

Taiwan Youth Project
Questionnaire 2018 (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 Youth Project Team

2018.06

Name:

Questionnaire inspectors:

Questionnaire chronicler:

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Marriage and Family

1. When are you getting married with current spouse? ROC _____ year _____ month _____ day

2. Is this your first marriage? (1)Yes **【skip to question 4】** (2)No

3. Your first marriage:

3-1. When was your first marriage? ROC _____ year _____ month _____ day

3-2. When did your first marriage end? ROC _____ year _____ month _____ day

3-3. Why did your first marriage end? (1)widowed (2)divorced

3-4. How many times have you been married? _____ Times

4. 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/your family	<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 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"/>

4-1. Which 3 are the most important? **【please choose from the above 1-20 choices】**

(1)most important: _____

6-51

(2)2nd most important: _____

(3)3rd most important:

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

	Strongly Agree	Agree	Disagree	Strongly 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 anymore, even if they have children	1	2	3	4	<input type="checkbox"/>
(7) If a couple wants to divorce, they have to wait until the children grow up	1	2	3	4	<input type="checkbox"/>
(8) Bad marriage better than divorce	1	2	3	4	<input type="checkbox"/>
(9) Bad marriage better than single	1	2	3	4	6-65 <input type="checkbox"/>

6. How did you meet your spouse? **【Refers to current spouse】**

- (1) Blind date
- (2) Introduced by someone
- (3) singles mixer through online dating website
- (4) Met myself

6-1. Who set up the blind date or introduced you for the first time?

(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: _____

↓
6-2. Where did you meet your spouse?

- (1) Live in the same place
- (2) Met at school
- (3) Met at the workplace
- (4) At family-related meeting place
- (5) Online
- (6) At another place, please specify: _____

7. Who was your marriage mostly decided by?

- (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 _____

8. Do you do the following activities 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

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

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

10. 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

11. 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: _____

12. Who mainly does the daily household chores? (e.g picking up children, paying the bill, running some errand etc.)

- (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: _____

13. When you discuss family matters with your spouse, who mainly makes the decisions?

- (1) My spouse always decides (2) My spouse usually decides
 (3) My spouse and I usually decide together
 (4) I usually decide (5) I always decide

14. In general, when you are talking or doing something together with your spouse, how does he/she deal with you?

	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

15. Over the past year, how often do you and your spouse do the following housework?

	<u>Yourself</u>							<u>Your spouse</u>								
	Almost		Several ~		~ Several		~	Never		Almost		Several ~		~	Never	
	Every Day	Times /week	Once /month	Once /year	Times /year	Once /year		Every Day	Times /week	Once /month	Once /year	Times /year	Once /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		

16. 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.

17. Do you have a house under your name?

(1) No (2) Yes, I have _____ rooms/homes 【skip to question 17-1】

17-1. Did your parents pay for it?

(1) All of it (2) Most of it (3) Half
 (4) A little of it (5) No (6) Other, please specify: _____

Family Relationships

18. How is your parents' current situation?

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

19. How old was your mother when your parents got married? _____ years old

20. Over the past year, how was the communication between you and your parents? (Please fill in the numbers below)

	a.Parents' health status	b.How far do they live? (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)	e.Over the past year, how often do you usually eat with your parents?
Answer	(1)Very unhealthy (2)Unhealthy (3)Average (4)Healthy (5)Very healthy	(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)1-3 hour drive (07)Over 3 hour drive (08)Overseas	(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 (07)Never met	(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 (07)Never met	(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 (07)Never met
Father					
Mother					
Father-in-law					
Mother-in-law					

21. Over the past year, did you often help your parents/ parent-in-law with the following?

(Please fill in the numbers below)

You give your 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
Answer	(1)Very often (2)Often (3)Sometimes (4)Rarely (5)Not at all		
Father			
Mother			
Father-in-law			
Mother-in-law			

22. Over the past year, did your parents/ parent-in-law often help you(two) with the following?

(Please fill in the numbers below)

Your parents/ spouse's parents give you two	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	d. Provide assistance in my (our) work
Answer	(1)Very often (2)Often (3)Sometimes (4)Rarely (5)Not at all			
Father				
Mother				
Father-in-law				
Mother-in-law				

23. Do you live with the following family members currently?

- (01) Parents (02) Spouse's Parents (03) Siblings
(04) Spouse's siblings (05) Grandparents (06) Spouse's grandparents
(07) None

Living with parents or spouse's parents (please answer questions 24 & 25)

24. What is the main reason why you are currently living with them? **【Choose one】**

- (01)They want me to live with them (02)can save money (03)We have always lived together
(04)They can take care of me (05)I can take care of them
(06)They can take care of my children (07)Because I got married
(08)Other, please specify: _____

25. Do you want to live separately from them?

- (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

Not living with parents (please answer questions 26 & 27)

26. What is the main reason for not living with them? **【Choose one】**

- (01)Work/school is too far from home (02)Not enough space
(03)Parents wanted me to move out (04)Pursuing an independent lifestyle
(05)Parents live with other siblings (06)Because I got married
(07)Parents passed away (08)Other, please specify: _____

27. Would you want to live with your parents?

- (1)Not at all (2)Not now, but maybe in the future
(3)Kind of want to (4)Really want to (0)N/A

Not living with spouse's parents (please answer questions 28 & 29)

28. What is the main reason for not living with your spouse's parents? **【Choose one】**

- (01)Work/school is too far from home (02)Not enough space
(03)Parents wanted me to move out (04)Pursuing an independent lifestyle
(05)Parents live with other siblings (06)Because I got married
(07)Parents passed away (08)Other, please specify: _____

29. Would you want to live with your spouse's parents?

- (1)Not at all (2)Not now, but maybe in the future
(3)Kind of want to (4)Really want to (0)N/A

30. Where do you currently live? _____ County/City _____ Township/Town/District

The situation of your siblings

31. How many siblings do you have?

_____ older brothers, _____ older sisters, _____ younger brothers, _____ younger sisters

32. Please fill in their information:

Birth order	Relationship	Marital status	Being a parent
1 st	(1) Older brother (2) Older sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No
2 nd	(1) Older brother (2) Older sister (3) Younger brother (4) Younger sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No
3 rd	(1) Older brother (2) Older sister (3) Younger brother (4) Younger sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No
4 th	(1) Older brother (2) Older sister (3) Younger brother (4) Younger sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No
5 th	(1) Older brother (2) Older sister (3) Younger brother (4) Younger sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No
6 th	(1) Older brother (2) Older sister (3) Younger brother (4) Younger sister (5) Myself	(1) Married (2) Unmarried (3) Divorced (4) Cohabitated	(1) Yes (2) No

33. Are you satisfied with the following relationships with family members?

【When no such family member , please circle 0 N/A】

	Very Satisfied	Pretty Satisfied	Not really Satisfied	Not satisfied at all	N/A
(1) You and your father	1	2	3	4	0
(2) You and your mother	1	2	3	4	0
(3) Your parents	1	2	3	4	0
(4) You and your siblings	1	2	3	4	0
(5) You and your spouse's father	1	2	3	4	0
(6) You and your spouse's mother	1	2	3	4	0
(7) Your spouse's parents	1	2	3	4	0
(8) You and your spouse's siblings	1	2	3	4	0

34. Family members will inevitably have conflicts, and we would like to ask about how your family gets along. Over the past year, have the following situations happened in your family?

【When no such family , please circl 0 N/A】

	<u>You and your parents</u>			<u>You and your spouse</u>			<u>You and spouse's parents</u>		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
(1) Ignore people (cold war)	1	2	0	1	2	0	1	2	0
(2) Quarrel/argue	1	2	0	1	2	0	1	2	0
(3) Throw things or fight (hit people)	1	2	0	1	2	0	1	2	0
(4) Curse people with very bad words	1	2	0	1	2	0	1	2	0
(5) One side can make people nervous and scared	1	2	0	1	2	0	1	2	0

35. The following ideas about how children get along with their parents are important to some people but not to others. We want to know how important these ideas are to you.

	Absolutely <u>unimportant</u>	Fairly		Fairly <u>important</u>		Absolutely <u>important</u>
		Absolutely <u>unimportant</u>	Fairly	Fairly	Absolutely <u>important</u>	
(1) Have gratitude towards parents' parenting	1	2	3	4	5	6
(2) No matter how bad parents treat you, be kind to them	1	2	3	4	5	6
(3) Give up personal aspirations, achieve parents' wishes	1	2	3	4	5	6
(4) A son should live with his parents after getting married	1	2	3	4	5	6
(5) Take care of parents to make their lives more comfortable	1	2	3	4	5	6
(6) To pass on the family name, you need to have a son	1	2	3	4	5	6
(7) After a daughter get married, she should often return home to visit her parents	1	2	3	4	5	6
(8) After a daughter gets married, she still needs to take money home to support her parents.	1	2	3	4	5	6

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

	Strongly <u>Agree</u>	Strongly <u>Disagree</u>		Strongly <u>Disagree</u>
		Agree	Disagree	
(1) Men should make the majority of important decisions in the family.	1	2	3	4
(2) There will be negative influences on preschool children if their mothers go out to work.	1	2	3	4
(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
(4) During a recession, (married) female employees should be laid off first.	1	2	3	4
(5) In general, males are more suitable for managerial positions than females.	1	2	3	4
(6) Working women, like housewives, can all establish warm and stable relationships with their children.	1	2	3	4
(7) If there is conflict between work and family, the wife should choose family prior to work.	1	2	3	4

37. Do you want to have children?

(1) I already have children **【please skip to question 39】**

(2) No

(3) Not sure

(4) Yes, but not yet



37-1. When would you like to have children?

(1) At _____ years (2) Don't want children

(3) Haven't thought of it

37-2. Was having children one of the main reasons you got married?

(1) Yes (2) No

37-3. How many children do you want to have? _____ boys, _____ girls

38. What is the reason you have not had children yet? **【can choose more than one】**

(01) Currently pregnant

(02) Raising children is too expensive (03) My/my spouse's health/physical factors

(04) Work factors

(05) Child care problems

(06) Parenting is too big of a responsibility (07) Don't want children to affect current lifestyle

(08) Think social environment, education system is not good

(09) Will spend too much time on children after having them

(10) Spouse doesn't want to have (11) Government subsidies are insufficient

(12) Other, please specify: _____

38-1. Which one is the main reason? _____

【Those with children continue to answer; those without children, please skip to page 12, question 60】

39. Are you married because of pregnancy? (1) Yes (2) No

40. How many children do you have? _____ boys _____ girls

Order of children	Gender	Date of birth	Biological or adopted	Condition at birth	
				Pregnancy week number	Weight at birth
1 st	<input type="checkbox"/> (1)Male <input type="checkbox"/> (2)Female	ROC ____ Y ____ M ____ D	<input type="checkbox"/> (1) Biological [continue to the right] <input type="checkbox"/> (2) Adopted <input type="checkbox"/> (3) Stepchild <input type="checkbox"/> (4) Other _____	_____ weeks	_____ kg
2 nd	<input type="checkbox"/> (1)Male <input type="checkbox"/> (2)Female	ROC ____ Y ____ M ____ D	<input type="checkbox"/> (1) Biological [continue to the right] <input type="checkbox"/> (2) Adopted <input type="checkbox"/> (3) Stepchild <input type="checkbox"/> (4) Other _____	_____ weeks	_____ kg
3 rd	<input type="checkbox"/> (1)Male <input type="checkbox"/> (2)Female	ROC ____ Y ____ M ____ D	<input type="checkbox"/> (1) Biological [continue to the right] <input type="checkbox"/> (2) Adopted <input type="checkbox"/> (3) Stepchild <input type="checkbox"/> (4) Other _____	_____ weeks	_____ kg
4 th	<input type="checkbox"/> (1)Male <input type="checkbox"/> (2)Female	ROC ____ Y ____ M ____ D	<input type="checkbox"/> (1) Biological [continue to the right] <input type="checkbox"/> (2) Adopted <input type="checkbox"/> (3) Stepchild <input type="checkbox"/> (4) Other _____	_____ weeks	_____ kg

40-1. Do you want to give birth again? (1) Yes → another _____ boys _____ girls (2) No

40-2. Was having children the main reason why you got married? (1) Yes (2) No

40-3. In general, are you satisfied with the relationship with your children?

(1) Very satisfied (2) Pretty satisfied (3) Not very satisfied (4) Not satisfied at all

41. What was the childcare situation for your first child [before age 3]?

	Before 6 months	6 months~2 years	2-3 years
41-1. Did you take a maternity leave?	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, _____ months	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, _____ months	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, _____ months
41-2. Did you get a maternity allowance?	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month
41-3. Did you apply for childcare subsidies?	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, an average of \$_____ /month
41-4. Who mainly takes care of your child during weekdays (or when you're working)? 【choose one】	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____
41-5. Monthly tuition fees?	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, \$_____ /month	<input type="checkbox"/> (1)No <input type="checkbox"/> (2)Yes, \$_____ /month
41-6. Who do you most want to take care of your child during weekdays (or when you're working)? 【choose one】	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____	<input type="checkbox"/> (01)Myself <input type="checkbox"/> (02)Spouse <input type="checkbox"/> (03)Child's grandparents (paternal) <input type="checkbox"/> (04)child's grandparents (maternal) <input type="checkbox"/> (05)other relatives <input type="checkbox"/> (06)nanny <input type="checkbox"/> (07)private childcare center <input type="checkbox"/> (08)public childcare center <input type="checkbox"/> (09)other, please specify: _____

Living Conditions and Values

42. In general, how is your health condition the last two weeks?

(1) Very unhealthy (2) Unhealthy (3) Average (4) Healthy (5) Very healthy

43. In general, are you happy recently?

(1) Very happy (2) Happy (3) Pretty happy (4) Not very happy (5) Very unhappy

44. In general, are you satisfied with your recent life?

(1) Very satisfied (2) Satisfied (3) Pretty satisfied (4) Not very satisfied (5) Very unsatisfied

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

Very Satisfied	Satisfied	Dissatisfied	Very dissatisfied
-----------------------	------------------	---------------------	--------------------------

(1) Appearance	1	2	3	4
----------------	---	---	---	---

(2) Body figure	1	2	3	4
-----------------	---	---	---	---

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

Very well	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"/>

47. According to your life stage, how important do you consider the following indicators for a person to become an adult?

Very unimportant	Very important
-------------------------	-----------------------

(1) Responsible for their actions	1	2	3	4	5
(2) Can make decisions based on own beliefs and values, unaffected by others	1	2	3	4	5
(3) Considerate of others, not only consider yourself	1	2	3	4	5
(4) Economic independence, independent from parents	1	2	3	4	5
(5) Leave parents' home and live on their own	1	2	3	4	5
(6) Has full-time job	1	2	3	4	5
(7) Married	1	2	3	4	5
(8) Completed studies, no longer a full-time student	1	2	3	4	5
(9) Has child, parenting	1	2	3	4	5
(10) Takes care of parents (gives parents money)	1	2	3	4	5

48. Overall, how is your life compared to your parents' at your age?

- (1) Better (2) About the same (3) Worse

49. The following are some reasons people want to have children, which of these reasons for **wanting to have children** are important to you?

	Not important			Very important	
	at all				
(1) Having children can pass down the family name	1	2	3	4	5
(2) Children can financially help the family later	1	2	3	4	5
(3) Children can take care of you when you're old	1	2	3	4	5
(4) Having a baby in the house makes people happy	1	2	3	4	5
(5) Having children at home is a pleasure	1	2	3	4	5
(6) Watching children grow up is the happiest thing in life	1	2	3	4	5
(7) Having children will make a home more like a home	1	2	3	4	5
(8) Parenting is an obligation a person has to do	1	2	3	4	5
(9) Being a parent can raise a person's status in the family	1	2	3	4	5

50. 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>A little</u>	<u>Normal</u>	<u>Severe</u>	<u>Very Severe</u>
(01) Headache	1	2	3	4	5
(02) Dizziness	1	2	3	4	5
(03) Loneliness	1	2	3	4	5
(04) Depression	1	2	3	4	5
(05) Excessive worry	1	2	3	4	5
(06) Muscle pain/soreness	1	2	3	4	5
(07) Insomnia, having trouble falling asleep	1	2	3	4	5
(08) Numbness or tingling in certain parts of the body	1	2	3	4	5
(09) Feeling like something is stuck in the throat	1	2	3	4	5
(10) Weakness in certain parts of the body	1	2	3	4	5
(11) Having desire to beat up or hurt someone	1	2	3	4	5
(12) Waking up too early in the morning and not being able to fall asleep after laying back down	1	2	3	4	5
(13) Not sleeping well or waking up constantly throughout the night	1	2	3	4	5
(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

51. Your bedtime and wake time **【Please answer in 24 hour format, eg 00:30 for 12:30 in the evening】**

51-1. Approximately what time do you usually go to sleep? _____ hour _____ minutes.

What time do you wake up? _____ hour _____ minutes.

51-2. Approximately what time do you usually go to sleep on weekends or holidays?

_____ hour _____ minutes.

What time do you wake up? _____ hour _____ minutes

52. How much do you agree with the following statements about yourself? **【please circle】**

	Strongly Agree	Agree	Disagree	Strongly Disagree
(1) I cannot solve some personal problems.	1	2	3	4
(2) I cannot control what happens to me.	1	2	3	4
(3) I feel weary and incapable of solving some daily problems.	1	2	3	4
(4) I don't have many things to be proud of.	1	2	3	4
(5) Sometimes I feel useless.	1	2	3	4
(6) Sometimes I feel like I am going nowhere.	1	2	3	4
(7) I have a positive and optimistic view of myself.	1	2	3	4
(8) I consider myself a valuable (useful) person.	1	2	3	4
(9) I am very satisfied with myself.	1	2	3	4

Religion

53. Do you currently have a religion?

12-33

(01)don't have a religion **【skip to question 57】** (02)Folk religions (03)Buddhism

(04)Taoism (05)I-Kuan Tao (06)Catholic (07)Christianity: _____ denomination

(08)Islam (09)Other, please state: _____

54. When did you start believing in this religion?

(1)from when I was young, believed from birth (2)from ROC _____ year

55. Why do you believe in your current religion? **【can choose more than one】**

(01)Cultivate moral character (02)seek peace (03)understand meaning of life

(04)Reduce troubles (05)seek luck and avoid evil (06)seek comfort

(07)Seek spiritual sustenance (08)Believe with parents (09)Other, please specify: _____

56. As for the religion you currently believe, did you become a member of this religious group through any ceremony?

(1)Yes (2) No (3)The group I participate in doesn't have this kind of activity.

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

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

Smoking and Drinking

58. Have you ever smoked a cigarette? (1)Yes (2)No **skip question 59**

12-63

58-1. How old were you when you first smoked a cigarette? _____ years

58-2. Over the past week, how many days did you smoke a cigarette? _____ days

58-3. 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

59. Have you ever drunk before? (1)Yes (2)no **skip to question 63**

12-70

59-1. How old were you when you first drank? _____ years

59-2. 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

60. 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
				350c.c.

	600c.c.
--	---------

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

61. 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

62. Do you need to drink because of work or business?

(1)Never need to (2)A few times a year or less (3)Many times a month
(4)Many times a week (5)Every day

63. Do you have tattoos on your body?

(1)Yes→got a tattoo at _____ years (2)No

Internet and cell phone useage

64. How much time on average do you spend on the internet every day? _____ hours _____ minutes

65. Do you interact with others when you are using the internet?

- (1) Always alone (2) Occasionally interact with people
 (3) Sometimes interact with people (4) Most of the time

66. In general, how many people do you contact on the internet every day? _____ people

67. In the following, we would like to ask you about internet access 「outside of work or school」. Do the following descriptions match your current situation?

	Definitely Yes	Yes	No	Definitely No
(1) I'm accustomed to reducing sleep time, so you can have more time online	1	2	3	4
(2) If there's a time where you don't have internet, you feel like you missed something	1	2	3	4
(3) You reduce face-to-face interactions with family and friends due to the internet	1	2	3	4
(4) Time you spend on the internet is getting longer and longer	1	2	3	4
(5) Life is not fun without internet	1	2	3	4

Employment and School Experience

68. Are you currently working?

- (1) Yes (Including temporary or fixed work)
 (2) Did before, but not now because →
[After filling in the box on the right, skip to page 21 question 102]
 (3) Never had work because →
[After filling in the box on the right, skip to page 23 question 105]

- (01) Looking for work, haven't found one yet
 (02) Can't find a job, don't want to look anymore
 (03) Studying and preparing to apply for school
 (04) Got married
 (05) Parenting
 (06) Family economy is good, don't need to work
 (07) Need to take care of home
 (08) Poor health or injury
 (09) Don't want to work
 (10) Preparing for recruitment exam
 (11) Other _____

The following refer to your current work situation (Answer according to where you work the most hours) :

69. When did you start this job? ROC _____ year _____ month

70. Where is your current workplace?

_____ County/City _____ Township/Town/District; Abroad _____

71. What is the main product or service provided by the place you work?

72. What do you do in the workplace and what is your job position?

73.Which of the following corresponds with your job position?

- (01)government department
- (02)public school
- (03)private school
- (04)public enterprises
- (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 not get paid
- (11) Compulsory service, alternative service, and research and development alternative service **【skip to question 76】**

74. What is your work status?

11-52

- (01)Formal staff
- (02)Regular contract stuff
- (03)Temporary employment
- (04)Dispatch labor
- (05)Household OEM (original equipment manufacturer)
- (06)Outsourced (or contracted) personnel (outsourcers or contractors)
- (07)Other, please specify: _____

75. Is this job a business you started yourself, a business you started with friends or relatives, or work for your family's business?

- (1)No **【skip to question 76】**
- (2)Yes **【Answer 75-1】**

75-1. Does your/your family's business have the following situations? **【can choose more than one】**

- (1) Innovative technologies or patents
- (2) Must constantly test methods that no one else has done (or involve R&D)
- (3) Product has innovative design or invention characteristics (such as cultural, creative, design awards)
- (4) Provide new products or services that are not available on the market (including innovations in business models)
- (5) None of the above

76. How many people are there in your company/organization?

(Including yourself, family workers, contracting or part-time workers)

- (01)1 (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

77. Does your job position require you to manage people? How many people do you manage?

- (01) don't manage people (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

78. In this job, how many days a week on average do you have to work? _____ days

79. According to the regulations, how many hours a week on average do you need to work in this job?
_____ hours

79-1. In this job, including working overtime, how many hours a week on average do you work?
_____ hours

79-2. Do you usually work overtime?

- (1) Never **【skip to question 80】**

- (2) Yes

→ Do you have overtime pay or compensation days? **【can choose more than one】**

- (1) overtime pay (2) compensation days (3) none

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

- (1) Often (2) Sometimes (3) Very little (4) Never

81. Do you have to work on holidays (weekends and national holidays) in this job?

- (1) Often (2) Sometimes (3) Very little (4) Never

82. (Salary, bonuses, overtime pay, etc.) In this job, about how much on average is your monthly income?

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

83. Do you have the following various benefits in your job? **【can choose more than one】**

- (01) Labor insurance (02) Health insurance (03) Public insurance
 (04) Year-end placement (05) 3-year bonus or year-end bonus
 (06) Performance bonus (07) Paid sick leave (08) Annual leave
 (09) Vocational training or further education grants (10) Child education grant
 (11) Dormitory or housing allowance
 (12) Other, please specify: _____ (13) None

84. In your work environment, have you or your colleagues been given a hard time because they applied for parental leave?

- (1) Yes, myself (2) Yes, my colleagues (3) No

85. In order to do a 'good job' at your job, at least what level of education do you think you need?

- (01)under junior high (02)high school (03)vocational high school
(04)technical college (05)university (06)Masters (07)phD

86. In order to do a 'good job' at your job, at least how much work experience do you think you need?

- (01)don't need work experience (02)less than a month (03)within 6 months
(04)6 months to within a year (05)1 to within 3 years (06)3 to within 5 years
(07)at least 5 years

87. Do you need a license for your job?

- (1)Yes (2)No

88. Will you have a probation period when you first enter the company?

- (1)Yes _____ months (2)No **skip to question 89**

88-1. Probation monthly salary about _____ NT
Monthly salary after probation period _____ NT

89. Have you received on-the-job training? (not including new staff training)

- (1)No (2)1 to 7 days (3)8 to 14 days
(4)15 to 30 days (5)30 days or more

90. Regarding the nature of your work, do you agree with the following statements?

Very Much Yes No Not at all

(1)Continuously learn new skills and knowledge	1	2	3	4
(2)Frequently repeating the same tasks	1	2	3	4
(3)I can't decide the way to do my work	1	2	3	4
(4)Often can't determine progress of my work	1	2	3	4
(5)Can help others	1	2	3	4
(6)Lets me have a sense of accomplishment	1	2	3	4

91. In your workplace, including yourself, what is the proportion of men to women?

- (1)almost all men (2)mostly men (3)about half and half
(4)mostly women (5)almost all women

92. Do you have an immediate supervisor? (1)Yes (2)No **skip to question 93**

92-1.What is his/her gender? (1)Male (2)Female

92-2.What is his/her education level compared to yours? (1)higher (2)about the same (3)lower

92-3.What is his/her age compared to yours? (1)higher (2)about the same (3)lower

93. Is this job related to the major you studied?

- (1)Unrelated (2)Partially related (3)Mostly related (4)Completely related

94. How often do you feel stressed at work?

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

95. Overall, are you satisfied with the following aspects of your current job?

	<u>Very Satisfied</u>	<u>Pretty satisfied</u>	<u>Not too satisfied</u>	<u>Very unsatisfied</u>
(1)Work income	1	2	3	4
(2)Work environment	1	2	3	4
(3)Work content	1	2	3	4
(4)Working hours	1	2	3	4
(5)Boss	1	2	3	4
(6)Colleagues	1	2	3	4
(7)Welfare	1	2	3	4
(8)Promotion opportunities	1	2	3	4
(9)Overall work situation	1	2	3	4

96. Do you want to change jobs? (1)Yes (2)No

97. 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: _____

98. If you leave, do you think it is difficult for the company or organization you work for to find someone to replace you?

(1)Very easy (2)Pretty easy (3)Not easy or difficult (4)A little hard (5)Very hard

99. How worried are you that you may lose your job?

(1)Very worried (2)Quite worried (3)A little worried (4)Not worried at all

100. In addition to this job, do you currently have another job (including concurrent jobs, odd jobs, etc.)?

(1)Yes (2)No **【skip to question 101】**

114-1. How many? _____ (not including your main job)

114-2. Average total time you work at these jobs _____ hours (not including your main job)

114-3. Average total monthly salary from these jobs _____ NT (not including your main job)

101. Is your current job your first job?

2-79

(1)Yes **【skip to page 23 question 107】**

(2)No **【skip to next page】**

102. 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)

		Job when you got married		The last job before you married
Your first job		<input type="checkbox"/> (1) yes <input type="checkbox"/> (2) no, answer the question in the right column <input type="checkbox"/> (3) same as first job, skip the following <input type="checkbox"/> (4) same as current job, skip the following		
102-1. When did you start this job? When did you end this job?	_____ year _____ month ~ _____ year _____ month	_____ year _____ month ~ _____ year _____ month	_____ year _____ month ~ _____ year _____ month	
	<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"/>	
102-2. 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
102-3. 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
102-4. Which of the following corresponds with your job position? (01) government department (02) public school (03) private school (04) public enterprises (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) Compulsory service, alternative service, and research and development alternative service 【skip to question 102-6】	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

	Your first job	Job when you got married	The last job before you married
102-5. What is your work status? (01)Formal staff (02)Regular contract stuff (03)Temporary employment (04)Dispatch labor (05)Household OEM (original equipment manufacturer) (06)Outsourced (or contracted) personnel (outsourcers or contractors) (07)Other, please specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
102-6. How many people are there in your company/organization? (01)1 (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	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
102-7. Does your job position require you to manage people? How many people do you manage? (01)Don't manage people (02)1~4 (03)5~9 (04)10~29 (05)30~99 (06)100~299 (07)300~499 (08)500~999 人 (09)1000 or more	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
102-8. Including working overtime, how many hours a week on average do you work?	<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"/>
102-9. In that job, about how much on average is your monthly income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Those currently not working please answer the following topics:

103. When did you stop working? ROC _____ year _____ month

104. Why did you leave the previous job?

(1) Voluntary resignation (2) Involuntary resignation

105. Are you currently looking for work? (1) Yes (2) No **[【 skip to question 106 】](#)**

105-1. When did you start looking for work? ROC _____ year _____ month

106. If you had work opportunities right now, are you able to start working immediately?

(1) Yes

□(2)No

Answer all of the following questions:

107. Have you obtained professional technical licenses? (1) No (2) Yes

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

108. Have you ever applied for government employment insurance assistance?

(1) No (2) Yes

109. What is the lowest monthly salary you can accept?

(01)under 9,999NT (02)10,000~14,999 (03)15,000~19,999

(04) 20,000~24,999 (05) 25,000~29,999 (06) 30,000~34,999

(07) 35,000~39,999 (08) 40,000~44,999 (09) 45,000~49,999

(10) 50,000~54,999 (11) 55,000~59,999 (12) 60,000~69,999

(13) 70 000~79 999 (14) 80 000~89 999 (15) 90 000~99 999

(16) 100,000~149,999 (17) 150,000~199,999 (18) 200,000 or more

110. If your workplace was in Mainland China, would you be willing to go?

(1) Very willing (2) Pretty willing (3) Not too willing (4) Very unwilling

(5) already working in Mainland China

111. If your workplace was in Southeast Asia (excluding Singapore), would you be willing to go?

(1) Very willing (2) Pretty willing (3) Not too willing (4) Very unwilling

(5) already working in Southeast Asia

112. What are the sources of money for your current monthly expenses? **【can choose more than one】**

- (01) work by yourself(including research and development or alternative service)
 (02) Spouse (03) Parents (04) Siblings (05) other relatives
 (06) your own savings (07) Loan(**borrowing from bank**)
 (08) payment from mandatory military service
 (09) Friend (10) Social welfare (11) Your own investment
 (12) Spouse's parents (13) Other, please specify: _____

112-1. Of these, the **primary** sources is number_____

【Please answer according to the options from 125. (01)-(13)】

113. Everyone's spending and saving conditions are not the same. For you, within the past year, how much did you save on average each month? _____ NT

114. The following are about shopping trends, do they correspond to your situation?

	Agree Very much	Disagree Disagree Very much			
		1	2	3	4
(01) Before I buy something, I will first consider whether the item is keeping up with popular trends					
(02) I will let people know that I have many expensive things	1	2	3	4	
(03) What I have is almost always the most popular	1	2	3	4	
(04) I will let people know that I have bought well known things	1	2	3	4	

115. 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 <input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no	Junior high <input type="checkbox"/> (1)Yes <input type="checkbox"/> (2)No	High school/ Vocational school <input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無	Junior college <input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無	University/College <input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無	Masters <input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無	PhD <input type="checkbox"/> (1)有 <input type="checkbox"/> (2)無
115-1. What area is the school where you studied? _____County/ city _____Township/town/ city/district	<input type="checkbox"/> Abroad _____ <input type="checkbox"/> Taiwan _____County/ city _____Township/town/ city/district <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 <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 <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 <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 <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 <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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
115-2. 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ 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115-3. When did you attend this school? What grade were you in at the time? 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"/>	ROC____year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

115-4. Have you completed your studies?	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □	<input type="checkbox"/> (1)yes <input type="checkbox"/> (2)no <input type="checkbox"/> (3)in school, grade ____ □ □ □
115-5. When did you graduate/expect to graduate? Or when did you withdraw/drop out?	ROC ____ year □ □ □						
115-6. Have you transferred schools?	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □	<input type="checkbox"/> (1)Yes, ____ times <input type="checkbox"/> (2)No □ □ □

Personal growth experience

116. When you were 15, Your residence is _____ County (city) _____ Township (Town, city, district)

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

- | | | |
|---------|---|--|
| Mother: | <input type="checkbox"/> (1)biological mother | <input type="checkbox"/> (2)step-mother |
| | <input type="checkbox"/> (3)mother-in-law | <input type="checkbox"/> (4)mother already passed away |
| Father: | <input type="checkbox"/> (1)biological father | <input type="checkbox"/> (2)step-father |
| | <input type="checkbox"/> (3)father-in-law | <input type="checkbox"/> (4)father already passed away |

118. 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

119. 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】**

120. 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】**

121. 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

122. 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

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

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

124. Did your parents often have conflicts?

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

Relationship between you and your parents

125. 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

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

126. 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

(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

127. 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 (5) No opinion

Father: (1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree (5) No opinion

(2) They care about me a lot

Mother: (1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree (5) No opinion

Father: (1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree (5) No opinion

Please fill in your personal data:

Name		Gender	<input type="checkbox"/> (1)Male <input type="checkbox"/> (2)Female	Date of birth (year/month)	year month		
Height			Weight				
Highest level of education	<input type="checkbox"/> (01)junior high <input type="checkbox"/> (02)high school <input type="checkbox"/> (03)vocational high school <input type="checkbox"/> (04) Junior college(5 years) <input type="checkbox"/> (05) Junior college(2 years) <input type="checkbox"/> (06) Institute of technology(4 years) <input type="checkbox"/> (07) Institute of technology(2 years) <input type="checkbox"/> (08) college/ university <input type="checkbox"/> (09)masters <input type="checkbox"/> (10)phD <input type="checkbox"/> (11)Other: _____ ____ School _____ Major/Department/Masters/phD _____ Group <input type="checkbox"/> (1)ROC ____ year ____ month graduated <input type="checkbox"/> (2)ROC ____ year ____ month incompleted <input type="checkbox"/> (3)Currently studying 【Answer the following information】						
	Birthplace Abroad	County/City		Township/Town/District;			
	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)0ther: _____		Father' s highest level of education	<input type="checkbox"/> (01)Elementary school or below <input type="checkbox"/> (02)Elementary school <input type="checkbox"/> (03)Junior high/ Middle school <input type="checkbox"/> (04)High school <input type="checkbox"/> (05)Vocational high school <input type="checkbox"/> (06)Junior college <input type="checkbox"/> (07)College/ University <input type="checkbox"/> (08)Masters or above <input type="checkbox"/> (09)0ther: _____		
	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)0ther: _____		Mother' s highest level education	<input type="checkbox"/> (01)Elementary school or below <input type="checkbox"/> (02)Elementary school <input type="checkbox"/> (03)Junior high/ Middle school <input type="checkbox"/> (04)High school <input type="checkbox"/> (05)Vocational high school <input type="checkbox"/> (06)Junior college <input type="checkbox"/> (07)College/ University <input type="checkbox"/> (08)Masters or above <input type="checkbox"/> (09)0ther: _____		
(Whether or not you have a job now) Over the past year, what was the total salary from your job(s)?							
(Whether or not you have a job now) Over the past year, how much did you earn in total? (Including your main job, part-time job, rent, stock, investments, lucky money, pocket money)							
My own monthly approximate income	<input type="checkbox"/> (01)under 10,000 <input type="checkbox"/> (04)20,000~29,999 <input type="checkbox"/> (07)50,000~59,999 <input type="checkbox"/> (10)80,000~89,999 <input type="checkbox"/> (13)110,000~119,999 <input type="checkbox"/> (16)140,000~149,999		<input type="checkbox"/> (02)10,000~14,999 <input type="checkbox"/> (05)30,000~39,999 <input type="checkbox"/> (08)60,000~69,999 <input type="checkbox"/> (11)90,000~99,999 <input type="checkbox"/> (14)120,000~129,999 <input type="checkbox"/> (17)150,000~199,999		<input type="checkbox"/> (03)15,000~19,999 <input type="checkbox"/> (06)40,000~49,999 <input type="checkbox"/> (09)70,000~79,999 <input type="checkbox"/> (12)100,000~109,999 <input type="checkbox"/> (15)130,000~139,999 <input type="checkbox"/> (18)200,000 or more		
	Correspondence telephone	Home: ()			Cellular:		
	E-mail						

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

Thank you.

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) Mail **【skip questions 4 to 11】**
 (4) E-mail **【skip questions 4 to 11】**
 (5) Self-completion by respondents
 (6) 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 records

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