

Attachment 2: Questionnaire for the study:

“Changes in medical students’ stigmatization of psychiatric patients as a result of direct patient contact (StigMed)”

To start, please create your own participant code (*pseudonymization*):

Second letter of your mother's first name	First letter of your father's birth month	The number of your father's birth month	Last letter of your birthplace

Age: _____

Gender: ☐ female ☐ male. ☐ _____

Current practical block: ☐ Psychosomatics ☐ Urology ☐ Cardiology ☐ Gastroenterology

Practical Block on Psychosomatics already completed? Yes ☐ No ☐

Practical Block on Psychiatry already completed? Yes ☐ No ☐

Mentally ill person in your family/circle of acquaintances: Yes ☐ No ☐

General interest in the subject of psychiatry or psychosomatics: Yes ☐ No ☐

To be filled out at the end of the week-long practical block (T1):

Number of patient consultations for which I was present during this practical block week (including consultations with simulated patients):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4

Number of patient consultation which I conducted myself during this practical block week (including consultations with simulated patients):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4