

THIS DOCUMENT IS EXTRACTED FROM THE FULL DELIVERABLE, AS THE ORIGINAL DELIVERABLE CONTAINS CONFIDENTIAL INFORMATION FOR THE COURSE OF THE PROJECT. THE FULL DELIVERABLE CONTENT WILL BE PUBLISHED AFTER THE END OF THE PROJECT.



An Integrated Solution for Sustainable Care for Multimorbid Elderly Patients with Dementia



WP7: Health economics, cost effectiveness and inequalities

D7.1: Design health economic questionnaires

Contractual Date of Delivery to the EC: 30 June 2023

Actual Date of Delivery to the EC: 30 June 2023

Participant(s): ⁷UCLM, ¹EXYS

Author(s): ⁷Luz María Peña Longobardo, ⁷Juan Oliva-Moreno, ⁷Ana Magdalena Vargas-Martínez, ¹Jaouhar Ayadi, ¹Angelo Consoli

Type (P-prototype, R-report, O-other, ORDP-Open Research Data Pilot, DEM-Demonstrator,

ET-Ethics): R

Dissemination level (PU-Public, CO-Confidential): PU

Version: 3v0

Total number of pages: 63



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 945169.

THIS DOCUMENT IS EXTRACTED FROM THE FULL DELIVERABLE, AS THE ORIGINAL DELIVERABLE CONTAINS CONFIDENTIAL INFORMATION FOR THE COURSE OF THE PROJECT. THE FULL DELIVERABLE CONTENT WILL BE PUBLISHED AFTER THE END OF THE PROJECT.

Executive Summary

The present document aims at defining the health economic questionnaires that will be used in order to collect all the information to perform the economic evaluation of the CAREPATH-intervention. Therefore, it will collect information on patients and family caregivers for those receiving care at baseline, at 6 months and at 12 months. This information will be focused on sociodemographic characteristics, time of care, caregiver work status, caregiver health care utilization and possible problems suffered due to the care they provided.

THIS DOCUMENT IS EXTRACTED FROM THE FULL DELIVERABLE, AS THE ORIGINAL DELIVERABLE CONTAINS CONFIDENTIAL INFORMATION FOR THE COURSE OF THE PROJECT. THE FULL DELIVERABLE CONTENT WILL BE PUBLISHED AFTER THE END OF THE PROJECT.

Table of contents

1 INTRODUCTION	4
2 BASELINE QUESTIONNAIRES	5
A1. CAREGIVER	5
A1.1 DESCRIPTION OF PRIMARY CAREGIVER.....	5
A1.2 CAREGIVER TIME.....	8
A1.3 CAREGIVER WORK STATUS.....	9
A1.4. CAREGIVERS HEALTH-RELATED PROBLEMS	10
A1.5. CAREGIVERS SOCIAL, FAMILY AND LEISURE TIME- RELATED PROBLEMS	11
A1.6. CAREGIVER'S SATISFACTION WITH THE CARE PROVIDED	12
A1.7. CAREGIVER HEALTH CARE RESOURCE UTILISATION.....	13
A2. PATIENT	14
A2.1 PATIENT CHARACTERISTICS.....	14
A2.2 PATIENT LIVING ACCOMMODATION.....	16
A 2.3. INTENTION TO INSTITUTIONALIZE THE PERSON BEING CARED FOR (ANSWER BY CAREGIVER)	17
A2.4 PATIENT HEALTH CARE AND SOCIAL RESOURCE UTILISATION	18
A2.5 SATISFACTION WITH HEALTH SERVICES AND CARE RECEIVED BY THE PATIENT	20
3 FOLLOW-UP (6 MONTHS) QUESTIONNAIRES	21
FOLLOW-UP QUESTIONNAIRES (6-MONTH)	21
B1. CAREGIVER	21
B1.1 DESCRIPTION OF PRIMARY CAREGIVER.....	21
B1.2 CAREGIVER TIME	24
B1.3 CAREGIVER WORK STATUS.....	26
B1.4 CAREGIVER HEALTH CARE RESOURCE UTILISATION.....	28
B2 PATIENT	32
B2.1 PATIENT LIVING ACCOMMODATION.....	32
A 2.2. INTENTION TO INSTITUTIONALIZE THE PERSON BEING CARED FOR (ANSWER BY CAREGIVER)	34
B2.3 PATIENT HEALTH CARE AND SOCIAL RESOURCE UTILISATION	35
4 FOLLOW-UP (12 MONTHS) QUESTIONNAIRES	40
FOLLOW-UP QUESTIONNAIRES (12-MONTH)	40
C1. CAREGIVER	40
C1.1 DESCRIPTION OF PRIMARY CAREGIVER	40
C1.2 CAREGIVER TIME.....	43
C1.3 CAREGIVER WORK STATUS.....	45
C1.4. CAREGIVERS HEALTH-RELATED PROBLEMS	47
C1.5. CAREGIVERS SOCIAL, FAMILY AND LEISURE TIME- RELATED PROBLEMS	48
C1.6. CAREGIVER'S SATISFACTION WITH THE CARE PROVIDED	49
C1.7 CAREGIVER HEALTH CARE RESOURCE UTILISATION.....	50
C2 PATIENT	54
C2.1 PATIENT LIVING ACCOMMODATION	54
C2.2 PATIENT HEALTH CARE AND SOCIAL RESOURCE UTILISATION.....	56
C2.3 SATISFACTION WITH HEALTH SERVICES AND CARE RECEIVED.....	61
5 CONCLUSIONS	62
DOCUMENT HISTORY	63