

Supplementary file 1: Case-mix short-form (CM-SF) questionnaire

a. Client number:

b. Who is the client's primary informal caregiver? (Choose 1 answer)

Wife/Husband/Partner <input type="checkbox"/>	Daughter/Son <input type="checkbox"/>	Brother/sister/other family member <input type="checkbox"/>	Friend/Neighbour <input type="checkbox"/>	No informal caregiver <input type="checkbox"/>	Other, namely: <input type="checkbox"/>
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c. How many hours of informal care did the client approximately receive last week?

(NOTE: Informal care is defined as 'voluntary, unpaid care provided to a person within the informal caregiver's social network, who has physical, mental or psychological limitations. Informal care is limited to support that goes further than might be considered usual in a personal relationship, i.e. care tasks that – in absence of a health problem – would be fulfilled by the person him- or herself (e.g. household work, personal care) or would not be needed (e.g. physical support, nursing care.)')

hours

1	Prognosis (for the coming month)	The condition and/or independence of the clients is expected to improve. <input type="checkbox"/>	The condition and/or independence of the clients is expected to remain stable. <input type="checkbox"/>	The condition and/or independence of the clients is expected to fluctuate (with ups and downs). <input type="checkbox"/>	The condition and/or independence of the clients is expected to get worse. <input type="checkbox"/>	The client receives palliative terminal care and has a life expectancy of less than 3 months. <input type="checkbox"/>
2	Meal preparation NOTE: This does not include grocery shopping.	The client is able to prepare all meals independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when preparing (a) meal(s). <input type="checkbox"/>	Meals need to be prepared fully by others. <input type="checkbox"/>		
3	Eating and drinking NOTE: This does not include tasks relating to preparing food, such as cutting meat or spreading bread.	The client eats and drinks independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when eating and drinking. <input type="checkbox"/>	The client is fully dependent on others when eating and drinking. <input type="checkbox"/>		
4	Contenance	The client is fully continent, for both urine and defecation. <input type="checkbox"/>	The client has urine incontinence, and/or uses assistive aids to urinate. <input type="checkbox"/>	The client has defecation incontinence, and/or uses assistive aids to defecate. <input type="checkbox"/>	The client is incontinent for both urine and defecation and/or uses assistive aids to urinate and defecate. <input type="checkbox"/>	

5	Toileting NOTE: By toileting, we mean 'getting to or from the toilet, sitting down and standing up from the toilet, and cleaning themselves'. This may be done with the use of a walking aid (e.g. walker).	The client uses the toilet, bedpan, or urinal independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when using the toilet, bedpan, or urinal. <input type="checkbox"/>	The client is fully dependent on others when using the toilet, bedpan, or urinal. <input type="checkbox"/>		
6	Mobility	The client stands up and moves around independently without help by others. <input type="checkbox"/>	The client uses (walking) aids to stand up or move around. <input type="checkbox"/>	The client needs (possibly in addition to the use of (walking) aids) help from others (e.g. encouragement, supervision, or physical support) to stand up and/or move around. <input type="checkbox"/>		
7	Dressing	The client dresses and undresses independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when dressing and/or undressing. <input type="checkbox"/>	The client is fully dependent on others when dressing and undressing. <input type="checkbox"/>		
8	Washing/showering	The client washes/showers independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when washing/showering. <input type="checkbox"/>	The client is fully dependent on others when washing/showering. <input type="checkbox"/>		
9	Medication use	The client takes medication independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) when taking medication. <input type="checkbox"/>	Others need to help the client to take medication. <input type="checkbox"/>	The client takes no medication. <input type="checkbox"/>	
10	Cognitive skills for daily decision making NOTE: By 'daily decision making', we mean 'making decisions about every-day tasks (e.g. when to get out of bed, eat, which clothes to wear, what to do during the day)'. <input type="checkbox"/>	The client has no cognitive impairment: he/she takes adequate decisions independently. <input type="checkbox"/>	The client needs some help from others (e.g. encouragement, supervision, or physical support) in order to make adequate decisions due to (possible) cognitive impairment. <input type="checkbox"/>	The client has a cognitive impairment and therefore cannot make adequate decisions independently: others need to make decisions on his or her behalf. <input type="checkbox"/>		

11	Informal care NOTE: As defined above under (c).	The client is supported by (an) informal caregiver(s). <input type="checkbox"/>	The client is supported by (an) informal caregiver(s), but there is a risk that the informal caregiver(s) will find this too much to cope with. <input type="checkbox"/>	The informal caregiver(s) find caring for the client too much to cope with. <input type="checkbox"/>	The client does not receive informal care. <input type="checkbox"/>	
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