



CharitéCentrum für Neurologie, Neurochirurgie und Psychiatrie

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Neurochirurgische Klinik und Hochschulambulanz

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Datum: 01.06.2018

Surgical Informed Consent Study

Questionnaire: mono / stereo

Name:

Date:

Previous Surgeries:

Occupation:

1. Please indicate the location of your tumor (most applicable please mark with a cross, 3 crosses!):

☐ right

☐ front

☐ superficial

☐ left

☐ central

☐ deep

☐ back

2. Please indicate the height of your tumor in relation to the nose-ear line (most likely to apply please tick):

☐ above

☐ at the level of the nose-ear line

☐ below

3. Please name one or more important brain structures that are located near the tumor:

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4. Please describe the necessary steps of the intervention in your own words:

5. Please name the risks involved in your procedure:

6. Please answer the following questions on a scale from 1 (strongly disagree) to 5 (strongly agree):

- a. Would you like to know the basics of what exactly happens during your procedure?

1 2 3 4 5

- b. After being informed, can you clearly imagine what will be done during your procedure?

1 2 3 4 5

- c. Can you assess the possible complications of your procedure in terms of their importance and likelihood?

1 2 3 4 5

d. Do you find this type of information confidence-building?

1 2 3 4 5

e. Does this type of information convey the department's expertise?

1 2 3 4 5

f. Did this type of information strengthen your consent to the procedure?

1 2 3 4 5

g. Do you think a 3D representation would have been helpful in your understanding of the procedure? / *Did you find the 3D representation helpful in your understanding of the process?*

1 2 3 4 5

h. Do you think a 3D representation would have increased your anxiety about the procedure? / *Did you find the 3D representation increased your anxiety about the procedure?*

1 2 3 4 5