

CODE BOOK - CARE RECEIVER
FOLLOW-UP MEASUREMENT - TX

TOPICS-MDS

'The Older Persons and Informal Caregivers Survey Minimum Data Set'

TOPICS-MDS



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This is the codebook for the follow-up TOPICS-MDS data and it explains the coding used in the database.

Baseline and Follow-up measurements

The variable names indicate whether a variable belongs to a baseline (T0) or a follow-up measurement (Tx):

T0	Baseline assessment
T3	Follow-up measurements after 3 months
T4	Follow-up measurements after 4 months
T6	Follow-up measurements after 6 months
T8	Follow-up measurements after 8 months
T12	Follow-up measurements after 12 months
T16	Follow-up measurements after 16 months
T18	Follow-up measurements after 18 months
T21	Follow-up measurements after 18 months
T24	Follow-up measurements after 24 months
T32	Follow-up measurements after 32 months
T36	Follow-up measurements after 36 months

Note: T3, T4, T8, T16, T18, T21, T24, T32 and T36 are only available for a few studies



General data

ProjectID	TOPICS-MDS study number
PersonIDCR	TOPICS-MDS individual ID of care receiver
TX_ses2006	Social economic status score 2006 of care receiver
TX_ses2010	Social economic status score 2010 of care receiver
TX_corop	COROP code of care receiver
TX_sted	Urbanization degree of care receiver
TX_prov	Province of care receiver
TX_gemcode	Municipality of care receiver
<i>Please see Appendix 1 for more information on the coding</i>	
TX_aafndat	Date on which the care receiver filled out the questionnaire dd/mm/yyyy
<i>Three additional variables were created:</i>	
TX_aafnday	Day on which the care receiver filled out the questionnaire
TX_aafnmo	Month on which the care receiver filled out the questionnaire
TX_aafnyr	Year on which the care receiver filled out the questionnaire
TX_aques	Questionnaire is completed using:
	1= A face-to-face interview
	2= A telephone interview
	3= A written/mailed questionnaire/ a web-based questionnaire (internet)
	4= A mailed questionnaire that was checked afterwards in a personal interview
	5= A mailed questionnaire that was checked afterwards in a telephone interview
TX_age	Age of care receiver on the date of filling out the questionnaire, calculated with self-reported birth date and date of filling out the questionnaire.
TX_asexe	Gender of yourself
	0= Male
	1= Female
TX_amarstat	What is your marital status?
	1= Married
	2= Divorced
	3= Widow / widower / partner deceased
	4= Single
	5= Sustainable living together, unmarried



TX_aliving What is your living arrangement/ situation?

- 1= Independent, alone
- 2= Independent, with others (partner, children etc.)
- 3= Home for the aged / residential care
- 4= Nursing home

TX_ahadat Date in home for the aged since dd/mm/yyyy

Three additional variables were created:

- TX_ahaday Day of date in home for the aged
- TX_ahamo Month of date in home for the aged
- TX_ahayr Year of date in home for the aged

TX_anhdat Date in nursing home since dd/mm/yyyy

Three additional variables were created:

- TX_anhday Day of date in nursing home
- TX_anhmo Month of date in nursing home
- TX_anhyr Year of date in nursing home



Health

The following questions are about your health. Tick the response that best suits you.

(http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html)

TX_health1

In general, would you say your health is:

- 1= Excellent
- 2= Very good
- 3= Good
- 4= Fair
- 5= Poor

TX_health2

Compared to one year ago, how would you rate your health in general now?

- 1= Much better now than one year ago
- 2= Somewhat better now than one year ago
- 3= About the same
- 4= Somewhat worse now than one year ago
- 5= Much worse now than one year ago



EQ-5D + C(ognitive dimension) (Without EQ VAS)

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

TX_EQ5mo Mobility

- 1= I have no problems in walking about
- 2= I have some problems in walking about
- 3= I am confined to bed

TX_EQ5sc Self-care

- 1= I have no problems with washing or dressing myself
- 2= I have some problems in washing or dressing myself
- 3= I am unable to wash or dress myself

TX_EQ5act Activities (e.g. work, study, housework, family or leisure activities)

- 1= I have no problems with performing my usual activities
- 2= I have some problems with performing my usual activities
- 3= I am unable to perform my usual activities

TX_EQ5Pain Pain/discomfort

- 1= I have no pain or discomfort
- 2= I have moderate pain or discomfort
- 3= I have extreme pain or discomfort

TX_EQ5anx Anxiety/depression

- 1= I am not anxious or depressed
- 2= I am moderately anxious or depressed
- 3= I am extremely anxious or depressed

TX_EQ5c Cognitive functioning, such as memory, attention and thinking

- 1= I have no problems with my memory, attention and thinking
- 2= I have some problems with my memory, attention and thinking
- 3= I have serious problems with my memory, attention and thinking



Multimorbidity

The following questions are about the diseases and disorders that you have or have had. Please tick the box of the diseases or disorders you have or have had in the last 12 months. You can tick more than one answer.

In all 17 variables (TX_morb1 - TX_morb17) holds:

0= not ticked

1= ticked

TX_morb1	Diabetes
TX_morb2	Stroke, brain haemorrhage, cerebral infarction or TIA
TX_morb3	Heart failure
TX_morb4	A form of cancer (malignant disease)
TX_morb5	Asthma, chronic bronchitis, pulmonary emphysema or CARA / COPD
TX_morb6	Involuntary urinary loss (incontinence)
TX_morb7	Joint damage (osteoarthritis, rheumatoid wear) of hips or knees
TX_morb8	Osteoporosis (osteoporosis)
TX_morb9	Hip fracture
TX_morb10	Fractures other than hip
TX_morb11	Dizziness with falling
TX_morb12	Prostatism due to benign prostatic hyperplasia
TX_morb13	Depression
TX_morb14	Anxiety / panic disorder
TX_morb15	Dementia
TX_morb16	Hearing problems
TX_morb17	Vision disorders



Functioning (i)adl Katz-15

The following questions assess your functioning in activities of daily living. Please pick/ choose the answer that describes your current situation. Mark the box that describes your current situation best.

- | | |
|--|--|
| TX_katz_bath
0= no
1= yes | Do you need help with taking a bath or a shower? |
| TX_katz_dres
0= no
1= yes | Do you need help getting dressed? |
| TX_katz_brush
0= no
1= yes | Do you need help brushing your hair or shaving? |
| TX_katz_toil
0= no
1= yes | Do you need help toileting? |
| TX_katz_cont
0= no
1= yes | Do you use incontinence products? |
| TX_katz_transfer
0= no
1= yes | Do you need help sitting down and getting up from a chair? |
| TX_katz_walk
0= no
1= yes | Do you need help walking about? |
| TX_katz_eat
0= no
1= yes | Do you need help with eating? |
| TX_katz_tel
0= no
1= yes | Do you need help using the telephone? |
| TX_katz_travel
0 = no
1 = yes | Do you need help travelling? |



TX_katz_shop	Do you need help shopping?
0= no 1= yes	
TX_katz_feed	Do you need help preparing a meal?
0= no 1= yes	
TX_katz_hh	Do you need help taking care of your house?
0= no 1= yes	
TX_katz_med	Do you need help taking your medications?
0= no 1= yes	
TX_katz_fin	Do you need help handling your finances?
0= no 1= yes	



Psychological Well-Being

These questions are about how you feel and how things have been with you **during the past month**. For each question, please give the one answer that comes closest to the way you have been feeling.

TX_PW_Nerv How much of the time during the past month have you been very nervous?

- 1= All of the Time
- 2= Most of the Time
- 3= A good bit of the Time
- 4= Some of the Time
- 5= A little of the Time
- 6= None of the Time

TX_PW_calm How much of the time during the past month have you felt calm and peaceful?

- 1= All of the Time
- 2= Most of the Time
- 3= A good bit of the Time
- 4= Some of the Time
- 5= A little of the Time
- 6= None of the Time

TX_PW_blue How much of the time during the past month have you felt downhearted and blue?

- 1= All of the Time
- 2= Most of the Time
- 3= A good bit of the Time
- 4 Some of the Time
- 5= A little of the Time
- 6= None of the Time

TX_PW_happy How much of the time during the past month have you been a happy person?

- 1= All of the Time
- 2= Most of the Time
- 3= A good bit of the Time
- 4= Some of the Time
- 5= A little of the Time
- 6= None of the Time



TX_PW_down How much of the time during the past four weeks have you felt so down in the dumps that nothing could cheer you up?

- 1= All of the Time
- 2= Most of the Time
- 3= A good bit of the Time
- 4= Some of the Time
- 5= A little of the Time
- 6= None of the Time

Social Functioning

TX_socfunc During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups (like visiting friends or close relatives)?

- 1= All of the Time
- 2= Most of the Time
- 3= Some of the Time
- 4= A little of the Time
- 5= None of the Time



Quality of Life

The following questions concern your quality of life. In other words, how you rate your own life. E.g. whether you are satisfied with your life, or whether you enjoy your life or whether your life provides you satisfaction. Tick the box of the answer that best suits you.

TX_QoL_gen

In general, how would you rate the quality of your life?

- 1= Excellent
- 2= Very Good
- 3= Good
- 4= Fair
- 5= Poor

TX_QoL_no

What mark would you give your life at this moment?

Range 0-10

TX_QoL_1yrago

Compared to a year ago, how would you rate the quality of your life in general now ?

- 1= Much better
- 2= A little better
- 3= About the same
- 4= Slightly worse
- 5= Much worse



Use of care

TX_c_Hosp Have you been hospitalized in the last 12 months?

0= No

1= Yes

TX_c_hospdays Number of days in hospital

Range 1-365 days

Hospital admission If yes, in which hospital?

Hospital location If yes, where is the hospital located?

TX_C_HOSP1 Hospital admission 1

TX_C_Hosploc1 Hospital location 1

... until

T0_C_Hosp5 Hospital admission 5

T0_C_Hosploc5 Hospital location 5

*Please see **Appendix 1** for more information on the coding*

TX_c_GP_lastXmo Did you visit the general practitioner or did the general practitioner visit you during evenings, nights or weekends over the last X months?

0= No

1= Yes

TX_c_GP_days Number of general practice visits or GP house calls

Range 1-365 days

TX_c_HC Do you have home care? For example nursing care, family care or domestic care.

0= No

1= Yes

TX_c_HC_hours Number of hours of home care per week

Range 1-168 hours

TX_c_HA_lastXmo Have you been admitted temporarily to a home for the aged in the last X months? E.g. because you were not able to go home immediately after discharge.

0= No

1= Yes

TX_c_HA_weeks Number of weeks in home of the aged?

Range 1-52 weeks

TX_c_NH_lastXmo Have you been admitted temporarily to a nursing home in the last X months? E.g., because you were not able to go home immediately after discharge.

0= No

1= Yes



TX_c_NH_weeks Range 1-52 weeks	Number of weeks in nursing home?
TX_c_DCC 0= No 1= Yes	Do you visit a day care center (dagopvang in Dutch)?
TX_c_DCC_days Range 1-7 days	Number of days per week at day care center (dagopvang in Dutch)?
TX_c_OT 0= No 1= Yes	Do you visit a day care center (dagbehandeling in Dutch)?
TX_c_OT_days Range 1-7 days	Number of days per week a day care center (dagbehandeling in Dutch)?

**Closure**

TX_help_ques Did someone help you fill out this questionnaire?

0= No, I have completed the list by myself.

1= Yes, someone helped me completing the list.

TX_help_ques_which If yes, what help did you get?

1= Someone else has written down the answers, I have chosen the answers myself.

2= Someone else helped me to choose and write down the answers.

3= Someone else has chosen and written down the answers for me.