

APPENDIX 1

Questionnaire: Registered Nurse

Date: _____ Number: _____

Part 1: Sociodemographic data (circle the answer)

- Gender: 0 = Male 1 = Female
- Race: 0 = Chinese 1 = Indian 2 = Malay 3 = Others
- Marital status: 0 = Single 1 = Married 2 = Divorced 3 = Widowed
- Highest education: 0 = Diploma 1 = Adv Diploma 2 = Degree 3 = Master and above
- Years of clinical experience:
0 = ≤ 1 year 1 = 1 to 2 years 2 = 2 to 3 years 3 = 3 to 5 years 4 = ≥ 5 years
- How long have you been taking care of this patient
0 = 1 day 1 = A few days 2 = A few weeks 3 = A few months

Part 2: The patient's activities of daily living (ADL) needs

I = independent, no assistance needed A = assisted by another person

D = dependent, cannot complete the activity without total assistance of another person

1	Bathing	Includes running the water, taking shower, washing all parts of the body, including hair	I A D
2	Dressing	Includes getting out of clothes, putting them on, fastening them, putting on shoes	I A D
3	Feeding and eating	Includes eating, drinking from a cup, cutting foods	I A D
4	Bladder and bowel control	How often does the patient have bladder/bowel accidents 0 = Never 2 = Occasionally 3 = Often 4 = Always	0 2 3 4
5	Transferring	Includes getting in and out of bed, chair, sofa, vehicle and others	I A D
6	Toileting	Independence includes adjusting clothing, getting to and on/off the toilet and keeping yourself clean and dry.	I A D

Instrumental ADL

1	Transportation	Arranging and using local transportation or driving to places beyond walking distance	I A D
2	Preparing meals	Making and preparing own meals, cold or cooked meals	I A D
3	Housekeeping	Includes dusting, vacuuming, sweeping and the like. Does not include laundry	I A D
4	Shopping	Includes going to a supermarket/shop to buy food or clothes	I A D
5	Managing medications	Able to prepare and take medications in the right dose and at the right time	I A D
6	Managing money	Able to manage money when buying food or paying bills. Pays and checks for correct change	I A D

Patient's age: _____

Reason for admission: _____

Past medical condition: _____

Part 3: These are some of the factors that are of importance to a caregiver. In your opinion, rank if the caregiver's needs are met:

On a scale of 1 to 5: 1 = needs are NOT met at all and 5 = needs are fully met. Please give your honest opinion.

Factor	Rank
Clear information and explanation Explanation: The information and explanation provided to the caregiver is useful, practical and actionable to help them in their role.	
Trust and respect Explanation: The caregiver feels respected, valued and appreciated, and they are able to place their trust that the healthcare team are doing their best.	
Involvement in the patient's care Explanation: The caregiver feels that they are always encouraged to ask questions, request for help and seek clarification. The caregiver feels involved in the patient's care.	
Reassurance Explanation: The caregiver always receives social and emotional support, their difficulties as a caregiver are acknowledged and healthcare team is always complimenting their efforts.	

Honesty and timeliness

Explanation: The caregivers' requests are acted upon fast and the healthcare team always provides timely and accurate explanations and updates.

Kindness and genuine care

Explanation: The caregiver is always treated with kindness and genuine care by the healthcare team.

Part 4: List the top 3 patient-family education that has been given or would like to be given for this patient and caregiver.

1. _____
2. _____
3. _____

APPENDIX 2

Questionnaire for Caregivers

Date: _____ Number: _____

Part 1: Caregiver profile (circle the answer)

1. Age: 0 = < 40 years 1 = 41 to 60 years 2 = 61 to 80 years 3 = > 80 years
2. Gender: 0 = Male 1 = Female
3. Race: 0 = Chinese 1 = Indian 2 = Malay 3 = Others
4. Marital status: 0 = Single 1 = Married 2 = Separated/divorced 3 = Widowed
5. Educational status:
0 = No formal education 1 = Primary 2 = Secondary 3 = > Tertiary (college/polytechnic/university)
6. Employment status:
0 = Unemployed 1 = Part time 2 = Full time 3 = Homemaker 4 = Retired
7. Living arrangement with patient: 0 = Living together 1 = Living apart
8. How long have you been a caregiver to the patient?
0 = Less than 1 month 1 = 1 to 6 months 2 = 6 to 12 months 3 = More than 1 year
9. Relationship between caregiver and recipient:
0 = Spouse 1 = Daughter/son 2 = In-law 3 = Grandchild 4 = Relative or close friend
6 = Others (specify): _____
10. Do you have a Foreign Domestic Worker to help you? 0 = Yes 1 = No
11. Besides caring for your loved one, what other responsibilities do you have
☐ None
☐ Work commitments
☐ Taking care of another ill or elderly person at home
☐ Taking care of your own family with small children

Part 2: We would like to understand your needs as a caregiver better. On a scale of 1 to 5: 1 = needs are NOT met at all and 5 = needs are fully met. How have we met your needs?

Factor	Rank
Information and explanation Explanation: The information and explanation provided to me is useful, practical and actionable to help me care for my loved one.	
Trust and respect Explanation: I feel respected, valued and appreciated, and I am able to place my trust that the healthcare team are doing their best to care for my loved one.	
Involvement in the patient's care Explanation: I am always encouraged to ask questions, request for help and seek clarification. I feel involved in my loved one's care in the hospital.	

Reassurance

Explanation: I always receive social and emotional support, my difficulties as a caregiver are acknowledged and the healthcare team is always complimenting my efforts.

Honesty and timeliness

Explanation: My requests are acted upon fast and the healthcare team always provides timely and accurate explanations and updates.

Kindness and genuine care

Explanation: I am always treated with kindness and genuine care by the team.

Part 4: Tick 3 of the factors below that are of MOST importance to you

- ☐ Receiving clear information and explanation
- ☐ Receiving kindness and genuine care
- ☐ Receiving trust and respect
- ☐ Receiving honesty and timely request
- ☐ Being involved in patients care
- ☐ Receiving reassurance

Part 5: We value your feedback

1. What are some of the difficulties of providing care for your loved ones? (You may tick more than one).

- ☐ Keeping appointments
- ☐ Obtaining transportation to hospital
- ☐ Own work life balance
- ☐ Taking care of own family
- ☐ Job commitments
- ☐ Others (specify):

2. Can you share with us ways that sustain and motivate you in taking care of your loved one. (You may tick more than one.)

- ☐ Understanding family
- ☐ Additional help
- ☐ Others (specify):

3. What are some of your unmet needs in providing care at home that you would like your nurse to help you with
