

Questionnaire

Care and/or support to relatives

(Own translation from Swedish to English)

Information

This questionnaire is aimed at you who have a relative who is cared for or has been cared for at a medical elderly-care department (MÄVA) or another medical department within the NU healthcare. We have received your name from _____ (*the patient's name*) who is/has been cared for at the hospital. Your relative has been asked for consent that we contact you. This questionnaire contains questions about you and questions about providing care and/or support.

The questionnaire is part of an evaluation of elderly care. The purpose of the evaluation is to study whether care of frail elderly patients in a medical elderly-care department (MÄVA) differs from care in a regular care department with regard to the following outcomes: functional ability, nutrition, drug management, health-related quality of life, costs and cost-effectiveness.

Answering the questionnaire is entirely voluntary. If you do not want to participate in the study, you can tick the box at the bottom of the page and put the questionnaire in the reply envelope, in that way you will not get any reminders or more questionnaires. Your or your relatives' care will in no way be affected if you choose not to participate in the study.

If you choose to participate, we will send another short survey in about 3 and 12 months. The study is carried out by researchers in the NU Health Care in collaboration with a research group at Linköping University. All data and completed questionnaires will be treated confidentially and individuals will not be able to be identified when the results are presented.

The survey has been approved by the Ethics Review Committee.

If you have any questions, please contact any of the following persons:

1: X

2: X

3: X

☐ I do not want to participate in the study

Instructions

Select the answer option that suits you best. When you have completed the questionnaire, you can post it in the reply envelope.

1. Which relationship do you have with your relatives who is/has been cared for at MÄVA or in the regular care department within NU healthcare?

I am:

- ☐ Husband/wife
- ☐ Partner
- ☐ Living apart
- ☐ Sibling
- ☐ Children
- ☐ Grandchildren
- ☐ Friend
- ☐ Neighbor
- ☐ Other: _____

2. Your gender?

- ☐ Male
- ☐ Female

3. Your age: _____ year

4. Do you live together with your relatives who is/has been cared for at MÄVA or at the regular care department within NU healthcare?

- ☐ Yes
- ☐ No

5. Your daily activity?

- ☐ Works 100%
- ☐ Works part-time: _____%
- ☐ Study full-time
- ☐ Study part-time: _____%
- ☐ Sick leave full-time
- ☐ Sick leave part-time: _____%
- ☐ Sickness compensation (early retirement) full-time
- ☐ Sickness compensation (early retirement) part-time: _____%
- ☐ Job seeking full-time
- ☐ Job seeking part-time: _____%
- ☐ Retired full-time
- ☐ Retired part-time _____%
- ☐ Other: _____

6. Have you had to be absent from your work in the last 3 months to provide care or support to your relative?

- ☐ No, I have not been absent from my work
- ☐ No, I'm not working. The question is not relevant
- ☐ Yes - *please write how many hours:* _____

7. Have you provided care and/or support to your relative in the last 3 months? *Care and support means, for example, help with personal hygiene, transportation, home care, financial and administration assistance, medication help or other tasks, or supervision.*

- ☐ No - go to question 9
- ☐ Yes

8. How much time do you spend in total on providing care and/or support when considering a typical week in the last 3 months?

_____ (Please enter the number of hours)

Try to estimate how much of the time (in percent) you spend on different activities:

_____ % Help with toilet visits, personal hygiene, dressing
+ _____ % Help with feeding, walking/moving indoors
+ _____ % Help with home care (eg cooking, shopping, cleaning, laundry)
+ _____ % Help with financial tasks or other administrative tasks
+ _____ % Help with taking medication
+ _____ % Help with relocations outside the home – transportation
+ _____ % Supervision
+ _____ % Other care/other support

Sum = 100 %

9. Are there other persons, besides you, who provide care or support to your relative and who is not healthcare professionals, i.e. any other relative? Other healthcare personnel - such as healthcare professionals, staff in special housing, home help staff or other professional occupational groups should not be included.

☐ No

☐ Yes – please answer the following two questions:

9.a. If YES: How many more persons are there to help your relative?

_____ (please specify number of persons)

9.b. According to your estimation, how much time do these persons, put together, spend on helping your relative when considering a typical week in the last 3 months?

_____ hours (please specify number of hours)