

**Implementation of Advance Care Planning in Dutch primary care. a pre- post evaluation study.****Supplementary File 2.****Table A.2. Characteristics of patients on the ACP-Monitor and comparison of characteristics of patients who got offered ACP according to the ACP-Monitor or not**

	All patients (n=2292)	No ACP offered (n=1695)	ACP offered (n=597)	OR (95% CI) <sup>a</sup>	OR (95% CI) Adjusted for organisation <sup>a</sup>
Age, mean (SD)	81.6 (5.6)	81.1 (5.2)	83.0 (6.5)	<b>1.07 (1.05 – 1.09)</b>	<b>1.09 (1.07 – 1.11)</b>
Sex, female	1353 (59.0)	973 (57.4)	380 (63.7)	<b>1.30 (1.07 – 1.57)</b>	<b>1.28 (1.04 – 1.57)</b>
At least one diagnosis, yes	2056 (89.7)	1490 (87.9%)	566 (94.8)	<b>2.51 (1.70 – 3.71)</b>	<b>2.47 (1.63 – 3.74)</b>
Setting of inclusion:				1.03 (0.68 – 1.55)	0.83 (0.25 – 2.80)
- General practice	2168 (94.6)	1604 (94.6)	564 (94.5)		
- Care home	124 (5.4)	91 (5.4)	33 (5.5)		
Conversation with:		Not applicable		Not applicable	Not applicable
- Unknown (GP or nurse)	102 (4.5)		102 (17.1)		
- Nurse only	128 (5.6)		128 (21.4)		
- GP only	241 (10.5)		241 (40.4)		
- Both	126 (5.5)		126 (21.1)		

<sup>a</sup> Differences were analysed in unadjusted logistic analyses and logistic multilevel analyses (whether or not there was a ACP conversation registered on the Monitor was the outcome variable). We report the model with random intercept.