

Taiwan Youth Growth Process Research  
Questionnaire 2015 (for married people)

Respondent's name \_\_\_\_\_

Dear friends,

We are members of the 「Taiwan Youth Project」 research team. Your spouse has been involved in the project for a long time, since 2000, and we were informed of your marriage through the questionnaires. The main purpose of this study is to establish a model for the life course and development trajectory of young Taiwanese adolescents from youth to adulthood. The research team is very interested in understanding the life of young couples in Taiwan and exploring the social status of newly married families. We sincerely invite you to participate in this research project.

Your valuable advice will be fully protected. We will never publish anything private about you or your family. Please be assured that your experiences, feelings, and ideas are methodical. After completing the visit, we will send you a 500NTD convenience store merchandise card. Thank you for your support and help!

Thank you!

Best wishes .

From the Institute of Sociology, Academia Sinica  
Taiwan Teenager Plan Team  
2015.11

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Questionnaire inspectors:  
Questionnaire chronicler:

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# 1. Employment and School Experience

1. Are you currently working?

- (1) Yes, I have work with income (including temporary or fixed work)
- (2) Yes, I have unpaid family work, and I work 15 or more hours a week or 3 or more hours a day
- (3) Alternative service → ROC \_\_\_\_\_ year \_\_\_\_\_ month to ROC \_\_\_\_\_ year \_\_\_\_\_ month
- (4) General compulsory service → ROC \_\_\_\_\_ year \_\_\_\_\_ month to ROC \_\_\_\_\_ year \_\_\_\_\_ month
- (5) Did before, but not now, because →

**【After answering the box to the right, if answered number 2, continue to page 6 question 37.】**

(6) Have never worked, because: →

**【After answering the box to the right, if answered number 2, continue to page 6 question 37.】**

- (01) Currently looking, haven't found work yet
- (02) Can't find work, don't want to look anymore
- (03) Preparing for exam or to study (full-time student)
  - a. prepared \_\_\_\_\_ years \_\_\_\_\_ months
  - b. Do you go to tutoring?  (1) No  (2) Yes
- (04) Studying (full-time student)
- (05) taking care of the house
- (06) sick
- (07) don't want to work
- (08) other \_\_\_\_\_

1-7        1-18

2. **【If you answered (5), (6), skip to question 3】**

If there was a job for you, can you start working immediately?

1-25

(1) Yes

(2) No, because:

- (01) Studying and preparing for further studies
- (02) Getting married
- (03) Pregnancy, childbirth
- (04) 家庭經濟尚可，不需外出工作
- (05) have to take care of the family
- (06) poor health or injury
- (07) waiting to serve the mandatory military service
- (08) helping with my family's business

business

(09) don't want to work

(10) Other: \_\_\_\_\_

Those who are not currently working but have worked before, **skip to page 6 question 7.** For those who have never worked, **skip to page 7 question 38.**

The following questions are about your present main job. (Please answer according to the job that you worked for the longest time).

3. When did you start this job? ROC \_\_\_\_\_ year \_\_\_\_\_ month

1-28

4. Which of the following matches your current job?

1-33

- (01) government department
- (02) public school
- (03) private school
- (04) public enterprise
- (05) private enterprises or institutions (including civil associations)
- (06) Non-profit (or non-governmental) organizations
- (07) self-employed with hired workers
- (08) self-employed with no hired workers
- (09) work in my family's business, and get paid
- (10) work in my family's business, and get paid
- (11) substitute military service **【skip to page 2 question 7】**

5. What is your work status?

1-35

- (01) Formal staff
- (02) Regular contracted staff (含承攬、約聘、約雇、特約、委任)
- (03) Temporary staff (含臨時工、暫雇、工讀、代班 (工、課) 等形式)
- (04) 人力派遣人員
- (05) 家庭代工
- (06) 外包 (或承包) 人員 (含外包商或承包商)
- (07) 其他，請說明: \_\_\_\_\_

6. How many employees are there in the company/agency you work in?

1-46

(including yourself, family workers, contracted part-time or part-time workers)

- (01) 1 (do not hire people)     (02) 2~4     (03) 5~9     (04) 10~29
- (05) 30~99     (06) 100~299     (07) 300~499     (08) 500~999
- (09) 1000 or more

7. What is the name of your company/agency and what is the main product or service provided by the place you work? \_\_\_\_\_

8. What do you do in your job and what is your job title? \_\_\_\_\_

1-42

9. Do you need to manage people in your job position? How many people do you manage?

- (01) don't manage people **【skip to question 11】**     (02) 1~4     (03) 5~9
- (04) 10~29     (05) 30~99     (06) 100~299     (07) 300~499
- (08) 500~999     (09) 1000 or more

10. Do any of the people you manage manage other people?

- (1) yes     (2) no

11. How did you find this job? **【may choose more than one】**

- (01) Introduced directly
- (02) Job search website (e.g. 104 Job Bank)  (03) Website of companies, shops or schools
- (04) Applying by myself  (05) Through career counseling and employment assistance provided by government organizations
- (06) Through career counseling and employment assistance provided by private organizations
- (07) Through taking the company's recruitment exam
- (08) Assignment or appointment through civil service exams  (09) Through the company's recruitment department
- (10) Starting my own business and investing in it alone  (11) Starting my own business with my family's or friends' investment
- (12) Working in my family's business
- (13) Through the company I worked for
- (14) Internal transfer/ promotion  (15) other, please describe: \_\_\_\_\_

1-62

12. Who helped you or provided you with some information when you were looking for this job?

**【can choose more than one】**

- (01) classmates (including those in higher or lower grades)  (02) neighbor
- (03) former colleagues  (04) someone from my hometown  (05) teacher
- (06) relative  (07) friend  (08) family member  (09) friend of teachers, relatives, or colleagues, etc.  (10) nobody

1-71

13. How many days on average do you work every week? \_\_\_\_\_ days

1-74

14. 1-76   
14-1. How many hours a week on average do you work in this job, including overtime?  
\_\_\_\_\_ hours

14-2. Do you usually work overtime?

(1) Never **【skip to question 15】**

(2) Yes

↳ Is there overtime pay or paid time off? **【can choose more than one】**

(1) overtime pay  (2) paid time off  (3) 都沒有 1-83

15. Do you have to work at night in this job?

(1) Often  (2) Sometimes  (3) Seldom  (4) Never

16. Do you have to work during holidays in this job?

(1) Often  (2) Sometimes  (3) Seldom  (4) Never

17. What is your average monthly salary (Salary, bonuses, overtime, etc.) in this job? 1-88

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (01) 4,999 or less   | <input type="checkbox"/> (02) 5,000~9,999     | <input type="checkbox"/> (03) 10,000~14,999   |
| <input type="checkbox"/> (04) 15,000~19,999   | <input type="checkbox"/> (05) 20,000~24,999   | <input type="checkbox"/> (06) 25,000~29,999   |
| <input type="checkbox"/> (07) 30,000~34,999   | <input type="checkbox"/> (08) 35,000~39,999   | <input type="checkbox"/> (09) 40,000~44,999   |
| <input type="checkbox"/> (10) 45,000~49,999   | <input type="checkbox"/> (11) 50,000~59,999   | <input type="checkbox"/> (12) 60,000~69,999   |
| <input type="checkbox"/> (13) 70,000~79,999   | <input type="checkbox"/> (14) 80,000~89,999   | <input type="checkbox"/> (15) 90,000~99,999   |
| <input type="checkbox"/> (16) 100,000~109,999 | <input type="checkbox"/> (17) 110,000~119,999 | <input type="checkbox"/> (18) 120,000~129,999 |
| <input type="checkbox"/> (19) 130,000~139,999 | <input type="checkbox"/> (20) 140,000~149,999 | <input type="checkbox"/> (21) 150,000~199,999 |
| <input type="checkbox"/> (22) 200,000 or more |   |   |

18. Does your job offer any of the following benefits? **【can choose more than one】**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> (01) labor insurance                                    | <input type="checkbox"/> (02) health insurance               | <input type="checkbox"/> (03) public insurance                                  | 2-1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> (04) employee insurance                                 | <input type="checkbox"/> (05) year end stock shares          | <input type="checkbox"/> (06) holiday bonus (for 3 important Chinese festivals) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |
| <input type="checkbox"/> (07) performance bonus                                  | <input type="checkbox"/> (08) paid sick leave                | <input type="checkbox"/> (09) annual vacation                                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |
| <input type="checkbox"/> (10) subsidy for advanced studies/ in-service education | <input type="checkbox"/> (11) children education subsidy     |   |  |
|  | <input type="checkbox"/> (12) dormitory or housing allowance |   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |
| <input type="checkbox"/> (13) other, please specify: _____                       |  | <input type="checkbox"/> (14) none of these                                     |  |
- 2-13

19. Do you want to change your job?  (1) Yes  (2) No **【skip to question 21】**

20. Why do you want to change your job? **【choose one】**

- (01) Not satisfied with the salary  (02) not satisfied with the promotion opportunities
- (03) want to change work location  (04) poor health situation  (05) getting married  (06) giving birth

- (07) want to start my own business     
  (08) want further education     
  (09) contract ended  
 (10) recruited to another company     
  (11) moved away     
  (12) got laid off  
 (13) company closed down   
 (14) found a better job     
 (15) other, please

describe: \_\_\_\_\_

21. Where is your current workplace?

\_\_\_\_\_ County/City \_\_\_\_\_ Township/Town/District 2-18

22. In general, are you satisfied with the following aspects of your current job?

|                             | Very Satisfied | <u>Pretty</u> satisfied | Not very satisfied | Very unsatisfied |                          |
|-----------------------------|----------------|-------------------------|--------------------|------------------|--------------------------|
| (1) Salary                  | 1              | 2                       | 3                  | 4                |                          |
| (2) work environment        | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (3) work content            | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (4) work hours              | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (5) supervisor              | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (6) colleagues              | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (7) benefits                | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (8) promotion opportunities | 1              | 2                       | 3                  | 4                | <input type="checkbox"/> |
| (9) general work situation  | 1              | 2                       | 3                  | 4                |                          |

23. In your current workplace, what is the proportion of male to female employees?

- (1) almost all males   
 (2) mostly males   
 (3) about half and half  
 (4) mostly females   
 (5) almost all females

24. Do you currently have a supervisor at work?  (1) Yes     (2) No **【skip to question 26】**

24-1. What is his/her gender?     (1) male     (2) female

24-2. What is his/her education level compared to yours?  (1) higher     (2) about the same  
 (3) lower

24-3. What is his/her age compared to yours?  (1) higher     (2) about the same  
 (3) lower

25. How much do you agree with the following descriptions of your current job? **【Please circle】**

|   | Strongly Agree | Agree | Disagree | Strongly disagree |                          |
|---|----------------|-------|----------|-------------------|--------------------------|
| (1) I am constantly required to learn the latest technology and knowledge | 1              | 2     | 3        | 4                 |                          |
| (2) I am often doing the same routine                                     | 1              | 2     | 3        | 4                 | <input type="checkbox"/> |
| (3) I cannot decide the way to do the tasks                               | 1              | 2     | 3        | 4                 | <input type="checkbox"/> |
| (4) I usually cannot decide the progress of my work schedule              | 1              | 2     | 3        | 4                 | <input type="checkbox"/> |

26. Which following education level do you think you have to reach to do well enough at your current job?

- (1) Junior high school and below    (2) Senior high school    (3) Vocational high school

(4) Junior college (5) University (6) Master's degree (7) PhD

27. How much work experience do you think you need to do well enough at your current job?

(1) None (2) Less than 1 month (3) Less than 6 months (4) 6-12 months (5) 1-3 years  
(6) 3-5 years (7) More than 5 years

28. How much job orientation and training do you think you need to do well enough at your current job?

(1) None (2) Less than 1 month (3) 1-3 months (4) 3-6 months (5) 1-3 years (6) 1 year or more

29. Do you need a license for this job?

12.(1) Yes

13.(2) No

30. Did you have a probation period for this job?

(1) Yes, \_\_\_\_\_ months (2) No **(Proceed to Question 31)**

30-1. How much did you get paid monthly during your probation period? \_\_\_\_\_

How much do you get paid monthly after your probation period? \_\_\_\_\_

31. Did you have an on-the-job training for this job?

(1) No (2) 1-7 days (3) 8-14 days (4) 15-30 days (5) More than 30 days

32. Is your current job related to your what you studied?

(1) Not related

(2) Some parts are related

(3) Most parts of are related

(4) Completely related

(0) Not applicable

33. If you leave your present company, do you think it's easy for the company to find another person to replace you?

(1) Very easy (2) Easy (3) Normal (4) Difficult (5) Very difficult

34. Do you worry about losing your job?

(1) Very worried (2) Worried (3) Not worried (4) Not worried at all

35. Do you currently have other jobs besides this one? (Including part-time job)

(1) Yes (2) No **(Proceed to Question 36)**

35-1. How many do you currently have? \_\_\_\_\_ jobs

35-2. How many hours on average do you work for these jobs? (Besides the main job)

\_\_\_\_\_ hours

35-3. How much do you get paid monthly from these jobs? (Besides the main job) \_\_\_\_\_

36. Is your current job your first job?

2-79

(1) Yes **【skip to page 7 question 38】**

(2) No **【skip to page 6 question 37】**

37. The following ask about your first job and the job you had when you married your spouse. (**Working refers to more than 15 hours a week, more than 4 months, with pay**)

|   | <p align="center"><b>Your first job</b><br/> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No</p>  | <p align="center"><b>Job when you got married</b><br/> <input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no<br/> <input type="checkbox"/> (3) same as first job, answer the following<br/> <input type="checkbox"/> (4) same as current job, answer the following<sup>3-37</sup> <input type="checkbox"/></p>  |
|---|--|--|
| <p>37-1. When did you start this job?<br/>When did you end this job?</p>  | <p align="center">_____ year _____ month ~<br/>           _____ year _____ month</p> <p align="center"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><br/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p> | <p align="center">_____ year _____ month ~<br/>           _____ year _____ month</p> <p align="center"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><br/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p> |
| <p>37-2. Which of the following job positions matches your job?<br/>           (01) Government department (02) public schools (03) private schools (04) public enterprises (05) private enterprises or institutions (including social groups) (06) non-profit (or non-governmental) organizations</p>   | <p align="center">3-12 <input type="checkbox"/><input type="checkbox"/></p>  | <p align="center">3-48 <input type="checkbox"/><input type="checkbox"/></p>  |
| <p>37-3. What is/was your work status?<br/>           (01) 正式編制人員(正職人員)<br/>           (02) 定期契約人員(含承攬、約聘、約雇、特約、委任)<br/>           (03) 臨時人員(含臨時工、暫雇、工讀、代班(工、課)等形式)<br/>           (04) 人力派遣人員<br/>           (05) 家庭代工<br/>           (06) 外包(或承包)人員(含外包商或承包商)<br/>           (07) 其他，請說明：_____</p>  | <p align="center"><input type="checkbox"/><input type="checkbox"/></p>   | <p align="center"><input type="checkbox"/><input type="checkbox"/></p>   |
| <p>37-4. How many employees are/were there in the company/agency you work/worked in? (Including yourself, workers from your family, and part-time workers)<br/>           (01) no employees (02) 1~4 (03) 5~9<br/>           (04) 10~29 (05) 30~99 (06) 100~299<br/>           (07) 300~499 (08) 500~999<br/>           (09) 1000 or more</p> | <p align="center"><input type="checkbox"/><input type="checkbox"/></p>   | <p align="center"><input type="checkbox"/><input type="checkbox"/></p>   |
| <p>37-5. What is/was the main product or service provided by the place you work/worked?</p>   | <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   | <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   |
| <p>37-6. What do/did you do in the job and what is/was your job title?</p>  | <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   | <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   |

|  |  |  |
|--|--|--|
| 37-7. Are/were you a manager of other employees? How many employees do/did you manage?<br>(01)none (02)1~4 (03)5~9<br>(04)10~29 (05)30~99<br>(06)100~299 (07)300~499<br>(08)500~999 (09)1000 or more | 3-25 <input type="checkbox"/> <input type="checkbox"/>   | 3-61 <input type="checkbox"/> <input type="checkbox"/>   |
| 37-8. How many hours on average do/did you work every week? (Including working overtime)_____hours<br>(If you do not have fixed working hours, please answer according to last month)                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 37-9. How much on average do/did you get paid monthly from your job?   | 3-30 <input type="checkbox"/> | 3-66 <input type="checkbox"/> |

**Answer all of the following questions:**

38. What is the source of your monthly living expenses for you and your spouse and children? **【can choose more than one】**

- (01) My work or jobs (including alternative services)  (02) My spouse's work or jobs 3-73
- (03) My parents  (04) My spouse's parents  (05) My siblings
- (06) My spouse's siblings  (07) My savings  (08) My spouse's savings
- (09) My own loan (**borrowing money from the bank**)  (10) My spouse's loans (**borrowing money from the bank**)  (11) compulsory wages  (12) friend  (13) social welfare
- (14) my own investment  (15) my spouse's investment  (16) other, please specify: \_\_\_\_\_

38-1. Among these, the main source of living expenses is number \_\_\_\_\_ 3-89   
**【Please answer according to the options from 38.(01)-(16)】**

39. Have you obtained professional technical licenses?

**【certificates are obtained through professional organizations, trade unions, or national examinations or inspections】**

(1) No  (2) Yes, which kind of licenses **【can be repeated, please fill in the name of the license, fill at most 2 levels】**

- Grade A: \_\_\_\_\_  Grade B: \_\_\_\_\_
- Grade C: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_ 4-5

40. Have you ever applied for government employment insurance assistance?   
(Examples: Unemployment benefits, early employment allowances, vocational training living allowances, childcare leave benefits, etc.)

(1) Yes → Did you receive a grant?  (1) Yes  (2) No  
 (2) No

41. What is the minimum monthly salary you can accept?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (01) 9,999NT or less | <input type="checkbox"/> (02) 10,000~14,999   | <input type="checkbox"/> (03) 15,000~19,999     |
| <input type="checkbox"/> (04) 20,000~24,999   | <input type="checkbox"/> (05) 25,000~29,999   | <input type="checkbox"/> (06) 30,000~34,999     |
| <input type="checkbox"/> (07) 35,000~39,999   | <input type="checkbox"/> (08) 40,000~44,999   | <input type="checkbox"/> (09) 45,000~49,999     |
| <input type="checkbox"/> (10) 50,000~54,999   | <input type="checkbox"/> (11) 55,000~59,999   | <input type="checkbox"/> (12) 60,000~69,999     |
| <input type="checkbox"/> (13) 70,000~79,999   | <input type="checkbox"/> (14) 80,000~89,999   | <input type="checkbox"/> (15) 90,000~99,999     |
| <input type="checkbox"/> (16) 100,000~149,999 | <input type="checkbox"/> (17) 150,000~199,999 | <input type="checkbox"/> (18) 200,000NT or more |

42. **【For those who are working】** If your job was to send you to work in China, would you be willing?

**【For those who are not working】** If you found a job that will send you to work in China, would you be willing?

(1) Very willing  (2) Pretty willing  (3) Pretty unwilling  (4) Very unwilling  (5) already working in mainland China

43. We would like to ask about your experiences in the education process. **(If you attended two or more schools during the same education phase, answer according to the last one)**

|  | Elementary school<br><input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no  | Junior high<br><input type="checkbox"/> (1)Yes <input type="checkbox"/> (2)No   | High school/綜合高中/vocational school<br><input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無   | 五專<br><input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無   | University/學院/四技/二技/二專<br><input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無   | Masters<br><input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無  | PhD<br><input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無  |
|--|--|---|---|---|---|---|---|
| 43-1. What area is the school where you studied?                           | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ | <input type="checkbox"/> Abroad _____<br><input type="checkbox"/> Taiwan<br>_____ County/<br>city<br>_____ Township/town/<br>city/district<br><input type="checkbox"/><br>□□□ □□□ |
| 43-2. Which school and department did you attend?                          | _____ school<br>□□□□□□   | _____ school<br>□□□□□□  | _____ school<br>_____ department<br>□□□□□□<br>□□□□□□  | _____ school<br>_____ department<br>_____ group<br>□□□□□□<br>□□□□□□ □   | _____ school<br>_____ campus<br>_____ department<br>_____ group<br>□□□□□□ □ □<br>□□□□□ □  | _____ school<br>_____ campus<br>_____ department<br>_____ group<br>□□□□□□ □ □<br>□□□□□ □  | _____ school<br>_____ campus<br>_____ department<br>_____ group<br>□□□□□□ □ □<br>□□□□□ □  |
| 43-3. When did you attend this school? What grade were you in at the time? | ROC _____ year<br>□□□  | ROC _____ year<br>□□□   | ROC _____ year<br>□□□   | ROC _____ year<br>□□□   | ROC _____ year<br>□□□   | ROC _____ year<br>□□□   | ROC _____ year<br>□□□   |

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| 43-4. Have you completed your studies?   | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> (1)yes<br><input type="checkbox"/> (2)no<br><input type="checkbox"/> (3)in school, grade __<br><input type="checkbox"/> <input type="checkbox"/> |
| 43-5. When did you graduate/ expect to graduate? Or when did you withdraw/ drop out? | ROC____year<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 43-6. Have you transferred schools?  | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> (1)Yes, __times<br><input type="checkbox"/> (2)No<br><input type="checkbox"/> <input type="checkbox"/>   |

## 2. Marriage and Family

44. In your opinion, which of the following is an important condition for when you are considering marriage?

|                           | Not important            | important                |                               | not important   | important                |                          |                               |
|---------------------------|--------------------------|--------------------------|-------------------------------|---|--------------------------|--------------------------|-------------------------------|
|                           | 1                        | 2                        |                               | 1   | 2                        |                          |                               |
| (01) mutual love          | <input type="checkbox"/> | <input type="checkbox"/> | 6-31 <input type="checkbox"/> | (11) similar values and interests                     | <input type="checkbox"/> | <input type="checkbox"/> | 6-41 <input type="checkbox"/> |
| (02) health condition     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (12) get along well with e/o                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (03) appearance           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (13) star signs match                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (04) economic situation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (14) political stance                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (05) family background    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (15) religion   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (06) education background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (16) gets along well w/yourfamily                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (07) same residency       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (17) parents' acceptance                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (08) close in age         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (18) live together w/parents<br>after getting married | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (09) personality          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (19) has real estate                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| (10) good behavior        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | (20) wants kids                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

44-1. Which 3 are the most important? **【please choose from the above 1-20 choices】**

(1) most important: \_\_\_\_\_

(2) 2<sup>nd</sup> most important: \_\_\_\_\_

(3) 3<sup>rd</sup> most important: \_\_\_\_\_

|      |                          |                          |
|------|--------------------------|--------------------------|
| 6-51 | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <input type="checkbox"/> | <input type="checkbox"/> |

45. Do you agree with the following views about marriage? **【please circle】**

|  | Strongly<br><u>Agree</u> | Agree | Disagree | Strongly<br>Disagree |                                 |
|--|--------------------------|-------|----------|----------------------|---------------------------------|
| (1) The man should be older than the woman   | 1                        | 2     | 3        | 4                    | ▪ 6-57 <input type="checkbox"/> |
| (2) The educational level of the man should be higher than the woman                   | 1                        | 2     | 3        | 4                    | ▪ <input type="checkbox"/>      |
| (3) A couple of lovers can live together, whether they want to marry each other or not | 1                        | 2     | 3        | 4                    | ▪ <input type="checkbox"/>      |
| (4) You don't have to have a child after getting married                               | 1                        | 2     | 3        | 4                    | ▪ <input type="checkbox"/>      |
| (5) If a couple can't solve their marriage problems, they can divorce                  | 1                        | 2     | 3        | 4                    | ▪ <input type="checkbox"/>      |
| (6) A couple can divorce if they don't love each other                                 | 1                        | 2     | 3        | 4                    | ▪ <input type="checkbox"/>      |

anymore, even if they have children

(7) If a couple wants to divorce, they have to wait until 1 2 3 4

The children grow up

(8) If a couple doesn't love each other anymore, it's better 1 2 3 4

To divorce

(9) If a couple doesn't love each other, it is better to not 1 2 3 4  6-65

Get married

46. Do you think you got married early?  (1) Yes  (2) No 6-66

47. Is this your first marriage?  (1) Yes **【skip to question 49】**  (2) No

48. Your first marriage:

48-1. When was your first marriage? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

48-2. When did your first marriage end? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

48-3. Why did your first marriage end?

(1) widowed  (2) divorced  (3) Other, please specify: \_\_\_\_\_

48-4. When did you remarry? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day    6-83

49. Do you want to have children? 7-1

(1) no **【skip to question 50】**

(2) not sure

(3) Yes, but haven't yet



49-1. Was having kids the main reason you got married?  
 (1) Yes  (2) No

49-2. How many kids do you want to have? \_\_\_\_\_ boys, \_\_\_\_\_ girls

(4) I already have kids **【answer questions 49-3 to 49-6】**

49-3. How many kids do you have? \_\_\_\_\_ boys \_\_\_\_\_ girls 7-5

| Order of children | Gender   | Date of birth                     | Natural or adopted  | Condition at birth    |   |
|-------------------|--|-----------------------------------|---|-----------------------|---|
|                   |  |                                   |   | Pregnancy week number |   |
| 1                 | <input type="checkbox"/> (1) Male<br><input type="checkbox"/> (2) Female | ROC _____ Y<br>_____ M<br>_____ D | <input type="checkbox"/> (1) Natural <b>【continue to the right】</b><br><input type="checkbox"/> (2) Adopted<br><input type="checkbox"/> (3) Stepchild<br><input type="checkbox"/> (4) Other _____ | _____ weeks           | 1 |
| 2                 | <input type="checkbox"/> (1) Male<br><input type="checkbox"/>            | ROC _____ Y                       | <input type="checkbox"/> (1) Natural <b>【continue to the right】</b>   | _____ weeks           | 2 |





51. Which of the following activities do you do together as a couple? **【can choose more than one】**

- (1) Take a walk     (2) Talk     (3) Go out to an activity or to relax  
 (4) Discuss family matters     (5) Almost don't do anything together

52. When you talk as a couple, do you talk about the following? **【can choose more than one】**

- (1) children's matters     (2) family matters     (3) Work  
 (4) Social/political matters     (5) Rarely talk about things

53. In general, when you talk as a couple, it is

- (1) all me talking     (2) me talking more     (3) half and half, about the same  
 (4) him/her talking more     (5) all him/her talking

54. Who mainly manages the expenses for your household daily necessities?

- (1) Mainly the wife     (2) Mainly the husband     (3) Husband and wife together  
 (4) No specific person     (5) Each earns and manages his/her own  
 (6) Other, please specify: \_\_\_\_\_

55. In general, when you are talking or doing something together with your spouse, how does he/she treat you? **【please circle】**

|   | Always | Half the time |   |   |   |   | Never |
|---|--------|---------------|---|---|---|---|-------|
|   | ↓      | ↓             | ↓ | ↓ | ↓ | ↓ | ↓     |
| (1) Will ask your view of important things      | 1      | 2             | 3 | 4 | 5 | 6 | 7     |
| (2) Listen carefully to your views and thoughts | 1      | 2             | 3 | 4 | 5 | 6 | 7     |
| (3) Shows you support and understands you       | 1      | 2             | 3 | 4 | 5 | 6 | 7     |

56. Over the past year, how often do you and your spouse do the following housework? **【please circle】**

|                             | <u>Yourself</u> |         |       |        |         |       |       | <u>Your spouse</u> |         |       |        |         |       |       |
|-----------------------------|-----------------|---------|-------|--------|---------|-------|-------|--------------------|---------|-------|--------|---------|-------|-------|
|                             | Almost          | Several | ~     | ~      | Several | ~     | Never | Almost             | Several | ~     | ~      | Several | ~     | Never |
|                             | Every           | Times   | Once  | Once   | Times   | Once  |       | Every              | Times   | Once  | Once   | Times   | Once  |       |
|                             | Day             | /week   | /week | /month | /year   | /year |       | Day                | /week   | /week | /month | /year   | /year |       |
| 1) Cooking                  | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 2) Washing dishes           | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 3) Washing clothes          | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 4) Cleaning the house       | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 5) Easy repairing           | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 6) Buying daily necessities | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |
| 7) Taking care of children  | 1               | 2       | 3     | 4      | 5       | 6     | 7     | 1                  | 2       | 3     | 4      | 5       | 6     | 7     |

9-1

9-15

57. Which of the following best describe the housework situation between you and your spouse? 9-29

- (1) I do a lot more housework than I should
- (2) I do more housework than I should
- (3) I do about as much housework as I should
- (4) I do less housework than I should
- (5) I do a lot less housework than I should.

### 3. Family Relationships

58. How is your parents' current situation?

|                  | Father  | Mother  |
|------------------|---|---|
| <b>Health</b>    | <input type="checkbox"/> (1) Healthy<br><input type="checkbox"/> (2) Passed away , when you were _____ years old<br><input type="checkbox"/> (7) Don't know | <input type="checkbox"/> (1) Healthy<br><input type="checkbox"/> (2) Passed away , when you were _____ years old<br><input type="checkbox"/> (7) Don't know |
| <b>Divorced</b>  | <input type="checkbox"/> (1) No<br><input type="checkbox"/> (2) Yes, when you were _____ years old<br><input type="checkbox"/> (7) Don't know               |   |
| <b>Remarried</b> | <input type="checkbox"/> (1) No<br><input type="checkbox"/> (2) Yes, when you were _____ years old<br><input type="checkbox"/> (7) Don't know               | <input type="checkbox"/> (1) No<br><input type="checkbox"/> (2) Yes, when you were _____ years old<br><input type="checkbox"/> (7) Don't know               |

9-30

9-36

9-39

59. Over the past year, how was the communication between you and your parents/spouse's parents? (Please fill in the numbers below)

|                 | a. Parents' health status | b. How far do they live?<br>(Estimate your journey with the most accessible means of transport) | c. Over the past year, how often did you see each other? | d. Over the past year, besides seeing each other in person, how often do you contact each other? (phone, skype, line, email) |
|-----------------|---------------------------|---|--|--|
| Father          |                           |   |  |  |
| Mother          |                           |   |  |  |
| Spouse's father |                           |   |  |  |

|                 |  |   |   |   |
|-----------------|--|---|---|---|
| Spouse's mother |  |   |   |   |
| Answer          | (1)Very unhealthy<br>(2)Unhealthy<br>(3)Average<br>(4)Healthy<br>(5)Very healthy<br>(0)N/A | (01)Live together<br>(02)Next door, same building, same lane or neighborhood<br>(03)Within 15 minute walk<br>(04)Within 30 minute drive<br>(05)30 minute-1 hour drive<br>(06)1-3 hour drive<br>(07)Over 3 hour drive<br>(08)Overseas<br>(00)N/A | (01)Almost every day<br>(02)3-4 times a week<br>(03)1-2 times a week<br>(04)1-3 times a month<br>(05)Once every 2-3 months<br>(06)A total of 1 or 2 times<br>(07)Never met<br>(00)N/A | (01)Almost every day<br>(02)3-4 times a week<br>(03)1-2 times a week<br>(04)1-3 times a month<br>(05)Once every 2-3 months<br>(06)A total of 1 or 2 times<br>(07)Never met<br>(00)N/A |

9-45       9-52       
9-59       9-66

60. Over the past year, did you often help your parents/spouse's parents with the following? (Please fill in the numbers below)

|   |  |   |                             |
|---|--|---|-----------------------------|
| <b>You provide</b><br>To parents/spouse's parents | a. Give them money   | b. Help them with housework (For example, cleaning, preparing dinner, buying things, doing chores) or Take care of children or other family members | c. Listen to their thoughts |
| Father  |  |   |                             |
| Mother  |  |   |                             |
| Spouse's father                                   |  |   |                             |
| Spouse's mother                                   |  |   |                             |
| Answer  | (1)Very often (2)Often (3)Sometimes (4)Rarely (5)Not at all (0)N/A |   |                             |

9-73

61. Over the past year, did your parents/spouse's parents often help you(two) with the following? (Please fill in the numbers below)

|  |                      |  |                                |
|--|----------------------|--|--------------------------------|
| Your parents/ spouse's parents<br><b>Gave to you</b> | a. Give me(us) money | b. Help me (us) with housework (For example, cleaning, preparing dinner, buying things, doing chores) or Take care of children or other family members | c. Listen to my (our) thoughts |
| Father   |                      |  |                                |
| Mother   |                      |  |                                |

|                 |  |  |  |
|-----------------|--|--|--|
| Spouse's father |  |  |  |
| Spouse's mother |  |  |  |
| Answer          | (1)Very often (2)Often (3)Sometimes (4)Rarely (5)Not at all (0)N/A |  |  |

9-85

62. At the time you got married, did you live with the following family members?

**【Living together means 6 months in one year, or 4 or more days every week.】**

|   | You parents   | Your spouse's parents   | Your siblings   | Your spouse's siblings  | Your grandparents   | Your spouse's grandparents  |
|---|---|---|---|---|---|---|
| 62-1 Living together at time of marriage                      | <input type="checkbox"/> (1)Yes<br><input type="checkbox"/> (2)No |
| 62-2 Still living together                                    | <input type="checkbox"/> (1)Yes<br><input type="checkbox"/> (2)No |
| 62-3 How long have you lived together since you were married? | ____ years<br>____ months   |

10-1  10-7

10-13    10-25

**Those currently living with parents/spouse's parents**

63. What is the main reason why you are currently living with them? **【choose one】** 10-37

- (01)Parents want me to live w/them     (02)can save money     (03)They can take care of me
- (04)I can take care of my parents     (05)they can take care of my children     (06)always lived together
- (07)because I got married     (08)Other, please describe: \_\_\_\_\_

64. Do you want to live separately from them? 10-39

- (1)Not at all    (2)Don' t really want to live separately    (3)Kind of want to live separately
- (4)Really want to live separately

**Those currently not living with parents/spouse's parents**

65. If your parents/your spouse's parents do not currently live with you, who do they live with? **【can answer more than one】** :

**【Living together means 6 months in one year, or 4 or more days every week.】**

(Please fill in the numbers below)

|             | 1.Father   | 2.Mother | 3.Spouse's father | 4. Spouse's mother |
|-------------|--|----------|-------------------|--------------------|
| Lives with: |  |          |                   |                    |
| Answers     | Parent's: (1)married son    (2)married daughter    (3)unmarried children    (4)spouse<br>(5)alone    (6)elderly home    (7)Other (please specify)_____    (0)passed away |          |                   |                    |

10-40   
  
 10-56

66. Where do you currently live? \_\_\_\_\_ **County/City** \_\_\_\_\_ **Township/Town/District** 10-72

67. How old were your parents when they got married? Mom was \_\_\_\_\_ years old 10-75

68. The following is about the situation of your siblings: **【If you're an only child, skip to page 17 question 71】**

68-1. How many siblings do you have? \_\_\_\_\_ older brothers, \_\_\_\_\_ older sisters, \_\_\_\_\_ younger brothers, \_\_\_\_\_ younger sisters 11-1

68-2. Please fill in their basic information in the following table according to their birth order.

| Birth order | Relationship to you   | Year of birth (ROC) | Education level  | Marital status   | Children  |
|-------------|---|---------------------|--|--|---|
| Oldest      | <input type="checkbox"/> (1) older brother<br><input type="checkbox"/> (2) older sister<br><input type="checkbox"/> (5) myself  |                     | <input type="checkbox"/> (01) kindergarten<br><input type="checkbox"/> (02) elementary school<br><input type="checkbox"/> (03) junior high school<br><input type="checkbox"/> (04) high school<br><input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |
| Second      | <input type="checkbox"/> (1) older brother<br><input type="checkbox"/> (2) older sister<br><input type="checkbox"/> (3) younger brother<br><input type="checkbox"/> (4) younger sister<br><input type="checkbox"/> (5) myself |                     | <input type="checkbox"/> (01) kindergarten<br><input type="checkbox"/> (02) elementary school<br><input type="checkbox"/> (03) junior high school<br><input type="checkbox"/> (04) high school<br><input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |
| Third       | <input type="checkbox"/> (1) older brother<br><input type="checkbox"/> (2) older sister<br><input type="checkbox"/> (3) younger brother<br><input type="checkbox"/> (4) younger sister<br><input type="checkbox"/> (5) myself |                     | <input type="checkbox"/> (01) kindergarten<br><input type="checkbox"/> (02) elementary school<br><input type="checkbox"/> (03) junior high school<br><input type="checkbox"/> (04) high school<br><input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |
| Fourth      | <input type="checkbox"/> (1) older brother<br><input type="checkbox"/> (2) older sister<br><input type="checkbox"/> (3) younger brother<br><input type="checkbox"/> (4) younger sister<br><input type="checkbox"/> (5) myself |                     | <input type="checkbox"/> (01) kindergarten<br><input type="checkbox"/> (02) elementary school<br><input type="checkbox"/> (03) junior high school<br><input type="checkbox"/> (04) high school<br><input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |
| Fifth       | <input type="checkbox"/> (1) older brother<br><input type="checkbox"/> (2) older sister<br><input type="checkbox"/> (3) younger brother<br><input type="checkbox"/> (4) younger sister<br><input type="checkbox"/> (5) myself |                     | <input type="checkbox"/> (01) kindergarten<br><input type="checkbox"/> (02) elementary school<br><input type="checkbox"/> (03) junior high school<br><input type="checkbox"/> (04) high school<br><input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |

|       |  |  |  |  |   |
|-------|--|--|--|--|---|
| Sixth | <input type="checkbox"/> (1) older brother   |  | <input type="checkbox"/> (01) kindergarten   | <input type="checkbox"/> (1) Married<br><input type="checkbox"/> (2) unmarried<br><input type="checkbox"/> (3) divorced<br><input type="checkbox"/> (4) cohabiting | <input type="checkbox"/> (1) Yes<br><input type="checkbox"/> (2) No |
|       | <input type="checkbox"/> (2) older sister    |  | <input type="checkbox"/> (02) elementary school  |  |   |
|       | <input type="checkbox"/> (3) younger brother |  | <input type="checkbox"/> (03) junior high school   |  |   |
|       | <input type="checkbox"/> (4) younger sister  |  | <input type="checkbox"/> (04) high school  |  |   |
|       | <input type="checkbox"/> (5) myself          |  | <input type="checkbox"/> (05) vocational school<br><input type="checkbox"/> (06) college <input type="checkbox"/> (07) university<br><input type="checkbox"/> (08) masters <input type="checkbox"/> (09) other |  |   |

11-5         11-13

11-21         11-29

11-37         11-45

69. Do you often chat with your siblings? **【Just chatting with any one of them counts】**

- (1) almost every day     (2) once or twice a week     (3) one to three times a month  
 (4) once every two to three months     (5) once or twice a year     (6) rarely

70. Generally speaking, in daily life, are your siblings helpful to you? 11-54

- (1) help a lot     (2) help quite a bit     (3) help a little     (4) don't help

71. Are you satisfied with the following family relationships? **【If you don't have this family member, please circle N/A】**

|  | <u>Very Satisfied</u> | <u>Satisfied</u> | <u>Unsatisfied</u> | <u>Very Unsatisfied</u> | <u>N/A</u> |                                |
|--|-----------------------|------------------|--------------------|-------------------------|------------|--------------------------------|
| (1) You and your father                | 1                     | 2                | 3                  | 4                       | 0          | 11-55 <input type="checkbox"/> |
| (2) You and your mother                | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (3) You and your spouse's father       | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (4) You and your spouse's mother       | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (5) You and your paternal grandparents | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (6) You and your maternal grandparents | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (7) You and your siblings              | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |
| (8) You and your spouse's siblings     | 1                     | 2                | 3                  | 4                       | 0          | <input type="checkbox"/>       |

72. How much do you agree with the following statements about taking care of parents?

(1) When parents get older, it is the children's obligation to take care of them

(1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

(2) When parents get older and have financial needs, it is the responsibility for their children to support them financially.

(1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

73. How much do you agree with the following statements about gender roles?

**【Please circle】**

|  | <u>Strongly Agree</u> |   |   | <u>Strongly Disagree</u> |  |                                |
|--|-----------------------|---|---|--------------------------|--|--------------------------------|
| (1) Men should make the majority of important decisions in the family.   | 1                     | 2 | 3 | 4                        |  | 11-36 <input type="checkbox"/> |
| (2) There will be negative influences on preschool children if their mothers go out to work.                                       | 1                     | 2 | 3 | 4                        |  | <input type="checkbox"/>       |
| (3) A husband's responsibility is to earn money to support the family while a wife's responsibility is to take care of the family. | 1                     | 2 | 3 | 4                        |  | <input type="checkbox"/>       |
| (4) During a recession, (married) female employees should be laid off first.   | 1                     | 2 | 3 | 4                        |  | <input type="checkbox"/>       |
| (5) In general, males are more suitable for managerial positions than females.   | 1                     | 2 | 3 | 4                        |  | <input type="checkbox"/>       |
| (6) If there is conflict between work and family, the wife should choose just like housewives.                                     | 1                     | 2 | 3 | 4                        |  | <input type="checkbox"/>       |

74. Physically, how do you feel about your health in the last two weeks? 11-71

(1) very unhealthy  (2) unhealthy  (3) normal  (4) healthy  (5) very healthy

75. In the past month, did you have job or family issues because of health problems?

(1) Never  (2) Seldom  (3) Sometimes  (4) Often  (5) Always

76. In general, are you happy lately?

(1) Very happy  (2) Happy  (3) Somewhat happy  (4) Unhappy  (5) Very unhappy

77. How satisfied are you with the following regarding yourself? **【Please circle】**

|                 | <u>Very</u><br>satisfied | Satisfied | Dissatisfied | Very<br>dissatisfied |                          |
|-----------------|--------------------------|-----------|--------------|----------------------|--------------------------|
| (1) Appearance  | 1                        | 2         | 3            | 4                    | <input type="checkbox"/> |
| (2) Body figure | 1                        | 2         | 3            | 4                    | <input type="checkbox"/> |
| (3) Gender      | 1                        | 2         | 3            | 4                    |                          |

78. Do you think the following statements describe your current situation well?

|  | <u>Very well</u> | Well | Not at all |                                |
|--|------------------|------|------------|--------------------------------|
| (1) When I have problems, there are a lot of people I can rely on. | 1                | 2    | 3          | 11-77 <input type="checkbox"/> |
| (2) I often feel empty   | 1                | 2    | 3          | <input type="checkbox"/>       |
| (3) I strongly hope that someone is by my side                     | 1                | 2    | 3          | <input type="checkbox"/>       |
| (4) There are a lot of people that I can trust                     | 1                | 2    | 3          | <input type="checkbox"/>       |
| (5) I often feel rejected by people                                | 1                | 2    | 3          | <input type="checkbox"/>       |
| (6) There are a lot of people that I feel close to                 | 1                | 2    | 3          | 11-82 <input type="checkbox"/> |

79. In the past week, did you experience any of the following symptoms? If so, how severe were they?  
(Circle only one per question)

|  | <u>No</u> | <u>Mild</u> | Moderate | Serious | Very<br>serious |                          |
|--|-----------|-------------|----------|---------|-----------------|--------------------------|
| (1) Headache   | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (2) Dizziness  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (3) Loneliness   | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (4) Depression   | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (5) Excessive worry  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (6) Muscle pain/soreness   | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (7) Insomnia, having trouble falling asleep  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (8) Numbness or tingling in certain parts of the body  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (9) Feeling like something is stuck in the throat  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (10) Weakness in certain parts of the body   | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (11) Having desire to beat up or hurt someone  | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (12) Waking up too early in the morning and not being able to fall asleep after laying back down | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |
| (13) Not sleeping well or waking up constantly throughout the night                              | 1         | 2           | 3        | 4       | 5               | <input type="checkbox"/> |

- (14)Arguing frequently with others 1 2 3 4 5
- (15)Yelling, screaming, or throwing things 1 2 3 4 5
- (16)Not wanting to live anymore 1 2 3 4 5

**【Please answer in 24-hour format, 11pm as 23:00, 12:30 as 00:30】**

80.On holidays and weekends, what time do you usually sleep: \_\_\_\_\_ hour \_\_\_\_\_ min   
 What time do you wake up: \_\_\_\_\_ hour \_\_\_\_\_ min 12-21

81.On weekdays(working/class days)what time do you usually sleep every day: \_\_\_\_\_ hour \_\_\_\_\_ min  
 What time do you wake up: \_\_\_\_\_ hour \_\_\_\_\_ min12-29

#### **4. Religious faith**

82.Do you currently have a religion? 12-33

- (01)don't have a religion **【skip to question 85】**  (02)Folk religions  
 (03)Buddhism  
 (04)Taoism  (05)I-Kuan Tao  (06)Catholic  (07)Christianity: \_\_\_\_\_  
 denomination  (08)Islam  (09)Other, please state: \_\_\_\_\_

83.When did you start believing in this religion? 12-35

- (1)from when I was young, believed from birth  (2)from ROC \_\_\_\_\_ year

84.According to your current religion, did you become a formal member of this group through any ceremony?  
 (1)yes  (2)no  (3)the group I participate in doesn't have this kind of activity

85. Do you participate in the following personal devotions? (May choose more than one)  
 (1) sit in meditation (2) pray to Buddha (3) chant incantations (4) practice breathing exercises  
 (5) read scripture/ religious texts (6) daily gratitude, repentance, prayer  
 (7) Other: \_\_\_\_\_ (8) none

86. No matter you believe in any religion or not, how often do you go to temple for worshipping, attending church gathering, or participating in religious activities? 11-70

(e.g. :pilgrimages, meditations, pujas, prayers, reading classes, spiritual retreats, sermons, religious volunteer services, etc.) ?

- (01)Several times a week  (02)Once a week  (03)Several times a month  (04)Once a month  
 (05)Several times a year  (06)About once a year(e.g. god' s birthday, Christmas, etc.)  
 (07)Never participated

87. How much do you agree with the following statements?

|   | Strongly<br><u>Agree</u> | Agree | Disagree | Strongly<br>Disagree |                                |
|---|--------------------------|-------|----------|----------------------|--------------------------------|
| (1) A soul still exists after a person dies   | 1                        | 2     | 3        | 4                    | 11-66 <input type="checkbox"/> |
| (2) Our society is more peaceful if more people believe in God                      | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (3) As long as a person is willing to work hard, it is not necessary to rely on God | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (4) Religion is very important to you   | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |

88. Do you agree with the following statements about yourself? **【Please circle】**

|  | <u>Strongly</u><br>Agree | Agree | Disagree | Strongly<br>Disagree |                                |
|--|--------------------------|-------|----------|----------------------|--------------------------------|
| (1) I can't handle some of my problems                   | 1                        | 2     | 3        | 4                    | 12-27 <input type="checkbox"/> |
| (2) I can't control what happens to me.                  | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (3) I feel powerless dealing w/problems in life          | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (4) I don't have many things to be proud of              | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (5) Sometimes I feel I am very useless                   | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (6) Sometimes I feel I am going nowhere                  | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (7) I see myself with a positive and optimistic attitude | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (8) I think I am a valuable (useful) person              | 1                        | 2     | 3        | 4                    | <input type="checkbox"/>       |
| (9) I am very satisfied with myself.                     | 1                        | 2     | 3        | 4                    | 12-35 <input type="checkbox"/> |

## 5. Smoking and drinking

89. Have you ever smoked a cigarette?  (1) Yes  (2) No **【skip question 90】** 12-63

89-1. How old were you when you first smoked a cigarette? \_\_\_\_\_ years

89-2. Over the past week, how many days did you smoke a cigarette? \_\_\_\_\_ days

89-3. Over the past week, on the days you smoked, how many cigarettes on average did you smoke each day?(including chewing tobacco)

- (01) didn't smoke     (02) 1 or less a day     (03) 2-5 a day     (04) 6-10 a day  
 (05) 11-15 a day     (06) 16-20 a day     (07) 21 or more     (08) quit smoking

90. Have you ever drunk before?  (1) Yes  (2) no **【skip to question 93】** 12-70

90-1. How old were you when you first drank? \_\_\_\_\_ years

90-2. How much did you drink over the past year?

- (1) every day     (2) many times a week     (3) many times a month  
 (4) many times a year or less

91. Over the past week on the days you drank, how much on average did you drink?

| The following count as 1 drink  |   |   |  | The following counts as 2 drinks   |
|---|---|---|--|--|
|  |  |  | <br>350c.c. | <br>600c.c. |

- (1) 1 drink or less     (2) 1-4 drinks     (3) 5-11 drinks     (4) 12-19 drinks     (5) 20 drinks or more

92. Within the past month, how many days did you drink 5 or more drinks?

- (01) 0 days     (02) 1-2 days     (03) 3-5 days     (04) 6-9 days     (05) 10-19 days  
 (06) 20-29 days     (07) all month

## 6. Internet and cell phone usage

93. How much time on average do you spend using the computer to go on the internet every day? (including desktop, laptop)

\_\_\_\_\_ hours \_\_\_\_\_ minutes 12-77

94. How much time on average do you spend using mobile devices( including smart phones and tablets )to go on the internet every day?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

95. Overall, how many people on average do you interact with online every day? \_\_\_\_\_ people<sup>12-85</sup>

( Simple interaction counts, but not including pressing like. )

## 7. Personal growth experience

96. When you were 15, you lived with: **【can choose more than one】**

Mother:  (1) biological mother     (2) step-mother     (3) mother-in-law     (4) mother already passed away

<sup>13-1</sup>

Father:  (1) biological father     (2) step-father     (3) father-in-law     (4) father already passed away

<sup>13-5</sup>

97. When you were 15 years old, besides your parents and siblings, did you live with any of the following people? **【can choose more than one】**

(1) paternal grandparents     (2) maternal grandparents     (3) married uncles     (4) other relatives     (5) none of the above

98. When you were 15 years old, did your father have a full time or part time job? (either at home or outside)

(1) full time     (2) part time     (3) no    **【can choose more than one】**

<sup>13-14</sup>

99. When you were 15 years old, did your mother have a full time or part time job? (either at home or outside)

(1) full time     (2) part time     (3) no    **【can choose more than one】**

<sup>13-17</sup>

100. When you were 15 years old, comparing your family to others, how were your family's living standards?

(1) a lot higher     (2) a little higher     (3) about the same     (4) a little lower     (5) a lot lower

101. While you were growing up, has your family had to go around borrowing a lot of money to pay for tuition?

(1) yes     (2) no

102. While you were growing up, how was your parents' relationship?

(1) really good     (2) good     (3) normal     (4) bad     (5) very bad

102-1. Did your parents often have conflicts?

(1) Often     (2) Sometimes     (3) Rarely     (4) Don't know

### Relationship between you and your parents

103. As you were growing up, how was the relationship between you and your parents?

With your mom:  (1) Very good     (2) Good     (3) Normal     (4) Not very good     (5) Not good

<sup>13-24</sup>

With your dad:  (1) Very good     (2) Good     (3) Normal     (4) Not very good     (5) Not good

104. When you were 15 years old, how were the interactions between you and your parents?

(1) They know your daily whereabouts

Mother:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

Father:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

(2) For the same matter, sometimes they punish you and sometimes they don't punish you

Mother:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

Father:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

(3) They will use a stick, cane, belt, or hand to hit you

Mother:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

Father:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

13-31

(4) Before deciding on issues related to you, they will ask your opinion first

Mother:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

Father:  (1) always  (2) often  (3) half of the time  (4) occasionally  (5) No

105. The following statements are about your parents. How much do you agree?

(1) They trust me a lot

Mother:  (1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

Father:  (1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

(2) They care about me a lot

Mother:  (1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

Father:  (1) Strongly agree  (2) Agree  (3) Disagree  (4) Strongly disagree

13-37



|  |   |   |
|--|---|---|
| (Whether or not you have a job now)Over the past year, how much did you earn in total? |   | 13-66 <input type="text"/> |
| My own family monthly approximate income   | <input type="checkbox"/> (01) less than 10,000 <input type="checkbox"/> (02) 10,000~14,999 <input type="checkbox"/> (03) 15,000~19,999<br><input type="checkbox"/> (04) 20,000~29,999 <input type="checkbox"/> (05) 30,000~39,999 <input type="checkbox"/> (06) 40,000~49,999<br><input type="checkbox"/> (07) 50,000~59,999 <input type="checkbox"/> (08) 60,000~69,999 <input type="checkbox"/> (09) 70,000~79,999<br><input type="checkbox"/> (10) 80,000~89,999 <input type="checkbox"/> (11) 90,000~99,999 <input type="checkbox"/> (12) 100,000~109,999<br><input type="checkbox"/> (13) 110,000~119,999 <input type="checkbox"/> (14) 120,000~129,999 <input type="checkbox"/> (15) 130,000~139,999<br><input type="checkbox"/> (16) 140,000~149,999 <input type="checkbox"/> (17) 150,000~199,999 <input type="checkbox"/> (18) above 200,000 | <input type="text"/> <input type="text"/>   |
|  | Address   | 13-76 <input type="text"/> <input type="text"/> <input type="text"/>  |
| TEL  |   |   |
| E-mail   |   |   |

Thank you for your answers, please continue to fill in the self-administered questionnaire!

# Supervising Interviewer Notes:

## A. Interview notes

1. Interviewer number: \_\_\_\_\_

2. During official visits, was the interview completed in one visit?

- (1) Yes       (2) No, interviewed twice or more

2-1. First interview: ROC \_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Start time: \_\_\_\_ hour \_\_\_\_ mins

End time: \_\_\_\_ hour \_\_\_\_ mins ( 24 hour format )

2-2. Second interview: ROC \_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Start time: \_\_\_\_ hour \_\_\_\_ mins

End time: \_\_\_\_ hour \_\_\_\_ mins ( 24 hour format )

3. During the official visit, the questionnaire is:

- (1) Filled by the interviewer  
 (2) Self-filled by respondents  
 (3) By Translators  
 (4) Other, please specify \_\_\_\_\_

4. During the interview, did the respondent say that they refused to interview?

- (1) At the beginning, wanted to refuse  
 (2) Wanted to refuse during the interview  
 (3) Wanted to refuse at the end of the interview  
 (4) Wanted to refuse several times from the beginning to the end  
 (5) Did not indicate refusal from the beginning to the end

5. During the visit, did the interviewee express impatience?

- (1) Never expressed impatience       (2) Occasionally expressed impatience  
 (3) Sometimes impatient       (4) Continuously impatient

6. During the interview, how was the level of trust towards the interviewer?

- (1) Very low       (2) Low       (3) High       (4) Very high

7. Did the respondent seem like perfunctory?

- (1) For the most part       (2) Some of the time  
 (3) Did not seem like it       (4) Not at all

8. Interviewee cooperation level:

- (1) Very cooperative       (2) cooperative       (3) uncooperative       (4) very uncooperative

9. Degree of reliability of the interview:

- (1)very reliable       (2)reliable       (3)unreliable       (4)very unreliable

10. Language used for the visit:

- (1)Mandarin     (2)Taiwanese     (3)Hakka     (4) Mandarin and Taiwanese  
 (5) Mandarin and Hakka     (6)Other \_\_\_\_\_

11. Were you alone during the interview?

- (1)Yes       (2)No

## **C. Supervisor record**

1..Date questionnaire was received:ROC \_\_\_\_year \_\_\_\_ month\_\_ day

2.Questionnaire status:  (1) Complete  (2) Returned to interviewer (skip to question 2-1)

(3) Submitted to supervisor (skip to question 2-2)

2-1. How many questions are re-asked by interviewer? \_\_\_\_\_ , completed after \_\_\_\_\_ days.

2-2. How many questions are re-asked by supervisor? \_\_\_\_\_ , completed after \_\_\_\_\_ days.

3. Inspection date: \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

4. Completion date: \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

5. Date recorded: \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

6. Review date: \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

TYP Questionnaire Return Date: ROC \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

TYP Confirmation Date: ROC \_\_\_\_year \_\_\_\_ month \_\_\_\_ day

## Teenager growth process and life experience

TYP 2015\_Questionnaire

Dear young friends,

Hello! This questionnaire aims to research marriage, emotion life experience, and values of the youth during their early adulthood. What you answered will be our most precious materials, and will make this study more complete and full.

We will never publish anything about your privacy, and won't cause any troubles to you. We will deal with the sensitive data anonymously. Please feel free to tell us your experiences, feelings and thoughts. Sincerely thank you very much. After you have completed the questionnaire, please seal this questionnaire. The investigative journalist will not see any content and information about your answers.

Thank you!

Best wishes!

Institute of Sociology, Academia Sinica

Taiwan Teenager Plan Team

2015. 11

Name: \_\_\_\_\_

Questionnaire inspectors: \_\_\_\_\_

Questionnaire chronicler: \_\_\_\_\_

Executable unit: Academia Sinica sociology

research institution **Taiwan Youth Project**

Address: 115 Taipei Nangang district research

institute road second block No.128 R1025

In order to understand more about young people's life experience, now we want to ask you questions about your sexual behavior.

Please answer truthfully; your privacy will absolutely be protected.

After you answered the questions, please seal the questionnaire, the investigative journalist will not see any of your answers.

1. How much do you agree with the following statements regarding someone who is unmarried? **【Please circle】**

很同意      有點同意      有點不同意      很不同意

- |  |   |   |   |   |   |   |                              |
|--|---|---|---|---|---|---|------------------------------|
| (1) If two people have strong feelings and are attracted (mutually) to each other, it is acceptable to kiss before marriage.                         | 1 | 2 | 3 | 4 | 5 | 6 | 1-7 <input type="checkbox"/> |
| (2) If two people have strong feelings and are attracted (mutually) to each other, It is acceptable for heavy petting before marriage.               | 1 | 2 | 3 | 4 | 5 | 6 | <input type="checkbox"/>     |
| (3) If two people have strong feelings and are attracted (mutually) to each other, it is acceptable to engage in sexual intercourse before marriage. | 1 | 2 | 3 | 4 | 5 | 6 | <input type="checkbox"/>     |
| (4) I don't care whether my future husband/wife is a virgin or not.  | 1 | 2 | 3 | 4 | 5 | 6 | <input type="checkbox"/>     |
| (5) I don't mind dating the same sex.  | 1 | 2 | 3 | 4 | 5 | 6 | <input type="checkbox"/>     |
| (6) I don't mind dating married people.  | 1 | 2 | 3 | 4 | 5 | 6 | <input type="checkbox"/>     |

2. How old were you the first time you had sex? \_\_\_\_\_ years 1-13

2-1. Approximately when was that? ROC \_\_\_\_\_ year \_\_\_\_\_ month

2-2. How many people have you had sex with? \_\_\_\_\_ people 1-20

2-3. Were the people you have had sex with all your boy/girlfriends at the time?

(1) yes       (2) No

Please turn the page to question 3.

Please answer the following questions according to the **first person that you had sex with.**

3. How old was the person with whom you had your first sexual experience? \_\_\_\_\_ years 1-23

3-1. What is his/her gender?

(1) Male  (2) Female

4. How did you first meet each other? **【can choose more than one】**

(01) same class  (02) same school  (03) clubs/organizations or activities off campus  (04) interschool activities  (05) family-in-law or distant relatives  (06) through family members  (07) cram school  (08) workplace  (09) online  (10) through friends  (11) neighbors  (12) dating website  (13) professional matchmaker  (14) sex trade **【skip to question 6】**  (15) other,

please specify: \_\_\_\_\_

4-1. How long had you been dating each other when you first had sex? \_\_\_\_ years \_\_\_\_ months

**【Please fill in 0 year 1 month if you have been dating for less than 1 month; please fill in 0 year if you have been dating for less than 1 year; please fill in 1 year 0 month if you have been dating for exactly 1 year.】**

5. What was his/her education level **at that time?** 1-32

(01) elementary school or below  (02) elementary school  (03) junior high school  (04) senior high school  (05) vocational high school  (06) five-year junior college program  (07) 2-year junior college program  (08) four-year technical program  (09) 2-year technical program  (10) University  (11) Masters  (12) PhD  (13) Other: \_\_\_\_\_  (97) Don't know

6. When you first had sex, were you ever threatened or physically or verbally pressured to have sex?

(1) Yes  (2) No

7. Did you use any birth control methods when you first had sex?

(1) Yes  (2) No

8. If you were in a relationship, how long had you been together?

(1) Weren't in a relationship

(2) He/she is my spouse

(3) Were dating, but he/she is not my spouse **【continue to answer 8-1 & 8-2.】**

8-1. Since: from ROC \_\_\_\_ year \_\_\_\_ month, dated \_\_\_\_ years \_\_\_\_ months in total

8-2. Are you still dating?  (1) Yes  (2) No

【Within a month fill 0 years 0 months, less than one year fill 0 years, exactly 1 year fill 1 year 0 months.】

1-37       1-43

The following questions are about your spouse.

9. Which number boyfriend/girlfriend is your spouse? number \_\_\_\_\_ 1-48

10. When did you start dating him/her?

Started dating since ROC \_\_\_\_\_ year \_\_\_\_\_ month

11. Did you cohabit before you got married? 【「Cohabit」 refers to having living experiences together】

(1) Yes  (2) No 【skip to question 12】

11-1. How long did you cohabit? 1-56      1-61

Started from ROC \_\_\_\_\_ year \_\_\_\_\_ month, cohabited a total of \_\_\_\_\_ years \_\_\_\_\_ months

【Within a month fill 0 years 0 months, less than one year fill 0 years, exactly 1 year fill 1 year 0 months.】

12. Over the past year, do you and your spouse often have sex? 1-65

(01) Never  (02) Several times a week  
 (03) Once a week  (04) 2 or 3 times a month  
 (05) Once a month  (06) Several times a year  (07) Once a year

13. In your marriage, have you ever been threatened or physically or verbally pressured to have sex with your spouse?

(1) Yes  (2) No

14. Do you use condoms or other contraceptives?

(1) Yes, every time  (2) Usually  (3) Not usually  (4) Never

15. Are you satisfied with your sex life with your spouse?

(1) Very satisfied  (2) Satisfied  (3) Unsatisfied  (4) Very unsatisfied

16. Do you feel happy in your marriage situation? 2-1

(1) Very happy  (2) Pretty happy  
 (3) Pretty unhappy  (4) Very unhappy

17. Compared with other couples, how well do you and your spouse get along?

(1) A lot better  (2) A little better  (3) About the same  (4) A little worse  (5) A lot worse

18. Overall, are you satisfied with your relationship with your spouse?

(1) Very satisfied    (2) Satisfied    (3) Unsatisfied    (4) Very unsatisfied

19. Over the past year, have you and your spouse had conflicts (disagreements) regarding the following?

|  | Very often | sometimes |   |   | Not at all | N/A |                               |
|--|------------|-----------|---|---|------------|-----|-------------------------------|
| (1) Household chores                         | 1          | 2         | 3 | 4 | 5          | 0   | 2-4 <input type="checkbox"/>  |
| (2) Money, finances                          | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (3) Relationship with the opposite sex       | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (4) Getting along with your parents          | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (5) Getting along with your spouse's parents | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (6) Problems with raising children           | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (7) Having children                          | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (8) Work                                     | 1          | 2         | 3 | 4 | 5          | 0   | <input type="checkbox"/>      |
| (9) Playing video games or using cell phone  | 1          | 2         | 3 | 4 | 5          | 0   | 2-12 <input type="checkbox"/> |

20. What do you do when you and your spouse have different opinions? **【can choose more than one】**

- (1) Discuss    (2) cold war    (3) Ignore it    (4) Quarrel   2-17
- (5) fight    (6) have not had serious disagreements

21. It's inevitable that there will be conflicts among family. We would like to ask how well you and your family get along.

In the past year, did your family have the following situations?

**You and your spouse   You and your parents   You and your spouse's parents**

|                               | Yes | No |                               | Yes | No | N/A |                               | Yes | No | N/A |                               |
|-------------------------------|-----|----|-------------------------------|-----|----|-----|-------------------------------|-----|----|-----|-------------------------------|
| (1) Ignore someone (cold war) | 1   | 2  | 2-19 <input type="checkbox"/> | 1   | 2  | 0   | 2-24 <input type="checkbox"/> | 1   | 2  | 0   | 2-29 <input type="checkbox"/> |
| (2) Quarrel                   | 1   | 2  | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      |
| (3) throw things or hit       | 1   | 2  | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      |
| (4) use bad words to curse    | 1   | 2  | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      |
| (5) Someone lets the other    | 1   | 2  | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      |

feel nervous/scared

22. Over the past year, have you seriously thought about getting divorced? 2-34

- (1) Yes    (2) No    (3) Hard to say

23. In all the relationships you've been in (including with your spouse), have you cohabited before marriage?

**【「Cohabit」 refers to having living experiences together】**

(1) Yes → the first time cohabiting started in the year \_\_\_\_\_

2-36

(2) No

24. Have you ever dated 2 or more boy/girlfriends  at the same time ?

(1) Yes     (2) No

24-1. How many was the most boy/girlfriends you dated  at the same time ? \_\_\_\_\_ people 2-40

**The questionnaire is finished, please seal the questionnaire, thank you very much for your answers.**