

## PATIENT DATA

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**Age:**  year

**Weight:**  kg

**Sex :** Male ☐  
Female ☐

**Living situation:** Single ☐  
Living together ☐  
Other .....

**Dutch speaking:** Yes ☐  
No ☐

**Receives sachet packed medication:**  
Yes ☐  
No ☐

**Patient is illiterate or low literate :**  
Yes ☐  
No ☐

**What is the highest level of education?**

No education / elementary education ☐

Pre-vocational education ☐

Vocational training ☐

Selective secondary education ☐

University of applied science/university ☐

**How many fall incidents did the patient have in the last 12 months?**

- |           |                          |
|-----------|--------------------------|
| Not       | <input type="checkbox"/> |
| 1 time    | <input type="checkbox"/> |
| 2-3 times | <input type="checkbox"/> |
| ≥4 times  | <input type="checkbox"/> |

**How many unplanned hospitalizations did the patient have in the last 12 months?**

- |           |                          |
|-----------|--------------------------|
| Not       | <input type="checkbox"/> |
| 1 time    | <input type="checkbox"/> |
| 2-3 times | <input type="checkbox"/> |
| ≥4 times  | <input type="checkbox"/> |

**How many prescribers does the patient have?**

- |   |                          |
|---|--------------------------|
| <b>1</b> (only the general practitioner (GP)) | <input type="checkbox"/> |
| <b>2</b> (GP + 1 specialist)                  | <input type="checkbox"/> |
| <b>3</b> (GP + 2 specialists)                 | <input type="checkbox"/> |
| <b>4 or more</b> (GP + 3 or more specialists) | <input type="checkbox"/> |

**Indicate to what extent the following aspects are applicable for this patient:**

**Eyesight impairment:**

Not impaired					Seriously impaired
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Hearing impairment:**

Not impaired					Seriously impaired
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Diminished cognition:**

Not impaired					Seriously impaired
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Diminished mobility:**

Not impaired					Seriously impaired
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Social network:**

Adequate social network					No social network
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SIGNALS FROM THE PATIENT

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### Does the patient have problems with medication adherence?

No problems ☐

Frequently forgets medication ☐

Has difficulties to understand the instructions ☐

Deviates from instructions without consultation ☐

Other, namely:.....

### The patient has indicated that he/she suffers from side effects:

Yes *Complete with information about type and seriousness*

No ☐

### The patient has indicated that he/she has problems with the intake of medication (such as swallowing problems)?

Yes, namely: *Complete with type of medication taking problem*

No ☐

### The patient has indicated that he/she thinks that the medication is not working:

Yes ☐

No ☐

### The patient has indicated that he/she worries about the amount of medication that is prescribed:

Yes ☐

No ☐

### The patient collects the medication him/herself at the pharmacy:

Yes ☐

No ☐

### The patient has difficulties to communicate about his/her situation:

Yes ☐

No ☐

**The patient seeks timely contact with the healthcare professionals when it is needed:**

Yes ☐

No ☐

**Are there any other relevant background characteristics known**

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## MOST RECENT ASSESSMENTS

Type of assessment	Outcome value
Blood pressure	/ mmHg
LDL-cholesterol	mmol/l
HDL-cholesterol	mmol/l
Total cholesterol	mmol/l
Total cholesterol/HDL-c	
eGFR	ml/min/1,73m <sup>2</sup>
Sodium	mmol/L
Potassium	mmol/L
TSH	mU/l
Hb1Ac	mmol/mol
ALAT	U/l
ASAT	U/L
Other assessment	
Other assessment	
Other assessment	