

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