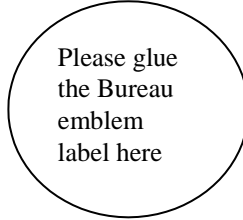


Approving Unit: Director General of Budget Accounting and Statistics [DGBAS],
 the Executive Yuan, R.O.C. (September 3, 2003)
 Approving Documentation No.: DGBAS Three No. 0920005542
 Valid Until: 12/13/2007
 Unit of Execution: Bureau of Health Promotion, Department of Health,
 the Executive Yuan, R.O.C.

Sample Code (to be filled in by the interviewer)

A Or B						
	Township code			Serial number		



2007

**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 interview(s): _____; Name of the interviewer completing the survey: _____

Is the survey completed within one interview? 1. Yes 0. No

↓
 How many interviews before completed this interview? _____

Date of the completed investigation: ___month ___day

For the interviewer: please do not fill in the blanks below.

First data reviewer: _____ Date : Month _____ Day _____ Year _____

Supervisor: _____ Date : Month _____ Day _____ Year _____

Second data 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 interview

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

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, or physically too weak to continue.
- 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 continue.
- 3. Became difficult to reason with, was unwilling to continue, or refused to answer.
- 4. Was emotionally unstable or upset.
- 5. Other. Please specify: _____

I2b1. Proxy began from
section/question
-
Sec ___ 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 relationship more precisely
】 (_____)**

《 For Interviewer(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 policies. Now, to further understand the change in health status and family dynamics of the elderly, we need your participation again. Thank you in advance for your cooperation.

A • Background Information, Marital and Living Situation

For interviewer: please fill the respondent's marital status in 2003 into the table below based on the information from the Sample Card before starting questionn A1.

A1. Are you married and do you 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 “domestic partner” 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 2003 (Based on the Sample Card)	Marital status of the current investigation
<input type="checkbox"/> 1. Had a spouse (including married spouse or domestic partner) <input type="checkbox"/> 2. No spouse (including widowed/ divorced/separated/never 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: 2em; margin-right: 10px;">{</div> <div style="padding-left: 10px;"> <input type="checkbox"/> 1. Married and has a spouse <input type="checkbox"/> 2. Has a domestic partner </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Not having a spouse</div> <div style="font-size: 2em; margin-right: 10px;">{</div> <div style="padding-left: 10px;"> <input type="checkbox"/> 3. Widowed, not married again <input type="checkbox"/> 4. Divorced, not married again <input type="checkbox"/> 5. (Formally) separated <input type="checkbox"/> 6. Never been married </div> </div>
<input type="checkbox"/> 3. No information from 2003 Did you have a spouse four years ago in 2033? 【Fill the right answer in 1 or 2】	

A1a. **【Please check the right box based on the table of marital status above and continue interview as directed】**

- 1 Had a spouse in 2003, and has a spouse (or partner) now **【continue with A2】**
- 2 Had a spouse in 2003, but widowed now → **【Skip to A3】**
- 3 Had a spouse in 2003, divorced or separated now → **【Skip to A4】**
- 4 Had no spouse in 2003, but has a spouse (or partner) now → **【Skip to A5】**
- 5 Had no spouse in 2003, and has no spouse either now → **【Skip to A11】**

A2. **【 For respondents who had a spouse (or a partner) in 2003 and still do now, continue to ask 】** For how long have you and spouse /partner 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 have 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 were widowed during the past 4 years 】** When did your spouse pass away?

In _____ month _____ year (should be after Oct, 2003)

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

A3b. What was the cause of death? _____

Note to interviewers: go to A5 if the respondent got married after spouse deceased; go to A11 if the respondent did not get married again after spouse deceased, i.e., (“Spouse deceased” in A2e) and (“3.Widowed, not married again” in A1), respectively

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

In _____ month _____ year (should be after Oct, 2003)

Note to interviewers: go to A5 if the respondent got married after the divorce; go to A11 if the resopndent did not get married after the divorce, i.e., 【 (“Divorced” in A2e) and (not married again” in A1), respectively

Ask the respondent of questions A5~A10 only if she/he has remarried or has had a partner between the 1999 and current survey, i.e.,

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

A5. When did you get married/start cohabitation (note: only date for the most recent one)?
 month_____year_____ (should be after oct 2003)

A6. Does your spouse usually live with you?

0 No



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

1 Has another permanent residence

3 Is not home temporarily for family reasons

2 Is working away from home temporarily

4 Other. (Please explain) : _____

1 Yes

A6b. 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

【 Continue with A7 】

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

1 (if before 1911)_____years before 1911/ 2 R.O.C. year __;or _____years old.

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

1 Fukianese

3 Mainlander

5 Other (Please specify):

2 Hakka

4 Aboriginal _____

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 070809 010203 101112 01020304 13141516 17+ 99
 Elementary Level Crses (Japanese System) Upper Level Crses (Japanese System) (Five year junior college)
 91.dropped out from the National Open Univ.
 92.dropped out from the Open Junior College

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

1 Excellent

3 Average

4 Not so good

2 Good

5 Poor

Residence History

A11. Is the place you live now your **primary** 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 Primary residence

2 Alternately stay

with children →

A11a. Which children do you alternately stay with?

【 Write out relationship to the respondent 】

(1) _____ (2) _____ (3) _____

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 Old-age home

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

3 Inherited

4 Given by parents or relatives

5 Other (Please explain) _____

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 】**

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 _____ (in 10000 NT\$) **【After this question, skip to A15】**

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

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

【After this question, skip to A15】

【If the answer in A12 is “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 help him/her purchase the house?

- 1 Respondent passed the house on to the child
- 2 Respondent paid for part of the house
- 3 Respondent paid for all of the house
- 4 None of the above.

A15. About how big is this house (including public or common areas)? _____ p'ing. (One p'ing is about 36 square-feet)

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

- a TV set(s): _____
- b Air conditioner(s)/heater(s): _____
- c Automobile(s): _____

★A17. Do you like this house?

- | | | |
|----------------------------------------------|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 1 like it very much | <input type="checkbox"/> 3 Average | <input type="checkbox"/> 4 dislike it |
| <input type="checkbox"/> 2 Like it | 【Skip to A18】 | <input type="checkbox"/> 5 dislike it very much |

★A17a. Why do you like it / like it so much (Or why do you dislike it / dislike it so much?) **【Interviewer(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 B1】**

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 (including Kinmen or Matsu)

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/partner

e Daughter-in-law

h Parents (including

c Unmarried child(ren)

f Married daughter

parents-in-law)

i Other relatives _____

j Other non-relatives _____

A19b. Besides your spouse, have other family members or adults moved here to live with you?

1 All of them

3 None

2 Part of them

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

A19c. When did you move here?

In _____ month _____ year (should be after Oct 2003)

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

a Got married

i just went with the 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 unable to work or do house chores due to aging or health issues

n Had to move here because of financial problems

g Did not get along with the people who the respondent used to live with

o Other(Please explain) _____

h more convenient for the children to go to school

B • Family Structure, Kinship, and Visits between Kins

Interviewer: Please fill in column (1) with the number of children of the respondent interviewed in 2003 before proceeding to ask the following questions.

B1. How many biological children do you currently have, including both of those **living and not living with you**?

【Fill in column (2) of the table below】 Do you have stepchildren or adopted children?

【Fill in column (2) of the table below】

B2. **【Interviewer: compare column (1) with (2). If the numbers are different, ask one of the questions below accordingly】**

B2a. **【If the number of column (2) is fewer than column (1)】** You said you had _____ child(ren) in the previous interview. Why do you have _____ fewer child(ren) than _____ last 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 previous interview. Why do you have _____ more child(ren) than last time? Is it because you had newborns, adopted children, or had stepchild(ren) in the **past four years?** **【If yes】** How many? **【Fill in column (4) below】**

B3. Interviewer(s), if the numbers in columns (1) and (2) differ not because of birth, death or adoption of children, please record it in column (5).

Category of Children	【Interviewer, please fill in the number of living children in 2003】 (1)	B1. Number of children still alive now (2)	B2a. Number of children deceased after 2003 (3)	B2b. Increased number of children after 2003 (4)	B3. Remarks : explain why the numbers in (1) and (2) differ (5)
biological son					
biological daughter					
Adopted (step-) son					
Adopted (step-) daughter					
Total					

B4. Among your **living** children, how many of them **often live** with you in this house? How many of them do **not often live** with you in this household?

Number of children **living together**: _____ ; Number of children **not living together**: _____

(04/09/2008)

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-eldest son, eldest daughter, second-eldest daughter.)		B6. Sex	B7. Age	For child(ren) over 6 only	For child(ren) over 15 y/o only			For child(ren) 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 military duty 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 living together 2 Temporarily away from home for education 3. Live away from home for work 4 Serve military duty 5 Other 【Please specify】	1 Next door 2 Same neighborhood 3 Same (close) areas 4 Other Region in Taiwan, including Kimen or Matsu 5 Mainland China 6 Other countries	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 resp.											
01											
02											
03											
04											
05											
Not living with resp.											
01											
02											
03											
04											
05											
06											
07											
08											

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 _____people living in your household. Is that right?

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

B22a. **【Interviewer, fill in the information based on respondent's previous answer】**
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】

- | | | |
|--------------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> a live alone | <input type="checkbox"/> e Daughter-in-law(s) | <input type="checkbox"/> i Grandchild(ren) |
| <input type="checkbox"/> b Spouse (or companion) | <input type="checkbox"/> f Husband's parent(s) | <input type="checkbox"/> j Other relatives |
| <input type="checkbox"/> c Unmarried child(ren) | <input type="checkbox"/> g Wife's parents | <input type="checkbox"/> k Other non-relatives |
| <input type="checkbox"/> d Married son(s) | <input type="checkbox"/> 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 the head of the household?

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

★B24. Are you satisfied with your current living arrangement?

- 1 Extremely satisfied 3okay 4 dissatisfied
2 Satisfied 5 Extremely dissatisfied

★B25. I am going to mention several common living arrangements, 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】

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> 1 Living alone (or with spouse) | <input type="checkbox"/> 5 Living close to married child(ren) |
| <input type="checkbox"/> 2 Living with a married son | <input type="checkbox"/> 6 Living in a home for the aged |
| <input type="checkbox"/> 3 Living with a married daughter | <input type="checkbox"/> 7 Alternatively living with various sons |
| <input type="checkbox"/> 4 Living with a married son or daughter | <input type="checkbox"/> 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 Living in a home for the aged
2 Living alone 4 Other arrangement (Please explain) _____

Table III: Information on Respondents' Parents

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. Always lives with you or with various children alternately?	B30. Current residence?	B31. How often do you visit her/him?	B32. How often do you talk to him/her on the phone?
	0 Deceased 【Continue: At what age did he/she die?】 1 Not sure living or deceased 2 Living				0 Deceased 【Continue: At what age did he/she die?】 Skip to the next person】 1 Living 【Continue with B28】			1 Excellent 2 Good 3 Average 4 Not Good 5 Poor	1 Always lives with the respondent 2 Lives with the respondent now; alternately lives sometimes 【Skip to next person】 3 Lives elsewhere now; live with respondent sometimes 4 Always lives elsewhere	1 Next door or same bldg 【Skip to B33】 2 Same neighborhood 3 Same (nearby) city/town/district 4 Other area 5 Mainland China 6 Other countries	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	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
	0 Deceased	Please record age of death	1 Not sure	2 alive	0 Deceased	Please record age of death	1 alive					
41 Father	0		1	2	0		1					
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					

Siblings 【 Fill in answers to B35-B38 in tables below 】

B33. How many living brother(s)/sister(s) do you have? **【 If none, skip to B37 】**

B34a. **【 If yes 】** How many of them live nearby or live in the same town/city?
【 If yes 】 How many of them do you usually **see** at least once a **week**?

B34b. How many brother(s)/sister(s) live in other areas of Taiwan (including Kinmen or Matzu)?
【 If yes 】 How many of them do you usually visit or **contact** by phone or by mail at least once a **month**?

B34c. Of those who don't usually live here, how many do you visit or **contact** at least once a **week**?

B35. How many living brother(s)/sister(s) does your spouse have? **【 If none, or the respondent is unmarried, skip to B39 】**

B36a. How many of them do you usually see or contact by phone or by mail at least once a **month**?

B36b. How many of them do you usually see or contact by phone or by mail at least once a **week**?

<p>B33. Your own sibling(s) (No. of living sibling(s): ____)</p>	<p>B34a. 1. Do not live together but live nearby or in the same town/city/village: ____ sibling(s) 2 How many do you see every week? ____ sibling(s)</p>	<p><input type="checkbox"/> The respondent has never been married 【 Skip to B37 】 <input type="checkbox"/> The respondent is divorced and remains unmarried 【 Skip to B37 】</p>
<p>a. Older brother: ____; b. Younger brother: ____ c. Older sister: ____; d. Younger sister: ____ 【 If none, skip to B37 】</p>	<p>B34b. 1 Do not live with but live in other areas of Taiwan: ____ sibling(s) 2 How many do you contact once a month? ____ sibling(s)</p>	<p>B35. Siblings of spouse (No. of living sibling(s): ____) a. Older brother: ____; b. Younger brother: ____ c. Older sister: ____; d. Younger sister: ____ 【 If none to all, skip to B39 】</p>
	<p>B34c. Do not live together (but live in Taiwan, Penghu, Kinmen, Matzu, and overseas) but contact at least once a week? ____ sibling(s)</p>	<p>B36a. How many do you contact at least once a month? ____ sibling(s)</p> <p>B36b. How many do you contact at least once a week? ____ sibling(s)</p>

Grandchildren

B37. How many grandchildren do you have altogether? _____grandchild(ren) **【 If none, skip to B39】**

B37a. How many of them who live in Taiwan but **do not live with you**?
_____grandchild(ren) **【 If none, skip to B39a2】**

B37a1. How many of them live in **this city/town/village**? _____grandchild(ren) **【 If none, skip to B39a2】**

【 If yes】 How many of them do you **see at least once week**? _____grandchild(ren)

【 If yes】 How many of them you **do not see but contact** you at least **every week**?
_____grandchild(ren)

B37a2. How many of those who **do not** live in this city/town/village but see or contact you
at least once week? _____grandchild(ren)

OtherFriends and Relatives

B38. Besides the relatives 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: _____

B39. How many **neighbors or friends** do you see, speak with, or contact by phone **at least once a week**?

【 Close friends, not just business associates 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 interviewer: Please ask about each of the ailments listed on the next page's Record of Ailments. If the respondent says "yes" to any of the ailments (voluntarily or after the probe), mark his/her answer and continue to ask the rest of the questions on the form

Record of Ailments

Name of Ailment	C3. Did you ever have this ailment before?		【For any C3 answers chosen "Yes", please continue to ask C3a–C3e】											
			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 <small>(Skip to next ailment)</small>)	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) Hypertension	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	0	1	0	1	0	1	0	1	0	1	2	0	1	2

(Palpitation does count)														
(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, emphysema, pneumonia, pulmonary diseases, asthma 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
(16) Hyperlipidemia	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(17) Anemia	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(18) Prostate problems (only for the male)	0	1	0	1	0	1	0	1	0	1	2	0	1	2

C4. 【For the interviewer 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 currently receive dialysis treatment?

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 interviewer, 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. **【For Interviewers】** : 0 The respondent is male → **【go to C8】**

1 The respondent is a female

↓
C7. Some people are incontinent; did you have this problem **in the past year**?

0 No 1 Yes

C7a. When would the incontinence of urination occur? **【multiple choices】**

a Coughing, laughing, sneezing or exerting, or exert abdominal muscles

b Right before you take off the pant when you're going to use the toilet

c Other _____

C7b. How often does the incontinence occur?

1 Everyday on average

2 Not everyday but each week

3 Not every week every month

4 Less than once in a month

C7c. Have you seen a doctor for this problem?

1 yes 0 no **【go to C8】**

C7d. How did the doctor treat the problem? **【multiple choice】**

a medications c surgery

b physical therapy d other _____

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:

(Interviewer, 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 happens only when having diarrhea or the excrement is too soft.

4 Involuntary excretion happens even when excrement is solid and hard.

C8b. How often does incontinence happen to you?

1 Occasionally

2 Often

3 Everyday

C8c. Do you see a doctor for this problem **now**? 1 Yes 2 No **【Skip to C9】**

C8d. How did the doctor treat the problem? **【multiple choice】**

a medications c surgery

b physical therapy d other_____

C9. Overall, do you feel physical 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 occasional, often, or persistent?

1 Occasional

2 Frequent

3 Persistent

C10. In addition to the pain, do you have physical discomfort ? **【 If yes 】** How serious is it ?

0 No physical discomfort 1 A little

2 Medium level

3 Serious level (but still bearable)

4 Very serious level(unbearable)

★C10a. Is the discomfort occasional, often or persistent ?

1 Occasional

2 Frequent

3 Persistent

C11. **In the past month**, were you healthy? Or were you sick or injured?

0 Very healthy → **【Skip to C12】**

1 was sick only 2 was injured only

3 was both sick and injured

C11a. Have you reduced your daily activities because of sickness or injuries?

Yes, for _____ days

00 No **【Skip to C12】**

C11b. Have you been **bed-ridden for half a day or longer** because of the sickness or injuries?

【If yes】 For _____ days

00 No

【Continue with C12】

C12. 【Evaluated by the interviewer】 :

0 The respondent does not have any chronic diseases/physical pain/
discomfort

(i.e. All of C3c~C11 are coded "0") 【 skip to C13】

1 The respondent has A chronic disease/physical pain/discomfort
(i.e. any of C3c~C11 has been coded "1")

How confident/sure are you that you can manage/control your own health? I'd like to know about it.

	1 Very sure	2 Pretty sure	3 Normally sure	4 Not very sure	5 Almost not sure	6 I don' t understand' don' t know how to express it
	(90~100 % sure)	(70~80% sure)	(50~60% sure)	(30~40% sure)	(Less than 20%)	
★1.To what extent (in terms of percentage, same of all the remaining questions) are you confident/sure that you are able to follow the doctor's instruction to take medications ?	1	2	3	4	5	6
★2.To what extent are you confident/sure that you are able to lessen the symptom of disease through exercise ?	1	2	3	4	5	6
★3.To what extent are you confident/sure that you are able to lessen the symptom disease through diet (e.g. low-salt 、 low-glucose or low-fat diet)?	1	2	3	4	5	6
★4.To what extent are you confident/sure that you are able articulate your symptom to the doctor ?	1	2	3	4	5	6
★5.To what extent are you confident/sure that you are able to inquire about your disease from the doctor ?	1	2	3	4	5	6
★6. How confident/sure are you that you won' t let the disease to affect things you wan to do (such as your daily life)?	1	2	3	4	5	6
★7.How confident/sure are you that the negative emotion caused by the disease would not disturb things you want to do (such as daily life)?	1	2	3	4	5	6

Fall Accident

C13. 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 C14】**



C13a. How many times have you tumbled or fallen **in the past year**? _____time(s)

C13b. Which of the fallings/tumbles in the past year do you remember most clearly? Did it cause sprain, fractures, dislocation?

1 Yes 0 No **【Skip to C14】**



C13b_1. Which part of your body did the sprain/fracture/dislocation occur? 【inquire each part one by one; multiple choice allowed】		
C13b_1a. Head.....	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1b. Neck	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1c. Spine	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1d. Upper limbs (hand, wrist, elbow, forearm, upper arm)	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1e. Lower limbs (feet, ankle, knee, calf, thigh bottom)	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1f. Hip (the top of the thigh, pelvis or acetabulum)		
.....	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1g. Trunk	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_1h. other(please specify)_____.	<input type="checkbox"/> 0 no	<input type="checkbox"/> 1 yes
C13b_2. did you go to a hospital? What kind? 【multiple choices allowed only for b~e】		
<input type="checkbox"/> a I didn't got to any hospital	<input type="checkbox"/> d Western clinic or hospital	
<input type="checkbox"/> b "bone hospital" (a kind of folk remedy in Taiwan)	<input type="checkbox"/> e other(specify)_____	
<input type="checkbox"/> c Chinese medicine clinic or hospital		

Measure of Daily Activities

C14. Without help from other people or using tools, do you have any difficulty doing the activities below listed **by yourself**? **【If yes】** Would you say there is 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 difficult y	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) Use fingers to grasp or turn objects	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	

C15. Based on your health and physical conditions, do you have difficulty doing the following activities by yourself?

【If yes, continue to ask:】 Would you say there is 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 difficulty	Level of difficulty			Remarks
		1 Some difficulty	2 Great difficulty	3 Couldn't do it at all	
(1) Buy personal items (such as soap, toothpaste, medicine...etc.)	0	1	2	3	
(2) Manage your money (such as accounting, getting change, paying bills, etc.)	0	1	2	3	
(3) Ride the bus or train by yourself	0	1	2	3	
(4) Do heavy chores 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 chores	0	1	2	3	
(6) Making a phone call	0	1	2	3	

C16a. [For the interviewer to verify]

- 0 The respondent has **no difficulty** doing any of the **6 activities of C15** → **[skip to C17]**
- 1 The respondent has difficulty doing **at least one** activity

C16b. Regarding the difficulties that you mentioned above, does anyone help you with these activities?

- 1 Yes
- 0 No → **[Skip to C17]**

C16c. Who is the **main** person who helps you with these activities?
 _____ **[Record the relationship of the main helper with the respondent]**
 ★C16d. Do you think that you already get enough help, or do you need more help?
1 Have enough help 2 Need more help

C17. Next, I will mention some common daily activities. Please tell me if you have any difficulty doing them **by yourself**? **[If yes, continue to ask:]** Would you say there is some difficulty, great difficulty, or be unable to do them at all?
[Excluding temporary difficulty caused by illness or injury]

Daily Life Activity	C17. Do you have difficulty doing it by yourself?				[For each activity that the respondent has difficulty with, continue with C17a-C17c]							
	0 No difficulty	1 Some difficulty	2 Great difficulty	3 Can't do it at all	C17a. How long has this difficulty lasted? [About how many years and months?]	C17b. Do you use any special aids to do it?		C17c. 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			
2. 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 on a chair	0	1	2	3	__ year(s) __ month(s)	0	1	0	1			
5. Moving around in a room	0	1	2	3	__ year(s) __ month(s)	0	1	0	1			
6. Using toilet	0	1	2	3	__ year(s) __ month(s)	0	1	0	1			

★C17d. **[For the interviewer to verify]**

- 0 The respondent has **no difficulty** doing the **6 activities of C17** → **[skip to C18]**
- 1 The respondent has difficulty doing **at least one** activity

C17e. You said you have difficulty with activity no. _____, who is the main person who helps you with these activities?
 _____ **[Record the relationship of helper with the respondent]**
 Or 00. No one helps → **[Skip to C18]**
 ★C17f. Do you think that you have gotten enough help, or do you need more?

<input type="checkbox"/> 1 Have enough help	<input type="checkbox"/> 2 Need more help
---------------------------------------------	-------------------------------------------

Use of Medical Services

C18. Were you admitted to the hospital **in the past year**?

1 Yes 0 No → **【Skip to C19】**



C18a. Were hospitalized _____ times	
C18b. Stayed in hospital for _____ days	
C18c. What was the main reason for your most recent hospital stay? _____	
C18d. When you were in the hospital, who was major caregiver? _____	
【Record the caregiver and his or her relationship to the respondent】	
C18e. In the past year , how much did you or your family pay for your hospitalization expense? Total NT\$ _____	
C18f. Were you ever been admitted to hospital in the past six months ? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No	

C19. **In the past year**, did you go to emergency room?

1 Yes 0 No → **【Skip to C20】**



C19a. How many times? _____ time(s).

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

Medical service categories	a. In the past year , did you ever go to 【Read the type of medical service in the left column】 ?		b. In the past month , did you ever go to 【Read out the type of medical service in the left		c. In the past month , how many times did you go to 【Read out the type of medical service 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】				e. In the past month , you have been to 【Read out the type of medical service in the left column】 . How much medical expense have you or your family
	0 No (Skip to next category)	1 Yes	0 No (Skip to next category)	1 Yes		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】				
C20. Western medicine clinic (excluding hospitalization or emergency)	0	1	0	1	Time(s)	1	2	3	4__	Total NT\$_____
C21. Chinese medicine clinic	0	1	0	1	Time(s)	1	2	3	4__	
C22. Pharmacy (Including Chinese medicine and western medicine)	0	1	0	1	Time(s)					
C23. Dental service	0	1	0	1	Time(s)					

★C24. In the **past three months**, have you had any discomfort and thought about seeing a doctor for it but didn't go?

- 0 No discomfort 2 Yes, but **did not** go to see the doctor.
1 Yes, but **went** to the doctor.

★C25. Is it convenient for you to see a doctor?

- 1 Convenient 2 Not convenient 3 Extremely inconvenient

C25a. Why didn't you go? ↓ **【Can choose more than one】**

<input type="checkbox"/> a No money	<input type="checkbox"/> g fear of finding that I am sick.
<input type="checkbox"/> b No time	<input type="checkbox"/> h No one to accompany me.
<input type="checkbox"/> c Couldn't find a doctor.	<input type="checkbox"/> i Hospital too far away.
<input type="checkbox"/> d transportation difficulty.	<input type="checkbox"/> j Don't know how to get to the hospital
<input type="checkbox"/> e Couldn't be granted a leave of absence from work.	<input type="checkbox"/> k Bought self over-the-counter medication
<input type="checkbox"/> f Illness not serious.	<input type="checkbox"/> l Other (Please specify) _____

C26. When you go to see a doctor, how long does it **usually** take to get there?

_____hour(s) _____min(s)

C27. In the past year, have you been institutionalized at a long-term elderly care center such as Home of Hu-li, An-yang-hu Center, Home of Jen-ai, or Home of the Veterans ?

【The institutions are those providing 24-hour care for older adults who are healthy, need long-term care due to chronic diseases, or who are limited in performing daily activities】

- 0 No 1 Yes

C27a. Are you still institutionalized now ?

0 No **【Skip C28】** 1 Yes **【upon the interviewer's discretion】**

C27b. Which institution are you living in now?

_____County/city_____township/districty

【name of the institution】

C27c. How many months in the past year have you been institutionalized ? _
_____months

C27d. When you were institutionalized in the past year , did you or your family receive financial subsidy from the government for it ?

0 No → C27d_1., and each month we paid _____\$NT in full for it.

1 Yes → C27d_2. , but each month we still paid _____\$NT for it.

C28. Have you used the service from a Home Health Care Program promoted by the government in the past year?

【The Home Health Care Program: through a Domestic Health Aid's help, the Program provides those who cannot take care with themselves with services ranging from house chores, cleaning the household environment, meal service to assisting with bathing, changing clothes and eating). To be eligible for the Program, you have to apply for it through the Department of Social Welfare in your local government or other foundations designated by the government, and the eligibility is to be assessed by a social worker. **It does not refer to the service provided by any domestic health aid hired by yourself**】

0 No

1 Yes →

C28a. How many months have you utilized the Program's service during the past year? _____ Months

C28b. How often in a week did the Health Aid come to your house during your use of the service? _____ number of times

C28c. How many hours did the Health Aid stay in your house? _____ hours

C28d. Have you received the government's financial subsidy for it when you used the service from the Program in the past year?

0 No. C28d_1. Each month we paid _____ \$ NT in full for it.

1 Yes C28d_2. But each month we still paid _____ \$NT for it

C29. In the past year, have you hired a nurse to take care of you at home (note: the period of hospitalization or institutionalization does not count)?

0 No

1 Yes →

C29a. Did you hire a caretaker of Taiwanese nationality?

0 No 1 Yes (If Yes in C29.a)

C29a_1. How long has the caretaker been employed in the past year? _____ months _____ days

C29a_2. How many days did he/she come to your house? _____ days

C29a_3. Each day the caretaker worked _____ hours

C29a_4. How much did you pay the caretaker per month? _____ \$NT
, or how much did you pay he/she each day? _____ \$NT

【For C29a_4: either answer the amount per month or per day】

C29b. Have you hired a caretaker of foreign nationality?

0 No 1 Yes (if Yes in C29.b)

C29b_1. How long has the caretaker been employed in the past year? _____ months _____ days

C29b_2. How many days did he/she come to your house? _____ days

C29b_3. Each day the caretaker worked _____ hours

C29b_4. How much did you pay the caretaker per month? _____ \$NT
, or how much did you pay he/she each day? _____ \$NT

C30. Have you hired an In-Home Help (either from a hospital or an In-Home Help center) in the past year?

【In-Home help : every other week an In-Home Help nurse visits the elderly at the elderly' s home. Typically the elderly was hospitalized due to chronic disease and after hospitalization, he/she still needs a nurse help in taking care the wound or other service that needs medical expertise. 】

0 No

1 Yes →

C30a. For how many months in the last year had an In-Home nurse visit your house? _____ months

C30b. And how many times in each month? _____ times

C30c. How much did you or your family practically (i.e., excluding the government's subsidy) pay for the In-Home care in the last year?

_____ \$ NT

C31. In the past year have you used the Day Care program for the elderly? ?

【Day Care for the elderly: the content of service may include nursery, transportation, arranging for daily social life or rehabilitation. The elderly comes to the day care center during the day and comes back home after the day】

0 No

1 Yes →

C31a. How many months in the last year have you used the Day Care program for the elderly? _____ months

C31b. On average how many times in each month did you use it? _____ times

C31c. How many hours each time? _____ hours

C31d. Was you or your family receive subsidy from the government for using the Day Care services for the elderly?

0 No C31d_1. Each month we paid _____ \$ NT in full for it

1 Yes C31d_2. But each month we still paid _____ \$ NT for it

C32. Have your caretaker used "Respite Care Service"(or any short-term stay service subsidized by the government)?

【Respite Care Service : if the caretaker of the elderly (or the patient) feel tired or caretaking or wants to take a break for a while (for visiting friends or traveling, for example,), the caretaker may hire a trained helper to take care of the elderly for a short term, or take the elderly to a designated institution. 】

0 No

1 Yes →

C32a. How many days in the last year have you utilized the service? _____ days

C32b. Have you been subsidized by the government for utilizing the service last year?

0 NO C32b_1. We paid it _____ \$ NT in full

1 Yes C32b_2., but we still paid it for _____ \$ NT

Hygiene Habits

C33. Are you currently smoker?

0 No 1 Yes →



C33a. Have you smoked more than five packs ever?
1. yes 2. no

C33b. On average, how many cigarettes or packs do you smoke each day?
00 Less than one cigarette; _____cigarette(s), or ___pack(s)

C33c. How many years have you been a smoker?
____year(s) **【Skip to C34】**

C33d. Were you a smoker before?

1 Yes 0 No **【Skip to C34】**



C33d_1. Had you ever smoked more than five packs when your were a smoker?
1. yes 2. no **【Skip to C34】**

C33d_2. When you're an smoker, on average how many cigarettes or packs did you smoke each day?
00 Less than one cigarette; _cigarettes, or____packs

C33d_3. How many years have you been a smoker? _____year(s)

C34. Do you drink alcohol? **【occasional drinking is counted as “Yes”】**

1 Yes 0 No **【refers to “don’t drink at all”】 **【Skip to C35】****



C34a. How often do you drink? **【If the respondent answers “only in social occasions”, ask how often does he/she attend such social occasions?】**

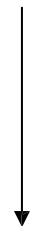
1 (Nearly) Every day 4 Once or twice a month
2 Once every two to three days 5 Less than once a month
3 Once a week

C34b. How much do you drink each time?

1 Very little (Not drunk) 2 Slightly drunk (semi-drunk)
3 Often get drunk (dead drunk)

C35. Do you **currently** chew betel nut?

0 No 1 Yes →



C35a. On average, how many betel nuts do you chew daily?
 00 Less than one _____ betel nut(s)

C35b. How many years have you chewed betel nut?
_____ year(s) **【Skip to C36】**

C35c Did you ever chew betel nut **before**?

1 Yes 0 No **【Skip to C36】**



C35c1. When you chewed betel before, on average how many betel nuts did you chew daily?
 00 Less than one _____ betel nut(s)

C35c2. For how many years did you keep the habit of chewing betel nut?
_____ year(s) **【Skip to C36】**

C36 Do you exercise **regularly**?

- 0 No
- 1 Less than twice a week
- 2 Three to five times a week
- 3 Six to eight times a week
- 4 More than nine times a week

C36a. Why don't you exercise regularly?

_____ **【Skip to C37】** _____

C36b. How long do you exercise each time?

- 1 Less than 15 minutes
- 2 15 to 29 minutes
- 3 30-59 minutes
- 4 more than 60 minutes (inclusively)

C36c. Do you sweat after you exercise?

- 1 No
- 2 sweat a little bit
- 3 sweat a lot
- 4 Other (Please explain)_____

C36d. Do you have difficulty catching your after you exercise?

- 1 No
- 2 a little
- 3 a lot
- 4 Other (Please explain)_____

C37. Do you **often** use the following drugs or dietary supplements?

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

【Interviewer, please read the items one by one】

Type of drugs	0 No	【If yes, continue to ask:】	
		1 Often or regularly	2 when 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 1 (Please specify) _____	0	1	2
(16) Other2 (Please specify)	0	1	2

C38. Are you an enrollee of the National Health Insurance program?

- 0 No 1 Yes

C38a. **In the past year**, have you checked your blood pressure? (including doing it yourself at home or having someone from 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

C38b. **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

C38c. Besides testing for blood sugar, have you had blood drawn **in the past year** to check for uric acid, cholesterol, liver or kidney functions? (only those of preventive purpose counts; those for diagnostic purpose does not count) **【If yes】** What is it?

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

Blood test for: 【Can choose more than one】 <input type="checkbox"/> a. Don't know <input type="checkbox"/> b. Uric acid <input type="checkbox"/> e. Kidney functions <input type="checkbox"/> c. Cholesterol <input type="checkbox"/> f. Other (Please explain) <input type="checkbox"/> d. Liver functions _____

C39a. **【Ask only female respondents】** **In the past year**, have you done mammography?

- 0 No 1 Yes (skip to C40) 2 Don't know or not sure

C39b. **【Ask only female respondents】** **In the past two year**, have you done mammography?

- 0 No 1 Yes (skip to C40) 2 Don't know or not sure (skip to C40)

C39c. Why didn't you mammography? (multiple choice) <input type="checkbox"/> a No money <input type="checkbox"/> g transportation difficulty. <input type="checkbox"/> b fear of finding that I am sick <input type="checkbox"/> h Don't know how to get to the hospital. <input type="checkbox"/> c No time. <input type="checkbox"/> i Couldn't be granted a leave of absence from work <input type="checkbox"/> d No one to accompany me. <input type="checkbox"/> e Couldn't find a doctor. <input type="checkbox"/> j Don't feel necessary. <input type="checkbox"/> f Hospital or clinic is too far away. <input type="checkbox"/> k Other (Please specify) _____

C40. **In the past year**, have you gotten a flu vaccine?

- 0 No 1 Yes

C41. **In the past year**, have you gotten a *Streptococcus pneumoniae* vaccine?

- 0 No 1 Yes

C42. In the past **three years**, have you had a physical exam (not including (1) the exam comes for free with blood donating, or (2) the exam needed for a specific disease)?

1 Yes

0 No

C42a. Why didn't you have a physical exam **in the past three years**?

【 Can choose more than one 】

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

【 Skip to C43 】

1 Yes

C42b. Which (insurance) program provided this exam? What's the name of it?

- 1 I paid for it by myself
- 2 The National Health Insurance
- 3 The county/city governments conducted the exam, including

- 1 the "Integral Community Health Exam"
- 2 others (please explain)

- 4 it was paid by my employer, :

- 1 the Labor Health Examination
- 2 the Civil Servant Health Examination
- 3 others(please explain) _____

- 5 it was provided by a commercial insurance program
- 6 others (please explain) _____

【 skip to C44 】

C43. In the past three year, have you had a physical exam(not including (1) the exam comes for free with blood donating, or (2) the exam needed for a specific disease)?

1 Yes

0 No



★**C43a.** Why didn't you have a physical exam in the past three year?

【 Can choose more than one 】

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> a No money | <input type="checkbox"/> g transportation difficulty |
| <input type="checkbox"/> b fear of finding that I am sick | <input type="checkbox"/> h Don't know how to get to the hospital. |
| <input type="checkbox"/> c No time. | <input type="checkbox"/> i Couldn't be granted a leave of absence from work |
| <input type="checkbox"/> d No one to accompany me. | <input type="checkbox"/> j Don't feel necessary. |
| <input type="checkbox"/> e Couldn't find a doctor. | <input type="checkbox"/> k Other (Please specify) |
| <input type="checkbox"/> f Hospital or clinic is too far away. | _____ |

(skip to C45)

C44. Did you have the physical exam because you want to learn the state of your health, or because you had discomfort and decided to have a physical exam, or because you had discomfort and your doctor order a physical exam? **【 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, **ordered by doctor**
- d Other (Please explain)_____

Use of Physical Aids

C45. Do you wear glasses (including reading glasses and contact lenses)?

0 No

1 Yes



C45a. Can you see things clearly?	C45b. Can you see things clearly when wearing glasses or contacts?
<input type="checkbox"/> 1 Very clearly <input type="checkbox"/> 2 Clearly	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so clearly <input type="checkbox"/> 5 Not clearly at all

C46. Do you wear a hearing aid?

0 No

1 Yes



C46a. Can you hear clearly?	C46b. Can you hear clearly when wearing a hearing aid?
<input type="checkbox"/> 1 Very clearly <input type="checkbox"/> 2 Clearly	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so clearly <input type="checkbox"/> 5 Not clearly at all

C47. Do you wear dentures (including crowns)?

1 Yes

0 No



<p>C47a. Are your dentures moveable or fixed? 【 Can choose more than one 】</p> <p><input type="checkbox"/>a Fixed</p> <p><input type="checkbox"/>b Moveable</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>C47b. Do you wear denture all day long, only when eating, or rarely?</p> <p><input type="checkbox"/>1 All day long (Only take them off when sleeping at night)</p> <p><input type="checkbox"/>2 Only for eating</p> <p><input type="checkbox"/>3 Rarely</p> </div>	<p>C47c. 【 For respondent not wearing dentures, ask: 】</p> <p>How easy is it for you to eat food?</p> <p>【 For respondent wearing false teeth, ask: 】</p> <p>Is it easy for you to eat with a denture?</p> <p><input type="checkbox"/>1 very easy</p> <p><input type="checkbox"/>2 Easy</p> <p><input type="checkbox"/>3 Average</p> <p><input type="checkbox"/>4 Not so easy</p> <p><input type="checkbox"/>5 Not easy at all</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C48. Do you use a cane, a crutch, or a walker to help you walk?

0 No

1 Yes



C48a. Is it easy for you to walk around?	C48b. Is it easy for you to walk around with a cane, a crutch or a walker?
<input type="checkbox"/> 1 very easy <input type="checkbox"/> 2 Easy	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so easy <input type="checkbox"/> 5 Not easy at all

C49. In the past year, have you used some measures in daily life to prevent or control chronic disease?

(1) weight control	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3 no
(2) less smoking or quit	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3no
(3) less drinking or quit	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3no
(4) regular exercise	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3no
(5) a healthy diet (a more balanced diet, more fibre..etc)	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3 no
(6) keep a regular hour; avoid sitting up for night、 reducing pressure...etc	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3 no
(7) other 1(please explain)_____	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3 no
(8) other 2(please explain)_____	<input type="checkbox"/> 1 yes (voluntarily)	<input type="checkbox"/> 2 Yes (after probe)	<input type="checkbox"/> 3 no

★ C50. In our modern society, some people feel **stressed or worried**; some people don't. I am going to ask you some questions. Please tell me whether you feel stressed 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 makes 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 financial situation	0	1	2
3. Own job	0	1	2
4. Family members' health, financial situation, jobs, or marriage, etc.	0	1	2
5. Relationship with family member(s) (e.g. cannot get along, tension conflicts)	0	1	2
6. Other (Please explain):	0	1	2

Measure of Melancholia (CES-D)

★C51. 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, sometimes, or often or persistently?

(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 an effort	0	1	2	3	
(3) Sleep poorly (Unable to sleep soundly)	0	1	2	3	
(4) Feel you were in a bad 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 sad	0	1	2	3	
(8) Unable to gather your energy to do things (Had no interest in doing anything)	0	1	2	3	
(9) Feel happy	0	1	2	3	
(10) Feel that your life was going well	0	1	2	3	
(11) Feel people around you disliked you	0	1	2	3	

Measure of Life Satisfaction

★ C52. I'd like to ask you question about current views or feelings about your life. Please tell me whether you agree with the sentences I am about to read.

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

Feeling about Life	1. Yes	0. No	Notes
(1) Is your life been better than most people's lives?	1	0	
(2) Are you satisfied with your life?	1	0	
(3) Are you interested in what you do?	1	0	
(4) Are these few years the best years in your life?	1	0	
(5) If possible, would you want to take another path and start your life over again?	1.(Willing to change)	0.(Unwilling to change)	
(6) Do you expect something happy to happen in the future?	1	0	
(7) Do you think your life should be better than it is 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 that you are old and life is boring?	1	0	
(10) Would you say that your life has met your expectations?	1	0	
(11) Do you feel that you live in a secure and protecting 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

★C53. Please tell me your address. **【Write down the respondent's answer】**
 _____ **【Answer is coded as correct if respondent can currently answer the name of the street, village, town, city, or county】**

★C53a. Please tell me what place this is. (Where are you? E.g. at home, in the park, etc..)

★C54. What is today's date? _____ year

★C54a. **【Answer is correct if the** _____ month

★C54b. **respondent checks the calendar】** _____ day

★C55. What day of the week is it? _____ **【Answer is correct if the respondent checks the calendar】**

★C56. How old are you? _____ years old **【Answer is correct if the respondent gives correct zodiac animal】**

★C57. What is your mother's maiden name? _____ **【Answer is correct if the respondent can recall】**

★C58. Who is the incumbent president? _____

★C59. Who was the last president? _____

★C60. When were you born? ____ year ____ month ____ day

★C61. 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 = ?)

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

_____	_____	_____	_____	<input type="checkbox"/> Don't know any of the answers. <input type="checkbox"/> Refused to answer.
A	B	C	D	

★C62. Next, I will read out several items. When I finish, please say all those that you remember, not necessarily in the order I read 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	<input type="checkbox"/> Could not remember any of the items. <input type="checkbox"/> Refused to answer.
Soda	Cloth	Spring Tree		Roof	

★C63. Next, I will read out several numbers. When I have finished, say them back to me in reverse order.

4 2 9 8 1

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

_____	_____	_____	_____	_____	<input type="checkbox"/> Could not remember any. <input type="checkbox"/> Refused to answer.
A	B	C	D	E	

★C64. I am going to read out three things. Please repeat after I finish reading them. Please try to remember what

I say. I will ask you to tell me the three items I just read.

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

Banana, Umbrella, Bicycle

★C64a. Please tell me the three items I just told you. **【Interviewer: Please fill in the box things that the respondent answered at his/her first try】**

<input type="checkbox"/> 1. Banana <input type="checkbox"/> 2. Umbrella <input type="checkbox"/> 3. Bicycle	<input type="checkbox"/> Could not remember any. <input type="checkbox"/> Refused to answer.
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

★C64b. **【For the interviewer to verify】**

1 At the first try, All of the three items were named successfully **in the first attempt. 【Skip to C65】**

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



★C64c. **【Interviewer, please read out the three items again and ask the respondent to memorize them. 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 At either of these two tries, the respondent **memorized** all of the three items.

2 At either of these two tries, the respondent **failed** to memorize all of them.

C65. What is your height? ___CM **【1. By measure on the spot 2. By asking the respondent】**

C66. How much do you weigh? ___Kg **【1. By measure on the spot 2. By asking the respondent】**

C67. I am going to measure your waist: _____CM

C68. I am going to measure your hip: _____CM

★C69. Do you remember the three things that I just asked you to memorize? **【Interviewer: Please fill in the box that the respondent answered】**

<input type="checkbox"/> 1. Banana <input type="checkbox"/> 2. Umbrella <input type="checkbox"/> 3. Bicycle	<input type="checkbox"/> Could not remember any. <input type="checkbox"/> Refused to answer.
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

D · Social Support and Exchange of Support

Now, I would like to ask you some questions about the assistance you provided to your family or someone else and the assistance you received from them.

Interviewer, 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)? If yes, how often?

【By "Child(ren)" we mean that those of senior high school age or younger】

0 No 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, go to bath room, or get around inside the house because of their **health problems**. Are you helping out anyone in your family or friend who need assistance like those just mentioned?

0 No 1 Often(**everyday or a few days a week**) 2 occasionally (**once or less than once a week**)

D3. Some people need assistance for grocery shopping, preparing meals, laundry, house chores, taking medications, making phone calls because of their **health problems**. Are you helping out anyone in your family or friends who need assistance like those just mentioned?

0 No 1 Often(**everyday or a few days a week**) 2 occasionally (**once or less than once a week**)

Emotional Support

【Note to the interviewer: If the respondent's family members are present, please ask questions D4 - D11 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.

★D4. When you need to talk about your problems or worries, do you feel that your family, relatives, or friends are willing to listen, un willing or very unwilling? Would you say very willing, willing, average, unwilling, or very unwilling?

- 1 very willing 4 unwilling
2 willing 5 very unwilling
3 average

★D5. How much do you feel that your family, relatives or friends care for you? Would you say a great deal, quite a bit, some, very little, or not at all?

- 1 A great deal 4 Very little
2 Quite a bit 5 Not at all
3 Some

★D6. In general, are you with the amount of emotional support you received from your family or relatives? Would you say very satisfied, satisfied, average, unsatisfied or very unsatisfied

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

★ D7. **When you are ill and need care**, in general, how much can you count on your family or relatives to take care of you?

- 1 can count on them very much 4 not likely to count on them
2 can count on them 5 impossible to count on them
3 can count on them somewhat

★D8. When you need to go out seeing a doctor, shopping for grocery, or seeing a friend, do you think there is anyone who can help you?

- 1 Yes 2 No

★D9. In general, how **much** do you think that you are helpful to your **family**, relatives or friends?

- 1 Very helpful 2 somewhat helpful 3 Very little

★D10. How of ten do your family members **ask your opinion** when they are **making decisions or discussing things**?

- 1 Most of the time 3 Rarely
2 Sometimes 4 Never
5 Other response (Please explain)_____

★D11. How often do you feel that your family, relatives, or friends are critical of what you do? Would you say never, sometimes or often?

- 1 Never 2 Sometimes 3 Often

E · Employment History

Interviewer, please transfer job status (2003 survey) according to the Sample Card before proceeding to E1.

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

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

【If no】 Are you looking for a job now? **【If no】** Do you have a job now but you are on a temporary leave? **【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 2003 【According to the Sample Card】	E1. Current Job Status 【According to results from this investigation】
<input type="checkbox"/> 1. Had a job in 2003 <input type="checkbox"/> 2. Had no job in 2003 <input type="checkbox"/> 9. No information from 2003 Did you have a job four years ago in 2003 【Tick one of the	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Have a job now</div> <div style="font-size: 2em; margin-right: 10px;">{</div> <div style="margin-right: 10px;"> <input type="checkbox"/> 1 Have a job now (Including part-time and full-time) <input type="checkbox"/> 2 Have a job but on a temporary leave <input type="checkbox"/> 3 Just help in the family business or on the family farm, not a formal job </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Have no job now</div> <div style="font-size: 2em; margin-right: 10px;">{</div> <div> <input type="checkbox"/> 4 Don't have a job. Looking for a job now. <input type="checkbox"/> 5 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) <input type="checkbox"/> 6 None of the above </div> </div>

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

- 1) Had **no** job in 2003 but **have a job** currently → **【Skip to E6】**
- 2) Had **no** job in 2003 and have **no** job currently → **【Skip to E16】**
- 3) Had **a job** in 2003 and have **no** job currently → **【Skip to E3】**
- 4) Had **a job** in 2003 and **have** a job now.

E2a. You had a job in 2003 and have a job currently, too. Are they the same job or not?

- 1 The current job is the **same** as the one in 2003. → **【Skip to E6】**
- 2 The current job is **different from the one in 2003.**

E3. When did you stop working at the job that you had in 2003?

In _____ month _____ year (should be after October 2003)

E4. Why did you stop working at the job that you had in 2003? **【 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 salary, 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 interviewer to verify: 】**

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

Current Job

E6. What is the responsibility of your **current** job? (Or what is the job that you plan to return to if you are on a temporary leave?)

What is your **job title**?

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

E6a. What kind of industry is in the organization that you work for in? (nature of company organization, or enterprise)

Industry: _____

E6b. Who does the company or organization belong to? (who owns this company or organization?)

- 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. Are you employed 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 current job**?

- 0. No
- 1. Yes → E7a. Then what is that age?
_____ years old
- 7. Don't know.

★E8. According to your own calculations or plans, how long will you continue doing the 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
- b Company operation
- c financial situation
- d Other (Please explain)_____

E9. If you leave your current 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)

★E10. If you, in the future, choose to stop doing your **current** job, 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 semi-retired (change to part-time job or help out)
- 3 Change career (change to another job or profession)
- 4 Other (Please explain)_____

E11. **【 For the interviewer 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 financial necessity
- 2. Not because of financial necessity, but because of interest in this job and keep on working
- 3. Both because of financial necessity and because of interest in this job and career ambition
- 4. Other (Please explain)

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

0 No

1 Yes

E13a. How many hours per week do you work on this second job?
Totally _____hour(s) **per week.**

★E14. Have you thought about “retirement” or “stop working”? Would you say a great deal, some, slightly or never?

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, do you look forward to it or worry about it? Would you say very much look forward to it, somewhat look forward to it, somewhat worried, or worried about it very much?

1. Very much look forward to it

4. somewhat worried

2. somewhat look forward to it

5. Worried about it very much

3. Do not have feelings about it

6. Other reaction (Please explain)_____

★E15. When you reach the retirement age, do you plan to **stop working completely**?

1. Yes

E15a. What age is it? _____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 currently have a job 】** Besides this job, did you work at another job before?

【 Ask the respondent who currently don't have a job 】 Did you ever have a job since your young adulthood?

0. Never → **【 Skip to E18 】**

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

2. Have done other jobs before

E.17 What is the job you have been employed longest?

What is your **job title**?

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

E17a. What kind of industry is in the organization that you work for in? (nature of company organization, or enterprise)

Industry: _____

E17b. Who does the company or organization belong to? (who owns this company or organization?)

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> 1 Respondent or spouse | <input type="checkbox"/> 4 A private business (more than 50 employees) |
| <input type="checkbox"/> 2 Respondent's family | <input type="checkbox"/> 5 Government agency or state owned enterprise |
| <input type="checkbox"/> 3 A private business (fewer than 50 employees) | |

E18. In the past 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 any of retirement fund, severance pay or payment for leaving the job once

2 Received any of retirement fund, severance pay or payment for leaving the job twice

E18a. Was it the retirement fund, severance pay, or payment for leaving the job that you received?

【Can choose more than one】

a Retirement fund

d Pension repayment of military,

b Severance pay

civil servant, or labor insurance

c Payment for leaving the job

e Other **【Please explain】**_____

E18b. How often do you receive your retirement fund, severance pay, or payment for leaving the job?

1 Monthly

5 Have received part of it and will get the rest monthly

2 Every six months

3 All at once

6 Other **【Please explain】**_____

E18c. 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)

E18d. Can you continue to receive more such fund or have you received all of it?

1 Have received all → **【Skip to E19】**

2 Other **【Please explain】** : _____

3 Will continue to receive

E18e. How much longer can you keep receiving the payment?

1 Life-long

2 _____ year(s) _____ month(s)

3 Other **【Please explain】**: _____

Current Job of the Respondent's Spouse

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

- 0. Respondent **has no** spouse now → **【Skip to Section F】**
- 1. Respondent **has a spouse** now

E20. Does your spouse have a job **now**?

- 1. Yes (including full-time or part-time)
 - 2. Have a job but is on a temporary leave
 - 3. Help with family farms or business. Not a formal job
 - 4. Do not have a job now but is looking for one
 - 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 **now**? (Or what kind of job does your spouse plan to go back to work at)? What is his/her **position**?

Profession (Position); please record detailed position: _____

E21a. What kind of industry 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
- 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

E21c. When did your spouse start working at the current 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 the lump sum amount is about: NT\$ _____
- Or 2 Will receive NT\$ _____ every month
- Or 3 Will receive NT\$ _____ every six months
- 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, Attitudes, and Opinions

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

【The interviewer first lets the respondent to answer, and record his/her answers in the table below, finally 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/audio tapes	0	1	1	2	3	4
3) Reading newspapers, novles, magazines, books, etc	0	1	1	2	3	4
4) Playing chess or cards (including mah-jong or four-color cards)	0	1	1	2	3	4
5) Chatting with relatives, friends, or neighbors; drink kung-fu tea (social activities population among Taiwanese elderly)	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, hiking, play ball & other outdoor physical exercise	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 interviewer, 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】

F3. Do you **currently** do any charity or social service work as a volunteer?

0 No 1 Yes → **【Skip to F4】**

★F3a. Why not?(please explain): _____

★F3b. Will you possibly do any kind of charity work as a volunteer?
 1 No 2 Maybe 3 Very likely

F4. Next, I will mention a few clubs (societies) or activities. Please tell me if you are **currently** a member of them or if you participate in any of their activities. **【The interviewer, please mention each club or activity listed in the table】**

Do you participate in ____ (activity) or are you a member of ____ (club or society)?

【Situation I: If the answer is “no” to an item, skip to next type of activity】

【Situation II: If the answer is “yes”, continue with F4a】

F4a. Do you have a position in this club (or group) (What are you responsible for)?

Type of club or Activity	F4.		【For “Yes” to F4】	
	Are you a member or do you take part in its activities		F4a. Do you have an official position in this club?(Or what are you responsible for?)	
	0 No	1 Yes	0 No	1 Yes
1. Community socialization association, like women’s association or arts &	0	1	0	1
2. Religious association, like church, temple committee	0	1	0	1
3. Farmers’ occupational associations, fishermen’s, or other trade association, Lion’s Club, etc.	0	1	0	1
4. Political association (such as political party)	0	1	0	1
5. Social service groups like Lifeline, Relief Association, Benevolent Societies, etc.	0	1	0	1
6. Clubs based on the shared geographic background or family lineage	0	1	0	1
7. Elderly club, like Elderly Association, Evergreen Recreation Club, etc.	0	1	0	1
8. Adult educational activities for the elderly (such as intensive classes, universities or learning centers for the elderly)	0	1	0	1

Religious Beliefs

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

F5. What is your religion?

0. No religion — **★Skip to F8**
1. Taoism or traditional folk religions 3. Christianity 5. I-Kuan-Tao 7. Other
2. Buddhism 4. Catholics 6. Muslim

F6. 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	

★F7. 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) When encountering difficulties, calm yourself down by praying to God, deities, or Buddha	1	2	3	4	
2). Before making important decisions, the respondent will opinions from God, deities, and Buddha	1	2	3	4	
3). To overcome stress or worries, the respondent will pray to God and deities	1	2	3	4	

★F8. 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	4 Don't believe	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 one you are living now?	1	2	3	4	

G • Financial Situation


Now, I would like to ask you question about your financial situations. We will compile your situation with those of other older adults to have a comprehensive understanding of the financial situation of the middle-aged and the elderly in Taiwan. The information you provide is 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 person is the main financial source of the family)? **【 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. When there is a need to make the **final decision** on major economic issues such as buying or selling important things that cost a great amount of money, who in this household will make such a decision? **【 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 out several possible income sources in the list. Please tell me whether you had any of these income sources in the **past year**. **【If the respondent has a spouse, ask G3b】**

G3b. **【If yes】** In the **past year**, how much did he/she get from this source?

G3c. 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?**

G3d1. What is the **major** source of income for you and your spouse **now**?

G3d2. What is the **secondary** important source of income?

Sources of income in the past 12 months	Respondent		Spouse		Currently	
	G3a.		G3b.		G3d1.	G3d2.
	0 No	1 Yes	0 No	1 Yes	Major	Secondary
1. Respondent's earnings from work	0	→			1	1
2. Spouse's earnings from work			0	1	2	2
3. Pensions or retirement fund, insurance payment, compensation	0	1	0	1	3	3
4. income from rental property, interests, stock yields, or sale of real estate	0	1	0	1	4	4
5. Income from the family business	0	1	0	1	5	5
6. Income from farming, timber, fishing, or animal husbandry	0	1	0	1	6	6
7. From child(ren) or other relatives	0	1	0	1	7	7
8. From social welfare, government subsidy, subsidy fro low-income families, subsidy for the elderly	0	1	0	1	8	8
9. Other (Please explain) : _____	0	1	0	1	9	9
G3c. 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
- b) NT\$36,000 – less than NT\$60,000
- c) NT\$60,000 – less than NT\$120,000
- d) NT\$120,000 – less than NT\$180,000
- e) NT\$180,000 – less than NT\$240,000
- f) NT\$240,000 – less than NT\$300,000
- g) NT\$300,000 – less than NT\$600,000
- h) NT\$600,000 – less than NT\$1,000,000
- i) Over NT\$1,000,000

G3e. 【For the interviewer to verify G3a and G3b】

- 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】

G3e1. As you started receiving social welfare, government subsidy, subsidy for low-income families, or subsidy for the elderly from the government, is the income that you and your spouse received from child(ren) and relatives reduced? **【If it has become less】**
 Has it become a lot less or just a little less?

- 1. No change
- 4. Become zero
- 2. Reduced a little bit
- 5. Received no money from child(ren) or relatives originally
- 3. Reduced a lot
- 6. Received more instead

G4. Except for the national health insurance program, do you currently enroll in any other Insurance program, such as civil servants’ insurance, labor insurance or retirement insurance?
 Do you buy any private 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
- e Fishermen’s insurance
- c Labor insurance
- f Retirement insurance
- d Farmers’ insurance
- g Life insurance
- h Other (Please explain): _____

G4a. Will you receive money from your insurance program when your policy matures 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 the policy matures
- c After death
- b Some time after the policy matures
- 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 financial situation?

- 1 Very satisfied
- 3 Average
- 4 Not satisfied
- 2 Satisfied
- 5 Very unhappy with it

★**G6.** What do you think about your current financial situations now compared to four years ago?

- 1 Much better
- 3 About the same
- 4 Worse
- 2 A little better
- 5 Much worse

Family Income and Daily Living Expenses

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

G7. 【For the interviewer to verify】 :

1 The respondent **lives alone** or **lives with spouse only** → **【Skip to G8】**

2 The respondent **does not live alone** or **lives with spouse only**



G7a. Besides you and your spouse, who else has income in your household?

0 No one else → **【Skip to G9】**

1 Someone else has income



G7a1. 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

h) NT\$2,000,000 – less than NT\$3,000,000

b) NT\$100,000 – less than NT\$300,000

i) NT\$3,000,000 – less than NT\$4,000,000

c) NT\$300,000 – less than NT\$500,000

j) NT\$4,000,000 – less than NT\$5,000,000

d) NT\$500,000 – less than NT\$700,000

k) NT\$5,000,000 – less than NT\$6,000,000

e) NT\$700,000 – less than NT\$1,000,000

l) NT\$6,000,000 – less than NT\$8,000,000

f) NT\$1,000,000 – less than NT\$1,500,000

m) NT\$8,000,000 – less than NT\$10,000,000

g) NT\$1,000,000 – less than NT\$2,000,000 n) Over NT\$10,000,000

G8. Do you and your spouse pay for the major living expense of the household (such as food, rent, utilities, loans, and maintenance)?

1 Yes →

G8a. How much do you and your spouse pay for the living expense each month? Total NT\$ _____per month

0 No



G9. Is there anyone who **does not** live in your household but who pays all or part of your expense?

1 Yes

0 No

★G10. Do **you and spouse** have enough money or have difficulty paying monthly living expense?

- 1 Have more than enough 3 Have a little difficulty 2 Have enough money. 4 Have great difficulty
- Don't have a problem. **→ 【Skip to G11】**

G10a. **【For the interviewer to verify G3a and G3b】**

- 1 If the respondent or spouse received money from children or other relatives (G3a7) or from others sources (any of G3a1~G3a6 , G3a8, or G3a9)in the past year
- 0 Other situation → **【Skip to G11】**

★G10b. If you receive **no** money 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 more than enough 3 Have a little difficulty
2 Have enough money. 4 Have great difficulty
- Don't have a problem.

★G10c. If have no other source of income and can **only** depend on money from “child(ren) or relatives”, do you and spouse have enough money or have difficulty paying living expenses every month?

- 1 Have more than enough 3 Have a little difficulty
2 Have enough money. 4 Have great difficulty
- Don't have a problem.

Other Assets

G11. Except for the house you live in, do you (or spouse) own another house, land, estate, shares, savings, jewelry, businesses, or other properties?

【 Please ask item by item 】

1 Yes

0 No **【 Skip to next item 】**



Types of assets	0. no such a asset	1. have this asset
1. House, land, industrial buildings	0	1
2. savings, stocks, bonds	0	1
3. jewelry, artworks	0	1
4. other valuable assets	0	1
G11a. Total value of the assets listed above	NT\$ _____ 0,000	

【 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 it in G11a. If the respondent only gives a range of the value, record the code of the value range below 】

- | | |
|--------------------------------------------|---------------------------------------------|
| 1) Less than NT\$500,000 | 4) NT\$3,000,000 – less than NT\$5,000,000 |
| 2) NT\$500,000 – less than NT\$1,000,000 | 5) NT\$5,000,000 – less than NT\$10,000,000 |
| 3) NT\$1,000,000 – less than NT\$3,000,000 | 6) Over NT\$10,000,000 |

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

G12. **【For the interviewer to verify: does the respondent have no assets?】**

0 The respondent has **no** assets listed above → **【Skip to G14】**

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



★G13. Can you freely 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)_____

G14. 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)

Interviewer'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?

<input type="checkbox"/> 02 Spouse		
<input type="checkbox"/> Son	<input type="text"/>	【Write relationship】 (_____) (_____)
<input type="checkbox"/> Daughter-in-law	<input type="text"/>	
<input type="checkbox"/> Daughter	<input type="text"/>	
<input type="checkbox"/> Other relatives	<input type="text"/>	
<input type="checkbox"/> Other non-relatives	<input type="text"/>	

K1b. Did the person's presence influence the way the respondent gave answers? 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 well did the respondent able to understand the questions?
1 Very well 2 Well 3 Acceptably 4 Poorly

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

K4. Did the interview go smoothly and follow the prescribed protocol?
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)