Teenager Growth Processes and Life Experiences

J3W8 Questionnaire

Please answer from the 1st question, answer in order, if there is a skip after an option, and please answer according to the skip. If there is no skip, please answer the questions in order.

I. Work and Educational Experience
(The following questions are about your work and study experience)
1. Do you currently attend a school?
(1) Yes (please skip to Question 2)
(2) No
1-1. If you do not study, what do you do?
(1) I currently have a full-time job (skip to Question 6)
(2) I currently have a part-time job (skip to Question 6)
(3) I am serving the army (skip to Question 11)
(4) I neither study nor work (skip to Question 11)
People who study please answer the following questions
2. Where do you study?
(1) Postgraduate: school department group grade
2-1. Do you study the same major as the one in the university?
(1) Same (2) Similar (3) Different
(2) University: school department group grade
2-2. \(\sum (1) \) Day class \(\sum (2) \) Night class
(3) Vocational college:school department group grade
2-3. \[\text{(1) Day class } \[\text{(2) Night class} \]
(4) Others: school department group grade
group grade
3. Will you graduate this summer (2009)?
\square (1) Yes \square (2) No \square (3) No idea
4. What do you plan to do after you graduate?
(Multiple selections possible)
(1) To continue studying in Taiwan
(2) To work
(3) To take occupational or specialty training courses
(4) To take government employees examination
(5) To become a housewife/househusband
(6) To study abroad (including China)

4-1. Where?
(7) To finish the mandatory military service
(8) Not to plan yet
(9) Others, please explain:
5. Do you have a job?
\square (1) Yes, I have a full-time job (skip to Question 6)
(2) Yes, I have a part-time job (skip to Question 6)
(2) Yes, Thave a part time job (skip to Question 6)
People who have work experience please answer the following questions
1 copie who have work experience pieuse answer the following questions
(Please answer the questions based on your primary job experience. If you had more
than two jobs before, please answer them based on the job working for the longest
time or with the highest salary. If you are currently unemployed, answer based on
your <u>last</u> job.)
(When did one start dains this isla
6. When did you start doing this job? (ROC year)
7. Where is your work place?city/county town/district
O. Washing disease
8. Working time:
8-1. What is your work schedule?
(1) Fixed during daytime
(2) Fixed at night
(3) Day/night rotation
(4) Fixed from afternoon to night
(5) Flexible work time
(6) Others, please explain:
8-2. How many hours do you work on average in a week?
(Overtime work included) hours on average a week
9. How much do you get paid monthly for this job?
(1) Less than 9,999 TWD
(2) 10,000-14,999 TWD
(3) 15,000-19,999 TWD
(4) 20,000-24,999 TWD
(5) 25,000-29,999 TWD
(6) 30,000-34,999TWD
(7) 35,000-39,999 TWD
(7) 53,000 53,333 TWD
(8) 40,000-44,999 TWD
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(10) 50,000-54,999 TWD (11) 55,000-59,999 TWD
(12) More than 60,000 TWD
10. Generally speaking, are you satisfied with your job? (1) Very satisfied (2) Satisfied (3) Dissatisfied (4) Very dissatisfied
All people have to answer the following questions
11. How many jobs have you had for the past two years? (A job is defined as that done more than two months)
12. Would you like to change this job? (1) Yes (2) No (3) No idea
13. Have you ever started finding a new or better job? (1) No (2) Yes, I started finding a new job (3) Yes, I already found a new job
14. What is your financial source(s) for living expense each month? (multiple selection available) [(1) My salary pays TWD [(2) Parents pay TWD [(3) Student loan pays TWD [(4) Scholarship for TWD [(5) Others, please explain: for TWD
15. Which job would you like to do if there is no restriction? (Single selection available) (1) Entrepreneur (boss) (2) Professional (engineer, architect, professor) (3) Teacher (4) Lawyer (5) Government administrator
(6) Catering, transportation, or staff in tour industry (7) Medical professional (doctor, nurse) (8) Other professional (artist, writer, reporter, designer)

	(11) Security guard professi	ional (social workers, actors,		rs)	
	(12) Computer engineers (13) Retail staff (clerks, ven	ndors, models)			
	(14) Biological scientist				
	(15) Others, please explain:				
	16. Have you prepared for the to a cram school? (Please circle	<u> </u>	ent two years? Did you	go	
		Yes, but I did not go to	Yes, and I go to a	Neither	
		cram school	cram school		
(1)	Master's Program	1	2	3	
(2)	Studying abroad (TOEFL, GRE,	1	2	3	
	GMAT, etc.)				
(3)	Senior civil service examination	1	2	3	
(4)	Technical license	1	2	3	
(5)	TOEIC or other professional licenses	1	2	3	
(6)	Others, please explain:	1	2	3	
(1) Yes (skip to Question 19) (2) No (skip to Question 18) (3) I am already married 17-1. How old were you when you got married (skip to Question 23) 18. Have you ever had a boy/girlfriend? (1) Yes (skip to Question 19) (2) No (skip to Question 22) Please answer the following questions based on the boyfriend/girlfriend your current date with or the last one you dated. (People who have already married do not need to answer) 19. How long have you and your boy/girlfriend been in the relationship:					
	21. Would you like to marry hi	im/her?			

☐(1) Yes ☐(2) No ☐(3) No idea					
II. Family, Social Life and Fa	mily Relation	nship			
22. When would you like to get married? [(1) I would like to get married when I am years old. [(2) I do not want to get married. [(3) Unsure					
23. When would you like to have a child? (1) I have already had a child when I wasyear old; now I have children in total. (2) I would like to have a child when I am years old. (3) I do not want to have children. (4) Unsure					
24. When would you like to be financially independent? [1] I have already been financially independent when I was years old. [2] I would like to be financially independent when I am years old. [3] I do not want to be financially independent. [4] Unsure					
25. Are you satisfied with the following relationships with your family? (Please circle the answers) (Please circle "not applicable" if you do not have this family member)					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfie d	Not applicable
You and your father	1	2	3	4	0
You and your mother	1	2	3	4	0
Father and mother	1	2	3	4	0
You and siblings 1 2 3 4 0					
26. Do you currently live in home? (1) Yes (Skip to Question 27) (2) No 26-1. When did you move out (skip to Question 28)? (ROC year) (month)					

27. Is your home located near your school/working place?

(1) Yes (skip to Question 34) (2) No (skip to Question 34)

(2)

28. Where do you live currently?
(1) School/company dormitory (Skip to Question 30)
(2) Rent house (proceed to Question 29)
(3) Living in a relative's house (skip to Question 30)
(skip to Question 30)
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29. Who do you share the rent house with?
(1) Me alone
(2) Classmates/colleagues
(3) Boy/girlfriend
(4) Friend
(5) Siblings
(6) Other relative
(7) Others, please explain:
For people who are married and rent a house with his/her spouse,
please choose (7) and then write down this situation
30. What is the reason for you to move out?
(1) Long distance to school/work place from home
(2) Company/school regulations
(3) Pursuing independent lifestyle
(4) Not wanting to live at home
(5) Other reasons, please explain
31. How often did you go back home in the past year?
(1) At least once a week
(2) Once or twice a month
(3) Once or twice half a year
(4) Only once
(5) Not going back home yet
32. How often did you contact your family in the past year?
(1) Almost everyday
(2) Once or twice a week
(3) Once or twice a month year
(4) Once or twice half a year
(5) Not contacting yet
33. You currently live in city/county town/district
34. Would you like to work in your hometown after you graduate or when you change
your job next time?

35. How often did you experience any week? If so, how severe were they?	(1) Definitely yes (2) Maybe yes (3) Maybe not (4) Definitely not (7) No idea
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35. How often did you experience any of the following symptoms in the past week? If so, how severe were they? (Please circle the answer)

		Never	A little	Some	Seriously	Very
				times		seriously
(1)	Loneliness	1	2	3	4	5
(2)	Depression	1	2	3	4	5
(3)	Insomnia	1	2	3	4	5
(4)	Numbness/ tingling pain in certain parts of your body	1	2	3	4	5
(5)	Feeling like your throat is clogged	1	2	3	4	5
(6)	Weakness in certain parts of your	1	2	3	4	5
	body					

36. Do you financially support your family? (Single selection) (1) Yes, a fixed amount of money:TWD a month (2) Yes, a flexible amount of money:TWD a year (3) No
37. Do you think you can do more than you were in the past few years? (1) Yes, I always do (2) Yes, I sometimes do (3) No, I seldom do (4) No, I never do (8) Refuse to answer
38. Do you still heavily depend on your family in many ways? (1) Yes, I always do (2) Yes, I sometimes do (3) No, I seldom do (4) No, I never do (8) Refuse to answer
39. How much important is it for you to be independent and autonomous at this stage? (1) Very important (2) Important (3) Unimportant (4) Very unimportant

40. In general, are you happy currently?	
(1) Very happy	
(2) Happy	
(3) Ordinary	
(4) Unhappy	
(5) Very unhappy	
(8) Refuse to answer	
41. In general, how is your health situation?	
(1) Very weak	
(2) Weak	
(3) Ordinary	
(4) Healthy	
(5) Very healthy	
42. Do you have a email account?	
(1) Yes, my email is	
☐(2) No	
40.77	
43. Your address is	
44. Your contact	
Telephone number:	
Mobile phone number:	
Woone phone number.	
45. Who is your best friend?	
His/her name:	
His/her mobile phone number:	
	Date

The questionnaire ends here; thank you for completing. Please resend the questionnaire in the envelope without stamp.