Appendix 1: RADPAC tool to timely identify palliative patients with cancer, COPD or CHF

Chronic Obstructive Pulmonary Disease (COPD)	 Moderately disabled; dependent. Requires considerable assistance and frequent care (Karnofsky-score ≤ 50%) Substantial weight loss (±10% loss of bodyweight in six months) presence of congestive heart failure Orthopnoea Patient gives signals of approaching end of life Objective signs of serious dyspnoea (decreased dyspnoea d' effort, dyspnoea with speaking, use of respiratory assistant muscles and orthpnoea)
Congestive heart failure (CHF)	 Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.(NYHA IV) Frequent hospital admissions (>3 per year) Frequent acute decompensated heart failure (>3 per jaar) Moderately disabled; dependent. Requires considerable assistance and frequent care (Karnofsky-score ≤ 50%) Increase in weight which does not react on raising the amount of diuretics Algehele achteruitgang in clinical situation (oedema, orthopnoe, nycturie, dyspnoea) Patient gives signals of approaching end of life
Oncology	 Worse prognosis primary tumor Moderately disabled; dependent. Requires considerable assistance and frequent care (Karnofsky-score ≤ 50%) Progressively decline in physical functioning Progressively bedridden Diminished voedsel intake Toenemende vermagering Anorexie-cachexie syndrom (afname eetlust, algemene zwakte, vermagering, spieratrofie) Diminished 'drive to live'

Appendix 2: Problems square to make a multidimensional inventory of actual and future problems

Somatic	Social context and finances
Policy	Policy
Actual problems:	Actual problems:
Expected problems: Dying scenario:	Expected problems: Dying scenario:
	, ,
Caregiving and daily living act	es Existential and psychological issues
Policy	Policy
Actual problems:	Actual problems:
Expected problems:	Expected problems:
Dying scenario:	Dying scenario:

PROBLEMS SQUARE

Possible future problems:	
Disease specific aspects:	