

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	Ma	TP	TR	Ma	Ma	Ma	TP	TR	Ma	TP	TR			
(a) Received medical indication (RIO or CIZ) (1) yes; (2) not yet, but expected soon; (3) no;	1,2,3	.	.	1,2,3	1,2,3	1,2,3	.	1,2,3	1,2,3	1,2,3	1,2,3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(b) Contact CIZ about indication (1) no; (2) applied but denied; (3) applied and received; (4) applied but not yet received	1,2,3,4	&	.	.	&	.	.
Which indication	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Reason not applied (1) no need; (2) prefer to do myself; (3) no knowledge; (4) do not dare/can; (5) other	1,2,3,4,5	&	.	.	&	.	.
Reason declined (1) informal network should provide; (2) need not severe enough; (3) other	1,2,3
Reason contact CIZ (1) information; (2) application; (3) Re-evaluation of indication; (4) extension indication; (5) complaint; (6) wanted to know my position regarding all the changes in the care system; (7) other	&	.	.	&	.	.
Indication for an appliance (y / n)	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
type of appliance	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Indication for adaptations (y / n)	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
type of adaptation	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Indications for meals (y/n)	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
# meals per day/week/month	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Indication for home care*	X	.	.	.	.	.	.	.	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hours a week	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Indication domestic care*	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Hours a week	X	.	.	X	X	X	.	X	X	X	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Indication personal care*	X	.	.	X	X	X	.	X	X	X	X	.	.	X	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Hours a week	X	.	.	X	X	X	.	X	X	X	X	.	.	X	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Indication district nurse*	X	.	.	.	.	.	.	.	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hours a week	X	.	.	.	.	.	.	.	X	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Indication for nursing*	X	X	X	.	X	.	.	X	.	.	X	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Hours a week	X	X	X	.	X	.	.	X	.	.	X	.	.	.	.	.	.	.	.	X	.	.	X	.	.		
Indication for guidance*	X	.	X()	X	X()	X()		

In household (1) partner; (2) family/friends; (3) other residents; (4) child	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2	1,2	2,2	.	1,2	.	.	1,3	.	.	1,3	.	.	.	.	1,3	.	.	1,3,4	.	.
Outside household (1) children; (2) family; (3) friends; (4) neighbours; (5) private care; (6) personnel home care; (7) personnel closeby elderly home; (8) other; (9) district nurse; (10) volunteers	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2,3,4,5,6,8	1,2,3,4,5,6,8	1,2,3,4,5,6,9	.	1,2,3,4,5,6,8	.	.	1,2,3,4,5,6,7,8	.	.	1,2,3,4,5,6,7,8	.	.	.	.	2,3,4,5,6,8,9,10	.	.	2,3,4,5,6,9,10	.	.
PGB: Type of care provided by each party (1) domestic; (2) personal; (3) both; (4) guidance; (5) support	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2,3	1,2,3	1,2,4	.	1,2,3	.	.	1,2,4,5	.	.	1,2,4,5	.	.	.	.	.	.	.	.	.	.
PGB: Who is in charge of administration PGB (1) self; (2) spouse; (3) children; (4) private help; (5) other	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2,3,4,5	1,2,3,4,5	1,2,3,4,6	.	1,2,3,4,5	.	.	1,2,3,4,5	.	.	1,2,3,4,5	.	.	.	.	1,2,3,4,5	.	.	1,2,3,4,5	.	.

* Details of indication are asked likewise (a) (b) at the top of the document
asked through the same question
^ asked through separate questions
& see documentation on 178
() asked if they used these services over the past 6 months
IM interim measurement between E and F (first cohort only)