

Telephone Script (Chinese Simplified)

CAHPS Hospice Survey

Telephone Script (Chinese Simplified)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the caregiver of the sampled decedent. The script explains the purpose of the survey and confirms necessary information about the caregiver and decedent.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
 - YES and NO response options are only to be read if necessary
 - Any alternative positive or negative response will be accepted

*Note: It is not permissible to **capitalize** underlined content, as text that appears in uppercase letters throughout the CATI script must not be read out loud. Survey vendors are permitted to emphasize underlined content in a different manner if underlining is not a viable option, such as placing quotes (“”) or asterisks (**) around the text to be emphasized or italicizing the emphasized words.*

- All questions and all answer categories must be read exactly as they are worded
 - During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma’am
 - Yes, Sir
 - During the course of the survey, if the caregiver mentions the decedent by “he or him” or “she or her,” the interviewer may use that pronoun during the interview rather than the required “him or her” or “he or she”
- The script must be read from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- The pace of the CAHPS Hospice Survey interview should be adjusted to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the “Core,” “About Your Family Member” and “About You” CAHPS Hospice Survey questions
 - The first thirty-one “Core” questions must remain together
 - The four “About Your Family Member” questions must remain together
 - The four “About You” questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read

- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- **Only one language (i.e., English or Spanish) can appear on the electronic interviewing system screen**
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts. This allows the telephone interviewer to go to the next question if a caregiver is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of "MISSING/DK" is coded as "M – Missing/Don't Know."
- Skip patterns should be programmed into the electronic telephone interviewing system
 - Appropriately skipped questions should be coded as "88 – Not Applicable." For example, if a caregiver answers "No" to Question 4 of the CAHPS Hospice Survey, the program should skip Question 5, and go to Question 6. Question 5 must then be coded as "88 – Not Applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
 - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't Know." For example, if the caregiver does not provide an answer to Question 4 of the CAHPS Hospice Survey and the interviewer selects "MISSING/DK" to Question 4, then the telephone interviewing system should be programmed to skip Question 5 and go to Question 6. Question 5 must then be coded as "M – Missing/Don't Know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

INITIATING CONTACT

START: 您好，我是 [INTERVIEWER NAME]。我可以和 [SAMPLED CAREGIVER NAME] 通话吗？

- <1> YES [GO TO INTRO]
- <2> YES, RESPONDENT IS ANOTHER MEMBER OF THE HOUSEHOLD [GO TO CONFIRMATION]
- <3> PROXY IDENTIFIED [COLLECT PROXY INFORMATION THEN RETURN TO INTRO]
- <4> NO, REFUSAL [GO TO REFUSAL]
- <5> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <6> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <7> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

IF ASKED WHO IS CALLING:

我是 [INTERVIEWER NAME]，来自 [VENDOR NAME]。我们正在与 [HOSPICE NAME] 和 Medicare 合作，开展一项关于安宁疗护的调查。

IF NOT A GOOD TIME FOR CALL OR THE SAMPLED CAREGIVER IS NOT AVAILABLE:

您方便告诉我一个可以回电的时间吗？

CONFIRMATION:

请问您是 [SAMPLED CAREGIVER] 吗?

<1> YES [GO TO INTRO]

<2> NO [GO TO START]

INITIATING CONTACT WITH A PROXY RESPONDENT

START: 您好, 请问您是 [PROXY CAREGIVER NAME] 吗?

<1> YES [GO TO INTRO]

<2> NO [GO TO REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

我是 [INTERVIEWER NAME], 来自 [VENDOR NAME]。我们正在与 [HOSPICE NAME] 和 Medicare 合作, 开展一项关于安宁疗护的调查。

IF NOT A GOOD TIME FOR CALL OR THE PROXY CAREGIVER IS NOT AVAILABLE:

您方便告诉我一个可以回电的时间吗?

IF SOMEONE OTHER THAN THE PROXY CAREGIVER ANSWERS THE PHONE, RECONFIRM THAT YOU ARE SPEAKING WITH THE PROXY CAREGIVER WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: 您好, 请问您是 [SAMPLED CAREGIVER NAME/PROXY CAREGIVER NAME/PROXY CAREGIVER NAME]?

<1> YES [GO TO CONFIRM RESPONDENT]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF NEEDED TO CONFIRM SPEAKING TO RESPONDENT: 我是 [INTERVIEWER NAME], 来自 [VENDOR NAME]。我来电的原因是想和您完成已经开始的调查。在我们继续完成调查之前, 请您确认您是 [CAREGIVER NAME] 对吗?

CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH CAREGIVER

INTRO: 您好，我是 [INTERVIEWER NAME]，来自 [VENDOR NAME]。我们致电是为了进行一项关于患者在 [HOSPICE NAME] 接受护理的重要调查。我们致电您是因为您曾协助照料 [DECEDENT NAME]。

我们深知这一时刻对您来说十分艰难，我们也对您近期痛失亲人致以最深的哀悼。我们希望您能抽出一点时间，告诉我们 [HOSPICE NAME] 是如何照料 [DECEDENT NAME] 的。Medicare 会使用您对本问卷的答复改善安宁疗护，并帮助他人选择安宁疗护机构。

您的参与纯属自愿，此次访谈将需要 [FILL: 大约 9 分钟/SURVEY VENDOR SPECIFY]。为了更好地提升服务质量，您的回答可能会与安宁疗护机构共享。

IF ASKED WHETHER SOMEONE ELSE CAN SERVE AS PROXY FOR SAMPLED CAREGIVER:

对于这项调查，我们需要和您家中最了解 [DECEDENT NAME] 所接受的安宁疗护服务的人进行访谈。请问最了解情况的是您本人，还是家中其他人？

IF OTHER HOUSEHOLD MEMBER: 如果是其他人，方便告诉我这位家人的姓名吗？

AFTER RECORDING NAME: 我可以和这位家人通话吗？

IF NEEDED AND SPEAKING WITH THE SAMPLED CAREGIVER:

我们是从 [HOSPICE NAME] 处得知您的名字，因为您被列为 [DECEDENT NAME] 的照护者。

IF NEEDED AND SPEAKING WITH PROXY FOR SAMPLED CAREGIVER: 我们是从 [SAMPLED CAREGIVER] 处得知您的名字，因为他/她表示您对 [DECEDENT NAME] 所接受的安宁疗护服务非常了解。

- <1> YES [GO TO CONTINUE]
- <2> PROXY IDENTIFIED [COLLECT PROXY INFORMATION, THEN RETURN TO PROXY INTRO]
- <3> NO, WILL RETURN COMPLETED MAILED SURVEY [GO TO CALLBACK]
- <4> NO, CALL BACK [GO TO CALLBACK]
- <5> NO, OR UNAVAILABLE DURING FIELD PERIOD [GO TO ITEM TO CODE INELIGIBLE, ETC.,]
- <6> REFUSE [GO TO REFUSAL]
- <7> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <8> NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED [GO TO INELIGIBLE]
- <9> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

CONTINUE

为了提升服务质量，本次通话可能会被监听 [OPTIONAL: 和/或录音]。我们现在可以开始吗？

- <1> YES [BEGIN SURVEY]
- <2> NO, CALL BACK [GO TO CALLBACK]
- <3> REFUSE [GO TO REFUSAL]

MAILED - MIXED MODE

非常感谢您通过邮寄方式完成调查。我们可能还没收到，但我们会再次核对记录。若我们仍未收到，可能会再次与您取得联系。 [END CALL]

MAILED - TELEPHONE ONLY MODE

很抱歉，该调查只能通过电话方式进行。这项研究对 [HOSPICE NAME] 来说非常重要，他们希望获得您的帮助。

INELIGIBLE

很抱歉，这项调查仅针对有参与或监督家属安宁疗护的亲属或朋友进行访谈。感谢您的时间，祝您（今天愉快/晚安）。 [END CALL]

REFUSAL

感谢您的时间，祝您（今天愉快/晚安）。[END CALL]

DISAVOWAL

我们的记录可能有误。感谢您的时间，祝您（今天愉快/晚安）。 [END CALL]

BEGIN CAHPS HOSPICE SURVEY QUESTIONS

Q1_INTRO 请根据患者从 [HOSPICE NAME] 得到的服务，回答所有调查问题。在回答问题时，请勿包含在其他安宁疗护机构的住院情况。

BE PREPARED TO PROBE IF THE CAREGIVER ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE CAREGIVER.

Q1 您与 [DECEDENT NAME] 是什么关系？

READ ANSWER CHOICES ONLY *IF NECESSARY*

<1> 我的配偶或伴侣	[GO TO Q2]
<2> 我的父母	[GO TO Q2]
<3> 我的岳母（婆婆）或岳父（公公）	[GO TO Q2]
<4> 我的（外）祖父/母	[GO TO Q2]
<5> 我的姑姑（姨妈）或叔叔（舅舅）	[GO TO Q2]
<6> 我的姐妹或兄弟	[GO TO Q2]
<7> 我的孩子	[GO TO Q2]
<8> 我的朋友	[GO TO Q2]
<9> 其他（请注明）	[GO TO Q1A]
<M> MISSING/DK	[GO TO Q2]

Q1A 您与 [DECEDENT NAME] 是什么关系？

NOTE: PLEASE DOCUMENT THE RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS.

[NOTE: FOR TELEPHONE INTERVIEWING, Q2 IS BROKEN INTO PARTS A – G.]

Q2 在此次调查中，“家属”一词指的是 [DECEDENT NAME]。请对每个类别回答“是”或“否”。我需要读出所有六个类别。您的家属在什么地方接受了 [HOSPICE NAME] 的安宁疗护服务？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q2A 在家？

<1> 是
<0> 否
<M> MISSING/DK

Q2B 在辅助生活机构？

<1> 是

<0> 否

<M> MISSING/DK

Q2C 在疗养院？

<1> 是

<0> 否

<M> MISSING/DK

Q2D 在医院？

<1> 是

<0> 否

<M> MISSING/DK

Q2E 在安宁疗护机构/赡养院？

<1> 是

<0> 否

<M> MISSING/DK

Q2F 在其他地方？

<1> 是

[GO TO Q2G]

<0> 否

[GO TO Q3]

<M> MISSING/DK

[GO TO Q3]

Q2G 您的家属是在哪里接受护理的？

NOTE: PLEASE DOCUMENT THE OTHER PLACE AND MAINTAIN IN YOUR INTERNAL RECORDS.

Q3 在您的家属接受安宁疗护期间，您有多少机会参与或监督您的家属的安宁疗护？您认为频率是...

- <1> 从未, [GO TO Q32_INTRO]
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

<M> MISSING/DK

Q4_INTRO 对于问卷其余问题，请只考虑您的家属在 [HOSPICE NAME] 的体验。

Q4 对于此问卷，安宁疗护小组是指为您的家属提供安宁疗护的所有护士、医生、社工、牧师和其他提供安宁疗护服务的人。在您的家属接受安宁疗护期间，您是否需要在夜间、周末或者节假日联系安宁疗护小组的任何成员，提出问题或寻求协助？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> 是
- <2> 否 [GO TO Q6]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q6]

Q5 在夜间、周末或假日里，您多常能从安宁疗护小组那里得到所需的帮助？您认为频率是...

- <1> 从未,
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q6 安宁疗护小组多常会让您知道他们将何时到场来照料您的家属？ 您认为频率是...

- <1> 从未,
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q7 当您或者您的家属向安宁疗护小组求助的时候, 多常能立即得到所需的帮? 您认为频率是...

- <1> 从未,
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q8 安宁疗护小组有多经常能用清晰易懂的方式向您解释事情? 您认为频率是...

- <1> 从未,
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q9 安宁疗护小组多经常会通知您让您了解您家属的情况? 您认为频率是...

- <1> 从未,
- <2> 有时,
- <3> 经常, 还是
- <4> 总是?

[<88> NOT APPLICABLE]

<M> MISSING/DK

- Q10 安宁疗护小组有多常以有尊重和礼貌的态度对待您的家属？ 您认为频率是...
- <1> 从未,
<2> 有时,
<3> 经常, 还是
<4> 总是?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q11 安宁疗护小组有多常让您感到他们真的关心您的家属？ 您认为频率是...
- <1> 从未,
<2> 有时,
<3> 经常, 还是
<4> 总是?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q12 安宁疗护小组提供的护理是否尊重您家属的意愿？ 您认为频率是...
- <1> 是的, 当然是,
<2> 是的, 某种程度上是, 还是
<3> 否?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q13 安宁疗护小组是否认真聆听对您和家属最重要的事情？ 您认为频率是...
- <1> 是的, 当然是,
<2> 是的, 某种程度上是, 还是
<3> 否?
- [<88> NOT APPLICABLE]
<M> MISSING/DK

Q14 您是否和安宁疗护小组讨论过任何在安宁疗护中遇到的问题？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

NOTE: IF THE RESPONDENT REPLIES, “I DIDN’T HAVE ANY PROBLEMS,”
CODE RESPONSE AS “NO.”

<1> 是

<2> 否

[GO TO Q16]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q16]

Q15 您与安宁疗护小组讨论家属的安宁疗护中出现的问题时，他们多经常会认真
倾听？ 您认为频率是...

<1> 从未，

<2> 有时，

<3> 经常，还是

<4> 总是？

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q16 在您的家属接受安宁疗护期间是否有任何疼痛？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> 是

<2> 否

[GO TO Q18]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q18]

Q17 您的家属是否得到了所需的止痛疗护？ 您认为频率是...

<1> 是的，当然是，

<2> 是的，某种程度上是，还是

<3> 否？

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q18 您的家属在接受安宁疗护期间是否有过呼吸困难的情况，或者因呼吸困难而接受治疗？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> 是

<2> 否

[GO TO Q20]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q20]

Q19 您的家属多经常能在呼吸困难的时候得到所需的帮助？ 您认为频率是...

<1> 从未，

<2> 有时，

<3> 经常，还是

<4> 总是？

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q20 您的家属在接受安宁疗护期间是否出现过便秘的问题？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> 是

<2> 否

[GO TO Q22]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q22]

Q21 您的家属多经常能在遭遇便秘问题的时候得到所需的帮助？ 您认为频率是...

<1> 从未，

<2> 有时，

<3> 经常，还是

<4> 总是？

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q22 您的家属接受安宁疗护期间是否出现过焦虑或悲伤的状况？
READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> 是
<2> 否 [GO TO Q24]

[<88> NOT APPLICABLE]
<M> MISSING/DK [GO TO Q24]

Q23 在您的家属感到焦虑或悲伤时，多经常能从安宁疗护小组处得到所需的帮助？ 您认为频率是...

<1> 从未，
<2> 有时，
<3> 经常，还是
<4> 总是？

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q24_INTRO 接下来我们会问一些关于您自己与安宁疗护有关经历的问题。

Q24 安宁疗护小组可能会教您如何照顾需要止痛药、呼吸困难、烦躁不安或有其他护理需求的家属。 安宁疗护小组是否教过您如何照顾您的家属 您认为频率是...

<1> 是的，当然是，
<2> 是的，某种程度上是，
<3> 否，还是
<4> 我不需要这个培训？

[<88> NOT APPLICABLE]
<M> MISSING/DK

- Q25 在您的家属接受安宁疗护期间，安宁疗护小组多经常认真听您说话？ 您认为频率是...
- <1> 从未,
 - <2> 有时,
 - <3> 经常, 还是
 - <4> 总是?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q26 关于家属临终时可能发生的情形，安宁疗护小组是否尽可能地向您提供了您所需的相关信息？ 您认为频率是...
- <1> 是的，当然是,
 - <2> 是的，某种程度上是, 还是
 - <3> 否?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q27 对宗教、精神或文化信仰的支持可能包括交谈、祈祷、灵修或尊重传统。在您的家属接受安宁疗护期间，安宁疗护小组对您的宗教、精神或文化信仰提供了多少支持？ 您认为频率是...
- <1> 太少,
 - <2> 适中, 还是
 - <3> 太多?
- [<88> NOT APPLICABLE]
<M> MISSING/DK
- Q28 在您的家属接受安宁疗护期间，您从安宁疗护小组得到了多少情感支持？ 您认为频率是...
- <1> 太少,
 - <2> 适中, 还是
 - <3> 太多?
- [<88> NOT APPLICABLE]
<M> MISSING/DK

Q29 您的家属去世后的几周，您从安宁疗护小组得到了多少情感支持？ 您认为频率是...

- <1> 太少,
- <2> 适中, 还是
- <3> 太多?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q30 请回答以下关于 [HOSPICE NAME] 的问题。 在回答时请不要将其他安宁疗护的服务考虑在内。

请用 0 到 10 的数字表示，0 代表最差的安宁疗护服务，10 则代表最好的安宁疗护，您会用哪个数字评价您家属受到的安宁疗护？

IF THE RESPONDENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: 请用 0 到 10 的数字表示，0 代表最差的安宁疗护服务，10 则代表最好的安宁疗护，您会用哪个数字评价您家属受到的安宁疗护？

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <0> 0
- <1> 1
- <2> 2
- <3> 3
- <4> 4
- <5> 5
- <6> 6
- <7> 7
- <8> 8
- <9> 9
- <10> 10

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q31 您会向您的朋友和家人推荐该安宁疗护机构吗？ 您认为频率是...

- <1> 当然不会,
- <2> 可能不会,
- <3> 可能会, 还是
- <4> 当然会?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q32_INTRO 我们还有一些问题想要问您。接下来的问题是关于您的家属。

Q32 您的家属已完成的最高学校年级或最高学历是？ [OPTIONAL: 他/她是否...]

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> 完成初中（8年级）或以下,
- <2> 上过高中, 但是没有毕业,
- <3> 从高中毕业或获得高中同等学历
- <4> 完成大学或获得两年制大学学位,
- <5> 从四年制大学毕业, 或
- <6> 获得四年以上大学学位?
- <7> RESPONDENT INDICATES THAT HE OR SHE DOES NOT
KNOW FAMILY MEMBER'S LEVEL OF EDUCATION

<M> MISSING

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS **4**. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THE FAMILY MEMBER HAS A HIGH SCHOOL DIPLOMA AND CODE **2** OR **3**, AS APPROPRIATE.

Q33 您的家属是否为南美裔、拉丁裔、西班牙裔，或是上述族裔的后代？

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<X> 是

<1> 否

<M> MISSING/DK

IF YES: 您认为您的家属是 (READ ALL RESPONSE CHOICES)

<2> 古巴人，

<3> 墨西哥人、墨西哥裔美国人、齐卡诺人，

<4> 波多黎各人，或

<5> 其他西班牙裔/拉丁裔民族？

<M> MISSING/DK

[NOTE: FOR TELEPHONE INTERVIEWING, QUESTION 34 IS BROKEN INTO PARTS
A – E.]

Q34 当我读出以下各项时，请告诉我它是否符合您家属的种族背景。我必须念出全部五个类别，请对每个类别回答“是”或“否”。

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY
TO ALLOW CAREGIVER TO REPLY TO EACH RACE CATEGORY.

IF THE RESPONDENT REPLIES, “WHY ARE YOU ASKING ABOUT MY
FAMILY MEMBER’S RACE?:” 我们询问您家属的种族，是为了用于人口统
计分析。我们希望确保我们纳入的人群能够准确反映我国的种族多样性。

IF THE RESPONDENT REPLIES, “I ALREADY TOLD YOU ABOUT MY
FAMILY MEMBER’S RACE.:” 我明白，但这项调查要求我们询问所有种族
选项，从而确保结果包括具有多重族裔背景的人。如果此种族不适用于您的
家属，请回答“否”。感谢您的耐心配合。

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q34A 您的家属是印第安人或阿拉斯加原住民吗？

<1> 是/印第安人或阿拉斯加原住民

<0> 否/否 印第安人或阿拉斯加原住民

<M> MISSING/DK

Q34B 您的家属是亚洲人吗？

<1> 是/亚洲人

<0> 否/否亚洲人

<M> MISSING/DK

Q34C 您的家属是黑人或非裔美国人吗？

<1> 是/黑人或非裔美国人

<0> 否/否 黑人或非裔美国人

<M> MISSING/DK

Q34D 您的家属是夏威夷岛原住民或其他太平洋岛民？

<1> 是/夏威夷岛原住民或其他太平洋岛民

<0> 否/否 夏威夷岛原住民或其他太平洋岛民

<M> MISSING/DK

Q34E 您的家属是白人吗？

<1> 是/白人

<0> 否/否 白人

<M> MISSING/DK

Q35_INTRO 接下来的问题是关于您自己。

Q35 您的年龄是？

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> 18 至 24
- <2> 25 至 34
- <3> 35 至 44
- <4> 45 至 54
- <5> 55 至 64
- <6> 65 至 74
- <7> 75 至 84
- <8> 85 及以上

<M> MISSING/DK

Q36 INTERVIEWER ASK ONLY *IF NEEDED*: 您的性别是？

- <1> 男
- <2> 女

<M> MISSING/DK

Q37 您已完成的最高学校年级或最高学历是？ [OPTIONAL: 您是否…]

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> 完成初中（8年级）或以下，
- <2> 上过高中，但是没有毕业，
- <3> 从高中毕业或获得高中同等学历
- <4> 完成大学或获得两年制大学学位，
- <5> 从四年制大学毕业，或
- <6> 获得四年以上大学学位？

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF SHE/HE HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q38 您在家里主要讲哪种语言？请在听完所有选项后再作答。请问您的主要语言是……

- | | |
|----------------|--------------|
| <1> 英语 | [GO TO END] |
| <2> 西班牙语 | [GO TO END] |
| <3> 中文 | [GO TO END] |
| <4> 俄语 | [GO TO END] |
| <5> 葡萄牙语 | [GO TO END] |
| <6> 越南語 | [GO TO END] |
| <7> 波兰文 | [GO TO END] |
| <8> 韩文 | [GO TO END] |
| <9> 其他语言？ | [GO TO Q38A] |
| <M> MISSING/DK | [GO TO END] |

IF THE CAREGIVER REPLIES WITH MULTIPLE LANGUAGES, PROBE: 您平时主要讲 [LANGUAGE A] 还是 [LANGUAGE B]?

NOTE: IF THE CAREGIVER REPLIES THAT THEY SPEAK AMERICAN, PLEASE CODE AS 1 – ENGLISH.

Q38A 您在家里主要还讲其他语言吗？

NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS

END 以上就是我的全部问题。[OPTIONAL: 如果您需要 [HOSPICE NAME] 的丧亲支持服务电话，我可以现在提供给您。]

INTERVIEWER: PROVIDE CONTACT INFORMATION AS NEEDED.

我们要再次对您失去至亲深表哀悼。感谢您的时间。

READ ONLY *IF APPROPRIATE*

祝您（今天愉快/晚安）。 [END CALL]