

Questionnaire A : Participants' General Characteristics Questionnaire

Instructions: Please read each item carefully, based on your actual situation, and then select the answer on the right, Tick "√" . Please be sure to answer each question without missing items.

| | | |
|-----------|---|---|
| 1 | Age | _____ Years |
| 2 | Gender | <input type="checkbox"/> Male |
| 3 | | <input type="checkbox"/> Female |
| 4 | Educational level | <input type="checkbox"/> Single/Divorced/Widowed |
| 5 | | <input type="checkbox"/> Married |
| 6 | | <input type="checkbox"/> College and above |
| 7 | | <input type="checkbox"/> High School |
| 8 | Average monthly income | <input type="checkbox"/> Secondary school |
| 9 | | <input type="checkbox"/> Primary school and below |
| 10 | | <input type="checkbox"/> None |
| 11 | Religion | <input type="checkbox"/> Religious beliefs |
| 12 | | <input type="checkbox"/> <2,000 RMB |
| 13 | Living condition | <input type="checkbox"/> 2,001–5,000 RMB |
| 14 | | <input type="checkbox"/> >5,001 RMB |
| 15 | | <input type="checkbox"/> Alone |
| 16 | Number of children | <input type="checkbox"/> Spouse |
| 17 | | <input type="checkbox"/> Others |
| 18 | Chronic disease | <input type="checkbox"/> One or none |
| 19 | | <input type="checkbox"/> Two |
| 20 | | <input type="checkbox"/> Three and more |
| 21 | Self-assessment of health status | <input type="checkbox"/> Yes |
| 22 | | <input type="checkbox"/> No |
| 23 | | <input type="checkbox"/> Very good |
| 24 | Hospitalization experience | <input type="checkbox"/> Good |
| 25 | | <input type="checkbox"/> Poor |
| 26 | Bereavement experience | <input type="checkbox"/> Yes |
| 27 | | <input type="checkbox"/> No |
| 28 | Participation in the dying process of others | <input type="checkbox"/> Yes |
| 29 | | <input type="checkbox"/> No |
| 30 | Participation in medical decision-making | <input type="checkbox"/> Yes |
| 31 | | <input type="checkbox"/> No |
| 32 | knowledge of ACP | <input type="checkbox"/> Yes |
| 33 | | <input type="checkbox"/> No |

