([mens_past_regular_yn] = '1' and ([mens_past_reg_cycle_nr] < 21 or
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 ([mens_past_irreg_spec] = '2' and ([mens_past_irreg_min] < 21 OR [mens_past_irreg_max] > 35 or [mens_past_irreg_cyclenr] < 8) or
 ([mens_past_irreg_spec] = '88' and [mens_past_irreg_cyclenr] < 8)))))) and ([pcom_us_cysts_yn] = '1' or [pcom_us_ovarien_yn] = '1')) or (([clhy_acne_yn] = '1'
 or [clhy_alopezia_yn] = '1' or [clhy_hirsutism_yn] = '1') and ([pcom_us_cysts_yn] = '1' or [pcom_us_ovarien_yn] = '1')) or (([bchy_hormone_m_yn] = '1' and
 ([pcom_us_cysts_yn] = '1' or [pcom_us_ovarien_yn] = '1')))) and ([pcos_dd_aggs] = '0' and [pcos_dd_prolaktinom] = '0')

109	pcos_info Show the field ONLY if: [pcos_diagnosis] = '0'	You stated that you haven't received any former diagnosis for PCOS yet. According to your answers you fulfill criteria for PCOS. Please contact your gynecologist for further assessment. Inform him/her that you have been participating in an online survey telling you that you fulfill criteria for PCOS. For further inquiry we are at his/her disposal (julia.estermann@students.unibe.ch).	descriptive																		
110	cosm_neg_yn	Has your cosmetic appearance changed negatively due to PCOS?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
111	cosm_probl	Please select the cosmetic issues affecting you in the present or past. <i>Some of the issues have been investigated earlier in this survey. Please check it again here. There will be asked some more detailed questions about those issues.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl__1</td><td>acne</td></tr> <tr><td>2</td><td>cosm_probl__2</td><td>alopecia</td></tr> <tr><td>3</td><td>cosm_probl__3</td><td>excess hair growth</td></tr> <tr><td>4</td><td>cosm_probl__4</td><td>overweight</td></tr> <tr><td>88</td><td>cosm_probl__88</td><td>other</td></tr> <tr><td>0</td><td>cosm_probl__0</td><td>none</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=0	1	cosm_probl__1	acne	2	cosm_probl__2	alopecia	3	cosm_probl__3	excess hair growth	4	cosm_probl__4	overweight	88	cosm_probl__88	other	0	cosm_probl__0	none
1	cosm_probl__1	acne																			
2	cosm_probl__2	alopecia																			
3	cosm_probl__3	excess hair growth																			
4	cosm_probl__4	overweight																			
88	cosm_probl__88	other																			
0	cosm_probl__0	none																			
112	cosm_probl_88 Show the field ONLY if: [cosm_probl(88)] = '1'	What other cosmetic issues? <i>Please specify.</i>	notes, Required																		
113	cosm_probl_acne_info Show the field ONLY if: [clhy_acne_yn] = '1'	Section Header: <i>acne</i> Earlier in this survey you stated to be affected by acne. Please answer following questions about it.	descriptive																		
114	cosm_probl_acne_bother_yn Show the field ONLY if: [cosm_probl(1)] = '1' or [clhy_acne_yn] = '1'	Does/did your acne bother you?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
115	cosm_probl_acne_adv_yn Show the field ONLY if: [cosm_probl(1)] = '1' or [clhy_acne_yn] = '1'	Have you been consulted by your gynecologists about this?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
116	cosm_probl_acne_adv_sc Show the field ONLY if: [cosm_probl_acne_adv_yn] = '1'	Please rate your satisfaction with consultation regarding acne? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
117	cosm_probl_acne_adv_wish Show the field ONLY if: [cosm_probl_acne_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding acne?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
118	cosm_probl_acne_th_yn Show the field ONLY if: [cosm_probl(1)] = '1' or [clhy_acne_yn] = '1'	Have you tried any therapy for acne?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
119	cosm_probl_acne_th_spec Show the field ONLY if: [cosm_probl_acne_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can check it to have a look at the sub-categories. If there isn't anything suitable you can uncheck the option again.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_acne_th_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_acne_th_spec_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_acne_th_spec_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_acne_th_spec_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> <tr><td>88</td><td>cosm_probl_acne_th_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_acne_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_acne_th_spec_2	medication (including contraceptive pill)	3	cosm_probl_acne_th_spec_3	psychotherapy	4	cosm_probl_acne_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_acne_th_spec_88	other			
1	cosm_probl_acne_th_spec_1	lifestyle intervention (diet, exercise, etc.)																			
2	cosm_probl_acne_th_spec_2	medication (including contraceptive pill)																			
3	cosm_probl_acne_th_spec_3	psychotherapy																			
4	cosm_probl_acne_th_spec_4	bariatric surgery (e.g. gastric bypass)																			
88	cosm_probl_acne_th_spec_88	other																			
120	cosm_probl_acne_th_spec_88 Show the field ONLY if: [cosm_probl_acne_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
121	cosm_probl_acne_th1_spec Show the field ONLY if: [cosm_probl_acne_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_acne_th1_spec__1</td><td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_acne_th1_spec__2</td><td>attitude</td></tr> <tr><td>3</td><td>cosm_probl_acne_th1_spec__3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>cosm_probl_acne_th1_spec__4</td><td>physical activity</td></tr> </table>	1	cosm_probl_acne_th1_spec__1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_acne_th1_spec__2	attitude	3	cosm_probl_acne_th1_spec__3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_acne_th1_spec__4	physical activity						
1	cosm_probl_acne_th1_spec__1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)																			
2	cosm_probl_acne_th1_spec__2	attitude																			
3	cosm_probl_acne_th1_spec__3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)																			
4	cosm_probl_acne_th1_spec__4	physical activity																			

			<table border="1"> <tr> <td>5</td> <td>cosm_probl_acne_th1_spec_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_acne_th1_spec_88</td> <td>other</td> </tr> </table>	5	cosm_probl_acne_th1_spec_5	weight assessment and reduction	88	cosm_probl_acne_th1_spec_88	other												
5	cosm_probl_acne_th1_spec_5	weight assessment and reduction																			
88	cosm_probl_acne_th1_spec_88	other																			
122	cosm_probl_acne_th1_spec_88 Show the field ONLY if: [cosm_probl_acne_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		
123	cosm_probl_acne_th2_spec Show the field ONLY if: [cosm_probl_acne_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_acne_th2_spec_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_acne_th2_spec_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_acne_th2_spec_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_acne_th2_spec_88</td> <td>other</td> </tr> </table>	1	cosm_probl_acne_th2_spec_1	contraceptive pill	2	cosm_probl_acne_th2_spec_2	anti-androgens	3	cosm_probl_acne_th2_spec_3	metformin	88	cosm_probl_acne_th2_spec_88	other						
1	cosm_probl_acne_th2_spec_1	contraceptive pill																			
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88	cosm_probl_acne_th2_spec_88	other																			
124	cosm_probl_acne_th2_spec_88 Show the field ONLY if: [cosm_probl_acne_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																		
125	cosm_probl_acne_th_effect Show the field ONLY if: [cosm_probl_acne_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>Yes, completely</td> </tr> <tr> <td>2</td> <td>Yes, partially</td> </tr> <tr> <td>0</td> <td>No, not at all</td> </tr> </table>	1	Yes, completely	2	Yes, partially	0	No, not at all												
1	Yes, completely																				
2	Yes, partially																				
0	No, not at all																				
126	cosm_probl_acne_th_act Show the field ONLY if: [cosm_probl_acne_th_yn] = '1'	Which of the therapy methods are you still currently implementing?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_acne_th_act_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_acne_th_act_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>cosm_probl_acne_th_act_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>cosm_probl_acne_th_act_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>cosm_probl_acne_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>cosm_probl_acne_th_act_0</td> <td>no therapy anymore</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=0	1	cosm_probl_acne_th_act_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_acne_th_act_2	medication (including contraceptive pill)	3	cosm_probl_acne_th_act_3	psychotherapy	4	cosm_probl_acne_th_act_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_acne_th_act_88	other	0	cosm_probl_acne_th_act_0	no therapy anymore
1	cosm_probl_acne_th_act_1	lifestyle intervention (diet, exercise, etc.)																			
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88	cosm_probl_acne_th_act_88	other																			
0	cosm_probl_acne_th_act_0	no therapy anymore																			
127	cosm_probl_acne_th1_act Show the field ONLY if: [cosm_probl_acne_th_act(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_acne_th1_act__1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_acne_th1_act__2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>cosm_probl_acne_th1_act__3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>cosm_probl_acne_th1_act__4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>cosm_probl_acne_th1_act__5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_acne_th1_act__88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_acne_th1_act__1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_acne_th1_act__2	attitude	3	cosm_probl_acne_th1_act__3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_acne_th1_act__4	physical activity	5	cosm_probl_acne_th1_act__5	weight assessment and reduction	88	cosm_probl_acne_th1_act__88	other (as described above)
1	cosm_probl_acne_th1_act__1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)																			
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88	cosm_probl_acne_th1_act__88	other (as described above)																			
128	cosm_probl_acne_th2_act Show the field ONLY if: [cosm_probl_acne_th_act(2)] = '1'	Please select the medication you are still currently taking:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_acne_th2_act_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_acne_th2_act_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_acne_th2_act_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_acne_th2_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_acne_th2_act_1	contraceptive pill	2	cosm_probl_acne_th2_act_2	anti-androgens	3	cosm_probl_acne_th2_act_3	metformin	88	cosm_probl_acne_th2_act_88	other (as described above)						
1	cosm_probl_acne_th2_act_1	contraceptive pill																			
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88	cosm_probl_acne_th2_act_88	other (as described above)																			
129	cosm_probl_acne_th_adv_yn Show the field ONLY if: [cosm_probl_acne_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
130	cosm_probl_acne_th_adv_sc Show the field ONLY if: [cosm_probl_acne_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
131	cosm_probl_acne_th_adv_wish Show the field ONLY if: [cosm_probl_acne_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

132	cosm_probl_alop_info Show the field ONLY if: [clhy_alopezia_yn] = '1'	Section Header: <i>alopecia</i> Earlier in this survey you stated to be affected by alopecia. Please answer following questions about it.	descriptive																		
133	cosm_probl_alop_bother_yn Show the field ONLY if: [cosm_probl(2)] = '1' or [clhy_alopezia_yn] = '1'	Does/did your alopecia bother you?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
134	cosm_probl_alop_adv_yn Show the field ONLY if: [cosm_probl(2)] = '1' or [clhy_alopezia_yn] = '1'	Have you been consultet by your gynecologists about this?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
135	cosm_probl_alop_adv_sc Show the field ONLY if: [cosm_probl_alop_adv_yn] = '1'	Please rate your satisfaction with consultation regarding alopecia? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
136	cosm_probl_alop_adv_wish Show the field ONLY if: [cosm_probl_alop_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding alopecia?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
137	cosm_probl_alop_th_yn Show the field ONLY if: [cosm_probl(2)] = '1' or [clhy_alopezia_yn] = '1'	Have you tried any therapy for alopecia?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
138	cosm_probl_alopecia_th_spec Show the field ONLY if: [cosm_probl_alopecia_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can check it to have a look at the sub-categories. If there isn't anything suitable you can unckeck the option again.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_alop_th_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_alop_th_spec_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_alop_th_spec_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_alop_th_spec_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> <tr><td>88</td><td>cosm_probl_alop_th_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_alop_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_alop_th_spec_2	medication (including contraceptive pill)	3	cosm_probl_alop_th_spec_3	psychotherapy	4	cosm_probl_alop_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_alop_th_spec_88	other			
1	cosm_probl_alop_th_spec_1	lifestyle intervention (diet, exercise, etc.)																			
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4	cosm_probl_alop_th_spec_4	bariatric surgery (e.g. gastric bypass)																			
88	cosm_probl_alop_th_spec_88	other																			
139	cosm_probl_alop_th_spec_88 Show the field ONLY if: [cosm_probl_alop_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
140	cosm_probl_alop_th1_spec Show the field ONLY if: [cosm_probl_alop_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_alop_th1_spec_1</td><td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_alop_th1_spec_2</td><td>attitude</td></tr> <tr><td>3</td><td>cosm_probl_alop_th1_spec_3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>cosm_probl_alop_th1_spec_4</td><td>physical activity</td></tr> <tr><td>5</td><td>cosm_probl_alop_th1_spec_5</td><td>weight assessment and reduction</td></tr> <tr><td>88</td><td>cosm_probl_alop_th1_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_alop_th1_spec_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_alop_th1_spec_2	attitude	3	cosm_probl_alop_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_alop_th1_spec_4	physical activity	5	cosm_probl_alop_th1_spec_5	weight assessment and reduction	88	cosm_probl_alop_th1_spec_88	other
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88	cosm_probl_alop_th1_spec_88	other																			
141	cosm_probl_alop_th1_spec_88 Show the field ONLY if: [cosm_probl_alop_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		
142	cosm_probl_alop_th2_spec Show the field ONLY if: [cosm_probl_alop_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_alop_th2_spec_1</td><td>contraceptive pill</td></tr> <tr><td>2</td><td>cosm_probl_alop_th2_spec_2</td><td>anti-androgens</td></tr> <tr><td>3</td><td>cosm_probl_alop_th2_spec_3</td><td>metformin</td></tr> <tr><td>88</td><td>cosm_probl_alop_th2_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_alop_th2_spec_1	contraceptive pill	2	cosm_probl_alop_th2_spec_2	anti-androgens	3	cosm_probl_alop_th2_spec_3	metformin	88	cosm_probl_alop_th2_spec_88	other						
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88	cosm_probl_alop_th2_spec_88	other																			
143	cosm_probl_alop_th2_spec_88 Show the field ONLY if: [cosm_probl_alop_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																		
144	cosm_probl_alop_th_effect Show the field ONLY if: [cosm_probl_alop_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes, completely</td></tr> <tr><td>2</td><td>Yes, partially</td></tr> <tr><td>0</td><td>No, not at all</td></tr> </table>	1	Yes, completely	2	Yes, partially	0	No, not at all												
1	Yes, completely																				
2	Yes, partially																				
0	No, not at all																				

145	cosm_probl_alop_th_act Show the field ONLY if: [cosm_probl_alop_th_yn] = '1'	Which of the therapy methods are you still currently implementing?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_alop_th_act_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_alop_th_act_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>cosm_probl_alop_th_act_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>cosm_probl_alop_th_act_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>cosm_probl_alop_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>cosm_probl_alop_th_act_0</td> <td>no therapy anymore</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=0	1	cosm_probl_alop_th_act_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_alop_th_act_2	medication (including contraceptive pill)	3	cosm_probl_alop_th_act_3	psychotherapy	4	cosm_probl_alop_th_act_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_alop_th_act_88	other	0	cosm_probl_alop_th_act_0	no therapy anymore
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88	cosm_probl_alop_th_act_88	other																			
0	cosm_probl_alop_th_act_0	no therapy anymore																			
146	cosm_probl_alop_th1_act Show the field ONLY if: [cosm_probl_alop_th_act(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_alop_th1_act_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_alop_th1_act_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>cosm_probl_alop_th1_act_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>cosm_probl_alop_th1_act_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>cosm_probl_alop_th1_act_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_alop_th1_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_alop_th1_act_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_alop_th1_act_2	attitude	3	cosm_probl_alop_th1_act_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_alop_th1_act_4	physical activity	5	cosm_probl_alop_th1_act_5	weight assessment and reduction	88	cosm_probl_alop_th1_act_88	other (as described above)
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147	cosm_probl_alop_th2_act Show the field ONLY if: [cosm_probl_alop_th_act(2)] = '1'	Please select the medication you are still currently taking:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_probl_alop_th2_act_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_alop_th2_act_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_alop_th2_act_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_alop_th2_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_alop_th2_act_1	contraceptive pill	2	cosm_probl_alop_th2_act_2	anti-androgens	3	cosm_probl_alop_th2_act_3	metformin	88	cosm_probl_alop_th2_act_88	other (as described above)						
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88	cosm_probl_alop_th2_act_88	other (as described above)																			
148	cosm_probl_alop_th_adv_yn Show the field ONLY if: [cosm_probl_alop_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
149	cosm_probl_alop_th_adv_sc Show the field ONLY if: [cosm_probl_alop_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
150	cosm_probl_alop_th_adv_wish Show the field ONLY if: [cosm_probl_alop_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

151	cosm_probl_hirs_info Show the field ONLY if: [clhy_hirsutism_yn] = '1'	Section Header: <i>hirsutism</i> Earlier in this survey you stated to be affected by hirsutism. Please answer following questions about it.	descriptive																		
152	cosm_probl_hirs_bother_yn Show the field ONLY if: [cosm_probl(3)] = '1' or [clhy_hirsutism_yn] = '1'	Does/did your hirsutism bother you?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
153	cosm_probl_hirs_adv_yn Show the field ONLY if: [cosm_probl(3)] = '1' or [clhy_hirsutism_yn] = '1'	Have you been consultet by your gynecologists about this?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
154	cosm_probl_hirs_adv_sc Show the field ONLY if: [cosm_probl_hirs_adv_yn] = '1'	Please rate your satisfaction with consultation regarding hirsutism? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
155	cosm_probl_hirs_adv_wish Show the field ONLY if: [cosm_probl_hirs_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding hirsutism?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
156	cosm_probl_hirs_th_yn Show the field ONLY if: [cosm_probl(3)] = '1' or [clhy_hirsutism_yn] = '1'	Have you tried any therapy for hirsutism?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
157	cosm_probl_hirs_th_spec Show the field ONLY if: [cosm_probl_hirs_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can check it to have a look at the sub-categories. If there isn't anything suitable you can unckneck the option again.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_hirs_th_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_hirs_th_spec_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_hirs_th_spec_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_hirs_th_spec_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> <tr><td>88</td><td>cosm_probl_hirs_th_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_hirs_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_hirs_th_spec_2	medication (including contraceptive pill)	3	cosm_probl_hirs_th_spec_3	psychotherapy	4	cosm_probl_hirs_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_hirs_th_spec_88	other			
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88	cosm_probl_hirs_th_spec_88	other																			
158	cosm_probl_hirs_th_spec_88 Show the field ONLY if: [cosm_probl_hirs_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
159	cosm_probl_hirs_th1_spec Show the field ONLY if: [cosm_probl_hirs_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_hirs_th1_spec_1</td><td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_hirs_th1_spec_2</td><td>attitude</td></tr> <tr><td>3</td><td>cosm_probl_hirs_th1_spec_3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>cosm_probl_hirs_th1_spec_4</td><td>physical activity</td></tr> <tr><td>5</td><td>cosm_probl_hirs_th1_spec_5</td><td>weight assessment and reduction</td></tr> <tr><td>88</td><td>cosm_probl_hirs_th1_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_hirs_th1_spec_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_hirs_th1_spec_2	attitude	3	cosm_probl_hirs_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_hirs_th1_spec_4	physical activity	5	cosm_probl_hirs_th1_spec_5	weight assessment and reduction	88	cosm_probl_hirs_th1_spec_88	other
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160	cosm_probl_hirs_th1_spec_88 Show the field ONLY if: [cosm_probl_hirs_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		
161	cosm_probl_hirs_th2_spec Show the field ONLY if: [cosm_probl_hirs_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_hirs_th2_spec_1</td><td>contraceptive pill</td></tr> <tr><td>2</td><td>cosm_probl_hirs_th2_spec_2</td><td>anti-androgens</td></tr> <tr><td>3</td><td>cosm_probl_hirs_th2_spec_3</td><td>metformin</td></tr> <tr><td>88</td><td>cosm_probl_hirs_th2_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_hirs_th2_spec_1	contraceptive pill	2	cosm_probl_hirs_th2_spec_2	anti-androgens	3	cosm_probl_hirs_th2_spec_3	metformin	88	cosm_probl_hirs_th2_spec_88	other						
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162	cosm_probl_hirs_th2_spec_88 Show the field ONLY if: [cosm_probl_hirs_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																		
163	cosm_probl_hirs_th_effect Show the field ONLY if: [cosm_probl_hirs_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes, completely</td></tr> <tr><td>2</td><td>Yes, partially</td></tr> <tr><td>0</td><td>No, not at all</td></tr> </table>	1	Yes, completely	2	Yes, partially	0	No, not at all												
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0	No, not at all																				
164	cosm_probl_hirs_th_act Show the field ONLY if: [cosm_probl_hirs_th_yn] = '1'	Which of the therapy methods are you still currently implementing?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_hirs_th_act_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> </table>	1	cosm_probl_hirs_th_act_1	lifestyle intervention (diet, exercise, etc.)															
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			<table border="1"> <tr> <td>2</td> <td>cosm_probl_hirs_th_act_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>cosm_probl_hirs_th_act_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>cosm_probl_hirs_th_act_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>cosm_probl_hirs_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>cosm_probl_hirs_th_act_0</td> <td>no therapy anymore</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=0</p>	2	cosm_probl_hirs_th_act_2	medication (including contraceptive pill)	3	cosm_probl_hirs_th_act_3	psychotherapy	4	cosm_probl_hirs_th_act_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_hirs_th_act_88	other	0	cosm_probl_hirs_th_act_0	no therapy anymore			
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165	cosm_probl_hirs_th1_act Show the field ONLY if: [cosm_probl_hirs_th_act(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_hirs_th1_act_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_hirs_th1_act_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>cosm_probl_hirs_th1_act_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>cosm_probl_hirs_th1_act_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>cosm_probl_hirs_th1_act_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_hirs_th1_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_hirs_th1_act_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_hirs_th1_act_2	attitude	3	cosm_probl_hirs_th1_act_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_hirs_th1_act_4	physical activity	5	cosm_probl_hirs_th1_act_5	weight assessment and reduction	88	cosm_probl_hirs_th1_act_88	other (as described above)
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166	cosm_probl_hirs_th2_act Show the field ONLY if: [cosm_probl_hirs_th_act(2)] = '1'	Please select the medication you are still currently taking:	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_hirs_th2_act_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_hirs_th2_act_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_hirs_th2_act_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_hirs_th2_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_hirs_th2_act_1	contraceptive pill	2	cosm_probl_hirs_th2_act_2	anti-androgens	3	cosm_probl_hirs_th2_act_3	metformin	88	cosm_probl_hirs_th2_act_88	other (as described above)						
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167	cosm_probl_hirs_th_adv_yn Show the field ONLY if: [cosm_probl_hirs_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
168	cosm_probl_hirs_th_adv_sc Show the field ONLY if: [cosm_probl_hirs_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	<p>slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH</p>																		
169	cosm_probl_hirs_th_adv_wish Show the field ONLY if: [cosm_probl_hirs_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

170	cosm_probl_adip_info1 Show the field ONLY if: [bmi] >= 25 and [bmi] < 30	Section Header: <i>overweight</i> According to the calculation of your BMI, you suffer from slight overweight. Please answer the following questions about it.	descriptive																		
171	cosm_probl_adip_info2 Show the field ONLY if: [bmi] >= 30 and [bmi] < 40	According to the calculation of your BMI, you suffer from moderate overweight. Please answer the following questions about it.	descriptive																		
172	cosm_probl_adip_info3 Show the field ONLY if: [bmi] >= 40	According to the calculation of your BMI, you suffer from severe overweight. Please answer the following questions about it.	descriptive																		
173	cosm_probl_adip_bother_yn Show the field ONLY if: [cosm_probl(4)] = '1' or [bmi] >= 25	Does/did your overweight bother you?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
174	cosm_probl_adip_adv_yn Show the field ONLY if: [cosm_probl(4)] = '1' or [bmi] >= 25	Have you been consulted by your gynecologists about this?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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0	No																				
175	cosm_probl_adip_adv_sc Show the field ONLY if: [cosm_probl_adip_adv_yn] = '1'	Please rate your satisfaction with consultation regarding overweight? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
176	cosm_probl_adip_adv_wish Show the field ONLY if: [cosm_probl_adip_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding overweight?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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0	No																				
177	cosm_probl_adip_th_yn Show the field ONLY if: [cosm_probl(4)] = '1' or [bmi] >= 25	Have you tried any therapy for overweight?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
178	cosm_probl_adip_th_spec Show the field ONLY if: [cosm_probl_adip_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can check it to have a look at the sub-categories. If there isn't anything suitable you can uncheck the option again.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_adip_th_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_adip_th_spec_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_adip_th_spec_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_adip_th_spec_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> <tr><td>88</td><td>cosm_probl_adip_th_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_adip_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_adip_th_spec_2	medication (including contraceptive pill)	3	cosm_probl_adip_th_spec_3	psychotherapy	4	cosm_probl_adip_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_adip_th_spec_88	other			
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179	cosm_probl_adip_th_spec_88 Show the field ONLY if: [cosm_probl_adip_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
180	cosm_probl_adip_th1_spec Show the field ONLY if: [cosm_probl_adip_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_adip_th1_spec_1</td><td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_adip_th1_spec_2</td><td>attitude</td></tr> <tr><td>3</td><td>cosm_probl_adip_th1_spec_3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>cosm_probl_adip_th1_spec_4</td><td>physical activity</td></tr> <tr><td>5</td><td>cosm_probl_adip_th1_spec_5</td><td>weight assessment and reduction</td></tr> <tr><td>88</td><td>cosm_probl_adip_th1_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_adip_th1_spec_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_adip_th1_spec_2	attitude	3	cosm_probl_adip_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_adip_th1_spec_4	physical activity	5	cosm_probl_adip_th1_spec_5	weight assessment and reduction	88	cosm_probl_adip_th1_spec_88	other
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181	cosm_probl_adip_th1_spec_88 Show the field ONLY if: [cosm_probl_adip_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		
182	cosm_probl_adip_th2_spec Show the field ONLY if: [cosm_probl_adip_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_adip_th2_spec_1</td><td>contraceptive pill</td></tr> <tr><td>2</td><td>cosm_probl_adip_th2_spec_2</td><td>anti-androgens</td></tr> <tr><td>3</td><td>cosm_probl_adip_th2_spec_3</td><td>metformin</td></tr> <tr><td>88</td><td>cosm_probl_adip_th2_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_adip_th2_spec_1	contraceptive pill	2	cosm_probl_adip_th2_spec_2	anti-androgens	3	cosm_probl_adip_th2_spec_3	metformin	88	cosm_probl_adip_th2_spec_88	other						
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184	cosm_probl_adip_th_effect Show the field ONLY if: [cosm_probl_adip_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes, completely</td></tr> </table>	1	Yes, completely																
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185	<p>cosm_probl_adip_th_act</p> <p>Show the field ONLY if: [cosm_probl_adip_th_yn] = '1'</p>	<p>Which of the therapy methods are you still currently implementing?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_adip_th_act_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_adip_th_act_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>cosm_probl_adip_th_act_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>cosm_probl_adip_th_act_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>cosm_probl_adip_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>cosm_probl_adip_th_act_0</td> <td>no therapy anymore</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=0</p>	1	cosm_probl_adip_th_act_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_adip_th_act_2	medication (including contraceptive pill)	3	cosm_probl_adip_th_act_3	psychotherapy	4	cosm_probl_adip_th_act_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_adip_th_act_88	other	0	cosm_probl_adip_th_act_0	no therapy anymore
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186	<p>cosm_probl_adip_th1_act</p> <p>Show the field ONLY if: [cosm_probl_adip_th_act(1)] = '1'</p>	<p>Please select the lifestyle interventions you are still currently performing:</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_adip_th1_act_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_adip_th1_act_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>cosm_probl_adip_th1_act_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>cosm_probl_adip_th1_act_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>cosm_probl_adip_th1_act_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_adip_th1_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_adip_th1_act_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_adip_th1_act_2	attitude	3	cosm_probl_adip_th1_act_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_adip_th1_act_4	physical activity	5	cosm_probl_adip_th1_act_5	weight assessment and reduction	88	cosm_probl_adip_th1_act_88	other (as described above)
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88	cosm_probl_adip_th1_act_88	other (as described above)																			
187	<p>cosm_probl_adip_th2_act</p> <p>Show the field ONLY if: [cosm_probl_adip_th_act(2)] = '1'</p>	<p>Please select the medication you are still currently taking:</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_adip_th2_act_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_adip_th2_act_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_adip_th2_act_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_adip_th2_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_adip_th2_act_1	contraceptive pill	2	cosm_probl_adip_th2_act_2	anti-androgens	3	cosm_probl_adip_th2_act_3	metformin	88	cosm_probl_adip_th2_act_88	other (as described above)						
1	cosm_probl_adip_th2_act_1	contraceptive pill																			
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88	cosm_probl_adip_th2_act_88	other (as described above)																			
188	<p>cosm_probl_adip_th_adv_yn</p> <p>Show the field ONLY if: [cosm_probl_adip_th_yn] = '1'</p>	<p>Have you been consulted by your gynecologist regarding the therapy attempts?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
189	<p>cosm_probl_adip_th_adv_sc</p> <p>Show the field ONLY if: [cosm_probl_adip_th_adv_yn] = '1'</p>	<p>Please rate your satisfaction with consultation regarding therapy attempts.</p> <p><i>Drag the blue slider and drop it at the desired position.</i></p>	<p>slider (number), Required</p> <p>Slider labels: 0, 50, 100</p> <p>Custom alignment: RH</p>																		
190	<p>cosm_probl_adip_th_adv_wish</p> <p>Show the field ONLY if: [cosm_probl_adip_th_adv_yn] = '0'</p>	<p>Would you have wished for a consultation by your gynecologist regarding therapy attempts?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

191	cosm_probl_oth_bother_yn Show the field ONLY if: [cosm_probl(88)] = '1'	Section Header: <i>other</i> You have selected to suffer from another cosmetic problem. You have described this problem in the text field above. Does/did this problem bother you?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
192	cosm_probl_oth_adv_yn Show the field ONLY if: [cosm_probl(88)] = '1'	Have you been consulted by your gynecologists about this?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
193	cosm_probl_oth_adv_sc [cosm_probl_oth_adv_yn] = '1'	Please rate your satisfaction with consultation regarding your other problem? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
194	cosm_probl_oth_adv_wish Show the field ONLY if: [cosm_probl_oth_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding your other problem?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
195	cosm_probl_oth_th_yn Show the field ONLY if: [cosm_probl(88)] = '1'	Have you tried any therapy for your other problem (as described above)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
196	cosm_probl_oth_th_spec Show the field ONLY if: [cosm_probl_oth_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can check it to have a look at the sub-categories. If there isn't anything suitable you can uncheck the option again.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_oth_th_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_oth_th_spec_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_oth_th_spec_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_oth_th_spec_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> <tr><td>88</td><td>cosm_probl_oth_th_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_oth_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_oth_th_spec_2	medication (including contraceptive pill)	3	cosm_probl_oth_th_spec_3	psychotherapy	4	cosm_probl_oth_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	cosm_probl_oth_th_spec_88	other			
1	cosm_probl_oth_th_spec_1	lifestyle intervention (diet, exercise, etc.)																			
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4	cosm_probl_oth_th_spec_4	bariatric surgery (e.g. gastric bypass)																			
88	cosm_probl_oth_th_spec_88	other																			
197	cosm_probl_oth_th_spec_88 Show the field ONLY if: [cosm_probl_oth_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
198	cosm_probl_oth_th1_spec Show the field ONLY if: [cosm_probl_oth_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_oth_th1_spec_1</td><td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_oth_th1_spec_2</td><td>attitude</td></tr> <tr><td>3</td><td>cosm_probl_oth_th1_spec_3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>cosm_probl_oth_th1_spec_4</td><td>physical activity</td></tr> <tr><td>5</td><td>cosm_probl_oth_th1_spec_5</td><td>weight assessment and reduction</td></tr> <tr><td>88</td><td>cosm_probl_oth_th1_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_oth_th1_spec_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_oth_th1_spec_2	attitude	3	cosm_probl_oth_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_oth_th1_spec_4	physical activity	5	cosm_probl_oth_th1_spec_5	weight assessment and reduction	88	cosm_probl_oth_th1_spec_88	other
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88	cosm_probl_oth_th1_spec_88	other																			
199	cosm_probl_oth_th1_spec_88 Show the field ONLY if: [cosm_probl_oth_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		
200	cosm_probl_oth_th2_spec Show the field ONLY if: [cosm_probl_oth_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_oth_th2_spec_1</td><td>contraceptive pill</td></tr> <tr><td>2</td><td>cosm_probl_oth_th2_spec_2</td><td>anti-androgens</td></tr> <tr><td>3</td><td>cosm_probl_oth_th2_spec_3</td><td>metformin</td></tr> <tr><td>88</td><td>cosm_probl_oth_th2_spec_88</td><td>other</td></tr> </table>	1	cosm_probl_oth_th2_spec_1	contraceptive pill	2	cosm_probl_oth_th2_spec_2	anti-androgens	3	cosm_probl_oth_th2_spec_3	metformin	88	cosm_probl_oth_th2_spec_88	other						
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88	cosm_probl_oth_th2_spec_88	other																			
201	cosm_probl_oth_th2_spec_88 Show the field ONLY if: [cosm_probl_oth_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																		
202	cosm_probl_oth_th_effect Show the field ONLY if: [cosm_probl_oth_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes, completely</td></tr> <tr><td>2</td><td>Yes, partially</td></tr> <tr><td>0</td><td>No, not at all</td></tr> </table>	1	Yes, completely	2	Yes, partially	0	No, not at all												
1	Yes, completely																				
2	Yes, partially																				
0	No, not at all																				
203	cosm_probl_oth_th_act Show the field ONLY if: [cosm_probl_oth_th_yn] = '1'	Which of the therapy methods are you still currently implementing?	checkbox, Required <table border="1"> <tr><td>1</td><td>cosm_probl_oth_th_act_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>cosm_probl_oth_th_act_2</td><td>medication (including contraceptive pill)</td></tr> <tr><td>3</td><td>cosm_probl_oth_th_act_3</td><td>psychotherapy</td></tr> <tr><td>4</td><td>cosm_probl_oth_th_act_4</td><td>bariatric surgery (e.g. gastric bypass)</td></tr> </table>	1	cosm_probl_oth_th_act_1	lifestyle intervention (diet, exercise, etc.)	2	cosm_probl_oth_th_act_2	medication (including contraceptive pill)	3	cosm_probl_oth_th_act_3	psychotherapy	4	cosm_probl_oth_th_act_4	bariatric surgery (e.g. gastric bypass)						
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			<table border="1"> <tr> <td>88</td> <td>cosm_probl_oth_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>cosm_probl_oth_th_act_0</td> <td>none more</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=0</p>	88	cosm_probl_oth_th_act_88	other	0	cosm_probl_oth_th_act_0	none more												
88	cosm_probl_oth_th_act_88	other																			
0	cosm_probl_oth_th_act_0	none more																			
204	cosm_probl_oth_th1_act Show the field ONLY if: [cosm_probl_oth_th_act(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_oth_th1_act_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>cosm_probl_oth_th1_act_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>cosm_probl_oth_th1_act_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>cosm_probl_oth_th1_act_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>cosm_probl_oth_th1_act_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>cosm_probl_oth_th1_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_oth_th1_act_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	cosm_probl_oth_th1_act_2	attitude	3	cosm_probl_oth_th1_act_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	cosm_probl_oth_th1_act_4	physical activity	5	cosm_probl_oth_th1_act_5	weight assessment and reduction	88	cosm_probl_oth_th1_act_88	other (as described above)
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205	cosm_probl_oth_th2_act Show the field ONLY if: [cosm_probl_oth_th_act(2)] = '1'	Please select the medication you are still currently taking:	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>cosm_probl_oth_th2_act_1</td> <td>contraceptive pill</td> </tr> <tr> <td>2</td> <td>cosm_probl_oth_th2_act_2</td> <td>anti-androgens</td> </tr> <tr> <td>3</td> <td>cosm_probl_oth_th2_act_3</td> <td>metformin</td> </tr> <tr> <td>88</td> <td>cosm_probl_oth_th2_act_88</td> <td>other (as described above)</td> </tr> </table>	1	cosm_probl_oth_th2_act_1	contraceptive pill	2	cosm_probl_oth_th2_act_2	anti-androgens	3	cosm_probl_oth_th2_act_3	metformin	88	cosm_probl_oth_th2_act_88	other (as described above)						
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88	cosm_probl_oth_th2_act_88	other (as described above)																			
206	cosm_probl_oth_th_adv_yn Show the field ONLY if: [cosm_probl_oth_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
207	cosm_probl_oth_th_adv_sc Show the field ONLY if: [cosm_probl_oth_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	<p>slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH</p>																		
208	cosm_probl_oth_th_adv_wish Show the field ONLY if: [cosm_probl_oth_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

209	cosm_satisf_sc	Section Header: <i>overall satisfaction</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding cosmetic issues. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
210	cosm_addit_yn	Would you like additional consultation?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
211	cosm_addit_spec Show the field ONLY if: [cosm_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>cosm_addit_spec__1</td> <td>More consultation and reassurance</td> </tr> <tr> <td>2</td> <td>cosm_addit_spec__2</td> <td>More information providing (such as booklets)</td> </tr> <tr> <td>3</td> <td>cosm_addit_spec__3</td> <td>More possibilities to ask questions</td> </tr> <tr> <td>4</td> <td>cosm_addit_spec__4</td> <td>More examinations (blood tests, ultrasound, etc.)</td> </tr> <tr> <td>5</td> <td>cosm_addit_spec__5</td> <td>More therapy options</td> </tr> <tr> <td>88</td> <td>cosm_addit_spec__88</td> <td>Other</td> </tr> </table>	1	cosm_addit_spec__1	More consultation and reassurance	2	cosm_addit_spec__2	More information providing (such as booklets)	3	cosm_addit_spec__3	More possibilities to ask questions	4	cosm_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	cosm_addit_spec__5	More therapy options	88	cosm_addit_spec__88	Other
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5	cosm_addit_spec__5	More therapy options																			
88	cosm_addit_spec__88	Other																			
212	cosm_addit_spec_88 Show the field ONLY if: [cosm_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required																		
213	einflussbereich_1_kosmetik_c o mplete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

214	stw_disease	Do you have any of the following conditions? Please select the applicable ones.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_disease__1</td> <td>Diabetes mellitus</td> </tr> <tr> <td>2</td> <td>stw_disease__2</td> <td>Gestational diabetes (currently or in the past)</td> </tr> <tr> <td>3</td> <td>stw_disease__3</td> <td>Prediabetes (elevated blood glucose but not yet diabetes)</td> </tr> <tr> <td>0</td> <td>stw_disease__0</td> <td>None of the above</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=0	1	stw_disease__1	Diabetes mellitus	2	stw_disease__2	Gestational diabetes (currently or in the past)	3	stw_disease__3	Prediabetes (elevated blood glucose but not yet diabetes)	0	stw_disease__0	None of the above						
1	stw_disease__1	Diabetes mellitus																			
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3	stw_disease__3	Prediabetes (elevated blood glucose but not yet diabetes)																			
0	stw_disease__0	None of the above																			
215	stw_disease1_spec Show the field ONLY if: [stw_disease(1)] = '1'	What type of diabetes do you have?	radio, Required <table border="1"> <tr> <td>1</td> <td>Typ 1</td> </tr> <tr> <td>2</td> <td>Typ 2</td> </tr> </table>	1	Typ 1	2	Typ 2														
1	Typ 1																				
2	Typ 2																				
216	stw_disease2_spec_yn Show the field ONLY if: [stw_disease(2)] = '1'	Did this diabetes disappear after pregnancy?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
217	stw_screen_bz_yn	Have you ever had a blood glucose test done? <i>This includes fasting blood glucose, long-term serum glucose (HbA1c) or oral glucose tolerance test (=oGTT, drink glucose solution followed by multiple measurements of glucose)</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
218	stw_disease_adv_yn Show the field ONLY if: [stw_disease(1)] = '1' or [stw_disease(2)] = '1' or [stw_disease(3)] = '1'	Have you been consulted by your gynecologists about your diabetic disorder?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
219	stw_disease_adv_sc Show the field ONLY if: [stw_disease_adv_yn] = '1'	Please rate your satisfaction with consultation regarding diabetic disorders? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
220	stw_disease_adv_hadb_yn Show the field ONLY if: [stw_disease(1)] = '1' or [stw_disease(2)] = '1' or [stw_disease(3)] = '1'	Have you been consulted by your primary care physician or diabetologist about your diabetic disorder?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
221	stw_disease_adv_wish Show the field ONLY if: [stw_disease_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding diabetic disorders?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
222	stw_diseases_th_yn Show the field ONLY if: [stw_disease(1)] = '1' or [stw_disease(2)] = '1' or [stw_disease(3)] = '1'	Section Header: <i>therapy diabetic disorder</i> Have you tried any therapy for diabetic disorders?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table>	1	Yes	0	No	99	Unknown												
1	Yes																				
0	No																				
99	Unknown																				
223	stw_diseases_th_spec Show the field ONLY if: [stw_diseases_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can select it to have a look at the sub-categories. If there isn't anything suitable you can uncheck the option again.</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_diseases_th_spec_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>stw_diseases_th_spec_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>stw_diseases_th_spec_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>stw_diseases_th_spec_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>stw_diseases_th_spec_88</td> <td>other</td> </tr> </table>	1	stw_diseases_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	stw_diseases_th_spec_2	medication (including contraceptive pill)	3	stw_diseases_th_spec_3	psychotherapy	4	stw_diseases_th_spec_4	bariatric surgery (e.g. gastric bypass)	88	stw_diseases_th_spec_88	other			
1	stw_diseases_th_spec_1	lifestyle intervention (diet, exercise, etc.)																			
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3	stw_diseases_th_spec_3	psychotherapy																			
4	stw_diseases_th_spec_4	bariatric surgery (e.g. gastric bypass)																			
88	stw_diseases_th_spec_88	other																			
224	stw_diseases_th_spec88 Show the field ONLY if: [stw_diseases_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required																		
225	stw_disease_th1_spec Show the field ONLY if: [stw_diseases_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_disease_th1_spec_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>stw_disease_th1_spec_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>stw_disease_th1_spec_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>stw_disease_th1_spec_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>stw_disease_th1_spec_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>stw_disease_th1_spec_88</td> <td>other (as described above)</td> </tr> </table>	1	stw_disease_th1_spec_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	stw_disease_th1_spec_2	attitude	3	stw_disease_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	stw_disease_th1_spec_4	physical activity	5	stw_disease_th1_spec_5	weight assessment and reduction	88	stw_disease_th1_spec_88	other (as described above)
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4	stw_disease_th1_spec_4	physical activity																			
5	stw_disease_th1_spec_5	weight assessment and reduction																			
88	stw_disease_th1_spec_88	other (as described above)																			
226	stw_disease_th1_spec88 Show the field ONLY if: [stw_disease_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																		

227	stw_disease_th2_spec Show the field ONLY if: [stw_diseases_th_spec(2)] = '1'	Please select the applicable medications:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_disease_th2_spec_1</td> <td>Metformin</td> </tr> <tr> <td>2</td> <td>stw_disease_th2_spec_2</td> <td>other oral antidiabetics (pills)</td> </tr> <tr> <td>3</td> <td>stw_disease_th2_spec_3</td> <td>Insulin (injection/pen)</td> </tr> <tr> <td>88</td> <td>stw_disease_th2_spec_88</td> <td>other</td> </tr> </table>	1	stw_disease_th2_spec_1	Metformin	2	stw_disease_th2_spec_2	other oral antidiabetics (pills)	3	stw_disease_th2_spec_3	Insulin (injection/pen)	88	stw_disease_th2_spec_88	other						
1	stw_disease_th2_spec_1	Metformin																			
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88	stw_disease_th2_spec_88	other																			
228	stw_disease_th2_spec_88 Show the field ONLY if: [stw_disease_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																		
229	stw_disease_th_effect Show the field ONLY if: [stw_diseases_th_yn] = '1'	Were the therapy attempts effective?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>Yes, completely</td> </tr> <tr> <td>2</td> <td>Yes, partially</td> </tr> <tr> <td>0</td> <td>No, not at all</td> </tr> </table>	1	Yes, completely	2	Yes, partially	0	No, not at all												
1	Yes, completely																				
2	Yes, partially																				
0	No, not at all																				
230	stw_diseases_th_act Show the field ONLY if: [stw_diseases_th_yn] = '1'	Which of the therapy methods are you still currently implementing?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_diseases_th_act_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>stw_diseases_th_act_2</td> <td>medication (including contraceptive pill)</td> </tr> <tr> <td>3</td> <td>stw_diseases_th_act_3</td> <td>psychotherapy</td> </tr> <tr> <td>4</td> <td>stw_diseases_th_act_4</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>stw_diseases_th_act_88</td> <td>other</td> </tr> <tr> <td>0</td> <td>stw_diseases_th_act_0</td> <td>Keine mehr</td> </tr> </table>	1	stw_diseases_th_act_1	lifestyle intervention (diet, exercise, etc.)	2	stw_diseases_th_act_2	medication (including contraceptive pill)	3	stw_diseases_th_act_3	psychotherapy	4	stw_diseases_th_act_4	bariatric surgery (e.g. gastric bypass)	88	stw_diseases_th_act_88	other	0	stw_diseases_th_act_0	Keine mehr
1	stw_diseases_th_act_1	lifestyle intervention (diet, exercise, etc.)																			
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88	stw_diseases_th_act_88	other																			
0	stw_diseases_th_act_0	Keine mehr																			
231	stw_disease_th1_act Show the field ONLY if: [stw_diseases_th_act(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_disease_th1_act_1</td> <td>Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>stw_disease_th1_act_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>stw_disease_th1_act_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>stw_disease_th1_act_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>stw_disease_th1_act_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>88</td> <td>stw_disease_th1_act_88</td> <td>other (as described above)</td> </tr> </table>	1	stw_disease_th1_act_1	Behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	stw_disease_th1_act_2	attitude	3	stw_disease_th1_act_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	stw_disease_th1_act_4	physical activity	5	stw_disease_th1_act_5	weight assessment and reduction	88	stw_disease_th1_act_88	other (as described above)
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88	stw_disease_th1_act_88	other (as described above)																			
232	stw_disease_th2_act Show the field ONLY if: [stw_diseases_th_act(2)] = '1'	Please select the medication you are still currently taking:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_disease_th2_act_1</td> <td>Metformin</td> </tr> <tr> <td>2</td> <td>stw_disease_th2_act_2</td> <td>other oral antidiabetics (pills)</td> </tr> <tr> <td>3</td> <td>stw_disease_th2_act_3</td> <td>Insulin (injection/pen)</td> </tr> <tr> <td>88</td> <td>stw_disease_th2_act_88</td> <td>other</td> </tr> </table>	1	stw_disease_th2_act_1	Metformin	2	stw_disease_th2_act_2	other oral antidiabetics (pills)	3	stw_disease_th2_act_3	Insulin (injection/pen)	88	stw_disease_th2_act_88	other						
1	stw_disease_th2_act_1	Metformin																			
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88	stw_disease_th2_act_88	other																			
233	stw_disease_th_adv_yn Show the field ONLY if: [stw_diseases_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
234	stw_disease_th_adv_sc Show the field ONLY if: [stw_disease_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
235	stw_disease_th_adv_wish Show the field ONLY if: [stw_disease_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
236	stw_satisf_sc Show the field ONLY if: [stw_disease(1)] = '1' or [stw_disease(2)] = '1' or [stw_disease(3)] = '1'	Section Header: <i>overall satisfaction metabolism / diabetic disorders</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding diabetic disorders? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
237	stw_addit_yn Show the field ONLY if: [stw_disease(1)] = '1' or [stw_disease(2)] = '1' or [stw_disease(3)] = '1'	Would you like additional consultation?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
238	stw_addit_spec Show the field ONLY if: [stw_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>stw_addit_spec__1</td> <td>More consultation and reassurance</td> </tr> <tr> <td>2</td> <td>stw_addit_spec__2</td> <td>More information providing (such as booklets)</td> </tr> </table>	1	stw_addit_spec__1	More consultation and reassurance	2	stw_addit_spec__2	More information providing (such as booklets)												
1	stw_addit_spec__1	More consultation and reassurance																			
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			<table border="1"> <tr> <td>3</td> <td>stw_addit_spec__3</td> <td>More possibilities to ask questions</td> </tr> <tr> <td>4</td> <td>stw_addit_spec__4</td> <td>More examinations (blood tests, ultrasound, etc.)</td> </tr> <tr> <td>5</td> <td>stw_addit_spec__5</td> <td>More therapy options</td> </tr> <tr> <td>88</td> <td>stw_addit_spec__88</td> <td>Other</td> </tr> </table>	3	stw_addit_spec__3	More possibilities to ask questions	4	stw_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	stw_addit_spec__5	More therapy options	88	stw_addit_spec__88	Other
3	stw_addit_spec__3	More possibilities to ask questions													
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5	stw_addit_spec__5	More therapy options													
88	stw_addit_spec__88	Other													
239	stw_addit_spec_88 Show the field ONLY if: [stw_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required												
240	einflussbereich_2_stoffwechsel_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

241	endo_current_bother_yn Show the field ONLY if: [mens_current_regular_yn] = '0'	Section Header: <i>currently irregular menstruation</i> Earlier in this survey you stated to currently have an irregular menstrual cycle. Do these irregularities bother you?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
242	endo_current_adv_yn Show the field ONLY if: [mens_current_regular_yn] = '0'	Have you been consulted by your gynecologists about your currently irregular menstruation?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
243	endo_current_adv_sc Show the field ONLY if: [endo_current_adv_yn] = '1'	Please rate your satisfaction with consultation regarding your currently irregular menstruation? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH															
244	endo_current_adv_wish Show the field ONLY if: [endo_current_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding your currently irregular menstruation?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
245	endo_past_bother_yn Show the field ONLY if: [mens_past_regular_yn] = '0'	Section Header: <i>past - irregular menstrual cycle profile</i> Earlier in this survey you stated to have had an irregular menstrual cycle in the past. Did these irregularities bother you?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
246	endo_past_adv_yn Show the field ONLY if: [mens_past_regular_yn] = '0'	Have you been consulted by your gynecologists about your irregular menstruation at that time?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
247	endo_past_adv_sc Show the field ONLY if: [endo_past_adv_yn] = '1'	Please rate your satisfaction with consultation regarding your irregular menstruation at that time? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH															
248	endo_past_adv_wish Show the field ONLY if: [endo_past_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding irregular menstruation at that time?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
249	endo_pill_adv_yn Show the field ONLY if: [mens_current_regular_yn] = '0' or [mens_past_regular_yn] = '0'	Section Header: <i>contraceptive pill</i> Did your gynecologist consult you about the option of using a contraceptive pill to treat irregular menstruations? <i>This is only about whether the contraceptive pill was ever discussed. This is independent of whether it was desired or taken afterwards.</i>	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
250	endo_pill_adv_take_yn Show the field ONLY if: [endo_pill_adv_yn] = '1'	Following that, have you taken the contraceptive pill?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
251	endo_pill_nadv_take_yn Show the field ONLY if: [endo_pill_adv_yn] = '0' or [endo_pill_adv_yn] = '1'	Have you taken the contraceptive pill (also) because of other reasons than irregular menstruations?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	
252	endo_pill_nadv_take_spec Show the field ONLY if: [endo_pill_nadv_take_yn] = '1'	For what reasons?	checkbox, Required <table border="1"><tr><td>1</td><td>endo_pill_nadv_take_spec_1</td><td>acne</td></tr><tr><td>2</td><td>endo_pill_nadv_take_spec_2</td><td>alopecia</td></tr><tr><td>3</td><td>endo_pill_nadv_take_spec_3</td><td>excess hair growth</td></tr><tr><td>4</td><td>endo_pill_nadv_take_spec_4</td><td>contraception</td></tr><tr><td>88</td><td>endo_pill_nadv_take_spec_88</td><td>other</td></tr></table>	1	endo_pill_nadv_take_spec_1	acne	2	endo_pill_nadv_take_spec_2	alopecia	3	endo_pill_nadv_take_spec_3	excess hair growth	4	endo_pill_nadv_take_spec_4	contraception	88	endo_pill_nadv_take_spec_88	other
1	endo_pill_nadv_take_spec_1	acne																
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88	endo_pill_nadv_take_spec_88	other																
253	endo_pill_nadv_take_spec_88 Show the field ONLY if: [endo_pill_nadv_take_spec(88)] = '1'	What other reasons? <i>Please specify.</i>	notes, Required															
254	endo_pill_effect Show the field ONLY if: [endo_pill_adv_take_yn] = '1' and [endo_pill_nadv_take_yn] = '1'	Was the pill effective against irregular menstruation?	dropdown, Required <table border="1"><tr><td>1</td><td>Yes, completely</td></tr><tr><td>2</td><td>Yes, partially</td></tr><tr><td>0</td><td>No, not at all</td></tr></table>	1	Yes, completely	2	Yes, partially	0	No, not at all									
1	Yes, completely																	
2	Yes, partially																	
0	No, not at all																	
255	endo_pill_effect_88 Show the field ONLY if: [endo_pill_adv_take_yn] = '1' and [endo_pill_nadv_take_yn] = '1'	Was the pill effective against other mentioned problems?	dropdown, Required <table border="1"><tr><td>1</td><td>Yes, completely</td></tr><tr><td>2</td><td>Yes, partially</td></tr><tr><td>0</td><td>No, not at all</td></tr></table>	1	Yes, completely	2	Yes, partially	0	No, not at all									
1	Yes, completely																	
2	Yes, partially																	
0	No, not at all																	
256	endo_pill_take_act Show the field ONLY if: [endo_pill_adv_take_yn] = '1' or [endo_pill_nadv_take_yn] = '1'	Are you currently still taking the contraceptive pill?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																	
0	No																	

257	endo_pill_stop_spec Show the field ONLY if: [endo_pill_take_act] = '0'	Why did you stop taking the contraceptive pill?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>endo_pill_stop_spec_1</td> <td>It helped too little against the problems</td> </tr> <tr> <td>2</td> <td>endo_pill_stop_spec_2</td> <td>I do no longer want to take hormones</td> </tr> <tr> <td>3</td> <td>endo_pill_stop_spec_3</td> <td>desire to have children</td> </tr> <tr> <td>4</td> <td>endo_pill_stop_spec_4</td> <td>side effects</td> </tr> <tr> <td>88</td> <td>endo_pill_stop_spec_88</td> <td>other</td> </tr> </table>	1	endo_pill_stop_spec_1	It helped too little against the problems	2	endo_pill_stop_spec_2	I do no longer want to take hormones	3	endo_pill_stop_spec_3	desire to have children	4	endo_pill_stop_spec_4	side effects	88	endo_pill_stop_spec_88	other			
1	endo_pill_stop_spec_1	It helped too little against the problems																			
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88	endo_pill_stop_spec_88	other																			
258	endo_pill_stop_spec_88 Show the field ONLY if: [endo_pill_stop_spec(88)] = '1'	What other reasons? <i>Please specify.</i>	notes, Required																		
259	endo_pill_ntake_spec Show the field ONLY if: [endo_pill_adv_take_yn] = '0'	Why did you decide not to take the pill?	checkbox, Required <table border="1"> <tr> <td>2</td> <td>endo_pill_ntake_spec_2</td> <td>I don't want to take hormones</td> </tr> <tr> <td>3</td> <td>endo_pill_ntake_spec_3</td> <td>desire to have children</td> </tr> <tr> <td>4</td> <td>endo_pill_ntake_spec_4</td> <td>fear of side effects</td> </tr> <tr> <td>88</td> <td>endo_pill_ntake_spec_88</td> <td>other</td> </tr> </table>	2	endo_pill_ntake_spec_2	I don't want to take hormones	3	endo_pill_ntake_spec_3	desire to have children	4	endo_pill_ntake_spec_4	fear of side effects	88	endo_pill_ntake_spec_88	other						
2	endo_pill_ntake_spec_2	I don't want to take hormones																			
3	endo_pill_ntake_spec_3	desire to have children																			
4	endo_pill_ntake_spec_4	fear of side effects																			
88	endo_pill_ntake_spec_88	other																			
260	endo_pill_ntake_spec_88 Show the field ONLY if: [endo_pill_nadv_take_spec(88)] = '1'	What other reasons? <i>Please specify.</i>	notes, Required																		
261	endo_pill_adv_sc Show the field ONLY if: [endo_pill_adv_yn] = '1'	Please rate your satisfaction with consultation regarding contraceptive pill? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
262	endo_pill_adv_wish Show the field ONLY if: [endo_pill_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding contraceptive pill?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
263	endo_satisf_sc	Section Header: <i>overall satisfaction endometrium / menstrual cycle profile</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding menstrual cycle profile? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
264	endo_addit_yn	Would you like additional consultation?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
265	endo_addit_spec Show the field ONLY if: [endo_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>endo_addit_spec__1</td> <td>More consultation and reassurance</td> </tr> <tr> <td>2</td> <td>endo_addit_spec__2</td> <td>More information providing (such as booklets)</td> </tr> <tr> <td>3</td> <td>endo_addit_spec__3</td> <td>More possibilities to ask questions</td> </tr> <tr> <td>4</td> <td>endo_addit_spec__4</td> <td>More examinations (blood tests, ultrasound, etc.)</td> </tr> <tr> <td>5</td> <td>endo_addit_spec__5</td> <td>More therapy options</td> </tr> <tr> <td>88</td> <td>endo_addit_spec__88</td> <td>Other</td> </tr> </table>	1	endo_addit_spec__1	More consultation and reassurance	2	endo_addit_spec__2	More information providing (such as booklets)	3	endo_addit_spec__3	More possibilities to ask questions	4	endo_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	endo_addit_spec__5	More therapy options	88	endo_addit_spec__88	Other
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2	endo_addit_spec__2	More information providing (such as booklets)																			
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5	endo_addit_spec__5	More therapy options																			
88	endo_addit_spec__88	Other																			
266	endo_addit_spec_88 Show the field ONLY if: [endo_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required																		
267	einflussbereich_3_endometrium_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

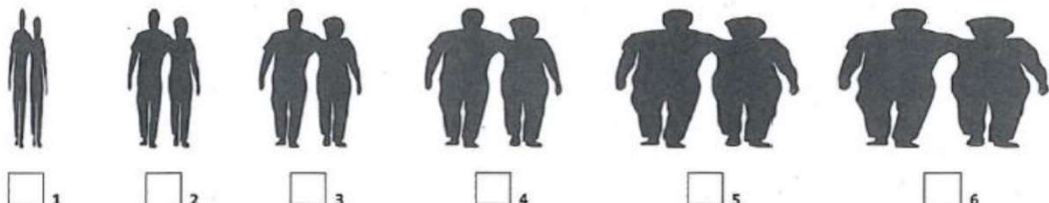
268	kw_yn	Section Header: <i>fertility</i> Do you ever wish to have children?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown																		
1	Yes																										
0	No																										
99	Unknown																										
269	kw_act_yn Show the field ONLY if: [kw_yn] = '1'	Do you currently want children? <i>This refers to te wish to have children as soon as possible. For this, no attempts to become pregnant must have taken place yet.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
270	kw_act_nr Show the field ONLY if: [kw_act_yn] = '1'	Approximately how long have you already been wanting to have children?	dropdown, Required <table border="1"> <tr><td>1</td><td>up to 1 month</td></tr> <tr><td>2</td><td>1-3 months</td></tr> <tr><td>3</td><td>3-6 months</td></tr> <tr><td>4</td><td>6-9 months</td></tr> <tr><td>5</td><td>9-12 months</td></tr> <tr><td>6</td><td>1-2 years</td></tr> <tr><td>7</td><td>2-3 years</td></tr> <tr><td>8</td><td>3-4 years</td></tr> <tr><td>9</td><td>more than 4 years</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	up to 1 month	2	1-3 months	3	3-6 months	4	6-9 months	5	9-12 months	6	1-2 years	7	2-3 years	8	3-4 years	9	more than 4 years	99	Unknown				
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8	3-4 years																										
9	more than 4 years																										
99	Unknown																										
271	kw_nact_nr Show the field ONLY if: [kw_act_yn] = '0'	In appoximateley how many years do you wish to have children?	dropdown, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>über 10</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> <p>Custom alignment: RH</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	über 10	99	Unknown
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10	10																										
11	über 10																										
99	Unknown																										
272	kw_adv_yn Show the field ONLY if: [kw_yn] = '1' or [kw_yn] = '99'	Have you been consultet by your gynecologists about fertility? <i>Informed about possible difficulties and possibilities.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
273	kw_adv_sc Show the field ONLY if: [kw_adv_yn] = '1'	Please rate your satisfaction with consultation regarding fertility? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																								
274	kw_adv_wish Show the field ONLY if: [kw_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding fertility?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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275	kw_ss_yn Show the field ONLY if: [children_nr] = '0'	Section Header: <i>pregnancy</i> Have you ever been pregnant?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
276	kw_ss_nr Show the field ONLY if: [kw_ss_yn] = '1' or ([children_nr] = '1' or [children_nr] = '2' or [children_nr] = '3' or [children_nr] = '4' or [children_nr] = '5' or [children_nr] = '6' or [children_nr] = '7' or [children_nr] = '8' or [children_nr] = '9' or [children_nr] = '10' or [children_nr] = '11')	How many times have you been pregnant? <i>Including miscarriages and/or elective abortions. Please write the number of pregnancies (e.g. 3).</i>	text (number, Min: 1), Required																								
277	kw_ss_abort_fehl_yn Show the field ONLY if: [kw_ss_yn] = '1'	Have you ever had a miscarriage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
278	kw_ss_abort_fehl_nr Show the field ONLY if: [kw_ss_abort_fehl_yn] = '1'	How many pregnancies ended in miscarriage?? <i>Please write a number.</i>	text (number, Min: 1), Required																								

279	kw_ss_abort_fehl_time Show the field ONLY if: [kw_ss_abort_fehl_yn] = '1'	How far advanced was the pregnancy when you suffered a miscarriage. <i>If you have had multiple miscarriages, you can select multiple fields..</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>kw_ss_abort_fehl_time_1</td> <td>< 12th week of pregnancy (early miscarriage)</td> </tr> <tr> <td>2</td> <td>kw_ss_abort_fehl_time_2</td> <td>12th - 22th week of pregnancy (late miscarriage)</td> </tr> <tr> <td>3</td> <td>kw_ss_abort_fehl_time_3</td> <td>>22th week of pregnancy and / or weight >500g (stillbirth)</td> </tr> </table>	1	kw_ss_abort_fehl_time_1	< 12th week of pregnancy (early miscarriage)	2	kw_ss_abort_fehl_time_2	12th - 22th week of pregnancy (late miscarriage)	3	kw_ss_abort_fehl_time_3	>22th week of pregnancy and / or weight >500g (stillbirth)						
1	kw_ss_abort_fehl_time_1	< 12th week of pregnancy (early miscarriage)																
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3	kw_ss_abort_fehl_time_3	>22th week of pregnancy and / or weight >500g (stillbirth)																
280	kw_ss_abort_abbr_yn Show the field ONLY if: [kw_ss_yn] = '1'	Have you ever had an elective abortion?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
281	kw_ss_abort_abbr_nr Show the field ONLY if: [kw_ss_abort_abbr_yn] = '1'	How many pregnancies ended in an elective abortion? <i>Please write a number.</i>	text (number, Min: 1), Required															
282	kw_ss_infert_yn	Have you ever tried to get pregnant for more than 1 year without success? <i>Trying to get pregnant = regular, unprotected sexual intercourse at the right time of the menstrual cycle</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
283	kw_ss_infert_act_yn Show the field ONLY if: [kw_ss_infert_yn] = '1'	Are you currently trying to get pregnant for more than a year?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
284	kw_ss_infert_act_nr Show the field ONLY if: [kw_ss_infert_act_yn] = '1'	How long have you already been trying to get pregnant?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>12 months</td> </tr> <tr> <td>2</td> <td>12-18 months</td> </tr> <tr> <td>3</td> <td>18-24 months</td> </tr> <tr> <td>4</td> <td>24-36 months</td> </tr> <tr> <td>5</td> <td>36-48 months</td> </tr> <tr> <td>6</td> <td>more than 4 years</td> </tr> </table>	1	12 months	2	12-18 months	3	18-24 months	4	24-36 months	5	36-48 months	6	more than 4 years			
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4	24-36 months																	
5	36-48 months																	
6	more than 4 years																	
285	kw_ss_infert_past_nr Show the field ONLY if: [kw_ss_infert_act_yn] = '0'	How long has it been since you unsuccessfully tried to get pregnant for more than a year? <i>Please give the number in full years (z.B.: 4)</i>	text (number), Required															
286	kw_ss_infert_past_trynr Show the field ONLY if: [kw_ss_infert_act_yn] = '0'	For how long did you unsuccessfully try to get pregnant at that time?	dropdown, Required <table border="1"> <tr> <td>1</td> <td>12 months</td> </tr> <tr> <td>2</td> <td>12-18 months</td> </tr> <tr> <td>3</td> <td>18-24 months</td> </tr> <tr> <td>4</td> <td>24-36 months</td> </tr> <tr> <td>5</td> <td>36-48 months</td> </tr> <tr> <td>6</td> <td>more than 4 years</td> </tr> </table>	1	12 months	2	12-18 months	3	18-24 months	4	24-36 months	5	36-48 months	6	more than 4 years			
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287	kw_ss_infert_adv_yn Show the field ONLY if: [kw_ss_infert_yn] = '1'	Have you been consulted by your gynecologists about these unsuccessful pregnancy attempts? <i>Informed about possible reasons and possibilities.</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
288	kw_ss_infert_adv_sc Show the field ONLY if: [kw_ss_infert_adv_yn] = '1'	Please rate your satisfaction with consultation regarding unsuccessful pregnancy attempts? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH															
289	kw_ss_infert_adv_wish Show the field ONLY if: [kw_ss_infert_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding unsuccessful pregnancy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
290	kw_ss_infert_th_yn Show the field ONLY if: [kw_ss_infert_yn] = '1'	Have you tried any therapy to get pregnant? <i>If you are not sure about that you can select "Yes" to have a look at the therapy options. If there isn't anything suitable you can change to "No" again.</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
291	kw_ss_infert_th_spec Show the field ONLY if: [kw_ss_infert_th_yn] = '1'	Which therapy method have you tried already? <i>If you are not sure about one of the options you can select it to have a look at the sub-categories. If there isn't anything suitable you can uncheck the option again.</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>kw_ss_infert_th_spec_1</td> <td>lifestyle intervention (diet, exercise, etc.)</td> </tr> <tr> <td>2</td> <td>kw_ss_infert_th_spec__2</td> <td>medication (pills or injections for stimulation of egg maturation)</td> </tr> <tr> <td>3</td> <td>kw_ss_infert_th_spec_3</td> <td>surgery</td> </tr> <tr> <td>4</td> <td>kw_ss_infert_th_spec_4</td> <td>in-vitro fertilization (fertilized in the laboratory)</td> </tr> <tr> <td>88</td> <td>kw_ss_infert_th_spec_88</td> <td>other</td> </tr> </table>	1	kw_ss_infert_th_spec_1	lifestyle intervention (diet, exercise, etc.)	2	kw_ss_infert_th_spec__2	medication (pills or injections for stimulation of egg maturation)	3	kw_ss_infert_th_spec_3	surgery	4	kw_ss_infert_th_spec_4	in-vitro fertilization (fertilized in the laboratory)	88	kw_ss_infert_th_spec_88	other
1	kw_ss_infert_th_spec_1	lifestyle intervention (diet, exercise, etc.)																
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88	kw_ss_infert_th_spec_88	other																
292	kw_ss_infert_th_spec_88 Show the field ONLY if: [kw_ss_infert_th_spec(88)] = '1'	What other therapeutic options? <i>Please specify.</i>	notes, Required															

293	kw_ss_infert_th1_spec Show the field ONLY if: [kw_ss_infert_th_spec(1)] = '1'	Which lifestyle interventions have you tried?	checkbox, Required <table border="1" data-bbox="973 168 1444 716"> <tr> <td>1</td> <td>kw_ss_infert_th1_spec_1</td> <td>behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td> </tr> <tr> <td>2</td> <td>kw_ss_infert_th1_spec_2</td> <td>attitude</td> </tr> <tr> <td>3</td> <td>kw_ss_infert_th1_spec_3</td> <td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td> </tr> <tr> <td>4</td> <td>kw_ss_infert_th1_spec_4</td> <td>physical activity</td> </tr> <tr> <td>5</td> <td>kw_ss_infert_th1_spec_5</td> <td>weight assessment and reduction</td> </tr> <tr> <td>6</td> <td>kw_ss_infert_th1_spec_6</td> <td>blood glucose regulation</td> </tr> <tr> <td>7</td> <td>kw_ss_infert_th1_spec_7</td> <td>blood pressure regulation</td> </tr> <tr> <td>8</td> <td>kw_ss_infert_th1_spec_8</td> <td>abstinence from smoking, alcohol and other drugs</td> </tr> <tr> <td>9</td> <td>kw_ss_infert_th1_spec_9</td> <td>sleep regulation</td> </tr> <tr> <td>10</td> <td>kw_ss_infert_th1_spec_10</td> <td>changes regarding sexual life</td> </tr> <tr> <td>88</td> <td>kw_ss_infert_th1_spec_88</td> <td>other</td> </tr> </table>	1	kw_ss_infert_th1_spec_1	behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	kw_ss_infert_th1_spec_2	attitude	3	kw_ss_infert_th1_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	kw_ss_infert_th1_spec_4	physical activity	5	kw_ss_infert_th1_spec_5	weight assessment and reduction	6	kw_ss_infert_th1_spec_6	blood glucose regulation	7	kw_ss_infert_th1_spec_7	blood pressure regulation	8	kw_ss_infert_th1_spec_8	abstinence from smoking, alcohol and other drugs	9	kw_ss_infert_th1_spec_9	sleep regulation	10	kw_ss_infert_th1_spec_10	changes regarding sexual life	88	kw_ss_infert_th1_spec_88	other
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88	kw_ss_infert_th1_spec_88	other																																		
294	kw_ss_infert_th1_spec_88 Show the field ONLY if: [kw_ss_infert_th1_spec(88)] = '1'	What other lifestyle intervention? <i>Please specify.</i>	notes, Required																																	
295	kw_ss_infert_th2_spec Show the field ONLY if: [kw_ss_infert_th_spec(2)] = '1'	Please select the applicable medications: <i>If you do not remember what medications you received, select "Unknown".</i>	checkbox, Required <table border="1" data-bbox="973 817 1444 1153"> <tr> <td>1</td> <td>kw_ss_infert_th2_spec_1</td> <td>Letrozole (pills, ="Femara")</td> </tr> <tr> <td>2</td> <td>kw_ss_infert_th2_spec_2</td> <td>Clomiphene (pills, ="Serophene" oder "Clomid")</td> </tr> <tr> <td>3</td> <td>kw_ss_infert_th2_spec_3</td> <td>Metformin (pills)</td> </tr> <tr> <td>4</td> <td>kw_ss_infert_th2_spec_4</td> <td>Gonadotropines (injections, e.g. "Choriomon", "Menopur", "Merional", "Fostimon", "Gonal-F", etc.)</td> </tr> <tr> <td>88</td> <td>kw_ss_infert_th2_spec_88</td> <td>other</td> </tr> <tr> <td>99</td> <td>kw_ss_infert_th2_spec_99</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=99</p>	1	kw_ss_infert_th2_spec_1	Letrozole (pills, ="Femara")	2	kw_ss_infert_th2_spec_2	Clomiphene (pills, ="Serophene" oder "Clomid")	3	kw_ss_infert_th2_spec_3	Metformin (pills)	4	kw_ss_infert_th2_spec_4	Gonadotropines (injections, e.g. "Choriomon", "Menopur", "Merional", "Fostimon", "Gonal-F", etc.)	88	kw_ss_infert_th2_spec_88	other	99	kw_ss_infert_th2_spec_99	Unknown															
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296	kw_ss_infert_th2_spec_88 Show the field ONLY if: [kw_ss_infert_th2_spec(88)] = '1'	What other medication? <i>Please specify.</i>	notes, Required																																	
297	kw_ss_infert_th3_spec Show the field ONLY if: [kw_ss_infert_th_spec(3)] = '1'	Which operations were performed? <i>If you do not remember what was operated, select "Unknown".</i>	checkbox, Required <table border="1" data-bbox="973 1288 1444 1534"> <tr> <td>1</td> <td>kw_ss_infert_th3_spec_1</td> <td>surgery on ovaries</td> </tr> <tr> <td>2</td> <td>kw_ss_infert_th3_spec_2</td> <td>tubal patency testing (=chromopertubation/blue dye testing)</td> </tr> <tr> <td>3</td> <td>kw_ss_infert_th3_spec_3</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>kw_ss_infert_th3_spec_88</td> <td>other</td> </tr> <tr> <td>99</td> <td>kw_ss_infert_th3_spec_99</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=99</p>	1	kw_ss_infert_th3_spec_1	surgery on ovaries	2	kw_ss_infert_th3_spec_2	tubal patency testing (=chromopertubation/blue dye testing)	3	kw_ss_infert_th3_spec_3	bariatric surgery (e.g. gastric bypass)	88	kw_ss_infert_th3_spec_88	other	99	kw_ss_infert_th3_spec_99	Unknown																		
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99	kw_ss_infert_th3_spec_99	Unknown																																		
298	kw_ss_infert_th3_spec_88 Show the field ONLY if: [kw_ss_infert_th3_spec(88)] = '1'	What other operation? <i>Please specify.</i>	notes, Required																																	
299	kw_ss_infert_th_effect_ss_yn Show the field ONLY if: [kw_ss_yn] = '1' and [kw_ss_infert_th_yn] = '1'	Did you become pregnant with the help of any of these therapies?	radio, Required <table border="1" data-bbox="973 1668 1204 1724"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			
300	kw_ss_infert_th_effect_kid_yn Show the field ONLY if: [kw_ss_infert_th_yn] = '1' and ([children_nr] = '1' or [children_nr] = '2' or [children_nr] = '3' or [children_nr] = '4' or [children_nr] = '5' or [children_nr] = '6' or [children_nr] = '7' or [children_nr] = '8' or [children_nr] = '9' or [children_nr] = '10' or [children_nr] = '11')	Do you have children conceived with the help of such therapy?	radio, Required <table border="1" data-bbox="973 1758 1204 1825"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																													
1	Yes																																			
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301	kw_ss_infert_th_effect_kid_nr Show the field ONLY if: [kw_ss_infert_th_effect_kid_yn] = '1' and ((children_nr] = '2' or [children_nr] = '3' or [children_nr] = '4' or [children_nr] = '5' or [children_nr] = '6' or [children_nr] = '7' or [children_nr] = '8' or [children_nr] = '9' or [children_nr] = '10' or [children_nr] = '11')	How many of your children have been conceived with the help of such therapy?	dropdown, Required <table border="1" data-bbox="973 179 1204 571"> <tr><td>100</td><td>Alle</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>über 10</td></tr> </table>	100	Alle	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	über 10									
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11	über 10																																			
302	kw_ss_infert_th_act_yn Show the field ONLY if: [kw_ss_infert_th_yn] = '1'	Are you currently implementing any of the therapy methods or do you already have any of them planned?	radio, Required <table border="1" data-bbox="973 616 1204 672"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			
303	kw_ss_infert_th_act_spec Show the field ONLY if: [kw_ss_infert_th_act_yn] = '1'	Which of the therapy methods are you still currently implementing or do you have already planned?	checkbox, Required <table border="1" data-bbox="973 716 1444 952"> <tr><td>1</td><td>kw_ss_infert_th_act_spec_1</td><td>lifestyle intervention (diet, exercise, etc.)</td></tr> <tr><td>2</td><td>kw_ss_infert_th_act_spec_2</td><td>medication (pills or injections for stimulation of egg maturation)</td></tr> <tr><td>3</td><td>kw_ss_infert_th_act_spec_3</td><td>surgery</td></tr> <tr><td>4</td><td>kw_ss_infert_th_act_spec_4</td><td>in-vitro fertilization (fertilized in the laboratory)</td></tr> <tr><td>88</td><td>kw_ss_infert_th_act_spec_88</td><td>other</td></tr> </table>	1	kw_ss_infert_th_act_spec_1	lifestyle intervention (diet, exercise, etc.)	2	kw_ss_infert_th_act_spec_2	medication (pills or injections for stimulation of egg maturation)	3	kw_ss_infert_th_act_spec_3	surgery	4	kw_ss_infert_th_act_spec_4	in-vitro fertilization (fertilized in the laboratory)	88	kw_ss_infert_th_act_spec_88	other																		
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88	kw_ss_infert_th_act_spec_88	other																																		
304	kw_ss_infert_th1_act_spec Show the field ONLY if: [kw_ss_infert_th_act_spec(1)] = '1'	Please select the lifestyle interventions you are still currently performing:	checkbox, Required <table border="1" data-bbox="973 996 1444 1545"> <tr><td>1</td><td>kw_ss_infert_th1_act_spec_1</td><td>behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)</td></tr> <tr><td>2</td><td>kw_ss_infert_th1_act_spec_2</td><td>attitude</td></tr> <tr><td>3</td><td>kw_ss_infert_th1_act_spec_3</td><td>dietary interventions (e.g. well-balanced, reduce energy intake, etc.)</td></tr> <tr><td>4</td><td>kw_ss_infert_th1_act_spec_4</td><td>physical activity</td></tr> <tr><td>5</td><td>kw_ss_infert_th1_act_spec_5</td><td>weight assessment and reduction</td></tr> <tr><td>6</td><td>kw_ss_infert_th1_act_spec_6</td><td>blood glucose regulation</td></tr> <tr><td>7</td><td>kw_ss_infert_th1_act_spec_7</td><td>blood pressure regulation</td></tr> <tr><td>8</td><td>kw_ss_infert_th1_act_spec_8</td><td>abstinence from smoking, alcohol and other drugs</td></tr> <tr><td>9</td><td>kw_ss_infert_th1_act_spec_9</td><td>sleep regulation</td></tr> <tr><td>10</td><td>kw_ss_infert_th1_act_spec_10</td><td>changes regarding sexual life</td></tr> <tr><td>88</td><td>kw_ss_infert_th1_act_spec_88</td><td>other</td></tr> </table>	1	kw_ss_infert_th1_act_spec_1	behavioural interventions (e.g. goal-setting, self-monitoring, slower eating, etc.)	2	kw_ss_infert_th1_act_spec_2	attitude	3	kw_ss_infert_th1_act_spec_3	dietary interventions (e.g. well-balanced, reduce energy intake, etc.)	4	kw_ss_infert_th1_act_spec_4	physical activity	5	kw_ss_infert_th1_act_spec_5	weight assessment and reduction	6	kw_ss_infert_th1_act_spec_6	blood glucose regulation	7	kw_ss_infert_th1_act_spec_7	blood pressure regulation	8	kw_ss_infert_th1_act_spec_8	abstinence from smoking, alcohol and other drugs	9	kw_ss_infert_th1_act_spec_9	sleep regulation	10	kw_ss_infert_th1_act_spec_10	changes regarding sexual life	88	kw_ss_infert_th1_act_spec_88	other
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305	kw_ss_infert_th2_act_spec Show the field ONLY if: [kw_ss_infert_th_act_spec(2)] = '1'	Please select the medication you are still currently taking:: <i>If you do not remember what medications you receive, select "Unknown".</i>	checkbox, Required <table border="1" data-bbox="973 1579 1444 1904"> <tr><td>1</td><td>kw_ss_infert_th2_spec_c_1</td><td>Letrozole (pills, ="Femara")</td></tr> <tr><td>2</td><td>kw_ss_infert_th2_spec_c_2</td><td>Clomiphene (pills, ="Serophene" oder "Clomid")</td></tr> <tr><td>3</td><td>kw_ss_infert_th2_spec_c_3</td><td>Metformin (pills)</td></tr> <tr><td>4</td><td>kw_ss_infert_th2_spec_c_4</td><td>Gonadotropines (injections, e.g. "Choriomon", "Menopur", "Merional", "Fostimon", "Gonal-F", etc.)</td></tr> <tr><td>88</td><td>kw_ss_infert_th2_spec_c_88</td><td>other</td></tr> <tr><td>99</td><td>kw_ss_infert_th2_spec_c_99</td><td>Unknown</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=99</p>	1	kw_ss_infert_th2_spec_c_1	Letrozole (pills, ="Femara")	2	kw_ss_infert_th2_spec_c_2	Clomiphene (pills, ="Serophene" oder "Clomid")	3	kw_ss_infert_th2_spec_c_3	Metformin (pills)	4	kw_ss_infert_th2_spec_c_4	Gonadotropines (injections, e.g. "Choriomon", "Menopur", "Merional", "Fostimon", "Gonal-F", etc.)	88	kw_ss_infert_th2_spec_c_88	other	99	kw_ss_infert_th2_spec_c_99	Unknown															
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306	kw_ss_infert_th3_act_spec Show the field ONLY if: [kw_ss_infert_th_act_spec(3)] = '1'	Please select the operations that are currently planned: <i>If you do not remember what will be operated, select "Unknown".</i>	checkbox, Required <table border="1" data-bbox="973 1971 1444 2060"> <tr><td>1</td><td>kw_ss_infert_th3_spec_c_1</td><td>surgery on ovaries</td></tr> <tr><td>2</td><td>kw_ss_infert_th3_spec_c_2</td><td>tubal patency testing (=chromopertubation/blue dye testing)</td></tr> </table>	1	kw_ss_infert_th3_spec_c_1	surgery on ovaries	2	kw_ss_infert_th3_spec_c_2	tubal patency testing (=chromopertubation/blue dye testing)																											
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			<table border="1"> <tr> <td>3</td> <td>kw_ss_infert_th3_spe c_3</td> <td>bariatric surgery (e.g. gastric bypass)</td> </tr> <tr> <td>88</td> <td>kw_ss_infert_th3_spe c_88</td> <td>other</td> </tr> <tr> <td>99</td> <td>kw_ss_infert_th3_spe c_99</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=99</p>	3	kw_ss_infert_th3_spe c_3	bariatric surgery (e.g. gastric bypass)	88	kw_ss_infert_th3_spe c_88	other	99	kw_ss_infert_th3_spe c_99	Unknown									
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99	kw_ss_infert_th3_spe c_99	Unknown																			
307	kw_ss_infert_th_adv_yn Show the field ONLY if: [kw_ss_infert_th_yn] = '1'	Have you been consulted by your gynecologist regarding the therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
308	kw_ss_infert_th_adv_sc Show the field ONLY if: [kw_ss_infert_th_adv_yn] = '1'	Please rate your satisfaction with consultation regarding therapy attempts. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
309	kw_ss_infert_th_adv_wish Show the field ONLY if: [kw_ss_infert_th_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding therapy attempts?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
310	kw_fertility_yn	Section Header: <i>fertility feeling</i> Do you feel your fertility is disturbed or limited?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
311	kw_fertility_adv_yn Show the field ONLY if: [kw_fertility_yn] = '1'	Have you been consulted by your gynecologist regarding this feeling?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
312	kw_fertility_adv_sc Show the field ONLY if: [kw_fertility_adv_yn] = '1'	Please rate your satisfaction with consultation regarding impaired fertility feeling. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
313	kw_fertility_adv_wish Show the field ONLY if: [kw_fertility_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding this?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
314	kw_satisf_sc	Section Header: <i>overall satisfaction fertility</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding fertility? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
315	kw_addit_yn	Would you like additional consultation?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
316	kw_addit_spec Show the field ONLY if: [kw_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>kw_addit_spec__1</td> <td>More consultation and reassurance</td> </tr> <tr> <td>2</td> <td>kw_addit_spec__2</td> <td>More information providing (such as booklets)</td> </tr> <tr> <td>3</td> <td>kw_addit_spec__3</td> <td>More possibilities to ask questions</td> </tr> <tr> <td>4</td> <td>kw_addit_spec__4</td> <td>More examinations (blood tests, ultrasound, etc.)</td> </tr> <tr> <td>5</td> <td>kw_addit_spec_5</td> <td>More therapy options</td> </tr> <tr> <td>88</td> <td>kw_addit_spec_88</td> <td>Other</td> </tr> </table>	1	kw_addit_spec__1	More consultation and reassurance	2	kw_addit_spec__2	More information providing (such as booklets)	3	kw_addit_spec__3	More possibilities to ask questions	4	kw_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	kw_addit_spec_5	More therapy options	88	kw_addit_spec_88	Other
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5	kw_addit_spec_5	More therapy options																			
88	kw_addit_spec_88	Other																			
317	kw_addit_spec_88 Show the field ONLY if: [kw_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required																		
318	einflussbereich_4_kinderwunsch_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

319	psy_kb_sorg_yn	Section Header: <i>body image</i> Do you worry a lot about the way you look and wish you could think about it less?	radio, Required 1 Yes 0 No
320	psy_kb_sorg_1h_yn	On a typical day, do you spend more than 1 hour per day worrying about your appearance?	radio, Required 1 Yes 0 No
321	psy_kb_sorg_prob_yn Show the field ONLY if: [psy_kb_sorg_yn] = '1' or [psy_kb_sorg_1h_yn] = '1'	Are your worries making it hard to do your job or be with family and friends?	radio, Required 1 Yes 0 No
322	psy_kb_fig 	Please look at the following figures and answer the following two questions about them:	descriptive
323	psy_kb_fig_ist	Which of the pictures best shows how you see yourself?	dropdown, Required 1 1 2 2 3 3 4 4 5 5 6 6
324	psy_kb_fig_wish	Which of the pictures best shows how you would like to be?	dropdown, Required 1 1 2 2 3 3 4 4 5 5 6 6
325	psy_kb_adv_yn	Have you been consulted by your gynecologist regarding your body image? <i>Were you asked these or similar questions or was the topic of body image discussed?</i>	radio, Required 1 Yes 0 No
326	psy_kb_adv_sc Show the field ONLY if: [psy_kb_adv_yn] = '1'	Please rate your satisfaction with consultation regarding body image. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH
327	psy_kb_adv_wish Show the field ONLY if: [psy_kb_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding body image?	radio, Required 1 Yes 0 No
328	psy_ess_gew_yn	Section Header: <i>Eating habits</i> Does your weight affect the way you feel about yourself?	radio, Required 1 Yes 0 No
329	psy_ess_satisf_yn	Are you satisfied with your eating patterns?	radio, Required 1 Yes 0 No
330	psy_ess_adv_yn	Have you been consulted by your gynecologist regarding your eating habits? <i>Were you asked these or similar questions or was the topic of eating habits discussed?</i>	radio, Required 1 Yes 0 No
331	psy_ess_adv_sc Show the field ONLY if: [psy_ess_adv_yn] = '1'	Please rate your satisfaction with consultation regarding eating habits. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH
332	psy_ess_adv_wish Show the field ONLY if: [psy_ess_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding eating habits?	radio, Required 1 Yes 0 No
333	psy_ad_info	Section Header: <i>depressive and anxiety symptoms</i> Over the last 2 weeks, how often have you been bothered by the following problems?	descriptive
334	psy_ad_d1	feeling down, depressed, or hopeless?	dropdown, Required

			<table border="1"> <tr><td>5</td><td>Constantly (almost every day)</td></tr> <tr><td>4</td><td>Often (more than half of days)</td></tr> <tr><td>3</td><td>Sometimes (half of days)</td></tr> <tr><td>2</td><td>Rarely (some days)</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	5	Constantly (almost every day)	4	Often (more than half of days)	3	Sometimes (half of days)	2	Rarely (some days)	1	Never								
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1	Never																				
335	psy_ad_d2	little interest or pleasure in doing things?	dropdown, Required <table border="1"> <tr><td>5</td><td>Constantly (almost every day)</td></tr> <tr><td>4</td><td>Often (more than half of days)</td></tr> <tr><td>3</td><td>Sometimes (half of days)</td></tr> <tr><td>2</td><td>Rarely (some days)</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	5	Constantly (almost every day)	4	Often (more than half of days)	3	Sometimes (half of days)	2	Rarely (some days)	1	Never								
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1	Never																				
336	psy_ad_a1	feeling nervous, anxious or on edge?	dropdown, Required <table border="1"> <tr><td>5</td><td>Constantly (almost every day)</td></tr> <tr><td>4</td><td>Often (more than half of days)</td></tr> <tr><td>3</td><td>Sometimes (half of days)</td></tr> <tr><td>2</td><td>Rarely (some days)</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	5	Constantly (almost every day)	4	Often (more than half of days)	3	Sometimes (half of days)	2	Rarely (some days)	1	Never								
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1	Never																				
337	psy_ad_a2	not being able to stop or control worrying?	dropdown, Required <table border="1"> <tr><td>5</td><td>Constantly (almost every day)</td></tr> <tr><td>4</td><td>Often (more than half of days)</td></tr> <tr><td>3</td><td>Sometimes (half of days)</td></tr> <tr><td>2</td><td>Rarely (some days)</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	5	Constantly (almost every day)	4	Often (more than half of days)	3	Sometimes (half of days)	2	Rarely (some days)	1	Never								
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338	psy_ad_adv_yn	Have you been consulted by your gynecologist regarding such feelings?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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0	No																				
339	psy_ad_adv_sc Show the field ONLY if: [psy_ad_adv_yn] = '1'	Please rate your satisfaction with consultation regarding such feelings. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
340	psy_ad_adv_wish Show the field ONLY if: [psy_ad_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding such feelings?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
341	psy_satisf_sc	Section Header: <i>overall satisfaction mental health and emotional wellbeing</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding mental health and emotional wellbeing? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
342	psy_addit_yn	Would you like additional consultation?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
343	psy_addit_spec Show the field ONLY if: [psy_addit_yn]='1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr><td>1</td><td>psy_addit_spec__1</td><td>More consultation and reassurance</td></tr> <tr><td>2</td><td>psy_addit_spec__2</td><td>More information providing (such as booklets)</td></tr> <tr><td>3</td><td>psy_addit_spec__3</td><td>More possibilities to ask questions</td></tr> <tr><td>4</td><td>psy_addit_spec__4</td><td>More examinations (blood tests, ultrasound, etc.)</td></tr> <tr><td>5</td><td>psy_addit_spec__5</td><td>More therapy options</td></tr> <tr><td>88</td><td>psy_addit_spec__88</td><td>Other</td></tr> </table>	1	psy_addit_spec__1	More consultation and reassurance	2	psy_addit_spec__2	More information providing (such as booklets)	3	psy_addit_spec__3	More possibilities to ask questions	4	psy_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	psy_addit_spec__5	More therapy options	88	psy_addit_spec__88	Other
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88	psy_addit_spec__88	Other																			
344	psy_addit_spec_88 Show the field ONLY if: [psy_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify .</i>	notes																		
345	einflussbereich_5_psyche_emoti on_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

346	risk_ass_yn	<p>Has your gynecologist talked to you about risks that may be increased with PCOS?</p> <p><i>If you are not sure what is meant by this, you can select "Yes" and look at the subcategories. If there is nothing that applies, you can also switch back to "No"</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
347	risk_ass_spec Show the field ONLY if: [risk_ass_yn] = '1'	<p>Please select which topics have been addressed:</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>risk_ass_spec__1</td> <td>Cardiovascular diseases (e.g. high blood pressure, heart attack, stroke, thrombosis, pulmonary embolism, etc.)</td> </tr> <tr> <td>2</td> <td>risk_ass_spec__2</td> <td>Diabetic disorders (e.g. diabetes, pre-diabetes, gestational diabetes)</td> </tr> <tr> <td>3</td> <td>risk_ass_spec__3</td> <td>Obstructive sleep apnea (pauses in breathing while sleeping)</td> </tr> <tr> <td>4</td> <td>risk_ass_spec__4</td> <td>Endometrial cancer (cancer of the uterine mucosa)</td> </tr> <tr> <td>88</td> <td>risk_ass_spec__88</td> <td>other</td> </tr> </table>	1	risk_ass_spec__1	Cardiovascular diseases (e.g. high blood pressure, heart attack, stroke, thrombosis, pulmonary embolism, etc.)	2	risk_ass_spec__2	Diabetic disorders (e.g. diabetes, pre-diabetes, gestational diabetes)	3	risk_ass_spec__3	Obstructive sleep apnea (pauses in breathing while sleeping)	4	risk_ass_spec__4	Endometrial cancer (cancer of the uterine mucosa)	88	risk_ass_spec__88	other									
1	risk_ass_spec__1	Cardiovascular diseases (e.g. high blood pressure, heart attack, stroke, thrombosis, pulmonary embolism, etc.)																									
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88	risk_ass_spec__88	other																									
348	risk_ass_spec_88 Show the field ONLY if: [risk_ass_spec(88)] = '1'	<p>What other risks?</p> <p><i>Please specify.</i></p>	<p>notes, Required</p>																								
349	risk_cvrf	<p>Section Header: <i>Cardiovascular diseases and weight</i></p> <p>Do you have any of the following conditions? Please select the applicable ones.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>risk_cvrf__1</td><td>smoking</td></tr> <tr><td>2</td><td>risk_cvrf__2</td><td>overweight</td></tr> <tr><td>3</td><td>risk_cvrf__3</td><td>high cholesterol levels</td></tr> <tr><td>4</td><td>risk_cvrf__4</td><td>high blood pressure</td></tr> <tr><td>5</td><td>risk_cvrf__5</td><td>impaired glucose-tolerance or diabetes</td></tr> <tr><td>6</td><td>risk_cvrf__6</td><td>lack of exercise</td></tr> <tr><td>7</td><td>risk_cvrf__7</td><td>Cardiovascular diseases in closer family (e.g. heart attack, stroke)</td></tr> <tr><td>0</td><td>risk_cvrf__0</td><td>None of the above</td></tr> </table> <p>Field Annotation: @NONEOTHEABOVE=0</p>	1	risk_cvrf__1	smoking	2	risk_cvrf__2	overweight	3	risk_cvrf__3	high cholesterol levels	4	risk_cvrf__4	high blood pressure	5	risk_cvrf__5	impaired glucose-tolerance or diabetes	6	risk_cvrf__6	lack of exercise	7	risk_cvrf__7	Cardiovascular diseases in closer family (e.g. heart attack, stroke)	0	risk_cvrf__0	None of the above
1	risk_cvrf__1	smoking																									
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7	risk_cvrf__7	Cardiovascular diseases in closer family (e.g. heart attack, stroke)																									
0	risk_cvrf__0	None of the above																									
350	risk_cvd_yn	<p>Do you have/have you had any cardiovascular disease?</p> <p><i>If you are not sure what is meant by this, you can select "Yes" and look at the subcategories. If there is nothing that applies, you can also switch back to "No"</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
351	risk_cvd_spec Show the field ONLY if: [risk_cvd_yn] = '1'	<p>Please select the applicable ones:</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>risk_cvd_spec__1</td> <td>high blood pressure</td> </tr> <tr> <td>2</td> <td>risk_cvd_spec__2</td> <td>heart attack</td> </tr> <tr> <td>3</td> <td>risk_cvd_spec__3</td> <td>stroke</td> </tr> <tr> <td>4</td> <td>risk_cvd_spec__4</td> <td>pulmonary embolism</td> </tr> <tr> <td>5</td> <td>risk_cvd_spec__5</td> <td>thrombosis / embolism (e.g. leg/arm)</td> </tr> <tr> <td>88</td> <td>risk_cvd_spec__88</td> <td>other</td> </tr> </table>	1	risk_cvd_spec__1	high blood pressure	2	risk_cvd_spec__2	heart attack	3	risk_cvd_spec__3	stroke	4	risk_cvd_spec__4	pulmonary embolism	5	risk_cvd_spec__5	thrombosis / embolism (e.g. leg/arm)	88	risk_cvd_spec__88	other						
1	risk_cvd_spec__1	high blood pressure																									
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88	risk_cvd_spec__88	other																									
352	risk_cvd_spec_88 Show the field ONLY if: [risk_cvd_spec(88)] = '1'	<p>What other Cardiovascular diseases?</p> <p><i>Please specify.</i></p>	<p>notes, Required</p>																								
353	risk_screen_weight_yn	<p>Is your weight measured regularly by your gynecologist?</p> <p><i>Regular means at least once a year.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
354	risk_screen_bd_yn	<p>Is your blood pressure measured regularly by your gynecologist?</p> <p><i>Regular means at least once a year.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
355	risk_screen_chol_yn	<p>Is your blood cholesterol level measured regularly by your gynecologist?</p> <p><i>Regular means at least once a year.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown																		
1	Yes																										
0	No																										
99	Unknown																										
356	risk_screen_chol_ha_yn Show the field ONLY if: [risk_screen_chol_yn] = '0' or [risk_screen_chol_yn] = '99'	<p>Is your blood cholesterol level measured regularly by your primary care physician?</p> <p><i>Regular means at least once a year.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes	0	No	99	Unknown																		
1	Yes																										
0	No																										
99	Unknown																										
357	risk_cv_adv_yn	<p>Have you been consulted by your gynecologist regarding increased risk for cardiovascular disease in PCOS and the risk factors for cardiovascular disease?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										

358	risk_cv_adv_sc Show the field ONLY if: [risk_cv_adv_yn] = '1'	Please rate your satisfaction with consultation regarding risk for cardiovascular diseases. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH
359	risk_cv_adv_wish Show the field ONLY if: [risk_cv_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding risk for cardiovascular diseases?	radio, Required 1 Yes 0 No
360	risk_screen_bz_yn	Section Header: <i>glucose tolerance and diabetes</i> Is your blood glucose level measured regularly by your gynecologist? <i>Regular here means at least once every three years.</i>	radio, Required 1 Yes 0 No 99 Unknown
361	risk_screen_bz_ha_yn Show the field ONLY if: [risk_screen_bz_yn] = '0'	Is your blood glucose level measured regularly by your primary care physician or diabetologist? <i>Regular here means at least once every three years.</i>	radio, Required 1 Yes 0 No 99 Unknown
362	risk_screen_bz_ogtt_yn Show the field ONLY if: [kw_ss_yn] = '1'	Did you have a oral glucose tolerance test (=oGTT) done before pregnancy?? <i>Fasting blood glucose measurement, then drink glucose solution followed by multiple measurements of glucose</i>	radio, Required 1 Yes 0 No 99 Unknown
363	risk_screen_bz_ogtt_yn_2 Show the field ONLY if: [kw_ss_yn] = '1'	Did you have a oral glucose tolerance test (=oGTT) done during pregnancy?? <i>Fasting blood glucose measurement, then drink glucose solution followed by multiple measurements of glucose</i>	radio, Required 1 Yes 0 No 99 Unknown
364	risk_bz_adv_yn	Have you been consulted by your gynecologist regarding increased risk for diabetes in PCOS?	radio, Required 1 Yes 0 No
365	risk_bz_adv_sc Show the field ONLY if: [risk_bz_adv_yn] = '1'	Please rate your satisfaction with consultation regarding risk for diabetes. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH
366	risk_bz_adv_wish Show the field ONLY if: [risk_bz_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding risk for diabetes?	radio, Required 1 Yes 0 No
367	risk_osas_symp	Section Header: <i>Obstructive sleep apnea</i> Please select the applicable ones:	checkbox, Required 1 risk_osas_symp__1 snoring 2 risk_osas_symp__2 Breathing pauses during sleep (e.g. observed by partner) 3 risk_osas_symp__3 waking unrefreshed from sleep 4 risk_osas_symp__4 daytime sleepiness 5 risk_osas_symp__5 morning headaches 6 risk_osas_symp__6 Concentration difficulties 0 risk_osas_symp__0 None of the above Field Annotation: @NONEOFTHEABOVE=0
368	risk_osas_yn	Are you known to have sleep apnea syndrome? <i>Select "Yes" only if this has been diagnosed by a physician.</i>	radio, Required 1 Yes 0 No
369	risk_osas_psg_yn	Have you ever been to a sleep medicine specialist or sleep lab?	radio, Required 1 Yes 0 No
370	risk_osas_adv_yn	Have you been counseled by your gynecologist regarding increased risk for sleep apnea (breathing pauses during sleep)?	radio, Required 1 Yes 0 No
371	risk_osas_adv_sc Show the field ONLY if: [risk_osas_adv_yn] = '1'	Please rate your satisfaction with consultation regarding risk for sleep apnea. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH
372	risk_osas_adv_wish Show the field ONLY if: [risk_osas_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding risk for sleep apnea?	radio, Required 1 Yes 0 No
373	risk_endca_yn	Section Header: <i>Endometrial Cancer</i> Do you suffer or have you suffered from endometrial cancer? <i>Endometrial cancer = cancer of the mucus ("endometrium") of the uterus</i>	radio, Required 1 Yes 0 No

374	risk_endca_adv_yn	Have you been advised by your gynecologist regarding slightly increased risk for endometrial cancer?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
375	risk_endca_adv_sc Show the field ONLY if: [risk_endca_adv_yn] = '1'	Please rate your satisfaction with consultation regarding slightly increased risk for endometrial cancer. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
376	risk_endca_adv_wish Show the field ONLY if: [risk_endca_adv_yn] = '0'	Would you have wished for a consultation by your gynecologist regarding risk for slightly increased risk for endometrial cancer?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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377	risk_satisf_sc	Section Header: <i>overall satisfaction prevention and monitoring</i> Please rate your overall satisfaction with the medical care you receive from your gynecologist regarding prevention and monitoring? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																		
378	risk_addit_yn	Would you like additional consultation?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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0	No																				
379	risk_addit_spec Show the field ONLY if: [risk_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr><td>1</td><td>risk_addit_spec__1</td><td>More consultation and reassurance</td></tr> <tr><td>2</td><td>risk_addit_spec__2</td><td>More information providing (such as booklets)</td></tr> <tr><td>3</td><td>risk_addit_spec__3</td><td>More possibilities to ask questions</td></tr> <tr><td>4</td><td>risk_addit_spec__4</td><td>More examinations (blood tests, ultrasound, etc.)</td></tr> <tr><td>5</td><td>risk_addit_spec__5</td><td>More therapy options</td></tr> <tr><td>88</td><td>risk_addit_spec__88</td><td>Other</td></tr> </table>	1	risk_addit_spec__1	More consultation and reassurance	2	risk_addit_spec__2	More information providing (such as booklets)	3	risk_addit_spec__3	More possibilities to ask questions	4	risk_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	risk_addit_spec__5	More therapy options	88	risk_addit_spec__88	Other
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380	risk_addit_spec_88 Show the field ONLY if: [risk_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required																		
381	risikomonitoring_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

Instrument: **final questions** (schlussfragen) Enabled as survey

382	sf_satisf_sc	If you now consider all the areas in which you are affected by your PCOS as a whole: Please rate your satisfaction in general with the overall advice regarding PCOS from your gynecologist? <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																											
383	sf_addit_yn	Would you like additional consultation overall?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
1	Yes																													
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384	sf_addit_spec Show the field ONLY if: [sf_addit_yn] = '1'	Please select what you would wish to have in addition:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>sf_addit_spec__1</td> <td>More consultation and reassurance</td> </tr> <tr> <td>2</td> <td>sf_addit_spec__2</td> <td>More information providing (such as booklets)</td> </tr> <tr> <td>3</td> <td>sf_addit_spec__3</td> <td>More possibilities to ask questions</td> </tr> <tr> <td>4</td> <td>sf_addit_spec__4</td> <td>More examinations (blood tests, ultrasound, etc.)</td> </tr> <tr> <td>5</td> <td>sf_addit_spec__5</td> <td>More therapy options</td> </tr> <tr> <td>88</td> <td>sf_addit_spec__88</td> <td>Other</td> </tr> </table>	1	sf_addit_spec__1	More consultation and reassurance	2	sf_addit_spec__2	More information providing (such as booklets)	3	sf_addit_spec__3	More possibilities to ask questions	4	sf_addit_spec__4	More examinations (blood tests, ultrasound, etc.)	5	sf_addit_spec__5	More therapy options	88	sf_addit_spec__88	Other									
1	sf_addit_spec__1	More consultation and reassurance																												
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88	sf_addit_spec__88	Other																												
385	sf_addit_spec_88 Show the field ONLY if: [sf_addit_spec(88)] = '1'	What other additional consultation? <i>Please specify.</i>	notes, Required																											
386	sf_satisf_change_yn	Did this survey change anything about your satisfaction with your gynecologist?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
387	sf_satisf_change_before Show the field ONLY if: [sf_satisf_change_yn] = '1'	Please rate your satisfaction before the survey. <i>Drag the blue slider and drop it at the desired position.</i>	slider (number), Required Slider labels: 0, 50, 100 Custom alignment: RH																											
388	sf_satisf_change_spec Show the field ONLY if: [sf_satisf_change_yn] = '1'	To what extent has the survey changed your opinion? <i>Please specify.</i>	notes, Required Custom alignment: RH																											
389	sf_satisf_change_info Show the field ONLY if: [sf_satisf_change_yn] = '1'	We would like to point out that this survey covers all possible points of care according to the new guidelines. If your gynecologist does not do everything the same way, this does not mean that he/she does it badly. If you have any uncertainties or feel you are receiving bad care after this survey, please contact your gynecologist and discuss the situation with her/him. There is certainly a solution for this.	descriptive																											
390	sf_zus_yn	Was there a question missing from this survey that you felt was important?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
391	sf_zus_spec Show the field ONLY if: [sf_zus_yn] = '1'	Please write down the missing question(s):	notes, Required Custom alignment: RH																											
392	sf_note_yn	Is there anything else you would like to say?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																							
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393	sf_note_spec Show the field ONLY if: [sf_note_yn] = '1'	Comment:	notes, Required Custom alignment: RH																											
394	sf_recr_spec	How did you come across this survey?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>sf_recr_spec__1</td> <td>resident gynecologist</td> </tr> <tr> <td>2</td> <td>sf_recr_spec__2</td> <td>hospital gynecologist</td> </tr> <tr> <td>3</td> <td>sf_recr_spec__3</td> <td>Poster / Flyer</td> </tr> <tr> <td>4</td> <td>sf_recr_spec__4</td> <td>Social Media</td> </tr> <tr> <td>5</td> <td>sf_recr_spec__5</td> <td>University newsletter</td> </tr> <tr> <td>6</td> <td>sf_recr_spec__6</td> <td>Internet forum</td> </tr> <tr> <td>7</td> <td>sf_recr_spec__7</td> <td>Selfhelp group</td> </tr> <tr> <td>8</td> <td>sf_recr_spec__8</td> <td>Friends / Acquaintance</td> </tr> <tr> <td>88</td> <td>sf_recr_spec__88</td> <td>other</td> </tr> </table>	1	sf_recr_spec__1	resident gynecologist	2	sf_recr_spec__2	hospital gynecologist	3	sf_recr_spec__3	Poster / Flyer	4	sf_recr_spec__4	Social Media	5	sf_recr_spec__5	University newsletter	6	sf_recr_spec__6	Internet forum	7	sf_recr_spec__7	Selfhelp group	8	sf_recr_spec__8	Friends / Acquaintance	88	sf_recr_spec__88	other
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88	sf_recr_spec__88	other																												

395	sf_recr_spec_88 Show the field ONLY if: [sf_recr_spec(88)] = '1'	What other possibility? <i>Please specify.</i>	notes, Required												
396	sf_recr_spec4 Show the field ONLY if: [sf_recr_spec(4)] = '1'	Through which social media channel?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>sf_recr_spec4__1</td> <td>Facebook</td> </tr> <tr> <td>2</td> <td>sf_recr_spec4__2</td> <td>Instagram</td> </tr> <tr> <td>3</td> <td>sf_recr_spec4__3</td> <td>LinkedIn</td> </tr> <tr> <td>88</td> <td>sf_recr_spec4__88</td> <td>other</td> </tr> </table>	1	sf_recr_spec4__1	Facebook	2	sf_recr_spec4__2	Instagram	3	sf_recr_spec4__3	LinkedIn	88	sf_recr_spec4__88	other
1	sf_recr_spec4__1	Facebook													
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397	sf_recr_spec4_88 Show the field ONLY if: [sf_recr_spec4(88)] = '1'	What other social media channel? <i>Please specify.</i>	notes, Required												
398	schlussfragen_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
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