

**Exploring the Social and Cultural Aspects of Chinese Family Caregivers' Experience as They Support Loved Ones with Dementia Transitioning into Nursing Homes: A Qualitative Study Protocol.**

***Supplemental Material 1***

**Screening Questionnaire**

**Title:** *CARING*: Exploring the social aspects of Chinese family caregivers' experience as they support loved ones with dementia transitioning into nursing homes

**Page 1:** The landing page will determine the language of the screening survey. The introductory text below contains the same message in the following order: English, Simplified Chinese, and Traditional Chinese. Once the potential participants indicate language, they will be taken to the respective page to complete the screening survey.

Introductory text
<p>The CARING study team at UMass Chan Medical School would like to thank you for your interest in this research study! All of the information collected in this questionnaire will be for the purpose of the current research study only and will not be shared with any entities outside of the study.</p> <p>麻省大学医学院“关爱”研究团队感谢您有兴趣参与本项目！ 此问卷采集的所有信息将仅用于本项研究，不会与其他任何个体或组织分享。</p> <p>麻省大學醫學院“關愛”研究團隊感謝您有興趣參與本項目！ 此問卷採集的所有信息將僅用於本項研究，不會與其他任何個體或組織分享。</p>

#	Prompt	Possible responses (choose one only)
1	<p>To proceed, please indicate your preferred language to fill out this questionnaire:</p> <p>请选择问卷语言：</p> <p>請選擇問卷語言：</p>	<p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Chinese (Simplified) 简体中文</p> <p><input type="checkbox"/> Chinese (Traditional) 繁體中文</p>

### Screening Questionnaire (English Version)

Page 2: This page contains the questions on eligibility in respective languages.

Introductory text
To see if you are eligible for this study, please answer the following questions.

#	Prompts	Possible responses ( <i>Must answer all questions</i> )	To be eligible, the potential participant <i>must</i> answer:
1	Are you 18 years of age or older?	Yes/No	Yes
2	Are you currently residing in the United States?	Yes/No	Yes
3	Can you communicate in Mandarin Chinese?	Yes/No	Yes to either #3 or #4
4	Can you communicate in English?	Yes/No	
5	Have you provided care to an older loved one (aged 65 and above) with dementia, either presently or within the past 5 years?	Yes/No	Yes
6	Have you considered moving your loved ones with dementia into an American nursing home? You may have already supported them moving into a nursing home, or you may have considered nursing homes as a future option.	Yes/No	Yes
7	Are you willing to talk about your experiences as a caregiver in a 60- to 90-minute interview with a trained study researcher?	Yes/No	Yes
8	Are you willing to be audio recorded for the interview?	Yes/No	Yes
9	If the interview is conducted through Zoom, are you comfortable appearing on camera and being recorded?	Yes/No	Yes

If not eligible, the potential participants will be directed to Page 3a, where the research team thanks their interest and efforts.

If eligible, the potential participants will be directed to Page 3b-1, where basic demographics (for sampling), contact information and authorization to contact will be collected. Page 3a:

<p>Thank you for your interest in this research study! Unfortunately, you are not eligible to participate at this point.</p> <p>If you have any questions, please contact us at <a href="mailto:caring@umassmed.edu">caring@umassmed.edu</a>.</p>
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We hope you have a nice day!

[END THE QUESTIONNAIRE]

[Click to Exit]

Page 3b-1:

Introductory text
Thank you for your response! You may be eligible to participate in this study! Now, we are going to ask for basic information about you and the loved one you are caring for, and the authorization for us to contact you for more information about the study.

	Prompts	Possible responses ( <i>Must answer all questions</i> )
1	What is your name? (Please provide your legal name as it is required to process the compensation.)	[last name, first name]
2	Do you identify as...	( <i>Check only one</i> )  <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary/third gender <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: [ ]
3	What is your racial/ethnic background?	[ ]
4	What is your loved one's racial/ethnic background?	[ ]
5	What is your preferred language for speaking (for phone calls and interview)?	( <i>Check only one</i> )  <input type="checkbox"/> English <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> Other, please specify: [ ]
6	Regarding your loved one that you are currently or were previously providing care to – How would you describe your relationship with them?	[ ]
7	Where do they now live?	( <i>Check only one</i> )  <input type="checkbox"/> In a nursing home <input type="checkbox"/> At home <input type="checkbox"/> Other, please specify: [ ]
8	Has your loved one been admitted to a nursing home?	( <i>Check only one</i> )  <input type="checkbox"/> YES – My loved one has already been admitted to a nursing home <input type="checkbox"/> NO – A nursing home has been selected, and we are awaiting admission <input type="checkbox"/> NO – We are exploring and considering different nursing home options

		<input type="checkbox"/> NO – We are thinking of nursing home care as a future option, but have not taken actions  <input type="checkbox"/> Other, please specify: <input type="checkbox"/>
9	May we contact you via email, mail, text, or phone calls?	<i>(Select all that are OK)</i>  YES/NO Email YES/NO US Mail YES/NO Text messages YES/NO Phone calls
10	Where did you find out about our study?	<input type="checkbox"/>

Should the eligible participant do not authorize the team to contact (NO to all options in Question 6), they will be directed to Page 3b-2.

Should the eligible participant authorize the research team to contact them, they will be directed to Page 3b-3, where contact information will be collected.

Page 3b-2:

Thank you for your time and interest! Unfortunately, without your authorization to contact you for interviews as part of the screening process, we are unable to proceed with the study.

Your efforts and support for your loved ones with dementia are highly valued and appreciated. If you have any questions, please contact us at [caring@umassmed.edu](mailto:caring@umassmed.edu). We hope you have a nice day!

[END THE QUESTIONNAIRE]  
[Click to Exit]

Page 3b-3:

Introductory text
<p>Thank you for providing us with an authorization to contact you!</p> <p>In the next few days, we are going to send you more information about the study (known as a “Fact Sheet”) via email and/or U.S. postal mail. In one week after that, we are going to contact you by phone to walk through the “Fact Sheet,” answer any questions you may have about the study and schedule the interview, should you provide consent to participate in the study.</p>

	Prompts	Possible responses
1	What is the best email address to reach you?	[INPUT EMAIL ADDRESS]
2	What is the best address to reach you?	[INPUT MAIL ADDRESS]
3	What is the best phone number to reach you?	[INPUT PHONE NUMBER]
4	Please indicate the best time to contact you via phone:	Monday [INPUT HOURS] Tuesday [INPUT HOURS] Wednesday [INPUT HOURS] Thursday [INPUT HOURS] Friday [INPUT HOURS] Saturday [INPUT HOURS] Sunday [INPUT HOURS]
5	What is your preferred kind of interview?	<i>(Check all that apply)</i>  <input type="checkbox"/> In-person <input type="checkbox"/> Zoom video conference <input type="checkbox"/> Phone call <input type="checkbox"/> Other, please specify: <input type="checkbox"/>

Once filled out, the potential participant will be directed to Page 4.

Page 4:

Thank you for completing this questionnaire! Our research team will contact you via [caring@umassmed.edu](mailto:caring@umassmed.edu) and (508)-856-8989 very soon.

Your efforts and support for your loved ones with dementia are highly valued and appreciated. We look forward to speaking with you and learning from your experiences as a caregiver.

[END THE QUESTIONNAIRE]

[Click to Exit]



**The next few pages include the *questions* translated to Simplified Chinese (Page 10-17) and Traditional Chinese (Page 18-25). Texts for explanation purposes that are not visible to the participants were not translated.**

*(Remainder of page intentionally left blank. Please continue to the next page.)*

**Screening Questionnaire (Simplified Chinese Version)**

Page 2: This page contains the questions on eligibility in respective languages.

Introductory text			
为了确定您是否符合参与该研究的条件，请回答以下问题。			
#	Prompts	Possible responses ( <i>Must answer all questions</i> )	To be eligible, the potential participant must answer:
1	您是否已满 18 岁?	是/否	是
2	您目前是否居住在美国?	是/否	是
3	您是否能够流利地使用普通话、国语或交流?	是/否	第 3、第 4 题有一个“是”即可
4	您是否能够流利地使用英文交流?	是/否	
5	您目前是否正在护理，或在五年之内曾经护理过，患有失智症（俗称老年痴呆症）的老年长亲人（65 岁及以上）?	是/否	是
6	你是否考虑过将这位亲人送入美国养老院进行护理？您可能已经帮助他们入住养老院，或尚在考虑中，将养老院作为备选项。	是/否	是
7	您是否愿意与受训的研究人员进行一次 60 到 90 分钟的访谈，讲述您作为看护者的经历?	是/否	是
8	访谈将被录音，您是否同意?	是/否	是
9	若访谈以 Zoom 线上会议形式进行，您是否同意打开摄像头参加，并被录像?	是/否	是

If not eligible (i.e. answering No to any of the questions), the potential participants will be directed to Page 3a, where the research team thanks their interest and efforts.

If eligible (i.e. answering Yes to all of the questions), the potential participants will be directed to Page 3b-1, where basic demographics (for sampling), contact information and authorization to contact will be collected.

Page 3a:

感谢您对本研究的兴趣！很抱歉，目前你不符合参与条件。

如果您有任何问题，欢迎通过 [caring@umassmed.edu](mailto:caring@umassmed.edu) 联系我们！

祝您生活愉快！

[问卷结束]

[点击退出]

## Page 3b-1:

Introductory text	
您可能符合条件参与本项目！现在，我们将询问一些关于您和您看护的亲人的基本信息，并请您授权我们与您联系以提供更多关于本项目的信息。	

	Prompts	Possible responses ( <i>Must answer all questions</i> )
1	您的名字是：（请填写您的真实姓名，以便我们处理礼品卡信息）	[姓，名]
2	您认为自己是：	( <i>请选择一项</i> )  <input type="checkbox"/> 女性 <input type="checkbox"/> 男性 <input type="checkbox"/> 非二元性别/第三性别 <input type="checkbox"/> 不希望回答 <input type="checkbox"/> 希望由自己定义： [ ]
3	您的族裔是什么？	[ ]
4	被您照顾的亲人的族裔是什么？	[ ]
5	今后的电话沟通和访谈，您更倾向使用哪种语言？	( <i>请选择一项</i> )  <input type="checkbox"/> 英文 <input type="checkbox"/> 普通话、国语 <input type="checkbox"/> 其他，请详述：
6	关于您正在看护或曾经看护过的患有失智症的亲人，您如何形容自己与他们的关系？	( <i>请选择一项</i> )  <input type="checkbox"/> 配偶/伴侣 <input type="checkbox"/> 子女 <input type="checkbox"/> 其他家庭成员 <input type="checkbox"/> 其他，请详述：
7	您的亲人现在居住在哪里？	( <i>请选择一项</i> )  <input type="checkbox"/> 养老院

		<input type="checkbox"/> 家里 <input type="checkbox"/> 其他, 请详述:
8	您的亲人已经入住养老院了吗?	<p>(请选择一项)</p> <input type="checkbox"/> 是的, 我的亲人已经入住养老院 <input type="checkbox"/> 还没有, 我们已经选择了一家养老院, 正在等待入住 <input type="checkbox"/> 还没有, 我们尚在了解、考虑不同的养老院 <input type="checkbox"/> 还没有, 我们可能在未来考虑养老院, 但还没有采取任何行动 <input type="checkbox"/> 其他, 请详述:
9	我们可以通过电子邮件, 信件, 短消息或电话联系您吗?	<p>(请选择所有我们可以联系您的方式)</p> <p>电子邮件: 可以、不可以  信件: 可以、不可以  短消息: 可以、不可以  电话: 可以、不可以</p>
10	您是如何获知这项研究的?	<input type="checkbox"/>

Should the eligible participant do not authorize the team to contact (NO to all options in Question 6), they will be directed to Page 3b-2.

Should the eligible participant authorize the research team to contact them, they will be directed to Page 3b-3, where contact information will be collected.

Page 3b-2:

感谢您的时间与兴趣！很抱歉，鉴于您没有授权我们与您联系来安排接下来的访谈，我们无法与您继续该项目。

一直关怀、支持失智症亲人的您，辛苦了！

如果您有任何问题，欢迎通过 [caring@umassmed.edu](mailto:caring@umassmed.edu) 联系我们！祝您生活愉快！

[问卷结束]

[点击退出]

## Page 3b-3:

Introductory text
<p>感谢您授权我们与您联系!</p> <p>在未来的几天内, 我们将通过电子邮件、信件发送关于此项目的更多信息(即, 项目说明)。“项目说明”发送的一周之后, 我们将通过电话与您联系, 详细介绍“项目说明”, 解答您关于本研究的任何疑问, 若您届时同意参与本研究, 我们将与您安排访谈时间。</p>

	Prompts	Possible responses
1	请问您最常用的电子邮件地址是什么?	[请输入电子邮箱]
2	请问您最常用的地址是什么?	[请输入地址]
3	请问您最常用的电话号码地址是什么?	[请输入电话号码]
4	请告诉我们与您通话最合适的时间:	周一 [时间] 周二 [时间] 周三 [时间] 周四 [时间] 周五 [时间] 周六 [时间] 周日 [时间]
5	请问您更倾向于哪种访谈形式?	<i>(选择所有合适的选项)</i>  <input type="checkbox"/> 面对面 <input type="checkbox"/> Zoom 网上视频会议 <input type="checkbox"/> 电话 <input type="checkbox"/> 其他, 请详述:

Once filled out, the potential participant will be directed to Page 4.



Page 4:

感谢您完成本问卷！我们的研究团队将很快通过 [caring@umassmed.edu](mailto:caring@umassmed.edu) 或 (508)-856-8989 联系您！

一直关怀、支持失智症亲人的您，辛苦了！

如果您有任何问题，欢迎通过 [caring@umassmed.edu](mailto:caring@umassmed.edu) 联系我们！我们期待和您交流并了解您作为看护者的经历。

[问卷结束]

[点击退出]

**Screening Questionnaire (Traditional Chinese Version)**

**Page 2:** This page contains the questions on eligibility in respective languages.

Introductory text
為了確定您是否符合參與該研究的條件，請回答以下問題。

#	Prompts	Possible responses ( <i>Must answer all questions</i> )	To be eligible, the potential participant must answer:
1	您是否已滿 18 歲?	是/否	是
2	您目前是否居住在美國?	是/否	是
3	您是否能夠流利地使用普通話、國語交流?	是/否	第 3、第 4 題有一個「是」即可
4	您是否能夠流利地使用英文交流?	是/否	
5	您目前是否正在護理，或在五年之內曾經護理過，患有失智症（俗稱老人癡呆症）的年長親人（65 歲及以上）?	是/否	是
6	你是否考慮過將這位親人送入美國養老院進行護理？您可能已經幫助他們入住養老院，或尚在考慮中，將養老院作為備選項。	是/否	是
7	您是否願意與受訓的研究人員進行一次 60 到 90 分鐘的訪談，講述您作為看護者的經歷？	是/否	是
8	訪談將會被錄音，您是否同意？	是/否	是
9	若訪談以 Zoom 線上會議形式進行，您是否同意開啟攝影機參加，並被錄影？	是/否	是

If not eligible (i.e. answering No to any of the questions), the potential participants will be directed to Page 3a, where the research team thanks their interest and efforts.

If eligible (i.e. answering Yes to all of the questions), the potential participants will be directed to Page 3b-1, where basic demographics (for sampling), contact information and authorization to contact will be collected.

Page 3a:

感謝您對本研究的興趣！很抱歉，目前你不符合參與條件。

如果您有任何問題，歡迎通過 [caring@umassmed.edu](mailto:caring@umassmed.edu) 聯繫我們！

祝您生活愉快！

[問卷結束]

[點擊退出]

## Page 3b-1:

Introductory text	
<p>您符合條件參與本項目！現在，我們將詢問一些關於您和您看護的親人的基本信息，並請您授權我們與您聯系以提供更多關於本項目的信息。</p>	

	Prompts	Possible responses ( <i>Must answer all questions</i> )
1	您的名字是：（請填寫您的真實姓名，以便我們處理禮品卡信息）	[姓，名]
2	您認為自己是：	(請選擇一項)  <input type="checkbox"/> 女性 <input type="checkbox"/> 男性 <input type="checkbox"/> 非二元性別/第三性別 <input type="checkbox"/> 不希望回答 <input type="checkbox"/> 希望由自己定義： <input type="checkbox"/>
3	您的族裔是什麼？	<input type="checkbox"/>
4	被您照顧的親人的族裔是什麼？	<input type="checkbox"/>
5	今後的電話溝通和訪談，您更傾向使用哪種語言？	(請選擇一項)  <input type="checkbox"/> 英文 <input type="checkbox"/> 普通話、國語 <input type="checkbox"/> 其他，請詳述：
6	關於您正在看護或曾經看護過的患有失智症的親人，您如何形容自己與他們的關係？	(請選擇一項)  <input type="checkbox"/> 配偶/伴侶 <input type="checkbox"/> 子女 <input type="checkbox"/> 其他家庭成員 <input type="checkbox"/> 其他，請詳述：
7	您的親人現在居住在哪裏？	(請選擇一項)

		<input type="checkbox"/> 養老院 <input type="checkbox"/> 家裏 <input type="checkbox"/> 其他, 請詳述:
8	您的親人已經入住養老院了嗎?	<p>(請選擇一項)</p> <input type="checkbox"/> 是的, 我的親人已經入住養老院 <input type="checkbox"/> 還沒有, 我們已經選擇了一家養老院, 正在等待入住 <input type="checkbox"/> 還沒有, 我們尚在了解、考慮不同的養老院 <input type="checkbox"/> 還沒有, 我們可能在未來考慮養老院, 但還沒有采取任何行動 <input type="checkbox"/> 其他, 請詳述:
9	我們可以通過電子郵件, 信件, 短消息或電話 聯系您嗎?	<p>(請選擇所有我們可以聯系您的 方式)</p> <p>電子郵件: 可以、不可以  信件: 可以、不可以  短消息: 可以、不可以  電話: 可以、不可以</p>
10	您是如何獲知這項研究的?	<input type="checkbox"/>

Should the eligible participant do not authorize the team to contact (NO to all options in Question 6), they will be directed to Page 3b-2.

Should the eligible participant authorize the research team to contact them, they will be directed to Page 3b-3, where contact information will be collected.

Page 3b-2:

感謝您的時間與興趣！很抱歉，鑒於您沒有授權我們與您聯系來安排接下來的訪談，我們無法與您繼續該項目。

一直關懷、支持失智症親人的您，辛苦了！

如果您有任何問題，歡迎通過 [caring@umassmed.edu](mailto:caring@umassmed.edu) 聯系我們！祝您生活愉快！

[問卷結束]

[點擊退出]

## Page 3b-3:

Introductory text
<p>感謝您授權我們與您聯系！</p> <p>在未來的幾天內，我們將通過電子郵件、信件發送關於此項目的更多信息（即，項目說明）。「項目說明」發送的一周之後，我們將通過電話與您聯系，詳細介紹「項目說明」，解答您關於本研究的任何疑問，若您屆時同意參與本研究，我們將與您安排訪談時間。</p>

	Prompts	Possible responses
1	請問您最常用的電子郵件地址是什麼？	[請輸入電子郵箱]
2	請問您最常用的地址是什麼？	[請輸入地址]
3	請問您最常用的電話號碼地址是什麼？	[請輸入電話號碼]
4	請告訴我們與您通話最合適的時間：	周一 [時間] 周二 [時間] 周三 [時間] 周四 [時間] 周五 [時間] 周六 [時間] 周日 [時間]
5	請問您更傾向於哪種訪談形式？	<i>(選擇所有合適的選項)</i>  <input type="checkbox"/> 面對面 <input type="checkbox"/> Zoom 網上視頻會議 <input type="checkbox"/> 電話 <input type="checkbox"/> 其他，請詳述：

Once filled out, the potential participant will be directed to Page 4.



Page 4:

感謝您完成本問卷！ 我們的研究團隊將很快通過 [caring@umassmed.edu](mailto:caring@umassmed.edu) 或 (508)-856-8989 聯系您！

一直關懷、支持失智癡的親人的您，辛苦了！

如果您有任何問題，歡迎通過 [caring@umassmed.edu](mailto:caring@umassmed.edu) 聯系我們！ 我們期待和您交流並了解您作為看護者的經歷。

[問卷結束]

[點擊退出]