

TOPICS-MDS



Please remove this page when you give or send the questionnaire to the care receiver

INFORMATION FOR RESEARCHERS

Please note: for items 11, 17 to 24 en 26 to 28 you need to replace the 'X' for every follow-up measurement separately. Example: replace the 'X' by 12 when follow-up is after 12 months, by 6 when follow-up is after 6 months.

Would you like to use the frailty index? Then we advise you to add the morbidity items from the TOPICS-MDS 2017 baseline measurement to your follow-up measurement(s).

For more information, visit our website: www.topics-mds.eu. Or send an e-mail to: topics-mds@radboudumc.nl

2017

TOPICS-MDS



QUESTIONNAIRE

Care receiver, follow-up

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 elderly people, 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.

Instructions for this questionnaire

- Completing this questionnaire will take approximately half an hour.
- Read each question through completely before selecting an answer.
- 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 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:

Date of birth: Day Month Year

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Gender: Male Female

Postal code
(four numbers):

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Personal information

- 1 What is your marital status?
- Married
 - Unmarried, no partner
 - Long-term cohabitation, unmarried
 - Divorced
 - Widow / widower / partner deceased

Living situation

- 2 What is your living situation?
- Independent, alone
 - Independent, with others (partner, children, etc.)
 - Care facility (nursing home / residential care centre)
 - Another, namely

Health and disease

The following questions are about your health.

- 3 On a scale of 0 to 10: how do you rate your health in general? 0 indicates 'completely unhealthy' and 10 'completely healthy'.

0 1 2 3 4 5 6 7 8 9 10

Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

4 **Mobility**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

5 **Self-care**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

6 **Usual activities (e.g. work, study, housework, family or leisure activities)**

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

- 7 Pain / discomfort
- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort
- 8 Anxiety / depression
- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
- 9 Do you have complaints about your memory?
- No
 - Yes
- 10 Did you consult a doctor about your memory problems?
- No
 - Yes
- 11 Did you fall in the past <X> months?
- No
 - Yes

Tasks and activities of daily life

12 The following questions refer to daily activities which should be performed frequently, such as walking a flight of stairs or cooking. In each question it is asked whether you are able to perform the activity **at this moment**. It is not intended to assess whether you are actually performing the activities, but if you can do them if necessary.

Can you, fully independently, ...	Yes, I can do it fully independently			No, I cannot do it fully independently, I can only do it with someone's help
	...without any difficulty	...but with some difficulty	...but with great difficulty	
... dress yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... stand up from sitting in a chair ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... wash and dry your whole body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go up and down the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... walk outdoors (if necessary with a cane or wheel rollator)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... take care of your feet and toenails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do "light" household activities (for example, dusting and tidying up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do the shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... use your own or public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your care use

17 Have you been admitted to the hospital **in the past <X> months**? You had to stay overnight, for example because you had surgery and could not go home the same day.

No

Yes, namely times in total in the past <X> months

Did you tick "Yes"? Please answer the following question. If not, go to question 19.

18 How many days did you stay in hospital in total? If you stayed in hospital more than once in the **past <X> months**, then please sum up the number of days you stayed during each of the admissions.

days in total in the past <X> months

19 Have you visited the emergency department of a hospital for yourself in the **past <X> months**? Other names for emergency department are: emergency room (ER), emergency ward, accident & emergency department (A&E) or casualty department.

No

Yes, namely times in total in the past <X> months

20 Have you visited an out-of-office hours GP service or had a visit from a general practitioner in the **evening, night or on the weekend** for yourself in the **past <X> months**?

No

Yes, namely times in total in the past <X> months

21 How many appointments (office hours and house calls) have you had with a general practitioner for yourself in the **past <X> months**?

Not a single appointment

One or more appointments, namely times in total in the past <X> months

22 Did you receive home care in the **past <X> months**?

No

Yes

Have you ticked "Yes"? Please answer questions 23 to 25. If not, continue with question 26.

23 What type of home care did you receive in the **past <X> months**? You can tick more than 1 answer.

- Help with household chores (for example: vacuuming, making the bed, grocery shopping)
- Personal care (for example: help with bathing/showering or dressing)
- Nursing care (for example: changing dressings, administering medications, measuring blood pressure)

24 How many weeks did you receive this home care? Please, sum up all weeks in the **past <X> months**. Please note: a period of for example 12 months concerns 52 weeks, a period of 6 months is 26 weeks, a period of 3 months is 13 weeks.

Help with household chores: weeks in the past **<X>** months

Personal care: weeks in the past **<X>** months

Nursing care: weeks in the past **<X>** months

25 How many hours of home care did you receive during these weeks on average?

Help with household chores: on average hours per week

Personal care: on average hours per week

Nursing care: on average hours per week

26 In the **past <X> months**, did you have to stay overnight somewhere else than your own home because of your health? For example, in a nursing home, residential care center, psychiatric hospital or rehabilitation center?

- No
- Yes, namely times in total in the past **<X>** months

Have you ticked "Yes"? Please answer the following question. If not, go to question 28.

27 How long did you stay in this care facility? If you stayed more than once in a care facility in the **past <X> months**, please sum up the number of days of all stays together.

days in total in the past **<X>** months

28 In the **past <X> months**, did you stay somewhere else than your own home during the day for treatment? So, you did not stay overnight. For example, you went to day care or day treatment.

No

Yes, namely times per week in the past **<X>** months

29 Because of your health problems, did you receive help from your family or friends in the **past week** with household chores such as preparing food, cleaning your house, doing the laundry, ironing or mending your cloths, grocery shopping or do odd jobs in and around the house?

No

Yes, namely hours in the past week

30 Because of your health problems, did you receive help from your family or friends in the **past week** with personal care (dressing, washing your body, combing your hair, shaving), toileting, transferring in the house, eating, drinken or taking medications?

No

Yes, namely hours in the past week

31 Because of your health problems, did you receive help from your family or friends in the **past week** with getting around outside the house, making trips, visiting family or friends, dealings with health care (attending your visits to the GP, hospital or treatment), arranging for help, aids or home adjustments, or arranging your finances or paper work?

No

Yes, namely hours in the past week

Closure

32 Has somebody helped you to complete this questionnaire?

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

33 If yes, what did the help consist of?

- Someone else has written down the answers, I have chosen the answers myself
- Someone else helped me to choose and write down the answers
- Someone else has chosen and written down 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.