

Variable	LASA-wave			B			C			D			E			IM			2B	F			G			H			3B	MB	I			J			
	Ma	TP	TR	RI	TP	TR	Ma	TP	TR	Ma	TP	TR	Ma	TP	TR	Ma	TP	TR	Ma	Ma	TP	TR	Ma	TP	TR	Me	TP	TR	Me	Me	Me	TP	TR	Me	TP	TR	
Contact with municipality about WMO (y/n)	X	.	.	X	.	.	.	.	X	.	.	X	.	.		
Reason no contact WMO (1) no need; (2) take care of it myself; (3) no knowledge; (4) do not dare, cannot do it; (5) service unreachable; (6) other	1,2,3,4,5,6	.	.	1,2,3,4,5,6	.	.	.	.	1,2,3,4,5,6	.	.	1,2,3,4,5,6	.	.		
Reason contact WMO (1) mentioned/not mentioned; (2) Information; (3) Application for a new service; (4) extension of an already received indication; (5) complaint; (6) I wanted to know where I stand regarding all the changes within healthcare; (7) other	1	.	.	1	.	.	.	.	2,3,4,5,6,7	.	.	2,3,4,5,6,7,8	.	.		
Who made decision to contact municipality about WMO (1) respondent; (2) partner; (3) child (in law); (4) other family; (5) neighbour; (6) friend; (7) family physician; (8) district nurse; (9) household help; (10) volunteer; (11) other	1,2,3,4,5,6,7,8,9,10,11	.	.
Type of application WMO (1) domestic care; (2) housing facility; (3) transportation facility; (4) wheelchair; (5) PGB; (6) support volunteer aid; (7) other	1,2,3,4,5,6,7	.	.	1,2,3,4,5,6,7	.	.	.	.	1,2,3,4,5,6,7	.	.	1,2,3,4,5,6,7	.	.		
Application approved (1) yes, approved; (2)no, denied, informal network; (3) no, denied, not severe enough; (4) no, denied other	1,2,3,4	.	.	1,2,3,4	.	.	.	.	1,2,3,4	.	.	1,2,3,4	.	.		
Contact with GP, nurse or community team about personal care or nursing care at home? (y/n)																													X			X					
Reason no contact GP/nurse (1) no need; (2) take care of it myself; (3) no knowledge; (4) do not dare, cannot do it; (5) service unreachable; (6) other																																			1,2,3,4,5,6		1,2,3,4,5,6

