TOPICS-MDS

Project - hospital ID:

Serial number:

Questionnaire

Care receiver

YOUR EXPERIENCES AS A CARE RECEIVER ARE VALUABLE

This list contains questions about your physical and mental health and quality of life. 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. Therefore, your experiences are also valuable for other elderly people.

INSTRUCTIONS FOR THIS QUESTIONNAIRE

- Completing this questionnaire will take approximately 10 minutes.
- If you find it difficult to understand or answer the questions, ask your partner, a family member or a friend to help you.
- Read each question through completely before selecting an answer.
- When you are done, please check that you have not forgotten any questions.

Please choose the answer that best fits your situation.

A General health

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
□	□	□	□	□	□	□	□	□	□	□

B	Pain/discomfort	None	Slightly	Moderately	Severely	Extremely
	Do you experience pain or discomfort at this moment?	□	□	□	□	□

C	Brain functions	No	Yes
	Do you have complaints about your memory?	□	□

D Tasks and activities of daily life

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?	□	□	□	□
… stand up from sitting in a chair ?	□	□	□	□
… wash and dry your whole body?	□	□	□	□
… go up and down the stairs?	□	□	□	□
… walk outdoors (if necessary with a cane or wheel rollator)?	□	□	□	□

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**	
… take care of your feet and toenails?	□	□	□	□
… do "light" household activities (for example, dusting and tidying up)?	□	□	□	□
… do the shopping?	□	□	□	□
… take your medicines?	□	□	□	□
… use your own or public transportation?	□	□	□	□

E	**How you feel**	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
	How much of the time in the past 4 weeks have you…						
1.	… felt calm and peaceful?	□	□	□	□	□	□
2.	… felt downhearted and blue?	□	□	□	□	□	□
3.	...been a happy person?	□	□	□	□	□	□

F	**Social activities**	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	□	□	□	□	□

The following question is 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.

On a scale of 0 to 10: how do you rate your life at this moment? 0 indicates 'completely unsatisfied' and 10 'completely satisfied'.

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
□	□	□	□	□	□	□	□	□	□	□

Closure

1 Has someone helped you to complete this questionnaire?

☐ No, I completed the list alone.

☐ Yes, someone helped me to complete the list, namely _____

(for example: your partner, brother, sister, child, grandchild, friend, acquaintance, nurse)

2 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.

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