

## **In-HospiTOOL – 30-day interview**

**2.1** After you left the hospital: Did you ever have to go back to a hospital by emergency/unplanned/unexpectedly?

**2.2** After you left the hospital: Did you ever have to visit an emergency department by emergency/unplanned/unexpectedly?

**2.3** After you left the hospital: Did you ever have to visit a general practitioner by emergency/unplanned/unexpectedly?

**3.1** How satisfied were you with the stay in the emergency department 30 days ago on a scale from 0 -10?

**3.2** How satisfied were you with the hospital stay 30 days ago in general, on a scale from 0 -10?

**3.2.1** What did you appreciate most during your stay?

**3.2.2** What did you appreciate least during your stay?

**4.0** How did you feel about the duration of your hospitalization?

- too long      - ideally      - too short      - cannot be recorded

**4.1** Did you feel well informed about your diagnosis and treatment? on a scale from 0 -10? - unknown

**4.5** Did you get the opportunity to ask questions?

- always      - mostly      - sometimes      - rather not      - never      - I had no questions      - cannot be recorded

**4.6** Have you received clear answers to your questions?

- always      - mostly      - sometimes      - rather not      - never      - I had no questions      - can't be recorded

**4.7** Have you been explained the purpose of the medication you are taking at home?

- yes, entirely;      - mostly      - partially      - rather not      - no, not at all  
- I didn't have to take medication at home      - can't be recorded

**4.8** How do you rate the quality of treatment (by physicians and nurses)?

- excellent      - very good      - good      - less well      - bad      - cannot be recorded

**4.2** Have you been involved in planning your discharge?

**4.3** Have you been asked to repeat the given information by the nursing- and physician staff in your own words?

**4.4** Was everything well prepared for your life at home respectively your post-hospitalization care (e.g. medications, assistive equipment)?

**4.9** How was the organization of your hospital discharge?

- excellent      - very good      - good      - not so good      - poor      - cannot be recorded

5. Current situation = today, 30 days after hospital admission

Before hospitalization (period: four weeks) = within the four weeks before the hospital admission

-> Please tick the one from the following statements which better describes your health today.

### 5.1.1 -5.1.5

#### MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

#### SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

#### USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

#### PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

#### ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

### 5.1.6

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.

### 5.2.1-5.2.5

-> Please tick the one from the following statements which better describes your health within four weeks before hospital admission.

<b>MOBILITY</b>	
I have no problems in walking about	<input checked="" type="checkbox"/>
I have slight problems in walking about	<input type="checkbox"/>
I have moderate problems in walking about	<input type="checkbox"/>
I have severe problems in walking about	<input type="checkbox"/>
I am unable to walk about	<input type="checkbox"/>
<b>SELF-CARE</b>	
I have no problems washing or dressing myself	<input type="checkbox"/>
I have slight problems washing or dressing myself	<input checked="" type="checkbox"/>
I have moderate problems washing or dressing myself	<input type="checkbox"/>
I have severe problems washing or dressing myself	<input type="checkbox"/>
I am unable to wash or dress myself	<input type="checkbox"/>
<b>USUAL ACTIVITIES</b> (e.g. work, study, housework, family or leisure activities)	
I have no problems doing my usual activities	<input type="checkbox"/>
I have slight problems doing my usual activities	<input type="checkbox"/>
I have moderate problems doing my usual activities	<input checked="" type="checkbox"/>
I have severe problems doing my usual activities	<input type="checkbox"/>
I am unable to do my usual activities	<input type="checkbox"/>
<b>PAIN / DISCOMFORT</b>	
I have no pain or discomfort	<input type="checkbox"/>
I have slight pain or discomfort	<input type="checkbox"/>
I have moderate pain or discomfort	<input type="checkbox"/>
I have severe pain or discomfort	<input checked="" type="checkbox"/>
I have extreme pain or discomfort	<input type="checkbox"/>
<b>ANXIETY / DEPRESSION</b>	
I am not anxious or depressed	<input type="checkbox"/>
I am slightly anxious or depressed	<input type="checkbox"/>
I am moderately anxious or depressed	<input type="checkbox"/>
I am severely anxious or depressed	<input type="checkbox"/>
I am extremely anxious or depressed	<input checked="" type="checkbox"/>

### 5.2.6

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.

We would like to know how good or bad your health was before your hospital admission (within 4 weeks).

### 5.3 Today, do you need assistance for:

- drug intake/provision?
- eating/drinking?
- excretion (urinating and passing stools)?

### 5.4 Four weeks before hospital admission, did you need assistance for:

- drug intake/provision?

- eating/drinking?
- excretion (urinating and passing stools)?

### **6.1 Has your housing situation changed since your hospital stay?**

If yes:

- New, retirement home/elderly care home/nursing home
- Still in hospital
- Rehospitalization (back in hospital)
- New, living with a family member/carer
- Still in acute geriatrics, transitional care
- New, assisted living
- New, hospice/palliative care
- Still in rehabilitation
- Still in short-term care or respite care (aka "Ferienbett")
- others

### **6.2 Care situation today: Do you need any assistance in activities of daily living?**

If yes, who is providing this assistance?

- Institution (Rehabilitation, hospital, nursing home etc.)
- Spitex/home-care (nursing care or equivalent)
- Spitex/home-care (domestic work or equivalent)
- Family/reference person
- Home meal service ("meals-on-wheels")
- Transport service
- others

## **7. Now here are some questions about your health status:**

### **7.1 Do you have problems with urinary incontinence (loss of bladder control)?**

If yes:

- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
- unchanged
- unknown

If no:

- No problem before hospital admission (four weeks)
- Already a problem before hospital admission (four weeks)
- unknown

### **7.2 Do you have problems with bowel incontinence (inability to control bowel movements)?**

If yes:

- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
- unchanged

- unknown

If no:

- No problem before hospital admission (four weeks)
- Already a problem before hospital admission (four weeks)
- unknown

### **7.3 Do you suffer from diarrhea?**

If yes:

- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
- unchanged
- unknown

If no:

- No problem before hospital admission (four weeks)
- Already a problem before hospital admission (four weeks)
- unknown

### **7.4 Have you lost weight since hospital discharge?**

### **7.5 How is your appetite on a scale from 0 – 10?**

#### **7.5.1**

- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
- same
- unknown

### **7.6**

#### **Have you fallen since hospital discharge?**

If yes: 7.6.1 How often?                      once      several times      unknown

7.6.2 Have you had a bone fracture?

#### **7.6.3**

#### **Have you fallen before hospital discharge?**

If yes: 7.6.4 How often?                      once      several times      unknown

### **7.6.5 Have you had a bone fracture?**

### **7.7 Are you currently suffering from sleep disorder (problems with falling asleep/sleep trough the night)?**

#### **7.7.1**

If yes:

- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)

- unchanged
- unknown

If no:

- No problem before hospital admission (four weeks)
- Already a problem before hospital admission (four weeks)
- unknown

## **7.8 Are you currently suffering from a strong, unusual fatigue?**

7.8.1

If yes:

- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
- unchanged
- unknown

If no:

- No problem before hospital admission (four weeks)
- Already a problem before hospital admission (four weeks)
- unknown

## **7.9 Do you have diabetes?**

7.9.1

**If yes: Are your daily blood sugar levels now under better control than before hospitalization?**

- Better
- Unchanged
- Worse
- unknown

## **7.10 Do you currently suffer from shortness of breath?**

### **7.10.1 Classification according to NYHA**

**I** = no symptoms and no limitation in ordinary physical activity, e.g. no shortness of breath when walking, climbing stairs etc.

**II** = Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.

**III** = Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20–100 m). Comfortable only at rest.

**IV** = Severe limitations. Experiences symptoms even while *at rest*. Mostly bedbound.

### **7.10.2 Did you suffer from shortness of breath before hospitalization (four weeks)?**

**I** = no symptoms and no limitation in ordinary physical activity, e.g. no shortness of breath when walking, climbing stairs etc.

**II** = Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.

**III** = Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20–100 m). Comfortable only at rest.

**IV=** Severe limitations. Experiences symptoms even while *at rest*. Mostly bedbound.

**7.11 Do you smoke? (all types of tobacco consumption/with or without lung inhalation)**

**7.11.1 Current amount (compared to before hosp.)?**

- more
- unchanged
- less
- unknown

**7.11.2 Did anybody in hospital discussed smoking cessation?**

**7.12 Did you have a bleeding since hospital discharge (such as nosebleed, hematoma, blood in your stools or sputum)?**

**8.1 Are you currently employed?**

- No, even not before hospitalization
- No, I have not been working since hospitalization
- Yes
  - Workload?
  - Since when do you work again?
- unknown