

Study on Understanding Caregiver Delegation

Introduction

Q1.1. We appreciate your interest in the survey. We will now ask you some questions to ensure you are eligible to proceed. Not qualifying for the survey will mean you cannot complete the study and receive reimbursement for participation.

Q1.2. Are you above 21 years of age?

☐ Yes

☐ No

[Q 2.1 indicates eligibility and](#)
[Q 2.2 is the Participant Information Sheet](#)

Demographics

Q3.1. **SECTION 1: About you and your socio-economic details**

Q3.2. How old are you?

- ☐ 21-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70 and above

Q3.3. What type of housing do you live in?

- ☐ Single-family house (detached house)
- ☐ Townhouse (attached house)
- ☐ Apartments/Condos
- ☐ Mobile home/trailer
- ☐ Dorm or institutional housing
- ☐ Others

Q3.4. What is your annual Household Income?

- ☐ Less than \$30,000 US dollars
- ☐ \$30,000 – \$49,999 US dollars
- ☐ \$50,000 – \$99,999 US dollars
- ☐ \$100,000 – \$149,999 US dollars
- ☐ \$150,000 – \$199,999 US dollars
- ☐ \$200,000+ US dollars and more

Q3.5. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Others

Q3.6. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Not reported

Q3.7. What best describes your ethnic origin?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Others

Q3.8. What is your religion?

- ☐ Protestant (e.g., Baptist, Methodist, Presbyterian, Reformed, Church of Christ, etc.)
- ☐ Roman Catholic
- ☐ Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
- ☐ Jehovah's Witness
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ No Religion
- ☐ Others

Q3.9. Besides English, what other languages do you speak?

Q3.10. What is the highest level of education you have completed?

- ☐ No Degree
- ☐ High School Degree
- ☐ Some College, did not graduate
- ☐ Associate's Degree Occupational/Academic
- ☐ Bachelor's Degree
- ☐ Master's, Professional or Doctorate Degree

Q3.11. Which statement best describes your current employment status?

- ☐ Full-time employment
- ☐ Part-time employment
- ☐ Unemployed, but currently seeking job opportunities
- ☐ Unemployed, and not seeking job opportunities
- ☐ Retired

- ☐ Others

Q3.12. What is your residency status in the United States of America?

- ☐ US Citizen
- ☐ US Permanent Resident (i.e., Green card holder)
- ☐ Others

Q3.13. How many siblings do you have?

Q3.14. In terms of birth order, which sibling are you?

- ☐ Oldest
- ☐ Middle
- ☐ Youngest

Physical Care Tasks

Q4.1. **Section 2: Helping with Physical Care**

This section contains questions about your experience providing physical care to another adult. We are asking about activities where you have helped to make decisions

about physical care matters or have been given authority to make physical care decisions on behalf of another adult.

An adult is anyone aged over 21 years of age. You may have done this this formally or informally. You may also have helped more than one adult in this way.

Even if the person you have helped has passed away, please include them in your answers.

Q4.2. Based on this definition, could you please give us a breakdown of how many adults you have helped with **physical care** matters in terms of ...

	Number
Immediate Family	<input type="text"/>
Extended (relatives)	<input type="text"/>
Friends	<input type="text"/>
Others (please specify)	<input type="text"/>
<input type="text"/>	

Q4.3. Of these adults, how many have passed away?

Q4.4. In this section, we are asking about the frequency of help you have offered for physical care tasks. Please choose the **highest frequency** you have ever done.

Q4.5.

IADLs, also known as **Instrumental activities of daily living (IADLs)**, are things one does every day to take care of themselves and their home. They are one way to measure how well one is on their own. The following questions will help us understand how much help you have provided for an adult in carrying out their instrumental activities of daily living.

Q4.6.

Food Preparation: These are tasks where you prepare, serve, heat, or prepare ingredients for meals.

At the most frequent, I have helped **another adult** with

food preparation...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.7. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.8.

Housekeeping Tasks. These tasks include dishwashing, bed making, sweeping, and cleaning.

At the most frequent, I have helped **another adult** with housekeeping tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.9. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.10.

Laundry Tasks: These are tasks such as washing clothes, hanging and folding clothes.

At the most frequent, I have helped **another adult** with laundry tasks...

- ☐ Daily
- ☐ Weekly

- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.11. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.12.

Transportation Tasks: These are tasks for moving between destinations, such as giving rides, helping to take public transportation, or accompanying a person to take a vehicle.

At the most frequent, I have helped **another adult** with transportation tasks...

- ☐ Daily
- ☐ Weekly

- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.13. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.14.

Medical Tasks: These tasks include ensuring correct medication is taken at the right time, dispensing medication, or securing a sufficient supply of medication.

At the most frequent, I have helped **another adult** with medical tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly

- ☐ Yearly
- ☐ Never

Q4.15. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.16.

Financial Tasks: These are tasks such as making budgets, writing checks, paying rent, and going to the bank.

At the most frequent, I have helped **another adult** with financial tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly

☐ Never

Q4.17. You answered **Never**. Considering the adults around you, how likely will you be helping them with food preparation tasks in the coming year?

☐ Very Unlikely

☐ Somewhat Unlikely

☐ Somewhat Likely

☐ Very Likely

☐ Unsure

Q4.18.

Digital tasks: These are tasks such as logging on to mobile apps, operating applications, checking emails, and changing settings on devices.

At the most frequent, I have helped **another adult** with digital tasks...

☐ Daily

☐ Weekly

☐ Monthly

☐ Yearly

☐ Never

Q4.19. You answered **Never**. Considering the adults around you, how likely will you be helping them with these tasks next year?

- ☐ Very Unlikely
- ☐ Somewhat Unlikely
- ☐ Somewhat Likely
- ☐ Very Likely
- ☐ Unsure

Q4.20. **ADLs**, also known as **Activities of daily living (ADLs)**, are the basic self-care tasks one does every day. They are used to measure how much help one needs.

The following questions will help us understand how much help you have provided for an adult in carrying out their activities of daily living.

Q4.21.

Bathing: These tasks include helping with bathing more than one part of the body, getting in or out of the tub or shower; or helping with total bathing

At the most frequent, I have helped **another adult** with bathing tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.22.

Grooming: These tasks include helping with dressing a person partially or entirely.

At the most frequent, I have helped **another adult** with grooming tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.23.

Toileting: These tasks include helping with transferring to the toilet, cleaning self, using a bedpan, or using a

commode.

At the most frequent, I have helped **another adult** with toileting tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.24.

Transferring: These tasks include helping with moving a person from a bed to a chair or a complete transfer.

At the most frequent, I have helped **another adult** with transferring tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.25.

Incontinence: Incontinence refers to the difficulty of another adult passing stool or urine. These tasks include helping to manage incontinence, from following treatment recommendations to assisting them in using protective undergarments.

At the most frequent, I have helped **another adult** with continence tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q4.26.

Feeding: These tasks include partially or entirely helping get food from their plates into their mouth.

At the most frequent, I have helped **another adult** with feeding tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly

☐ Yearly

☐ Never

Legal/Financial Delegation

Q5.1. Section 3: Helping with Legal/Financial Matters

This section contains questions about your experience helping another adult with legal or financial matters. We are asking about activities where you have helped to make decisions about legal/financial matters and/or have been given authority to make legal/financial decisions on behalf of another adult.

An adult is anyone aged over 21 years of age. You may have done this this formally or informally. You may also have helped more than one adult in this way.

Even if the person you have helped has passed away, please include them in your answers.

Q5.2. Based on this definition, could you please give us a breakdown of how many adults you have helped with **legal/financial** matters in terms of ...

	Number
Immediate Family	<input type="text" value="0"/>
Extended (relatives)	<input type="text" value="0"/>
Friends	<input type="text" value="0"/>
Others (please specify)	<input type="text" value="0"/>
<input type="text"/>	

Q5.3. Of these adults, how many have passed away?

Q5.4. This section contains several questions about your **experience of having legal and/or financial authority while caring for another adult**. Please read each statement carefully, and answer the following questions.

Q5.5.

Legal/Financial Decision Support: These tasks include advising on investment, deciding to buy a piece of property, and deciding to open a new bank account. It is important to note that you are **NOT acting on behalf** of

the adult but rather **helping to make such decisions**.

At the most frequent, **in the past 12 months**, I have helped **another adult** to make legal/financial decisions...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q5.6. You answered **Never**. Considering the adults whom you may potentially help, how likely will you help them with legal/financial decision support in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q5.7.

Legal/Financial Action #1: I have helped another adult perform legal-financial actions, such as **withdrawing cash from a bank** or **performing digital banking** or

taking legally binding actions (i.e. signing contracts, and bank documents)

At the most frequent, **in the past 12 months**, I have helped **another adult** with withdrawing cash from a bank ...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q5.8. You answered **Never**. Considering the adults whom you may potentially help, how likely will you help them with legal-financial actions such as **withdrawing cash from a bank** or **performing digital banking** or **taking legally binding actions** in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q5.9.

The **LPA** is a legal document that allows a person aged 21 years and above ('**donor**') to voluntarily appoint one or more persons ('**donee(s)**') to make decisions and act on their behalf if they lose mental capacity one day.

A **donee** can be appointed to serve in the two broad areas of:

(a) **personal welfare**

and/or

(b) **property** and **affairs matters**.

Q5.10. Have you signed **Lasting Power of Attorney (LPA)** in the US?

☐ Yes

☐ No

Q5.11.

How frequently have you used the lasting power of attorney (LPA) for **personal welfare matters** over the **past 12 months?**

Examples of **personal welfare matters** include :

Where donor should live

Day to day care decisions (what to wear and eat)

Handling donor's letters / mail

Who donor may have contact with

Healthcare and medical treatment decision

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently
- ☐ Always

Q5.12.

How frequently do you currently use the lasting power of attorney (**LPA**) for **property and affairs** over the **past 12 months**?

Examples of **property and affairs** include :

Buying, selling, renting and mortgaging donor's property

Operating donor's bank accounts

Managing donor's CPF monies

Paying household expenses

Purchasing any equipment donor may need

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently

☐ Always

Q5.13. When was the **first time** you signed a lasting power of attorney (**LPA**) as a donee? (Please indicate the year)

Q5.14. **Legal/Financial Digital Delegation**

Q5.15. Do you have any joint bank accounts with someone in order to help them with digital transactions?

- ☐ Yes, I have a **joint-alternate** account (where account holders can perform transactions independently, and you do not need consent from the other account holders.)
- ☐ Yes, I have a **joint-all** account (where all account holders must agree to all transactions)
- ☐ Yes, I have a **joint-alternate** account and joint-all account account
- ☐ No, I do not have any **joint account** for helping purposes.
- ☐ Unsure

Q5.16. **Legal/Financial Digital Delegation Method**

This section contains questions about how you act on behalf of another adult who may rely on you to **access digital Legal and/or Financial services**. By digital services, we mean using a website or a mobile app to do transactions.

Some examples in US may be accessing or managing their **my Social Security** or mobile app bank apps and paying bills using a company's website.

Q5.17. Have you ever assisted **another adult** with their **legal/financial digital services**?

☐ Yes

☐ No

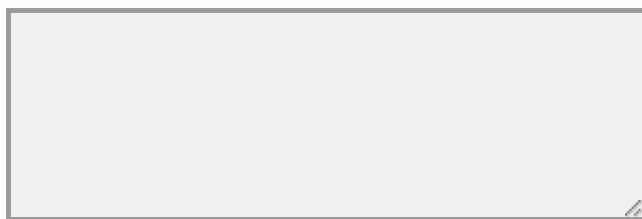
Q5.18. Provide the reason(s) why you think your help was needed to manage a **digital service** for another adult. You may choose more than one answer.

☐ The app was not user-friendly for them

☐ They see using the app as a difficult task that should be avoided

☐ They are unfamiliar with using a technology device to access the app

- ☐ They have concerns about sharing their data with third parties
- ☐ They do not have a device or equipment to access their digital accounts
- ☐ They have physical limitations (e.g., poor vision and poor motor skills) that constrain their ability to use the app
- ☐ They have cognitive limitations (e.g., existing conditions and cognitive decline with age) that constrain their ability to use the app
- ☐ Others (please specify)



Q5.19. How have you helped another adult to **log on to their financial/legal digital services**? You may select more than one option.

- ☐ I know the username and password for their online account(s)
- ☐ The adult uses their fingerprint (or other biometrics) to log in
- ☐ The adult logs in with a username and password and I help them (I don't know the username and password)
- ☐ The institution has given me my own separate login and password to help manage their online account(s)

Q5.20. How have you helped **another adult use their financial/legal digital services** online? You may select more than one option.

- ☐ I offer some help, but the person does it mostly independently
- ☐ I provide ongoing assistance while next to the person
- ☐ I use the person's account on their behalf, while they are present
- ☐ I use the person's account on their behalf, even when they are not present
- ☐ Not Applicable

Medical Delegation

Q6.1. **Section 4: Helping with Medical Matters**

This section contains questions about your **experience helping another adult with medical matters**. We are asking about activities where you have helped to **make decisions about medical matters** or have been **given authority to make medical decisions** on behalf of another adult.

An adult is anyone aged over 21 years of age. You may be doing this formally or informally. You may also have more than one adult you help with in this way.

Even if the person you have helped has passed away, please include them in your answers.

Q6.2. Based on this definition, could you please give us a breakdown of how many adults you have helped with **medical care** matters in terms of ...

	Number
Immediate family	<input type="text" value="0"/>
Extended (relatives)	<input type="text" value="0"/>
Friends	<input type="text" value="0"/>
Others (please specify relationship)	<input type="text" value="0"/>

Q6.3. Of these adults, how many have passed away?

Q6.4. This section contains several questions about your **experience of providing medical delegation for another adult**. Please read each statement carefully, and answer the following questions.

Q6.5. **Medical Delegation Action (Low-Stake Activities)**

Q6.6.

I have helped to **make appointments for another adult's medical care.**

At the most frequent, **in the past 12 months**, I have helped **another adult** with medical appointment tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q6.7. You answered **Never**. Considering the adults around you, how likely will you be helping them with medical appointment tasks in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q6.8. I have **accompanied another adult to a medical**

care appointment.

At the most frequent, **in the past 12 months**, I have helped **another adult** with medical appointment tasks...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q6.9. You answered **Never**. Considering the adults around you, how likely will you be accompanying them for medical care appointment in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q6.10.

I have helped **ensure proper medication intake for another adult**.

At the most frequent, **in the past 12 months**, I have helped **another adult** with ensuring proper medication intake...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q6.11. You answered **Never**. Considering the adults around you, how likely will you be helping them ensure proper medication intake in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q6.12.

I have helped **oversee proper medical treatment procedures for another adult**.

At the most frequent, **in the past 12 months**, I have

helped **another adult** oversee medical treatment procedures...

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Q6.13. You answered **Never**. Considering the adults around you, how likely will you be helping them oversee medical treatment procedures in the coming year?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

Q6.14. **Medical Delegation Action (High-Stake Activities): Medical Decision Making**

Q6.15. Have you ever **talked to another adult** about being a medical decision maker for that adult?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.16. Have you ever **talked to the doctor of another adult** about being a medical decision maker for that adult?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.17. Have you ever signed official papers naming you or a group of people to make medical decisions for that adult?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.18. **Medical Delegation Action (High-Stake Activities): Quality of Life (Health Situations)**

Q6.19. Have you ever **talked to another adult** about what would make that adult's life worth living or otherwise?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.20. Have you ever **talked to the doctor of another adult** about what would make that adult's life worth living or otherwise?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.21. Have you ever **talked to family members of another adult** about what would make that adult's life worth living or otherwise?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.22. **Medical Delegation Action (High-Stake**

Activities): Quality of Life (Medical Care)

Q6.23. Have you ever **talked to another adult** about what that adult would want if they were very sick or near the end of life?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.24. Have you ever **talked to the doctor of another adult** about what that adult would want if they were very sick or near the end of life?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.25. Have you ever **talked to family members of another adult** about what that adult would want if they were very sick or near the end of life?

- ☐ Yes
- ☐ No, but I should have

☐ No, because I didn't need to

Q6.26. **Medical Delegation Action (High-Stake Activities): Flexibility for surrogate decision making**

Q6.27. Have you ever **talked to another adult** about what flexibility you have to make medical decisions for that adult?

☐ Yes

☐ No, but I should have

☐ No, because I didn't need to

Q6.28. Have you ever **talked to the doctor of another adult** about what flexibility you have to make medical decisions for that adult?

☐ Yes

☐ No, but I should have

☐ No, because I didn't need to

Q6.29. Have you ever **talked to family members of another adult** about what flexibility you have to make

medical decisions for that adult?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.30. **Medical Delegation Action (High-Stake Activities): Asking Questions of medical providers**

Q6.31. Have you ever **asked doctors questions** on behalf of another adult?

- ☐ Yes
- ☐ No, but I should have
- ☐ No, because I didn't need to

Q6.32. **Medical Digital Delegation**

Q6.33. A caregiver account is a digital account where you have access to another adult's medical records. Have you ever had a caregiver account for that adult?

- ☐ Yes

☐ No, but I should have

☐ Unsure

Q6.34. How many caregiver accounts have you ever had?

Q6.35. **Medical Digital Delegation Method**

This section contains questions about how you act on behalf of another adult who may rely on you to **access digital medical services**. By digital services, we mean using a website or a mobile app for matters related to medical treatment.

Some examples in the US may be booking medical appointments, getting information about medical care, consulting doctors, or doing therapy.

Q6.36. Have you ever assisted another adult with their **digital medical services**?

☐ Yes

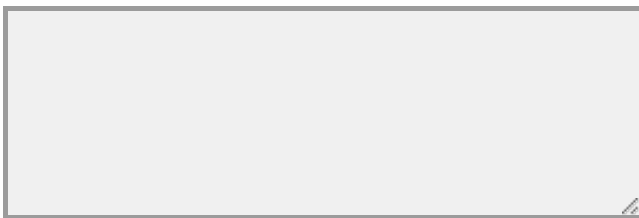
☐ No

Q6.37.

Provide the reason(s) why you think your help was needed to manage a **digital** medical service for another adult.

You may choose more than one answer.

- ☐ The app was not user-friendly for them
- ☐ They see using the app as a difficult task that should be avoided.
- ☐ They are unfamiliar with using a technology device to access the app.
- ☐ They have concerns about sharing their data with third parties.
- ☐ They do not have a device or equipment to access their digital accounts.
- ☐ They have physical limitations (e.g., poor vision and poor motor skills) that constrain their ability to use the app.
- ☐ They have cognitive limitations (e.g., existing conditions and cognitive decline with age) that constrain their ability to use the app.
- ☐ Others (Please Specify)



Q6.38. How do you assist another adult in accessing their **digital** medical services? You may select more than one

option.

- ☐ I know the username and password for their online account(s)
- ☐ The adult uses their fingerprint (or other biometrics) to log in
- ☐ The adult logs in with a username and password and I help them (I don't know the username and password)
- ☐ The institution has given me my own separate login and password to help manage manage their online account(s)

Q6.39. How have you helped another adult use their **digital medical services** online? You may select more than one option.

- ☐ I offer some help, but the person does it mostly independently
- ☐ I provide ongoing assistance while next to the person
- ☐ I use the person's account on their behalf, while they are present
- ☐ I use the person's account on their behalf, even when they are not present
- ☐ Not Applicable