

Questionnaires

Score	Rating
Depression: Beck-Depression-Inventory II (BDI II)[1, 2]	The BDI-II is scored by summing the highest ratings for each of the 21 symptoms. Each symptom is rated for the past two weeks including the present day on a four-point rating scale (0–3). Sum scores range from 0 to 63. Scores between 0 and 13 indicate minimal, between 14 and 19 mild, between 20 and 28 moderate, and between 29 and 63 severe depression.
Cognition: Montreal Cognitive Assessment (MoCA) [3, 4]	The MoCA is a common cognitive screening with high sensitivity for differentiation between normal aging and mild cognitive impairment (www.mocatest.org). It is scored out of 30 points, with higher scores reflecting better performance. Different cutoffs are proposed to differentiate normal cognitive function from cognitive impairments.
Mobility: Timed up and Go Test (TUG-test) [5]	The TUG-test assesses mobility and locomotor performance. Subjects were observed and timed from the instant they rose from an armchair, walked 3 metres, and returned to a fully seated position in the chair. Subjects wore their regular footwear and were allowed to use the arms of the chair to get up.
Personality: Big Five Inventory 10 (BFI-10) [6, 7]	The BFI-10 has five subscales with two bidirectional items for each of the big-five personality factors. The items are rated on a five-point Likert scale. Scale scores are then calculated as the participant's mean response.
Autonomy support: Health Care Climate Questionnaire (HCCQ) [8, 9]	The HCCQ is made up of 15 items using a Likert scale, with item 13 being coded in reverse. The HCCQ analyses patients' perception of support for autonomy, competence, and relatedness. The score is calculated as a mean score, with higher scores indicating a higher level of autonomy support.
Health- related quality of life: Short Form Health Survey (SF-36) ^[10]	The SF-36 is a generic health-related quality questionnaire covering the last 4 weeks prior to testing. The SF-36 comprises eight concepts of health: physical functioning, role limitations due to physical problems, pain, general health perceptions, energy/vitality, social functioning, role limitations due to emotional problems, and mental health. Single dimension scores were calculated according to the predefined standardized scoring algorithms by following the instructions given by RAND Health Care (https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form/scoring.html). Scoring was used in which items from each scale are summed and rescaled with a standard range from 0 to 100, where a score of 100 denotes the best health.
Short Form Health Survey (SF-12) [11, 12]	The SF-12 is a short version of the SF-36. It encompasses 8 different domains in 12 items, including problems regarding both physical and social activity due to health, limitations in daily life due to physical or emotional problems, pain, mental health, vitality, and general health perception. Each domain is analyzed as the weighted sum of the corresponding items, with lower scores indicating less disability. According to Wirtz et al. (2018) a 2- and 3-factor solution can be calculated.
Adherence: Stendal Adherence to Medication Score (SAMS) [13, 14]	The questionnaire comprises 18 items adding up to a cumulative adherence scale, with 0 indicating complete adherence and 72 complete non-adherence. Each item is answered on a 5-point Likert scale ranging from 0 to 4, with higher scores indicating lower adherence/higher nonadherence. Different aspects of adherence are covered, such as intentional modification of medication (items 4, 7, 8, 9, 10, 11, 12, 13, 17), lack of knowledge (items 1, 2, 3, 5) and forgetting to take the medication (items 6, 14, 15, 16, 18). The additional 5 items (19-23) that can be included in the SAMS to measure adherence to procedures in a stationary hospital context were not included in this dataset, as the focus lies strictly on medication adherence

References

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