General Information Questionnaire

Instructions:
The following questions are designed to collect basic information about your family. Please read each question carefully and mark (✓) the option that best describes your situation. Thank you for your participation.

Section 1: Caregiver and Family Demographics

1.Relationship to the child patient:
① Father
② Mother
③ Grandparent (paternal/maternal)
④ Other (please specify: _____)

2.Caregiver's age: _____ (years)

3.Ethnicity:
① Han
② Other (please specify: _____)

4.Religious affiliation:
① None
② Yes (please specify: _____)

5.Marital status:
① Married
② Divorced
③ Other (please specify: _____)

6.Family structure:
① Nuclear family (parents and children only)
② Stem family (parents, children, and grandparents)
③ Extended family (parents, children, grandparents, and other relatives)
④ Single-parent family (child lives with only one parent)

7.Place of residence:
① Rural
② Township / County area
③ Prefecture-level city
④ Provincial capital / Municipality directly under central government / Autonomous regional capital

8.Highest educational level completed:
① Junior high school or lower
② High school/Technical secondary school
③ Associate degree or higher

9.Current occupation:
① Farmer
② Worker
③ Institutions/civil servant
④ Business/corporate staff
⑤ Self-employed/freelance

⑥ Unemployed
⑦ Other (please specify: _____)
10.Total monthly household income (all members combined):
① < 5,000 CNY
② 5,000 – 10,000 CNY
③ ≥ 10,000 CNY
11.Primary medical expense payment method:
① Self-pay
② New Rural Cooperative Medical Insurance (NRCMI)
③ Urban Resident Basic Medical Insurance (URBMI)
④ Children's Mutual Aid Fund
⑤ Other (please specify: _____)
12.Has your family received social charitable assistance?
① Yes
② No
13.Do you care for the child patient alone after their illness?
① Yes
② No

Section 2: Child Patient's Disease and Treatment Information

1.Child's gender:
① Male
② Female
2.Age at diagnosis: _____ years and _____ months
3.Diagnosis:
① Leukemia
② Lymphoma
③ Other solid tumor (please specify: _____)
4.Number of children in the family:
① 1 child
② 2 children
③ 3 or more children