

Variable	B			C			D			E			IM			2B	F			G			H			3B	MB	I			J			K		
	Ma	TP	TR	RI	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	Me	TP	TR
Contact with municipality about WMO? (y/n)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	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	.	.	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	.	.	2,3,4,5,6,7	.	.
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	.	.	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	.	.	see 189	.	.	see 189	.	.
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	.	.	see 189	.	.	see 189	.	.
Contact with GP, nurse or community team about personal care or nursing care at home since 2012 / 2015 / 2018?	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	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	.	.	1,2,3,4,5,6	.	.
Reason contact GP/nurse (1) Information; (2) Application for a new service; (3) reevaluation of an existing indication; (4) extension of an already received indication; (5) complaint; (6) I wanted to know where I stand regarding all the changes; (7) other	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2,3,4,5,6,7	.	.	1,2,3,4,5,6,7	.	.	1,2,3,4,5,6,7	.	.
Decision to contact GP/nurse (1) Respondent; (2) Partner; (3) child (in law); (4) family; (5) neighbour; (6) friend/acquaintance; (7) family physician; (8) district nurse; (9) domestic help; (10) volunteer; (11) other	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1,2,3,4,5,6,7,8,9,10,11	.	.	1,2,3,4,5,6,7,8,9,10,11	.	.	

