

1. Gender: (01) male (02) female

2. When were you born? R.O.C. year _____

3. Where were you born?

- | | | |
|-------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> (01) Keelung City | <input type="checkbox"/> (02) Taipei City | <input type="checkbox"/> (03) New Taipei City |
| <input type="checkbox"/> (04) Taoyuan City | <input type="checkbox"/> (05) Hsinchu County | <input type="checkbox"/> (06) Hsinchu City |
| <input type="checkbox"/> (07) Miaoli County | <input type="checkbox"/> (08) Nantou County | <input type="checkbox"/> (09) Taichung City |
| <input type="checkbox"/> (10) Changhua County | <input type="checkbox"/> (11) Yunlin County | <input type="checkbox"/> (12) Chiayi County |
| <input type="checkbox"/> (13) Chiayi City | <input type="checkbox"/> (14) Tainan City | <input type="checkbox"/> (15) Kaohsiung City |
| <input type="checkbox"/> (16) Pingtung County | <input type="checkbox"/> (17) Yilan County | <input type="checkbox"/> (18) Hualien County |
| <input type="checkbox"/> (19) Taitung County | <input type="checkbox"/> (20) Penghu County | <input type="checkbox"/> (21) Kinmen County |
| <input type="checkbox"/> (22) Lienchiang County | <input type="checkbox"/> (88) Other(please specify)_____ | |

4. What is your education level? (Including have attended or still attending)

- (01) none
- (02) self-study
- (03) elementary school
- (04) junior high school
- (05) vocational junior high school
- (06) senior high school(general class)
- (07) senior high school(vocational class)
- (08) vocational senior high school
- (09) cadet school
- (10) five-year junior college
- (11) two-year junior college
- (12) three-year junior college
- (13) Military/police junior college (one year)
- (14) Military/police junior college (two years)
- (15) open junior college
- (16) open university
- (17) Military/police college
- (18) Institute of technology
- (19) university (bachelor's degree)
- (20) graduate school (master's degree)
- (21) graduate school (doctorate degree)
- (88) other (Please specify) _____

5. How many days per week on average do you surf the Internet (Including using LINE, checking bus times, watching videos online, etc.) ?

_____ day(s)

6. How long do you surf the Internet for **working and learning purposes** every day on average?

_____hours _____minutes

7. How long do you surf the Internet for **entertainment and leisure purposes** every day on average?

_____hours _____minutes

8. Do you use the Internet (including via a cellphone, tablet or computer) for the following reasons?

(Multiple choice)

- (01) To stay in touch with others (via LINE, Facebook)
- (02) For entertainment or recreation (playing games, watching cartoons or anime, watching movies, drama, live streams, listening to music, using dating apps, following celebrities, horoscopes, killing time, not knowing what else to do)
- (03) To acquire information on current events, news, government (looking up buzzwords, reading or watching the news, reading government announcements, checking the weather)
- (04) To get information on lifestyle and recreation (food, tourism and travel, healthcare, family life, parental or marriage tips, transportation)
- (05) For finance, consumption or shopping (information on finance and investment, online shopping, managing finances, making payments, checking the stock market)
- (06) For learning or work (language learning, online courses, using productivity applications, learning about different software)
- (88) Other (Please specify)_____
- (90) None of the above **【Mutually exclusive with options (01) to (88)】**

9. In the past month, which of the following **instant messaging apps** do you use (including on the phone, tablet or computer)? (Multiple choice)

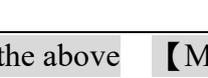
| | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (01)LINE  | <input type="checkbox"/> (05)Hangouts  |
| <input type="checkbox"/> (02)FB Messenger  | <input type="checkbox"/> (06)Skype  |
| <input type="checkbox"/> (03)Wechat  | <input type="checkbox"/> (07)Facetime  |
| <input type="checkbox"/> (04)WhatsApp  | <input type="checkbox"/> (08)Telegram  |

| | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (88)Other (Please specify)_____ | <input type="checkbox"/> (90) None of the above 【Mutually exclusive with options (01) to (88)】 |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

10. In the past month, which of the following social media do you use (including on the phone, tablet or computer)? (Multiple choice)

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (01) Facebook  | <input type="checkbox"/> (06) Plurk  |
| <input type="checkbox"/> (02) Instagram  | <input type="checkbox"/> (07) TikTok  |
| <input type="checkbox"/> (03) Twitter  | <input type="checkbox"/> (08) PTT  |
| <input type="checkbox"/> (04) LinkedIn  | <input type="checkbox"/> (09) Dcard  |
| <input type="checkbox"/> (05) Weibo  | <input type="checkbox"/> (10) Pinterest  |
| <input type="checkbox"/> (88) Other (Please specify)_____ | <input type="checkbox"/> (90) None of the above 【Mutually exclusive with options (01) to (88)】 |

11. In the past month, which of the following online video platform do you use (including on the phone, tablet or computer)? (Multiple choice)

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (01) YouTube  | <input type="checkbox"/> (05) LINE TV  |
| <input type="checkbox"/> (02) iQiyi  | <input type="checkbox"/> (06) Li TV  |
| <input type="checkbox"/> (03) Netflix  | <input type="checkbox"/> (07) Twitch  |
| <input type="checkbox"/> (04) KKTV  | <input type="checkbox"/> (08) friDay  |
| <input type="checkbox"/> (88) Other (Please specify)_____ | <input type="checkbox"/> (90) None of the above 【Mutually exclusive with options (01) to (88)】 |

【If you answered “None of the above” on Question 10, skip Question Sets 12 and 13】

12. To what extent do you agree with the following statements?

| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|------|-----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | On social media, if you think that others might disagree with you, you'd avoid expressing your own views. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (02) | On social media, it's easy for you to express your opinions to those who have opposing views. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (03) | On social media, when you see others expressing views that are different from yours, you'd tell them directly. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

13.

| | | Not worried at all | Not worried | Neutral | Worried | Very worried |
|------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | On social media, are you worried that others might shun you if you expressed your views on controversial political topics? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (02) | On social media, are you worried that others might change your views if you expressed your views on controversial political topics? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

14. Over the past month, in your sleep, what percentage of your dreams were about social media?

Please fill in the number: _____%

(If you don't remember your dreams, or if you don't dream about social media, please fill in "0".)

15.

| | | Never | Seldom | Sometimes | Often | Always |
|------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | Over the past month, in your sleep, how often do you feel like a stranger and not behaving like yourself in your dreams? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

【If you answered "None of the above" on Question 9 and 10, skip Question Sets 16 and 19】

16.

| | | LINE | Facebook Messenger | Facebook | Instagram |
|------|------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (01) | Which platform makes you feel least alone when you're using it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Which platform makes you feel most popular when you're using it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16_1. **【If only one platform is used, switch to the following questions】**

| | | Yes (1) | No (0) |
|--|--|---------|--------|
| | | | |

| | | | |
|------|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
| (01) | Does using LINE/ Facebook Messenger/ Facebook/ Instagram make you feel not alone? | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Does using LINE/ Facebook Messenger/ Facebook/ Instagram make you feel popular? | <input type="checkbox"/> | <input type="checkbox"/> |

17. Which platform...

| | | LINE | Facebook Messenger | Facebook | Instagram |
|------|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (01) | Makes it easiest for you to get in touch with friends or family members that you want to contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Makes it easiest for your friends to know how you've been? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (03) | Makes it easiest for you to know how your friends have been? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (04) | Makes it easiest for you to enjoy social interactions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (05) | Makes it easiest for you to keep up with what everyone has been doing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17_1. **【If only one platform is used, switch to the following questions】**

Do you feel that using LINE/ Facebook Messenger/ Facebook/ Instagram...

| | | Yes (1) | No (0) |
|------|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| (01) | Makes it easy for you to get in touch with friends or family members that you want to contact? | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Makes it easy for your friends to know how you've been? | <input type="checkbox"/> | <input type="checkbox"/> |
| (03) | Makes it easy for you to know how your friends have been? | <input type="checkbox"/> | <input type="checkbox"/> |
| (04) | Makes it easy for you to enjoy social interactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| (05) | Makes it easy for you to keep up with what everyone has been doing? | <input type="checkbox"/> | <input type="checkbox"/> |

18.

| 題號 | | LINE | Facebook Messenger | Facebo ok | Instagra m |
|------|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (01) | Which platform makes you feel most confident when you're using it to communicate with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Which platform makes you feel most at ease when you're using it to communicate with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18_1. **【If only one platform is used, switch to the following questions】**

| | | Yes (1) | No (0) |
|------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| (01) | Do you think that using LINE/ Facebook Messenger/ Facebook/ Instagram to communicate with others makes you feel confident? | <input type="checkbox"/> | <input type="checkbox"/> |
| (02) | Do you think that using LINE/ Facebook Messenger/ Facebook/ Instagram to communicate with others makes you feel at ease? | <input type="checkbox"/> | <input type="checkbox"/> |

【If only one platform is used by the respondent, the answer for this question is that platform】

19.

| | | LINE | Facebook Messenger | Facebo ok | Instagra m |
|------|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (01) | If you can only keep one platform, which one will you keep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

【Attention check question Q1】

19a. What do you usually do on cell phone? (Multiple choice)

We are interested in whether you actually take the time to read the directions; if not, then some of our survey results will be ineffective. So, in order to demonstrate that you have read the instructions, please ignore the items below. Instead, select the box marked “other” and type “I read the instructions” (no quotes) in the text box Thank you very much.

- Answer calls
- Watch videos
- Use LINE
- Tell time
- Check map
- Other (Please specify) _____

【If you answered “None of the above” on Question 9 and 10, skip Question Sets 20 and 21】

20. Next, we’d like to ask you about your experience using different platforms like social media (e.g., Facebook) and messaging apps (e.g., LINE). Do you agree with the following statements?

| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | When using these platforms, you care about how others perceive who you are. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (02) | Before updating your status on these platforms, you’d first imagine how others might react to your updates in your mind. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

21.

| | | Not important at all | Not important | Neutral | Important | Very important |
|------|-------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | How important is it to let others know how enthusiastic you are about political topics on these platforms? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (02) | How important is it to let others know how many friends you have on these platforms? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (03) | How important is it to let others know how vibrant and exciting your life is on these platforms? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

22.

| | | Very poor | Poor | Neutral | Good | Very good |
|------|-------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | How would you rate your ability to interact with others on the Internet? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (02) | How would you rate your ability to communicate and express your opinions on the Internet? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

23.

| | | Never | Seldom | Sometimes | Often |
|------|---------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | When you're with other people, how often do you put on a show to impress or entertain them? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (02) | When you're in a group of people, how often are you the center of attention? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

24.

| | | Never | Seldom | Sometimes | Often |
|------|---------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | How often you did dangerous things for fun? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (02) | How often you did exciting things even if they are dangerous? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

【Question Set 25's questions are shown randomly】

25. The following questions are about some peculiar experiences people might have in their daily lives.

Please recall how often you **experienced the following** in the past month.

| | | Never | Seldom | Sometimes | Often | Always |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | When you're moving around, your actions don't seem to be in your control, which makes you feel like a robot, making "automated" and "robotic" movements. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (02) | You can't properly feel what you are touching with your hands, because it feels as if you weren't the person touching the object. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (03) | When you're crying or laughing, you don't seem to feel any emotions at all. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (04) | Out of the blue, you suddenly don't feel any emotional connections with your family and friends. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (05) | You feel disconnected with your memories or things that have happened to you, as if you were never there when those things happened. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (06) | You feel like something happened a long time ago even though it's something you just did. For example, you did something this morning, but it feels as if you did that weeks ago. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (07) | The world around you gives you a sense of detachment or surrealness, as if there were a thin veil between you and the external world. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| (08) | Out of the blue, you suddenly get a strange feeling that you don't exist, or that you're excluded from this world. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

【Attention check question 3】

25a. Which municipality is the Presidential Office located in? **【Options are shown randomly】**

Kaohsiung City、Taoyuan City、Taipei City、Tainan City、Taichung City、Hsinchu County、Miaoli City、Hualien County、Yilan County、Nantou County

【The correct answer is Taipei City】

26. How many people do you regularly discuss important personal issues or concerns with?

_____ persons

27. Following up on the previous question,

Based on this person

Based on these two people

Based on these three people

Based on these four people

Based on these five people

【The above are “Fewer than 5” options for Question Set 26】

Please list five people out of them **【“More than 5” option for Question Set 26】**

Answer the following questions:

(01) First person:

(a) His/Her name (or nickname): _____

(b) Who is he/she to you? (Only select one option) _____

| | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> (01) Boy/Girlfriend | <input type="checkbox"/> (13) Child |
| <input type="checkbox"/> (02) Spouse | <input type="checkbox"/> (14) Daughter-in-law |
| <input type="checkbox"/> (03) Friend | <input type="checkbox"/> (15) Son-in-law |
| <input type="checkbox"/> (04) Schoolmate | <input type="checkbox"/> (16) Husband's parent |
| <input type="checkbox"/> (05) Colleague | <input type="checkbox"/> (17) Wife's parent |
| <input type="checkbox"/> (06) Sibling | <input type="checkbox"/> (18) Son's child |
| <input type="checkbox"/> (07) Sibling-in-law | <input type="checkbox"/> (19) Daughter's child |
| <input type="checkbox"/> (08) First cousin (different surname) | <input type="checkbox"/> (20) Nephew/niece |
| <input type="checkbox"/> (09) First cousin (same surname) | <input type="checkbox"/> (21) Great-grandparent |
| <input type="checkbox"/> (10) Father | <input type="checkbox"/> (22) Neighbor |
| <input type="checkbox"/> (11) Mother | <input type="checkbox"/> (88) Other (Please specify) _____ |
| <input type="checkbox"/> (12) Grandparent | |

(c) How do you normally stay in touch with him/her?(Multiple choice)

- (01) Face-to-face
 (02) Landline phone
 (03) Mobile phone or texting (charges money)
 (04) Internet (e.g., LINE, FaceTime, Facebook Messenger, WeChat, etc.)

(02) Second person:

(a) His/Her name (or nickname): _____

(b) Who is he/she to you? (Only select one option) _____

| | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> (01) Boy/Girlfriend | <input type="checkbox"/> (13) Child |
| <input type="checkbox"/> (02) Spouse | <input type="checkbox"/> (14) Daughter-in-law |
| <input type="checkbox"/> (03) Friend | <input type="checkbox"/> (15) Son-in-law |
| <input type="checkbox"/> (04) Schoolmate | <input type="checkbox"/> (16) Husband's parent |
| <input type="checkbox"/> (05) Colleague | <input type="checkbox"/> (17) Wife's parent |
| <input type="checkbox"/> (06) Sibling | <input type="checkbox"/> (18) Son's child |
| <input type="checkbox"/> (07) Sibling-in-law | <input type="checkbox"/> (19) Daughter's child |
| <input type="checkbox"/> (08) First cousin (different surname) | <input type="checkbox"/> (20) Nephew/niece |
| <input type="checkbox"/> (09) First cousin (same surname) | <input type="checkbox"/> (21) Great-grandparent |
| <input type="checkbox"/> (10) Father | <input type="checkbox"/> (22) Neighbor |
| <input type="checkbox"/> (11) Mother | <input type="checkbox"/> (88) Other (Please specify) _____ |
| <input type="checkbox"/> (12) Grandparent | |

(c) How do you normally stay in touch with him/her?(Multiple choice)

- (01) Face-to-face
 (02) Landline phone
 (03) Mobile phone or texting (charges money)
 (04) Internet (e.g., LINE, FaceTime, Facebook Messenger, WeChat, etc.)

(03) Third person:

(a) His/Her name (or nickname): _____

(b) Who is he/she to you? (Only select one option) _____

| | |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> (01) Boy/Girlfriend | <input type="checkbox"/> (13) Child |
| <input type="checkbox"/> (02) Spouse | <input type="checkbox"/> (14) Daughter-in-law |
| <input type="checkbox"/> (03) Friend | <input type="checkbox"/> (15) Son-in-law |
| <input type="checkbox"/> (04) Schoolmate | <input type="checkbox"/> (16) Husband's parent |
| <input type="checkbox"/> (05) Colleague | <input type="checkbox"/> (17) Wife's parent |

| | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> (06) Sibling | <input type="checkbox"/> (18) Son's child |
| <input type="checkbox"/> (07) Sibling-in-law | <input type="checkbox"/> (19) Daughter's child |
| <input type="checkbox"/> (08) First cousin (different surname) | <input type="checkbox"/> (20) Nephew/niece |
| <input type="checkbox"/> (09) First cousin (same surname) | <input type="checkbox"/> (21) Great-grandparent |
| <input type="checkbox"/> (10) Father | <input type="checkbox"/> (22) Neighbor |
| <input type="checkbox"/> (11) Mother | <input type="checkbox"/> (88) Other (Please specify) _____ |
| <input type="checkbox"/> (12) Grandparent | |

(c) How do you normally stay in touch with him/her?(Multiple choice)

- (01) Face-to-face
 (02) Landline phone
 (03) Mobile phone or texting (charges money)
 (04) Internet (e.g., LINE, FaceTime, Facebook Messenger, WeChat, etc.)

(04) Fourth person:

(a) His/Her name (or nickname): _____

(b) Who is he/she to you? (Only select one option) _____

| | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> (01) Boy/Girlfriend | <input type="checkbox"/> (13) Child |
| <input type="checkbox"/> (02) Spouse | <input type="checkbox"/> (14) Daughter-in-law |
| <input type="checkbox"/> (03) Friend | <input type="checkbox"/> (15) Son-in-law |
| <input type="checkbox"/> (04) Schoolmate | <input type="checkbox"/> (16) Husband's parent |
| <input type="checkbox"/> (05) Colleague | <input type="checkbox"/> (17) Wife's parent |
| <input type="checkbox"/> (06) Sibling | <input type="checkbox"/> (18) Son's child |
| <input type="checkbox"/> (07) Sibling-in-law | <input type="checkbox"/> (19) Daughter's child |
| <input type="checkbox"/> (08) First cousin (different surname) | <input type="checkbox"/> (20) Nephew/niece |
| <input type="checkbox"/> (09) First cousin (same surname) | <input type="checkbox"/> (21) Great-grandparent |
| <input type="checkbox"/> (10) Father | <input type="checkbox"/> (22) Neighbor |
| <input type="checkbox"/> (11) Mother | <input type="checkbox"/> (88) Other (Please specify) _____ |
| <input type="checkbox"/> (12) Grandparent | |

(c) How do you normally stay in touch with him/her?(Multiple choice)

- (01) Face-to-face
 (02) Landline phone
 (03) Mobile phone or texting (charges money)
 (04) Internet (e.g., LINE, FaceTime, Facebook Messenger, WeChat, etc.)

(05) Fifth person:

(a) His/Her name (or nickname): _____

(b) Who is he/she to you? (Only select one option) _____

| | |
|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> (01) Boy/Girlfriend | <input type="checkbox"/> (13) Child |
| <input type="checkbox"/> (02) Spouse | <input type="checkbox"/> (14) Daughter-in-law |
| <input type="checkbox"/> (03) Friend | <input type="checkbox"/> (15) Son-in-law |
| <input type="checkbox"/> (04) Schoolmate | <input type="checkbox"/> (16) Husband's parent |
| <input type="checkbox"/> (05) Colleague | <input type="checkbox"/> (17) Wife's parent |
| <input type="checkbox"/> (06) Sibling | <input type="checkbox"/> (18) Son's child |
| <input type="checkbox"/> (07) Sibling-in-law | <input type="checkbox"/> (19) Daughter's child |
| <input type="checkbox"/> (08) First cousin (different surname) | <input type="checkbox"/> (20) Nephew/niece |
| <input type="checkbox"/> (09) First cousin (same surname) | <input type="checkbox"/> (21) Great-grandparent |
| <input type="checkbox"/> (10) Father | <input type="checkbox"/> (22) Neighbor |
| <input type="checkbox"/> (11) Mother | <input type="checkbox"/> (88) Other (Please specify) _____ |
| <input type="checkbox"/> (12) Grandparent | |

(c) How do you normally stay in touch with him/her?(Multiple choice)

- (01) Face-to-face
 (02) Landline phone
 (03) Mobile phone or texting (charges money)
 (04) Internet (e.g., LINE, FaceTime, Facebook Messenger, WeChat, etc.)

28. The following section will enquire about your satisfaction toward certain matters.

| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Currently unemployed |
|------|------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | In general, are you satisfied with your life? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| (02) | In general, are you satisfied with your social life? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| (03) | In general, are you satisfied with your work? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| (04) | In general, are you satisfied with yourself? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| (05) | In general, are you satisfied with | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

| | | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|
| | your current health conditions? | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|

29.

| | | Very unhappy | Unhappy | Neutral | Happy | Very happy |
|------|-------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | Overall, are you happy about your current life? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

30.

| | | Not lonely at all | Not lonely | Neutral | Lonely | Very lonely |
|------|----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (01) | Overall, do you currently feel lonely? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

31. Overall, how satisfied are you with your **family** currently? On a scale of 0 to 10, with 0 being very dissatisfied and 10 being very satisfied, how would you rate your feeling?

0 10
 (Very **dissatisfied**) ----- (Very **satisfied**)

32. Overall, how satisfied are you with your **interpersonal relationships** currently? On a scale of 0 to 10, with 0 being very dissatisfied and 10 being very satisfied, how would you rate your feeling?

0 10
 (Very **dissatisfied**) ----- (Very **satisfied**)

33. Overall, how satisfied are you with your **financial situation** currently? On a scale of 0 to 10, with 0 being very dissatisfied and 10 being very satisfied, how would you rate your feeling?

0 10
 (Very **dissatisfied**) ----- (Very **satisfied**)