

Taiwan Social Change Survey

Survey 2011: Round 6, Year 2
Questionnaire II
Health

Respondent's ID:

Interviewer's Name: _____

Location of Interview: _____

Institute of Sociology, Academia Sinica

A3. We would like to ask about the area 1km (approximately 15 minutes on foot) around your home.
To what extent do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. The neighborhood is suitable for doing exercise such as jogging or walking (EASS G-2a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. A large selection of fresh fruits and/or vegetable is available in the neighbourhood (EASS G-2b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. The neighborhood has adequate public facilities (community center, library, park, etc.) (EASS G-2c)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. The neighborhood is safe (EASS G-2d)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
e. The neighbors are willing to provide assistance when I am in need (EASS G-2f)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

A4. Are any of the following located within 50 meters of your house (approximately 1 minute on foot around your house)?

	Yes	No
a. Restaurants, street food vendors or night markets that produce smoke and grease while cooking	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)
b. Temples where people burn incense sticks to worship God	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)
c. Stores, markets, or factories that produce something smelly or dusty (e.g., dry cleaning stores, motorcycle/car repair shops)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)

A5. Are there roads, expressways, highways, or freeways with heavy traffic located within 15 meters of your house (approximately one block from your house)? If yes, please estimate how often traffic jams occur.

- (01) Yes, very often
 (02) Yes, not very often
 (03) No

B、Providers and Systemic Features/Performance Evaluation

B1. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. In the next few years the health care system in Taiwan will improve. (ISSP 6a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. People use health care services more than necessary. (ISSP 6b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. The government should provide only limited health care services. (ISSP 6c)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. In general, the health care system in Taiwan is inefficient. (ISSP 6d)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

B2. In your opinion, how many people are there in Taiwan who do not have access to the health care they need? (ISSP10)

(01) None (02) Very few (03) Some (04) Many

B3. How much do you worry about each of the following when it comes to yourself and your family?

	Very much	A little	Not so much	Not at all
a. Unable to receive health care when needed (EASS C2a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)
b. Unable to pay the cost when someone get a serious illness or condition (EASS C2b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)

B4. How likely is it that if you become seriously ill, you would get or not get... (ISSP21a~b)

	It's certain I would get	It's likely I would get	Equal chance of getting or not getting	It's likely I would not get	It's certain I would not get
a. the best treatment available in Taiwan?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. treatment from the doctor of your choice?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

B5. In general, how satisfied or dissatisfied are you with the health care system in Taiwan?(ISSP22)

- (01) Completely satisfied (02) Very satisfied (03) Fairly satisfied
 (04) Neither satisfied nor dissatisfied (05) Fairly dissatisfied (06) Very dissatisfied
 (07) Completely dissatisfied

B6. How much do you agree or disagree with the following statements about doctors in general in Taiwan?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. All things considered, doctors can be trusted. (ISSP16a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. Doctors discuss all treatment options with their patients. (ISSP16b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. The medical skills of doctors are not as good as they should be. (ISSP16c)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. Doctors care more about their earnings than about their patients. (ISSP16d)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
e. Doctors would tell their patients if they made a mistake during treatment. (ISSP16e)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
f. Doctors keep personally sensitive medical information confidential.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
g. Patients can feel free to express their different opinions on treatment or diagnoses to doctors.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
h. Doctors pay more attention to patients who have connections/relations with (e.g., to require an obligation, giving bribes).	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

C · Funding & Resources

C1. Are you in favor of or against public funding of...(ISSP8a~8d)

	Strongly in favor of	In favor of	Neither in favor of nor against	Against	Strongly against
a. preventive medical checkups?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. treatment of HIV/AIDS?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. programs to prevent obesity?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. organ transplants?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

C2. Suppose there is a new cancer medication that costs NT\$100,000~150,000 monthly. For a cancer patient whose remaining life expectancy is 6-12 months, are you in favor of or against the proposal of making National Health Insurance pay all the expenses of this new cancer medication?

- (01) Strongly in favor of (02) In favor of (03) Neither in favor of nor against
 (04) Against (05) Strongly against

C3. Mechanic ventilation care costs NT\$100,000~200,000 monthly. For a patient who is under a permanent vegetative state and needs mechanic ventilation care, are you in favor of or against the proposal of making National Health Insurance pay all the expenses of the mechanic ventilation care?

- (01) Strongly in favor of (02) In favor of (03) Neither in favor of nor against
 (04) Against (05) Strongly against

C4. Dialysis treatment costs about NT\$50,000 monthly. For a patient whose remaining life expectancy is 6-12 months, are you in favor of or against the proposal of making National Health Insurance pay all the expenses of dialysis treatment?

- (01) Strongly in favor of (02) In favor of (03) Neither in favor of nor against
 (04) Against (05) Strongly against

C5. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. People should have access to publicly funded health care even if they do not hold citizenship of Taiwan. (ISSP9a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. People should have access to publicly funded health care even if they behave in ways that damage their health. (ISSP9b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

C6. Suppose two equally sick people need the same heart operation. One does not smoke, the other is a heavy smoker. In your opinion who should get the operation first? (ISSP12)

- (01) The non-smoker (02) The heavy smoker
 (03) Their smoking habits should make no difference

C7. Now, suppose two other equally sick people need the same heart operation. One is aged 30, the other 70. In your opinion who should get the operation first? (ISSP13)

- (01) The 30 year old (02) The 70 year old

(03) Their ages should make no difference

C8. Now, suppose two other equally sick people need the same heart operation. One has young children, the other does not have young children. In your opinion who should get the operation first? (ISSP14)

- (01) The one who has young children (02) The one who has no young children
 (03) Having young children should make no difference

C9. Now, suppose two other equally sick people need the same heart operation. One is financially poor, and the other is not. In your opinion who should get the operation first?

- (01) The one who is financially poor (02) The one who is not financially poor
 (03) Being financially poor should make no difference

C10. Now, suppose two other equally sick people need the same heart operation. One is able to lead a life with normal functioning after the operation, and the other is not able to. In your opinion who should get the operation first?

- (01) The one who is able to lead a life with normal functioning after the operation
 (02) The one who is not able to lead a life with normal functioning after the operation
 (03) Being able to lead a life with normal functioning should make no difference

D - Health Status

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please continue with D1a1~D1a3. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please go to D1b1~D1b2.

D1a1. How often do you smoke? (EASSB-1)

- (01) Daily (02) Several times a week
 (03) Several times a month (04) Several times a year or less often
 (05) Never (skip to D1a3)

D1a2. For how many years have you smoked? _____ years (EASSB-2)

D1a3. How often do you drink alcoholic drinks? (EASSB-3)

- (01) Daily (02) Several times a week
 (03) Several times a month (04) Several times a year or less often
 (05) Never

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please go to D2. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please continue with D1b1~D1b2.

D1b1. Do you smoke cigarettes, and if so about how many cigarettes a day? (ISSP24)

- (01) Do not smoke and never did
- (02) Do not smoke now but smoked in the past
- (03) Smoke 1-5 cigarettes per day
- (04) Smoke 6-10 cigarettes per day
- (05) Smoke 11-20 cigarettes per day
- (06) Smoke 21-40 cigarettes per day
- (07) Smoke more than 40 cigarettes per day

D1b2. How often do you drink 4 or more alcoholic drinks on the same day? (ISSP25a)

- (01) Never
- (02) Do not drink this way now but drank this way in the past
- (03) Once a month or less often
- (04) Several times a month
- (05) Several times a week
- (06) Daily

D2. How often do you do physical activity for at least 20 minutes that makes you sweat or breathe more heavily than usual? (ISSP25b, EASSB-4)

- (01) Never
- (02) Once a month or less often (Several times a year or less often)
- (03) Several times a month
- (04) Several times a week
- (05) Daily

D3. How often do you eat fresh fruit or vegetables? (ISSP 25c)

- (01) Never
- (02) Once a month or less often
- (03) Several times a month
- (04) Several times a week
- (05) Daily

D4. Do you have the habit of chewing betel nuts?

- (01) No
- (02) Do not chew now but chewed in the past
- (03) Sometimes
- (04) Often
- (05) Almost every day

D5a. What is your height? _____ cm (EASSA17, ISSP28a)

D5b. What is your weight? _____ kg (EASSA18, ISSP28b)

(If you are currently pregnant, please answer the weight before your pregnancy)

D5c. How good is your eye-sight?

- (01) See things clearly without glasses
- (02) See things very clearly with glasses
- (03) See things fairly clearly with glasses
- (04) See things not very clearly with glasses
- (05) Do not see things clearly at all with glasses
- (06) Do not see things clearly at all and do not wear glasses

D5d. How good is your hearing?

- (01) Hear things clearly without a hearing aid
- (02) Hear things very clearly with a hearing aid
- (03) Hear things fairly clearly with a hearing aid
- (04) Hear things not very clearly with a hearing aid
- (05) Hear things not clearly at all with a hearing aid
- (06) Do not hear things clearly at all and do not wear a hearing aid

D6a. When do you usually go to sleep? _____

(Please enter using the 24-hour format. For example, please fill in 2330 for 11:30 p.m.)

When do you usually get up? _____

(Please enter using the 24-hour format. For example, please fill in 0730 for 7:30 a.m.)

D6b. For how much time do you take a nap each day? _____ hours _____ minutes

(Please fill in 「0」 for those who don't take a nap)

D6c. On average, how much time do you spend watching TV news every day?

_____ hours _____ minutes (Please fill in 「0」 for those who don't watch TV news)

D7a. During the past month, about how many days each week did you eat dinner out? _____ days

D7b. About how many days each week do you stay out after 10:00 p.m.? _____ days

D8. What do you think about your body shape? (EASS Q55)

- (01) A lot underweight
- (02) A little underweight
- (03) Neither underweight nor overweight
- (04) A little overweight
- (05) A lot overweight

c. Acupressure or clinical massage (EASS E-1c) (01) Yes (02) No

D15. How satisfied or dissatisfied were you with the treatment you received when you last visited a doctor? (ISSP23a)

- (01) Completely satisfied (02) Very satisfied
 (03) Fairly satisfied (04) Neither satisfied nor dissatisfied
 (05) Fairly dissatisfied (06) Very dissatisfied
 (07) Completely dissatisfied (08) Does not apply

D16. How satisfied or dissatisfied were you with the treatment you received when you were last in a hospital? (ISSP23c)

- (01) Completely satisfied (02) Very satisfied
 (03) Fairly satisfied (04) Neither satisfied nor dissatisfied
 (05) Fairly dissatisfied (06) Very dissatisfied
 (07) Completely dissatisfied (08) Does not apply

D17. How satisfied or dissatisfied were you with the treatment you received when you last visited an alternative /traditional/ folk health care practitioner? (ISSP23b)

- (01) Completely satisfied (02) Very satisfied
 (03) Fairly satisfied (04) Neither satisfied nor dissatisfied
 (05) Fairly dissatisfied (06) Very dissatisfied
 (07) Completely dissatisfied (08) Does not apply

D18. In the past 3 years, did you have a health check-up for which you paid for all of the cost?

- (01) No (02) Yes, I had a cancer screening test
 (03) Yes, I had a health check-up

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please continue with D19a. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please go to D19b.

D19a. In general, would you say your health is ... (ISSP26, EASS_SFq1)

- (01) excellent (02) very good (03) good (04) fair (05) poor

D19b. In general, would you say your health is ...

- (01) very good (02) good (03) poor (04) very poor

D20. Do you have a long-standing illness, a chronic condition, or a disability? (ISSP27, EASSA-15)

(01) Yes → What are they? _____ (EASSA-16)

(02) No

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please continue with D21a. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please go to D21b.

D21a. During the past 4 weeks, how often have you had difficulties with work or household activities because of health problems?

(01) Never (02) Seldom (03) Sometimes (04) Often (05) Very often

D21b. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (EASS_SFq8)

(01) Not at all (02) A little bit (03) Moderately
 (04) Quite a bit (05) Extremely

D22. During the past 4 weeks how often...

	Never	Seldom	Sometimes	Often	Very often
a. have you had bodily aches or pains? (ISSP17b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. have you felt unhappy and depressed? (ISSP17c)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. have you lost confidence in yourself? (ISSP17d)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. have you felt you could <u>not</u> overcome your problems? (ISSP17e)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
e. have you felt downhearted and depressed? (EASS_SFq11)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
f. have you felt calm and peaceful? (EASS_SFq9)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

E • Health Literacy

《Please answer E1 and E2 regardless of whether you are illiterate or not.》

E1. How confident are you filling out medical forms yourself? (e.g. personal file, medical history, consent form)

(01) extremely (02) quite a bit (03) somewhat (04) a little bit
 (05) not at all

E2. Without other's help, how often do you have problems learning about your medical condition because of

	Never	Occasionally	Sometimes	Often	Always
a. difficulty understanding healthcare providers' explanations?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. not knowing how to ask healthcare providers questions?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. difficulty understanding health written materials?	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

Please skip to F1 for those who are illiterate.

E3. This is a prescription. Please read each direction to yourself and answer the question based on the prescription.

a. How this medicine is taken?

Attention Interviewer: Please do not read the options to respondents.

- (01) Sublingual (02) Topical (applied to the skin) (03) Oral

b. When does the patient take this medicine?

Attention Interviewer: Please do not read the options to respondents.

(01) 30 minutes before a meal

(02) 30 minutes before bedtime

(03) 30 minutes after a meal

c. If the patient took this medicine before breakfast this morning, when should be the best time the patient takes the next one?

Attention Interviewer: Please do not read the options to respondents.

(01) This patient should take the medicine before dinner tonight

(02) This patient should take the medicine before breakfast tomorrow

(03) This patient should take the medicine before lunch tomorrow

d. How much should the patient take this medicine each time?

Attention to Interviewer: please do not read the options for respondents to choose.

(01) 0.5 tablet (02) 1 tablet (03) 5 tablets

e. Why does the patient take this medicine?

Attention Interviewer: Please read the options for respondents to choose.

(01) Control blood pressure (02) Control cholesterol (03) control blood sugar

f. What is the potential side effect relevant to hypoglycaemia (low blood sugar)? **Attention**

Interviewer: Please read the options for respondents to choose.

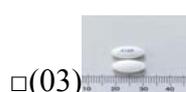
- (01) rash (02) jaundice (03) palpitations

g. Should the patient avoid any liquids/foods while using this medicine? **Attention Interviewer:**

Please read the options for respondents to choose.

- (01) milk (02) banana (03) wine

h. How does this medicine look like?



F · Values & Perceptions

F1. Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people? **(EASS F-6)**

- (01) People can almost always be trusted
 (02) People can usually be trusted
 (03) You usually can't be too careful in dealing with people
 (04) You almost always can't be too careful in dealing with people

F2. Do you think people in general are willing to help others or only take care of their own business?

- (01) Willing to help others (02) Only take care of their own business
 (03) Half and half

	Very fair	Somewhat fair	Neither fair nor unfair	Somewhat unfair	Very unfair
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F3a. Is it fair or unfair that people with higher incomes can afford better education for their children than people with lower incomes? (ISSP4)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
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F3b. Is it fair or unfair that people with higher incomes can afford better health care than people with lower incomes? (ISSP 5)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
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F4. How willing would you be to pay higher taxes to improve the level of health care for all people in Taiwan? **(ISSP7)**

- (01) Very willing (02) Fairly willing (03) Neither willing nor unwilling
 (04) Fairly unwilling (05) Very unwilling

F5. Severe health problems may have many causes. How much do you agree or disagree with the following statements? People suffer from severe health problems... (ISSP11a~d)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. because they behaved in ways that damaged their health.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. because of the environment they are exposed to at work or where they live.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. because of their genes.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
d. because they are poor.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

F6. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Alternative/traditional/folk medicine provides better solutions for health problems than [mainstream/western conventional medicine. (ISSP15a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. Alternative/traditional/folk medicine promises more than it is able to deliver. (ISSP15b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please continue with F7a. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please go to F7b.

F7a. In general, how much confidence do you have in...

	Complete confidence	A great deal of confidence	Some confidence	Very little confidence	No confidence at all
1. the educational system in Taiwan? (ISSP2a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
2. the health care system in Taiwan? (ISSP2b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

F7b. In general, how much confidence do you have in...

	A great deal of confidence	Some confidence	Very little confidence	No confidence at all
1. the educational system in	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)

Taiwan?

2. the health care system in (01) (02) (03) (04)

Taiwan?

F8. Next we would like to know what you think would be a state of good health. From the following list, please choose two options that you think of as being the most important things to constitute good health.

The most important thing to constitute good health _____

The second most important thing to constitute good health _____

- (01) do not have to visit a doctor
- (02) do not have to take medicine to control pain or illness
- (03) can take good care of your work, family, and things in daily life
- (04) can adjust well to changes in life
- (05) being joyful
- (06) have good interpersonal relationships

F9. We would like to know what you think would make a good death. From the following list, please choose two options that you think as the most important things at the time of death and what would make a good death to you.

What is the most important thing at the time of death that would make a good death to you ?

What is the second most important thing at the time of death that would make a good death to you ?

- (01) no physical suffering
- (02) no mental suffering
- (03) already prepared for death
- (04) with family members nearby
- (05) with no regrets or burdens on family
- (06) the place of death
- (07) expected timing of death
- (08) have good quality of medical care before death
- (09) other, please specify _____

F10. If you have been diagnosed with a terminal illness that cannot be cured, would you be willing to sign an agreement to stop urgent or life-prolonging medical treatment?

(01) Yes (02) No, please specify : _____)

G · Demographics (Personal Background)

G5. Is your pay just? We are not asking about how much you would like to earn, but what you feel is just, given your skills and effort. If you are not working now, please tell about your last job. (Those who work for a family business without pay should also answer this question.)

- (01) Much less than is just (02) A little less than is just
 (03) About just for me (04) A little more than is just
 (05) Much more than is just (06) Never had a job

G6. In general, how satisfied are you with your quality of life?

- (01) Very satisfied (02) Fairly satisfied
 (03) Fairly unsatisfied (04) Very unsatisfied

If the last digit of the respondent's id is an even number (i.e., 0, 2, 4, 6, 8), please continue with G7a. For the others (the last digit of the respondent's id is an odd number [i.e., 1, 3, 5, 7, 9]) please go to G7b.

G7a. How happy or unhappy would you say you are, on the whole? (EASS 2010 SBV)

- (01) Very happy (02) Fairly happy
 (03) Neither happy nor unhappy
 (04) Not too happy (05) Not happy at all

G7b. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole? (ISSP 1)

- (01) Completely happy (02) Very happy (03) Fairly happy
 (04) Neither happy nor unhappy
 (05) Fairly unhappy (06) Very unhappy (07) Completely unhappy

G8. How would you describe yourself as a person?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I work hard to complete my daily tasks, even if I am slightly sick or when there is another legitimate reason for taking a break.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)
b. I perform to the best of my ability even on a task that I do not like.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)
c. I work hard to maintain my performance on a task, even if the task takes a long time to start producing any results.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)

G9. What kind of health insurance do you have? (ISSP29, EASSD1)

- (01) No health insurance (skip to G11)
 (02) Public health insurance only
 (03) Both public and private health insurance (e.g., cancer insurance, complementary insurance allows to cover the expenses for hospitalization)
 (04) Other (please specify _____)

G10. Thinking about your health insurance coverage, would you say you are... (ISSP30)

- (01) Very well covered (02) Well covered (03) Not well covered

G11. In general, how often do you participate in the following organizations or groups? (e.g., labor union, association for people from the same native place, alumni association, social organization [Rotary Club, academic association, political association], community management committee, parental association)

- (01) Always (02) Often (03) Sometimes (04) Seldom (05)

Never

G12. Do you have any religious belief at present?

- (01) Buddhism (02) Taoism (03) Folk religion
 (04) Yiguan Dao (05) Islam (06) Catholicism
 (07) Protestant Christianity (08) No religious belief (09) Other (Please specify)_____

G13. How often do you participate in any religious group at present? (e.g., pilgrim group, practicing Zen, Sunday service, spirit-cultivation meeting, volunteer work, etc.)?

- (01) Several times a week (02) Once a week
 (03) Two or three times a month (04) Once a month
 (05) Several times a year (06) About once a year
 (07) Seldom (Less than once a year) (08) Never

G14. What is your education level?

- | | |
|--|---|
| <input type="checkbox"/> (01) None/illiterate (skip to G17) | <input type="checkbox"/> (02) Self-study (skip to G17) |
| <input type="checkbox"/> (03) Elementary school | <input type="checkbox"/> (04) Junior high school |
| <input type="checkbox"/> (05) Vocational junior high school | <input type="checkbox"/> (06) Senior high school (general subjects) |
| <input type="checkbox"/> (07) Senior high school (vocational subjects) | <input type="checkbox"/> (08) Vocational senior high school |
| <input type="checkbox"/> (09) Cadet school | <input type="checkbox"/> (10) Five-year junior college |
| <input type="checkbox"/> (11) Two-year junior college | <input type="checkbox"/> (12) Three-year junior college |
| <input type="checkbox"/> (13) Military/police one-year junior college | <input type="checkbox"/> (14) Military/police two-year junior college |
| <input type="checkbox"/> (15) Open junior college | <input type="checkbox"/> (16) Open university |
| <input type="checkbox"/> (17) Military/police college | <input type="checkbox"/> (18) Institute of technology |

- (19) University
 (21) Graduate school (doctoral degree)

 (20) Graduate school (Master's degree)
 (22) Other (Please specify)_____

G15. How many years of formal education have you had (since elementary school)?_____ years

G16. Please think about the time when you were 15 years old (or before, if you left school at a younger age). How would you describe yourself at the time?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I tried hard to go to school every day, even if I was slightly sick or when there was another legitimate reason for staying home.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)
b. I performed to the best of my ability in school, even on an assignment that I did not like.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)
c. I worked hard to maintain my performance on a school assignment, even if it would take a long time to start producing any results.	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)

G17. What is your current marital status?

- (01) Married (02) Cohabiting (03) Widowed
 (04) Divorced (05) Separated (06) Single and never married (skip to G20)
 (07) Other (Please specify)_____

G18. When was your spouse (partner or ex-spouse) born? R.O.C. year_____ month_____

G19. What is your spouse's (partner's or ex-spouse's) education level?

- (01) None/illiterate (02) Self-study
 (03) Elementary school (04) Junior high school
 (05) Vocational junior high school (06) Senior high school (general subjects)
 (07) Senior high school (vocational subjects) (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 one-year junior college (14) Military/police two-year junior college
 (15) Open junior college (16) Open university
 (17) Military/police college (18) Institute of technology
 (19) University (20) Graduate school (Master's degree)
 (21) Graduate school (doctoral degree) (22) Other (Please specify)_____

G20. Is there anyone among your family members, whether living together or not, who needs care because of a long-term physical or mental illness or disability, or is getting old and weak? (EASS I-1)

(01) Yes (02) No (skip to G22)

G21. Are you the major care giver for at least one of them? (EASS I-2)

(01) Yes (02) No

G22. To what extent do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
a. The future seems to me to be hopeless, and I can't believe that things are changing for the better (EASSA-13)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. I feel that it is impossible for me to reach the goals that I would like to strive for (EASSA-14)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

G23. During the past 12 months, did your kin (family or relatives) do the following things for you when you needed it? If yes, how often? Very often, often, sometimes or seldom? (EASSF-1)

	Very Often	Often	Sometimes	Seldom	Not at all	No, do not have such needs	No such persons available
a. Listening to personal problems or concerns	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
b. Providing financial support	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
c. Taking care of household chores (ex. housework, childcare, nursing care)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)

G24. During the past 12 months, did your non-kin (friends, colleagues, or neighbors) do the following things for you when you needed it? If yes, how often? Very often, often, sometimes or seldom? (EASSF-2)

	Very Often	Often	Sometimes	Seldom	Not at all	No, do not have such needs	No such persons available
a. Listening to personal problems or concerns	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
b. Providing financial support	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
c. Taking care of household chores (ex. housework, childcare, nursing care)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)

G25. During the past 12 months, did your professional workers (social workers, caretakers, or therapists) do the following things for you when you needed it? If yes, how often? Very often, often, sometimes or seldom? (EASSF-3)

	Very Often	Often	Sometimes	Seldom	Not at all	No, do not have such needs	No such persons available
a. Listening to personal problems or concerns	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
b. Providing financial support	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)
c. Taking care of household chores (ex. housework, childcare, nursing care)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)

G26. Next we would like to talk about your feelings about getting older. Please indicate how strongly you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I worry about not being able to get around on my own as I get older (EASSJ-1a)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
b. I worry others will have to make decisions for me as I get older (EASSJ-1b)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
c. Financial dependence on others is one of my greatest fears about old age (EASSJ-1c)	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)

G27. What is your father's ethnic background?

- (01) Fukienese of Taiwan
- (02) Hakka of Taiwan
- (03) Aborigine
- (04) Mainlander
- (05) Other (Please specify _____)

G28. What is your mother's ethnic background?

- (01) Fukienese of Taiwan
- (02) Hakka of Taiwan
- (03) Aborigine
- (04) Mainlander
- (05) Other (Please specify _____)

《Please answer G29 and G30 regardless of whether your parents are alive or not》

G29. What is your father's education level?

- | | |
|--|---|
| <input type="checkbox"/> (01) None/illiterate | <input type="checkbox"/> (02) Self-study |
| <input type="checkbox"/> (03) Elementary school | <input type="checkbox"/> (04) Junior high school |
| <input type="checkbox"/> (05) Vocational junior high school | <input type="checkbox"/> (06) Senior high school (general subjects) |
| <input type="checkbox"/> (07) Senior high school (vocational subjects) | <input type="checkbox"/> (08) Vocational senior high school |
| <input type="checkbox"/> (09) Cadet school | <input type="checkbox"/> (10) Five-year junior college |
| <input type="checkbox"/> (11) Two-year junior college | <input type="checkbox"/> (12) Three-year junior college |
| <input type="checkbox"/> (13) Military/police one-year junior college | <input type="checkbox"/> (14) Military/police two-year junior college |
| <input type="checkbox"/> (15) Open junior college | <input type="checkbox"/> (16) Open university |
| <input type="checkbox"/> (17) Military/police college | <input type="checkbox"/> (18) Institute of technology |
| <input type="checkbox"/> (19) University | <input type="checkbox"/> (20) Graduate school (Master's degree) |
| <input type="checkbox"/> (21) Graduate school (doctoral degree) | <input type="checkbox"/> (22) Other (Please specify _____) |

G30. What is your mother's education level?

- | | |
|--|---|
| <input type="checkbox"/> (01) None/illiterate | <input type="checkbox"/> (02) Self-study |
| <input type="checkbox"/> (03) Elementary school | <input type="checkbox"/> (04) Junior high school |
| <input type="checkbox"/> (05) Vocational junior high school | <input type="checkbox"/> (06) Senior high school (general subjects) |
| <input type="checkbox"/> (07) Senior high school (vocational subjects) | <input type="checkbox"/> (08) Vocational senior high school |
| <input type="checkbox"/> (09) Cadet school | <input type="checkbox"/> (10) Five-year junior college |
| <input type="checkbox"/> (11) Two-year junior college | <input type="checkbox"/> (12) Three-year junior college |
| <input type="checkbox"/> (13) Military/police one-year junior college | <input type="checkbox"/> (14) Military/police two-year junior college |
| <input type="checkbox"/> (15) Open junior college | <input type="checkbox"/> (16) Open university |
| <input type="checkbox"/> (17) Military/police college | <input type="checkbox"/> (18) Institute of technology |
| <input type="checkbox"/> (19) University | <input type="checkbox"/> (20) Graduate school (Master's degree) |
| <input type="checkbox"/> (21) Graduate school (doctoral degree) | <input type="checkbox"/> (22) Other (Please specify _____) |

H · Occupation

H1. Are you currently working for pay, did you work for pay in the past, or have you never been in paid work?

(01) I am currently in paid work (or currently work for a family business) (continue with H2)

(02) I am currently not in paid work but I had paid work in the past (or worked for a family

business in the past) (skip to H4)

(03) I have never had paid work (skip to H8)

H2. Which of the following categories does your present main job belong to?

(01) Long-term, full-time staff (permanent position)

(02) Term contract staff, including contract, visiting, special, or designated staff

(03) Temporary member (including temporarily employed, part-time, substitute members)

(04) Human resource dispatching

(05) Outsourcing or contractor member (outsourcing or contractor unit)

(06) Self-employed (with employees)

(07) Self-employed without employees

H3. How many hours do you work per week, on average (including overtime)? _____ Hours

H4. In your current job, for whom do you work? Are you an employee, self-employed, or working for your own family's business? If you are not working now, please tell us about your most recent job.

(01) An employee (continue with H4a)

H4a.

- (01) Work for a government organization
- (02) Work for a public school
- (03) Work for a private school
- (04) Work for a publicly owned enterprise
- (05) Work for a privatized state-owned enterprise
- (06) Work for a non-profit or non-government organization
- (07) Other (Please specify _____)

(02) Self-employed without employees (skip to H6)

(03) Self-employed (with employees) (continue with H4b)

H4b. How many employees do /did you have, not counting yourself? ___ people

(04) Work for a family business

H5. Do/did you supervise other employees at your job (or the most recent job)?

(01) Yes, how many employees do/did you supervise? ___ people

(02) No

H6. And in your current job, what is your main occupation? If you are not working now, please tell us about your last job (or prior to retirement if you are retired).

a. Full name of the company _____ main product or service _____ Industry

b. Division (Skip if not applicable) _____; position _____ Position

Detailed job description _____ ISCO88

c. How many employees are there in the company/institute where you work? _____ people

H7. Are (Were) you a member of a trade/labor union?

(01) Yes, I am currently a member

(02) Yes, I was a member before, but not now

(03) Never

H8. Do you currently have a job?

- (01) I have a full-time job
- (02) I have a part-time job
- (03) I do irregular jobs (odd jobs)
- (04) I work for a family business with pay
- (05) I work for a family business without pay
- (06) I am unemployed
- (07) I am a student and do not work now
- (08) I am a student and do work now
- (09) I am an apprentice or trainee
- (10) I am retired
- (11) I am a homemaker and do not work
- (12) I am aged, physically or mentally handicapped, or sick, and cannot work
- (13) I am in compulsory military service
- (14) I am in alternative military service
- (15) Other (Please specify _____)

【Skip to H16 for those who are unmarried, separated, divorced, widowed and don't have a partner at present.】

H9. Is your spouse (partner) currently working for pay, does he/she work for pay in the past, or has he/she never been in paid work?

- (01) He/She is currently in paid work (or currently work for a family business) **(continue with H10)**
- (02) He/She is currently not in paid work but I had paid work in the past (or worked for a family business in the past) **(skip to H12)**
- (03) He/She has never had paid work **(skip to H15)**

H10. Which of the following categories does your spouse's (partner's) present main job belong to?

- (01) Long-term, full-time staff (permanent position)
- (02) Term contract staff, including contract, visiting, special, or designated staff
- (03) Temporary member (including temporarily employed, part-time, substitute members)
- (04) Human resource dispatching
- (05) Outsourcing or contractor member (outsourcing or contractor unit)
- (06) Self-employed (with employees)
- (07) Self-employed without employees

H11. How many hours does your spouse (partner) work per week, on average? _____ Hours

H12. In your spouse's (partner's) current job, for whom does he/she work? Is he/she an employee, self-employed, or working for his/her own family's business? If he/she is not working now, please tell us about his/her most recent job.

(01) An employee (continue with H12a)

H12a.

- (01) Work for a government organization
- (02) Work for a public school
- (03) Work for a private school
- (04) Work for a publicly owned enterprise
- (05) Work for a privatized state-owned enterprise
- (06) Work for a non-profit or non-government organization
- (07) Other (Please specify _____)

(02) Self-employed without employees (skip to H14)

(03) Self-employed (with employees) (continue with H12b)

H12b. How many employees do /did you have, not counting yourself? ___ people

(04) Work for a family business

H13. Does/did your spouse (partner) supervise other employees at his/her job (or the most recent job)?

(01) Yes (02) No

H14. And in your spouse's (partner's) current job, what is your spouse's (partner's) main occupation? If he/she is not working now, please tell us about his/her last job < or prior to retirement if he/she is retired >.

a. Full name of the company _____ main product or service _____ Industry□□□

b. Division (Skip if not applicable) _____; position _____ Position□□□

Detailed job description _____ ISCO88□□□□

c. How many employees are there in the company/institute where he/she works? _____ people

H15. Does your spouse (partner) currently have a job?

- (01) He/She has a full-time job
- (02) He/She has a part-time job
- (03) He/She does irregular jobs (odd jobs)
- (04) He/She works for a family business with pay
- (05) He/She works for a family business without pay
- (06) He/She is unemployed
- (07) He/She is a student and does not work now
- (08) He/She is a student and does work now
- (09) He/She is an apprentice or trainee
- (10) He/She is retired
- (11) He/She is a homemaker and does not work
- (12) He/She is aged, physically or mentally handicapped, or sick, and cannot work
- (13) He is in compulsory military service
- (14) He is in alternative military service
- (15) Other (Please specify _____)

H16. How many children do you have, including those who are adopted or deceased? _____

H17. Including yourself, how many people live in your residence? _____ (skip to H19 for those who answered 「 1 」)

- a. Among those who live in your residence, how many of them are aged 7~17? _____
- b. Among those who live in your residence, how many of them are aged 0~6? _____

H18. With whom do you live at present? Choose all that apply.

- (01) Great-grandfather/ Great-grandmother
- (02) Grandfather/ Grandmother
- (03) Maternal grandfather/ Maternal grandmother
- (04) Father
- (05) Mother
- (06) Father-in-law (husband's father)
- (07) Mother-in-law (husband's mother)
- (08) Father-in-law (wife's father)
- (09) Mother-in-law (wife's mother)
- (10) Spouse/ Cohabiting partner

- (11) Unmarried sibling
- (12) Married sibling
- (13) Spouse of married sibling
- (14) Sons
- (15) Daughters-in-law
- (16) Daughters
- (17) Sons-in-law
- (18) Sons' sons/ Sons' daughters
- (19) Daughters' sons/ Daughters' daughters
- (20) Brothers' children/ Sisters' children
- (21) Uncles (father's brothers), or aunts (wives of father's brothers)
- (22) Uncles (mother's brothers) or aunts (wives of mother's brothers)
- (23) Aunts (father's sisters) or uncles (husbands of father's sisters)
- (24) Aunts (mother's sisters) or uncles (husbands of mother's sisters)
- (25) Other (Please specify _____)

H19. What is your average monthly household income before taxes, including all your family income (e.g., income from work or part-time jobs, rewards, interest, bonus or dividends, government subsidies, rent and other income, pension, etc.)?

- | | |
|---|---|
| <input type="checkbox"/> (01) None | <input type="checkbox"/> (02) NT\$1- NT\$9,999 |
| <input type="checkbox"/> (03) NT\$10,000 – NT\$19,999 | <input type="checkbox"/> (04) NT\$20,000 – NT\$29,999 |
| <input type="checkbox"/> (05) NT\$30,000 – NT\$39,999 | <input type="checkbox"/> (06) NT\$40,000 – NT\$49,999 |
| <input type="checkbox"/> (07) NT\$50,000 – NT\$59,999 | <input type="checkbox"/> (08) NT\$60,000 – NT\$69,999 |
| <input type="checkbox"/> (09) NT\$70,000 – NT\$79,999 | <input type="checkbox"/> (10) NT\$80,000 – NT\$89,999 |
| <input type="checkbox"/> (11) NT\$90,000 – NT\$99,999 | <input type="checkbox"/> (12) NT\$100,000 – NT\$109,999 |
| <input type="checkbox"/> (13) NT\$110,000 – NT\$119,999 | <input type="checkbox"/> (14) NT\$120,000 – NT\$129,999 |
| <input type="checkbox"/> (15) NT\$130,000 – NT\$139,999 | <input type="checkbox"/> (16) NT\$140,000 – NT\$149,999 |
| <input type="checkbox"/> (17) NT\$150,000 – NT\$159,999 | <input type="checkbox"/> (18) NT\$160,000 – NT\$169,999 |
| <input type="checkbox"/> (19) NT\$170,000 – NT\$179,999 | <input type="checkbox"/> (20) NT\$180,000 – NT\$189,999 |
| <input type="checkbox"/> (21) NT\$190,000 – NT\$199,999 | <input type="checkbox"/> (22) NT\$200,000 – NT\$299,999 |
| <input type="checkbox"/> (23) NT\$300,000 – NT\$399,999 | <input type="checkbox"/> (24) NT\$400,000 – NT\$499,999 |
| <input type="checkbox"/> (25) NT\$500,000 – NT\$999,999 | <input type="checkbox"/> (26) NT\$1,000,000 or more |

H20. What is your average monthly income from your present job (including your salary from full-time or part-time jobs, year-end bonus, overtime compensation, commission, income from personal business)?

- | | |
|--|---|
| <input type="checkbox"/> (01) Work for family business without pay | <input type="checkbox"/> (02) NT\$1- NT\$9,999 |
| <input type="checkbox"/> (03) NT\$10,000 – NT\$19,999 | <input type="checkbox"/> (04) NT\$20,000 – NT\$29,999 |
| <input type="checkbox"/> (05) NT\$30,000 – NT\$39,999 | <input type="checkbox"/> (06) NT\$40,000 – NT\$49,999 |
| <input type="checkbox"/> (07) NT\$50,000 – NT\$59,999 | <input type="checkbox"/> (08) NT\$60,000 – NT\$69,999 |
| <input type="checkbox"/> (09) NT\$70,000 – NT\$79,999 | <input type="checkbox"/> (10) NT\$80,000 – NT\$89,999 |
| <input type="checkbox"/> (11) NT\$90,000 – NT\$99,999 | <input type="checkbox"/> (12) NT\$100,000 – NT\$109,999 |
| <input type="checkbox"/> (13) NT\$110,000 – NT\$119,999 | <input type="checkbox"/> (14) NT\$120,000 – NT\$129,999 |
| <input type="checkbox"/> (15) NT\$130,000 – NT\$139,999 | <input type="checkbox"/> (16) NT\$140,000 – NT\$149,999 |
| <input type="checkbox"/> (17) NT\$150,000 – NT\$159,999 | <input type="checkbox"/> (18) NT\$160,000 – NT\$169,999 |
| <input type="checkbox"/> (19) NT\$170,000 – NT\$179,999 | <input type="checkbox"/> (20) NT\$180,000 – NT\$189,999 |
| <input type="checkbox"/> (21) NT\$190,000 – NT\$199,999 | <input type="checkbox"/> (22) NT\$200,000 – NT\$299,999 |
| <input type="checkbox"/> (23) NT\$300,000 or more | <input type="checkbox"/> (24) unemployed |

H21. What is your average monthly income other than from your present job (e.g., income from work or part-time jobs, rewards, interest, bonus or dividends, government subsidies, rent and other income, pension, daily expenses from parents or children, etc.)?

- | | |
|---|---|
| <input type="checkbox"/> (01) None | <input type="checkbox"/> (02) NT\$1- NT\$9,999 |
| <input type="checkbox"/> (03) NT\$10,000 – NT\$19,999 | <input type="checkbox"/> (04) NT\$20,000 – NT\$29,999 |
| <input type="checkbox"/> (05) NT\$30,000 – NT\$39,999 | <input type="checkbox"/> (06) NT\$40,000 – NT\$49,999 |
| <input type="checkbox"/> (07) NT\$50,000 – NT\$59,999 | <input type="checkbox"/> (08) NT\$60,000 – NT\$69,999 |
| <input type="checkbox"/> (09) NT\$70,000 – NT\$79,999 | <input type="checkbox"/> (10) NT\$80,000 – NT\$89,999 |
| <input type="checkbox"/> (11) NT\$90,000 – NT\$99,999 | <input type="checkbox"/> (12) NT\$100,000 – NT\$109,999 |
| <input type="checkbox"/> (13) NT\$110,000 – NT\$119,999 | <input type="checkbox"/> (14) NT\$120,000 – NT\$129,999 |
| <input type="checkbox"/> (15) NT\$130,000 – NT\$139,999 | <input type="checkbox"/> (16) NT\$140,000 – NT\$149,999 |
| <input type="checkbox"/> (17) NT\$150,000 – NT\$159,999 | <input type="checkbox"/> (18) NT\$160,000 – NT\$169,999 |
| <input type="checkbox"/> (19) NT\$170,000 – NT\$179,999 | <input type="checkbox"/> (20) NT\$180,000 – NT\$189,999 |
| <input type="checkbox"/> (21) NT\$190,000 – NT\$199,999 | <input type="checkbox"/> (22) NT\$200,000 – NT\$299,999 |
| <input type="checkbox"/> (23) NT\$300,000 or more | |

Please skip to H23 for those who are unmarried, divorced, separated or widowed.

H22. What is your spouse's (partner's) average monthly income from his/her present job (including salary from full-time or part-time jobs, year-end bonus, overtime compensation, commission, income from personal business)?

- | | |
|--|---|
| <input type="checkbox"/> (01) Work for family business without pay | <input type="checkbox"/> (02) NT\$1- NT\$9,999 |
| <input type="checkbox"/> (03) NT\$10,000 – NT\$19,999 | <input type="checkbox"/> (04) NT\$20,000 – NT\$29,999 |
| <input type="checkbox"/> (05) NT\$30,000 – NT\$39,999 | <input type="checkbox"/> (06) NT\$40,000 – NT\$49,999 |
| <input type="checkbox"/> (07) NT\$50,000 – NT\$59,999 | <input type="checkbox"/> (08) NT\$60,000 – NT\$69,999 |
| <input type="checkbox"/> (09) NT\$70,000 – NT\$79,999 | <input type="checkbox"/> (10) NT\$80,000 – NT\$89,999 |
| <input type="checkbox"/> (11) NT\$90,000 – NT\$99,999 | <input type="checkbox"/> (12) NT\$100,000 – NT\$109,999 |
| <input type="checkbox"/> (13) NT\$110,000 – NT\$119,999 | <input type="checkbox"/> (14) NT\$120,000 – NT\$129,999 |
| <input type="checkbox"/> (15) NT\$130,000 – NT\$139,999 | <input type="checkbox"/> (16) NT\$140,000 – NT\$149,999 |
| <input type="checkbox"/> (17) NT\$150,000 – NT\$159,999 | <input type="checkbox"/> (18) NT\$160,000 – NT\$169,999 |
| <input type="checkbox"/> (19) NT\$170,000 – NT\$179,999 | <input type="checkbox"/> (20) NT\$180,000 – NT\$189,999 |
| <input type="checkbox"/> (21) NT\$190,000 – NT\$199,999 | <input type="checkbox"/> (22) NT\$200,000 – NT\$299,999 |
| <input type="checkbox"/> (23) NT\$300,000 or more | <input type="checkbox"/> (24) unemployed |

H23. Do you think your (and your spouse's) total income is enough for your daily expenses?

- (01) Much more than enough
 (02) A little more than enough
 (03) Just enough
 (04) A little less than enough
 (05) Much less than enough

H24. Do you use internet? If yes, which of the followings do you use most often when you go on-line?

The most often used: _____ ;

The second most often used: _____

- | |
|---|
| <input type="checkbox"/> (01) Don't know how to use internet (skip to H27a) |
| <input type="checkbox"/> (02) Desktop computer |
| <input type="checkbox"/> (03) Laptop computer |
| <input type="checkbox"/> (04) Touchpad computer (e.g., iPad, ViewPad, EeePad...) |
| <input type="checkbox"/> (05) Cellular phone (e.g., iPhone, HTC...) |
| <input type="checkbox"/> (06) Video game console (e.g., PS2/3, XBOX/360, PSP, NDS...) |
| <input type="checkbox"/> (07) Television (e.g., internet TV) |
| <input type="checkbox"/> (08) Other, Please specify _____ |

H25. On average, how much time do you spend on the internet each day?

_____ hour(s) _____ minutes

H26. Are you willing to give us your email address for a web survey conducted by the Center for Survey Research, Academia Sinica? We will strictly keep your personal information confidential.

(01) Yes, the email address is _____

(02) No (03) Do not have an e-mail account

H27a. Among the residential telephone numbers you have, how many of them do you mainly use receiving calls? _____ (Please skip to H27c for those who answered 0.)

H27b. Respondent's phone number : _____

H27c. How many cellular phone numbers do you use? _____ (Please skip to the question for ending time for those who answered 0)

H27d. Respondent's cellular phone number _____

The interview ended at ___ month ___ day ___ hour ___ minute

Please enter using the 24-hour format.