

Appendix INTERMED for the Elderly Self Assessment

In the overview below all items of the INTERMED for the Elderly Self Assessment 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

- ⁰ No vulnerability/need
- ¹ Mild vulnerability/need for monitoring or prevention
- ² Moderate vulnerability/need for treatment or inclusion in treatment plan
- ³ 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)	Current state	Prognosis (for the next 6 months)
1a Chronicity <i>For how long do you experience any restrictions due to physical complaints (multiple answers allowed)?</i>	1c Severity of problems <i>How much are your daily activities restricted by physical problems?</i>	1e Complications and life threat <i>In the next 6 months, do you expect your physical health to change? [Try to make the best estimate]</i>
<input type="checkbox"/> I do not experience any restrictions or I have experienced restrictions for a period shorter than 3 months (item 1.1) <input type="checkbox"/> 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)	<input type="checkbox"/> ⁰ My daily activities are not influenced by physical problems	<input type="checkbox"/> ⁰ 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
<i>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>	<input type="checkbox"/> ¹ My daily activities are mildly influenced by physical problems	<input type="checkbox"/> ¹ In the next 6 months I expect my physical complaints or restrictions to get better
<input type="checkbox"/> I don't have a long-lasting or chronic disease (item 1.3) <input type="checkbox"/> I suffer one long-lasting or chronic disease (item 1.4) <input type="checkbox"/> I suffer several long-lasting or chronic diseases (item 1.5)	<input type="checkbox"/> ² My daily activities are moderately influenced by physical problems	<input type="checkbox"/> ² In the next 6 months I expect a slight worsening of my physical complaints or restrictions
<input type="checkbox"/> I don't have a long-lasting or chronic disease (item 1.3) <input type="checkbox"/> I suffer one long-lasting or chronic disease (item 1.4) <input type="checkbox"/> I suffer several long-lasting or chronic diseases (item 1.5)	<input type="checkbox"/> ³ My daily activities are severely influenced by physical problems	<input type="checkbox"/> ³ In the next 6 months I expect a considerable worsening of my physical complaints or restrictions
Calculate score of item 1a 'chronicity' with items above:		
<input type="checkbox"/> ⁰ Item 1.1 and item 1.3 <input type="checkbox"/> ¹ Item 1.2 and item 1.3 <input type="checkbox"/> ² Item 1.1 and item 1.4 <input type="checkbox"/> ² Item 1.2 and item 1.4 <input type="checkbox"/> ³ Item 1.1 and item 1.5 <input type="checkbox"/> ³ Item 1.2 and item 1.5		
1b Diagnostic dilemma <i>How difficult has it been in the past 5 years to diagnose the physical problems you experience?</i>	1d diagnostic problems <i>Do you understand the origin of your physical complaints and restrictions?</i>	
<input type="checkbox"/> ⁰ I did not suffer of any physical problem in the past 5 years	<input type="checkbox"/> ⁰ I do not have any physical complaints and restrictions	

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|---------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ¹ | The reason for my problems was immediately clear | <input type="checkbox"/> ⁰ | I understand exactly the origin of my physical complaints and restrictions |
| <input type="checkbox"/> ² | After a lot of investigations the reason for my problems was identified | <input type="checkbox"/> ¹ | I understand the origin of my physical complaints and restrictions but have some questions |
| <input type="checkbox"/> ³ | Even though a series of investigations have been taken into effect, the origins of my problems were never diagnosed | <input type="checkbox"/> ² | I understand the origin of my physical complaints and restrictions but have a lot of questions |
| | | <input type="checkbox"/> ³ | I don't understand the origin of my physical complaints and restrictions at all |
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2. Psychological

History (over the past 5 years)	Current state	Prognosis (for the next 6 months)
2a Restrictions in coping <i>In the past 5 years, how did you cope with stressful, difficult situations?</i>	2c Resistance to treatment <i>Do you think it is difficult to follow your health caregivers' recommendations (i.e. diet, physical activity, life style, medication intake)?</i>	2e Mental health threat <i>In the next 6 months, do you expect your psychological complaints to change? [Try to make the best estimate]</i>
<input type="checkbox"/> ⁰ Generally speaking, I have always been able to cope with stressful, difficult situations	<input type="checkbox"/> ⁰ No, I don't think this is difficult	<input type="checkbox"/> ⁰ 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
<input type="checkbox"/> ¹ Sometimes I had difficulties in coping with stressful, difficult situations, which sometimes resulted in tensions and problems with my partner, family or health care professionals.	<input type="checkbox"/> ¹ Yes, I think this is difficult, but I manage	<input type="checkbox"/> ¹ In the next 6 months I expect my psychological complaints to get better
<input type="checkbox"/> ² I often experienced difficulties with stressful, difficult situations, which often led to tensions and problems with my partner, family or health care professionals	<input type="checkbox"/> ² Yes, I think this is difficult, sometimes I manage, sometimes I don't	<input type="checkbox"/> ² In the next 6 months I expect only a slight worsening of my psychological complaints
<input type="checkbox"/> ³ I always experience difficulties with stressful, difficult situations. They upset me and make me tense	<input type="checkbox"/> ³ Yes, I think this is too difficult, most of the times I don't manage	<input type="checkbox"/> ³ In the next 6 months I expect a considerable worsening of my psychological complaints
2b Psychiatric dysfunction <i>Did you ever have psychological problems, such as being tense, anxious, down/blue or confused?</i>	2d Psychiatric symptoms <i>At present, are you experiencing psychological problems, such as being tense, anxious, down/blue or confused?</i>	
<input type="checkbox"/> ⁰ No, almost never	<input type="checkbox"/> ⁰ No, psychological problems	
<input type="checkbox"/> ¹ Yes, however without clear influence on my daily life	<input type="checkbox"/> ¹ Yes, one or more psychological problems	
<input type="checkbox"/> ² Yes and it influenced my daily life	<input type="checkbox"/> ² Yes, some psychological problems	
<input type="checkbox"/> ³ Yes and these problems have had or still have a long-lasting effect on my daily life	<input type="checkbox"/> ³ Yes, a lot of psychological problems	

3. Social

History (over the past 5 years)	Current state	Prognosis (for the next 6 months)
<p>3a Restrictions in social integration <i>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></p>	<p>3c Residential instability <i>Is your home living situation satisfactory? Or are adjustments needed, such as home modifications, receiving home care, or going to live somewhere else?</i></p>	<p>3e Social vulnerability <i>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]</i></p>
<p><input type="checkbox"/>⁰ I have several activities per week that I come into contact with many people</p> <p><input type="checkbox"/>¹ I have a different activity every week that I come into contact with quite a few people</p> <p><input type="checkbox"/>² I almost always the same activity that I get in contact with the same people</p> <p><input type="checkbox"/>³ I have (almost) no activities that I come into contact with other people</p>	<p><input type="checkbox"/>⁰ At this moment no adjustments are needed, I can manage my home situation</p> <p><input type="checkbox"/>¹ At this moment no adjustments are needed, as there is enough support and care by others or I stay in a nursing home</p> <p><input type="checkbox"/>² Adjustments are needed, however not immediately</p> <p><input type="checkbox"/>³ Immediate adjustments are needed</p>	<p><input type="checkbox"/>⁰ In the next 6 months there is no need to change the way I am currently living</p> <p><input type="checkbox"/>¹ In the next 6 months I am able to stay or return to my current living situation. However homecare is required</p> <p><input type="checkbox"/>² In the next 6 months a temporarily change to another living situation will be needed</p> <p><input type="checkbox"/>³ In the next 6 months a permanent change to another living situation will be needed</p>
<p>3b Social dysfunction <i>How do you generally relate to other people?</i></p>	<p>3d Restrictions in network <i>What do you think of the support given by your spouse, family, co-workers or friends?</i></p>	
<p><input type="checkbox"/>⁰ I have a sufficient amount of contacts with others and socialize well</p> <p><input type="checkbox"/>¹ I have contacts with others, though every now and then it might become tense</p> <p><input type="checkbox"/>² It is difficult for me to initiate or maintain contacts or friendships with others</p> <p><input type="checkbox"/>³ Contacts or friendships often deteriorate into quarrels and conflicts</p>	<p><input type="checkbox"/>⁰ I receive sufficient support</p> <p><input type="checkbox"/>¹ I need some more support</p> <p><input type="checkbox"/>² I need more support</p> <p><input type="checkbox"/>³ I receive far too little support</p>	

4. Health care

History (over the past 5 years)	Current state	Prognosis (for the next 6 months)
4a Intensity of treatment <i>How often have you been in contact with health care in the last five years? (Multiple answers allowed)</i>	4c complexity of care <i>To what extent do your practitioners and healthcare providers work together?</i>	4e Appropriateness of care <i>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>
<input type="checkbox"/> ⁰ I have had less than four times a year contact with a GP	<input type="checkbox"/> ⁰ I do not receive care or just one healthcare worker provides my care	<input type="checkbox"/> ⁰ 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
<input type="checkbox"/> ¹ I have had four times a year or more contact with a GP	<input type="checkbox"/> ⁰ My doctors and healthcare providers work together well	<input type="checkbox"/> ¹ I expect in the next 6 months that my need of care will become less
<input type="checkbox"/> ¹ I have one or more times been in contact with the same medical specialist	<input type="checkbox"/> ¹ My doctors and healthcare providers work together, however sometimes more communication is needed	<input type="checkbox"/> ¹ I expect in the next 6 months that my need of care will increase
<input type="checkbox"/> ² I have had contact with several medical specialists	<input type="checkbox"/> ² My doctors and healthcare providers do not work together quite well, leading to problems every now and then	<input type="checkbox"/> ² I expect in the next 6 months that my need of care will increase and that more coordination is needed
<input type="checkbox"/> ² I have been hospitalized	<input type="checkbox"/> ³ My doctors and healthcare providers do not work together	<input type="checkbox"/> ³ I expect in the next 6 months that my need of care will increase very much and that much more coordination is needed
<input type="checkbox"/> ³ I have been hospitalized several times		
<input type="checkbox"/> ³ I was more than 7 days admitted to an intensive care unit		
<input type="checkbox"/> ³ I was more than 6 weeks admitted to a rehabilitation center or nursing home		
4b Treatment experiences <i>How did you experience your contacts with doctors and healthcare providers in the last 5 years?</i>	4d Coordination of care <i>Do you think you are receiving enough and the appropriate care from your practitioners and health care providers?</i>	
<input type="checkbox"/> ⁰ I never had problems with doctors and healthcare providers	<input type="checkbox"/> ⁰ I do not need any care	
<input type="checkbox"/> ¹ I (or someone close to me) had negative experience(s) with doctors and healthcare providers	<input type="checkbox"/> ⁰ I am receiving the care I need	
<input type="checkbox"/> ² I have changed doctors and healthcare providers as a result of a negative experience	<input type="checkbox"/> ¹ I am not receiving any care, but have needs	
<input type="checkbox"/> ³ I frequently have changed doctors and healthcare providers because of negative experiences or lack of trust or I was admitted against my will	<input type="checkbox"/> ¹ I need more of the care I am already receiving	
	<input type="checkbox"/> ² I need a different type of care	
	<input type="checkbox"/> ³ I need a lot more care or a totally different kind of care	