

### Customized structured assessment used in the study

<b>Study code:</b>	<b>Sex:</b>	<b>Age:</b>
<b>Onset (months):</b>		
<b>Referral:</b>	<ul style="list-style-type: none"> <li>• Urgent</li> <li>• Elective</li> </ul>	
<b>Mode of presentation (by history):</b>		
<ul style="list-style-type: none"> <li>• Acute/subacute</li> <li>• Chronic</li> </ul>		
<b>Presence of a trigger (self-reported on specific questioning):</b>		
<ul style="list-style-type: none"> <li>• Physical (specify)</li> <li>• Psychological (specify)</li> </ul>		
<b>Type of symptoms (by history and examination, specify):</b>		
<ul style="list-style-type: none"> <li>• <b>Motor disorder</b> (weakness symptoms, tremor, speech disorders and dystonia) _____</li> <li>• <b>Sensory disorder</b> _____</li> <li>• <b>Cognitive disorder</b> _____</li> <li>• <b>Gait and Balance disorder</b> _____</li> <li>• <b>Epileptic disorder</b> _____</li> <li>• <b>Pain</b> _____</li> </ul>		
<b>Additional symptoms (based on interview, specify):</b>		
<ul style="list-style-type: none"> <li>• Fatigue _____</li> <li>• Mood _____</li> <li>• Sleep _____</li> <li>• Neurovegetative _____</li> </ul>		
<b>Diagnostic categories:</b>		
<ul style="list-style-type: none"> <li>• <b>FND</b> (Functional Neurological Disorder): _____</li> <li>• <b>OND</b> (Other neurological conditions): _____</li> <li>• <b>CND</b> (Comorbid FND and OND): _____</li> </ul>		
<b>Number of consulted specialists (by directly asking patients and by reviewing all available medical records):</b>		

**Number and type of investigations (by directly asking patients and by reviewing all available medical records):**

**Emergency department accesses (by directly asking patients and by reviewing all available medical records):**

**Number of prescriptions (by directly asking patients and by reviewing all available medical records):**