

## Questionnaire

The following questionnaire should be filled by the investigator according to the answers by the interviewee. Please check the boxes below before proceeding with the interview:

- A brief introduction of the objectives of the study
- A self-introduction as an investigator
- The verbal and written consent from the interviewee
- The absence of the care recipient of the interviewee

### Section A — Informal caregiver's information

1. **Gender:** 1. Male  2. Female
2. **Age:** \_\_\_\_\_
3. **Marital status:** 1. Married  2. Widowed  3. Divorced  4. Unmarried
4. **Education:** 1. 0-6 years  2. 7-15 years  3. Above 15 years
5. **Employment:** 1. Employed  2. Retired  3. Unemployed
6. **Monthly income:** 1. Below 4000  2. 4000-6000  3. Above 6000   
4. Specific number if provided \_\_\_\_\_
7. **Relationship to the recipient:** 1 The caregiver is the spouse   
2 The caregiver is the child   
3 Others, please specify \_\_\_\_\_
8. **Co-residence with the recipient:** 1. Yes  2. No

### Section B — Care recipient's information

9. **Gender:** 1. Male  2. Female
10. **Age:** \_\_\_\_\_
11. **Education:** 1. 0-6 years  2. 7-15 years  3. Above 15 years
12. **Monthly income:** 1. Below 4000  2. 4000-6000  3. Above 6000   
4. Specific number if provided \_\_\_\_\_
13. **Morbidities:** 1. Healthy  2. Myocardial infarction   
3. Congestive heart failure  4. Peripheral vascular disease   
5. Cerebrovascular disease  6. Dementia   
7. Chronic pulmonary disease  8. Rheumatologic disease   
9. Peptic ulcer disease  10. Mild liver disease   
11. Diabetes without chronic complication   
12. Hemiplegia  13. Renal disease

- 14. Diabetes with chronic complication
- 15. Tumor  16. Lymphoma
- 17. Moderate or severe liver disease
- 18. Metastatic solid tumor  19 AIDS
- 20. Others, please specify: \_\_\_\_\_

**Section C — Care related information**

**14. Care duration:** \_\_\_\_\_ months  
 or since \_\_\_\_\_ (yyyy) \_\_\_\_\_ (mm)

**15. Care time in last week:**

- |   |   |
|---|---|
| Preparation of food and drinks <input type="checkbox"/>                         | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Time investments in shopping, groceries etc. <input type="checkbox"/>           | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Housecleaning <input type="checkbox"/>  | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Washing, ironing or sowing <input type="checkbox"/>                             | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Caring for and playing with own children <input type="checkbox"/>               | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Chores, gardening, maintenance <input type="checkbox"/>                         | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding patient with personal care <input type="checkbox"/>                      | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding patient in visiting the toile <input type="checkbox"/>                   | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding patient with indoor movement <input type="checkbox"/>                    | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding patient with eating and drinking <input type="checkbox"/>                | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding the patient in travelling outside the building <input type="checkbox"/>  | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding the patient with visiting and in excursions <input type="checkbox"/>     | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding the patient in contacting health care suppliers <input type="checkbox"/> | Frequency: _____ days/week<br>Length of time: _____ h/day |
| Aiding patient in organizing home adaptations, etc. <input type="checkbox"/>    | Frequency: _____ days/week<br>Length of time: _____ h/day |

Aiding patient in financial matters (insurance, rent, bills)  Frequency: \_\_\_\_\_ days/week  
Length of time: \_\_\_\_\_ h/day

Travelling to and from care recipient  Frequency: \_\_\_\_\_ days/week  
Length of time: \_\_\_\_\_ h/day

Supervision and companionship  Frequency: \_\_\_\_\_ days/week  
Length of time: \_\_\_\_\_ h/day

- 16. Least preferred task:** 1. HDL  2. ADL   
3. IADL  4. Supervision and companionship

**17. CRA:**

(On a scale from 1 to 5, how does the caregiver agree with the following statements)

I have to stop in the middle of my work or activities to provide care. \_\_\_\_\_

I have eliminated things from my schedule since caring for the recipient. \_\_\_\_\_

My activities are centered around care for the recipient. \_\_\_\_\_

I visit family and friends less because I have been caring for the recipient. \_\_\_\_\_

The constant interruptions make it difficult to find time for relaxation. \_\_\_\_\_

I feel privileged to care for the recipient. \_\_\_\_\_

I really want to care for the recipient. \_\_\_\_\_

I enjoy caring for the recipient. \_\_\_\_\_

Caring for the recipient makes me feel good \_\_\_\_\_

Caring for the recipient is important for me. \_\_\_\_\_

I will never be able to do enough caregiving to repay the recipient. \_\_\_\_\_

I resent having to care for the recipient. \_\_\_\_\_

It is very difficult to get help from my family in taking care of the recipient. \_\_\_\_\_

Since caring for the recipient, I feel my family has abandoned me. \_\_\_\_\_

My family left me alone to care for the recipient. \_\_\_\_\_

My family works together at caring for the recipient. \_\_\_\_\_

Others have dumped caring for the recipient onto me. \_\_\_\_\_

It takes all my physical strength to care for the recipient. \_\_\_\_\_

I am healthy enough to care for the recipient. \_\_\_\_\_

My health has gotten worse since caring for the recipient. \_\_\_\_\_

Since caring for the recipient, it seems like I am tired all the time. \_\_\_\_\_

It is difficult to pay bills. \_\_\_\_\_

Financial resources are adequate. \_\_\_\_\_

Caring for the recipient puts a financial strain on me. \_\_\_\_\_

- 18. Formal care:** 1. Yes, the recipient also uses formal care.   
2. No, the recipient does not receive any formal care.

- 19. Other informal Care:** 1. Yes, the recipient also receives other informal care.

2. No, the recipient does not receive any other informal care.

**20. WTP:**

Please imagine that the government is to send professional care workers to provide services. What is the maximum amount of money that you are willing to pay for an hour of reduction in caregiving of your least-preferred care task per week?

1. The caregiver provided a specific WTP.

\_\_\_\_\_ CNY

2. The caregiver refused to reduce any care.

**21. WTA:**

Please imagine that the government is going to subsidize the care that you are currently providing to your recipient. How much is the minimum sum that you are willing to accept for this extra hour of your least-preferred care task per week?

1. The caregiver provided a specific WTA.

\_\_\_\_\_ CNY

2. The caregiver refused to increase any care.