SINGAPORE HOSPICE COUNCIL
Living before Leaving

Survey number: _____

Caregiver Response Survey (CaRES)
看护者反馈调查

Introduction 介绍

Thank you for agreeing to participate in this caregiver experience survey, commissioned by the Singapore Hospice Council.
We respect your privacy and your response will be kept anonymous. This survey will take about 10-15 minutes. Your feedback will help us improve service standards of palliative care services in Singapore.
感谢您同意参与这项由新加坡慈怀理事会委托的看护者体验调查问卷。
为了保护您的隐私，您的回答将是匿名的。这项调查大约需要 10-15 分钟完成。您的反馈将用于监测新加坡慈怀疗护的服务水平。

Caregiver Demographic 看护者的基本资料

1. Age 年龄：____

☐ 1. 21-40 years old
☐ 2. 41-60 years old
☐ 3. 61-80 years old
☐ 4. More than 80 years old

2. Gender 性别：

☐ 1. Male 男
☐ 2. Female 女

3. Race (according to NRIC) 种族（根据身份证）:

☐ 1. Chinese 华族
☐ 2. Malay 马来族
☐ 3. Indian 印度族
☐ 4. Others 其他

4. Relationship to your loved one 与您的亲人的关系:

☐ 1. Spouse/ partner 夫妻/配偶/ 伴侣
☐ 2. Child / child-in-law 孩子/儿媳/女婿
☐ 3. Parent 父母
☐ 4. Sibling 兄弟姐妹
☐ 5. Extended family (cousin, aunt) 亲戚
☐ 6. Friend 朋友
☐ 7. Don't wish to say 不想回答
☐ 8. Others, please specify 其他，请说明:
_____

5. Your role in taking care of your loved one (tick all that applies):

1. Physically provide care to your loved one (e.g. help with day to day activities) ☐ Yes
2. Ensure provision of care (e.g. supervise helper to look after your loved one) ☐ Yes
3. Make decisions about treatment that your loved one receives ☐ Yes
4. Pay for the medical and health care expenses ☐ Yes
5. Provide psychological/emotional support ☐ Yes

您照顾您的亲人的具体角色（请打勾所有适合的答案）：

1. 亲身提供照顾 （例如帮助日常活动） ☐ 是
2. 监督您的亲人的护理（例如督导女佣照顾您的亲人） ☐ 是
3. 决定您的亲人所接受的治疗 ☐ 是
4. 支付医疗费用 ☐ 是
5. 提供心理/情绪上的扶持 ☐ 是

Care of the patient and caregiver 病人和看护者护理

We would like you to think about the care that your loved one had received in **his/her last week of life** and the ways in which the staff had assisted or communicated with you. Please answer the following questions regarding your care experience.

请回顾您的亲人在**他/她生命的最后一周**所得到的照料， 以及慈怀护理人员与家人沟通的体验，并回答以下的问题。

How satisfied were you with the following: 您对以下的满意程度		Very dissatisfied 非常不满意	Dissatisfied 不满意	Neither satisfied nor dissatisfied 中立	Satisfied 满意	Very satisfied 非常满意
Patient Care						
*1	The patient's comfort 病人的舒适状态	☐	☐	☐	☐	☐
*2	The clinical team's attention to the patient's symptoms (eg. pain, constipation) 医护人员对病人描述症状时所给予的关注(例如：疼痛，便秘)	☐	☐	☐	☐	☐
*3	The ability of the clinical team to respond to changes in the patient's care needs 医护人员对病人的护理需求变化的应对能力	☐	☐	☐	☐	☐
*4	Emotional support provided to the patient by the clinical team	☐	☐	☐	☐	☐

How satisfied were you with the following: 您对以下的满意程度		Very dissatisfied 非常不满意	Dissatisfied 不满意	Neither satisfied nor dissatisfied 中立	Satisfied 满意	Very satisfied 非常满意
	医护人员给予病人心理上的支持					
5	How effectively the clinical team managed the patient's symptoms 医护人员对病人的症状有多有效的应对	☐	☐	☐	☐	☐
6	Speed with which symptoms were treated by the clinical team 医护人员控制病人的症状的速度	☐	☐	☐	☐	☐
7	The way in which the clinical team respected the patient's dignity 医护人员尊重病人的尊严的方式	☐	☐	☐	☐	☐
Caregiver Care						
*8	The ability of the clinical team to respond to changes in the family's care needs 医护人员对家属照顾需求变化的应对能力	☐	☐	☐	☐	☐
*9	The way the family was included in treatment and care decisions 家属参与病人的治疗与护理计划的方式	☐	☐	☐	☐	☐
*10	Emotional support provided to family members by the clinical team 医护人员给予家属心理上的支持	☐	☐	☐	☐	☐
11	The way in which the patient's condition and likely progress were explained by the clinical team 医护人员对病人的病情与进展解释的方法	☐	☐	☐	☐	☐

* Indicates compulsory question

Information Giving & Training Provision 信息和培训提供

Please answer the following questions. 请回答以下有关问题

How adequate did you find the following? 以下方面所提供是否足够?		No, not needed 不，不需要	No, needed but not given 不，需要但没有给予	Yes, Given but inadequate 是，给予但不够	Yes, given and adequate 是，足够了
*12	Information given about how to manage the patient's symptoms (e.g. pain, constipation) 如何治理病人的症状的信息(例如: 疼痛，便秘)	☐	☐	☐	☐
13	Information given about side effects of treatment 治疗副作用的信息	☐	☐	☐	☐
14	Information given to the family on coping with demands of caregiving 应对照顾需求的信息	☐	☐	☐	☐
*15	Information given about funeral services/ arrangements upon the death of your loved one 在病人去世后，提供殡葬服务/安排的信息	☐	☐	☐	☐
16	(Qn 16 is applicable to home care only. 问题十六仅适用于居家慈怀护理。) Information given about available home support services (eg. info about equipment loan, home hospice services, private nursing) 提供辅助服务的信息（如设备借用、居家慈怀服务、私人看护服务）	☐	☐	☐	☐
*17	Practical training in lifting, managing or other tasks 参加抬举技巧，管理或其他护理的实践培训	☐	☐	☐	☐
18	Practical assistance provided by the clinical team (eg. Financial, equipment provision)	☐	☐	☐	☐

How adequate did you find the following? 以下方面所提供是否足够？		No, not needed 不，不需要	No, needed but not given 不，需要但没有给予	Yes, Given but inadequate 是，给予但不够	Yes, given and adequate 是，足够了
	医护人员所提供的实际帮助(例如经济援助，设备借用）				

* Indicates compulsory question

Care after office hours 非办公时间护理

Please answer the following questions. 请回答以下有关问题
(Qns 19 and 20 are applicable to home care only. 问题十九及二十仅适用于居家慈怀护理。)

*19. Did you access 'after office hours care' that was provided by the service?
您是否使用过非办公时间的紧急服务?

☐ 1. No 没有
☐ 2. Yes 有

*20. How satisfied were you with the support received from the clinical team for urgent problems after office hours?
您对于医护人员在非办公时间所提供的紧急服务的满意程度如何?

☐ 1. Very dissatisfied **非常不**满意
☐ 2. Dissatisfied 不满意
☐ 3. Neither satisfied nor dissatisfied 中立
☐ 4. Satisfied 满意
☐ 5. Very satisfied 非常满意

Preferred places of care and death 首选的护理和死亡地点

Please answer the following questions. 请回答以下有关问题。

*21. Did your loved one die in his/her preferred place of death?
您的亲人是不是在他/她所希望的地方去世？

☐ 1. No 不是
☐ 2. Yes 是
☐ 3. Don't know / Unsure 不知道 / 不确定
☐ 4. No preference 没有偏好

*22. If your answer is no (which means your loved one did not die in his/her preferred place of death), could you share with us the reason why?
如果以上答案是‘不是’（这意味着您的亲人没有在他/她的首选死亡地点去世），您能与我们分享原因吗？

_____

_____

*23. What was your loved one's preferred place of death? 您觉得您的亲人最想在什么地方去世?

☐ 1. Home 家里
☐ 2. Inpatient hospice/ community hospital 住院慈怀服务
☐ 3. Acute hospital 医院
☐ 4. Don't know / Unsure 不知道/不确定
☐ 5. No preference 没有偏好
☐ 6. Others, please specify 其他，请说明：_____

Grief and Bereavement Support 丧亲者情绪支援与关怀

Please answer the following questions. 请回答以下有关问题

24. After the death, did you receive emotional support (e.g. counselling, phone call) from your clinical team?
自从您的亲人去世后，您的护理人员是否提供了情绪支援与关怀？（例如辅导，通话）

☐ 1. No, not needed 不，不需要
☐ 2. No, needed but not given 不，需要但没有给予
☐ 3. Yes, given but inadequate 是，给予但不够
☐ 4. Yes, given and adequate 是，足够了

25. What was/were the type of emotional support that you received? (tick all that applies)
您收到的情绪支援类型是什么？（请打勾所有适合的答案）

☐ 1. Phone call 电话
☐ 2. In person visit by a staff from care provider 护理人员登门访问
☐ 3. Support group 支援团队
☐ 4. Memorial service 追思会
☐ 5. Condolence card 慰问卡
☐ 6. Others, please specify 其他,请说明: _____

26. After the death, did you receive education information (e.g. leaflets) from your clinical team on how to cope with grief?
自从您的亲人去世后，您的护理人员是否提供了有关如何应对悲伤的教育信息？（例如资料小册子）

☐ 1. No, not needed 不，不需要
☐ 2. No, needed but not given 不，需要但没有给予

☐ 3. Yes, given but inadequate 是，给予但不够

☐ 4. Yes, given and adequate 是，足够了

27. What was/were the type of education information that you received? (tick all that applies)
您收到的教育信息类型是什么？（请打勾所有适合的答案）

☐ 1. Leaflets /brochures 资料小册子

☐ 2. Online resources 线上资源

☐ 3. Others, please specify 其他, 请说明: _____

28. If there is any other help or support you would have liked from your clinical team since your loved one's death, please feel free to let us know.
如果您自从亲人去世后希望护理人员提供任何其他帮助或支援, 请在此说明。

_____

_____

Overall satisfaction with care 对整体护理的满意程度

*29. On a scale of 0 to 10, how would you rate the overall care that your loved one received during the **last week of life**? (0 = most dissatisfied, 10 = most satisfied)
在您的亲人生命的**最后一周**接受的照顾，请您给予整体服务打分（在0到10的范围内，其中0表示非常不满意的服务，10表示非常满意的服务）

0	1	2	3	4	5	6	7	8	9	10
Most dissatisfied										Most satisfied
非常不满意										非常满意

30. If your response to question 29 was less than 3 or more than 8, could you kindly elaborate on your reason(s)?
如果您对问题 29 的回答少于 3 或多于 8，请详细说明您的理由。

_____

_____

31. Do you have any other comments?
您是否有任何其他意见?

_____

_____

Thank you for participating in this survey
感谢您协助我们完成此服务调查