

QUESTIONNAIRE

Care receiver, follow-up measurement

Your experiences as a care receiver are valuable

You receive care. This list contains questions about what this care means for you as a care receiver. Your answers will be used in research to improve care for the elderly. The more information there is about care for the elderly, the more this can be taken into consideration. For example when changing the facilities, regulations or legislation for care and wellbeing. Therefore, your experiences are also valuable for other elderly people. Your answers will be processed anonymously and your data will not be distributed further.

If you complete this questionnaire, this will not have any effect on the care that you receive.

If you have any further questions, please call us on ...

Instructions for this questionnaire

- Completing this questionnaire will take approximately half an hour.
- Read each question through completely before selecting an answer.
- Then tick the answer that best fits your situation.
- Tick only one answer for each question.
- If you are allowed to tick more than one answer, then this will be mentioned for the relevant question.
- If you find it difficult to understand or answer the questions, ask your partner, a family member or a friend to help you.
- Some questions may appear to be 'repeated', but please answer all the questions. They are intended to view your situation again from a different angle.
- When you are done, please check that you have not forgotten any questions.

Date of birth, gender and postal code

Please fill in your details below:

1 Date of birth: - -

2 Gender:

Male

Female

3 Postal code:

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Only fill in the four figures here

Personal information

4 What is your marital status?

- Married
- Divorced
- Widow / widower / partner deceased
- Unmarried
- Long-term cohabitation, unmarried

Living situation

5 What is your living situation?

- Independent, alone
- Independent, with others (partner, children, etc.)
- Care home / residential care centre since _____ - _____
- Nursing home since _____ - _____

Health and illnesses

The following questions are about your health. Please tick the box of the answer that best fits your situation.

6 How is your health in general?

- Excellent
- Very good
- Good
- Reasonable
- Poor

7 How is your health in general, in comparison to one year ago?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

The following questions are about how you are feeling today. Tick the box next to the sentence that best describes your health right now.

8 Walking

- I have no problems with walking
- I have some problems with walking
- I am bedridden

9 Self care

- I have no problems washing or dressing myself
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

10 Daily activities (for example work, education, household, family and leisure activities)

- I have no problems with my daily activities
- I have some problems with my daily activities
- I am unable to perform my daily activities

11 Pain / symptoms

- I have no pain or other symptoms
- I have moderate pain or other symptoms
- I have very severe pain or other symptoms

12 Mood

- I am not anxious or despondent
- I am moderately anxious or despondent
- I am very anxious or despondent

13 Brain functions such as memory, attention and thinking

- I have no problems with my memory, attention and thinking
- I have some problems with my memory, attention and thinking
- I have severe problems with my memory, attention and thinking

Tasks and activities of daily life

The following questions are about how you function in daily life. Select your answer according to the situation as it is now. Please tick the box of the answer that best fits your situation.

14 Do you need help with bathing or showering?

- no
- yes

15 Do you need help with getting dressed?

- no
- yes

16 Do you need help with combing your hair or with shaving?

- no
- yes

17 Do you need help with going to the toilet?

- no
- yes

18 Do you use incontinence products?

- no
- yes

19 Do you need help to get up out of a chair?

- no
- yes

20 Do you need help with walking?

- no
- yes

21 Do you need help with eating?

- no
- yes

22 Do you need help with using the telephone?

- no
- yes

23 Do you need help with travelling?

- no
- yes

24 Do you need help with grocery shopping?

- no
- yes

25 Do you need help with preparing a meal?

- no
- yes

26 Do you need help with household tasks?

- no
- yes

27 Do you need help with taking your medicines?

- no
- yes

28 Do you need help in dealing with finances?

- no
- yes

How you are feeling

The following questions are about how you have been feeling the past month. Please tick the box of the answer that best fits your situation.

29 How often in the past month have you been very nervous?

- Always
- Very often
- Quite often
- Sometimes
- Almost never
- Never

30 How often in the past month have you felt calm and tranquil?

- Always
- Very often
- Quite often
- Sometimes
- Almost never
- Never

31 How often in the past month have you felt despondent and sombre?

- Always
- Very often
- Quite often
- Sometimes
- Almost never
- Never

32 How often in the past month have you felt happy?

- Always
- Very often
- Quite often
- Sometimes
- Almost never
- Never

33 How often in the past month have you felt so sombre that nothing could cheer you up?

- Always
- Very often
- Quite often
- Sometimes
- Almost never
- Never

Social activities

34 How often *in the past 4 weeks* have your physical health or emotional problems hampered your social activities (such as visits to friends or close family members)?

- Continuously
- Mostly
- Sometimes
- Rarely
- Never

Quality of life

The following questions are about your 'quality of life'. This refers to what you think about your life. For example, whether you are satisfied with your life, whether you have enjoyment in your life and whether your life gives you satisfaction. Please tick the box of the answer that best fits your situation.

35 How is your quality of life in general?

- Excellent
- Very good
- Good
- Reasonable
- Poor

36 Which report mark would you give your life at this moment?

Report mark:

Enter a figure between 0 and 10 here

37 How is your quality of life in general, in comparison to one year ago?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

Your care use

38 Have you been admitted to a hospital in the past 12 months?

No

Yes, namely days in total

If yes, in which hospitals?

Admission

1

Hospital:

City:

Admission

2

Hospital:

City:

Admission

3

Hospital:

City:

Admission

4

Hospital:

City:

Admission

5

Hospital:

City:

39 Have you visited an out of hours GP service or had a visit from a general practitioner in the evening, night or on the weekend for yourself in the past 12 months?

No

Yes, namely times in total

40 Do you receive home care? For example a community nurse, family care or home help.

No

Yes, namely hours per week

41 Have you been admitted to a care home **temporarily** in the past 12 months? For example because you were unable to go home immediately after a hospital admission.

No

Yes, namely weeks in total

42 Have you been admitted to a nursing home **temporarily** in the past 12 months? For example because you were unable to go home immediately after a hospital admission.

No

Yes, namely weeks in total

43 Do you go to a day care centre?

No

Yes, namely days per week

44 Do you go for day treatment?

No

Yes, namely days per week

Conclusion

45 Has somebody helped you to complete this questionnaire?

- No, I completed the list alone.
- Yes, somebody helped me to complete the list.

46 If yes, what did the help consist of?

- Someone else recorded the answers, but I selected the answers myself.
- I selected and recorded the answers together with someone else.
- Someone else selected and recorded the answers for me.

If you have any comments, please write them down in the space below:

This is the end of the questionnaire. Thank you very much for completing the questionnaire!!!