

**SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS FORM.**

Patient name\_\_\_\_\_

Please indicate your age \_\_\_\_\_ (Years)

Please select your gender, Male ( ) Female( )

What is your occupation\_\_\_\_\_

Patient educdtional level, None( ) Secondary ( ),tertiary( )

Patient marital status; single ( )married( )

Type of neurological disorder you have \_\_\_\_\_

Duration of your illness\_\_\_\_\_

Patient socio-economic status\_\_\_\_\_