
您好。

我想問您一些問題，以便計劃向您和您的家人提供服務。

Traditional Chinese

Hello.

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

我們在這裏寫出了問題。我們還給出了大多數問題的可選答案。請指向正確答案，或者寫出正確答案，以便我們開始計劃為您提供服務。如果您對問題不明白，或者不知道怎樣回答，請指向問題表上的“不確定”。

Traditional 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.

您是否能告訴我您的姓名？

否

不確定

是



Traditional Chinese

Can you tell me your name?

No Not sure Yes

您是否能把您的姓名寫在這張紙上？

否

不確定

是



Traditional Chinese

Can you write your name on this paper for me?

No Not sure Yes

您是一個人來我們機構的嗎？

否

不確定

是



Traditional Chinese

Did you come here alone?

No Not sure Yes

是否有親友與您一起來？

否

不確定

是



Traditional Chinese

Do you have other family member or friends with you?

No Not sure Yes

如果有，是否能說出或寫下他們的姓名和年齡？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

您本人是否需要服務？

否

不確定

是



Traditional Chinese

Are you the person that needs help with care?

No Not sure Yes

如果不是，請寫下需要服務者的姓名。

不確定

Traditional Chinese

If not, please write their name.

Not sure

您是此人的什麼人？

- 父母
- 監護人
- 配偶
- 子女
- 兄弟或姐妹
- 伴侶
- 其他家庭成員
- 朋友或鄰居
- 沒有關係

Traditional Chinese

How are you related to this person?

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

以下是關於需要服務者的問題。如果您代表此人回答問題，一定要根據此人的情況回答。

例如，如果您代表子女回答“年齡”這個問題，就應該回答需要服務的子女的年齡，而不是您本人的年齡。

Traditional 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.

年齡

請說出年齡，或者寫下年齡。

不確定

Traditional Chinese

Age

Please tell me or write the number.

Not sure

地址

請說出地址，或者給我看包含地址的材料，或者把地址寫在紙上。

不確定

Traditional Chinese

Address

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

Not sure

您現在是否生病或有健康不良情況？

否

不確定

是

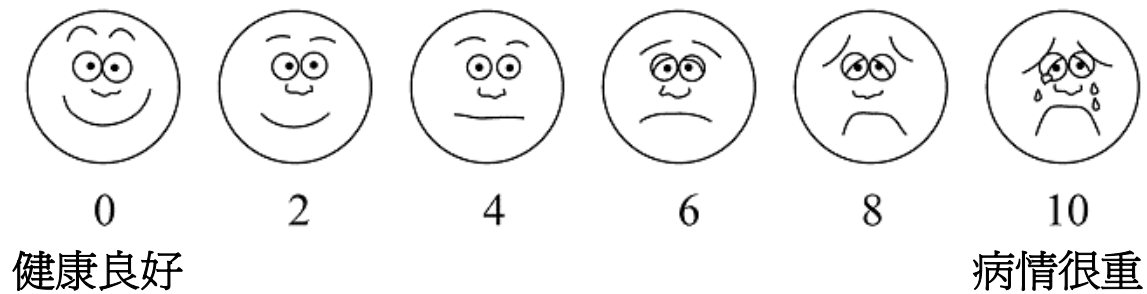


Traditional Chinese

Do you have a medical or health concern right now?

No Not sure Yes

您身體感覺如何？



不確定

Traditional Chinese

How are you feeling physically?

Fine Very ill

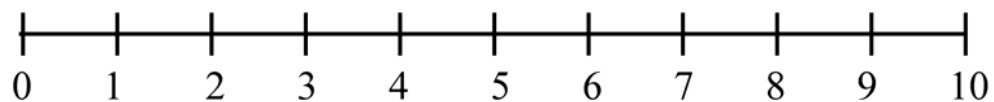
Not sure

您現在的疼痛程度如何？

沒有疼痛

有中等程度的疼痛

有劇烈疼痛



0



2



4



6



8



10

不確定

Traditional 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

不確定

是



如果是 - 請讓我看一看。

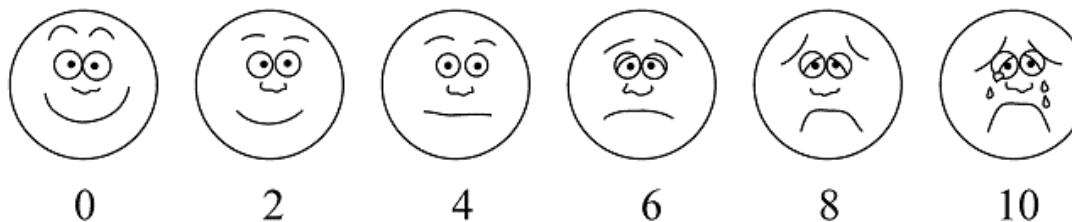
Traditional Chinese

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

No Not sure Yes

If yes, please show me.

有些人會有悲傷、迷惑、憤怒等精神苦惱。您現在精神苦惱的程度如何？



沒有精神苦惱

精神苦惱程度很高

不確定

Traditional 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

您現在是否有可能傷害自己或別人？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

您是否需要藥物、設備或其他日常生活用品？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

您是否需要有人照顧，還是已經有人照顧您？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

照顧您的人是否在此並打算與您在一起？

否

不確定

是



Traditional Chinese

Is your caregiver here and planning to stay with you?

No Not sure Yes

照顧您的人的姓名

請說出姓名，或寫下姓名。

不確定

Traditional Chinese

Your caregiver's name:

Please tell me or write the name.

Not sure

您是否有輔助動物？

否

不確定

是



Traditional Chinese

Do you have a service animal?

No Not sure Yes

您的輔助動物是否與您在一起？

否

不確定

是



Traditional Chinese

Is the service animal with you?

No Not sure Yes

如果回答否，您是否知道輔助動物在哪裏？

否

不確定

是



Traditional Chinese

If no, do you know where the animal is?

No Not sure Yes

您是否享有**Medicare**或**Medicaid**醫療計劃的會員福利？

否

不確定

是



Traditional Chinese

Are you receiving any Medicare or Medicaid benefits?

No Not sure Yes

您是否隨身攜帶了會員卡？

否

不確定

是



Traditional Chinese

Do you have your card with you?

No Not sure Yes

您是否對食品、藥物或周圍的其他物質過敏？

否

不確定

是



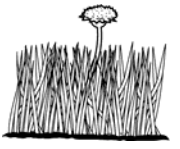
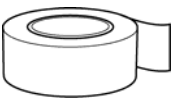



Traditional Chinese

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

No Not sure Yes

請告訴我在這個清單中您對哪些物質過敏。

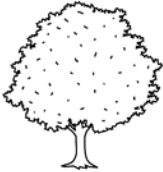
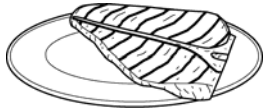

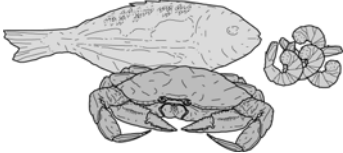
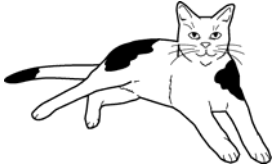

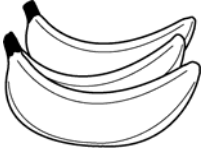
<input type="checkbox"/> 黴菌	<input type="checkbox"/> 堅果或花生醬 
<input type="checkbox"/> 乳膠 	<input type="checkbox"/> 牛奶 
<input type="checkbox"/> 草 	<input type="checkbox"/> 雞蛋 
<input type="checkbox"/> 膠帶 	<input type="checkbox"/> 麥子或麥麩 

Traditional 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 |

請告訴我在這個清單中您對哪些物質過敏。

<input type="checkbox"/> 樹木花粉 	<input type="checkbox"/> 牛肉 
<input type="checkbox"/> 灰塵 	<input type="checkbox"/> 魚類或貝類 
<input type="checkbox"/> 動物毛髮 	<input type="checkbox"/> 蘑菇 
<input type="checkbox"/> 香蕉 	<input type="checkbox"/> 以上清單沒有列出的其他物質 <input type="checkbox"/> 不確定

Traditional 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 |

如果對藥物過敏，是什麼種類的藥物？

- 青黴素
- 磺胺藥
- 阿斯匹林
- 碘
- 以上清單沒有列出的其他藥物
- 不確定

Traditional Chinese

If medicine, what type?

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

您是否擁有或攜帶醫療身份標誌？

否

不確定

是



如果是 - 請讓我看一看。

Traditional Chinese

Do you have or wear any kind of medical identification?

No Not sure Yes

If yes, please show me.

在過去一個月中，您是否去過醫院和診所，或者接受過醫生的診治？

否

不確定

是



Traditional 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，是因爲什麼原因？

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 檢查 | <input type="checkbox"/> 診治胃病 |
| <input type="checkbox"/> 取藥 | <input type="checkbox"/> 外科手術 |
| <input type="checkbox"/> 化驗 | <input type="checkbox"/> 診治高血壓 |
| <input type="checkbox"/> 診治心臟病 | <input type="checkbox"/> 其他原因 |
| <input type="checkbox"/> 處理疼痛 | <input type="checkbox"/> 不確定 |

Traditional Chinese

If yes, what for?

- | | |
|---|--|
| <input type="checkbox"/> Check up | <input type="checkbox"/> For stomach problems |
| <input type="checkbox"/> To get medicine | <input type="checkbox"/> For surgery |
| <input type="checkbox"/> For tests | <input type="checkbox"/> For high blood pressure |
| <input type="checkbox"/> For heart problems | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> For pain | <input type="checkbox"/> Not sure |

您是否能告訴我去過哪一家醫院或診所？

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

Traditional 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

您是否能告訴我去過哪一家醫院或診所？

- 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

Traditional 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

您是否能告訴我去過哪一家醫院或診所？

- Ohio State's Harding Hospital
- Ohio State University Prime Care Network
- Nationwide Children's Hospital
- 社區健康中心
- 其他診所或醫院
- 不確定

Traditional 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

您是否能告訴我醫生的姓名？

請說出醫生的姓名，或者讓我看一看卡片上的醫生姓名，或者寫下醫生姓名。

不確定

Traditional 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醫療設備或用品
的病症？

否

不確定

是


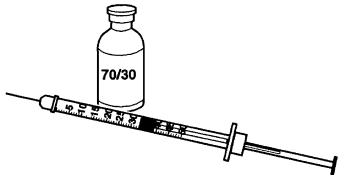
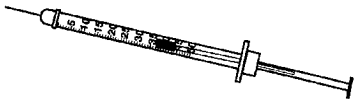
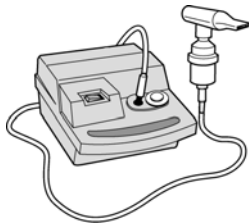
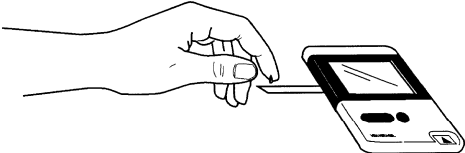
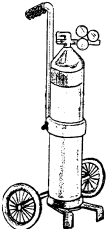
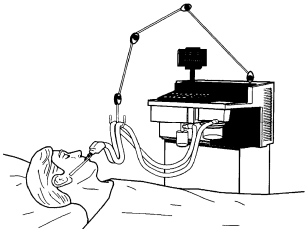




Traditional Chinese

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

No Not sure Yes

如果是，請問需要使用什麼設備或用品？

<input type="checkbox"/> 治療過敏的腎上腺素 	<input type="checkbox"/> 胰島素 	<input type="checkbox"/> 注射器 
<input type="checkbox"/> 噴霧器 	<input type="checkbox"/> 血糖計 	<input type="checkbox"/> 氧氣 
<input type="checkbox"/> 呼吸器 	<input type="checkbox"/> CPAP呼吸機 	<input type="checkbox"/> 繃帶 

Traditional 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，請問需要使用什麼設備或用品？

<input type="checkbox"/> 透析設備 	<input type="checkbox"/> 助行器 	<input type="checkbox"/> 造口術用品 
<input type="checkbox"/> 鼻胃管 	<input type="checkbox"/> 導尿管 	<input type="checkbox"/> 取物器 
<input type="checkbox"/> 誘發性肺量計 	<input type="checkbox"/> 拐杖 	<input type="checkbox"/> 穿襪輔助器 

Traditional 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，請問需要使用什麼設備或用品？

<input type="checkbox"/> 夾板 	<input type="checkbox"/> 小便器或便盆 	<input type="checkbox"/> 護具 
<input type="checkbox"/> 輪椅 	<input type="checkbox"/> 轉接板 	<input type="checkbox"/> 增高馬桶座椅 
<input type="checkbox"/> 靜脈營養 	<input type="checkbox"/> 藥物輸送器或導管 	<input type="checkbox"/> 以上清單沒有列出的其他設備或用品 <input type="checkbox"/> 不確定

Traditional 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 |

您是否帶來了此類用品？

否

不確定

是



Traditional Chinese

Did you bring any of these supplies with you?

No Not sure Yes

您是否每天都服用藥物？

否

不確定

是



Traditional Chinese

Do you take any medicines every day?

No Not sure Yes

您是否隨身攜帶了藥物？

否

不確定

是



Traditional Chinese

Do you have your medicine with you?

No Not sure Yes

您上一次服藥是哪一天？

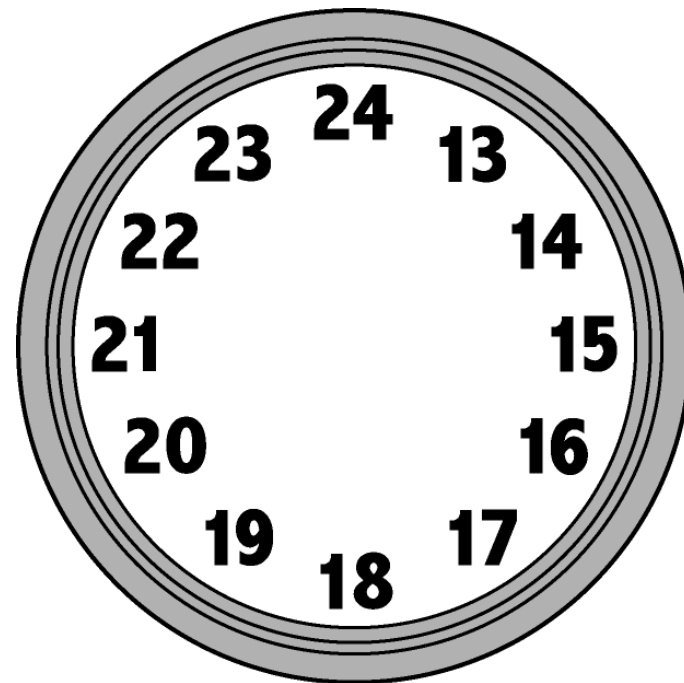
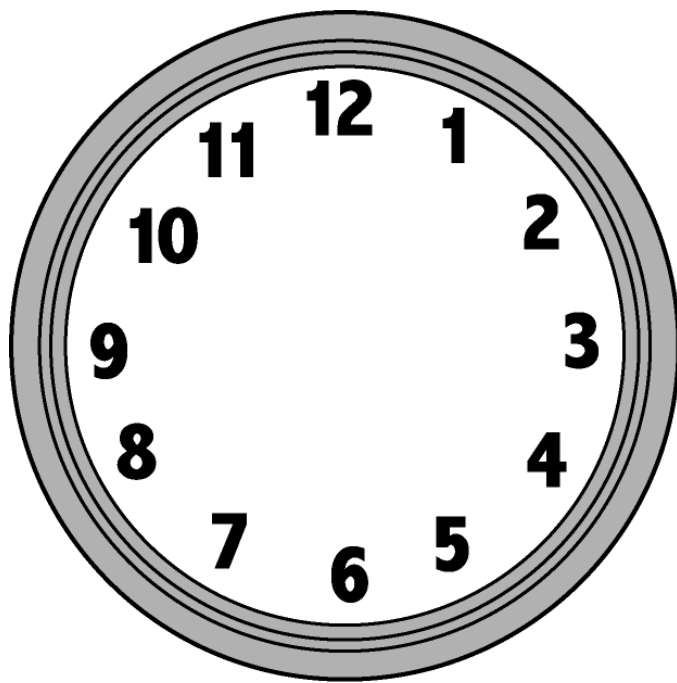
- 今天
- 昨天
- 兩天以前
- 一個星期以前
- 不確定

Traditional Chinese

When did you last take this medicine?

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

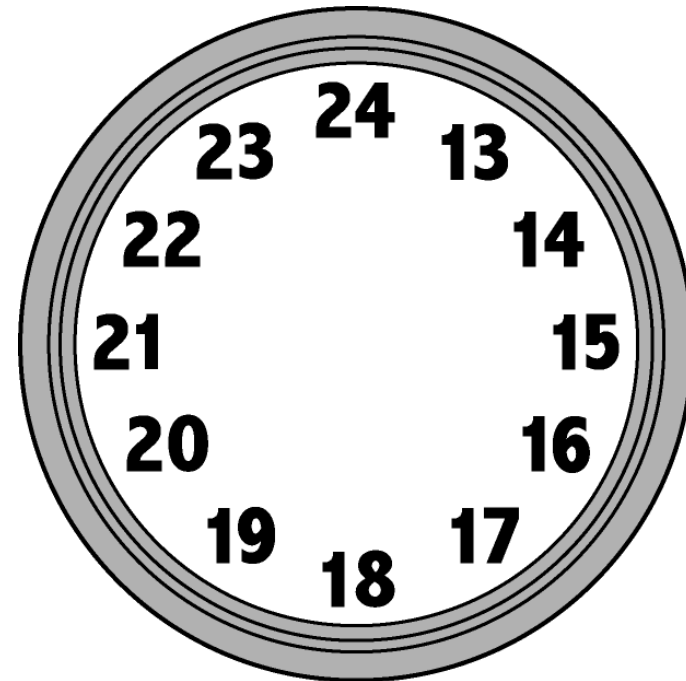
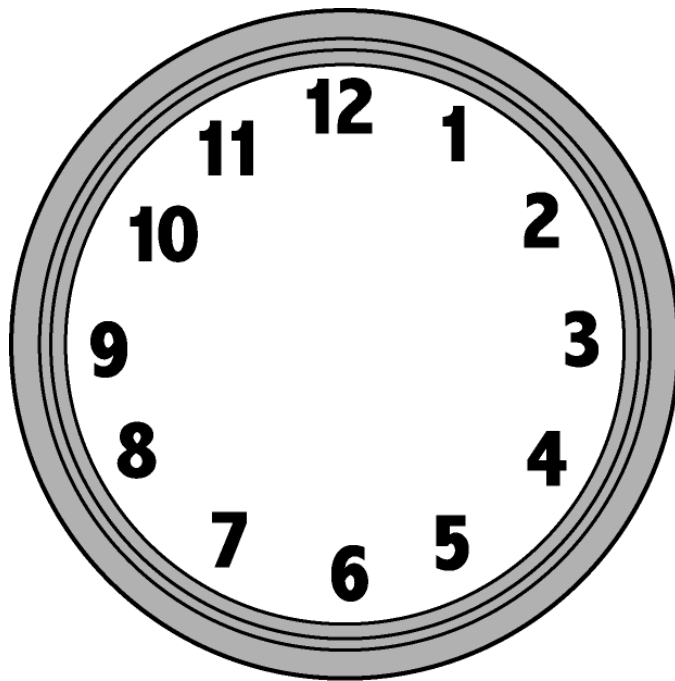
是在幾點服的藥？



Traditional Chinese

What time did you take it?

您下一次服藥應該在什麼時間？



Traditional Chinese

When should you take your medicine again?

您是否知道您取藥的地點叫什麼名字（例如藥店、藥房、雜貨店、診所）？

否

不確定

是



Traditional 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藥物叫什麼名字？

否

不確定

是



Traditional Chinese

Do you know the names of the medicines you take?

No Not sure Yes

您是否知道服用這個藥物是治療什麼病症？

- 心臟病
- 高血壓
- 糖尿病
- 腎臟病
- 肝臟病
- 稀釋血液
- 降低膽固醇
- 控制精神壓力
- 改善睡眠
- 治療癌症

Traditional 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

您是否知道服用這個藥物是治療什麼病症？

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 疼痛控制 | <input type="checkbox"/> HIV或愛滋病 |
| <input type="checkbox"/> 關節炎 | <input type="checkbox"/> 貧血 |
| <input type="checkbox"/> 促進血液循環 | <input type="checkbox"/> 眼病 |
| <input type="checkbox"/> 過敏症 | <input type="checkbox"/> 呼吸病症 |
| <input type="checkbox"/> 治療感染 | <input type="checkbox"/> 皮膚病 |

Traditional 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 |

您是否知道服用這個藥物是治療什麼病症？

- 改善記憶力
- 甲狀腺疾病
- 促進排除積液
- 肺結核
- 瘧疾
- 肌肉痙攣
- 以上清單沒有列出的其他病症
- 不確定

Traditional 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

您是否有聽覺方面的病症？

否

不確定

是



Traditional Chinese

Do you have any problems with your hearing?

No Not sure Yes

您是否使用助聽器？

否

不確定

是



Traditional Chinese

Do you use a hearing aid?

No Not sure Yes

您是否隨身攜帶了助聽器？

否

不確定

是



Traditional Chinese

Do you have your hearing aid with you?

No Not sure Yes

您的助聽器是否工作正常？

否

不確定

是



Traditional Chinese

Is your hearing aid working?

No Not sure Yes

您是否需要電池？

否

不確定

是



Traditional Chinese

Do you need a battery?

No Not sure Yes

您是否需要手語翻譯？

否

不確定

是



Traditional Chinese

Do you need a sign language interpreter?

No Not sure Yes

您最適用於用什麼方式與別人溝通？

- 手語
- 讀脣法
- 使用打字電話
- 手寫
- 使用溝通板
- 不確定

Traditional Chinese

How do you best communicate with others?

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

您是否使用有度數的眼鏡？

否

不確定

是



Traditional Chinese

Do you wear prescription eye glasses?

No Not sure Yes

您是否隨身攜帶眼鏡，或者行李中有眼鏡？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

您是否在戴眼鏡時仍然視力不良？

否

不確定

是



Traditional Chinese

Do you have problems seeing, even with your glasses?

No Not sure Yes

您是否使用白色拐杖？

否

不確定

是



Traditional 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



Traditional Chinese

Do you have your white cane with you?

No Not sure Yes

您是否在使用白色拐杖時仍然需要別人協助
才能行走？

否

不確定

是



Traditional Chinese

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

No Not sure Yes

您是否需要別人協助才能行走？

否

不確定

是



Traditional Chinese

Do you need help moving around?

No Not sure Yes

您是否需要別人協助才能上床或下床？

否

不確定

是



Traditional Chinese

Do you need help getting in or out of bed?

No Not sure Yes

您是否需要別人協助才能穿好衣服？

否

不確定

是



Traditional Chinese

Do you need help getting dressed?

No Not sure Yes

您是否需要別人協助才能使用洗手間？

否

不確定

是



Traditional Chinese

Do you need help using the bathroom?

No Not sure Yes

您是否需要別人協助才能洗澡？

否

不確定

是



Traditional Chinese

Do you need help bathing?

No Not sure Yes

您是否需要別人協助才能吃東西？

否

不確定

是



Traditional Chinese

Do you need help eating?

No Not sure Yes

您是否需要別人協助才能切食物？

否

不確定

是



Traditional Chinese

Do you need help cutting up your food?

No Not sure Yes

您是否有家屬、朋友或看護人協助您進行以上活動？

否

不確定

是



Traditional 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

不確定

是



Traditional 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



Traditional Chinese

Do you have your false teeth with you?

No Not sure Yes

您是否採用特殊飲食？

否

不確定

是



Traditional Chinese

Are you on any special diet?

No Not sure Yes

是什麼類型的特殊飲食？

- 糖尿病飲食
- 低鹽飲食
- 腎臟病飲食
- 無麥麩飲食
- 素食
- 猶太潔食

Traditional Chinese

What type of special diet?

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

是什麼類型的特殊飲食？

- 柔軟飲食
- 吞嚥困難者飲食
- 防止感染飲食
- 以上清單沒有列出的其他飲食
- 不確定

Traditional 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

用什麼電話號碼可以與您聯繫？

Traditional Chinese

Telephone number where you can be reached?

如果有另一個電話號碼，請告訴我。

Traditional Chinese

Another telephone number, if you have one.

如果有電子郵址，請告訴我。

Traditional Chinese

Email address, if you have one.

出生日期

Traditional Chinese
Date of birth