

**Appendix 1: Standardised form recording the care management protocols used every 6 months**

1	Notification of diagnosis	No <input type="checkbox"/>	Yes <input type="checkbox"/> - To whom:
2	Verification of patient and caregiver knowledge of the disease	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents:
3	Treatment modification required	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Give details:
4	Caregiver psychological and physical health	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Other (give details):
5	Nutritional status	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Nutritional supplements: - Dietician: - Other (give details):
6	Exercise training	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Physiotherapist: - Other (give details):
7	Gait disorders and walking capacities	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Witten documents: - Physiotherapist : - Medical equipment: - Other (give details):
8	Functional dependency	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice - Written documents : - Physiotherapist, nurse, etc: - Medical equipment: - Other (give details):
9	Behavioural symptoms	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Medical prescription: - Other (give details):
10	Depression	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Medical prescription: - Other (give details):
11	Sleep disorders	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice: - Written documents: - Medical prescription: - Other (give details):
12	Home help	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :
13	Social benefits	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :
14	Legal protection of patient	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :
15	At risk of accidents when driving a car	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :
16	Respite care	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :
17	Decision to institutionalise the	No <input type="checkbox"/>	Yes <input type="checkbox"/> - Oral advice

	patient		- Written documents :
18	Others	No <input type="checkbox"/>	Yes <input type="checkbox"/> -Give details :