

IPOS-DEM

Q1. What have been your main problems or concerns over the past week?

- 1.....
2.
3.

Q2. What have been your family's or those important to you main concerns over the past week?

- 1.....
2.
3.

Q3. Below is a list of symptoms you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past week.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain					
Shortness of breath					
Weakness or lack of energy					
Nausea (feeling like you are going to be sick)					
Vomiting (being sick)					
Poor appetite					
Constipation					
Dental problems or problems with dentures					
Sore or dry mouth					
Drowsiness					
Poor mobility (trouble walking, cannot leave bed, failing)					
Swallowing problems (e.g. choking, inhaling food, drink)					
Difficulty communicating					
Sleeping problems					
Diarrhea					
Hallucinations (seeing or hearing things not present and/or delusions (fixed false beliefs)					
Agitation (restless, irritable)					
Wandering (as a result of distress)					
Please list any other symptoms not mentioned above, and tick one box to show how they have affected you over the past week (optional)					

Over the past week:

	Not at all	Occasionally	Sometimes	Most of time	Always
Q4. Have you been feeling anxious or worried about your illness or treatment?					
Q5. Have any of your family or friends been anxious or worried about you?					
Q6. Have you been feeling depressed?					
Q7. Have you lost interest in things you would normally enjoy?					
	Always	Most of the time	Sometimes	Occasionally	Not at all
Q8. Have you felt peace?					
Q9. Have you been able to interact positively with others (e.g. staff, family, residents)?					
	No problems	Problems addressed	Problems addressed/ mostly addressed	Problems partly addressed	Problems hardly addressed/ not addressed
Q10. Have you any practical problems been addressed ? (e.g. hearing aid, foot care, glasses, diet)					
	On my own		With help from friend relative	With help of a staff member	
Q11. How did you complete this questionnaire?					