

Variable information: LASAI108 / LASAK108

LASAI108

name	label	Values
iqacp1a	acp 1a: sometimes think about future health	no answer(-1), yes(1), no(2)
iqacp1b	acp 1b: talk to people close to me about future health	see iqacp1a
iqacp1c	acp 1c: talk to my general physician about future health	see iqacp1a
iqacp1d	acp 1d: would like to talk to my general physician about future health	see iqacp1a
iqacp2a	acp 2a: sometimes think about future health partner	not applicable(-2), no answer(-1), yes(1), no(2)
iqacp2b	acp 2b: talk to people close to me about future health partner	see iqacp2a
iqacp2c	acp 2c: talk to my general physician about future health partner	see iqacp2a
iqacp2d	acp 2d: would like to talk to my general physician about future health partner	see iqacp2a
iqacp3a	acp 3a: sometimes think about future medical care and guidance	no answer(-1), yes(1), no(2)
iqacp3b	acp 3b: talk to people close to me about future medical care and guidance	see iqacp3a
iqacp3c	acp 3c: talk to my general physician about future medical care and guidance	see iqacp3a
iqacp3d	acp 3d: would like to talk to my general physician about future medical care and guidance	see iqacp3a
iqacp3e	acp 3e: put something on paper about future medical care and guidance	see iqacp3a
iqacp4a	acp 4a: sometimes think about who to take care of me not being able to care for myself	no answer(-1), yes(1), no(2)
iqacp4b	acp 4b: talk to people close to me about who to take care of me not being able to care for myself	see iqacp4a
iqacp4c	acp 4c: talk to my general physician about who to take care of me not being able to care for myself	see iqacp4a
iqacp4d	acp 4d: would like to talk to my general physician who to take care of me not being able to care for myself	see iqacp4a
iqacp4e	acp 4e: put something on paper about who to take care of me not being able to care for myself	see iqacp4a
iqacp5a	acp 5a: sometimes think about who to take medical decisions for me not being able doing it myself	no answer(-1), yes(1), no(2)
iqacp5b	acp 5b: talk to people close to me about who to take medical decisions for me not being able doing it myself	see iqacp5a
iqacp5c	acp 5c: talk to my general physician about who to take medical decisions for me not being able doing it myself	see iqacp5a
iqacp5d	acp 5d: would like to talk to my general physician about who to take medical decisions for me not being able doing it myself	see iqacp5a

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iqacp5e	acp 5e: put something on paper about who to take medical decisions for me not being able doing it myself	see iqacp5a
iqacp6a	acp 6a: sometimes think about whether a nursing home is an option for me when not being able to stay at home	no answer(-1), yes(1), no(2)
iqacp6b	acp 6b: talk to people close to me about whether a nursing home is an option for me when not being able to stay at home	see iqacp6a
iqacp6c	acp 6c: talk to my general physician about whether a nursing home is an option for me when not being able to stay at home	see iqacp6a
iqacp6d	acp 6d: would like to talk to my general physician about whether a nursing home is an option for me when not being able to stay at home	see iqacp6a
iqacp6e	acp 6e: put something on paper about whether a nursing home is an option for me when not being able to stay at home	see iqacp6a
iqacp7a	acp 7a: sometimes think about situations where I no longer want to have a life-extending treatment	no answer(-1), yes(1), no(2)
iqacp7b	acp 7b: talk to people close to me about situations where I no longer want to have a life-extending treatment	see iqacp7a
iqacp7c	acp 7c: talk to my general physician about situations where I no longer want to have a life-extending treatment	see iqacp7a
iqacp7d	acp 7d: would like to talk to my general physician about situations where I no longer want to have a life-extending treatment	see iqacp7a
iqacp7e	acp 7e: put something on paper about situations where I no longer want to have a life-extending treatment	see iqacp7a
iqacp8a	acp 8a: sometimes think about I would like to be resuscitated if I had a cardiac arrest	no answer(-1), yes(1), no(2)
iqacp8b	acp 8b: talk to people close to me about I would like to be resuscitated if I had a cardiac arrest	see iqacp8a
iqacp8c	acp 8c: talk to my general physician about I would like to be resuscitated if I had a cardiac arrest	see iqacp8a
iqacp8d	acp 8d: would like to talk to my general physician about I would like to be resuscitated if I had a cardiac arrest	see iqacp8a
iqacp8e	acp 8e: put something on paper about I would like to be resuscitated if I had a cardiac arrest	see iqacp8a
iqacp9a	acp 9a: sometimes think about euthanasia as an option for me if life has become unbearable	no answer(-1), yes(1), no(2)
iqacp9b	acp 9b: talk to people close to me about euthanasia as an option for me if life has become unbearable	see iqacp9a
iqacp9c	acp 9c: talk to my general physician about euthanasia as an option for me if life has become unbearable	see iqacp9a
iqacp9d	acp 9d: would like to talk to my general physician about euthanasia as an option for me if life has become unbearable	see iqacp9a
iqacp9e	acp 9e: put something on paper about future euthanasia as an option for me if life has become unbearable	see iqacp9a
iqacp10a	acp 10a: sometimes think about wishes for my deathbed	no answer(-1), yes(1), no(2)

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iqacp10b	acp 10b: talk to people close to me about wishes for my deathbed	see iqacp10a
iqacp10c	acp 10c: talk to my general physician about wishes for my deathbed	see iqacp10a
iqacp10d	acp 10d: would like to talk to my general physician about wishes for my deathbed	see iqacp10a
iqacp10e	acp 10e: put something on paper about wishes for my deathbed	see iqacp10a

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name	label	Values
kqacp1a	Advanced care planning, staying at home: no, not thought about (past months)	no answer(-1), not mentioned(0), mentioned(1)
kqacp1b	Advanced care planning, staying at home: yes, thought about (past months)	see kqacp1a
kqacp1c	Advanced care planning, staying at home: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp1d	Advanced care planning, staying at home: yes, spoken about with relatives (past months)	see kqacp1a
kqacp1e	Advanced care planning, staying at home: yes, living will (past months)	see kqacp1a
kqacp2a	Advanced care planning: going to hospital: no, not thought about (past months)	see kqacp1a
kqacp2b	Advanced care planning: going to hospital: yes, thought about (past months)	see kqacp1a
kqacp2c	Advanced care planning: going to hospital: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp2d	Advanced care planning: going to hospital: yes, spoken about with relatives (past months)	see kqacp1a
kqacp2e	Advanced care planning: going to hospital: yes, living will (past months)	see kqacp1a
kqacp3a	Advanced care planning: admitted to nursing home: no, not thought about (past months)	see kqacp1a
kqacp3b	Advanced care planning: admitted to nursing home: yes, thought about (past months)	see kqacp1a
kqacp3c	Advanced care planning: admitted to nursing home: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp3d	Advanced care planning: admitted to nursing home: yes, spoken about with relatives (past months)	see kqacp1a
kqacp3e	Advanced care planning: admitted to nursing home: yes, living will (past months)	see kqacp1a
kqacp4a	Advanced care planning: desired treatments: no, not thought about (past months)	see kqacp1a
kqacp4b	Advanced care planning: desired treatments: yes, thought about (past months)	see kqacp1a
kqacp4c	Advanced care planning: desired treatments: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp4d	Advanced care planning: desired treatments: yes, spoken about with relatives (past months)	see kqacp1a
kqacp4e	Advanced care planning: desired treatments: yes, living will (past months)	see kqacp1a
kqacp5a	Advanced care planning: who should make medical decisions: no, not thought about (past months)	see kqacp1a
kqacp5b	Advanced care planning: who should make medical decisions: yes, thought about (past months)	see kqacp1a
kqacp5c	Advanced care planning: who should make medical decisions: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a

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kqacp5d	Advanced care planning: who should make medical decisions: yes, spoken about with relatives (past months)	see kqacp1a
kqacp5e	Advanced care planning: who should make medical decisions: yes, living will (past months)	see kqacp1a
kqacp6a	Advanced care planning: be resuscitated: no, not thought about (past months)	see kqacp1a
kqacp6b	Advanced care planning: be resuscitated: yes, thought about (past months)	see kqacp1a
kqacp6c	Advanced care planning: be resuscitated: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp6d	Advanced care planning: be resuscitated: yes, spoken about with relatives (past months)	see kqacp1a
kqacp6e	Advanced care planning: be resuscitated: yes, living will (past months)	see kqacp1a
kqacp7a	Advanced care planning: euthanasia: no, not thought about (past months)	see kqacp1a
kqacp7b	Advanced care planning: euthanasia: yes, thought about (past months)	see kqacp1a
kqacp7c	Advanced care planning: euthanasia: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp7d	Advanced care planning: euthanasia: yes, spoken about with relatives (past months)	see kqacp1a
kqacp7e	Advanced care planning: euthanasia: yes, living will (past months)	see kqacp1a
kqacp1a	Advanced care planning, staying at home: no, not thought about (past months)	see kqacp1a
kqacp1b	Advanced care planning, staying at home: yes, thought about (past months)	see kqacp1a
kqacp1c	Advanced care planning, staying at home: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp1d	Advanced care planning, staying at home: yes, spoken about with relatives (past months)	see kqacp1a
kqacp1e	Advanced care planning, staying at home: yes, living will (past months)	see kqacp1a
kqacp2a	Advanced care planning: going to hospital: no, not thought about (past months)	see kqacp1a
kqacp2b	Advanced care planning: going to hospital: yes, thought about (past months)	see kqacp1a
kqacp2c	Advanced care planning: going to hospital: yes, spoken about with doctor/healthcare provider (past months)	see kqacp1a
kqacp2d	Advanced care planning: going to hospital: yes, spoken about with relatives (past months)	see kqacp1a
kqacp2e	Advanced care planning: going to hospital: yes, living will (past months)	see kqacp1a