

University of Groningen

Towards tailored elderly care

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DOI:

[10.1016/j.jpsychores.2013.02.003](https://doi.org/10.1016/j.jpsychores.2013.02.003)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2015

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Peters, L. (2015). *Towards tailored elderly care: with self-assessment measures of frailty and case complexity*. University of Groningen. <https://doi.org/10.1016/j.jpsychores.2013.02.003>

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Apendix I GFI
Apendix II IM-E-SA



APPENDIX I

Self-assessment version of the Groningen Frailty Indicator (GFI)

Physical components

Are you able to carry out these tasks single-handedly and without any help?

(The use of help resources such as a walking stick, walking frame or wheelchair is considered to be independent.)

1. Shopping
2. Walking around outside (around the house or to the neighbours)
3. Dressing and undressing
4. Going to the toilet
5. What mark do you give yourself for physical fitness? (scale 0 to 10)
6. Do you experience problems in daily life due to poor vision?
7. Do you experience problems in daily life due to being hard of hearing?
8. During the last 6 months have you lost a lot of weight unwillingly?
(3 kg in 1 month or 6 kg in 2 months)
9. Do you take 4 or more different types of medicine?

Cognitive component

10. Do you have any complaints about your memory?

Social components

11. If you are at work, with your family or at church do you believe that you are part of the social network?
12. Do other people pay attention to you?
13. Will other people help you if you are in need?

Psychological components

14. In the last four weeks did you feel downhearted or sad?
15. In the last four weeks did you feel calm and relaxed?

Scoring items

- 1-4: Yes = 0; No = 1
5: 0-6=1; 7-10 = 0
6-9: No = 0; Yes = 1
10: No = 0; Sometimes = 0; Yes = 1
11-13: Never=1; Sometimes=1; Often=0; All the time =0
14: Never =0; Seldom=0; Sometimes=1; Often=1; Very often=1; All the time=1
15: Never =1; Seldom=1; Sometimes=1; Often=1; Very often=0; All the time=0

APPENDIX II

INTERMED For The Elderly Self Assessment

In the overview below all items of the INTERMED for the Elderly Self Assessment (IM-E-SA) are presented including the four-level rating scale. The rating scores range from 0 to 3 and spectrum of zero evidence for a symptom or disturbance or health service need (0) to evidence of complex symptoms or healthcare needs (3).

The individual code markers are comparable with the colors of signal lights, marking the extent of the necessity or urgency of the need for action and caretaking. Green (0) denotes that no care taking is necessary. The more the color resembles red, the more urgent it is that action is required.

General principle

- No vulnerability/need
- Mild vulnerability/need for monitoring or prevention
- Moderate vulnerability/need for treatment or inclusion in treatment plan
- Severe vulnerability/need for immediate or intensive treatment

Instruction

Please put tick in the box next to the answer of your choice. For each question one answer is allowed to be ticked.

1. Biological

History (over the past 5 years)

1a Chronicity

For how long do you experience any restrictions due to physical complaints (multiple answers allowed)?

- I do not experience any restrictions or I have experienced restrictions for a period shorter than 3 months (item 1.1)
- I have experienced restrictions for a period longer than 3 months of in the past 5 years I have experienced several short periods with restrictions (item 1.2)

Do you suffer from one or more long-lasting or chronic diseases (such as diabetes, high blood pressure, rheumatoid arthritis, lung disease or cancer)

- I don't have a long-lasting or chronic disease (item 1.3)
- I suffer one long-lasting or chronic disease (item 1.4)
- I suffer several long-lasting or chronic diseases (item 1.5)

Calculate score of item

1a 'Chronicity' with items above:

- Item 1.1 and item 1.3
- Item 1.2 and item 1.3
- Item 1.1 and item 1.4
- Item 1.2 and item 1.4
- Item 1.1 and item 1.5
- Item 1.2 and item 1.5

Prognosis (for the next 6 months)

1c Complications and life threat

In the next 6 months, do you expect your physical health to change? [Try to make the best estimate]

- In the next 6 months I expect my physical complaints or restrictions will be the same or in the next 6 months I still have no physical complaints or restrictions
- In the next 6 months I expect my physical complaints or restrictions to get better
- In the next 6 months I expect a slight worsening of my physical complaints or restrictions
- In the next 6 months I expect a considerable worsening of my physical complaints or restrictions

Current state

1c Severity of problems

How much are your daily activities restricted by physical problems?

- My daily activities are not influenced by physical problems
- My daily activities are mildly influenced by physical problems
- My daily activities are moderately influenced by physical problems
- My daily activities are severely influenced by physical problems

1b Diagnostic dilemma

How difficult has it been in the past 5 years to diagnose the physical problems you experience?

- I did not suffer of any physical problem in the past 5 years
- The reason for my problems was immediately clear
- After a lot of investigations the reason for my problems was identified
- Even though a series of investigations have been taken into effect, the origins of my problems were never diagnosed

1d diagnostic problems

Do you understand the origin of your physical complaints and restrictions?

- I do not have any physical complaints and restrictions
- I understand exactly the origin of my physical complaints and restrictions
- I understand the origin of my physical complaints and restrictions but have some questions
- I understand the origin of my physical complaints and restrictions but have a lot of questions
- I don't understand the origin of my physical complaints and restrictions at all

2. Psychological

History (over the past 5 years)

2a Restrictions in coping

In the past 5 years, how did you cope with stressful, difficult situations?

- Generally speaking, I have always been able to cope with stressful, difficult situations
- Sometimes I had difficulties in coping with stressful, difficult situations, which sometimes resulted in tensions and problems with my partner, family or healthcare professionals.
- I often experienced difficulties with stressful, difficult situations, which often led to tensions and problems with my partner, family or healthcare professionals
- I always experience difficulties with stressful, difficult situations. They upset me and make me tense

2b Psychiatric dysfunction

Did you ever have psychological problems, such as being tense, anxious, down/blue or confused?

- No, almost never
- Yes, however without clear influence on my daily life
- Yes and it influenced my daily life
- Yes and these problems have had or still have a long-lasting effect on my daily life

Current state

2c Resistance to treatment

Do you think it is difficult to follow your healthcare providers' recommendations (i.e. diet, physical activity, life style, medication intake)?

- No, I don't think this is difficult
- Yes, I think this is difficult, but I manage
- Yes, I think this is difficult, sometimes I manage, sometimes I don't
- Yes, I think this is too difficult, most of the times I don't manage

2d Psychiatric symptoms

At present, are you experiencing psychological problems, such as being tense, anxious, down/blue or confused?

- No, psychological problems
- Yes, one or more psychological problems
- Yes, some psychological problems
- Yes, a lot of psychological problems

Prognosis (for the next 6 months)

2e Mental health threat

In the next 6 months, do you expect your psychological complaints to change? [Try to make the best estimate]

- In the next 6 months I expect my psychological complaints will be the same or in the next 6 months I still have no psychological complaints
- In the next 6 months I expect my psychological complaints to get better
- In the next 6 months I expect only a slight worsening of my psychological complaints
- In the next 6 months I expect a considerable worsening of my psychological complaints

3. Social

History (over the past 5 years)

3a Restrictions in social integration

The next question is about activities with you come into contact with other people. You can think about (volunteers)work, study/training, shopping, sports, visiting people or receive visitors

- I have several activities per week that I come into contact with many people
- I have a different activity every week that I come into contact with quite a few people
- I almost always the same activity that I get in contact with the same people
- I have (almost) no activities that I come into contact with other people

3b Social dysfunction

How do you generally relate to other people?

- I have a sufficient amount of contacts with others and socialize well
- I have contacts with others, though every now and then it might become tense
- It is difficult for me to initiate or maintain contacts or friendships with others
- Contacts or friendships often deteriorate into quarrels and conflicts

Current state

3c Residential instability

Is your home living situation satisfactory? Or are adjustments needed, such as home modifications, receiving home care, or going to live somewhere else?

- At this moment no adjustments are needed, I can manage my home situation
- At this moment no adjustments are needed, as there is enough support and care by others or I stay in a nursing home
- Adjustments are needed, however not immediately
- Immediate adjustments are needed

3d Restrictions in network

What do you think of the support given by your spouse, family, co-workers or friends?

- I receive sufficient support
- I need some more support
- I need more support
- I receive far too little support

Prognosis (for the next 6 months)

3e Social vulnerability

In the next 6 months do you expect that a change will be needed in the way you are currently living? [Try to make the best estimate]

- In the next 6 months there is no need to change the way I am currently living
- In the next 6 months I am able to stay or return to my current living situation. However homecare is required
- In the next 6 months a temporarily change to another living situation will be needed
- In the next 6 months a permanent change to another living situation will be needed

4. Healthcare

History (over the past 5 years)

4a Intensity of treatment

How often have you been in contact with healthcare in the last five years? (Multiple answers allowed)

- I have had less than four times a year contact with a GP
- I have had four times a year or more contact with a GP
- I have one or more times been in contact with the same medical specialist
- I have had contact with several medical specialists
- I have been hospitalized
- I have been hospitalized several times
- I was more than 7 days admitted to an intensive care unit
- I was more than 6 weeks admitted to a rehabilitation center or nursing home

Current state

4c complexity of care

To what extent do your practitioners and healthcare providers work together?

- I do not receive care or just one healthcare worker provides my care
- My doctors and healthcare providers work together well
- My doctors and healthcare providers work together, however sometimes more communication is needed
- My doctors and healthcare providers do not work together quite well, leading to problems every now and then
- My doctors and healthcare providers do not work together

Prognosis (for the next 6 months)

4e Appropriateness of care

In the next 6 months, do you expect that you will be in need of more help and support? [Try to make the best estimate]

- I expect in the next 6 months that no care is needed or I expect in the next 6 months that my need of care will remain the same
- I expect in the next 6 months that my need of care will become less
- I expect in the next 6 months that my need of care will increase
- I expect in the next 6 months that my need of care will increase and that more coordination is needed
- I expect in the next 6 months that my need of care will increase very much and that much more coordination is needed

4b Treatment experiences

How did you experience your contacts with doctors and healthcare providers in the last 5 years?

- I never had problems with doctors and healthcare providers
- I (or someone close to me) had negative experience(s) with doctors and healthcare providers
- I have changed doctors and healthcare providers as a result of a negative experience
- I frequently have changed doctors and healthcare providers because of negative experiences or lack of trust or I was admitted against my will

4d Coordination of care

Do you think you are receiving enough and the appropriate care from your practitioners and healthcare providers?

- I do not need any care
- I am receiving the care I need
- I am not receiving any care, but have needs
- I need more of the care I am already receiving
- I need a different type of care
- I need a lot more care or a totally different kind of care

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