**In-HospiTOL – 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.

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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
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 through the night)?

7.7.1
If yes:
- newly occurred
- less than before hospital admission (four weeks)
- more than before hospital admission (four weeks)
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