**Supplemental Materials.**

**The Dependence Scale Questionnaire**

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| A. Does the patient need reminders or advice to manage chores, do shopping, cooking, play games, or handle money? |
| B. Does the patient need help to remember important things such as appointments, recent events, or names of family or friends? |
| C. Does the patient need frequent (at least once a month) help finding misplaced objects, keeping appointments, or maintaining health or safety (locking doors, taking medication)? |
| D. Does the patient need household chores done for him/her? |
| E. Does the patient need to be watched or kept company when awake? |
| F. Does the patient need to be escorted when outside? |
| G. Does the patient need to be accompanied when bathing or eating? |
| H. Does the patient have to be dressed, washed, and groomed? |
| I. Does the patient have to be taken to the toilet regularly to avoid incontinence? |
| J. Does the patient have to be fed? |
| K. Does the patient need to be turned, moved, or transferred? |
| L. Does the patient wear a diaper or a catheter? |
| M. Does the patient need to be tube fed? |

Items A and B are coded as follows: no, 0; occasionally (ie, at least once a month), 1; frequently (ie, at least once a week), 2. The other items are coded as follows: no, 0; yes, 1. Total Dependence Scale score is the sum of scores on all 13 items (range=0-15).