



Registry of Exceptional Courses of Disease

Registration form

1. Information about the patient

Sex *Check:* Male Female

First name, middle name: _____

Surname: _____ National insurance (NI) number _____

Address: _____

City: _____ Postal code: _____ Country: _____

Contact telephone _____

E-mail: _____

2. Information about sender *(only if sender is not the patient)*

First name, middle name: _____

Surname: _____

Address: _____

City: _____ Postal code: _____ Country: _____

Contact telephone _____

E-mail: _____

3. To which diagnosis/es or health problem/s is your exceptional course of disease connected?

Write the name of each diagnosis/health problem and the year it started.

Diagnosis/health problem 1 _____ Year _____

Diagnosis/health problem 2 _____ Year _____

Diagnosis/health problem 3 _____ Year _____

Diagnosis/health problem 4 _____ Year _____

Diagnosis/health problem 5 _____ Year _____

Diagnosis/health problem 6 _____ Year _____

Diagnosis/health problem 7 _____ Year _____

4. How did you find out about the Registry of exceptional courses of disease?

Patient association ₁ Alternative practitioner ₂ Medical doctor ₃ Radio/TV ₄

Newspaper/magazine ₅ Family/acquaintance ₆ Internet ₇ Other ₈

5. What type of exceptional course of disease have you experienced?

Exceptionally good ₁ Exceptionally bad ₀

If you are under 18 years of age, please go directly to question 14.

6. What is your marital status today?

Check

Married/civil partnership ₁
Cohabiting couple ₂
Widow/widower ₃
Single ₄

9. Number of years of formal education:

Check one

Completed 6 years of education or less ... ₁
Completed 9 years of education ₃
Completed 11 years of education ₄
Completed 13 years of education ₆
College / university 4 years or less ₈
College / university more than 4 years ₉

7. Do you have children under 18 in your custody?

Check one
yes ₁
no ₀

8. Do you have children 18 years or older?

Check one
yes ₁
no ₀

10. Which of these describe(s) your present situation?

- Check*
- I work full time 1
- I work part time 2
- I am retired 3
- I am unemployed 4
- I am on sick leave 5
- I am disabled 6
- I am a home maker 7
- I am a student 8
- Other 9

If you are not working at present, go on to question 12.

11. Within which categories are you working at present?

- Check*
- Senior Management/Director ... 1
- Middle/Junior manager 1
- Academic/teacher/lecturer 2
- Office/clerk/admin 3
- Sales and service 4
- Manual 6
- Not working outside the home/
homemaker 8
- Other 9

12. Within which categories did you work before your present situation?

- Check*
- Senior Management/Director ... 1
- Middle/Junior manager 1
- Academic/teacher/lecturer 2
- Office/clerk/admin 3
- Sales and service 4
- Manual 6
- Not working outside the home/
homemaker 8
- Other 9

13. What was your gross income last year?

Pension, social security, and social welfare are considered as income.

- Check one*
- £ Up to 10,000
- £ 10,000-20,000
- £ 20,001-40,000
- £ 40,001+

Disease history

14a. Have you been diagnosed or given a description of your illness by a medical doctor/hospital in connection with your exceptional course of disease?

Check one

yes ₁

no ₀

14b. If 'yes', which diagnosis/es or what description(s) of your illness has/have been given to you?

Write the name of each diagnosis and the year you got it.

Medical diagnosis 1 _____ Year _____

Medical diagnosis 2 _____ Year _____

Medical diagnosis 3 _____ Year _____

Medical diagnosis 4 _____ Year _____

Medical diagnosis 5 _____ Year _____

15. Has the medical doctor who diagnosed you given you alternative (non-conventional) treatment?

Check one

yes ₁

no ₀

16a. Have you received alternative (non-conventional) treatment by a different medical doctor than the one who diagnosed you?

Check one

yes ₁

no ₀

16b. If 'yes' (to question 16a), has this doctor made a different diagnosis than the one that the first doctor made?

Check one

yes ₁

no ₀

16c. If 'yes'(to question 16b), which diagnosis has been given to you?

17a. Have you been diagnosed or given a description of your illness by an alternative treatment provider in connection with your exceptional course of disease?

Check one

yes 1

no 0

17b. If 'yes', which diagnosis/es or what description(s) of your illness has/have been given to you?

18. What do you think was your health problem in connection with your exceptional course of disease?

19. What makes you experience your disease course as exceptionally bad or exceptionally good?

Conventional medical treatment

20. Have you used (conventional) medical treatment in connection with your exceptional course of disease?

Check one

yes ₁

no ₀ *If 'no', go to question 26.*

21a. What kinds of (conventional) medical treatment have you used in connection with your exceptional course of disease?

Check

Operation

Radiation.....

Chiropractic treatment

Physio therapy.....

Treatment by
psychologist

Dietary advice
by health personnel

Prescription drugs (including
cytotoxins, hormones, etc.

Non-prescription drugs
(incl. vitamins and minerals)

Other

21b. If you have checked 'Other', please describe:

22. In which year did you start (conventional) medical treatment in connection with your exceptional course of disease?

Write year: _____

23a. Have you completed your (conventional) medical treatment in connection with your exceptional course of disease?

Check one

yes ₁

no ₀

23b. If 'yes', in which year? _____

26. Contact information for doctors/hospitals (incl. primary doctor). (We ask you to write down the medical doctors/hospitals that have given a diagnosis or treated you for your disease. Use item 42 if not enough space.)

Name of medical doctor/hospital: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

Name of medical doctor/hospital: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

Name of medical doctor/hospital: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

27a. Are there any (conventional) medical treatments that you have chosen to give up?

Check

yes ₁

no ₀ *If 'no', go to question 29.*

27b. If 'yes', which medical treatments did you choose to give up?

Check

Operation

Radiation.....

Chiropractic treatment

Physio therapy.....

Treatment by
psychologist

Dietary advice
by health personnel

Prescription drugs (including
cytotoxins, hormones, etc.

Non-prescription drugs
(incl. vitamins and minerals)

Other

28. Why did you choose to give up these treatments?

Alternative treatment

In the next questions we are interested in what you understand to be alternative treatment. Therefore we do not define what is to be understood by alternative treatment.

29. Have you used alternative treatments in connection with your exceptional course of disease?

Check

yes ₁

no ₀ *If 'no', go to question 37.*

30a. What types of alternative treatment have you used in connection with your exceptional course of disease?

	<i>Check</i>			<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	Gestalt therapy		<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	Spiritual healing		<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	Religious		<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	healing		<input type="checkbox"/>
Massage /		Nutritional		<input type="checkbox"/>
aromatherapy	<input type="checkbox"/>	therapy		<input type="checkbox"/>
Rosen method	<input type="checkbox"/>	Kinesiology..		<input type="checkbox"/>
Craniosacral		Lightning		<input type="checkbox"/>
therapy	<input type="checkbox"/>	Process		<input type="checkbox"/>
Art therapy	<input type="checkbox"/>	Herbs and food		<input type="checkbox"/>
		supplements ...		<input type="checkbox"/>
		Yoga		<input type="checkbox"/>
		Meditation		<input type="checkbox"/>
		Naprapathy		<input type="checkbox"/>
		Anthroposophic		<input type="checkbox"/>
		medicine		<input type="checkbox"/>
		Shiatsu		<input type="checkbox"/>
		Qigong		<input type="checkbox"/>
		Ayurvedic		<input type="checkbox"/>
		medicine		<input type="checkbox"/>
		Other		<input type="checkbox"/>

30b. If 'yes' on 'Other', explain:

31. Which year did you start alternative treatments in connection with your exceptional course of disease?

Write year: _____

32a. Have you completed the alternative treatment in connection with your course of disease?

Check one

yes ₁

no ₀

32b. If 'yes', which year? _____

33. Contact information for treatment providers *(We ask you to write down the alternative treatment providers that have treated you for your disease. Use item 42 if not enough space.)*

Name of treatment provider: _____

Types of treatment: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

Name of treatment provider: _____

Types of treatment: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

Name of treatment provider: _____

Types of treatment: _____

Address: _____

City: _____ Postcode: _____ Telephone: _____

Date of first contact: _____

34a. Which of the alternative treatment providers that you have seen do you consider to have been the most important one for your exceptional course of disease?

34b. Which of alternative treatment methods that you have used has/have been the most important one/s for your exceptional course of disease?

35a. Have you experienced any positive effects of the alternative treatment in connection with your exceptional course of disease?

Check one

yes 1

no 0

do not know 99

35b. If 'yes', what positive effects have you experienced?

36a. Have you experienced any negative effects of the alternative treatment in connection with your exceptional course of disease?

Check one

yes 1

no 0

do not know 99

36b. If 'yes', what negative effects have you experienced?

37a. Did you use any alternative treatments before you got the diagnosis/health problem which you are registering?

Check one

yes 1

no 0

37b. If 'yes', did you experience positive effects of the alternative treatment/s that you used before you got the diagnosis/health problem which you are registering?

Check one

yes 1

no 0

do not know 99

40a. Have other changes taken place in your life which you think have been important for your exceptional course of disease?

Check one

yes 1

no 0

do not know 99

40b. If 'yes', describe the changes that have taken place besides the ones you have made yourself, that have been important for your exceptional course of disease.

41a. Do you think there are reasons why you became ill?

Check one

yes 1

no 0

do not know 99

41b. If 'yes', why?

42. Additional information:

In this space you can write information about your course of disease and the unusual treatment result you have experienced which you think is not covered in the form or the attached papers.

Thank you very much for your contribution!

