

Taiwan Youth Growth Process Research

Questionnaire (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 200NTD convenience store merchandise card. Thank you for your support and help!

Will you accept our visit? ☐Yes ☐No

Please note: \_\_\_\_\_

Date:ROC\_\_\_\_\_year\_\_\_\_\_month\_\_\_\_\_day

Thank you!

Best wishes

From the Institute of Sociology, Academia Sinica  
Taiwan Teenager Plan Team  
2013.11

Name:

Questionnaire inspectors:

Questionnaire chronicler:

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# 1. Employment and school experience

1. Are you currently working?

【Working refers to 15 or more hours a week, more than 4 months, and are paid】

- ☐ (1) Have work, or just found work } **【skip to page 2 question 5】**  
☐ (2) National military/alternative service  
☐ (3) General compulsory service **【skip to page 4 question 28】**

- ☐ (4) No, because:→ ☐ (01) looking, haven' t found work yet  
☐ (02) can' t find work, don' t want to look anymore } **【skip to question 2】**

- ☐ (03) cook, take care of the house  
☐ (04) Studying (full-time student)  
☐ (05) Preparing for exam or to study (full-time student)  
    → a.prepared\_\_\_\_years\_\_\_\_months  
       b.Do you go to tutoring?☐ (1)No ☐ (2)Yes  
☐ (06) don' t want to work  
☐ (07) Other\_\_\_\_\_

**【skip to question 4】**

1-7 ☐ ☐ ☐ 1-10 ☐ ☐ ☐ ☐ ☐ ☐

**Those not working please answer the following:**

2. How long have you been looking for work?\_\_\_\_years\_\_\_\_months 1-15 ☐ ☐ ☐ ☐

3. Which of the following have you used to look for work? **【can choose more than one】**

- ☐ (01) Introduced directly 1-19 ☐  
☐ (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:\_\_\_\_\_

4. If there is a job for you, can you work immediately or not? 1-34 ☐ ☐ ☐

- ☐ (1) Yes  
☐ (2) No, the reason is:  
    ☐ (01) Studying and preparing for further studies  
    ☐ (02) Getting married or having a child

- ☐ (03) Family economic situation is good, do not need to work
- ☐ (04) have to take care of the family
- ☐ (05) poor health or injury
- ☐ (06) waiting to serve the mandatory military service
- ☐ (07) helping with my family's business
- ☐ (08) do not want to work      ☐ (09) other: \_\_\_\_\_

Those who are not currently working but have worked before, skip to question 28. Those who have never worked, skip to question 29.

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

5. When did you start this job? ROC \_\_\_\_ year \_\_\_\_ month    1-37

6. Which of the following matches your current job?

- ☐ (01) Employed in private enterprises/companies
  - ☐ (02) Employed by the government (including professional soldiers
  - ☐ (03) Employed in public enterprises
- } **【skip to question 7】**
- 
- ☐ (04) Self-employed with hired workers
  - ☐ (05) Self-employed with no hired workers
  - ☐ (06) Work in my family's business, and get paid
  - ☐ (07) Work in my family's business, and do not get paid
  - ☐ (08) Substitute military service
- } **【skip to question 8】**

7. What is your work status?   

- ☐ (01) Full-time employee
- ☐ (02) Work through staffing agency
- ☐ (03) Freelancer
- ☐ (04) Full-time employee under contract
- ☐ (05) Temporary, part-time, or hourly-paid employee
- ☐ (06) Domestic OEM
- ☐ (07) Other, please specify: \_\_\_\_\_

8. 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

9. What is the name of your company/agency and what is the main product or service provided by the place you work?\_\_\_\_\_
10. What do you do in your job and what is your job title?\_\_\_\_\_ 1-51
11. Do you need to manage people in your job position? How many people do you manage?  
☐ (01) don't manage people **【skip to question 13】**  
☐ (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
12. Do any of the people you manage manage other people? ☐ (1) yes    ☐ (2) no      1-57
13. 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:\_\_\_\_\_
14. 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

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

16. How **many** hours a week on average do you work in this job, including overtime? \_\_\_\_\_hours

【If you do not have fixed working hours, please reply based on the **previous month**

17. Do you have to work at night or during holidays? 2-16

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

18. How much do you get paid monthly from your current job? Full pay\_\_\_\_\_NT

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

☐ (01)labor insuranace

☐ (02)health insurance

☐ (03)government employees' and schoolstaff' s insuracnce

☐ (04)Employment insurance

☐ (05)year-end stock shares

☐ (06)holiday bonus (for three important Chinese festivals)

☐ (07)Paid sick leave

☐ (08)Paid annual leave

☐ (09)Subsidy for advanced studies/ in-service education

☐ (10)children education subsidy

☐ (11)Dormitory/housing subsidy

☐ (12)Other, please specify:\_\_\_\_\_

☐ (13)none

2-36

20. Do you want to change your job? ☐ (1)Yes ☐ (2)No **【skip to question 22】**

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

☐ (01)Not satisfied with the job

☐ (02)want to change work location

☐ (03)poor health situation

☐ (04)getting married or giving birth

☐ (05)want to start my own business

☐ (06)engaged in further studies

☐ (07)contract ended

☐ (08)recruited to another company

☐ (09)moved away

☐ (10)got laid off

☐ (11)company closed down

☐ (12)found a better job

☐ (13)other:\_\_\_\_\_

22. Where is your current workplace?

\_\_\_\_\_ County/City \_\_\_\_\_ Township/Town/District

2-40 ☐ ☐ ☐

23. 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	2-43 <input type="checkbox"/>
(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	2-51 <input type="checkbox"/>

24. 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

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

25-1. What is his/her gender? ☐ (1)male ☐ (2)female ☐

25-2. What is his/her education level compared to yours? ☐ (1)higher ☐ (2)about the same  
☐ (3)lower ☐

25-3. What is his/her age compared to yours? ☐ (1)higher ☐ (2)about the same  
☐ (3)lower ☐

26. How much do you agree with the following descriptions of your current job?

	Strongly Agree	Agree	Disagree	Strongly disagree	
(1) I am constantly required to learn the latest technology and knowledge	1	2	3	4	2-57 <input type="checkbox"/>
(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"/>

27. Is your current job your first job? ☐ (1)Yes **【skip to question 29】** ☐ (2)No 2-61 ☐

28. What was your first job and your job while married? (A job counts as work that was done for more than four months, 15 hours a week, and was paid.)

	<b>First job</b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No 3-1 <input type="checkbox"/>	<b>Job while married</b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) same as first job, answer below <input type="checkbox"/> (4) same as current job, answer below
28-1. When did you start this job? When did you end this job?	_____ year _____ month ~ _____ year _____ month 3-2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ year _____ month ~ _____ year _____ month 3-38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28-2. Which of the following job positions matches your job?	3-12 <input type="checkbox"/> <input type="checkbox"/>	3-48 <input type="checkbox"/> <input type="checkbox"/>
28-3. What is/was your work status?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
28-4. How many employees are/were there in the company/agency you work/worked in? (Including yourself, workers from your family, and part-time workers)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
28-5. What is/was the main product or service provided by the place you work/worked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28-6. What do/did you do in the job and what is/was your job title?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28-7. Are/were you a manager of other employees? How many employees do/did you manage?	3-25 <input type="checkbox"/> <input type="checkbox"/>	3-61 <input type="checkbox"/> <input type="checkbox"/>
28-8. How many hours on average do/did you work every week? (Including working overtime) _____ hours (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"/>
28-9. How much on average do/did you get paid monthly from your job?	3-30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-66 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

29. Next, we would like to ask about some experiences in the education process.

	<b>Elementary school<sup>4-1</sup></b> <input type="checkbox"/> <input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no	<b>Junior high<sup>4-27</sup></b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<b>High school/vocational school</b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <sup>5-1</sup>	<b>Junior college<sup>5-33</sup></b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<b>University <sup>6-1</sup></b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<b>Masters <sup>6-35</sup></b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<b>PhD <sup>7-1</sup></b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No
29-1. What area is the school where you studied?	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>4-2</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>4-28</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>5-2</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>5-34</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>6-2</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>6-36</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____ County/ city _____ Township/ town/ city/district <sup>7-2</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29-2. Which school and department did you attend?	_____ school <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school _____ department <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school _____ department _____ group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school _____ campus _____ department _____ group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school _____ campus _____ department _____ group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ school _____ campus _____ department _____ group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29-3. Have you completed your studies?	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>4-15</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>4-41</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>5-21</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>5-54</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>6-23</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>6-57</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no <input type="checkbox"/> (3) in school, grade ____ <sup>7-23</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29-4. When did you graduate/ withdraw from	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROC ____ year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



school? (Those currently in school, please fill in estimated graduation date							
29-5. When did you start school?	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>	ROC____year <div>□□□</div>
29-6. Have you transferred schools?	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  4-24<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  4-50<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  5-30<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  5-63<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  6-32<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  6-66<div>□ □□</div> </div>	<div> <input type="checkbox"/> (1) Yes, __times  <input type="checkbox"/> (2) No  7-32<div>□ □□</div> </div>

## 2. Marital situation: please answer all of the following questions

30. How did you meet your current spouse?

7-35 ☐

☐ (1) Blind date

☐ (2) introduced by someone

☐ (3) met myself **【skip to question 30-2】**

30-1. Who set up the blind date or introduced you for the first time? **【after answering, skip to question 31】** ☐☐

☐ (01) sibling or cousin

☐ (02) parents or other relatives

☐ (03) Friend or class-mate

☐ (04) neighbor or other elder

☐ (05) co-worker

☐ (06) matchmaker or wedding club ☐ (07) other, please specify: \_\_\_\_\_

→ 30-2. Where did you meet your spouse?

7-38 ☐ ☐☐ ☐☐☐

☐ (1) Live in the same place

☐ (2) Met at school.

What was the earliest time?

☐ (01) kindergarten ☐ (02) elementary school ☐ (03) middle school

☐ (04) high school/vocational school ☐ (05) Junior college:

☐ (06) University

☐ (07) Masters/PhD

☐ (3) Met at the workplace. During which job? **【can choose more than one】**

☐ (01) first job ☐ (02) job when we got married ☐ (03) current job

☐ (04) other \_\_\_\_\_

☐ (4) At family-related meeting place

☐ (5) At another place, please specify: \_\_\_\_\_

31. Which of his/her qualities is the most attractive to you? **【choose one】**

7-45 ☐

☐ (1) Values, similar interests ☐ (2) Appearance ☐ (3) Family background ☐ (4) Economic ability ☐ (5) Personality ☐ (6) Other, please specify: \_\_\_\_\_

32. When did you get married? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

7-46 ☐☐☐ ☐

☐ ☐☐

33. Who was your marriage mostly decided by?

7-53 ☐☐

☐ (01) We decided together

☐ (02) Spouse decided

☐ (03) I decided

☐ (04) Spouse's parents

☐ (05) My parent's

☐ (06) Both parents

☐ (07) Other, please specify: \_\_\_\_\_

34. Is this your first marriage? ☐ (1) Yes **【skip to question 36】** ☐ (2) No

☐

35. In your first marriage:

35-1. When was your first marriage? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

35-2. Do you think you got married early? ☐ (1) Yes ☐ (2) No

7-63 ☐

35-3. When did your first marriage end? ROC \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

35-4. Why did your first marriage end? ☐ (1) Widowed ☐ (2) Divorced ☐ (3) Other, please specify: \_\_\_\_\_

7-71 ☐

36. The following are about marriage attitudes. Do you agree with the following views?

Strongly                      Strongly  
Agree   Agree   Disagree   Disagree

- (1) When choosing a partner, the husband should be older than the wife.      1      2      3      4      ■      8-1 ☐
- (2) When choosing a partner, the husband's education level should be higher than the wife's.      1      2      3      4      ■      ☐
- (3) It is fine if a couple lives together even if they don't plan to get married.      1      2      3      4      ■      ☐
- (4) You don't have to have children after you get married.      1      2      3      4      ■      ☐
- (5) If a couple cannot resolve marriage problems, they can get divorced.      1      2      3      4      ■      ☐
- (6) Even if they have children, when a couple's relationship is broken, they can get divorced.      1      2      3      4      ■      ☐
- (7) When a couple wants to get divorced, they should wait until after their children grow up to get divorced.      1      2      3      4      ■      ☐
- (8) Even if the relationship is bad, it is better than getting divorced.      1      2      3      4      ■      ☐
- (9) Even if the relationship is bad, it is better than not getting married.      1      2      3      4      ■      8-9 ☐

37. How many children would be most ideal for you to have?

37-1. I think \_\_\_\_\_ children would be most ideal. **【if 0, skip to question 38】** ☐

37-2. Of these, ☐ (1) \_\_\_\_\_ boys, \_\_\_\_\_ girls      8-12 ☐ ☐ ☐ ☐

☐ (2) boys or girls are fine

38. Have you ever been a father or a mother? ☐ (1) Yes      ☐ (2) No **【skip to question 39】**

8-17 ☐

38-1. How many children do you have? \_\_\_\_\_ boys, \_\_\_\_\_ girls      ☐ ☐

	Gender	Date of birth	Biological or adopted
1 <sup>st</sup> child	<input type="checkbox"/> ① boy <input type="checkbox"/> ② girl	ROC      year month	<input type="checkbox"/> ① biological <input type="checkbox"/> ② adopted <input type="checkbox"/> ③ other _____

8-20 ☐ ☐ ☐ ☐ ☐ ☐

2 <sup>nd</sup> child	<input type="checkbox"/> ①boy <input type="checkbox"/> ②girl	ROC      year month	<input type="checkbox"/> ①biological <input type="checkbox"/> ②adopted <input type="checkbox"/> ③other_____	8-27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 <sup>rd</sup> child	<input type="checkbox"/> ①boy <input type="checkbox"/> ②girl	ROC      year month	<input type="checkbox"/> ①biological <input type="checkbox"/> ②adopted <input type="checkbox"/> ③other_____	8-34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 <sup>th</sup> child	<input type="checkbox"/> ①boy <input type="checkbox"/> ②girl	ROC      year month	<input type="checkbox"/> ①biological <input type="checkbox"/> ②adopted <input type="checkbox"/> ③other_____	8-41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

38-2. Do you want to have more children?      ☐ (1)Yes      ☐ (2)No      8-48 ☐

39. If you/your wife had given birth to two daughters, but had not yet had a son, would you want to continue to have children?      8-49 ☐

☐ (1)yes      ☐ (2)no **【skip to question 40】**

39-1. Until when would you continue to have children?      ☐ ☐ ☐

☐ (1) Until we have a son

☐ (2) Until we have our \_\_\_\_\_ daughter

☐ (3) Depends

40. Here are some reasons people often mention for getting married. Please tell me how important these reasons are to you.

Very    Pretty    Pretty    Completely  
Important   important   unimportant   unimportant

(1) Life will not be lonely if you get married.      1      2      3      4      8-53 ☐

(2) Marriage makes people feel more stable.      1      2      3      4      ☐

(3) You can have your own home if you get married.      1      2      3      4      ☐

(4) You will not be gossiped about if you get married.      1      2      3      4      ☐

married.

(5) You can have children after you get married.      1      2      3      4      ☐

(6) You can become a normal adult after you get married.      1      2      3      4      ☐

married.

(7) Marriage is to make your parents feel relieved (or happy).      1      2      3      4      ☐

(8) Marriage lets people have a proper sex life.      1      2      3      4      8-60 ☐

41. Do you do the following activities together as a couple? (May choose more than one)

- ☐ (1) Take a walk    ☐ (2) Chat with each other    ☐ (3) Go outside for leisure activities  
☐ (4) Discuss family issues    ☐ (5) Basically don't do anything together

42. When you are talking as a couple, will you talk about the following things? (May choose more than one)

- ☐ (1) Children    ☐ (2) Family issues    ☐ (3) Work    ☐ ☐ ☐  
☐ (4) Politics    ☐ (5) Barely discuss things    ☐ ☐

43. Comparing with most couples, how is the relationship between you and your spouse?

- ☐ (1) A lot better    ☐ (2) Better    ☐ (3) About the same    ☐ (4) Worse    ☐ (5) A lot worse

44. In general, when you two are talking...

- ☐ (1) I talk all the time    ☐ (2) I talk more than him/her    ☐ (3) About the same  
☐ (4) He/she talks more than me    ☐ (5) He/she talks all the time

45. For your family's daily spending, who is responsible for managing it?

8-73 ☐

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

46. In general, how does he/she treat you when you chat or do things with your spouse?

Always    Sometimes    Never

- |   | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |   |
|---|---|---|---|---|---|---|---|---|
| (1) Will ask your views on important issues     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9-1 <input type="checkbox"/> <input type="checkbox"/> |
| (2) Listens carefully to your opinions or ideas | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <input type="checkbox"/> <input type="checkbox"/>     |
| (3) Shows support and understanding of you      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <input type="checkbox"/> <input type="checkbox"/>     |

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

- ☐ (1) Discuss    ☐ (2) cold war    ☐ (3) leave him/her alone    ☐ (4) quarrel    9-7 ☐ ☐ ☐ ☐  
☐ (5) fight    ☐ (6) have not had serious differing opinions    9-11 ☐ ☐

48. It is inevitable that families will get into conflicts, we would like to ask about the situation of your family.

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

Between you and your spouse

Between your parents

Between you and your spouse's parents

- |                                | Yes | No |                               | Yes | No | N/A |                               | Yes | No | N/A |                               |
|--------------------------------|-----|----|-------------------------------|-----|----|-----|-------------------------------|-----|----|-----|-------------------------------|
| (1) Ignore someone (cold war)  | 1   | 2  | 9-13 <input type="checkbox"/> | 1   | 2  | 0   | 9-18 <input type="checkbox"/> | 1   | 2  | 0   | 9-23 <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 fight (hit | 1   | 2  | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      | 1   | 2  | 0   | <input type="checkbox"/>      |

Someone)

(4)Use very bad words to scold 1 2 ☐ 1 2 0 ☐ 1 2 0 ☐  
 (5)One side makes others 1 2 9-17 ☐ 1 2 0 9-22 ☐ 1 2 0 9-27 ☐  
 nervous/scared

### 3. Family relationships: Please answer all the questions

49. How is your biological parents' current situation?

	Biological father	Biological mother
<b>Health</b>	<input type="checkbox"/> (1)Healthy <input type="checkbox"/> (2)Already died, when I was _____ years old. Died of illness: <input type="checkbox"/> ①Yes <input type="checkbox"/> ②No <input type="checkbox"/> ③Don't know <input type="checkbox"/> (7)Don't know	<input type="checkbox"/> (1)Healthy <input type="checkbox"/> (2)Already died, when I was _____ years old. Died of illness: <input type="checkbox"/> ①Yes <input type="checkbox"/> ②No <input type="checkbox"/> ③Don't know <input type="checkbox"/> (7)Don't know
<b>49-1. Divorced</b>	<input type="checkbox"/> (1)NO <input type="checkbox"/> (2)Yes, when I was _____ years old <input type="checkbox"/> (7)Don't know	<input type="checkbox"/> (7)Don't know
<b>49-2. Remarried</b>	<input type="checkbox"/> (1)NO <input type="checkbox"/> (2)Yes, when I was _____ years old <input type="checkbox"/> (7)Don't know	<input type="checkbox"/> (1)Yes <input type="checkbox"/> (2)Yes, when I was _____ years old <input type="checkbox"/> (7)Don't know

9-28 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9-36 ☐ ☐ ☐

9-39 ☐ ☐ ☐ ☐ ☐ ☐

50. in the past year, how was the communication between you and your parents?

50-1. How far do they live?	A Father		(01)Live together (02)Next door, same building, same lane or neighborhood (03)Within 15 minute walk (04)Within 30 minute drive (05)30 minute-1 hour drive (06)more than 1 hour drive (07) Overseas (00)N/A (already passed away or no such person)	9-45 <input type="checkbox"/> <input type="checkbox"/>
	B Mother			<input type="checkbox"/> <input type="checkbox"/>
	C Stepfather			<input type="checkbox"/> <input type="checkbox"/>
	D Stepmother			<input type="checkbox"/> <input type="checkbox"/>
50-2. In the past year, how often did you see each other?	A Father		(01)Almost every day (02)3-4 times a week (03)1-2 times a week (04)1-3 times a month (05)Once every 2-3 months (06)A total of 1 or 2 times	9-53 <input type="checkbox"/> <input type="checkbox"/>
	B Mother			<input type="checkbox"/> <input type="checkbox"/>
	C Stepfather			<input type="checkbox"/> <input type="checkbox"/>
	D Stepmother			<input type="checkbox"/> <input type="checkbox"/>
50-3. In the past year, how often do you contact each other?	A Father		(01)Almost every day (02)3-4 times a week (03)1-2 times a week (04)1-3 times a month	9-61 <input type="checkbox"/> <input type="checkbox"/>
	B Mother			<input type="checkbox"/> <input type="checkbox"/>
	C Stepfather			<input type="checkbox"/> <input type="checkbox"/>

(With telephone, MSN, Video call, email)	D Stepmother		(05)Once every 2-3 months (06)A total of 1 or 2 times (07)Never met	<input type="checkbox"/> <input type="checkbox"/>
50-4. In the past year, how often do you usually eat with your parents?	A Father		(01)Almost every day	9-69 <input type="checkbox"/> <input type="checkbox"/>
	B Mother		(02)3-4 times a week (03)1-2 times a week	<input type="checkbox"/> <input type="checkbox"/>
	C Stepfather		(04)1-3 times a month (05)Once every 2-3 months	<input type="checkbox"/> <input type="checkbox"/>
	D Stepmother		(06)A total of 1 or 2 times	9-75 <input type="checkbox"/> <input type="checkbox"/>

51. Including yourself, the total number of family members who currently live together with you is \_\_\_\_\_ people **【if answered 1, please skip to question 56】** 10-1 ☐☐

**【Living together means half the year living together, or more than 4 days a week.】**

52. Which family members do you currently live with? **【can choose more than one】**

- ☐ (01) Biological father    ☐ (02) stepfather    ☐ (03) adoptive father    10-3 ☐☐☐  
☐ (04) biological mother    ☐ (05) stepmother    ☐ (06) adoptive mother    ☐☐☐  
☐ (07) spouse's father    ☐ (08) spouse's mother    ☐☐  
☐ (09) spouse    10-11 ☐  
☐ (10) \_\_\_\_\_ sons    ☐ (11) \_\_\_\_\_ daughters    ☐☐☐☐  
☐ (12) \_\_\_\_\_ older brothers(\_\_\_\_ married)    ☐ (13) \_\_\_\_\_ older sisters(\_\_\_\_ married)  
☐ (14) \_\_\_\_\_ younger brothers(\_\_\_\_ married)    ☐ (15) \_\_\_\_\_ younger sisters(\_\_\_\_ married)  
☐ (16) \_\_\_\_\_ brothers' spouses    ☐ (17) \_\_\_\_\_ sisters' spouses    10-28 ☐☐☐☐  
☐ (18) \_\_\_\_\_ brothers' children    ☐ (19) \_\_\_\_\_ sisters' children    ☐☐☐☐  
☐ (20) paternal grandfather    ☐ (21) paternal grandmother    ☐ (22) maternal grandfather  
☐ (23) maternal grandmother    ☐☐☐☐  
☐ (24) \_\_\_\_\_ spouse's older brothers(\_\_\_\_ married)  
☐ (25) spouse's older sisters(\_\_\_\_ married)    10-40 ☐☐☐☐☐☐  
☐ (26) spouse's younger brothers(\_\_\_\_ married)  
☐ (27) spouse's younger sisters(\_\_\_\_ married)    ☐☐☐☐☐☐  
☐ (28) spouse's paternal grandfather    ☐ (29) spouse's paternal grandmother  
☐ (30) spouse's maternal grandfather    ☐ (31) spouse's maternal grandmother    10-52 ☐☐☐☐  
☐ (32) Other relatives, please list: \_\_\_\_\_    ☐ (33) Others, please list: \_\_\_\_\_

10-56 ☐☐

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

53. What is the main reason why you are currently living with them? **【choose one】** ☐

- ☐ (1) Parents want me to live with them    ☐ (2) can save money  
☐ (3) Parents can take care of me    ☐ (4) I can take care of parents

☐ (5) Other reason, please describe: \_\_\_\_\_

54. Do you want to live separately from them? ☐

☐ (1) Not at all

☐ (2) Not really

☐ (3) Kind of want to

☐ (4) Really want to

55. Where do you currently live? \_\_\_\_\_

County/city \_\_\_\_\_ township/town/district

☐ ☐ ☐

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

	Very Satisfied	Pretty Satisfied	Not very Satisfied	Very Unsatisfied	N/A	
(1) You and your father	1	2	3	4	0	10-63 <input type="checkbox"/>
(2) You and your mother	1	2	3	4	0	<input type="checkbox"/>
(3) Your parents	1	2	3	4	0	<input type="checkbox"/>
(4) You and your siblings	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	10-68 <input type="checkbox"/>

57. Over the past year, how do you and your parents get along? **【Please circle. If parent has already passed away, please circle N/A.】**

	<u>Mother</u>						<u>Father</u>					
	Often	Sometimes		Not often	Never	N/A	Often	Sometimes		Not often	Never	N/A
(1)Understand and affirm your ideas	1	2	3	4	0	10-69 <input type="checkbox"/>	1	2	3	4	0	11-1 <input type="checkbox"/>
(2)Care about you	1	2	3	4	0	<input type="checkbox"/>	1	2	3	4	0	<input type="checkbox"/>
(3) <b>Helps</b> you when you have problems in your daily life or <b>gives</b> you financial support												
(4)Provide problem solving experience for your reference	1	2	3	4	0	<input type="checkbox"/>	1	2	3	4	0	<input type="checkbox"/>
(5)Show no interest in you	1	2	3	4	0	<input type="checkbox"/>	1	2	3	4	0	<input type="checkbox"/>
(6)Criticize or scold you	1	2	3	4	0	<input type="checkbox"/>	1	2	3	4	0	<input type="checkbox"/>
(7)Nags at you all the time	1	2	3	4	0	<input type="checkbox"/>	1	2	3	4	0	<input type="checkbox"/>
(8)Has conflicts with you, tension between you two	1	2	3	4	0	10-76 <input type="checkbox"/>	1	2	3	4	0	11-8 <input type="checkbox"/>

58. Are you happy when you are with your mother and father?

Mother: ☐ (1) very happy ☐ (2) pretty happy ☐ (3) pretty unhappy ☐ (4) very unhappy



☐ (0) N/A

11-9 ☐

Father: ☐ (1) very happy ☐ (2) pretty happy ☐ (3) pretty unhappy ☐ (4) very unhappy

☐ (0) N/A

☐

59. For the issues you don't want others to know about, how much will you let your mother and father know?

Mother: ☐ (1) A lot ☐ (2) A fair amount ☐ (3) Not much ☐ (4) Don't let them know

☐ (0) N/A

☐

Father: ☐ (1) A lot ☐ (2) A fair amount ☐ (3) Not much ☐ (4) Don't let them know

☐ (0) N/A

☐

60. Over the past two years, how often did you and your paternal grandparents see each other?

**【Answer according to who you currently contact with most often】**

11-13 ☐ ☐

☐ (01) Live together

☐ (02) Almost every day

☐ (03) Once or twice a week

☐ (04) One to three times a month

☐ (05) Once every two to three months

☐ (06) Once or twice a year

☐ (07) Haven't seen each other

☐ (00) N/A (All passed away)

61. How close are you with your paternal grandparents? **【Regardless if your grandparents are still alive, if you have interacted with them you can use this experience】**

☐

☐ (1) Very close ☐ (2) Close ☐ (3) Pretty close ☐ (4) Not very close ☐ (5) Not close

☐ (0) Have never interacted with them

62. Over the past two years, how often did you and your maternal grandparents see each other?

**【Answer according to who you currently contact with most often】**

☐ ☐

☐ (01) Live together ☐ (02) Almost every day ☐ (03) Once or twice a week

☐ (04) One to three times a month ☐ (05) Once every two to three months

☐ (06) Once or twice a year ☐ (07) Haven't seen each other

☐ (00) N/A (All passed away)

63. How close are you with your maternal grandparents? **【Regardless if your grandparents are still alive, if you have interacted with them you can use this experience】**

☐ (1) Very close ☐ (2) Close ☐ (3) Pretty close ☐ (4) Not very close ☐ (5) Not close

☐ (0) Have never interacted with them

64. How much do you agree with the following are about you and your parents and siblings (family)? **【please circle】**

	<b><u>Strongly</u> Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b><u>Strongly</u> Disagree</b>	
(1)My family discusses with each other before making a decision	1	2	3	4	11-19 <input type="checkbox"/>
(2)Every family member participates in family activities	1	2	3	4	<input type="checkbox"/>
(3)I can get comfort from my family when I experience setbacks in life	1	2	3	4	<input type="checkbox"/>
(4)I can rely on my family when I need help or advice	1	2	3	4	<input type="checkbox"/>
(5)My family members are difficult to get along with.	1	2	3	4	<input type="checkbox"/>
(6)The atmosphere in my home is not so good.	1	2	3	4	<input type="checkbox"/>
(7)Family members cannot talk with each other about worries	1	2	3	4	11-25 <input type="checkbox"/>

65. 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 trouble making ends meet, it is the responsibility for their children to support them financially. ☐  
☐ (1)Strongly agree ☐ (2)Agree ☐ (3)Disagree ☐ (4)Strongly disagree

66. How important to you are the following statements about the relationship between parents and children?

	<b><u>Definitely</u> Unimportant</b>	<b><u>Very</u></b>			<b><u>Very</u></b>	<b><u>Definitely</u> Important</b>	
(1)Children should always be grateful for their parents' parenting	1	2	3	4	5	6	11-28 <input type="checkbox"/>
(2)No matter how badly the parents treated their children, children should still treat their parents nicely	1	2	3	4	5	6	<input type="checkbox"/>
(3)To achieve their parents' dream, children should give up their personal ambition.	1	2	3	4	5	6	<input type="checkbox"/>
(4)Sons should live with their parents after getting married.	1	2	3	4	5	6	<input type="checkbox"/>
(5)Children should take care of their parents to make their life better	1	2	3	4	5	6	<input type="checkbox"/>

- (6) To carry on the family name, it is necessary for a family to have at least a baby boy. 1 2 3 4 5 6 ☐
- (7) Daughters should visit their parents frequently after getting married. 1 2 3 4 5 6 ☐
- (8) Daughters should still support their parents financially after getting married. 1 2 3 4 5 6 11-35 ☐

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

- |  | Strongly Agree |   | Strongly Disagree |   |                                |
|--|----------------|---|-------------------|---|--------------------------------|
| (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) Career women can have a warm and stable relationship with the children just like housewives.                                   | 1              | 2 | 3                 | 4 | <input type="checkbox"/>       |
| (7) If there is conflict between work and family, the wife should choose family prior to work.                                     | 1              | 2 | 3                 | 4 | 11-42 <input type="checkbox"/> |

68. In the past week, did you experience any of the following symptoms? If so, how severe were they? (Please circle the answer)

- |   | No | Mild | Moderate | Serious | Very serious |                                |
|---|----|------|----------|---------|--------------|--------------------------------|
| (1) Headache  | 1  | 2    | 3        | 4       | 5            | 11-43 <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            | 11-48 <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            | 11-53 <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	<input type="checkbox"/>
(15)Yelling, screaming, or throwing things	1	2	3	4	5	<input type="checkbox"/>
(16)Not wanting to live anymore	1	2	3	4	5	11-58 <input type="checkbox"/>

69. How is your health condition in the recent two weeks? ☐

☐ (1)Very poor ☐ (2)Poor ☐ (3)Fair ☐ (4)Good ☐ (5)Excellent

70. 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

71. In general, are you happy lately? ☐

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

72. What is your religion?

☐ (01)No special religion **【skip to question 74】** ☐ (02)Folk religions ☐ (03)Buddhism

☐ (04)Taoism ☐ (05)I-Kuan Tao ☐ (06)Catholic ☐ (07)Christianity:\_\_\_\_\_

denomination ☐ (08)Islam ☐ (09)Other, please state:\_\_\_\_\_

73. Over the past year, how often do you go to temple or church? **【participating in religious activities】** 11-64 ☐ ☐

☐ (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

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

	Strongly <u>Agree</u>	Agree	Disagree	Strongly 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"/>

75. No matter if 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

76. In the past year, did any of the following happen? Did it affect you a lot?

	No	Yes, no affect	Yes, a little affect	Yes, some affect	Yes, big affect	
(1) I got a promotion	1	2	3	4	5	12-1 <input type="checkbox"/>
(2) I got my license	1	2	3	4	5	<input type="checkbox"/>
(3) I got a scholarship	1	2	3	4	5	<input type="checkbox"/>
(4) My partner/I got pregnant	1	2	3	4	5	<input type="checkbox"/>
(5) I got separated/divorced	1	2	3	4	5	<input type="checkbox"/>
(6) I severed ties with a friend	1	2	3	4	5	<input type="checkbox"/>
(7) I didn' t get along well with colleagues/classmates	1	2	3	4	5	<input type="checkbox"/>
(8) I got seriously ill or injured	1	2	3	4	5	<input type="checkbox"/>
(9) My spouse got seriously ill or injured	1	2	3	4	5	<input type="checkbox"/>
(10) My pet died.	1	2	3	4	5	<input type="checkbox"/>
(11) My family' s financial condition got worse	1	2	3	4	5	<input type="checkbox"/>
(12) My parents argued often	1	2	3	4	5	<input type="checkbox"/>
(13) I argued with my parents often	1	2	3	4	5	<input type="checkbox"/>
(14) My parents divorced/separated	1	2	3	4	5	<input type="checkbox"/>
(15) Mom or dad got ill	1	2	3	4	5	<input type="checkbox"/>

(16) A family member passed away 1 2 3 4 5 12-16 ☐

↳ Who passed away? **【May choose more than one】**

☐ (1) Father ☐ (2) Mother ☐ (3) Grandfather (paternal) ☐ (4) grandmother (paternal) ☐ ☐ ☐ ☐

☐ (5) Grandfather (maternal) ☐ (6) Grandmother (maternal) ☐ (7) Other family member, please state: \_\_\_\_\_ 12-21 ☐ ☐ ☐

77. How satisfied are you with the following?

	<u>Very</u> satisfied	Satisfied	Dissatisfied	Very dissatisfied	
(1) Appearance	1	2	3	4	12-24 <input type="checkbox"/>
(2) Body figure	1	2	3	4	<input type="checkbox"/>
(3) Gender	1	2	3	4	<input type="checkbox"/>

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

	<u>Strongly</u> Agree	Disagree	Strongly 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"/>

79. Do you think the following characteristics match your own personality? **【Please circle】**

	<u>Strongly</u> Agree	Neither agree nor disagree	Strongly disagree	
(1) Don't really love to talk	1	2	3	4 5 12-36 <input type="checkbox"/>
(2) Have a lot of sympathy	1	2	3	4 5 <input type="checkbox"/>
(3) Will do things until they are done	1	2	3	4 5 <input type="checkbox"/>
(4) Know how to relax and deal with stress	1	2	3	4 5 <input type="checkbox"/>
(5) Interested in thinking about things	1	2	3	4 5 <input type="checkbox"/>
(6) Extroverted, can communicate w/others	1	2	3	4 5 <input type="checkbox"/>
(7) Tend to pick out people's problems	1	2	3	4 5 <input type="checkbox"/>

(8)Careless	1	2	3	4	5	<input type="checkbox"/>
(9)Get stressed easily	1	2	3	4	5	<input type="checkbox"/>
(10)Not very interested in novel things	1	2	3	4	5	12-45 <input type="checkbox"/>

80. Regarding the description of personal attitudes and traits, do you agree with the following statements? **【Please circle】**

	<u>Agree</u> Disagree		
(1)Sometimes, I give up doing something because I don' t have confidence in myself.	1	2	12-46 <input type="checkbox"/>
(2)Sometimes, I will pretend to escape certain things.	1	2	<input type="checkbox"/>
(3)I don' t care if I see immediate results of my own efforts	1	2	<input type="checkbox"/>
(4)Sometimes, I will take advantage of others	1	2	<input type="checkbox"/>
(5)When I make a mistake, I' m always willing to admit to making the mistake	1	2	<input type="checkbox"/>
(6)Sometimes, I will be jealous and envious of others' good luck	1	2	12-51 <input type="checkbox"/>

## The following questions are about drinking and smoking

81. Over the past week, how many cigarettes did you smoke? ☐

☐ (1)Didn' t smoke   ☐ (2)Less than 1 pack   ☐ (3)1-2packs   ☐ (4)3-4packs   ☐ (5)5-6packs  
☐ (6)7 or more packs

82. How often do you smoke every year?

Age	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
①Didn' t smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
②Less than 5 packs/year (less than 100 cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③5 or more packs/year (more than 101 cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. Over the past month, how often do you drink alcohol? 12-68 ☐  
☐ (1) Didn't drink    ☐ (2) Once or twice    ☐ (3) 3 or 4 times    ☐ (4) 5 or 6 times  
☐ (5) 7 or more times

83-1. How often do you drink 4 alcoholic drinks (cans/bottles) in one day? ☐  
☐ (1) Never    ☐ (2) Won't drink this much now, but did before  
☐ (3) Once a month or less    ☐ (4) Few times a month    ☐ (5) Few times a week  
☐ (6) Every day

84. Do you have to drink because of work or business? 12-70 ☐  
☐ (1) Often need to    ☐ (2) Sometimes need to    ☐ (3) Don't need to often    ☐ (4) Never need to

#### 4. Personal Growth Experience

85. When you were 15, you lived with: **【can choose more than one】**  
Mom: ☐ (1) biological mother    ☐ (2) Stepmother    ☐ (3) foster mother    ☐ (4) Biological mother already passed away 13-1 ☐☐☐☐  
Dad: ☐ (1) biological father    ☐ (2) Stepfather    ☐ (3) foster mother  
☐ (4) biological father already passed away 13-5 ☐☐☐☐

86. 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 13-9 ☐☐☐☐☐

87. When you were 15, did your father work full-time or part-time? (Working at home or outside all count)  
☐ (1) Full-time    ☐ (2) Part-time    ☐ (3) No    **【can choose more than one】** 13-14 ☐☐☐

88. When you were 15, did your mother work full-time or part-time? (Working at home or outside all count)  
☐ (1) Full-time    ☐ (2) Part-time    ☐ (3) No **【可複選】** 13-17 ☐☐☐

89. When you were 15, how were the living standards of your family compared with others? 13-20 ☐  
☐ (1) A lot higher    ☐ (2) A little higher    ☐ (3) About the same    ☐ (4) A little lower    ☐ (5) A lot lower

90. Growing up, did your parents ever rush around to borrow money because they couldn't pay



for tuition?

☐

☐ (1) Yes ☐ (2) No

91. Growing up, how was your parents' affection toward one another?

☐

☐ (1) Very good ☐ (2) Average ☐ (3) Not good ☐ (4) Don't know

90-1. Did a lot of conflict happen often?

☐ (1) Happened a lot ☐ (2) Sometimes happens ☐ (3) Almost never happens ☐ (4) Don't know

92. Growing up, did was the relationship between you and your mom/dad?

Mom: ☐ (1) very good ☐ (2) Good ☐ (3) Average ☐ (4) Not very good ☐ (5) Not good

13-24

☐

Father: ☐ (1) very good ☐ (2) Good ☐ (3) Average ☐ (4) Not very good ☐ (5) Not good

☐

93. When you were 15, how was the interaction between you and your parents?

(1) They know your everyday whereabouts

Mom: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

Dad: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

(2) For the same issue, sometimes they will punish you and sometimes not

Mom: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

Dad: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

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

Mom: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

Dad: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

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

Mom: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

Dad: ☐ (1) Always ☐ (2) Often ☐ (3) Half the time ☐ (4) Occasionally ☐ (5) Never

94. The following are about your parents, do you agree or disagree?

(1) They really trust me

Mom: ☐ (1) Strongly Agree ☐ (2) Agree ☐ (3) Disagree ☐ (4) Strongly Disagree ☐ (5) Never

Dad: ☐ (1) Strongly Agree ☐ (2) Agree ☐ (3) Disagree ☐ (4) Strongly Disagree ☐ (5) Never

(2) They really care about me

Mom: ☐ (1) Strongly Agree ☐ (2) Agree ☐ (3) Disagree ☐ (4) Strongly Disagree ☐ (5) Never

Dad: ☐ (1) Strongly Agree ☐ (2) Agree ☐ (3) Disagree ☐ (4) Strongly Disagree ☐ (5) Never

Please fill in your personal data:

NAME		Gender	<input type="checkbox"/> (1)M <input type="checkbox"/> (2)F	Birthday (民國/月)	Year month
Height	cm	weight	Kg		
Highest level of education	<input type="checkbox"/> 1 Elementary School Or Below <input type="checkbox"/> 2 Elementary School <input type="checkbox"/> 3 Junior High <input type="checkbox"/> 4 High School " <input type="checkbox"/> 5 Vocational High School <input type="checkbox"/> 6 Junior College <input type="checkbox"/> 7 College/ University <input type="checkbox"/> 8 Masters Or Above <input type="checkbox"/> 9 Other				
Birthplace	<input type="checkbox"/> 1 Taiwan Area, Including Outlying Islands <input type="checkbox"/> 2 Other				
Father's nationality	<input type="checkbox"/> 1 Minnan <input type="checkbox"/> 2 Hakka <input type="checkbox"/> 3 Mainland Provinces <input type="checkbox"/> 4 Aboriginal <input type="checkbox"/> 5 Foreign Nationality <input type="checkbox"/> 6 Other	Father's highest level of education"	<input type="checkbox"/> 1 Elementary School Or Below <input type="checkbox"/> 2 Elementary School <input type="checkbox"/> 3 Junior High <input type="checkbox"/> 4 High School " <input type="checkbox"/> 5 Vocational High School <input type="checkbox"/> 6 Junior College <input type="checkbox"/> 7 College/ University <input type="checkbox"/> 8 Masters Or Above <input type="checkbox"/> 9 Other		
mother's nationality	<input type="checkbox"/> 1 Minnan <input type="checkbox"/> 2 Hakka <input type="checkbox"/> 3 Mainland Provinces <input type="checkbox"/> 4 Aboriginal <input type="checkbox"/> 5 Foreign Nationality <input type="checkbox"/> 6 Other	mother's highest level of education	<input type="checkbox"/> 1 Elementary School Or Below <input type="checkbox"/> 2 Elementary School <input type="checkbox"/> 3 Junior High <input type="checkbox"/> 4 High School " <input type="checkbox"/> 5 Vocational High School <input type="checkbox"/> 6 Junior College <input type="checkbox"/> 7 College/ University <input type="checkbox"/> 8 Masters Or Above <input type="checkbox"/> 9 Other		
Whether or not you have a job now)Over the past year, what was the total salary from your job(s)?		13-58 <input type="text"/>			
(Whether or not you have a job now)Over the past year, how much did you earn in total?		13-66 <input type="text"/>			

13-38

13-56

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 <input type="checkbox"/> (04) 20,000~29,999 <input type="checkbox"/> (05) 30,000~39,999 <input type="checkbox"/> (06) 40,000~49,999 <input type="checkbox"/> (07) 50,000~59,999 <input type="checkbox"/> (08) 60,000~69,999 <input type="checkbox"/> (09) 70,000~79,999 <input type="checkbox"/> (10) 80,000~89,999 <input type="checkbox"/> (11) 90,000~99,999 <input type="checkbox"/> (12) 100,000~109,999 <input type="checkbox"/> (13) 110,000~119,999 <input type="checkbox"/> (14) 120,000~129,999 <input type="checkbox"/> (15) 130,000~139,999 <input type="checkbox"/> (16) 140,000~149,999 <input type="checkbox"/> (17) 150,000~199,999 <input type="checkbox"/> (18) 200,000 元以上
Address	
TEL	
E-mail	

☐ ☐

13-76 ☐ ☐ ☐

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