

## Baseline

Age	_____ Years
Gender	<input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Male
Marital State	<input type="checkbox"/> 0 Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed / Divorced, Separated
Living Situation	<input type="checkbox"/> 0 Alone <input type="checkbox"/> 1 With partner/in Family <input type="checkbox"/> 2 Other: _____
Education (according to the German education system)  Classified into: Low Less than 10 years Middle 10-12 years High More than 12 years	<input type="checkbox"/> None (less than 8 years) <input type="checkbox"/> 8 years <input type="checkbox"/> 10 years <input type="checkbox"/> 12 years <input type="checkbox"/> More than 12 years (university degree)
Who prepares your medication?  (SelfManGer only)	<input type="checkbox"/> 0 You yourself <input type="checkbox"/> 1 Partner <input type="checkbox"/> 5 Other <input type="checkbox"/> 4 Pharmacist <input type="checkbox"/> 2 Family Member
Which of the following aids do you use?	<input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Voice computer <input type="checkbox"/> Walking Stick <input type="checkbox"/> Crutches <input type="checkbox"/> Forearm supports <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____
How often do you see your GP per quarter?	
Which therapies do you use regularly?	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> rehabilitation exercises <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> speech therapy
Which care level do you have?	<input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you use a nursing service?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 2 No, but my relatives help
Which technological devices do you own?	<input type="checkbox"/> Smartphone <input type="checkbox"/> Landline <input type="checkbox"/> Laptop/Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Other: _____
How often do you use those devices?	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Monthly <input type="checkbox"/> 2 Weekly <input type="checkbox"/> 3 Daily
What do you use those devices for?	<input type="checkbox"/> Communication <input type="checkbox"/> Information research <input type="checkbox"/> News <input type="checkbox"/> Entertainment (Movies, Music, Books) <input type="checkbox"/> Work <input type="checkbox"/> other hobbies <input type="checkbox"/> other: _____

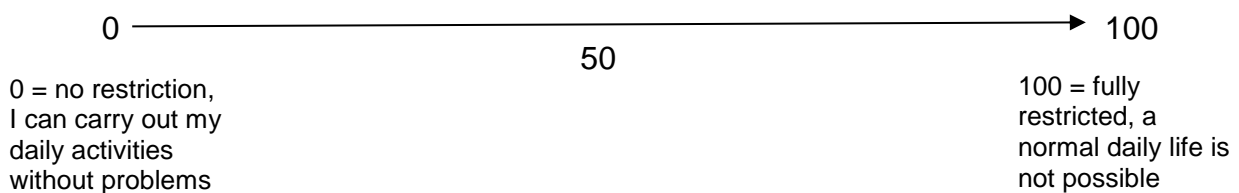
1. Which of the following challenges do you experience?  
(You can choose multiple)

- ☐ reduced mobility (e.g. when walking or climbing stairs)
- ☐ gait problems and falls
- ☐ cognitive restrictions, e.g. problems with memory
- ☐ feeling blue/sadness
- ☐ loneliness
- ☐ pain
- ☐ incontinence (urinal)
- ☐ sleep problems
- ☐ problems with swallowing

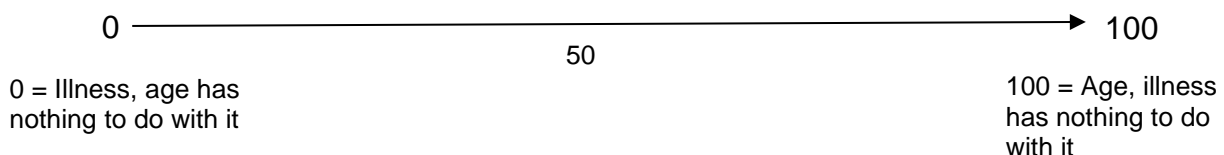
2. Which problem is the most restricting to you in your daily life?  
(Please only select one!)

- ☐ reduced mobility (e.g. when walking or climbing stairs)
- ☐ gait problems and falls
- ☐ cognitive restrictions, e.g. problems with memory
- ☐ feeling blue/sadness
- ☐ loneliness
- ☐ pain
- ☐ incontinence (urinal)
- ☐ sleep problems
- ☐ problems with swallowing

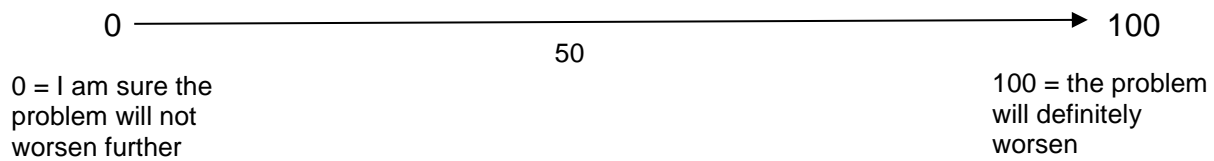
3. How restricted are you in your daily life due to the problem chosen at question 2?



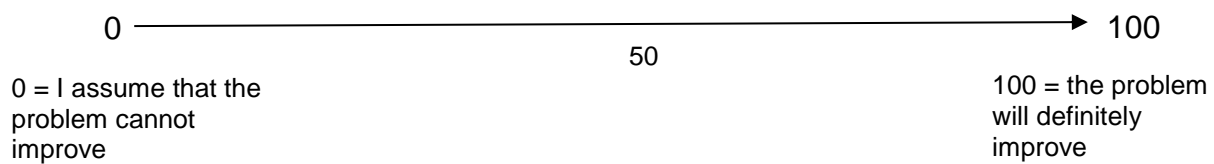
4. Would you attribute the problem chosen at question 2 rather to age or to an illness?



5. How worried are you that the problem chosen at question 2 will worsen?



6. How confident are you that the problem chosen at question 2 will improve?



**# QUESTIONNAIRE DATA; SEE BELOW**

## Follow Up

Conversation partner	<input type="checkbox"/> patient <input type="checkbox"/> Relative: _____ <input type="checkbox"/> other: _____
Conversation possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Mortality <input type="checkbox"/> Health <input type="checkbox"/> Relatives give no information <input type="checkbox"/> no contact information <input type="checkbox"/> not reached <input type="checkbox"/> other:
Survival?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are you feeling compared to the last time we spoke?	<input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse
Have you been in contact with a medical professional since we last spoke? (JenaGer: only hospital)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> GP <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> <b>Hospital stay</b>
Did you receive new diagnoses since we last spoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Were any changes made to your medication since we last spoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you partake in non-medical treatments since discharge from the geriatric ward?	<input type="checkbox"/> No <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Rehabilitation classes <input type="checkbox"/> Occupational therapy <input type="checkbox"/> speech therapy <input type="checkbox"/> other: _____
Do you newly make use of a nursing service since discharge?/since we last spoke?	<input type="checkbox"/> No/already before hospital stay <input type="checkbox"/> No, but my relatives take care of me <input type="checkbox"/> Yes <input type="checkbox"/> I am in a nursing home
Has your care level changed since discharge?/since we last spoke?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, new care level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Has your mobility changed since discharge/since we last spoke?	<input type="checkbox"/> Yes, better <input type="checkbox"/> No, same <input type="checkbox"/> Yes, worse, reason: _____  Did you fall? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes, a little <input type="checkbox"/> Yes, strongly
Do you feel like your concentration (attention, memory) has changed since discharge/since we last spoke?	<input type="checkbox"/> Yes, better <input type="checkbox"/> No, same <input type="checkbox"/> Yes, worse
How often did you fall since being discharged/since we last spoke?	_____ times
<b># REPEAT QUESTIONS ON GERIATRIC SYNDROMES FROM BASELINE</b>  <b># ADD</b> Since discharge, has he selected syndrome... <input type="checkbox"/> stayed the same <input type="checkbox"/> improved <input type="checkbox"/> gotten worse  <b># QUESTIONNAIRE DATA</b>  AT FU: GDS, MoCA word fluency and delayed recall, Barthel, ASAS, WHOQOL-BREF, Views on Ageing, Beliefs about Medication Questionnaire (BMQ)	

## Geriatric Assessment

- Geriatric depression scale, *GDS* (Gauggel & Birkner, 1999; Yesavage et al., 1982),
- *Barthel* Index (Mahoney & Barthel, 1965),
- Geriatric screening according to *Lachs* (*Lachs et al., 1990*)
- Cognition according to the Montreal Cognitive Assessment, *MoCA* or the Mini Mental State Examination (MMSE) (Folstein et al., 1975; Nasreddine et al., 2005). Of note, for reasons of comparability, the MoCA was transformed to match the MMSE according to the conversion described in Fasnacht et al. (2023)
- Tinetti Test (Tinetti, 1986)
- Timed Up and Go Test (Podsiadlo & Richardson, 1991)
- Handgrip Strength measured with JAMAR Dynamometer in KG
- Nutritional Risk Screening (NRS) (Reber et al., 2019) or Mini Nutritional Assessment Short Form (MNA-SF) (Vellas et al., 1999)

## Study-specific questionnaires

- Appraisal for Self-Care Agency Scale (ASAS)(Schönenberg et al., 2022; Sousa et al., 2010)
- Beck Anxiety Index (BAI) short (Beck et al., 1988)
- Beliefs about Medication Questionnaire (BMQ) (Horne et al., 1999)
- Generalized Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995)
- Quality of Life (WHOQOL-Bref)(WHO, 2004, 2020)
- UCLA-Loneliness Scale- Short Form (Hughes et al., 2004; Russell, 1996)
- Views on Ageing (Engstler et al., 2019; Klaus et al., 2017)

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