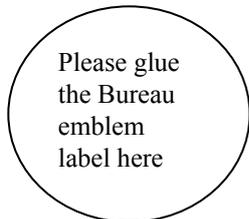


Approving Unit: Director General of Budget Accounting and Statistics [DGBAS],
the Executive Yuan, R.O.C. (September 3, 2003)
Approving Documentation No.: DGBAS Three No. 0920005542
Valid Until: February 28, 2004
Unit of Execution: Bureau of Health Promotion, Department of Health,
the Executive Yuan, R.O.C.

Sample Code (to be filled in by the investigator)

A Or B							
	Township code				Serial number		



2003

**Survey of Health and Living Status of the Middle Aged and Elderly in Taiwan
(Survey of the Elderly Age 57 and Over)**

Respondent's name: _____

Type of residence: 1. General 2. Old Age Home: Name of Facilities: _____

Type of locale: 1. Large/Small city 2. Town 3. Rural area/Farm

Respondent's sex: 1. Male 2. Female

Has "The Letter to Respondent" been sent to the respondent in advance? 1. Yes 0. No

Number of previous investigation(s): _____; Name of the investigator completing the survey: _____

Is the survey completed by one investigator? 1. Yes 0. No

↓
How many investigations before completed this interview? _____

Date of the completed investigation: ___ month ___ day

The investigator, please do not fill in the blanks below.

First reader: _____

Date : Month _____ Day _____ Year _____

Supervisor: _____

Date : Month _____ Day _____ Year _____

Reviewer: _____

Date : Month _____ Day _____ Year _____

Recorder: _____

Date : Month _____ Day _____ Year _____

No(s). of each question asked after completion of the investigation, and remarks by the approver:	
--	--

Please attach the Sample Card here after completion of the investigation

【Questions on this page should be answered by the investigator】

Identifying the respondent or proxy

11. Person interviewed with the questionnaire

- 1 The respondent **【Skip to section A】**
- 2 The proxy **【Continue with I2 and I3】**
- 3 The respondent and proxy **【Continue with I2 and I3】**

12. Reason for using a proxy:

12a. At the **start** of the interview, the respondent was found to have:

- 1. serious illness, frailty or is unable to bear up.
- 2. hardness of hearing, is deaf, or mute, or unable to communicate.
- 3. mental illness or senility.
- 4. gone overseas and is not returning until the end of year.
- 5. Other. Please specify: _____

12b. In the **course** of the interview, the proxy was used because the respondent:

- 1. Couldn't remember.
- 2. Was physically too weak to bear up.
- 3. Became difficult to reason with, was unwilling to continue, or refused to answer.
- 4. Was emotionally unstable or upset.
- 5. Other. Please specify: _____

12b1. Proxy began from section/question:
_____Section
_____Question

13. How is the proxy related to the respondent?

- 11. Father
- 12. Mother
- 02. Spouse
- Son
- Daughter
- Daughter-in-law
- Other relative
- Other non-relative

【Please specify the exact relationship to the respondent】 (_____)

« Investigator(s), don't ask proxy questions marked with “ ” »

The interview began in the: 1. morning 2. afternoon Time: ____ (24 hour o'clock system)

Thank you for accepting to be interviewed by us again. Information that you provided to us in the previous interview(s) was(were) very helpful for the government to formulate health care and social welfare related policies. Now, to further understand the status of health and family situations of the middle-aged and elderly as well as changes happening to them, we need your gracious help again. Thank you in advance for your cooperation.

A Background Information, Marital and Living Situation

Investigator, please fill in the table below marital status of the respondent interviewed in 1999 according to the Sample Card, then proceed to A1.

A1. Are you married and do have a spouse to take care of each other? **【If no】** Why not? Is it because you “have never been married,” or because your spouse “has passed away,” or because you “got divorced”, or because you have “formally separated”? **【Continue to ask】** Do you have a “companion co-habiting with you” to take care of each other?

【Please fill in the answers in the table of “Marital status of the current investigation”】

Marital status surveyed in 1999 (Based on the Sample Card)	Marital status of the current investigation
1. Had a spouse (including married spouse or co-habiting companion) 2. No spouse (including widowed/ divorced/separated/never been married)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Having a spouse</div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> 1. Married and has a spouse 2. Has a co-habiting companion </div> </div>
3. No information from 1999 ↓ Did you have a spouse four years ago in 1999? 【Select the right answer above】	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Not having a spouse</div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> 3. Widowed, not married again 4. Divorced, not married again 5. (Formally) separated 6. Never been married </div> </div>

A1a. **【Please chose the right box based on the information above and ask further questions as instructed】**

- 1 Had a spouse in 1999, and has a spouse (or companion) now **【continue with A2】**
- 2 Had a spouse in 1999, but widowed now → **【Skip to A3】**
- 3 Had a spouse in 1999, divorced or separated now → **【Skip to A4】**
- 4 Had no spouse in 1999, but has a spouse (or companion) now → **【Skip to A5】**
- 5 Had no spouse in 1999, and has no spouse either now → **【Skip to A11】**

A2. **【For respondents that had a spouse (or a companion) in 1999 and still do now, continue to ask】** How long have you and spouse /companion been married (or cohabited)? (Longer than four years or not?)

1 Less than four years

2 Longer than four years

A2a. Does your spouse often live with you?

0 No →

A2b. Why not?

- | | |
|-----------------------------------|--|
| 1 Has another long-term residence | 3 Temporarily not home due to family factors |
| 2 Works elsewhere temporarily | 4 Other (Please explain) _____ |

A2c. How often do you see each other?

- | | | |
|------------------|--------------------|--------------------------|
| 1 Everyday | 4 Every month | 7 Other (Please explain) |
| 2 Every few days | 5 Every few months | _____ |
| 3 Every week | 6 Every year | _____ |

1 Yes

A2d. How is the health status of your spouse?

- | | | |
|-------------|-----------|----------------------|
| 1 Excellent | 3 Average | 4 Not so good |
| 2 Good | 5 Poor | 【Skip to A11】 |

A2e. **【Ask respondents who got married (or cohabited) for less than four years】** Did you remarried (or did you cohabit) because your former spouse (or companion) passed away or got divorced?

- | | |
|-------------------|----------------------------------|
| 1 Spouse deceased | 2 Divorced → 【Skip to A4】 |
|-------------------|----------------------------------|

A3. **【Ask respondents who got widowed less than four years ago】** When did your spouse pass away?

In _____ month _____ year (should be after March 1999)

A3a. At what age did he/she passed away? At age _____

A3b. What was the cause of death? _____

Note to investigators: Skip to A5 for those who married again after spouse deceased; skip to A11 for those who did not married again after spouse deceased.

【For “Spouse deceased” in A2e】 【For “3.Widowed, not married again” in A1】

A4. **【Ask the respondents who got divorced less than four years ago】**When did you get divorced?

In _____ month _____ year (should be after March 1999)

Note to investigators: Continue with A5 for those who married again after divorce; skip to A11 for those who did not married after divorce.

【For “Divorced” in A2e】 【For 4. “Divorced, not married again” in A1】

Ask questions A5~A10 for those who had remarried (again) or had a companion less than four years.

【For “1. Got married (or cohabited) less than four years” in A2】

A5. When did you get married for the lastest marriage or start living together with your current companion? In ____ month ____ year (should be after March 1999)

A6. Does your spouse usually live with you?

0 No



A6a. Why doesn't he/she live with you?

1 Has another permanent residence

2 Is working away from home temporarily

3 Is not home temporarily for family reasons

4 Other. (Please explain) : _____

1 Yes



A6b. How often do you see each other?

1 Everyday

2 Every few days

3 Every week

4 Every month

5 Every few months

6 Every year

7 Other (Please explain) _____

【Continue with A7】



A7. When was your spouse/companion born? How old is he/she?

1 Pre-R.O.C. year ____ / 2 R.O.C. year ____; or ____ years old.

A8. Is he/she Fukianese, Hakka, Mainlander, or other?

1 Fukianese

2 Hakka

3 Mainlander

4 Aboriginal

5 Other (Please specify): _____

A9. What is his or her highest education level (highest level of schooling)?

【Please record the appropriate code: ____】

No formal education

Elementary school

Junior High

(Vocational) Senior High

University/ Tech. College

Graduate School.

Unclear

Illiterate 00 Literate 90 010203040506 010203 010203 01020304

010203040506 070809 101112 13141516 17+ 99

Elementary Level Crses (Japanese System) Upper Level Crses (Japanese System) (Five year junior college)

91. Did not finish the National Open University

92. Did not finish the Open Junior College

A10. How is the health status of your spouse/companion?

1 Excellent

2 Good

3 Average

4 Not so good

5 Poor

Residence History

A11. Is the place you live now your **long-term** residence? Or do you alternately stay with one or another child of yours? Or do you often visit other relatives at their homes (such as your son's home, daughter's home or other relative's home) although you live here? Or are you here to visit relatives and do not live here often?

1 Long-term residence

2 Alternate stay with children →

<p>A11a. Which children do you alternately stay with? 【Write out relationship to the respondent】 (1)_____ (2)_____ (3)_____</p>
--

3 Live here but often visit others

4 Visit relatives here but do not live here often

5 Other (Please specify)_____

A12. Whose house is the one you **usually** live in?

1 The respondent → **【Continue with A13】**

2 Respondent's spouse →

3 Respondent's child(ren) → **【Skip to A14】**

4 Rented

5 Provided by the government or employer → **【Skip to A15】**

6 Care facilities

7 The house was passed down from the family and owned by the family together

8 Other (Please explain)_____

If the answer to A12 says the house belongs to the respondent or his/her spouse, continue to ask:

A13. Was this **house** bought or built by you/your spouse or inherited, or given to you by your parents or other relatives?

1 Bought by the respondent or his/her spouse →

2 Built by the respondent or his/her spouse →

<p>A13a. Did your parents, brother(s), child(ren) or other relatives contribute money to help you (or your spouse) buy (or build) this house? 0 No 【Skip to A13c】 1 Yes 【Continue with A13b】</p>
--

3 Inherited

4 Given by parents or relatives

5 Other (Please explain)_____

A13b. Who put out money to help you/your spouse buy or build this house?

Or: Who did you/or your spouse inherit the house from?

Or: Which relative gave the house to you? **【Record relationship to the respondent】**

(1)_____ (2)_____ **【Continue with A13c】**

A13c. If you were to sell this house, after paying off loans and mortgage, how much could you probably get? Total NT\$ _____ **【After this question, skip to A15】**

【If the respondent could not or refused to answer, then use the ranges below to inquire】

- | | |
|--------------------------------|-------------------------------------|
| a) Less than NT\$500,000 | e) NT\$5,000,000 NT\$7,000,000 |
| b) NT\$500,000 NT\$1,000,000 | f) Over NT\$7,000,000 |
| c) NT\$1,000,000 NT\$3,000,000 | g) Don't know or hard to figure out |
| d) NT\$3,000,000 NT\$5,000,000 | h) Refused to answer |

【After this question, skip to A15】

【For the house belongs to the “3.respondent’s child(ren)”, continue to ask】

A14. Which child does it belong to? **【Specify relationship to the respondent】**

A14a. Did he/she inherit the house from you, or did you provide capital to help with its purchase?

- 1 Respondent passed the house on to the child
- 2 Respondent provided part of the capital for its purchase
- 3 Respondent provided the entire amount of the capital for its purchase
- 4 None of the above.

A15. About how big is this house (including public or common areas) ? _____ p'ing.

A16. Do you have any of the following appliances in the house where you stay? **【If yes】** How many of each?

a TV set(s): _____

b Air conditioner(s)/heater(s): _____

c Automobile(s): _____

★A17. Do you like the place where you live?

- | | | | | | |
|------------------|-------|----------------------|-------|------------------------|-------|
| 1 Really like it | _____ | 3 Average | _____ | 4 Don't like it | _____ |
| 2 Like it | _____ | 【Skip to A18】 | _____ | 5 Very unhappy with it | _____ |

★A17a. Why do you really like it / like it (Or why don't you like it / are you very unhappy with it?) **【Investigator(s) can suggest the following examples: size, number of rooms, surroundings, convenience, relations with inmates or with neighbors】**

Reason (1) : _____

Reason (2) : _____

A18. How long have you lived here? Longer than four years? **【If respondent lives in various places, accumulate the time living here】**

1 Less than four years since moving here **【Skip to A19】**

2 Already over four years

A18a. Did you ever move elsewhere (for more than four months) and move back again in the past four years?

0 No → **【Skip to A20】**

1 Yes (including living in various places or others)

A19. When was the last time you moved here? Was it from a nearby area or a farther place?

1 From next door or the same building

4 Another part of Taiwan

2 From the same neighborhood

5 Mainland China

3 From the same or neighboring city/town/village

6 Overseas

A19a. Who did you live with there? **【Can choose more than one from b~i】**

a No one

d Married son

g Grandchildren

b Spouse (or companion)

e Daughter-in-law

h Parents (including

c Unmarried child(ren)

f Married daughter

parents-in-law)

i Other relatives _____

A19b. Besides your spouse, did other family members or adults move here with you too?

1 All together

3 None

2 Part of them

4 Respondent and spouse live alone or respondent has no other family member

A19c. When did you move here?

In _____ month _____ year (should be after March 1999)

A19d. Why did you decide to move here? **【Can choose more than one reason】**

a Got married

i Moved with child(ren)

b Family split up

j Child(ren) needed help

c Respondent or spouse changed jobs

k Child(ren) wanted the respondent to live with him/her

d Sold off land or closed business

l Changed/bought a house

e Spouse or other family member died

m Was arranged to live alternately with various children

f Because of the old age or health reasons, could not work or take care of home

n Had to move here because of economic problems

g Did not get along with people living together

o Other(**Please explain**) _____

h Convenience for child(ren)'s schooling

Health Conditions during Childhood

Now, I am going to ask you health related questions **before you were 16 years of age**.

A20. Before the age of 16, regarding your health status, do you feel it was:

1. Excellent 2. Good 3. Average 4. Not so good 5. Poor

A21. Before the age of 16, were you ever bed-ridden or staying home (being unable to work or go to school) for a whole month or longer than a month?

1. Yes 0. No **【Skip to Section B】**



<p>A21a. What was the main reason or disease/symptoms that caused you to be bed-ridden or stay home for a whole month or longer than a month?</p> <p>(1)_____ (2)_____</p>

B Family Structure, General Circumstances, and Visiting between Kins

Investigator: Please fill in column (1) the number of children of the respondent interviewed in 1999 before proceeding to ask the following questions.

B1. How many birth children do you have now, including **living or not living with you**?
【Fill in column (2) of the table below】 Do you have step-children or adopted children now?
【Fill in column (2) of the table below】

B2. **【Investigator, look at columns (1) and (2). If the numbers are different, ask one of the appropriate questions below】**

B2a. **【If the number of column (2) is fewer than column (1)】** You said you had _____ child(ren) in the last interview, why do you have _____ fewer child(ren) than _____ this time? Is it because _____ of them deceased in the past four years? **【If yes】** How many?
【Fill in column (3) below】

B2b. **【If the number of column (2) is more than column (1)】** You said you had _____ child(ren) in the last interview, why do you have _____ more child(ren) than _____ this time? Is it because you just had newborn or adopted or step child(ren) in the **past four years**? **【If yes】** How many?
【Fill in column (4) below】

B3. Investigator(s), if the numbers in columns (1) and (2) are different not because of any newborn, newly adopted or new step-children, please ask for the reason and record in column (5).

Category of Children	【Investigator, please fill in the the number of living children in 1999】 (1)	B1. Number of children still living now (2)	B2a. Number of children deceased after 1999 (3)	B2b. Increase of child number after 1999 (4)	B3. Remarks Note other factor of different child numbers (5)
Birth son					
Birth daughter					
Adopted (step-) son					
Adopted (step-) daughter					
Total					

B4. Among your **living** children, how many of them **often live** with you in this household? How many of them do **not often live** with you in this household?
 Number of children **living together**: _____ ; Number of children **not living together**: _____

Status of Child(ren)

**Note to the Investigator: Please ask questions B5~B14 regarding the respondent's living child(ren). Please separate those living together with the respondent and others not living together. Record the answers in "Table I: Status of Children".
【 Please record birth order of the children 】**

B5. What relationship is he/she to you?

B6. What is his/her sex? 1 Male 2 Female

B7. How old is he/she? **【 Record the age 】**

B8. **【 For child(ren) over 6 years of age, ask: 】** What is his/her highest level of education?
【 Please record the appropriate code 】

No formal education	Elementary school	Junior High	(Vocational) Senior High	University/ Tech College	Graduate School	Unclear
Illiterate 00	Literate 010203040506 010203040506	010203 070809	010203 101112	01020304 13141516	17+	99
	Elementary Level Crses (Japanese System)	Upper Level Crses. (Japanese System)		(Five year junior college)		
				91. Did not finish the National Open University		
				92. Did not finish the Open Junior College		

B9. **【 For child(ren) over 6 years of age, ask the respondent: 】** Is he/she working, still a student, in the military service, a housewife or other?

1 Working 3 In the military service 5 Not working / Unemployed / retired 7 Other (Please explain)
2 Full-time student 4 Housewife 6 Student with a part-time job

B10. **【 For child(ren) over 15 years of age, ask respondent: 】** Did he/she ever get married?
【 If yes 】 Is he/she still with her/his spouse? B10a. How many living children does he/she have? No. of children: _____

1 Married 3 Separated 5 Spouse deceased
2 Cohabiting 4 Divorced 6 Unmarried

【 Ask questions B11 through B14 of child(ren) who are not living together with the respondent 】

B11. What is his/her living situation? Has he/she stayed away from home for extended study, work, or the military service, or other?

1 Formally no longer lives at home 3 Lives away from home for work 5 Other
2 Temporarily lives away from home for study 4 Serves in the military service

B12. Where does he/she live now?

1 Next door or in the same building 3 Same or neighboring city/town/village 5 Mainland China
2 Same neighborhood 4 Other part of Taiwan 6 Overseas

B13. How often do you see each other?

01 Everyday 03 Every week 05 Every few months 07 Every few years or do not see each others for a long time
02 Every few days 04 Every month 06 Every year

B14. How often do you talk with him/her on the phone?

01 Everyday 03 Every week 05 Every few months 07 Every few years or do not talk with him/her for a long time
02 Every few days 04 Every month 06 Every year 08 No need to make phone calls

Table I: Status of Child(ren)

B5. Household members (Please specify the relationship to the respondent and birth order in the family, such as eldest son, second son, eldest daughter, second daughter.)		B6. Sex	B7. Age	For child(ren) over 6 y/o only		For child(ren) over 15 y/o only		For children not living with respondent only			
				B8. Years of education	B9. Employment	B10. Marital status	B10a. No. of living child(ren) of your child(ren)	B11. Residency status	B12. Where does he/she live?	B13. How often do you see him or her?	B14. How often do you talk to him/her on the phone?
		1. Male 2. Female	Age in years	See attached reference, eg. Elementary 6 Junior High 9 Senior High 12 Univ. 16 Graduate School 17 【Record the proper code】	1 Working 2 Student 3 In military service 4 Housewife 5 Not working; Unemployed/retired 6 Part-time work & study 7 Other 【Please specify】	1 Married 2 Cohabiting 3 Separated 4 Divorced 5 Widowed 6 Unmarried	【Record the No.】 【Mark “0” if none】	1 Formally no longer lives at home 2 Temporarily lives away from home for study 3 Lives away from home for work 4 Serves in the military service 4 Other 【Please specify】	1 Next door 2 Same neighborhood 3 Same (close) areas 4 Other region 5 Mainland China 6 Overseas	01 Everyday 02 Every few days 03 Every week 04 Every month 05 Every few months 06 Every year 07 Every few years / not for a long time 08 No need to call If the respondent says “We get in touch when something comes up,” ask “Does that happen often?”	
Relationship	Code (Leave blank)										
Living with the respondent											
01											
02											
03											
04											
05											
Not living with respondent											
01											
02											
03											
04											
05											
06											
07											

Other Household Members

B15. **Besides you, your spouse and child(ren)**, how many other people usually live in the household with you? _____ people

B16. Please ask questions B17~B21 of the respondent about each of the household members other than child(ren) and record the answers in “Table II: Other Household Member(s) (Living with the Respondent)”. If household members are **daughters-in-law or sons-in-law**, please **specify birth order or kinship order**.

Table II. Other Household Member(s) (Living with Respondent)

【Please do not record information of the respondent, his/her spouse and child(ren).】

Household member(s) (Please specify relationship to the respondent and birth order or kinship order, such as father, mother, father-in-law, mother-in-law, eldest daughter-in-law, second eldest daughter-in-law, grandson, granddaughter, or others.)		B17. Sex	B18. Age	Ask member(s) over 6 y/o		Ask member(s) over 15 y/o
				B19. Yrs. Of education	B20. Employment	B21. Marital status
B16. What is his/her relationship to you? 【Relationship】		1 Male	Age in years	See attached reference, eg. Elementary. 6 Junior High 9 Senior High 12 Univ. 16 Graduate School 17 【Record the proper code】	1 Working 2 Student 3 Housewife 4 Not working/ Unemployed/ retired 5 Part-time work/study 7 Other 【Please specify】	1 Married 2 Cohabiting 3 Separated 4 Divorced 5 Widowed 6 Unmarried
		2 Female				
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

No formal education Elementary school Junior High (Vocational) Senior High University/ Tech College Graduate School Unclear

Illiterate 00 Literate 90 010203040506 010203 010203 01020304 13141516 17+ 99 ← Code of the level of education

Elementary Level Crses (Japanese System) Upper Level Crses. (Japanese System) (Five year junior college) 91. Did not finish the National Open University 92. Did not finish the Open Junior College

B22. Based on what you just told me, including yourself, your spouse and... (read out the people recorded in Table I and Table II), usually there are altogether _____ people in your household. Is that right?

【After the respondent's confirmation, write down the total number of people in the household:】 _____ people

B22a. **【Investigator, don't ask, but fill in the proper boxes below:】** Following Table I and Table II, select from the items that represent all of the respondent's household members.

【Can choose more than one item from b-k】

- | | | |
|-------------------------|-----------------------|-----------------------|
| a Only one person | e Daughter-in-law(s) | i Grandchild(ren) |
| b Spouse (or companion) | f Husband's parent(s) | j Other relatives |
| c Unmarried child(ren) | g Wife's parents | k Other non-relatives |
| d Married son(s) | h Married daughter(s) | |

【Note: "Husband/Wife" above refers to the respondent or his/her spouse.】

B23. Among all of the household members, who is head of the household?

- 1 Respondent 2 Spouse
3 Other **【Please specify relationship to the respondent】** _____

★B24. Are you satisfied with this arrangement, living together with these household members (or living alone by yourself)?

- 1 Extremely satisfied 3 Acceptable 4 Unhappy
2 Satisfied 5 Extremely unhappy

★B25. I am going to mention common residence arrangements among the elderly, please tell me **which arrangement** you like the most or wish to have?

【Read out the following items one by one for the respondent to choose from】

- | | |
|---|---|
| 1 Living alone (or with spouse) | 5 Living close to married child(ren) |
| 2 Living with a married son | 6 Staying in a home for the aged |
| 3 Living with a married daughter | 7 Staying with various sons alternately |
| 4 Living with a married son or daughter | 8 Other (Please explain) _____ |

★B25a. For an old couple who have **no sons**, do you think it is better for them to live with a married daughter, live by themselves, or move to a home to the aged? Which arrangement do you think is better?

- 1 Living with a married daughter 3 Staying in a home for the aged
2 Living alone 4 Other arrangement (Please explain) _____

Table : Parents' Circumstances

Relationship to the respondent	B26 【Investigator, please first record Information gathered in 1999 regarding “Living”or “Deceased” parents】				B27. Still living or not?			【Questions only about living parent(s)】																							
								【Ask all】		【Ask only those not living together with respondent】																					
								B28. What do you think of his/her health status?	B29. Lives with you or with various children alternately?	B30. Current residence?	B31. How often do you visit?	B32. How often do you talk on the phone?																			
	0 Deceased	Please record age of death	1 Not sure	2 Living	0 Deceased	Please record age of death	1 Living	1 Excellent	2 Good	3 Average	4 Not Good	5 Poor	1 Always lives with the respondent	2 Lives together now; alternately lives sometimes	3 Lives elsewhere now; alternately stays here sometimes	4 Lives elsewhere always	1 Next door or same bldg	2 Same neighborhood	3 Same (nearby) city/town/village	4 Other area	5 Mainland China	6 Overseas	01 Everyday	02 Every few days	03 Every week	04 Every month	05 Every few months	06 Every year	07 Every few years / for a long time	08 No need to make phone calls	
	1 Not sure living or deceased				1 Living								【Continue: At what age did he/she die?】	【Skip to the next person】	【Skip to next person】	【Skip to B33】															
	2 Living																														
41 Father	0		1	2	0																										
42 Mother	0		1	2	0		1																								
43 Father-in-law	0		1	2	0		1																								
44 Mother-in-law	0		1	2	0		1																								
45	0		1	2	0		1																								
46	0		1	2	0		1																								

Grandchildren

B39. How many grandchildren do you have altogether? _____ grandchild(ren) **【If none, skip to B39】**

B39a. How many of them who live in Taiwan **do not live with you?**
_____ grandchild(ren) **【If none, skip to B39a2】**

B39a1. How many of them live in **this city/town/village?** _____ grandchild(ren) **【If none, skip to B39a2】**

【If yes】 How many do you **see every week?** _____ grandchild(ren)

【If yes】 How many who you **do not see but contact you every week?** _____ grandchild(ren)

B39a2. How many of those who **do not** live in this city/town/village but see or contact you **every week?** _____ grandchild(ren)

OtherFriends and Relatives

B40. Beside the relations just mentioned (including children, parents, siblings and grandchildren), how many other **relatives** do you regularly see, speak with, or contact by phone **at least once a week?**

No. of relatives: _____

B41. How many **neighbors or friends** do you see, speak with, or contact by phone **at least once a week?**

【Closer friends, not just professional contacts or nodding acquaintances】

No. of **neighbors and friends** _____

C . Health, Use of Medical Services and Hygiene Habits

Next, I'd like to ask you some questions about health and health maintenance. First, I'd like to ask about:

Health Self-assessment

C1. Regarding your current state of health, do you feel it's:

- | | | |
|-------------|-----------|---------------|
| 1 Excellent | 3 Average | 4 Not so good |
| 2 Good | | 5 Poor |

C2. Compared to this time of the last year, is your health

- | | | |
|----------|------------------|---------|
| 1 Better | 2 About the same | 3 Worse |
|----------|------------------|---------|

Ailments

C3. I am going to mention some ailments that are common among middle-aged and elderly people. Please tell me whether you had any of these ailments **before**.

Note to the investigator: Please ask about each of the ailments on the next page's Record of Ailments. If after the respondent's own description or inquiry, "yes" is marked for any of the ailments continue to ask the rest of the questions on the form (about each such ailment).

Record of Ailments

Name of Ailment	【 For any C3 answers chosen “Yes”, please continue to ask C3a - C3e 】													
	C3. Did you ever have this ailment before?		C3a. Has a doctor diagnosed you with this ailment?		C3b. Have you seen a doctor because of this ailment in the past year?		C3c. Do you still have this ailment now?		C3d. Are you taking medication or getting treatment for this ailment?			C3e. How much difficulty has the ailment brought to your daily life?		
	0 (No or don't know (Skip to next))	1 Yes	0 No or not sure	1 Yes	0 No	1 Yes	0 No	1 Yes	0 No	1 Occasionally or when necessary	2 Often or regularly	0 No effect	1 Some difficulty	2 Fair amount of difficulty
(1) High blood pressure	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(2) Diabetes	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(3) Heart disease (Palpitation does count)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(4) Stroke	0	1	0	1	0	1			0	1	2	0	1	2
(5) Cancer or malignant tumor	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(6) Bronchitis, pneumonia, asthma, pulmonary diseases or other respiratory ailment	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(7) Arthritis or rheumatism	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(8) Gastric ulcer or stomach ailment	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(9) Liver or gall bladder disease	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(10) Hipbone fracture	0	1										0	1	2
(11) Cataract	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(12) Renal disease (including stone)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(13) Gout	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(14) Spinal/vertebrae spur	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(15) Osteoporosis	0	1	0	1	0	1	0	1	0	1	2	0	1	2

C4. **【For the investigator to verify】** :

0 The respondent **doesn't** have diabetes or a renal disease. → **【Skip to C5】**

1 The respondent **has** diabetes or a renal disease.

↓
C4a. Do you receive dialysis treatment **at present**?

1 Yes

0 No **【Skip to C5】**

↓
C4b. How often do you receive dialysis treatment **at present**? Every _____ day(s).

C5. Besides those listed above, do you have other ailments? **【The investigator, give examples】**

Such as glaucoma, dizziness, giddiness, constipation, hemorrhoid, swollen prostate or other ailments.

1 Yes

0 No **【Skip to C6】**

↓
C5a. What kind of disease or ailment is it (Please explain)?

Other (1) _____ Other (2) _____

C6. **After** 16 years old, have you been bed-ridden or had to stay home, hence absent from school or work, for a whole month or longer than a month due to health reasons or injuries caused by an accident?

1 Yes

0 No **【Skip to C7】**

↓
C6a. What is the major disease/ailment that caused you to stay in bed or at home for a whole month or longer than a month?

(1) _____ (2) _____

C7. Some people have involuntary urination; have you experienced this problem **in the past year**?

0 No

1 Yes

C8. Some people often have **involuntary** farts or defecation (unable to control the excretion of the contents of the bowels so that the excrement stains the underwear). Has this ever happened to you?

1 Yes

0 No **【Skip to C9】**

↓
C8a. What is the situation of the involuntary excretion of the contents of the bowels like:

(Investigator, read aloud)

1 Only involuntary fart.

2 Underwear is often stained with the color of excrement or with greasy stuff (or liquid).

3 Involuntary excretion only happens with diarrhea or when the excrement is too soft.

4 Involuntary excretion happens with solid and hard excrement as well.

C8b. How often does incontinence happen to you?

1 Occasionally

2 Often

3 Everyday

C8c. Are you seeing a doctor to treat the problem **at present**? 1 Yes 2 No

★C9. On the whole, do you feel physical discomfort or pain **in general**?

1 No

2 A little.

3 Medium level

4 Serious level (but still bearable)

5 Very serious level (unbearable)

★C9a. Is this pain or discomfort occasional, frequent, or chronic?

1 Occasional

2 Frequent

3 Chronic

C10. **In the past month**, have you been very healthy? Or have you gotten sick or injured?

0 Very healthy → **【Skip to C11】**

1 Have got sick

2 Have got injured

3 Have been sick and injured

C10a. Have you reduced your daily activities because of it?

Yes, for _____ days

00 No **【Skip to C11】**

C10b. Have you been **bed-ridden for more than half a day** because of it?

【If yes】 For _____ days

00 No **【Continue with C11】**

Fall Accident

C11. Have you ever tumbled or fallen **in the past year** (including a tumble during walk, slip, failure to sit well or stand firmly, or fall because of dizziness, or fall off the bed, **regardless of getting injured or not**)

1 Yes

0 No → **【Skip to C12】**

C11a. How many times have you tumbled or fallen **in the past year**? _____ time(s)

Use of Medical Services

C12. Have you ever been admitted to the hospital **in the past year**?

1 Yes

0 No → **【Skip to C13】**



C12a. Have been hospitalized _____ times

C12b. Stayed in hospital for _____ days

C12c. What was the main reason for your **most recent** hospital stay?

C12d. When you were in the hospital, who was the main person who took care of you?

【Record the caregiver and his or her relationship to the respondent】

C12e. **In the past year**, how much have you or your family paid for your hospitalization expense? Total NT\$ _____

C12f. Have you ever been admitted to hospital in the **past six months**?

1 Yes

0 No

C13. **In the past year**, have you been to the hospital for an emergency?

1 Yes

0 No → **【Skip to C14】**



C13a. How many times? _____ time(s).

Next, I'd like to ask about your visits to doctors, situation of medication, physical exams and treatment.

Medical service categories	a. In the past year , have you ever been to 【Read the categories in the left column】 ?		b. In the past month , have you ever been to 【Read out the categories in the left column】 ?		c. In the past month , how many times have you ever been to 【Read out the categories in the left column】 ? 【Record times】	d. What was the main reason for you to see a doctor specialized in western or Chinese medicine? 【Can choose more than one】 1. Not feeling well 2. Regular physical exam or measure of blood pressure 3. Getting medication (for regular use or saved for future use) 4. Other 【Please explain】 【Circle the proper code】				e In the past month , you have been to 【Read out the categories in the left column】 . How much medical expense have you or your family paid?
	0 No (Skip to next category)	1 Yes	0 No (Skip to next category)	1 Yes						
C14. Western medical clinic (excluding hospitalization or emergency unit)	0	1	0	1	Time(s)	1	2	3	4__	Total NT\$ _____
C15. Chinese medical clinic	0	1	0	1	Time(s)	1	2	3	4__	
C16. Pharmacy (Including Chinese medicine and western medicine)	0	1	0	1	Time(s)					
C17. Dental service	0	1	0	1	Time(s)					

★C18. Is it convenient for you to see a doctor?

1 Convenient 2 Not convenient 3 Extremely inconvenient

C19. When you go to see a doctor, how long does it **usually** take to arrive at the hospital (clinic)?

_____ hour(s) _____ min(s)

C20. In the **past year**, did any doctor, therapist, or nurse give you treatment, change tubes, or provide any other service at your house (home care service)?

0 No

1 Yes →

C20a. How many times? _____ time(s)

C21. In the **past year**, you didn't stay an intermediate care facility(or a nursing home), did you?

0 No

1 Yes

C21a. Total: _____ time(s)

C21b. In the past year, how long did you stay at the facility?

_____ month(s) _____ day(s)

★C22. In the **past three months**, have you been in discomfort and thought about seeing a doctor but didn't go?

0 No discomfort

1 Yes, but **went** to the doctor.

2 Yes, but **did not** go to see the doctor.

★C22a. Why didn't you go? **【Can choose more than one】**

a No money

b No time

c Couldn't find a doctor.

d Hard to find transportation.

e Couldn't be granted a leave
of absence from work.

f Illness not serious.

g Afraid to find out I had a disease.

h No one to accompany me.

i Hospital too far away.

j Don't know how to get to the hospital

k Bought self over-the-counter
medication

l Other (Please specify)

Measure of Daily Activities

C23. If no one helps you and you have no aids to help you, will you have any difficulty to do the activities below **by yourself**? **【If yes】** Will you have some difficulty, great difficulty, or will you be unable to do them at all?

【If the respondent has never done a certain activity, then ask: if you had to do it, could you?】

Activity	0 No problem	Level of difficulty			Remarks
		1 Some difficulty	2 Great difficulty	3 Cannot do it at all	
(1) Stand continuously for 15 minutes	0	1	2	3	
(2) Stand continuously for two hours	0	1	2	3	
(3) Squat	0	1	2	3	
(4) Raise both hands over your head	0	1	2	3	
(5) Grasp or turn objects with your fingers	0	1	2	3	
(6) Lift or carry something weighing 11-12kg (like 2 pecks of rice)	0	1	2	3	
(7) Run a short distance (20-30 meters)	0	1	2	3	
(8) Walk for 200 to 300 meters	0	1	2	3	
(9) Walk up two or three flights of stairs	0	1	2	3	

C24. If you do the activities below by yourself, giving your current health or physical condition, do you have any difficulty?

【If yes, continue to ask:】 Will you have some difficulty, great difficulty, or be unable to do them at all?

【If the respondent has never done a certain activity, then ask: if you had to do it, could you?】

Activity	0 No problem	Level of difficulty			Remarks
		1 Some difficulty	2 Great difficulty	3 Couldn't do it at all	
(1) Buy personal use items (such as soap, toothpaste, medicine, etc.)	0	1	2	3	
(2) Manage your money (such as counting, paying bills, and getting change, etc.)	0	1	2	3	
(3) Ride the bus or train by yourself	0	1	2	3	
(4) Do physical work at home or around the house (such as clearing gutters or washing windows)	0	1	2	3	
(5) Sweeping, washing dishes, taking out garbage and other light tasks	0	1	2	3	
(6) Making a phone call	0	1	2	3	

C24a. 【For the investigator to verify】

0 The respondent has **no difficulty at all** doing the **6 activities of C24** → **【skip to C25】**

1 The respondent has difficulty doing **at least one** activity

C24b. Regarding the difficulties that you mentioned above, has anyone helped you do it (or them)?

1 Yes

0 No → **【Skip to C25】**

C24c. Who is the **principal** person to help you with it (or them)?

_____ **【Record principal helper and his/her relationship to the respondent】**

★**C24d.** Do you think that you already get sufficient assistance, or do you need more help?

1 Have sufficient help

2 Need more help

C25. Next, I will mention some common daily activities. Please tell me if you will have any difficulty doing them **independently**? **【If yes, continue to ask:】** Will you have some difficulty, great difficulty, or be unable to do them at all?

【Do not count difficulty caused by temporary illness or injury】

Daily Life Activity	C25. Do you have difficulty doing it independently?				【For each activity that the respondent has difficulty with, continue with C25a-C25c】				
	0 No problem	1 Some difficulty	2. Great difficulty	3. Cann't do it at all	C25a. How long has this difficulty persisted? 【About how many years and months?】	C25b. Do you have any special aids to help you with it?		C25c. Does someone help you do it?	
						0. No	1. Yes	0. No	1. Yes
1. Bathing	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1
0. Dressing and undressing	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1
3. Eating	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1
4. Getting out of bed, standing up and sitting in a chair	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1
5. Moving about the house	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1
6. Going to the toilet	0	1	2	3	_____ year(s) _____ month(s)	0	1	0	1

C25d. 【For the investigator to verify】

0 The respondent has **no difficulty at all** doing the **6 activities of C25** → **【skip to C26】**

1 The respondent has difficulty doing **at least one** activity

C25e. You said you have difficulty with activity no. _____, who is the principal person to help you with it (them)?

_____ **【Record principal helper and his/her relationship to the respondent】**

Or 00. No one helps → **【Skip to C26】**

★**C25f.** Do you think that you have gotten sufficient assistance, or do you need more help?

1 Have sufficient help

2 Need more help

Hygiene Habits

C26. Do you **currently** smoke?

0 No 1 Yes →



C26a. On average, how many cigarettes or packs do you smoke each day?
00 Less than one cigarette; ____ cigarette(s), or ____ pack(s)

C26b. How many years have you smoked? _____ year(s)
【Skip to C27】

C26c. Did you smoke **before**?

1 Yes

0 No **【Skip to C27】**



C26c1. How many years have you smoked? _____ year(s)

C27. Do you drink alcohol? **【occasionally counts as “Yes”】**

1 Yes

0 No **【refers to “don’t drink at all”】 【Skip to C28】**



C27a. How often do you drink? **【If the respondent answers “only in social occasions”, ask how often does he/she attend such social occasions?】**

1 (Nearly) Every day	4 Once or twice a month
2 Once every two to three days	5 Less than once a month
3 Once a week	

C27b. How much do you drink each time?

1 Very little (Not drunk)	2 Slightly drunk (Half drunk)
3 Often get drunk (very drunk)	

C28. Do you **currently** chew betel nut?

0 No 1 Yes →



C28a. On average, how many betel nuts do you chew daily?
00 Less than one _____ betel nut(s)

C28b. How many years have you chewed betel nut?
_____ year(s) **【Skip to C29】**

C28c Did you ever chew betel nut **before**?

1 Yes

0 No **【Skip to C29】**



C28c1. How many years have you chewed betel nut?
_____ year(s)

C29. Do you exercise **regularly**?

- 0 No
- 1 Less than twice a week
- 2 Three to five times a week
- 3 Over six times a week

C29a. Why don't you exercise regularly?

【Skip to C30】

C29b. How long do you exercise each time?

1 Less than 15 minutes 2 15 to 30 minutes 3 Over 30 minutes

C29c. Do you work up a sweat when you exercise?

1 No 3 Yes, a good sweat

2 Yes, a little bit 4 Other (Please explain) _____

C29d. Do you breathe hard after you exercise?

1 No 3 Yes, very hard

2 Yes, a little bit. 4 Other (Please explain) _____

C30. Do you **often** use the following drugs or dietary supplements?

【If yes, ask:】 Do you use them often/regularly or when necessary?

【Investigator, please read the items one by one】

Type of drugs	0 No	【If yes, continue to ask:】	
		1 Often or regularly	2 As necessary
(1) Stimulants	0	1	2
(2) Sleeping pills	0	1	2
(3) Sedatives (to calm down)	0	1	2
(4) Aspirin	0	1	2
(5) Painkillers for arthritis	0	1	2
(6) Painkillers other than (4) and (5)	0	1	2
(7) Chinese medicine, herbal medicine (including Chinese vitalizers)	0	1	2
(8) Glucose or saline injections	0	1	2
(9) Vitamins and minerals	0	1	2
(10) Calcium tablets	0	1	2
(11) Fish oil	0	1	2
(12) Vitamin E	0	1	2
(13) Lecithin	0	1	2
(14) Health foods	0	1	2
(15) Other (Please specify) _____	0	1	2

C31. Are you an enrollee of the National Health Insurance program?

0 No 1 Yes

C32a. **In the past year**, have you checked your blood pressure? (including checking it at home or having it checked at a pharmacy or public health office) **【If yes, ask:】** Do you check your blood pressure regularly or occasionally?

0 No 1 Occasionally 2 Regularly or often

C32b. **In the past year**, have you done a blood sugar count (had blood drawn for a diabetes test)?

0 No 1 Yes 2 Don't know or not sure

C32c. Besides testing for blood sugar, have you had blood drawn **in the past year** to check for uric acid, cholesterol, liver or kidney functions? **【If yes】** What is it?

0 No
2 Don't know or not sure.

1 Yes →

Blood test for: **【Can choose more than one】**

- | | |
|--------------------|---------------------------|
| a. Don't know | e. Kidney functions |
| b. Uric acid | f. Other (Please explain) |
| c. Cholesterol | |
| d. Liver functions | _____ |

C32d. **【Ask only female respondents】** **In the past year**, have you done the cervical cancer screening?

0 No 1 Yes 2 Don't know or not sure

C33. **【For the investigator to verify】**

- 1 **【For male respondent】** Has done the **three tests** mentioned in C32a,b and c. → **【Skip to C34】**
- 2 **【For female respondent】** Has done the **four tests** mentioned in C32a, b, c and d. _____ ↑
- 3 Did not perform blood test for at least one item.

★C33a. Why didn't you do the test **【for the item(s) mentioned above】** ?

【Can choose more than one】

- | | |
|---------------------------------------|--|
| a No money | g Hard to find transportation. |
| b Afraid to find out I had a disease | h Don't know how to get to the hospital. |
| c No time. | i Couldn't be granted a leave of absence from work |
| d No one to accompany me. | j Don't feel necessary. |
| e Couldn't find a doctor. | k Other (Please specify) |
| f Hospital or clinic is too far away. | |
- _____

C34. In the past **three years**, have you had a physical exam?

1 Yes

0 No



★C34a. Why didn't you have a physical exam **in the past three years**?
【Can choose more than one】

a No money	g Hard to find transportation.
b Afraid to find out I had a disease.	h Don't know how to get to the hospital.
c No time.	i Couldn't be granted a leave of absence from work
d No one to accompany me.	j Don't feel necessary.
e Couldn't find a doctor.	k Other (Please explain)
f Hospital or clinic too far away.	_____

【Skip to C35】

C34b. Did you have the exam to simply learn your state of health? Or was it because you had discomfort and a physician ordered it? **【Can choose more than one】**

- a Just to learn state of health (to prevent health problems from happening)
- b Had discomfort and went for the exam **spontaneously**
- c Had discomfort, **referred by doctor**
- d Other (Please explain)_____

C34c. In the past **year**, have you had a physical exam?

1 Yes

0 No



★C34d. Why didn't you have a physical exam in the past year?
【Can choose more than one】

a No money	g Hard to find transportation.
b Afraid to find out I had a disease.	h Don't know how to get to the hospital.
c No time.	i Couldn't be granted a leave of absence from work
d No one to accompany me.	j Don't feel necessary.
e Couldn't find a doctor.	k Other (Please specify)
f Hospital or clinic is too far away.	_____

Use of Physical Aids

C35. At present, do you wear glasses (including reading glasses and contact lenses)?

0 No ↓	1 Yes ↓
C35a. Can you see things clearly?	C35b. Can you see things clearly when wearing glasses or contacts?
1 Very clearly 2 Clearly	3 Average 4 Not so clearly 5 Not clearly at all

C36. Do you wear a hearing aid?

0 No ↓	1 Yes ↓
C36a. Can you hear clearly?	C36b. Can you hear clearly when wearing a hearing aid?
1 Very clearly 2 Clearly	3 Average 4 Not so clearly 5 Not clearly at all

C37. Do you wear dentures (including crowns)?

1 Yes ↓	0 No ↓
<p>C37a. Are your false teeth moveable or fixed? 【Can choose more than one】</p> <p style="margin-left: 20px;">a Fixed</p> <p style="margin-left: 20px;">b Moveable</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>C37b. Do you wear moveable teeth only to eat, all day long, or rarely?</p> <p style="margin-left: 20px;">1 All day long (Only take them off when sleeping at night)</p> <p style="margin-left: 20px;">2 Only for eating</p> <p style="margin-left: 20px;">3 Rarely</p> </div>	<p>C37c. 【For respondent not wearing a false tooth, ask:】</p> <p style="margin-left: 20px;">Is it easy for you to eat?</p> <p>【For respondent wearing false teeth, ask:】</p> <p style="margin-left: 20px;">Is it easy for you to eat with false teeth in?</p> <p style="margin-left: 40px;">1 Quite easy</p> <p style="margin-left: 40px;">2 Easy</p> <p style="margin-left: 40px;">3 Average</p> <p style="margin-left: 40px;">4 Not so easy</p> <p style="margin-left: 40px;">5 Not easy at all</p>

C38. At present, do you use a cane, a crutch, or a walker to help you walk?

0 No ↓	1 Yes ↓
C38a. Is it easy for you to walk around?	C38b. Is it easy for you to walk around with a cane, a crutch or a walker?
1 Quite easy 2 Easy	3 Average 4 Not so easy 5 Not easy at all

★C39. How do you think renal diseases can be prevented in daily life? (Please chose the box according to the respondent's description) **【Can choose more than one】**

- | | | |
|--|--|-------------------------------------|
| a I don't know. | d Keep away from food that is too salty. | g Drink more water than usual. |
| b Refrain from excessively active exercise. | e Control blood pressure or blood sugar. | h Take physical exams regularly. |
| c Do not take medicine without the proper instruction from the doctor. | f Do not hold back the urge to urinate. | i Others (Please specify).
_____ |

★C40. Do you know about the three **early symptoms of diabetes**? (Please chose the box according to the respondent's description) **【Can choose more than one】**

- | | | |
|--------------------------------|-----------------------|--------------------------------|
| a I don't know. | c Excessive drinking. | e Excessive urination |
| b Eating a lot more than usual | d Longer sleep. | f Others (Please specify)_____ |

★C41. Do you know how to prevent (or control) hypertension and diabetes from one's **dietary** habits? (Please chose the box according to the respondent's description) **【Can choose more than one】**

- | | |
|---|--|
| a I don't know. | e Control the intake of carbohydrate to a proper level. |
| b Keep away from salty and spicy food. | f Eat food that is rich in fiber, such as vegetables and fruits. |
| c Use vegetable oil or oil that contains low fat. | g Others (Please specify)_____ |
| d Keep away from cigarettes and alcohol. | |

★C42. In our modern society, some people feel **stressful or worried**; some people don't. I am going to ask you more questions. Please tell me whether you feel stressful or worried because of them.

【If yes】 Ask the respondent whether the pressure is huge and whether he/she feels that way once in a while or does that happen often?

【Ask】 Is there any other thing that causes you to feel stressed or worried?

★ Causes	0. No stress or worries	1. Some stress or feeling worried sometimes	2. Great stress or feeling worried often
1. Own health	0	1	2
2. Own economic status	0	1	2
3. Own job	0	1	2
4. Family members' health, economic status, jobs, or marriage, etc.	0	1	2
5. Relationship with family member(s) (e.g. cannot get along, nervous, conflicts)	0	1	2
6. Other (Please explain):	0	1	2

Measure of Melancholia (CES-D)

★C43. Everyone has mood changes. **In the past week**, have you experienced the following situations or feelings?

【If yes, continue to ask:】 Does this happen to you rarely, often, or chronically?
(Over 4 days out of the past week, 2-3 days, or only one day?)

In the past week , were you or did you:	0 No	Yes			Notes
		1 Rarely (one day)	2 Sometimes (2-3 days)	3 Often or chronically (over 4 days)	
(1) Not interested in eating, have a poor appetite	0	1	2	3	
(2) Feel that doing everything was exhausting	0	1	2	3	
(3) Sleep poorly (Unable to sleep soundly)	0	1	2	3	
(4) Feel you were in a terrible mood	0	1	2	3	
(5) Feel lonely (isolated, with no companion)	0	1	2	3	
(6) Feel people around you weren't nice to you (unfriendly)	0	1	2	3	
(7) Feel anguished	0	1	2	3	
(8) Unable to gather your energy to do things (Had no will to do anything)	0	1	2	3	
(9) Feel joyful	0	1	2	3	
(10) Feel that your life was going well	0	1	2	3	

Measure of Life Satisfaction

★C44. I'd like to ask for your current views or feelings about your life. Please tell me whether you agree with the sentences I am about to read.

【Investigator: please read them in order and note down the answers】

★ Feeling about Life	1. Yes	0. No	Notes
(1) Has your life been better than most people's lives?	1	0	
(2) Are you satisfied with your life?	1	0	
(3) Do you find what you do interesting?	1	0	
(4) Have these few years been the best in your life?	1	0	
(5) If it was possible (to do again or to do over) , would you want to start over or live this life again?	1.(Willing to change)	0.(Unsilling to change)	
(6) Do you expect that in the future happy things will occur?	1	0	
(7) Should you live better than you do now?	1	0	
(8) Do you feel that most of what you do is monotonous and of no interest?	1	0	
(9) Do you feel old and tired?	1	0	
(10) Would you say your life has matched your hopes?	1	0	
(11) Do you feel that you live in a secure and insured environment?	1	0	
(12) Are you satisfied with your living environment (considering pollution, climate, noise, natural scenery...)?	1	0	

Next, I will ask questions that will require you to remember. Even people with good memories can forget things, so don't feel embarrassed, just relax.

1. Right 0. Wrong

年
月
日

★C45. Please tell me your address. **【Note down the respondent's answer】**

_____ **【Answer is correct if respondent can currently remember any one detail of the street, village, town, city, county】**

★C45a. Please tell me what place this is. (Where are you? E.g. at home, in the park, etc..)

★C46. What is today's date? _____ year

★C46a. **【Answer is correct if the** _____ month

★C46b. **respondent checks the calendar】** _____ day

★C47. What day of the week is it? _____ **【Answer is correct if the respondent checks the calendar】**

★C48. How old are you? _____ years old **【Answer is correct if the respondent gives correct zodiac animal】**

★C49. What is your mother's last name? _____ **【Answer is correct if the respondent can recall】**

★C50. Who is the incumbent president? _____

★C51. Who was the last president? _____

★C52. Let me ask you to do simple calculations. If you have 20 oranges, after eating three of them, how many are left? If you eat three more each time, how many will be left? Tell me the results of each time you calculate.

(20 - 3 = ? - 3 = ? - 3 = ? - 3 = ?)

【Investigator, begin filling in from column A. Stop when the respondent gets eight or less than eight】

_____	_____	_____	_____	Don't know any of the answers. Refused to answer.
A	B	C	D	

★C53. Next, I will read out several items. When I finish, please say all those that you remember, not necessarily in the order I said them.

【First, remind the respondent to listen carefully. Read each item only once, and don't read a second time. Circle the right answer(s)】

Train	Dog	Ship	Watermelon	Stone	Could not remember any of the items. Refused to answer.
Soda	Pop	Cloth	Spring Tree	Roof	

★C54. Next, I will read out several numbers. When I have finished, say them back to me in reverse order.

4 2 9 8 1

【Investigator, note down the respondent's answer from column A】

_____	_____	_____	_____	_____	Could not remember any. Refused to answer.
A	B	C	D	E	

★C55. I am going to read aloud three things. Please repeat after I finish. Please try to remember what I say. I will ask you to tell me the three items I just read.

【Investigator: Please pronounce the three items slowly and clearly. Spend about one second for each item】

Banana Umbrella Bicycle

★C55a. Please tell me the three items I just told you. **【Investigator: Please fill in the box that the respondent answered in his/her first attempt】**

1. Banana	2. Umbrella	3. Bicycle	Could not remember any. Refused to answer.
-----------	-------------	------------	---

★C55b. **【For the investigator to verify】**

1 All of the three items were named successfully **in the first attempt**

【Skip to C56】

2 **Not** all of the three items were named successfully in the first attempt.



★C55c. **【Investigator, please read aloud once again. If the respondent fail to remember all of the three items, please repeat again to see if he/ she can memorize all of them】**

1 The respondent **memorized** all of the three items.

2 The respondent **failed** to memorize all of them.

C56. What is your height? ____ CM **【** 1. By measure on the spot 2. By asking the respondent **】**

C57. How much do you weigh? ____ Kg **【** 1. By measure on the spot 2. By asking the respondent **】**

C58. I am going to measure your waist: _____ CM

C59. I am going to measure your hip: _____ CM

★C60. Do you remember the three things that I just asked you to memorize? **【Investigator: Please fill in the box that the respondent answered】**

1. Banana	2. Umbrella	3. Bicycle	Could not remember any. Refused to answer.
-----------	-------------	------------	---

D . Social Support and Exchange of Support

Now, I would like to ask you about the assistance you provided to your family or anyone else and the assistance you received.

Investigator, please record answers to D1 through D3 in the form of the next page.

D1. Do you currently provide assistance to babysit your grandchild(ren) or other's child(ren)?
【“Child(ren)” is/are that those of senior high school age or younger】

1 Yes 0 No 【Skip to D2】

D1a. Do you provide this assistance alone or with your spouse?

D1c. To whom do you provide this assistance?

D*b. Do you live together? Or both?

D1d. How often do you provide this assistance? Occasionally or often?

1 Often (everyday or a few days a week)

2 Occasionally (**Once or less than once a week**)

D2. Some people need assistance to get in/out of bed, have a meal, take a bath, get dressed, or get around inside the house because of their **health problems**. Does anyone in your family need assistance like those just mentioned?

1 Yes 0 No 【Skip to D3】

D2a. To whom do you provide this assistance?

D*b. Do you live together or do both situations apply?

D2c. How often do you provide this assistance? 1 Often 2 Occasionally

D3. Do you **regularly** send personal belongings such as food, clothing and material supports to your family, relatives or others to accommodate their **needs for daily life**? 【Presents for **holiday(s), birthday(s), or social occasions are not included**】

1 Yes 0 No 【Skip to D4】

D3a. To whom do you give these belongings?

D*b. Do you live together or do both situations apply?

D3c. Is the total value of these personal belongings given each month within or over NT\$2000?

1. Within NT\$2,000

2. Over NT\$ 2,000

Providing Assistance

Means of assistance 【Ask one by one】	D * b		D1. Babysitting child(ren) of others				D2. Helping the physically disabled with daily activities such as eating, taking bath, etc.			D3. Providing material belongings to others, such as food and clothing							
	Do you live together?		Yes D1a		0 No		0 No			0 No							
Who receives your help? ----- * See 【Note】	1	2	1	2	D1c. Whose child(ren) do/does you babysit? (Please mark it)	D1d. Frequency		Yes D2a. Who do you help? (Please mark)	D2c. Frequency		Yes D3a. Who do you help? (Please mark)	D3c. Total Value (monthly)					
	Live with	Do not live with	Babysitting alone	Babysitting with spouse		1. Often	2. Occasionally		1. Often	2. Occasionally		1. Within NT\$2000	2. Over NT\$2000				
Respondent's father /mother	1	2								1	2		1	2			
Spouse's father /mother	1	2											1	2		1	2
Spouse	1	2											1	2			
Child: (_____)	1	2	1	2		1	2		1	2		1	2				
Child: (_____)	1	2	1	2		1	2		1	2		1	2				
Child: (_____)	1	2	1	2		1	2		1	2		1	2				
Child: (_____)	1	2	1	2		1	2		1	2		1	2				
Grandchildren	1	2	1	2		1	2		1	2		1	2				
Siblings	1	2	1	2		1	2		1	2		1	2				
Other relatives	1	2	1	2		1	2		1	2		1	2				
Friends, neighbors	1	2	1	2		1	2		1	2		1	2				
Other: (_____)	1	2	1	2		1	2		1	2		1	2				

* **【Note】** : If those who receive assistance are in the same relationship with the respondent (eg. the respondent's siblings) and include both living together and not living together, check in both "Live with" and "Do not live with" under D*b.

D3d. Do you **currently** help people who do **not living together with you** with household chores, such as cooking, doing the laundry, cleaning, grocery shopping, etc?

1. No

2. Yes →

D3e. Who do you help? _____

【Record relationship to the respondent】

D4. In the **past year**, did you or your spouse spend **more than NT\$100,000** for **any one** of your child(ren)'s education fee or living expense for studying away from home?

1. Yes

2. No → **【Skip to D5】**



D4a. Which child was it? <u>Which child?</u> 【Record relationship to the respondent】	D4b. Do you live together?	
	<u>1. Living together</u>	<u>2. Not living together</u>
_____	1	2
_____	1	2
_____	1	2
_____	1	2

D5. Except for the education fee as mentioned above, in the **past year**, did you or your spouse give money to your family members or friends?

1. Yes

2 No → **【Skip to D6】**



D5a. Who was it? <u>Gave to?</u>	【Record relationship to the respondent】		D5b. Do you live together? <u>Gave to?</u>		
	<u>1. Living together</u>	<u>2. Not living together</u>		<u>1. Living together</u>	<u>2. Not living together</u>
_____	1	2	_____	1	2
_____	1	2	_____	1	2
_____	1	2	_____	1	2
_____	1	2	_____	1	2

D5c. In the past year, how much did you give them in total?

【Record the exact figure quoted by the respondent】 Total NT\$ _____

【If the respondent could not give the figure or refused to answer, please do probe by giving the following ranges】

a. Less than NT\$30,000

f. NT\$300,000 – less than NT\$400,000

b. NT\$30,000 – less than NT\$50,000

g. NT\$400,000 – less than NT\$500,000

c. NT\$50,000 – less than NT\$100,000

h. NT\$500,000 – less than NT\$1,000,000

d. NT\$100,000 – less than NT\$200,000

i. Over NT\$1,000,000

e. NT\$200,000 – less than NT\$300,000

D6. Have you and your spouse distributed part or all of your properties among your child(ren) or relatives?

- 0 No property **【Skip to D7】**
- 1 Not distributed yet
- 2 Yes, all property has been distributed among child(ren) or relatives
- 3 Yes, have distributed part of it to child(ren) or relatives

★D6a. When do you plan to give your wealth to children or relatives?
In _____ year(s) later
After death
Haven't thought about it yet
Have other plans (Please explain)

【Skip to D7】

D6b How long ago did you distribute it? _____ years ago
00. Less than a year ago

D6c Please estimate the total value of real estate and assets that you and your spouse have given to child(ren) or relatives?

NT\$ _____ (Unit: NT\$10,000)

【Note to the investigator, if the respondent could not give the figure or refused to answer, please do probe by giving the following ranges】

- | | |
|--|--|
| a. Less than NT\$100,000 | i. NT\$3,000,000 – Less than NT\$4,000,000 |
| b. NT\$100,000 – Less than NT\$300,000 | j. NT\$4,000,000 – Less than NT\$5,000,000 |
| c. NT\$300,000 – Less than NT\$500,000 | k. NT\$5,000,000 – Less than NT\$6,000,000 |
| d. NT\$500,000 – Less than NT\$700,000 | l. NT\$6,000,000 – Less than NT\$7,000,000 |
| e. NT\$700,000 – Less than NT\$1,000,000 | m. NT\$7,000,000 – Less than NT\$10,000,000 |
| f. NT\$1,000,000 – Less than NT\$1,500,000 | n. NT\$10,000,000 – Less than NT\$20,000,000 |
| g. NT\$1,500,000 – Less than NT\$2,000,000 | o. NT\$20,000,000 – Less than NT\$30,000,000 |
| h. NT\$2,000,000 – Less than NT\$3,000,000 | p. Over NT\$30,000,000 |

Receiving Help from Others

D7. **At present**, does anyone give you food, clothing or other belongings for free?

- 1 Yes
- 0 No

D7a. Does anyone **regularly** give you personal belongings such as food, clothing, or other material supports to accommodate the **needs of your daily life**? **【Presents for holidays, birthdays, or social occasions are not included】**

- 1 Yes
- 0 No **【Skip to D8】**

D7b. Who often gives you these personal belongs? **【If more than one person are named, please indicate their relationships with respondent, listed in order of frequency.】**
【Record all that help the respondent. The number is not limited to four】

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

D7c. Is the total value of these personal belongings you receive each month within NT\$2,000 or over NT\$2,000?

- 1. Within NT\$2,000
- 2. Over NT\$2,000

D8. Does anyone give you money **to help currently**?

1 Yes

0 No

D8a. In the **past year**, did any child or relative give **you and your spouse** money as **daily living expense**?

【Money for child(ren) living together with you is not included】

1 Yes

0 No

→ **【Skip to D9】**



D8b. Who was it? **【Record relationship to the respondent】**

【Record all that help the respondent. The number is not limited to four】

Living together: 1. _____ 2. _____ 3. _____ 4. _____

Not living together: 1. _____ 2. _____ 3. _____ 4. _____

D8c. In the **past year**, how much did they give you in total?

【Record the exact figure quoted by the respondent】 Total NT\$ _____

【If the respondent could not give the figure or refused to answer, please do probe by giving the following ranges】

a. Less than NT\$30,000

f. NT\$300,000 – less than NT\$400,000

b. NT\$30,000 – less than NT\$50,000

g. NT\$400,000 – less than NT\$500,000

c. NT\$50,000 – less than NT\$100,000

h. NT\$500,000 – less than NT\$1,000,000

d. NT\$100,000 – less than NT\$200,000

i. Over NT\$1,000,000

e. NT\$200,000 – less than NT\$300,000

【If the answer to D8b is more than one person, continue with D8d】

D8d. In the **past year**, who gave you the most money? _____

D9. **At present**, is there anyone who helps you take care of daily life activities, such as shopping, cooking, transportation, writing letters, making the phone calls, or managing the money?

1 Yes

0 No

D9a. Who takes care of **most** of the **“light” and “necessary” household chores** in the household, like cooking, doing the laundry, sweeping the floor, cleaning, dish washing and grocery shopping?

01 Respondent → **【Skip to D10】**

02 Spouse

Other **【Relationship to the respondent】** (_____)



D9b. Do you ever help with these household chores? If so to what extent?

0 None at all

1 A little help

2 Some

3 A lot

Emotional Support

【Note to the investigator: If the respondent's family members are present, please ask questions D10 - D17 when no one else is present】

Next, I would like to ask you about the mutual care and help that you share with your family, relatives, friends, or neighbors.

★D10. How much do you feel that your family, relatives, or friends are willing to listen when you need to talk about your **worries or problems**? Would you say a great deal, quite a bit, some, very little, or not at all?

- | | | | | |
|----------------|-------|---------------|-------|------------------------|
| 1 A great deal | _____ | 4 Very little | _____ | → 【Skip to D11】 |
| 2 Quite a bit | _____ | 5 Not at all | _____ | |
| 3 Some | _____ | | | |
- ↓

★D10a. Who is the most willing to listen? (1) _____ (2) _____

【Record relationship to the respondent】

★D11. How much do your family, relatives, or friends make you feel **loved and cared for**? Would you say a great deal, quite a bit, some, very little, or not at all?

- | | | | | |
|----------------|-------|---------------|-------|------------------------|
| 1 A great deal | _____ | 4 Very little | _____ | → 【Skip to D12】 |
| 2 Quite a bit | _____ | 5 Not at all | _____ | |
| 3 Some | _____ | | | |
- ↓

★D11a. Who cares for you the most? (1) _____ (2) _____

【Record relationship to the respondent】

★D12. In general, how satisfied are you with the amount of emotional support you received from your family or relatives?

- | | | |
|------------------|-----------|--------------------|
| 1 Very satisfied | 3 Average | 4 Unsatisfied |
| 2 Satisfied | | 5 Very unsatisfied |

★D13. In general, how much can you count on your family or relatives to take care of you when you are ill?

- | | | | | |
|----------------|-------|---------------|-------|------------------------|
| 1 A great deal | _____ | 4 Very little | _____ | → 【Skip to D14】 |
| 2 Quite a bit | _____ | 5 Not at all | _____ | |
| 3 Some | _____ | | | |
- ↓

★D13a. Who do you think is the most countable? (1) _____ (2) _____

★D14. When you need to go out for purposes such as seeing a doctor, shopping for grocery, or seeing a friend, and needs someone to help you, do you think there is anyone available?

- | | |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

★D15. In general, how **helpful** do you think you are to your **family**, relatives or friends?

- | | | |
|----------------|--------------------|---------------|
| 1 Very helpful | 2 A little helpful | 3 Very little |
|----------------|--------------------|---------------|

★D16. How of ten do members of your family **ask your opinion** when they are **discussing or making decisions**?

1 Most of the time

3 Rarely

2 Sometimes

4 Never

5 Other response (Please explain)_____

★D17. How often do you feel that your family, relatives, or friends are critical of what you do?

1 Never

2 Sometimes

3 Often

E . Employment History

Investigator, please transfer job status (1999 survey) according to the Sample Card before proceeding to E1.

E1. Are you employed or unemployed at present? (Including full-time and part-time)

【If yes】 Do you work in the family business or on the family farm? Are you just helping out?

【If no】 Are you looking for a job now? **【If no】** Do you have a job now but you do not need to work on temporarily? **【If no】** Do you help with household chores, such as cooking, doing the laundry, grocery shopping, babysitting? Or you do not do anything most of the time?

【Fill in the table of “Current Job Status” according to the respondent’s answer】

Job Status in 1999 【According to the Sample Card】	E1. Current Job Status 【According to results from this investigation】						
1. Had a job in 1999 2. Had no job in 1999 9. No information from 1999 ↓ Did you have a job four years ago in 1999 【Tick one of the answers above】	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 15%; text-align: center;">Have a job now</td> <td style="font-size: 2em; padding: 0 10px;">{</td> <td style="padding: 5px;"> 1 Have a job now (Including part-time and full-time) 2 Have a job but do not work on it temporarily 3 Just help in the family business or on the family farm, not a formal job </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Have no job now</td> <td style="font-size: 2em; padding: 0 10px;">{</td> <td style="padding: 5px;"> 4 Don't have a job. Looking for a job now. 5 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) 6 None of the above </td> </tr> </table>	Have a job now	{	1 Have a job now (Including part-time and full-time) 2 Have a job but do not work on it temporarily 3 Just help in the family business or on the family farm, not a formal job	Have no job now	{	4 Don't have a job. Looking for a job now. 5 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) 6 None of the above
Have a job now	{	1 Have a job now (Including part-time and full-time) 2 Have a job but do not work on it temporarily 3 Just help in the family business or on the family farm, not a formal job					
Have no job now	{	4 Don't have a job. Looking for a job now. 5 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) 6 None of the above					

E2. **【Investigator: please mark the right box according to the table above for subsequent questions】**

- 1) Had **no job** in 1999 but **have a job** currently → **【Skip to E6】**
- 2) Had **no job** in 1999 and have **no job** currently → **【Skip to E16】**
- 3) Had **a job** in 1999 and have **no job** currently → **【Skip to E3】**
- 4) Had **a job** in 1999 and **have a job** now.

↓

E2a. You had a job in 1999 and have a job currently, too. Are they the same job or not?

- 1 The current job is the **same** as the one in 1999. → **【Skip to E6】**
- 2 The current job is **different from the one in 1999.**

E3. When did you stop working at your last job (of 1999)?

In _____ month _____ year (should be after March 1999)

E4. Why did you stop working there? **【 Can choose more than one 】**

- a. Reached mandatory retirement age
- b. Health problems, could not continue working
- c. Could not get used to the job, wanted to change work environment
- d. Company layoffs or relocation, was let go
- e. Business failed, poor economy, profits too low
- f. Unhappy with income, wanted to earn more
- g. Family reasons: got married or to take care of child(ren)
- h. Other family-related reasons. (Please explain) _____
- i. Other factors (Please explain) _____

E4b1. What health problem was it?

E5. **【 For the investigator to verify: 】**

- 1 The respondent has **no** job now → **【 Skip to E16 】**
- 2 The respondent **has a job** now

Current Job

E6. What is your principal duty in your **current** job? (Or what is the job that you plan to return to?)

What is your **job title**?

Profession (Please record **the position** in detail):

E6a. What kind of business does your organization engage in? (nature of company organization, or enterprise)

Industry: _____

E6b. Who does the company or organization belong to? (ownership of business)

- 1 Respondent or spouse
- 2 Respondent's family
- 3 A private business (fewer than 50 employees)
- 4 A private business (more than 50 employees)
- 5 Government agency or state owned enterprise

E6c. When did you start your current job?

From age _____, or _____ year(s) ago, or _____ month(s) ago.

E6d. Did you work every month in the past year, or only for a few months?

- 1 The whole year
- 2 Only a few months → Number of month(s): _____
- 3 Agricultural work
- 4 Other: _____

E6e. Is your current job full-time or part-time?

- 1 Full-time
- 2 Part-time → _____ hours per week

E7. Is there a mandated retirement age or retirement related rules **for your present job**?

- 0. No
- 1. Yes →
- 7. Don't know.

E7a. Then what is that age?
_____ years old

★E8. According to your own calculations or plans, how long will you continue at this job?
 In another _____ year(s); or at age _____ to retire
 As long as my health permits
 Depends on circumstances

→ **★E8a. Depends on what circumstances? 【Can choose more than one】**

a State of health	c Status of financial status
b Company operation	d Other (Please explain)_____

E9. If you leave your present job, do you have a retirement fund or severance pay?
【including that provided by your company or organization, insurance or other source】

1 Yes
 0 No
 7 Don't know
 8 Not applicable (self-employed)

→ **【Skip to E10】**

E9a. How much of a retirement fund or severance pay do you think you will receive?

1 Can get all at once: NT\$ _____
 Or 2 Will receive NT\$ _____ every month
 Or 3 Will receive NT\$ _____ twice a year
 Or 4 Other (Please explain)_____

E9b. How long will you be entitled to the fund or pay? _____ years
 Life-long

E9c. Source: 【Can choose more than one】

a Organization or company
 b Insurance (Military, civil servants' or labor insurance)

★E10. If you stop doing your **current** job in the **future**, what might you do?

0 Haven't thought about it or don't plan to stop doing this job
 1 Completely retire (completely stop working)
 2 Half retire (change to part-time job or help out)
 3 Change work (move to another job or profession)
 4 Other (Please explain)_____

E11. **【For the investigator to verify according to E6 and E6b:】**

0. Respondent is not self-employed
 1. Respondent is self-employed

→ **E11a. 【Ask only those who are self-employed】** How will you manage your business (field and crops)?

1 Other adults in the family will take over
 2 Sell out 3 Other (Please explain)_____

★E12. Do you work now because you need this income? or because of other reasons?

1. Most importantly or mainly because of economic necessity
 2. Mainly out of interest in work, don't really need the income
 3. Both out of interest or sense of profession and for economic reasons
 4. Other (Please explain)

E13. Except for the job you mentioned above, do you have another paid job?

0 No

1 Yes

E13a. How many hours per week do you work on this part-time job?
Totally _____ hour(s) **per week.**

★E14. How much have you thought about “retirement” or “stop working”?

- 1. A great deal
- 2. Some
- 3. Slightly
- 4. Never

★E14a. When you think that you are likely to “retire” or “stop working” in the future, how much do you look forward to it or worry about it?

- 1. Very much look forward to it
- 2. A little look forward to it
- 3. Do not have feelings about it
- 4. A little worried
- 5. Worried about it very much
- 6. Other reaction (Please explain)_____

★E15. Do you plan to **stop working completely** once you have reached the retirement age?

1. Yes

★E15a. What age is that then? _____ years

2. Depends

★E15b. Depends on what? **【Can choose more than one】**

a Health

c Family situation

b Economy

d Other (Please explain)_____

3. Don't plan to stop working

E16. **【Ask the respondent who have a job at present】** Besides this job, have you worked at another job before?

【Ask the respondent who don't have a job at present】 Did you ever have a job since you were young?

0. Never → **【Skip to E18】**

1. Have never worked at another job besides the current one.

2. Have done other job before

E17. When leaving any of your previous jobs, did you ever get any retirement fund, severance pay, or payment for leaving the job?

【Note: We are asking these questions to understand economic situations of the elderly】

0 Never received any retirement fund or severance pay → **【Skip to E18】**
(or payment for leaving the job)

- 1 Received retirement fund, severance pay or payment for leaving the job once
- 2 Received retirement fund, severance pay or payment for leaving the job twice

E17a. Was it the retirement fund, severance pay, or payment for leaving the job that you received?

【Can choose more than one】

- a Retirement fund
- b Severance pay
- c Payment for leaving the job
- d Maturity repayment of military, civil servant, or labor insurance
- e Other **(Please explain)** _____

E17b. How often do you receive your retirement fund, severance pay, or payment for leaving the job?

- 1 Monthly
- 2 Twice a year
- 3 All at once
- 4 Have received part of it and will get the rest monthly
- 5 Have received part of it and will get the rest monthly
- 6 Other **(Please explain)** _____

E17c. How much retirement fund, severance pay, or payment for leaving the job have you received in total?

Have received NT\$ _____ in total.
Or/and received NT\$ _____ every month or twice a year

↓

Have received for _____ year(s) _____ month(s)

E17d. Will you continue to receive more such fund or have you received all of it?

- 1 Have received all → **【Skip to E18】**
- 2 Other **【Please explain】** : _____
- 3 Will continue to receive

E17e. How much else will be received:

- 1 Life-long
- 2 _____ year(s) _____ month(s)
- 3 Other **(Please explain)**: _____

【 Ask all respondents 】

★E18. **【 Ask those who have a job at present 】** After you retire or formally stop working in the future, will you consider finding other work to do?

【 Ask those who don't have a job at present 】 You don't have a job at present. Are you looking for a job or do you consider finding a job?

【 Give a hint to the all: 】 For example, helping with household chores, doing some easy part-time job, or making money by doing some small business, serving as a consultant, teaching others your skills, etc.

- 0. Never thought about it —————→ **【 Skip to E19 】**
 - 1. Do not plan to undertake any job |
 - 2. Thought about it, but still not sure —————
 - 3. Thought about it, or have a plan —————
 - 4. Will definitely find another job or looking for a job right now —————
-

★E18a. What kind of job do you want the most (or can you possibly do)?

- 1. Teaching professional knowledge or serving as a consultant or coach
- 2. Non-professional service jobs, such as janitor, babysitter, helping out on the farm, or housekeeping
- 3. Office work, such as file management or bookkeeping
- 4. Developing new business or doing small business
- 5. Doesn't matter as long as can make money
- 6. Other work with pay (Please explain) _____
- 7. Other work without pay (Please explain) _____

★E18b. How many days a week (or month) do you most hope to work?

- 1. _____ days a week
- 2. _____ days a month
- 3. Not sure
- 4. Doesn't matter.

★E18c. How many hours a day do you most hope to work?

- 1. _____ hours a day
- 2. Not sure
- 3. Doesn't matter.

★E18d. Why do you hope to find a job again? Please tell me the reason

【 Can choose more than one 】

- a. For economic concern
 - b. To learn new things
 - c. Interested in the job
 - d. To kill time
 - e. To make new friends
 - f. To share experiences
 - g. Other (Please explain)
- _____

Current Job of the Respondent's Spouse

E19. **【The investigator, please verify with A1】**

0. Respondent **has no** spouse at present → **【Skip to Section F】**

1. Respondent **has a spouse** at present



E20. Does your spouse have a job **at present**, or not?

1. Yes (including full-time or part-time)

2. Have a job but not working on it temporarily

3. Help with family farms or business. Not a formal job

4. No. Looking for a job right now

5. Housekeeping (cooking, doing laundry,
grocery shopping, looking after children)

6. None of the above



→ **【Skip to Section F】**

E21. What kind of job does your spouse do **at present**? (Or what kind of job does your spouse plan to return to)? What is his/her **position**?

Profession (Position); please record detailed position: _____

E21a. What kind of business does his/her company engage in? (nature of business)

Industry:

E21b. Who owns the company or organization where your spouse works? (ownership of business)

1 Respondent or spouse

4 A private business (more than 50 employees)

2 Respondent's family

5 Government agency or state owned enterprise

3 A private business (fewer than 50 employees)

E21c. When did your spouse start the present job?

At age _____ or _____ year(s) ago, or _____ month(s) ago

E22. In the **past year**, did your spouse work **every month** or only for a few months of the year?

1. The whole year

2. Only for a few months →

E22a. Number of months: _____

3. Agricultural work

4. Other (Please explain): _____

E23. How many hours **a week** does your spouse usually work?

_____ hour(s) **a week**

E24. If he/she leaves this job, will he/she receive any retirement fund, severance pay, or payment for leaving the job?

【including sources of company, organization, and labor insurance, etc】

- 0. No _____
- 7. Don't know _____
- 8. Not applicable (Self-employed) _____
- 1. Yes

→ **【Skip to F】**

E24a. How much retirement fund or severance pay (payment for leaving the job) will your spouse probably receive?

- 1 Can get all at once: NT\$ _____
- Or 2 Will receive NT\$ _____ every month _____
- Or 3 Will receive NT\$ _____ twice a year _____
- Or 4 Other (Please explain) _____

E24b. How long will you be entitled to the fund or pay? _____ years
Life-long

E24c. Source: **【Can choose more than one】**

- a Organization or company
- b Insurance (From military, civil servants', or labor insurance)

F、 Leisure, Activities, and General Attitudes

F1. Next, I'd like to ask you: when you are not working, what sort of recreation or entertainment activities do you do?

【The investigator can first allow the respondent to answer, and record what they mention in the table below, then ask about items they haven't mentioned.】

F1a. **【If there are activities they do, continue to ask】** How often do you do it?

Recreation, Entertainment Activities	F1. Do you do this?		F1a. How often do you do it?			
	0 No	1 Yes	1 Less than once a month	2 2-3 times a month	3 1-2 times a week	4 Just about every day
1) Watching TV	0	1	1	2	3	4
2) Listening to the radio/tapes	0	1	1	2	3	4
3) Reading newspapers, books, magazines, fiction, etc	0	1	1	2	3	4
4) Playing chess or cards (including mah-jongg)	0	1	1	2	3	4
5) Chatting with relatives, friends, or neighbors; drink tea socially	0	1	1	2	3	4
6) Gardening, grow plants, bonsai (not for income)	0	1	1	2	3	4
7) Taking walks	0	1	1	2	3	4
8) Jogging, climbing mountain, play ball & other physical exercise outside the home	0	1	1	2	3	4
9) Attending group activities, such as singing, dancing, tai-chi, or karaoke	0	1	1	2	3	4
10) Other (Please explain) _____	0	1	1	2	3	4

【The investigator, please check again for any item missed or not recorded】

★F2. In the **past year**, have you had to reduce the frequency of doing leisure or outdoor activities you like because of **health reasons**?

0 No 1 Yes 2 Never do leisure or outdoor activities

★F2a. In the **past year**, have you had to reduce the frequency of doing leisure or outdoor activities you like because of **cost, job, or lack of company**?

0 No 1 Yes
2 Never do leisure or outdoor activity

★F2b. What reason was it?

【Skip to F3】

State of Mind and Attitudes of the Elderly

★F5. Next, I'd like to ask your opinions regarding the following statements. Please tell me whether you agree with them or not.

【Note to the investigator: When asking questions, do not read out “Neutral” answer choice to the respondent. Only check this answer if the respondent is unable to agree to disagree, or doesn't have any opinion, etc.】

Statements	1 Totally agree	2 Agree	3 Neutral	4 Disagree	5 Very much disagree
1. When parents get old, child(ren) should give them money for living expense.	1	2	3	4	5
2. Senior citizens should have some savings or property for themselves, so child(ren) will be more likely to respect only.	1	2	3	4	5
3. Parents should help look after grandchild(ren) if child(ren) have such need.	1	2	3	4	5
4. After children get married, parents should avoid living with them if possible.	1	2	3	4	5
5. Senior citizens should be as economically independent as possible instead of relying on child(ren) for support.	1	2	3	4	5
6. Today's young people do not respect the elderly as much as they did in the past.	1	2	3	4	5
7. The government already takes good care of the elderly.	1	2	3	4	5
8. When parents get old, child(ren) should live with them.	1	2	3	4	5
9. If an old man has been widowed for some time, do you agree that he gets married again?	1	2	3	4	5
10. If an old woman has been widowed for some time, do you agree that she gets married again?	1	2	3	4	5

Religious Faith

Next, I'd like to ask you some questions about your religion:

F6. What is your religion?

0. No religion —→【Skip to F9】

1. Taoism or traditional folk religions 3. Christianity 5. I-Kuan-Tao 7. Other
 2. Buddhism 4. Catholics 6. Muslim

F7. Please tell me **how often** you do each of the following activities?

Activity	1 Often	2 Sometimes	3 Rarely	4 Never	Remarks
1).Praying, offering incense, worshipping gods or Buddha at home	1	2	3	4	
2). Chanting sutras or study the bible	1	2	3	4	
3). Going to church or worship in temples	1	2	3	4	
4). Watching or listening to religious programs	1	2	3	4	

★F8. Please tell me whether you have the following experience or do you do the following things?

Experience	1 Often	2 Sometimes	3 Rarely	4 Never	Remarks
1). Calm down by praying to God, deities, or Buddha When encountering Challenges	1	2	3	4	
2). Make important decisions after seeking opinions from God, deities, and Buddha	1	2	3	4	
3). Overcome stress or worries by praying to God and deities	1	2	3	4	

★F9. Next, I'd like to ask your opinions about some things. Please tell me whether you believe in the following statements.

Statements	1 Believe	2 A little believe	3 Don't really believe	4 Don't believe at all	Remarks
1). Do you believe in the existence of heaven and hell?	1	2	3	4	
2). Do you believe that a person's spirit still exists after he or she dies?	1	2	3	4	
3). Do you believe that death is just the process to reach Elysium or heaven, not the end?	1	2	3	4	
4). Do you believe that life after death is better than the living world?	1	2	3	4	

G Economic Status

Now, I would like to ask you about your economic status. We will compile your status with that of other elderly citizens to have a holistic understanding of the economic status of the middle-aged and the elderly in Taiwan. The information you provide is only for the purpose of research and will be treated with strict confidence. Please tell us your real situation so the outcome of our analysis will be accurate.

Income Source and Income Exchange

G1. First of all, who is the **main** breadwinner of the household (the one who makes money to be source of income)? **【Can choose two options the most】**

- 01 The respondent 02 Spouse
- Son
Daughter-in-law → Order of birth : 1.[_____] 2.[_____]
Daughter
Other (Please specify)_____

G2. In this household **who** usually makes the **final decision** on major economic issues such as buying or selling important things that cost a great amount of money? **【Single option only】**

- 01 The respondent 02 Spouse
- Son
Daughter-in-law → Order of birth : 1.[_____] 2.[_____]
Daughter
Other (Please specify)_____

G3. Now, I would like to ask about the major sources of income of you and your spouse. Let's start with you:

G3a. I will read each source in the list. Please tell me whether you had this income source in the **past year**.

G3b. **【If yes】** In the **past year**, how much did you get from this source?
【If the respondent has a spouse, ask G3c-G3d】

G3c. What about your spouse? Did he or she have this income?

G3d. **【If yes】** In the **past year**, how much did he/she get from this source?

【Note to the investigator, if the respondent and spouse shared a common source, please record both and divide the total income by two and fill in G3b and G3d】

G3e. How much total income did you and your spouse receive the past year? _____

Is this figure close to your actual total amount of income? **【If not】** Why?

G3f1. What is the **major** source of income for you and your spouse **at present**?

G3f2. What is the **minor** important source of income?

【Note to the investigator: if the amount of major source of income is not consistent with the highest value of "G3b figure + G3d figure", please confirm with the respondent and ask why. Same with the minor source of income】

Sources of income in the past 12 months	Respondent			Spouse			At present	
	G3a.		G3b.	G3c.		G3d.	G3f1.	G3f2.
	0. No	1. Yes	Amount (NT\$)	0. No	1. Yes	Amount (NT\$)	Major	Minor
1 Respondent's earnings from work	0	1					01	01
2. Spouse's earnings from work				0	1		02	02
3. Pension or retirement fund, insurance payment, compensation	0	1		0	1		03	03
4. Income from rental property, savings, or stock yield, or sale of real estate	0	1		0	1		04	04
5. Income from the family business	0	1		0	1		05	05
6. Income from farming, timber, fishing, or animal husbandry	0	1		0	1		06	06
7. From child(ren) or other relatives	0	1		0	1		07	07
8. From social welfare, government subsidy, subsidy for low-income families, subsidy for the elderly	0	1		0	1		08	08
9. Other (Please explain): _____	0	1		0	1		09	09
G3e. Total: NT\$								

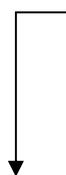
【If the respondent could not give the figure or refused to answer, please do probe by giving the following ranges】

- | | |
|--|--|
| a) Less than NT\$36,000 | f) NT\$240,000 – less than NT\$300,000 |
| b) NT\$36,000 – less than NT\$60,000 | g) NT\$300,000 – less than NT\$600,000 |
| c) NT\$60,000 – less than NT\$120,000 | h) NT\$600,000 – less than NT\$1,000,000 |
| d) NT\$120,000 – less than NT\$180,000 | i) Over NT\$1,000,000 |
| e) NT\$180,000 – less than NT\$240,000 | |

G3g. 【For the investigator to verify G3a and G3c】

1 If the **current** income source **includes** “Social welfare, government subsidy, subsidy for low-income families, subsidy for the elderly”

0 If the **current** income source **does not** include “Social welfare, government subsidy, subsidy for low-income families, subsidy for the elderly”



【Skip to G4】

G3g1. When you started receiving social welfare, government subsidy, subsidy for low-income families, or subsidy for the elderly from the government, did the income you and your spouse received from child(ren) and relatives become less or none? **【If it has become less】**
Has it become a lot less or just a little less?

1. No change	4. Changed to none
2. A little less	5. Have had no income from child(ren) or relatives originally
3. A lot less	6. Have got more instead

G4. Except for the national health insurance program, do you currently enroll in any other insurance, such as civil servants’ insurance, labor insurance or retirement insurance? Do you enroll in any life insurance?

【Can choose more than one. Give each of the following options as a hint】

a No

【Skip to G5】

- b Civil servants’ insurance
- c Labor insurance
- d Farmers’ insurance

e Fishermen’s insurance

f Retirement insurance

g Life insurance

h Other (Please explain): _____



G4a. Will you receive an amount of money from your insurance program when it reaches maturity (or after a certain period of time)?

1 Yes

2 No

3 Don’t know

【Skip to G5】

G4b. When will you receive it?

【Can choose more than one】

a When it reaches maturity

c After death

b Some time after maturity

d Other (Please explain): _____

G4c. How much in total will that be?

NT\$_____ (Unit: NT\$10,000) **【Continue with G5】**

★**G5.** In general, are you satisfied with your current economic status?

1 Very satisfied

3 Average

4 Not satisfied

2 Satisfied

5 Very unhappy with it

★**G6.** What do you think about your current economic status in comparison with it four years ago?

1 Much better

3 About the same

4 Worse

2 A little better

5 Much worse

G7. What do you think about the economic status of your household when you grew up?

1 Rich

3 Average

4 Below average

2 Above average

5 Poor

Family Income and Daily Life Expenses

Now I would like to ask you about your household income and expenses.

G8. 【For the investigator to verify】 :

- 1 The respondent **lives alone** or **lives only with spouse** → **【Skip to G9】**
- 2 The respondent **does not live alone** or **lives only with spouse**

↓
G8a. Besides you and your spouse, who else has income in your household?

- 0 No one else → **【Skip to G9】**
- 1 Someone else has income

↓
G8a1. Who is it? **【Please record relationship to the respondent】**

- 1. _____ 2. _____ 3. _____ 4. _____
- 5. _____ 6. _____ 7. _____ 8. _____

G8a2. How much total income **from different sources** did your household receive **the past year** (including income from the respondent, spouse and others)?

【Write down exact figure】 Total NT\$ _____ (Unit: NT\$10,000)

【If the respondent could not give the figure or refused to answer, please do probe by giving the following ranges】

- a) Less than NT\$100,000
- b) NT\$100,000 – less than NT\$300,000
- c) NT\$300,000 – less than NT\$500,000
- d) NT\$500,000 – less than NT\$700,000
- e) NT\$700,000 – less than NT\$1,000,000
- f) NT\$1,000,000 – less than NT\$1,500,000
- g) NT\$1,000,000 – less than NT\$2,000,000
- h) NT\$2,000,000 – less than NT\$3,000,000
- i) NT\$3,000,000 – less than NT\$4,000,000
- j) NT\$4,000,000 – less than NT\$5,000,000
- k) NT\$5,000,000 – less than NT\$6,000,000
- l) NT\$6,000,000 – less than NT\$8,000,000
- m) NT\$8,000,000 – less than NT\$10,000,000
- n) Over NT\$10,000,000

G9. How much is the **monthly** living expense of the household (such as food, rent, utilities, loans, and maintenance)?

Total NT\$ _____ **every month**

G10. Do you and your spouse pay for the major living expense of the household (such as food, rent, utilities, loans, and maintenance)?

1 Yes → **G10a.** How much do you and your spouse pay for the living expense each month? Total NT\$ _____ each month

0 No



G11. Is there anyone who **does not** live in your household but who pays all or part of your expense?

1 Yes → **G11a.** Who supports your living expense? **【Record relationship to the respondent. Does not limit to four persons only】**

0 No

1. _____ 2. _____ 3. _____ 4. _____

★G12. Do **you and spouse** have plenty of money or have difficulty paying monthly living expense?

- | | | |
|---|----------------------------|------------------------|
| 1 Have plenty of money | 3 Have a little difficulty | → 【Skip to G13】 |
| 2 Have enough money.
Don't have a problem. | 4 Have great difficulty | |

G12a. **【For the investigator to verify G3a and G3c】**

- 1 If the respondent or spouse got income from children, other relatives or others in the past year
- 0 Other situation → **【Skip to G13】**

★G12b. If you have **no** income from “child(ren) or relatives” and depend **only** on other sources of income by yourself, do you and spouse have enough money or have difficulty paying living expenses every month?

- | | |
|---|----------------------------|
| 1 Have plenty of money | 3 Have a little difficulty |
| 2 Have enough money.
Don't have a problem. | 4 Have great difficulty |

★G12c. If have no other source of income and can **only** depend on income from “child(ren) or relatives”, do you and spouse have enough money or have difficulty paying living expenses every month?

- | | |
|---|----------------------------|
| 1 Have plenty of money | 3 Have a little difficulty |
| 2 Have enough money.
Don't have a problem. | 4 Have great difficulty |

Other Properties

G13. Except for the house you live in, do you (or spouse) have another house, land, fixed assets, shares, savings, businesses, or other properties?

【 Please ask item by item 】

1 Yes

0 No **【 Skip to next item 】**



G13a. Are the properties in your name or both your and your spouse’s names? Or are they under your name and other family members’ names? Or do they co-own by you and your spouse? Or are they under your name and other non-relatives’ names?

G13b. **【 If under the respondent’s and family members’ names or non-relatives’ names 】**

What is the percentage of the property that you and spouse own?

G13c. What is the market value of this asset? (If your sold it, how much would you get it for?)

【 A. Write down the figure quoted by the respondent if he/she answers the question.

Or B. If the respondent could not give the figure or refused to answer, please do probe by giving the following ranges and record the code of the value range below 】

- a) Less than NT\$500,000
- b) NT\$500,000 – less than NT\$1,000,000
- c) NT\$1,000,000 – less than NT\$3,000,000
- d) NT\$3,000,000 – less than NT\$5,000,000
- e) NT\$5,000,000 – less than NT\$10,000,000
- f) Over NT\$10,000,000

G13d. The calculation of the total value reaches NT\$ _____ 0,000. Is that right?

【 Investigator, if the respondent said the answer is “wrong”. Please double check and verify with him/her again 】

Types of assets	0 No such property	G13a. Assets are in whose name?				G13b.% Percentage owned by the respondent/spouse	G13c. Value	
		1 Respondent	2 Respondent & spouse (including spouse only)	3 With family members	4 With others		Record the figure quoted by the respondent (Unit: NT\$10,000)	Code of value range
1. House ●, land, factory buildings	0	1	2	3	4	%		
2. Farm, fishpond, ranch	0	1	2	3	4	%		
3. Savings	0	1	2	3	4	%		
4. Stocks, shares	0	1	2	3	4	%		
5. Own business company, the right to manage farming, fishing, and animals husbandry	0	1	2	3	4	%		
6. Other valuable assets	0	1	2	3	4	%		
G13d. Total value of the assets listed above	NT\$ _____ 0,000							

● Do not include the house the respondent currently lives in.

G14. **【For the investigator to verify: does the respondent have no assets?】**

0 The respondent has **no** assets listed above —→ **【Skip to G17】**

1 The respondent has **one or more than one** type of assets listed above



G15. Are any of the assets you mentioned above (including assets co-owned by spouse or other family members) inherited from your parents or other relatives?

0 No, not inherited from or given by anyone

1 From deceased spouse

2 From parents

3 From parents-in-law

4 From other relatives or non-relatives (Please specify)_____

★G16. Can you control or use these assets **as you desire**?

1 Yes, I can do whatever I want with them

2 I can control or use part of the assets

3 I cannot control or use the assets even though I own them

4 Other (Please explain)_____

【Ask all respondents】

★G17. Do you think that the assets you and spouse own are enough to support you for retired life?

Or do you need to rely on children or others?

1 Enough to support yourself

2 Need to rely on child(ren) or others

3 Other (Please explain)_____

Time when the interview was concluded: 1 Morning 2 Afternoon

Time: _____ hour _____ min (24 hour clock system)

Investigator's record of observations after the interview

K0. Place of interview: 1 Respondent's home 3 Other (Please record): _____
2 Office/place of work

K1. Was anyone else present during the interview?
1 Yes, for most of the time 3 Yes, occasionally
2 Yes, for about half of the time 4 No **【Skip to K2】**

K1a. **【If someone else was present】** What was his relationship to the respondent?

02 Spouse		
Son	_____	【Write relationship】 (_____) (_____)
Daughter-in-law	_____	
Daughter	_____	
Other relatives	_____	
Other non-relatives	_____	

K1b. Did the person's presence influence the answers given by the respondent? How?
1 Helped with or corrected the respondent's answers 3 No influence
2 Only listened attentively, but did not add to the answers

K1c. Was the respondent unable to focus on giving answers because someone else was present?
1 Affected throughout the interview 3 Affected only a little
2 Somewhat affected 4 Not affected at all

K2. How was the respondent able to understand the questions?
1 Very well 2 Well 3 Acceptably 4 Poorly

K3. How did the respondent cooperate?
1 Very well 2 Well 3 Acceptably 4 Poorly

K4. Did the course of the interview follow smoothly with the prescribed order?
1 Yes 2 Acceptably 3 Not going smoothly

K5. Please write out problems encountered during the course of the interview, the respondent's reaction, or other special circumstances.

K6. How long did the interview last?
_____ hour(s) _____ min(s)