

---

您好。

我想问您一些问题，以便计划向您和您的家人提供服务。

---

Simplified Chinese

Hello.

There are some questions I need to ask to help plan care for you or your family member.

---

我们在这里写出了问题。我们还给出了大多数问题的可选答案。请指向正确答案，或者写出正确答案，以便我们开始计划为您提供服务。如果您对问题不明白，或者不知道怎样回答，请指向问题表上的“不确定”。

---

Simplified Chinese

I have each question written for you. We will give you answer choices for most questions. Please point to the answer or write an answer so we can start to plan your care. If you are not sure about a question or how to answer the question, please point to “Not sure” on the sheet.

---

您是否能告诉我您的姓名？

否

不确定

是



---

Simplified Chinese

Can you tell me your name?

No Not sure Yes

---

您是否能把您的姓名写在这张纸上？

否

不确定

是



---

Simplified Chinese

Can you write your name on this paper for me?

No Not sure Yes

---

您是一个人来我们机构的吗？

否

不确定

是



---

Simplified Chinese

Did you come here alone?

No Not sure Yes

---

是否有亲友与您一起来?

否

不确定

是



---

Simplified Chinese

Do you have other family member or friends with you?

No Not sure Yes

---

如果有，是否能说出或写下他们的姓名和年龄？

否

不确定

是



---

Simplified Chinese

If yes, can you tell me or write their names and ages?

No Not sure Yes

---

您家人中，有没有人怀孕？

没有

不确定

有



---

Simplified Chinese

Are any of your family members pregnant?

No Not sure Yes



---

据你所知，家人有住院史吗？

没有

不确定

有



---

Simplified Chinese

Has anyone in your family been hospitalized that you know of?

No Not sure Yes

---

据你所知，家人中有人去世吗？

没有

不确定

有



---

Simplified Chinese

Is anyone in your family deceased that you know of?

No Not sure Yes

---

您本人是否需要服务？

否

不确定

是



---

Simplified Chinese

Are you the person that needs help with care?

No Not sure Yes

---

如果不是，请写下需要服务者的姓名。

不确定

---

Simplified Chinese

If not, please write their name.

Not Sure

---

## 您是此人的什么人？

- 父母
- 监护人
- 配偶
- 子女
- 兄弟姐妹
- 伴侣
- 其他家庭成员
- 朋友或邻居
- 没有关系

---

Simplified Chinese

How are you related to this person?

- Parent
- Guardian
- Spouse
- Child
- Brother or Sister
- Partner
- Other family member
- Friend or Neighbor
- No relationship

---

以下是关于需要服务者的问题。如果您代表此人回答问题，一定要根据此人的情况回答。

例如，如果您代表子女回答“年龄”这个问题，就应该回答需要服务的子女的年龄，而不是您本人的年龄。

---

Simplified Chinese

The next questions are about the person who needs care. If you are giving answers for that person, please be sure the answers are about that person.

For example, if you are answering for your child and the question is “age”, you would give the age of your child needing care, not your age.

---

# 年龄

请说出年龄，或者写下年龄。

不确定

---

Simplified Chinese

Age

Please tell me or write the number.

Not sure

---

您是什么种族？

请告诉我或者写下来。

不确定

---

Simplified Chinese

What race are you? Please tell me or write it down.

No Not sure Yes



---

## 地址

请说出地址，或者给我看包含地址的材料，或者把地址写在纸上。

不确定

---

Simplified Chinese

Address

Please tell me or show me something with the address, or write the address.

Not sure

---

您现在是否生病或有健康不良情况？

否

不确定

是



---

Simplified Chinese

Do you have a medical or health concern right now?

No Not sure Yes

---

# 您身体感觉如何？



0

健康良好



2



4



6



8



10

病情很重

不确定

---

Simplified Chinese

How are you feeling physically?

Fine

Very ill

Not Sure

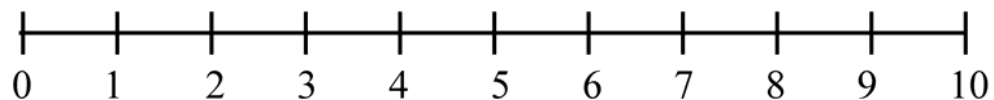
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# 您现在的疼痛程度如何？

没有疼痛

有中等程度的疼痛

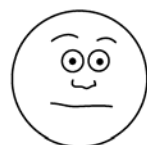
有剧烈疼痛



0



2



4



6



8



10

不确定

---

Simplified Chinese

How much pain are you in right now?

No Pain

Moderate Pain

Worst Pain

Not Sure

---

您是否能指出您身上有疼痛的部位？

否

不确定

是



如果是 - 请让我看一看。

---

Simplified Chinese

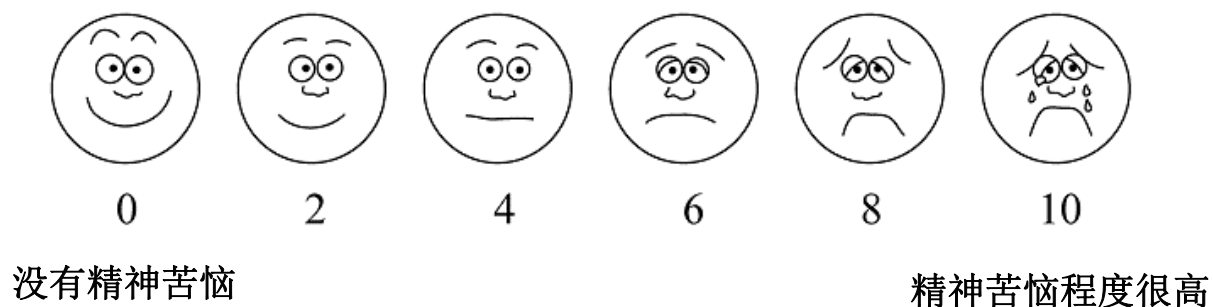
Can you point to the part of the body where you have pain?

No Not sure Yes

If yes, please show me.

---

有些人会有悲伤、迷惑、愤怒等精神苦恼。您现在精神苦恼的程度如何？



不确定

---

Simplified Chinese

Some people have mental distress such as sadness, confusion or anger. How much mental distress do you have right now?

None

Very much

Not Sure

---

您现在是否有可能伤害自己或别人？

否

不确定

是



---

Simplified Chinese

Are you in danger of hurting yourself or someone else right now?

No Not sure Yes

---

您是否需要药物、设备或其他日常生活用品？

否

不确定

是



---

Simplified Chinese

Do you need any medicine, equipment or other items for daily living?

No Not sure Yes



---

您是否需要有人照顾，还是已经有人照顾您？

否

不确定

是



---

Simplified Chinese

Do you need a caregiver or do you have a personal assistant?

No Not sure Yes

---

照顾您的人是否在此并打算与您在一起？

否

不确定

是



---

Simplified Chinese

Is your caregiver here and planning to stay with you?

No Not sure Yes

---

## 照顾您的人的姓名

请说出姓名，或写下姓名。

不确定

---

Simplified Chinese

Your caregiver's name:

Please tell me or write the name.

Not Sure

---

您是否有辅助动物？

否

不确定

是



---

Simplified Chinese

Do you have a service animal?

No Not sure Yes

---

您的辅助动物是否与您在一起？

否

不确定

是



---

Simplified Chinese

Is the service animal with you?

No Not sure Yes

---

如果回答否，您是否知道辅助动物在哪里？

否

不确定

是



---

Simplified Chinese

If no, do you know where the animal is?

No Not sure Yes

---

您是否享有**Medicare**或**Medicaid**医疗计划的会员福利？

否

不确定

是



---

Simplified Chinese

Are you receiving any Medicare or Medicaid benefits?

No Not sure Yes

---

您是否随身携带了会员卡？

否

不确定

是



---

Simplified Chinese

Do you have your card with you?

No Not sure Yes



---

您是否对食品、药物或周围的其他物质过敏？

否

不确定

是






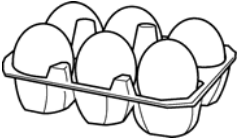

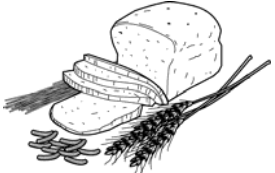
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Simplified Chinese

Do you have any allergies to foods, medicine or things around you?

No Not sure Yes

请告诉我在这个清单中您对哪些物质过敏。

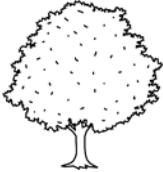
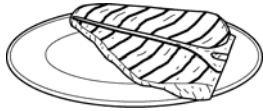

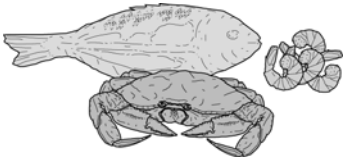
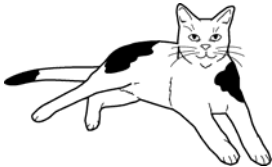


<input type="checkbox"/> 霉菌	<input type="checkbox"/> 坚果或花生酱 
<input type="checkbox"/> 乳胶 	<input type="checkbox"/> 牛奶 
<input type="checkbox"/> 草	<input type="checkbox"/> 鸡蛋 
<input type="checkbox"/> 胶带 	<input type="checkbox"/> 麦子或麦麸 

Simplified Chinese

Tell me what you are allergic to from this list.

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Mold  | <input type="checkbox"/> Nuts or peanut butter |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Milk                  |
| <input type="checkbox"/> Grass | <input type="checkbox"/> Eggs                  |
| <input type="checkbox"/> Tape  | <input type="checkbox"/> Wheat or gluten       |

# 请告诉我在这个清单中您对哪些物质过敏。

<input type="checkbox"/> 树木花粉 	<input type="checkbox"/> 牛肉 
<input type="checkbox"/> 灰尘 	<input type="checkbox"/> 鱼类或贝类 
<input type="checkbox"/> 动物毛发 	<input type="checkbox"/> 蘑菇 
<input type="checkbox"/> 香蕉 	<input type="checkbox"/> 以上清单没有列出的其他物质  <input type="checkbox"/> 不确定

Simplified Chinese

Tell me what you are allergic to from this list.

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Tree pollen | <input type="checkbox"/> Beef                          |
| <input type="checkbox"/> Dust        | <input type="checkbox"/> Fish or shellfish             |
| <input type="checkbox"/> Animal hair | <input type="checkbox"/> Mushrooms                     |
| <input type="checkbox"/> Bananas     | <input type="checkbox"/> Other things not on this list |
|                                      | <input type="checkbox"/> Not sure                      |

---

## 如果对药物过敏，是什么种类的药物？

- 青霉素
- 磺胺药
- 阿斯匹林
- 碘
- 以上清单没有列出的其他药物
- 不确定

---

Simplified Chinese

If medicine, what type?

- Penicillin
- Sulfa
- Aspirin
- Iodine
- Others not on this list
- Not Sure

---

您是否拥有或携带医疗身份标志？

否

不确定

是



如果是 - 请让我看一看。

---

Simplified Chinese

Do you have or wear any kind of medical identification?

No Not sure Yes

If yes, please show me.

---

在过去一个月中，您是否去过医院和诊所，或者接受过医生的诊治？

否

不确定

是



---

Simplified Chinese

Have you been in the hospital or at a clinic or under the care of a doctor in the past month?

No Not sure Yes

---

## 如果是，是因为什么原因？

- 检查
- 取药
- 化验
- 诊治心脏病
- 处理疼痛
- 诊治胃病
- 外科手术
- 诊治高血压
- 其他原因
- 不确定

---

Simplified Chinese

If yes, what for?

- Check up
- To get medicine
- For tests
- For heart problems
- For pain
- For stomach problems
- For surgery
- For high blood pressure
- Other reason
- Not Sure

---

您是否能告诉我去过哪一家医院或诊所？

- Riverside Methodist Hospital
- Grant Medical Center
- Doctors Hospital
- Grady Memorial Hospital
- Dublin Methodist Hospital
- Mount Carmel East
- Mount Carmel West

---

Simplified Chinese

Can you tell me which hospital or clinic?

- Riverside Methodist Hospital
- Grant Medical Center
- Doctors Hospital
- Grady Memorial Hospital
- Dublin Methodist Hospital
- Mount Carmel East
- Mount Carmel West



---

您是否能告诉我去过哪一家医院或诊所？

- Mount Carmel St. Ann's
- Mount Carmel New Albany Surgical Hospital
- Ohio State University Hospital
- Ohio State University Hospital East
- Ohio State's James Cancer Hospital and  
Solove Research Institute
- Ohio State's Richard M. Ross Heart Hospital

---

Simplified Chinese

Can you tell me which hospital or clinic?

- Mount Carmel St. Ann's
- Mount Carmel New Albany Surgical Hospital
- Ohio State University Hospital
- Ohio State University Hospital East
- Ohio State's James Cancer Hospital and Solove Research Institute
- Ohio State's Richard M. Ross Heart Hospital

---

您是否能告诉我去过哪一家医院或诊所？

- Ohio State's Harding Hospital
- Ohio State University Prime Care Network
- Nationwide Children's Hospital
- 社区健康中心
- 其他诊所或医院
- 不确定

---

Simplified Chinese

Can you tell me which hospital or clinic?

- Ohio State's Harding Hospital
- Ohio State University Prime Care Network
- Nationwide Children's Hospital
- Neighborhood health center
- Other clinic or hospital
- Not sure

---

您是否能告诉我医生的姓名？

请说出医生的姓名，或者让我看一看卡片上的医生姓名，或者写下医生姓名。

不确定

---

Simplified Chinese

Can you tell me the name of the doctor?

Please tell me the name, show me the name from a card, or write the name.

Not sure

---

您是否有需要使用特殊医疗设备或用品的病症？

否

不确定

是




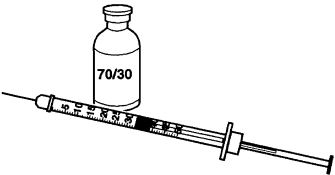
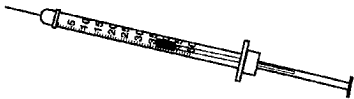
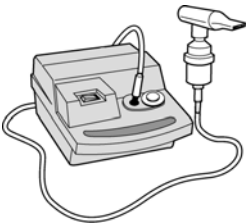
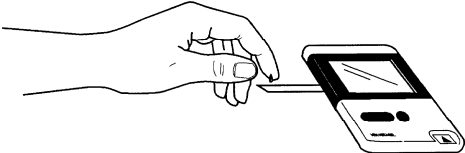
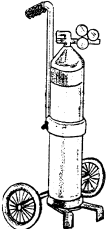
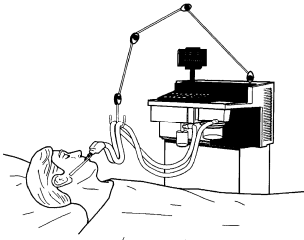
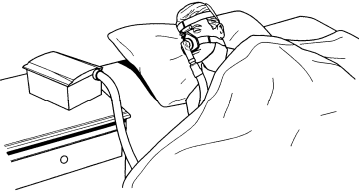

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Simplified Chinese

Do you have a condition that requires any special medical equipment or supplies?

No Not sure Yes

# 如果是，请问需要使用什么设备或用品？

<input type="checkbox"/> 治疗过敏的 肾上腺素 	<input type="checkbox"/> 胰岛素 	<input type="checkbox"/> 注射器 
<input type="checkbox"/> 喷雾器 	<input type="checkbox"/> 血糖计 	<input type="checkbox"/> 氧气 
<input type="checkbox"/> 呼吸器 	<input type="checkbox"/> CPAP呼吸机 	<input type="checkbox"/> 绷带 

Simplified Chinese

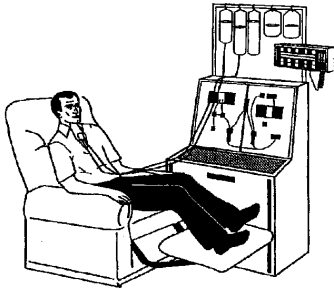
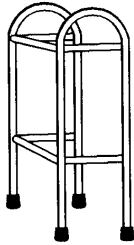
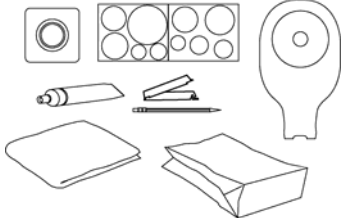

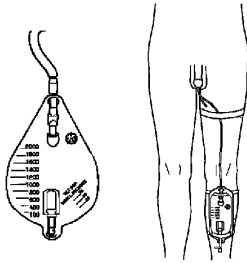
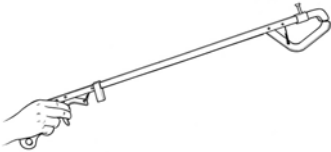
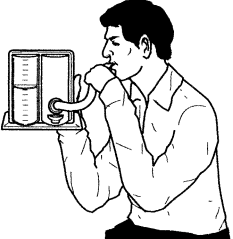
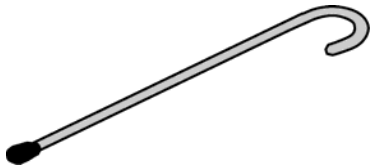

If yes, can you tell me what you use?

- Epinephrine pen for allergy
- Nebulizer
- Respirator

- Insulin
- Glucose meter
- CPAP

- Syringes
- Oxygen
- Dressings

# 如果是，请问需要使用什么设备或用品？

<input type="checkbox"/> 透析设备 	<input type="checkbox"/> 助行器 	<input type="checkbox"/> 造口术用品 
<input type="checkbox"/> 鼻胃管 	<input type="checkbox"/> 导尿管 	<input type="checkbox"/> 取物器 
<input type="checkbox"/> 诱发性肺量计 	<input type="checkbox"/> 拐杖 	<input type="checkbox"/> 穿袜辅助器 

Simplified Chinese

If yes, can you tell me what you use?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dialysis             | <input type="checkbox"/> Walker         | <input type="checkbox"/> Ostomy supplies |
| <input type="checkbox"/> Tube feedings        | <input type="checkbox"/> Foley catheter | <input type="checkbox"/> Reacher         |
| <input type="checkbox"/> Incentive spirometer | <input type="checkbox"/> Cane           | <input type="checkbox"/> Sock aid        |

# 如果是，请问需要使用什么设备或用品？

<input type="checkbox"/> 夹板 	<input type="checkbox"/> 小便器或便盆 	<input type="checkbox"/> 护具 
<input type="checkbox"/> 轮椅 	<input type="checkbox"/> 转接板 	<input type="checkbox"/> 增高马桶座椅 
<input type="checkbox"/> 静脉营养 	<input type="checkbox"/> 药物输送器或导管 	<input type="checkbox"/> 以上清单没有列出的其他设备或用品  <input type="checkbox"/> 不确定

Simplified Chinese

If yes, can you tell me what you use?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Splint               | <input type="checkbox"/> Urinal or bed pan              | <input type="checkbox"/> Brace                           |
| <input type="checkbox"/> Wheelchair           | <input type="checkbox"/> Transfer board                 | <input type="checkbox"/> Raised toilet seat              |
| <input type="checkbox"/> Parenteral nutrition | <input type="checkbox"/> Port or catheter for medicines | <input type="checkbox"/> Other supplies not on this list |
|   |   | <input type="checkbox"/> Not sure                        |

---

您是否带来了此类用品？

否

不确定

是



---

Simplified Chinese

Did you bring any of these supplies with you?

No Not sure Yes



---

您是否每天都服用药物？

否

不确定

是



---

Simplified Chinese

Do you take any medicines every day?

No Not sure Yes

---

您是否随身携带了药物？

否

不确定

是



---

Simplified Chinese

Do you have your medicine with you?

No Not sure Yes

---

您上一次服药是哪一天？

- 今天
- 昨天
- 两天以前
- 一个星期以前
- 不确定

---

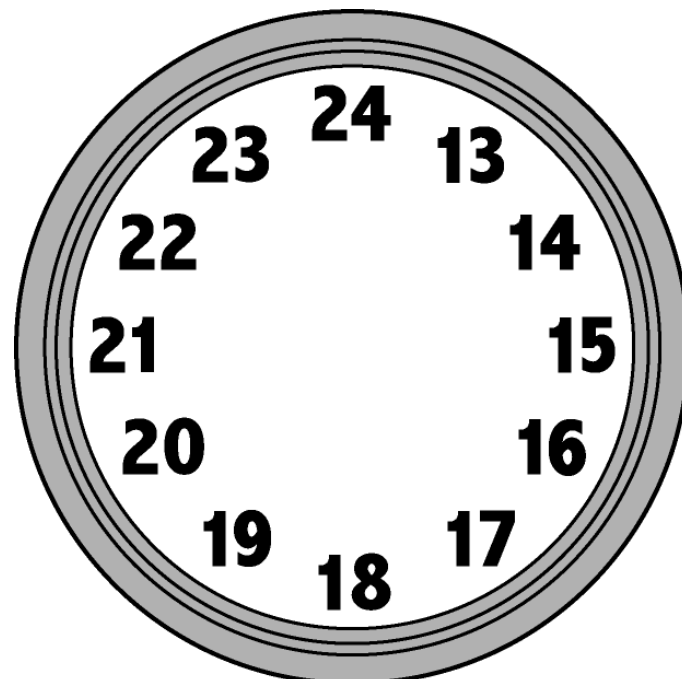
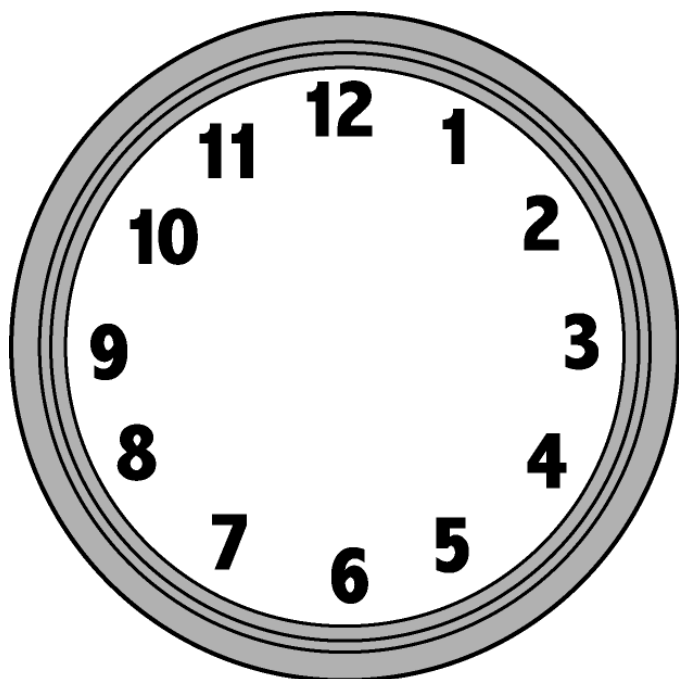
Simplified Chinese

When did you last take this medicine?

- Today
- Yesterday
- More than 2 days ago
- More than a week ago
- Not Sure

---

是在几点服的药？



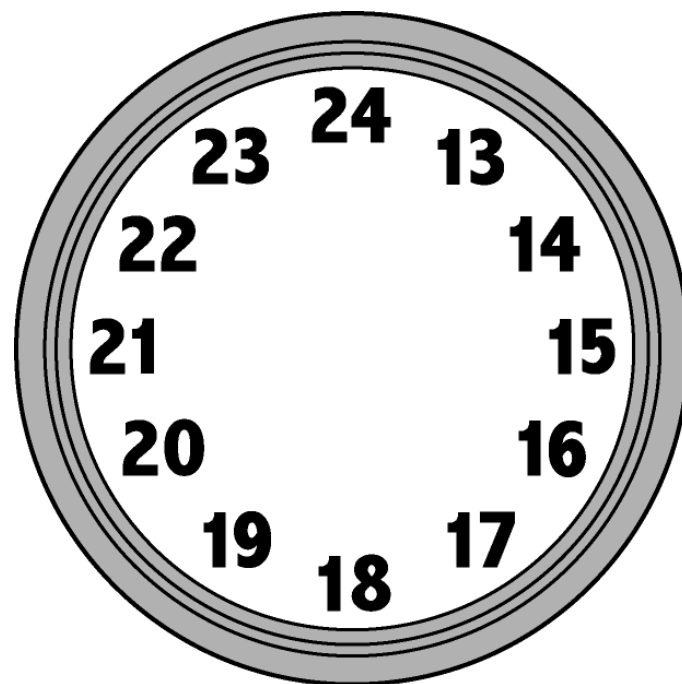
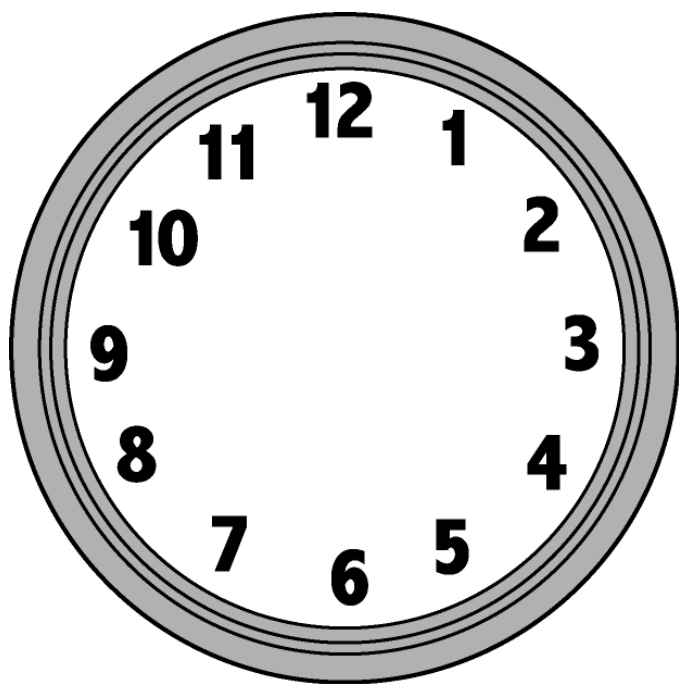
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Simplified Chinese

What time did you take it?

---

您下一次服药应该在什么时间？



---

Simplified Chinese

When should you take your medicine again?

---

您是否知道您取药的地点叫什么名字（例如  
药店、药房、杂货店、诊所）？

否

不确定

是



---

Simplified Chinese

Do you know the name of the place where you get your medicines (such as a drug store, pharmacy, grocery store or clinic)?

No Not sure Yes

---

您是否知道所服用的药物叫什么名字？

否

不确定

是



---

Simplified Chinese

Do you know the names of the medicines you take?

No Not sure Yes

---

## 您是否知道服用这个药物是治疗什么病症？

- 心脏病
- 高血压
- 糖尿病
- 肾脏病
- 肝脏病
- 稀释血液
- 降低胆固醇
- 控制精神压力
- 改善睡眠
- 治疗癌症

---

Simplified Chinese

Do you know what you take medicine for?

- Heart problems
- High blood pressure
- Diabetes
- Kidney problems
- Liver problems
- To thin my blood
- To lower cholesterol
- To control my stress
- To help me sleep
- Cancer



---

## 您是否知道服用这个药物是治疗什么病症？

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 疼痛控制   | <input type="checkbox"/> HIV或艾滋病 |
| <input type="checkbox"/> 关节炎    | <input type="checkbox"/> 贫血      |
| <input type="checkbox"/> 促进血液循环 | <input type="checkbox"/> 眼病      |
| <input type="checkbox"/> 过敏症    | <input type="checkbox"/> 呼吸病症    |
| <input type="checkbox"/> 治疗感染   | <input type="checkbox"/> 皮肤病     |

---

Simplified Chinese

Do you know what you take medicine for?

- |   |   |
|---|---|
| <input type="checkbox"/> Pain control           | <input type="checkbox"/> HIV or AIDS        |
| <input type="checkbox"/> Arthritis              | <input type="checkbox"/> Anemia             |
| <input type="checkbox"/> To help my circulation | <input type="checkbox"/> Eye problems       |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> To treat an infection  | <input type="checkbox"/> Skin problems      |

---

## 您是否知道服用这个药物是治疗什么病症？

- 改善记忆力
- 甲状腺疾病
- 促进排除  
积液
- 肺结核
- 疟疾
- 肌肉痉挛
- 以上清单没有列  
出的其他病症
- 不确定

---

Simplified Chinese

Do you know what you take medicine for?

- To help my memory
- Thyroid problems
- To help me get rid of fluid
- Tuberculosis
- Malaria
- Muscle spasms
- Other reasons not on this list
- Not sure

---

您是否有听觉方面的病症？

否

不确定

是



---

Simplified Chinese

Do you have any problems with your hearing?

No Not sure Yes

---

您是否使用助听器？

否

不确定

是



---

Simplified Chinese

Do you use a hearing aid?

No Not sure Yes

---

您是否隨身攜帶了助听器？

否

不确定

是



---

Simplified Chinese

Do you have your hearing aid with you?

No Not sure Yes

---

您的助听器是否工作正常？

否

不确定

是



---

Simplified Chinese

Is your hearing aid working?

No Not sure Yes

---

您是否需要电池？

否

不确定

是



---

Simplified Chinese

Do you need a battery?

No Not sure Yes

---

您是否需要手语翻译？

否

不确定

是



---

Simplified Chinese

Do you need a sign language interpreter?

No Not sure Yes



---

## 您最适于用什么方式与别人沟通？

- 手语
- 读唇法
- 使用打字电话
- 手写
- 使用沟通板
- 不确定

---

Simplified Chinese

How do you best communicate with others?

- Sign language
- Lip read
- Use a TTY
- Write notes
- Use communication board
- Not Sure

---

您是否使用有度数的眼镜？

否

不确定

是



---

Simplified Chinese

Do you wear prescription eye glasses?

No Not sure Yes

---

您是否随身携带眼镜，或者行李中有眼镜？

否

不确定

是



---

Simplified Chinese

Do you have your glasses with you or with your belongings?

No Not sure Yes

---

您是否在戴眼镜时仍然视力不良？

否

不确定

是



---

Simplified Chinese

Do you have problems seeing, even with your glasses?

No Not sure Yes

---

您是否使用白色拐杖？

否

不确定

是



---

Simplified Chinese

Do you use a white cane?

No Not sure Yes

---

您是否隨身攜帶了白色拐杖？

否

不確定

是



---

Simplified Chinese

Do you have your white cane with you?

No Not sure Yes

---

您是否在使用白色拐杖时仍然需要别人协助  
才能行走？

否

不确定

是



---

Simplified Chinese

Do you need help getting around, even with your white cane?

No Not sure Yes

---

您是否需要别人协助才能行走？

否

不确定

是



---

Simplified Chinese

Do you need help moving around?

No Not sure Yes



---

您是否需要别人协助才能上床或下床？

否

不确定

是



---

Simplified Chinese

Do you need help getting in or out of bed?

No Not sure Yes

---

您是否需要别人协助才能穿好衣服？

否

不确定

是



---

Simplified Chinese

Do you need help getting dressed?

No Not sure Yes

---

您是否需要别人协助才能使用卫生间？

否

不确定

是



---

Simplified Chinese

Do you need help using the bathroom?

No Not sure Yes

---

您是否需要别人协助才能洗澡？

否

不确定

是



---

Simplified Chinese

Do you need help bathing?

No Not sure Yes

---

您是否需要别人协助才能吃东西？

否

不确定

是



---

Simplified Chinese

Do you need help eating?

No Not sure Yes

---

您是否需要别人协助才能切食物？

否

不确定

是



---

Simplified Chinese

Do you need help cutting up your food?

No Not sure Yes

---

您是否有家属、朋友或看护人协助您进行以上活动？

否

不确定

是



---

Simplified Chinese

Do you have a family member, friend or caregiver with you to help you with these activities?

No Not sure Yes

---

您是否有假牙？

否

不确定

是



---

Simplified Chinese

Do you have false teeth or dentures?

No Not sure Yes



---

您是否隨身攜帶了假牙？

否

不確定

是



---

Simplified Chinese

Do you have your false teeth with you?

No Not sure Yes

---

您是否采用特殊饮食？

否

不确定

是



---

Simplified Chinese

Are you on any special diet?

No Not sure Yes

---

## 是什么类型的特殊饮食？

- 糖尿病饮食
- 低盐饮食
- 肾脏病饮食
- 无麦麸饮食
- 素食
- 犹太洁食

---

Simplified Chinese

What type of special diet?

- Diabetes
- Low salt
- Renal diet
- Gluten free diet
- Vegetarian
- Kosher

---

## 是什么类型的特殊饮食？

- 柔软饮食
- 吞咽困难者饮食
- 防止感染饮食
- 以上清单没有列出的其他饮食
- 不确定

---

Simplified Chinese

What type of special diet?

- Soft foods
- Diet for problems with swallowing
- Diet to protect me from infection
- Other type not on this list
- Not sure

---

用什么电话号码可以与您联系？

---

Simplified Chinese

Telephone number where you can be reached?

---

如果有另一个电话号码，请告诉我。

---

Simplified Chinese

Another telephone number, if you have one.

---

如果有电子邮址，请告诉我。

---

Simplified Chinese

Email address, if you have one.

---

出生日期

---

Simplified Chinese

Date of birth