



**The RIMS RFEP QUESTIONNAIRE – Receiving Center**  
**RIMS Fellowship Exchange Program (RIMS RFEP)**

Please read and complete this questionnaire in order to let those professionals interested in the RFEP know the characteristics of your center. With this letter, your centre confirms to be interested in receiving professionals from other MS centres, and provides information on the center.

Specifically, your center agrees to host following health care professional:

Name:

During the following period:

Your centre:

Postal address:

Country:

E-mail address:

WWW-address:

Phone number:

Is your centre specialized only for MS people?      Yes ☐      No ☐

If not, what % of patients do you have with MS? \_\_\_\_%

Is it a -short stay centre? ☐

-long stay centre? ☐

-out patients centre? ☐

The RIMS RFEP QUESTIONNAIRE, Receiving Center- RIMS Fellowship Exchange Program

Which areas does the centre cover?

Diagnosis

☐

Immunomodulating treatment

☐

RHB treatment

☐

Research in MS

☐

Fundraising programs

☐

Has the centre association with an academic institution?    Yes ☐    No ☐

If yes, name of the academic institution:

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Staff:

-number of professionals directly involved in MS patients' health care: \_\_\_\_

-number of professionals non-directly involved in MS patients' care (that is related to research, fundraising, administration/management etc):

The multidisciplinary team is composed of:

|                         | Number | which speciality? |
|-------------------------|--------|-------------------|
| -Doctor                 | _____  |                   |
| -Psychologist           | _____  |                   |
| -Neuropsychologist      | _____  |                   |
| -Social worker          | _____  |                   |
| -Physiotherapist        | _____  |                   |
| -Nurse                  | _____  |                   |
| -Speech therapist       | _____  |                   |
| -Arts and crafts        | _____  |                   |
| -Nutritionist           | _____  |                   |
| -Occupational therapist | _____  |                   |
| -Urologist              | _____  |                   |
| -Adapted sports:        |        |                   |
| Which ones?             | _____  |                   |
| -Alternative therapies  |        |                   |
| Which ones?             | _____  |                   |
| -Others:                |        |                   |

-Is your centre more involved in clinical practice than in research?

Yes ☐ ☐

-Is your centre more involved in research than in clinical practice?

Yes ☐ No ☐

-In both equally: ☐

-Please give details of research programs:

-Is your centre a pioneer in any technical appliances or in specific therapies? (In any of the disciplines):

Does your centre highlight any special multidisciplinary therapeutic management/approach in any fields of MS?

First language used in the centre:  
Danish

Second language used in the centre:

Is the staff able to speak English ? Yes ☐ No ☐

Most of them Yes ☐ No ☐

- if only some, which professionals:

Do you have anyone in your centre who could " tutor" the fellow Yes ☐ No ☐

If yes, what is the profession of the possible willing tutor / tutors

Other comments you would like to make about your centre:

For more information please contact:

E-Mail:

Tel. : , mobile phone

