

Supplementary Tables

Supplementary Table S1. Disease Classifications and Categories

Category	Disease Name
1. Neurologic diseases	Stroke
	Parkinson's disease
	Dementia (e.g., Alzheimer's disease)
	Vegetative state
	Hypertension
2. Cardiovascular diseases	Heart disease (e.g., Coronary heart disease, Heart failure)
	Hyperlipidemia
3. Chronic geriatric diseases	Diabetes mellitus
	Hyperuricemia
	Chronic renal insufficiency
	Benign prostatic hyperplasia (BPH)
4. Other diseases	Chronic obstructive pulmonary disease (COPD)
	Chronic Bronchitis
	Oncological diseases
	Psychiatric and psychological diseases
	Liver Diseases
	Fractures, Bone

Supplementary Table S2. Multivariable logistic regression analysis of factors independently associated with overall satisfaction.

Variable	B	Std. Err.	Wald	df	p-value	Exp(B)(OR)	95%CI for Exp(B)	
							Lower	Upper
Smoking status	-.900	.698	1.664	1	.197	.407	.104	1.596
Drinking status	-.819	.771	1.127	1	.289	.441	.097	2.000
Combined dysfunction	-.472	.245	3.703	1	.054	.624	.386	1.009
Gender	-.753	.325	5.377	1	.020	.471	.249	.890
Age	.461	.305	2.287	1	.130	1.586	.872	2.885
Longshi Scale score	.087	.376	.053	1	.817	1.091	.522	2.278
Constant	4.246	1.012	17.586	1	.000	69.809		

Notes: B, regression coefficient; Std. Err., standard error; Wald, Wald chi-square statistic; df, degrees of freedom; OR, odds ratio; CI, confidence interval.

Reference categories: Female (for Gender), Non-smoker (for Smoke), etc.

Variables with statistically significant associations ($p < 0.05$) are shown in bold.

Supplementary Questionnaires

Figure S1. Questionnaire (English version)

Questionnaire on the Satisfaction of the Disabled Elderly Patients

Research Objectives:

To investigate the satisfaction status of disabled elderly inpatients across various disease categories.

Research Content:

After obtaining written informed consent from participants, data on the satisfaction status of elderly individuals in nursing facilities will be collected through direct interviews. The collected information includes: General information (demographic characteristics, lifestyle habits), Disease Information (diseases diagnosis, comorbidities, complications, dysfunction diagnoses, self-care ability), and patients' satisfaction survey.

Investigation Form

General Information					
Name		Gender	<input type="checkbox"/> 1=Male, <input type="checkbox"/> 2=Female	Age (years)	<input type="checkbox"/> 1≥65 , <input type="checkbox"/> 2≥81
Phone		Date of Onset		Date of Hospitalization	
Height (cm)		Weight (kg)		BMI (Kg/m ²)	
Smoking		Alcohol Consumption			
Disease Information					
Primary Diagnosis	<input type="checkbox"/> 1 Cerebral Infarction, <input type="checkbox"/> 2 Cerebral Hemorrhage, <input type="checkbox"/> 3 Traumatic Brain Injury, <input type="checkbox"/> 4 Brain Tumor, <input type="checkbox"/> 5 Spinal Cord Injury, <input type="checkbox"/> 6 Fracture, <input type="checkbox"/> 7 Alzheimer's Disease, Other: _____				
Comorbidities	<input type="checkbox"/> 1 Hypertension — Duration: __, Medication: __; <input type="checkbox"/> 2 Heart Disease (Coronary Heart Disease/Heart Failure/Atrial Fibrillation) — Duration: __, Medication: __; <input type="checkbox"/> 3 Diabetes — Duration: __, Medication: __; <input type="checkbox"/> 4 Hyperlipidemia — Duration: __, Medication: __; <input type="checkbox"/> 5 Hyperuricemia — Duration: __, Medication: __; <input type="checkbox"/> 6 Chronic Obstructive Pulmonary Disease (COPD) — Duration: __, Medication: __; <input type="checkbox"/> 7 Chronic Renal Insufficiency — Duration: __, Medication: __; <input type="checkbox"/> 8 Abnormal Liver Function — Duration: __, Medication: __; <input type="checkbox"/> 9 Fracture — Duration: __, Medication: __; <input type="checkbox"/> 10 Parkinson's Disease — Duration: __, Medication: __; <input type="checkbox"/> 11 Dementia — Duration: __, Medication: __; <input type="checkbox"/> 12 Anxiety/Depression — Duration: __, Medication: __; Other: _____				

Complications	Record complications at admission and current complications: <input type="checkbox"/> Deep Vein Thrombosis, <input type="checkbox"/> Urinary Tract Infection, <input type="checkbox"/> Pulmonary Infection, <input type="checkbox"/> Osteoporosis, <input type="checkbox"/> Pressure Ulcer, <input type="checkbox"/> Other: _____
Functional Diagnosis	<input type="checkbox"/> Motor Dysfunction, <input type="checkbox"/> Sensory Dysfunction, <input type="checkbox"/> Bladder/Bowel Dysfunction, <input type="checkbox"/> Speech Disorder, <input type="checkbox"/> Swallowing Disorder, <input type="checkbox"/> Cognitive Impairment, <input type="checkbox"/> Cardiopulmonary Dysfunction, <input type="checkbox"/> Psychological/Mental Disorder, <input type="checkbox"/> Sleep Disorder
Self-care Ability	Longshi Scale (LS) Score: _____ (at admission); _____ (current)

Patient Satisfaction Survey	
Health Improvement How satisfied are you with the improvement of your health status after staying in the nursing home?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
staff attitude How satisfied are you with the service attitude of the nursing staff?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
Service quality How satisfied are you with the professional service quality of the nursing staff?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
Needs fulfillment To what extent are you satisfied with the degree to which the nursing services meet your personal needs?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
Service pricing How satisfied are you with the pricing of the nursing services provided by the institution?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
living environment How satisfied are you with the living environment of the nursing home?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
Humanistic care How satisfied are you with the humanistic care (emotional support and respect) provided by the institution?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied
Overall Satisfaction What is your overall level of satisfaction with the nursing home?	<input type="checkbox"/> A. Very satisfied <input type="checkbox"/> B. Satisfied <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Dissatisfied <input type="checkbox"/> E. Very dissatisfied

Figure S2. Original Chinese version of the questionnaire (for reference).

关于失能老年住院患者满意度的问卷调查

研究目的：

了解失能老年住院患者在不同疾病类别中的满意度状况。

研究内容：

在获得参与者的书面知情同意后。通过直接访谈的方式收集护理机构老年人的满意度数据。初始资料包括：一般状况（人口学信息、生活习惯）、疾病情况（疾病诊断、合并症、并发症、功能诊断、自理能力）和患者满意度调查。

调查信息表

一般状况情况					
姓名		性别	<input type="checkbox"/> 1=男, <input type="checkbox"/> 2=女	年龄 (岁)	<input type="checkbox"/> 1≥65, <input type="checkbox"/> 2≥81
电话		发病时间	____年____月____日	住院时间	____年____月____日
身高 (cm)		体重 (Kg)		BMI(Kg/m ²)	
吸烟		饮酒			
疾病情况					
疾病诊断	<input type="checkbox"/> 1 脑梗死, <input type="checkbox"/> 2 脑出血, <input type="checkbox"/> 3 脑外伤, <input type="checkbox"/> 4 脑肿瘤, <input type="checkbox"/> 4 脊髓损伤 <input type="checkbox"/> 5 骨折 <input type="checkbox"/> 6 阿尔茨海默病, <input type="checkbox"/> 其他____				
合并症	<input type="checkbox"/> 1 高血压, 时间__, 是否服用药物__; <input type="checkbox"/> 2 心脏病 (冠心病/心衰/房颤), 时间__, 是否服用药物__; <input type="checkbox"/> 5 糖尿病, 时间__, 是否服用药物__; <input type="checkbox"/> 6 高脂血症, 时间__, 是否服用药物__; <input type="checkbox"/> 7 高尿酸血症, 时间__, 是否服用药物__; <input type="checkbox"/> 8 慢性阻塞性肺疾病, 时间__, 是否服用药物__; <input type="checkbox"/> 9 慢性肾功能不全, 时间__, 是否服用药物__; <input type="checkbox"/> 10 肝功能异常, 时间__, 是否服用药物__;				

	<input type="checkbox"/> 11 骨折, 时间__, 是否服用药物__; <input type="checkbox"/> 12 帕金森, 时间__, 是否服用药物__; <input type="checkbox"/> 13 阿尔茨海默病, 时间__, 是否服用药物__; <input type="checkbox"/> 14 焦虑抑郁, 时间__, 是否服用药物__; 其他_____
并发症	记录入院时和目前并发症情况: <input type="checkbox"/> 深静脉血栓形成, <input type="checkbox"/> 尿路感染, <input type="checkbox"/> 肺部感染, <input type="checkbox"/> 骨质疏松, <input type="checkbox"/> 褥疮, <input type="checkbox"/> 其他
功能诊断	<input type="checkbox"/> 运动障碍, <input type="checkbox"/> 感觉障碍, <input type="checkbox"/> 二便障碍, <input type="checkbox"/> 言语障碍, <input type="checkbox"/> 吞咽障碍, <input type="checkbox"/> 认知障碍, <input type="checkbox"/> 心肺障碍, <input type="checkbox"/> 精神心理障碍, <input type="checkbox"/> 睡眠障碍
自理能力	龙氏量表: _____ (入院), _____ (目前);

患者满意度调查	
入住护理院后, 您对自己健康状况改善效果的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理人员的服务态度的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理人员的服务水平的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理院提供的护理服务满足您需求程度的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理院的护理服务价格的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理院的居住环境的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理院的人文关怀的满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意
您对护理院的整体满意度	<input type="checkbox"/> A 非常满意, <input type="checkbox"/> B 满意, <input type="checkbox"/> C 一般, <input type="checkbox"/> D 不满意, <input type="checkbox"/> E 非常不满意