

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
		<input type="checkbox"/> Female
3	Marital status	<input type="checkbox"/> Single/Divorced/Widowed
		<input type="checkbox"/> Married
4	Educational level	<input type="checkbox"/> College and above
		<input type="checkbox"/> High School
		<input type="checkbox"/> Secondary school
		<input type="checkbox"/> Primary school and below
5	Religion	<input type="checkbox"/> None
		<input type="checkbox"/> Religious beliefs
6	Average monthly income	<input type="checkbox"/> <2,000 RMB
		<input type="checkbox"/> 2,001–5,000 RMB
		<input type="checkbox"/> >5,001 RMB
7	Living condition	<input type="checkbox"/> Alone
		<input type="checkbox"/> Spouse
		<input type="checkbox"/> Others
8	Number of children	<input type="checkbox"/> One or none
		<input type="checkbox"/> Two
		<input type="checkbox"/> Three and more
9	Chronic disease	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
10	Self-assessment of health status	<input type="checkbox"/> Very good
		<input type="checkbox"/> Good
		<input type="checkbox"/> Poor
11	Hospitalization experience	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
12	Bereavement experience	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
13	Participation in the dying process of others	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
14	Participation in medical decision-making	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
15	knowledge of ACP	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

