

Approved by : Directorate General of Accounting
and Statistics, Executive Yuan, May 12, 2002
Valid through : Dec. 31, 2002
Planned by National Health Research Institutes
Executed by of Health Promotion Bureau,
Executive Yuan

Sample No. : (Filled in by the interviewer)

- ☐ A. Taiwan Area
☐ B. Mountains
☐ C. Other Isles

P									
	County Code				HH No.		*	ID No.	

1-12

2001 National Health Interview Survey in Taiwan (Apply to Individuals Over 12 Years Old)

Respondent's Name : _____ Name of the Head of Household : _____

Respondent's Address : _____

TEL : (Day) _____ (Evening) _____

The relationship between the sampled individual and the Head of Household : _____
01 The Head of Household

The proxy is the Head of Household's : _____
The proxy's name : _____

Card 1

Card No.13

☐ ☐ Respondent's
ID

☐ ☐ Proxy's ID
16-17

Address Validation Record

Sequence	Respondent's New Address. (Include information that might help find interviewee.)	TEL.	Note
1			
2			

☐ ☐ ☐ ☐
Habitat Code 18-21

☐ ☐ ☐ 22-24
Interviewer

☐ ☐ M. ☐ ☐ D

☐ Result

☐ 30 Yes/No

Interviewer's Name : _____ Date Completed : _____ (Month) _____ (Day)

Interview Result : ☐ 1 All questions completed ☐ 2 Not completed (Please describe) _____

Was this questionnaire completed at the same time as the household questionnaire?

☐ 1 Yes ☐ 2 No

Do not fill in the information below.

The number of the questions asked next time

First Reviewer : _____ Date : ____ Y ____ M ____ D

Supervisor : _____ Date : ____ Y ____ M ____ D

Second Reviewer : _____ Date : ____ Y ____ M ____ D

Recorder : _____ Date : ____ Y ____ M ____ D

☐ ☐ First
Reviewer 31-32

☐ ☐ Supervisor

☐ ☐ Second
Reviewer

☐ ☐ Recorder
37-38

PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE PROXY OR THE ONE WHO SUBSTITUTED BY A PROXY:

I 1. The respondent of this questionnaire is:

- ☐ 1 The sampled person **【go to I4】**
- ☐ 2 The proxy **【go to I2 ~ I3 ~ I4】**
- ☐ 3 The sampled person and the proxy **【go to I2 ~ I3 ~ I4】**

I 2. The main reason for interviewing proxy is :

I 2a. At the **BEGINNING** of the interview, the proxy represented the sampled individual because the sampled individual was found to be :

- ☐ 1 Severely ill or too weak to be interviewed
- ☐ 2 Hard of hearing, deaf or dumb
- ☐ 3 Mentally disturbed or insane
- ☐ 4 Abroad and not returning within 60 days
- ☐ 5 Other (please specify) : _____

I 2b. At the **MIDWAY** of the interview, the proxy started representing the sampled individual because the sampled individual was found to be/have :

- ☐ 1 Recall problems
- ☐ 2 Severely ill or too weak to be interviewed
- ☐ 3 Irrational or refused to answer any further questions
- ☐ 4 Unstable mood or sorrow
- ☐ 5 Other (please describe) : _____

_____ → I2b1. The proxy started from Section _____

I3. The proxy is the sampled individual's:

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

_____ → **【Fill in the proxy's relationship with the selected individual】**
(_____)

I4. Is the respondent (the selected individual or the proxy) of this questionnaire the same as the respondent of the household questionnaire?

- ☐ 0 No
- ☐ 1 Yes

The Interview Started from : ☐ 1 morning ☐ 2 afternoon ____ hr ____ min

This survey, "National Health Interview survey" is used to find out about your health, your access to health care, and your use of the services. The government plans to use this information to help creating health care and welfare policies.

Each of your answers is very important to the future health of the country. Please, answer these questions as truthfully as you can according to the best of your knowledge. We appreciate your cooperation and contribution very much.

A. IDENTIFICATION

【ATTENTION】

【If the questions are answered by the selected individual, the subject of the following questions is "YOU." If the respondent is the proxy, the subject of the questions is "S/HE."】

AGE

A1. According to our information, you were born in :

☐ ____ (year) ____ (month) ____ (date). Is this correct?

☐ 1 Yes **【go to A2】** ☐ 2 No



A1a. What is your correct date of birth?

1. ☐ Before ROC ☐ 2. After ROC ☐ ____ (year) ____ (month) ____ (date).

GENDER

A2. You are : ☐ 1 Male ☐ 2 Female

EDUCATION

A3. Your highest level of education is:

☐ No formal education ☐ Elementary School Graduate ☐ Junior High Graduate
☐ Senior High Graduate ☐ University/ College Graduate ☐ Graduate School (or above)
☐ Unknown

Illiterate	Literate	Elementary(Japanese Time)	Junior(Japanese Time)
00	90	123456	123
		010203040506	070809
High	college	graduate	Unknown
123	1234		
101112	13141516	17	99
123	45		
(5-Year Professional College)			

91. Studied in a correspondence university

92. Studied in a Correspondence technical college

【Please mark the respondent's educational degree and fill in the code for her/his years of education in the following blank】 Code for the education : _____

MARITAL STATUS

A4. Are you married ? 【If yes】 Does your spouse usually live with you ?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, I'm married and live with my spouse. | <input type="checkbox"/> 5 I'm widowed. |
| <input type="checkbox"/> 2 Yes, I'm married but don't live with my spouse. | <input type="checkbox"/> 6 Unmarried living together. |
| <input type="checkbox"/> 3 I'm divorced. | <input type="checkbox"/> 7 I'm single. |
| <input type="checkbox"/> 4 We're (Formally) separated. | <input type="checkbox"/> 8 Other : (Please describe) |

NATIVITY

A5. Is your father Taiwanese Minnan, Hakaan , from mainland China or somewhere else?

- | | |
|--|--|
| <input type="checkbox"/> 1 Taiwanese Minnan | <input type="checkbox"/> 4 Aborigine |
| <input type="checkbox"/> 2 Taiwanese Hakaan | <input type="checkbox"/> 5 From Kin-men or Matzu islands |
| <input type="checkbox"/> 3 From mainland China | <input type="checkbox"/> 6 From somewhere else : (Please specify) ____ |

A5a. Is your mother Taiwanese Minnan, Hakaan , from mainland China or somewhere else?

- | | |
|--|--|
| <input type="checkbox"/> 1 Taiwanese Minnan | <input type="checkbox"/> 4 Aborigine |
| <input type="checkbox"/> 2 Taiwanese Hakaan | <input type="checkbox"/> 5 From Kin-men or Matzu |
| <input type="checkbox"/> 3 From Mainland China | <input type="checkbox"/> 6 From somewhere else : (Please specify) ____ |

RELIGION

A6. What are your religious beliefs?

- ☐0 I have no particular religious belief. →
- ☐1 I burn incense, worship gods and have traditional folk religious belief.
- ☐2 Buddhist
- ☐3 Taoist
- ☐4 I-Quan-Taoist or Unitarian?
- ☐5 Christian
- ☐6 Catholic
- ☐7 Muslim
- ☐8 Others (Please specify) : _____

A6a. Does your anyone in your family burn incense or worship gods? ☐1 Yes ☐0 No

B. HEALTH CONDITIONS

FORWORD : In this section, I will ask you some questions about your health and the ways you maintain your health. First, I will mention some common diseases. Please tell me about yourself:

DISEASES

B1. Have you ever had a heart disease?

☐1 Yes

☐2 No **【go to B2】**

☐3 I don't know **【go to B2】**



B1a. Did you find out about it from a doctor or another medical professional?

☐1 Yes

☐2 No

B1b. Do you know what kind of heart disease(s) you have?

☐1 Yes



Please specify (1) : _____

☐2 No

(2) : _____

B1c. Are you taking any medication for heart disease at the moment?

☐1 Regularly

☐2 Sometimes or when necessary

☐3 No

B2. Have you ever had a lung disease (ex. chronic bronchitis, pulmonary emphysema, asthma or any chronic obstructive pulmonary disease)?

☐1 Yes

☐2 No **【go to B3】**

☐3 I don't know **【go to B3】**



B2a. Did you find out about it from a doctor or another medical professional?

☐1 Yes

☐2 No

B2b. Are you taking any medication for lung disease?

☐1 Regularly

☐2 Sometimes or when necessary

☐3 No

B2c. In the past 12 months, have you been sent to the hospital on emergency because of **asthma**? (If so,) How many times?

☐0 No

☐ Yes, _____ times

B3. Have you ever had hypertension (pregnant hypertension excluded)?

☐1 Yes

☐2 No **【go to B4】**

☐3 I don't know **【go to B4】**



B3a. Did you find out about it from a doctor or medical professional?

☐1 Yes

☐2 No

B3b. Are you taking medication for hypertension?

☐1 Regularly

☐2 Sometimes or when necessary

☐3 No

B3c. Do you measure your blood pressure regularly? (If so,) How often?

☐1 Very rarely or less than once a month

☐3 Once or twice a week

☐2 Twice or three times a month

☐4 Almost everyday

B3d. Besides medication, are you using other methods to control your blood pressure in your daily life? (Multiple answers possible)

【Let the respondent say first. If some methods are not mentioned by the respondent, then ask her/him if s/he has used any of the methods on the following list to control blood pressure】

Mentioned by the respondent

Mentioned by the interviewer

☐a

☐a Controlling weight

☐b

☐b Reducing use of cigarettes or alcohol

☐c

☐c Exercising regularly

☐d

☐d Controlling diet(ex. low sodium, light food, reduce cholesterol food)

☐e

☐e Living a regular pattern; avoiding stay-up; reducing stress...etc.

☐f

☐f Others (Please specify) _____

☐g

I haven't done anything to control my blood pressure.

B3e. How well is your blood pressure controlled (good control, sometimes high, always high)?

☐1 It's under good control.

☐2 Not well controlled. Sometimes my blood pressure is high.

☐3 Not well controlled. My blood pressure is always high.

B4. Have you ever had diabetes?

☐1 Yes

☐2 No **【go to B5】**

☐3 I don't know **【go to B5】**



B4a. Did you find out about it from a doctor or another medical professional?

☐1 Yes

☐2 No

B4b. When did you find out? When you were _____ years old.

B4c. Are you taking insulin (injection)?

☐1 Regularly

☐2 Sometimes or when necessary

☐3 No

B4d. Are you taking any medication to lower your blood glucose?

☐1 Regularly

☐2 Sometimes or when necessary

☐3 No

B4e. Besides medication, are you using other ways to control blood glucose in your daily life? (Multiple answers possible)

【Let the respondent say first. If some ways are not mentioned by the respondent, ask her/him if s/he has used any of the ways you mention to control the blood glucose.】

Mentioned by the respondent

☐a

☐b

☐c

☐d

☐e

☐f

☐g

Mentioned by the interviewer

☐a Controlling weight

☐b Reducing use of cigarettes or alcohol

☐c Exercising regularly

☐d Controlling diet (high fiber, nutrition balanced...etc.)

☐e Living a regular life style, avoiding stay-up;
reducing stress...etc. (changes in lifestyle)

☐f Other ways(Please specify)_____

I haven't done anything for the diabetes.

B4f. Have you ever had your eyes (retinas) examined because of diabetes?

☐1 Yes

☐2 No

B4g. Have you ever had urine (micro-albumin) test for kidney function for your diabetes?

☐1 Yes

☐2 No

B5. Have you ever been found to have high blood lipids (high blood lipids, hypercholesterolemia or hypertriglyceridemia)?

☐ 1 Yes

☐ 2 No **【go to B6】**

☐ 3 I don't know **【go to B6】**



B5a. Did you find out from a doctor or medical professional? ☐ 1 Yes ☐ 2 No

B5c. Are you taking any medication to control your lipids?

☐ 1 Regularly

☐ 2 Sometimes or when necessary

☐ 3 No

B5b. Besides medication, are you using other methods to control for lipids in your daily life? (Multiple answers possible)

【Let the respondent say first. If some methods are not mentioned by the respondent, ask her/him if s/he has used any of the ways listed below to control the lipids.】

Mentioned by the respondent

Mentioned by the interviewer

☐ a

☐ a Controlling weight

☐ b

☐ b Reducing use of cigarettes or alcohol

☐ c

☐ c Exercising regularly

☐ d

☐ d Controlling diet control(ex. Less animal fat and high-cholesterol food, high fiber)

☐ e

☐ e Living a more regular life; avoiding stay-up; reducing stress...etc. (changes in lifestyle)

☐ f

☐ f Others(Please specify) _____

☐ g

I haven't done anything for dyslipidemia.

B6. Have you ever had a stroke (brain hemorrhage or brain thrombosis)?

☐1 Yes

☐2 No(go to B7)

☐3 I don't know(go to B7)



B6a. Did you find out from a doctor or medical professional? ☐1 Yes ☐2 No

B6b. When did you have the stroke?

_____year_____month ; or _____years ago

B6c. Have you experienced any sequela from the stroke? **【Multiple answers possible】**

☐a No obvious sequela

☐b Once had sequela, but cured

☐c Half paralyzed

☐d Totally paralyzed

☐e Having difficulties in speaking or expression

☐f Having difficulties in swallowing or eating

☐g Others (Please specify here) _____

B7.In the last 12 months, have you had any diseases that I mention in this section?

【Attention: The interviewer should mention the disease in sequence. If the respondent has had the disease you mention, you must ask the related questions in the form.】

Disease	B7.Have you had the disease in the recent year?		B7a.Did you find out from a doctor or medical professional?		B7bAre you taking any medication for this disease?		
	0 No or do not know (Go to next disease)	1 Yes └─┬─>	0 No	1 Yes	1 Regularly	2 At times or when necessary	3 No
(1) Gastric ulcer or Duodenal ulcer	0	1	0	1	1	2	3
(2) Sinusitis	0	1	0	1	1	2	3
(3) Liver disease	0	1	0	1	1	2	3
(4) Disease of kidney	0	1	0	1	1	2	3
(5) Disease of prostates 【Only male respondent】	0	1	0	1	1	2	3
(6) Diseases of uterus or ovary 【Only female respondent】	0	1	0	1	1	2	3

B8. 【Interviewer check】 The sampled person is ☐1 Female 【go to B8a】
☐2 Male 【go to B9】



B8a. Some women have had hysterectomies or ovariectomies. Have you had this kind of operation before?

☐1 Yes, hysterectomy

☐2 Yes, ovariectomy

☐3 Yes, both hysterectomy and ovariectomy

☐4 No 【go to B9】



B8b. When did you have the operation? _____ year _____ month

B8c. The main reason for the operation is: 【Multiple answers possible】

☐a Cervical cancer

☐b Uterus carcinoma

☐c Alien cell cancer

☐d Uterus myoma

☐e Metroptosis

☐f Uterus expansion

☐g Endometrium ectopia

☐h Metritis

☐i Adenomyoma caused expansion

☐j Uterus tumor

☐k Uterus adenomyosis

☐l Placenta previa

☐m Ectopic pregnancy

☐n Mole

☐o Metrorrhagia

☐p Womb damaged from wrong delivering procedure

☐q Ovarian tumor

☐r Ovary Myoma

☐s Ovarian cyst

☐t Others(Please identify)_____

B9. I'll mention different kinds of pains in this section. Please tell me if you have experienced these kinds of pains in the past **3 months**.

B9a. 【If yes, ask the respondent】 Do you have the pain often or once in a while?

PAINS	B9 Have you had this kind of pain in the past 3 months?			B9a. Frequency of the Pain	
	0 Don't know	1 No	2 Yes	1 Often	2 Sometimes
a. Joint (of the whole body) pains or stiffness	0	1	2	1	2
b. Neck pains	0	1	2	1	2
c. Lower back pain	0	1	2	1	2
d. Sciatica	0	1	2	1	2
e. Headache or migraine	0	1	2	1	2

B10. Do you have any other disease or illness in addition to the diseases and the pains (B1~B9) I have mentioned so far?

☐1 Yes

☐2 No (go to B11)

☐3 I don't know (go to B11)



B10a. What disease or symptoms (please specify)?

Other (1) : _____

Other (3) : _____

Other (2) : _____

Other (4) : _____

HEARING

B11. Do you have any hearing problems? Can you hear sounds clearly?

☐1 No problem. Hear clearly. ☐2 I have some problems and can't hear clearly.

☐3 Not clearly at all. Almost deaf.



【go to B12】



B11a. Do you use any hearing aid or other auxiliary device to help?

☐1 Yes

☐2 No

VISION

B12. Do you have any of these visual problems or diseases? **【Follow the sequence】**

Visual Problems	Have you got the problem?			Visual Problems	Have you got the problem?		
	0 No or not sure (go to next)	1 Yes			0 No or not sure (go to next)	1 Yes	
		One eye	Both eyes			One eye	Both eyes
a. Near sighted	0	1	2	e. Cataract	0	1	2
b. Strabismus	0	1	2	f. Glaucoma	0	1	2
c. Low vision	0	1	2	g. Blind	0	1	2
d. Color blindness	0	2		h. Retinopathy	0	1	2
i. Other visual problems or diseases (please specify here)							
(1) _____ (2) _____							

B13. Do you wear glasses (including reading glasses or contact lens) now?

☐1 No

☐2 Yes



B13a. Do you see most things clearly?	B13b. Do you see most things clearly with glasses or contact lens?
<input type="checkbox"/> 1 Very clearly	<input type="checkbox"/> 3 Fairly clear; Not so bad
<input type="checkbox"/> 2 Clearly	<input type="checkbox"/> 4 Not very clearly
	<input type="checkbox"/> 5 Not clearly at all

ACTIVITY LIMITATION

I will mention some daily activities. Please tell me if you have any problems when doing them **by yourself**.

B14. Do you have any difficulties when doing some domestic chores **by yourself** such as sweeping, washing dishes, cooking...etc?

【If yes, please ask】 Is it very difficult, a little difficult or can't do it at all?

【The question does not include temporary difficulties caused by disease or injury】

☐0 No problem ☐1 A little difficult ☐2 Very difficult ☐3 Can't do it at all

↓	<p>【Go to B 16】</p> <p>B14a. How long have you had the difficulties ? ____years____months</p> <p>B14b. What has caused the difficulties?</p> <p>_____ code : <input type="checkbox"/><input type="checkbox"/></p>
---	--

B15. Is it difficult for you to do it **by yourself**?

【If yes, please ask】 Is it very difficult, a little difficult or you can't do it at all?

【This item does not include temporary difficulties caused by disease or injury】

Daily Activities	B15. Is it difficult for you to do it by yourself?				【Go to B15a-B15b if the activity is difficult for the respondent】	
	0. No problem	1. A little bit difficult	2. Very difficult	3. Can't do it at all	B15a. How long have you had the difficulties ? (How many years or months)?	B15b. What has caused the difficulties?
						Reason 【 】
1.Bathing	0	1	2	3	____years____months	
2.Putting on/taking off clothes	0	1	2	3	____years____months	
3.Eating	0	1	2	3	____years____months	
4.Getting up or getting out of the bed	0	1	2	3	____years____months	
5.Walking in the room	0	1	2	3	____years____months	
6.Using the toilet	0	1	2	3	____years____months	

Reasons : 01.Chronical disease such as stroke
05.Congenital deformity or disease
07. Other reasons(Please specify)

02. Accident 03. Aging 04. Weakness
06. Limb amputation
98. Don't know the reason

B16. **【Interviewer check】** ☐ 0 No problems with the 6 activities mentioned in B15 **【Go to B17】**
☐ 1 Having problems with at least 1 activity

↓
B16a. Do you use any special auxiliary tools because of illness, damage or aging?

☐ 1 Yes

☐ 2 No **【Go to B17】**

↓
B16b. Which auxiliary does s/he use? **【Multiple choice】**

☐ a A cane

☐ g A bathing seat

☐ b A walker

☐ h Eating aids

☐ c Rectifying shoes or supporting frame

☐ i Dressing aids

☐ d A wheelchair

☐ j Stationary aids

☐ e A urinal seat

☐ k Other auxiliary(1) _____

☐ f A slipper bed pan

☐ l Other auxiliary(2) _____

PREGNANCY AND MENOPAUSE

B17. **【Interviewer check】** The respondent is ☐ 1 Female **【go to B17a】** ☐ 0 Male **【go to C】**

↓
B17a. Have you given birth before? **【live birth only】**

☐ 1 Yes. How many times? _____

☐ 2 No

B18. **【Interviewer check】** ☐ 0 The respondent is above (including) 50 years old **【go to B19】**
☐ 1 The respondent is under 50 years old

↓
B18a. In the last 12 months, have you been pregnant? ☐ 1 Yes

☐ 2 No

B19. **【Interviewer check】** ☐ 0 The respondent is under 35 years old **【go to C】**
☐ 1 The respondent person is above (including) 35 years old

↓
B19a. Have you ever experienced the physical or emotional change during the menopause? Or do you face the physical or emotional changes during the menopause now?

☐ 1 Yes

☐ 2 No or not sure **【Go to C】**

↓
B19b. Have you ever undergone hormone treatment for menopause?

☐ 1 Never

☐ 2 Not now, but I have had before.

☐ 3 I'm having the hormone treatment now.

B19c. Did a medical professionals ever explain to you the possible effects of the hormone (including the advantages and the side effects of the female hormone)?

☐ 1 Yes

☐ 2 No or not sure

C. HEALTH CARE ACCESS AND UTILIZATION

Foreword : Next, I will ask you some questions about your access to and use of health care services.

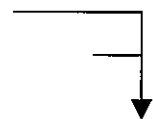
MEDICAL UTILIZATION

C1. When you feel a little ill (ex. Having a headache, stomachache, diarrhea, or a slight flu), what do you most often do? **【2 answers at most】**

- ☐1 Go to see a western medicine doctor
- ☐2 Go to see a Chinese medicine doctor
- ☐3 Go to the drugstore and buy some drugs
- ☐4 Obtain folk or religious therapy (ex. Scratching the back, foot massage, subdue demon, phylactery...etc.)
- ☐5 Ignore the illness and do nothing
- ☐6 Others (please specify) _____

C2. In the past 6 months, have you ever felt a little ill (ex. headache, stomachache, diarrhea, or flu) but you did not see a doctor?

- ☐1 I felt ill but I didn't see a doctor. ☐2 I didn't feel ill.
- How many times? _____ ☐3 I felt ill and I saw a doctor.



【Go to C3】

C2.1 Why didn't you see the doctor? **【Multiple answers possible】**

- ☐a The hospital or the clinic was too far or the transportation is inconvenient.
- ☐b I could not afford it.
- ☐c The waiting time for admission or to see the physician was too long.
- ☐d I was too busy working or doing housework to go to the hospital.
- ☐e My family didn't have time to take me to the hospital.
- ☐f It was no use to see a doctor.
- ☐g It was such a mild case that there was no need to see a doctor.
- ☐h I didn't have health insurance or the insurance was stopped.
- ☐i Other reasons(Please specify) _____

HOSPITALIZATION AND EXPENSES

C3. In the 12 months, have you been hospitalized? (Giving birth or health examination excluded.

☐1 Yes ↓

☐2 No 【Go to C4】

C3a. In the last 12 months, how many times have you been hospitalized? _____

C3b. What was the reason for the latest hospitalization?

Reason : _____ Code : _____

C3c. Which hospital did you go to for the latest hospitalization?

C3d. Did you use your health insurance card for the latest hospitalization?

☐1 Yes

☐2 No

C3e. How much did you or your family pay for your latest hospitalization (including the registration fee and other fees not covered by health insurance)?

_____NTD

EMERGENCY SERVICES UTILIZATION AND EXPENSE

C4. In the last 12 months, have you been in the emergency room due to illness?

☐1 Yes ↓

☐2 No 【Go to C5】

C4a. In the last 12 months, how many times have you been in the emergency room?

C4b. What was the reason for your latest visit to emergency room?

Reason : _____ Code : _____

C4c. Which hospital did you go to for your latest emergency case?

C4d. Did you use your health insurance card for the latest emergency case?

☐1 Yes

☐2 No

C4e. How much did you or your family pay for your latest emergency call (including the registration fee and other fees not covered by health insurance)?

_____NTD

* 「Reasons and Codes for the hospitalization/emergency call」:

01 Stomachache

07 Common diseases

02 Fever

08 Usual check-up

03 Fainting

09 Surgery

04 Bleeding (for any reason)

10 No time for outpatient service so just went to the emergency room

05 Toothache

11 Giving birth

06 Accidental damage

12 Others (Please specify)

OUTPATIENT SERVICES AND EXPENSES

C5. In the last 12 months, have you ever used the outpatient western medicine outpatient services? 【Routine prenatal check, health examination, hospitalization, emergency, dental care excluded】

☐1 Yes ↓

☐2 No 【Go to C6】

C5a. In the last 12 months, how many times have you been to a western medicine outpatient service department or clinic?

C5b. What's the reason for your latest visit to a western medicine outpatient service

C5c. Which hospital or clinic's outpatient service did you use the latest time?

C5d. Did you use your NHI health insurance card for that visit?

☐1 I used the insurance card as usual registration(with a stamped mark).

☐2 I used the insurance card for one treatment session (not stamped but paid the partial fee).

☐3 I didn't use the health insurance card.

C5e. How much did you or your family pay for your latest western medicine outpatient service (including the registration fee and other fees not covered by health insurance)?
_____NTD

UTILIZATION OF DENTISTRY SERVICES AND EXPENSE

C6. In the last 12 months, have you seen a dentist? (Prevention examination excluded)

☐1 Yes ↓

☐2 No 【Go to C7】

C6a. In the last 12 months, how many times have you seen a dentist? _____

C6b. What's the reason for your latest visit to a dental clinic?

Reason : _____ Code : _____

C6c. Which dental clinic did you go to for the latest time?

C6d. Did you use your health insurance card when you went to the dental clinic the latest time?

【If yes】 Did you use the insurance card for usual registration(with a stamped mark) or with a treatment session (not stamped but partial expense was at your own)?

☐1 I used the insurance card for usual registration(with a stamped mark).

☐2 I used the insurance card for a treatment session (not stamped but partial expense was at your own).

☐3 I didn't use the health insurance card.

C6e. How much did you or your family pay for your latest visit to the dental visit (including the registration fee and other charge not covered by health insurance)?
_____NTD

「Dentistry reasons and codes」:

- | | |
|------------------------------|---|
| 01 Periodontic treatment | 06 To repair existing crowns or denture |
| 02 Odontoneuralgia treatment | 07 Dental filling |
| 03 Scaling | 08 Tooth exaction |
| 04 Tooth whitening | 09 Making dentures |
| 05 Orthodontia | 10 Others (please specify) |

UTILIZATION OF CHINESE MEDICAL SERVICES AND EXPENSE

C7. In the last 12 months, have you been to any Chinese medicine hospital or clinic?

☐ 1 Yes

☐ 2 No 【Go to C8】



C7a. In the last 12 months, how many times have you been to a Chinese medicine outpatient service? _____

C7b. What's the reason for your latest use of Chinese medical treatment?

C7c. Which hospital or clinic did you go to for your latest outpatient treatment with Chinese medicine?

C7d. Did you use your health insurance card for your latest Chinese medical treatment?

- ☐ 1 I used the insurance card for usual registration (with a stamped mark).
☐ 2 I used the insurance card for a treatment session (not stamped but partial expense was covered out of your own pocket).
☐ 3 I didn't use the health insurance card.

C7e. How much did you or your family pay this latest use of latest Chinese medicine services (including the registration fee and other charge not covered by health insurance)?

_____ NTD

UTILIZATION OF FOLK THERAPY AND EXPENSE

C8. In the last 12 months, have you ever undergone any therapy I mention in this section in some non-medical places? (Legal Chinese and western medication excluded) 【Ask the questions in C8 in sequence】

Folk Therapy	C8. In the 12 months, have you undergone 【the therapy on the left column】 ? 【If yes】 How many times? →		C8a. What's the reason for your latest 【the therapy on the left column】 ?	C8b. How much did it cost for 【the therapy on the left column】?
	0 No	Yes (Record the times)		
1 Subdue demon	0	times		NTD
2 Draw divinatory lots for medicine	0	times		NTD
3 Incense ash	0	times		NTD
4 Back scratching	0	times		NTD
5 Pulling the jars	0	times		NTD
6 Chiropractor, massage, et	0	times		NTD
7 Bone connection treatment for muscular skeleton problems	0	times		NTD
8 Others (1) _____	0	times		NTD
9 Others (2) _____	0	times		NTD

EXPENSE FOR OVER THE COUNTER MEDICINE

C9. In the past 12 months, have you ever bought western medicine over the counter out of your own pocket?

(1. The subject of this section is to learn if the respondent has spent money on buying medicine over the counter, so the money spent for the respondent by herself or someone else should both be counted. However, the expense of the medicine bought only on others behalf is excluded. 2. The medicine here refers to both the oral drugs such as vitamins, calcium tablets, peptic medicines, flu remedies, painkillers, ant-inflammatory drugs...etc. and the externally-used drugs like ointments and injections...etc.)

☐ 1 Yes. How many times? _____

☐ 2 No 【Go to C10】



C9a. What drugs did you buy the **latest** time? _____

C9b. Did you buy the drugs based the **doctor's prescription** the latest time?

☐ 1 Yes

☐ 2 No

C9c How much did the drugs cost the **latest** time?
_____NTD

EXPENSE FOR CHINESE MEDICINE

C10. In the last 12 months, have you bought any **Chinese medicine** at your own expense?
(The Chinese medicine here includes the **therapeutic revitalizing tonic**, but the nutritious tonic in daily food and drink is excluded.)

☐ 1 Yes. How many times? _____

☐ 2 No 【Go to C11】



C10a. What Chinese medicine did you buy the **latest time**? _____

C10b. How much did you last spend on Chinese medicine **the latest time** ?

_____NTD

UTILIZATION OF PREVENTIVE HEALTH SERVICES AND EXPENSE

C11. In the last 12 months, have you been to a hospital or clinic (or the doctors or the nurses) to have the examinations listed below?

EXAMINATION	C11. In the past year, have you had a of (listed in the left column) examination?		C11a. What is the result of your latest (listed in the left column) examination? Was it normal or not?		
	0 No or not sure	1 Yes	1 Normal	2 Abnormal	3 Unsure
(1)Blood pressure	0	1	1	2	3
(2)Blood sugar (fasting-AC)	0	1	1	2	3
(3)Blood sugar after meals (PC)	0	1	1	2	3
(4)Lipids	0	1	1	2	3
(5)Hepatic function	0	1	1	2	3
(6)Stool occult blood	0	1	1	2	3
(7)Proctological examination	0	1	1	2	3
(8)Oral cancer screening	0	1	1	2	3

C12. In the last 12 months, have you had any health examinations? (Excluding pre natal examination, 2. some specific or routine examination for special problems, and 3. the routine examination for blood donation)

☐ 1 Yes

☐ 2 No 【Go to C13】

C12a. Who paid the fees for your **latest** health examination? Did you pay them yourself or did you utilize the health check-up service offered by National Health Insurance? Or was the health examination free and held by the county or city government? Or did your company pay the fees? (Multiple answers possible)

☐ a At my own expense

☐ d My company paid it

☐ b The National Health Insurance paid it

☐ e Private insurance company paid it

☐ c The city or county government offered it

☐ f Other (Please specify) _____

C12b. How much did you or your family pay for your **latest** health examination?

_____ NTD

C13. 【Interviewer Check】

- ☐0 The sample person is male
☐1 The sample person is female under 30 → **【Go to C14】**
☐2 The sample person is female over 30

EXAMINATION	C13a. Have you had a of (listed in the left column) examination?		C13b. When did you take the examination of (listed in the left column) examination?	C13c. What is the result of your latest (listed in the left column) examination?		
	0 No or not sure	1 Yes		1 Normal	2 Abnormal	3 Unsure
(1) Pep smear	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3
(2)Self breast exam	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3
(3)Breast palpation	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3
(4)Breast ultrasound	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3
(5)Mammogram	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3
(6)Osteal density analysis	0	1	_____ years _____ months ago <input type="checkbox"/> 77 More than 5 years ago	1	2	3

INFLUENZA VACCINE

C14. In the last 12 months, have you received a influenza vaccine injection?

- ☐1 Yes ☐2 No

D. PERSONAL HEALTH BEHAVIORS

Foreword : In this section, we'd like to know about you and traffic safety, exercise, nutrition intakes, smoking and drinking. So please answer the following questions:

TRAFFIC

D1. Do you always fasten your seat belt every time you drive or sit in the front seat?

- ☐1 I fasten the seat belt every time.
- ☐2 I fasten the seat belt most of time.
- ☐3 I only fasten the seat belt when on speedways, overpasses or highways.
- ☐4 I fasten the seat belt once in a while.
- ☐5 I've never or almost never fasten my seat belt.
- ☐6 I rarely or never drive or sit in a car.

D2. Do you wear the helmet every time you ride or sit on a motorcycle?

- ☐ 1 I wear a helmet every time.
- ☐ 2 I wear a helmet most of time.
- ☐ 3 I wear a helmet once in a while.
- ☐ 4 I've never or almost never wear a helmet.
- ☐ 5 I rarely or never ride on a motorcycle.

DRINKING

D3. Do you currently drink? (Including all kinds of alcoholic drinks such as wine, tonic wine...etc.)

- ☐1 Yes ☐0 No **【Go to D4】**



D3a. How often do you drink?

- | | |
|--|---|
| <input type="checkbox"/> 1 (Almost) Every day | <input type="checkbox"/> 4 Once or twice a month |
| <input type="checkbox"/> 2 Once in 2 or 3 days | <input type="checkbox"/> 5 Less than once a month |
| <input type="checkbox"/> 3 Once a week | |

D3b. How drunk do you usually get?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> 1 Not drunk or a little bit drunk | <input type="checkbox"/> 2 Half drunk | <input type="checkbox"/> 3 Always very drunk |
|--|---------------------------------------|--|

SMOKING

D4. Have you ever smoked?

☐ 1 Never

☐ 2 Only a few times

☐ 3 Yes, I have smoked less than 5 packs (100 cigarettes) **from before 'til now.**

☐ 4 Yes, I have smoked more than 5 packs (100 cigarettes) **from before 'til now.**

→ **【Go to D5】**

D4a. When did you start smoking? Since I was _____ years old

D4b. How many years have you smoked? About _____ years _____ months

☐ 77 over 20 years

D4c. Have you smoked **recently**? (Within a month)

☐ 1 I smoke (almost) every day

☐ 2 I sometimes smoke or only on social occasions

☐ 3 I have quit smoking

How long have you quit smoking? ____ Yrs. ____ Mos.

_____ cigarettes per day

_____ cigarettes per month

CHEWING BETEL NUTS

D5. Have you ever chewed betel nuts ?

☐ 1 Never

☐ 2 Only once or twice

☐ 3 Many times

→ **【Go to D6】**

D5a. When did you start chewing betel nuts? Since I was _____ years old.

D5b. How many years have you chewed betel nuts? About _____ years _____ months

☐ 77 over than 20 years

D5c. Do you chew betel nuts **currently**? (Within a month)

☐ 1 I chew them (almost) every day.

☐ 2 I sometimes chew or only in social occasions.

☐ 3 I have quit chewing betel nuts.

I chew _____ (counts) betel nuts day.

I have _____ (counts) betel nuts every month.

How long have you quit betel nuts? ____ Yrs. ____ Mos.

EXERCISE

D6. In the past two weeks, have you done any exercise? (ex. jogging, boxing, dancing...etc.)

☐ 1 Yes

☐ 2 No 【Go to D7】



D6a. In the past two weeks, what exercise have you done most often? 【Fill in the name and the code of the exercise the respondent did most often in sequence】		D6b. In the past two weeks, how many times did you do the exercise (listed in the left column)?	D6c. In the past two weeks, how much time did you do the exercise (listed in the left column) each time?	D6d. Did you breathe harder when you do the exercise (listed in the left column)?			
Name	Code			1 Not much different than usual	2 I breathed a little bit harder	3 I gasped	4 I felt breathless
(1)		times _____ hrs _____ mins	1	2	3	4	
(2)		times _____ hrs _____ mins	1	2	3	4	
(3)		times _____ hrs _____ mins	1	2	3	4	

Names and codes of the exercises :

01 Walking
 02 Jogging or trotting
 03 Jumping rope
 04 Swimming
 05 Gymnastics or kung-fu (Tai chi, Fa-lun-gong, Yuan chi...etc.)
 06 All kinds of ball game
 07 Aerobics dancing or dancing machine

08 Folk dance, social dancing
 09 Riding a bicycle
 10 Mountain climbing
 11 Weight training (ex. Weight lifting)
 12 Climbing stairs
 13 Hula-hooping
 14 Others (Please specify)

DENTAL CLEANING

D7. How many times do you usually brush your teeth (or clean your denture) a day?
 _____ times

D7a. When do you usually brush your teeth (or clean your denture)? (Multiple answers possible)

- ☐a After getting up in the morning ☐e Every time after eating
☐b After breakfast ☐f Before going to bed
☐c After lunch ☐g Other time (Please specify) _____
☐d After dinner

D7b. Do you have the habit of using the dental floss?

- ☐1 I use it(almost) every day ☐3 No
☐2 Once in a while ☐4 The respondent has whole mouth of denture

D7c. Do you have the habit of using the mouthwash?

- ☐1 I use it(almost) every day ☐2 Once in a while ☐3 No

D7d. **In the past 6 months**, have you been to a **dental clinic** for **tooth scaling**?

- ☐1 Yes ☐2 No

HEIGHT AND WEIGHT

D8. What's your height? _____ cm ☐998 don't know

D9. What's your weight? _____ kg ☐998 don't know

D9a. What has been the heaviest you have weight thus far? (The weight when pregnant is excluded. The weight after giving birth is included.) _____ kg ☐998 don't know

D9b. **In the last 12 months**, have you gained or lost at least 3 kilograms of your weight? (Multiple answers possible)

- ☐a I have **lost** more than 3 kilograms ☐c No obvious variation
☐b I have **gained** more than 3 kilograms ☐d don't know → (GotoD10)

D9c. **In the last 12 months**, what is the **heaviest** you have weighed?

_____ kg ☐998 don't know
 D9d. **In the last 12 months**, what is the **least** you have weighed?

_____ kg ☐998 don't know

WEIGHT CONTROL

D10. Are you controlling your weight **now**? (Including losing weight, gaining weight, maintain the current weight ...etc)

☐1 I'm trying to lose some weight,

☐2 I'm trying to maintain my weight,

☐3 I'm trying to gain some weight,

☐4 I've done nothing for my weight,

【Go to
D11】

D10a. What methods do you use to control your weight? (Multiple answers possible)

☐a Attending a weight control class

☐b More exercise

☐c Reducing intake of calories

☐d Skipping some meals

☐e Reducing intakes of fat

☐f Reducing or quitting meat

☐g Acupuncture

☐h Having the replacement meal or the diet tea

☐i Taking diet pills

☐j Taking cathartics

☐k Emetic

☐l Fasting for more than 24 hours

☐m Others(Please specify)_____

DIETARY PATTERN

D11. How many days do you have breakfast in a week usually?

☐1 Every day or almost every day

☐2 4 to 5 days a week

☐3 2 to 3 days a week

☐4 Less than one day

☐5 Never

【Go to D12】

D11a. What is the **main reason** that you do not eat breakfast?

☐1 No time

☐2 For weight control

☐3 No appetite

☐4 There's no breakfast at home

☐5 I don't have the habit of eating breakfast

☐6 To save money

☐7 Other reason(Please specify)_____

D12. Do you often have the foods listed in the form below? **How many times do you have them in a week? 【Mention the food in sequence】**

Food	1. Every day or almost everyday	2. 3 to 5 times a week	3. Once or twice a week	4. Less than once a week	5. Never
Meat or poultry	1	2	3	4	5
Fish	1	2	3	4	5
Other seafood	1	2	3	4	5
Eggs	1	2	3	4	5
Cow or goat milk	1	2	3	4	5
Cheese	1	2	3	4	5
Yogurt, Yakult or yogurt drinks	1	2	3	4	5
Beans	1	2	3	4	5
Fresh vegetables	1	2	3	4	5
Fresh fruits	1	2	3	4	5
Hamburgers	1	2	3	4	5
French fries	1	2	3	4	5
Pizzas	1	2	3	4	5
Cookies, candy, chocolate	1	2	3	4	5
Cakes, breads	1	2	3	4	5
Cola, Sarsaparilla, etc	1	2	3	4	5
Ice cream, milkshake, sherbet	1	2	3	4	5
Coffee, tea	1	2	3	4	5
Self- sweetened drinks	1	2	3	4	5

D12a. How many bowls of rice or noodles do you have **every day?** _____ bowls

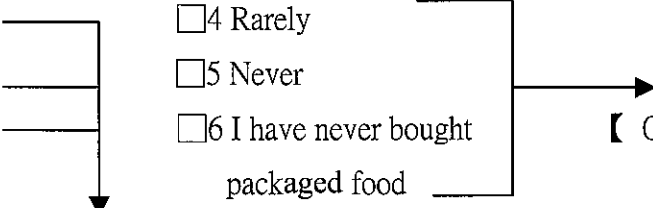
DAILY LIFE

D13. On an average, except for sleeping, how long do you **sit (without much movement)** **per day** — including in office, in school, reading books and papers, watching TV, using a computer, playing video games, writing homework...etc.? hours

UTILIZATION OF THE LABELS ON PACKAGES OF FOOD

【Please be advised : no proxy can represent the respondent in answering the questions D14 to E. Only the respondent can answer the questions in these sections. If the respondent is the proxy, please skip these parts and go to section F. 】

★ D14. Do you usually check the **production valid days and expiration** dates on the packages of food (such as cookies, milk, seasoning...etc.) when buying them?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1 Every time |  |
| <input type="checkbox"/> 2 Often | |
| <input type="checkbox"/> 3 Sometimes | |
| | <input type="checkbox"/> 4 Rarely |
| | <input type="checkbox"/> 5 Never |
| | <input type="checkbox"/> 6 I have never bought packaged food |
- 【 Go to E1 】

★D14a. When buying packaged food, do you check the **main ingredients** listed on the package, such as **salt, sugar, flour, milk powder, phosphate, edible pigments, preservative...etc. ?**

- ☐1 Every time
☐2 Often
☐3 Sometimes
☐4 Rarely
☐5 Never

★D14b. When buying packaged food, do you check check for whether it **low salt, low sugar, low sodium, low fat, high calcium or low calories** is listed on it?

- ☐1 Every time
☐2 Often
☐3 Sometimes
☐4 Rarely
☐5 Never

The SF-36™ Health Survey

Instructions for completing the questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section *Your Health in General below.*

For each question you will be asked to fill in a bubble in each line:

1. How strongly do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
a) I enjoy listening to music.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I enjoy reading magazines.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please begin answering the questions now.

Your Health in General

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn the page and continue.

3. The following items are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much?

	Yes, Limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
a) Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b) Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c) Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
d) Had difficulty performing the work or other activities (for example, it took extra time)	<input type="radio"/>	<input type="radio"/>

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems**(such as feeling depressed or anxious)?

	Yes	No
a) Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b) Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c) Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

Please turn the page to continue.

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family friends, or groups?

Not at all Slightly Moderately Quite a bit Extremely

☐ ☐ ☐ ☐ ☐

7. How much bodily pain have you had during the past 4 weeks?

None Very mild Mild Moderate Severe Very severe

☐ ☐ ☐ ☐ ☐ ☐

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

Not at all A little bit Moderately Quite a bit Extremely

☐ ☐ ☐ ☐ ☐

9. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**...

All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
-----------------	------------------	------------------------	------------------	----------------------	------------------

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) did you feel full of pep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) have you been a very nervous person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) have you felt so down in the dumps nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) have you felt calm and peaceful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) did you have a lot of energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) have you felt downhearted and blue? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) did you feel worn out? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) have you been a happy person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) did you feel tired? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time Most of the time Some of the time A little of the time None of the time

☐ ☐ ☐ ☐ ☐

11. How TRUE or FALSE is each of the following statements for you?

Definitely true	Mostly true	Don't know	Mostly false	Definitely false
-----------------	-------------	------------	--------------	------------------

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I seem to get sick a little easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I am as healthy as anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

F. EMPLOYMENT AND FINANCIAL CONDITION

F1. Do you have a job **now**?

☐1 Yes



F1a. What kind of company do you work in? (Please describe the nature of your company, organization or business)

Your profession : _____

F1b. Your job (Please describe the details of your **position**) :

F1c. Your employer or boss is:

- ☐1 the government ☐3 myself(and I hire no employee)
☐2 a private enterprise employee ☐4 myself (and I hire employees)

F1d. How many people are there in the place you work (company/ organization)?

- ☐1 Less than 30 ☐2 More than 30

【 Go to F2】

☐2 No



F1e. Why don't you have a job?

- ☐1 I'm a student.
☐2 I'm a housewife/ househusband.
☐3 I serve in the army now.
☐4 I've retired.
☐5 Seasonal (routine) break or the company is temporarily shut down.
☐6 Unemployed(with ability and will, but haven't found a job).
☐7 I am not physically able.
☐8 Other reason (Please specify it) _____

F2. **In the 12 months**, how much has your general monthly average income been (including income from salary, rent, investment income, given by children , pension...etc.) ?

- | | |
|--|---|
| <input type="checkbox"/> 1 0 | <input type="checkbox"/> 6 20,000~39,999 NTD |
| <input type="checkbox"/> 2 Less than 4,999 NTD | <input type="checkbox"/> 7 40,000~59,999 NTD |
| <input type="checkbox"/> 3 5,000~9,999 NTD | <input type="checkbox"/> 8 60,000~79,999 NTD |
| <input type="checkbox"/> 4 10,000~14,999 NTD | <input type="checkbox"/> 9 80,000~99,999 NTD |
| <input type="checkbox"/> 5 15,000~19,999 NTD | <input type="checkbox"/> 10 More than 100,000 NTD |

**You have answered all the questions. Thanks for your cooperation.
Thank you !**

The interview finished at :

☐1 morning ☐2 afternoon time: ____hr ____min

G. Description of the interview and the Respondent's signature

1. The starting and finishing time of the interview :

Started from : _____ ; how _____ minutes

Finished at : _____ how _____ minutes It took _____ minutes.

Special notes : _____

2. Did the respondent person sign the informed consent to release of her/his personal health insurance data?

☐ 1 Yes

☐ 0 No. Please explain the reason here : _____

3. The souvenir the respondent took was :

☐ 1 A Working Lantern ☐ 2 An Electrical Fruit Blender ☐ 3 A Backpack

☐ 4 A Wallet

The information about the interview time, consent form of personal health insurance data and the souvenir the respondent took listed above are true.

The respondent's signature/ stamp (or fingerprint) _____

H.THE RECORD OF THE INTERVIEWER'S OBSERVATION AND THE PROCESS OF THE INTERVIEW

H1. The interview took place in : ☐1 The respondent's home ☐2 Office/School ☐3 Other places (Please specify) : _____

H2. Were there any other people around during the interview?

- ☐1 Yes, they were there most of the time. ☐3 Yes, they were there occasionally.
☐2 Yes, they were there about half of the time. ☐4 No, there was not anybody else there.



【Go to H3】

H2a. 【If there were other people】 What were their relationship with the respondent?

H2b. Did other people around affect the respondent when he/ she answered the questions?
How did they affect him/ her?

- ☐1 They helped the respondent answer or alter the answer.
☐2 They listened carefully but didn't help the respondent answer.
☐3 They didn't affect her/him.
☐4 They made some interferences.

H2c. Was the respondent distracted by other people around?

- ☐1 The respondent was affected by them all the time.
☐2 The respondent was sometimes affected by them.
☐3 The respondent was occasionally affected by them.
☐4 The respondent was not affected by them.

H3. The language you used when interviewing was: 【Multiple choice】

- ☐1 Mandarin ☐2 Taiwanese ☐3 Hakaan ☐4 Others(Please specify) : _____

H4. How did the respondent comprehend the questions?

- ☐1. Very well ☐2. Well ☐3. Not bad ☐4. Poorly

H5. The respondent's cooperation was ☐1. very good ☐2. so so ☐3. not good

H6. The respondent's answers are:

☐ 1.all reliable

☐ 2.mostly reliable

☐ 3.partly reliable

☐ 4.mostly not reliable

↓ ↓ ↓

E6a. Which answer is not reliable? (If the whole page or the whole section is not reliable, please write down the number of the page or the title of the section.) _____

↓

H7. Please describe the process of the interview, the reaction of the respondent or other special conditions or questions:

H8. Please write down a description or draw a map for getting to the respondent (or the proxy) again for the next interview: