

Approved by : Directorate General of Accounting and Statistics, Executive Yuan, May 22, 2002  
 Approved no.: T(90) Three 04594  
 Valid through : Dec. 31.2002  
 Planned by National Health Research Institute  
 Executed by Department of Health Individual  
 Questionnaire for of Executive Yuan

Sample No. : ( Filled in by the interviewer )

- A. Taiwan Area  
 B. Mountains  
 C. Other Islets

P										1-12
	County Code			HH No.		*	ID NO.			

## 2001 National Health Interview Survey IN TAIWAN ( Applied to Individuals under 12 years old )

Respondent's Name : \_\_\_\_\_ Name of the Head of Household : \_\_\_\_\_

Respondent's Address : \_\_\_\_\_

TEL : ( Day ) \_\_\_\_\_ ( Night ) \_\_\_\_\_

Respondent is the Head of Household's : \_\_\_\_\_

### Address Variation Record

Sequence	Respondent's New Add. (Including information which helps to find the interviewee)	TEL.	Note
1			
2			

Interviewer's Name : \_\_\_\_\_ Finished Date : \_\_\_\_\_ (Month) \_\_\_\_\_ (Date)

Result :  1 All questions were finished  2 Other situation ( Please specify ) \_\_\_\_\_

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

1 Yes  2 No

### Do not fill in the columns below

The no. 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

**Card 1**

14-15

The county or city the respondent lives now

20-22

Interviewer

M   D

Result

Yes/No

29-30 First Reviewer

second

Second Reviewer

Recorder

35-36

The Interview Started from : \_\_\_\_\_ 1. a.m. 2. p.m.

**A. BASIC INFORMATION ABOUT THE CHILD**

**IDENTIFICATION OF THE PROXY**

The following questions have to be answered by the family member who knows the health condition of the child the best.

A1. Please identify your relationship to **【the Child's Name】** . \_\_\_\_\_

A2. **【Filled by Interviewer】** Is the proxy one of the members listed in Form 1-“ The Household Member List”?

- 1. Yes. The sequential number for him/ her in this household is \_\_\_\_\_ **【Go to A3】**
- 0. **【Please fill in the form below】**



Proxy's Name	_____	Gender	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Age	_____	Yrs. old
Add.	_____					
TEL.	_____					
Reason for having the proxy	_____					

**GENDER**

A3. The gender of the child is 1 Male 2 Female

**AGE**

A4. **【Interviewer has to fill in the date of birth : Mon. Date Yr. provided by the Bureau before interviewing the respondent】**

The date of birth of the child is Mon. Date Yr.

**【Filled by Interviewer】**The answer replied by the respondent 1 **matches the pre-written answer above 【Go to Section B】** 2 **Don't know or doesn't match the pre-written answer** above—Please ask the respondent the question: How old is s/he now? Yrs. Old. Her/his animal sign is \_\_\_\_\_

## B. The Child's Health Condition

Now I'd like to ask you some questions about the individual **child's health** condition.

B1. Do you think her/his **current** health condition is very good, good, not bad, not good or very bad?

- 1 very good      3 not bad      5 very bad  
2 good      4 not good

B2. Compared with other **children at the same age**, do you think her/his **current** health condition is better, similar or worse than theirs?

- 1 better    2 similar    3 worse    4 don't know/no standard of comparison

B3. **Interviewer Check** The sample child's age is 1 less than 1 **【Go to B4】**

2 1 or older



B3a. Compared with her/his condition **1 year ago**, do you think her/his **current** health condition is better, similar or worse?

- 1 better      2 similar      3 worse

B4. What is her/his **height now** ? \_\_\_\_\_ cm    00 don't know

B5. What is her/his **weight now** ? \_\_\_\_\_ kg    00 don't know

B6. In the following, I will mention some common diseases for children under 12 .

Please tell me, does s/he have asthma?

- 1 Yes      0 No **【Go to B7】**



B6a. Did the child find out about the asthma from a doctor or **medical professional**?

- 1 Yes      0 No

B6b. **In the past year**, was s/he ever sent to the hospital **on emergency** because of asthma?

**【If yes,】** How many times did it happen in **the past year**?

- 1 Yes, \_\_\_\_\_ times      0 No

B7. In the past year, has s/he ever got: [ read the following diseases or illnesses in sequence ] ?

- |                                |                          |                                       |                          |
|--------------------------------|--------------------------|---------------------------------------|--------------------------|
| 0 No                           | 1 Yes                    | 0 No                                  | 1 Yes                    |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| a Bronchitis or pneumonia      |                          | f Allergy to certain foods            |                          |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| b Eczema or other skin disease |                          | g Acute gastroenteritis               |                          |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| c Epilepsy                     |                          | h Frequent or serious headaches       |                          |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| d Diabetes                     |                          | i Heart Disease                       |                          |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| e Arthritis                    |                          | j Allergy in upper respiratory system |                          |

B7a. Except for the diseases I mentioned above, does s/he have any other disease(s) or symptoms? (六) 用藥安全講座：製作統一用藥常識教材，訓練 184 位藥事人員，至學校、社區團體及老人會中辦理「用藥安全講座」。

【If yes,】 What disease(s) or symptoms? 市衛生局輔導轄區藥局，張貼於藥局明顯處。

4. 製作「請勿自行購用抗生素」海報，將於一月內由各縣

B8. Do you think there is any problem with hearing clearly?

1 No hearing problems. S/he

can't hear very clearly. 提供檢舉管道。

3 Not clearly at all. S/he's almost deaf or deaf.

公車廣告、教育民眾用藥常識及辨識合法藥事廣告，並

1. 於聯合報、民生報及中華日報刊登專文，及刊登 270 面

Does s/he use any hearing aid or other auxiliary devices to help? 資源：

1 Yes  0 No

禁藥品；宣導正確使用抗生素；宣導正確就醫及珍惜健保

B9. Does s/he currently have any of the vision problems or eye diseases listed below? [ read the following diseases or illnesses in sequence ] 合法藥物廣告，並提供檢舉管道，鼓勵民眾踴躍檢舉。

Visual problems	Does s/he have the disease?		Visual problems	Does s/he have the disease?	
	1 eye	Both eyes		1 eye	Both eyes
a. Near sighted	0	2	e. Hyperopia	0	2
b. Strabismus	0	1	f. Astigmatism	0	2
c. Amblyopia	0	1	g. Blindness	0	2
d. Color Blindness	0	2	(四) 選擇高發行率之雜誌、社團刊物；定期刊登宣導文章及不		
h. Other visual problems or eye disease (specify)			衛生教育資源(民眾索取)並將放置於全圖		

B10. **Interviewer Check** The sample child's age is

1 less than 1 year **【Go to B11】** 2 1 or more than 1 year ↓

B10a. Does s/he wear glasses now (including reading glasses or contact lenses) ?

<input type="checkbox"/> 0 No ↓	<input type="checkbox"/> 1 Yes ↓
<b>B10b. Do you think s/he see things clearly ?</b> <input type="checkbox"/> 1 very clearly <input type="checkbox"/> 2 clearly	<b>B10c. Do you think s/he see things clearly with glasses (or contact lenses) ?</b> <input type="checkbox"/> 3 fairly <input type="checkbox"/> 4 not so clearly <input type="checkbox"/> 5 not clearly at all <input type="checkbox"/> 6 don't know

B11. Does s/he **currently** have any impairment or physical problems that require the use of any auxiliary aids or devices (such as a walking stick, a brace, or shoes...etc.)?

0 No **【Go to B12.】** 1 Yes

↓

B11a. How long has s/he use the auxiliary ? \_\_\_\_\_ days / months / weeks / years  
**【Please circle the count unit】**

B11b. What's the reason for the auxiliary ? **【Multiple answers possible】**  
a Illness    b Injury    c Others **【Please specify】** \_\_\_\_\_

B11c. What kind of auxiliary device does s/he use **【Multiple choice】**

<input type="checkbox"/> a A cane	<input type="checkbox"/> g A bathing seat
<input type="checkbox"/> b A walker	<input type="checkbox"/> h Eating aids
<input type="checkbox"/> c Rectifying shoes or supporting frame	<input type="checkbox"/> i Dressing aids
<input type="checkbox"/> d A Wheelchair	<input type="checkbox"/> j Stationary aids
<input type="checkbox"/> e A urinal seat	<input type="checkbox"/> k Other auxiliary(1)_____
<input type="checkbox"/> f A slipper bed pan	<input type="checkbox"/> l Other auxiliary(2)_____

B12. Does the **current** impairment or physical problem limit her/his ability to play or do any daily activities?

0 S/he has no problem. **【Go to B13.】** 2 S/he is limited by the impairment.

1 S/he has the impairment but is not limited by it. **【Go to B13.】**

↓

B12a. How long has s/he had this limitation ? \_\_\_\_\_ days / months / weeks / years  
**【Please circle the count unit】**

B12b. What's the reason that caused it ? **【Multiple answers possible】**  
a Illness    b Injury    c Others **【Please specify】** \_\_\_\_\_

B13. Has any **special educational specialist** or doctor thought s/he has a learning disability or developmental problem?

a. Learning disability 1 Yes 0 No

b. Slow development 1 Yes 0 No

B14. **In the past 6 months**, has s/he ever been unable to go to school (including the kindergarten and day-care center ) due to disease or injury ?

**【If yes,】** How **many days** did it last ?

0 No

1 Yes. S/he didn't go to school for \_\_\_\_\_ days because of a disease or injury.

2 S/he is not attending any school.

## C. The Child's Health-Related Behaviors

Now I would like to ask you some questions about her/his  
**health-related behaviors.**

### Traffic Safety

C1. Does s/he fasten the **seat belt** or sit on a **safety chair** every time when s/he is in the **front seat of a car**?

- 1 S/he does it all the time.
- 2 S/he does it most of the time.
- 3 S/he does it only when the car is on speed ways, overpasses or high ways.
- 4 S/he does it once in a while.
- 5 S/he never or rarely does so.
- 6 S/he's never or rarely been in the front seat of a car.
- 7 S/he's never or rarely been in a car.
- 8 Other answers **【Please specify】** \_\_\_\_\_

C2. Does s/he wear a **helmet** when s/he is riding on a motorcycle?

- 1 S/he does it all the time.
- 2 S/he does it most of the time.
- 3 S/he does it once in a while.
- 4 S/he never or rarely does it.
- 5 S/he's never or rarely rode on a motorcycle.
- 6 Other answers **【Please specify】** \_\_\_\_\_

C3. Does s/he wear a **helmet** when s/he is riding a **bicycle**?

- 1 S/he does it all the time.
- 2 S/he does it most of the time.
- 3 S/he does it once in a while.
- 4 S/he never or rarely does it.
- 5 S/he's never or rarely rode on a bicycle.
- 6 Other answers **【Please specify】** \_\_\_\_\_

## Oral Health

C4. **【Interviewer Check】** The child's age is:

- 1 less than 6 years old【Go to C5】      2 6 years or older 【Go to C6】

C5. Does s/he still use a nursing bottle now (excluding using it for water) ?

- 0 No 【Go to C6.】      1 Yes

C5a. Does s/he have the habit of keeping the **nursing bottle** in her/his mouth when sleeping?      0 No      1 Yes

C5b. After using the nursing bottle (excluding using it for water) , does s/he clean her/his mouth?(such as brushing teeth, gargling, using the cotton to clean the teeth...) **【If yes,】** Does s/he do it sometimes, often or every time?

- 0 No      1 Sometimes      2 Often      3 Every time

C6. **【Apply to every child】** How many times does s/he brush teeth or rinse her/his mouth?

- \_\_\_\_\_ times      00 None 【Go to C7】

C6a. When does s/he usually brush teeth or rinse her/his mouth? **【Multiple answers possible】**

- a After getting up in the morning      e Every time after dessert  
b After breakfast      f Before going to bed  
c After lunch      g Other answers **【Please specify】** \_\_\_\_\_  
d After dinner

C7. **【Apply to every child】** In the **past 6 months**, has s/he ever had any preventive dental examination? (Excluding any therapeutic procedure)

- 0 No, no examination or no, s/he doesn't have any teeth.  
1 Yes(including the examination taken in the school)

C8. **【Interviewer Check】** The sample child's age is:

- 1 less than 6 months old **【Go to C11】**      2 6 months or older **【Go to C9】**



**Dietary Pattern**

C9. How many days a week does s/he have breakfast?

- 1 Don't know**【Please describe the reason】** \_\_\_\_\_ **【Go to C10】**  
2 S/he has it everyday or almost everyday. \_\_\_\_\_  
3 4~5 days a week \_\_\_\_\_ **【Go to C10】**  
4 2~3 days a week \_\_\_\_\_  
5 1 or less than 1 day a week \_\_\_\_\_  
6 S/he doesn't have any breakfast. \_\_\_\_\_

C9a. What's the **main reason** that s/he doesn't or seldom has breakfast?

1 No time for breakfast      5 S/he doesn't have the habit.  
2 S/he's under weight control.      6 To save money  
3 No appetite      7 Other reason **【Please specify】** \_\_\_\_  
4 There's no breakfast at home.

C10. I will mention some food items. Please tell me, how many times a week does s/he have them?

Food items	1. Everyday or almost everyday	2. 3~5 times a week	3. 1~2 times a week	4. Less than once a week	5. Doesn't eat it
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

Food items	1. Everyday or almost everyday	2. 3~5 times a week	3. 1~2 times a week	4. Less than once a week	5. Doesn't eat it
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, candies, chocolate	1	2	3	4	5
Cakes, bread	1	2	3	4	5
Cola, Sarsaparilla	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

### **Weight Control**

C11. **【Apply to every sample child】** Do you think her/his **current** weight is ideal? Is s/he overweight or underweight?

1 Overweight

2 Ideal or a most ideal

3 Under weight

<p>C12. <b>【Interviewer check】</b> The child's age is: <input type="checkbox"/>1 Less than 3 years old <b>【Go to C17】</b>  <input type="checkbox"/>2 3 years or older <b>【Go to C13】</b> ↓</p>
--

C13. Is her/his weight being controlled **now**? Such as losing weight, gaining weight, maintaining current weight ...etc.

- 1 Losing weight
- 2 maintaining the weight

- 3 Gaining weight
- 4 Not under weight control

→ **【Go to C14a】**

C13a. What methods does s/he **currently** use to control her/his weight?

- a Joining a weight control class
- b Exercising more
- c Reducing intake of calories
- d Skipping some meals
- e Reducing fat intake
- f Reducing intake of meat or meat products
- g Acupuncture
- h Having the replacement meal or the diet tea
- I Taking diet pills
- j Taking cathartics
- k (Emetatrophia?)
- l Not eating any food for more than 24 hours
- m Other methods(Please specify)\_\_\_\_\_

### Daily Activities

C14a. On an average, how much time does s/he spend watching TV per day during school days?

C14b. On an average, how much time does s/he spend watching TV per day during holidays?

C15a. On an average, how much time does s/he spend per day playing with computer, or internet, or playing video games during school days?

C15b. On an average, how much time does s/he spend per day playing with computer, video game, or on internet during holidays?

C16a. On an average, how much time does s/he spend per day reading story books, comics, picture books, novels or magazines during school days?

C16b. On an average, how much time does s/he spend per day reading story books, comics, picture books, novels or magazines during holidays?

Activities	a. School days (average hrs. per day)	b. Holidays (average hrs. per day)
C14. Watching TV	_____Hrs. _____Mins	_____Hrs. _____Mins
C15. Playing the computer, Internet or video games	_____Hrs. _____Mins	_____Hrs. _____Mins
C16. Reading story books, comics, picture books, novels or magazines	_____Hrs. _____Mins	_____Hrs. _____Mins

**C17. 【Interviewer Check】** The child's age is :

1 less than 2 years old 【Go to Section D】 2 2 years and above, but less than 4 years old 【Go to C18】

3 4 years or older 【 Go to C19】



**2 From 2 to 4 years old**

**C18.** As we know, many young children have many daily behavioral problems in common. In this section, we'd like to find out about the child's behavioral problems in the **past 6 months.** 【Read the items in sequence】

In the past 6 months	1.Never	2.Sometimes	3.Often	Notes
1. Has s/he been self-centered or uncooperative?	1	2	3	
2. Has s/he had trouble getting to sleep?	1	2	3	
3. Has s/he had temper tantrums or a hot temper?	1	2	3	
4. Has s/he had a hard time expressing self in words?	1	2	3	
5. Has s/he been nervous or high-strung?	1	2	3	
6. Has s/he been unhappy, sad or depressed?	1	2	3	

**From 4 to 12 yrs. Old**

**C19.** As we know, many children have daily behavioral problems in common. We'd like to find out about the child's behavioral problems in the **past 6 months.** 【Read the items in sequence】

In the past 6 months	1.Never	2.Sometimes	3.Often	Notes
1.Does s/he have a hard time getting along with other kids?	1	2	3	
2.Does s/he have difficulty concentrating or paying attention?	1	2	3	
3.Does s/he ever feel worthless or inferior?	1	2	3	
4. Is s/he ever unhappy, sad or depressed	1	2	3	
5.Does s/he ever lie or cheat?	1	2	3	
6.Has s/he been nervous, high-strung, or tense?	1	2	3	
7.Does s/he ever act too young for her/his age?	1	2	3	

## D · Children's Utilization of Health Service

Now I would like to ask you some questions about her/his **utilization of health service** such as seeing doctors of western medicine, doctors of Chinese medicine, dentist or taking folk therapies...etc. from last month to 1 year ago.

### Utilization of Health Care

D1. When the child feels ill ( such as having a headache, stomachache, diarrhea or flu ), what does s/he **usually** do?

**【2 options at most】**

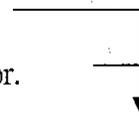
- a See a doctor of western medicine
- b See a doctor of Chinese medicine
- c Buy drugs over the counter
- d Undergo folk or religious therapies ( such as scratching the back, foot massage, subdue demon, phylactery...etc. )
- e Ignore it and do nothing about it
- f Other methods **【Please specify】** \_\_\_\_\_

D2. In the past 6 months, has the child ever felt a little ill (ex. having a headache, stomachache, diarrhea, or flu) but s/he didn't see a doctor?

1 s/he felt ill but didn't see a doctor.  
How many times? \_\_\_\_\_

2 s/he didn't feel ill.

3 s/he felt ill and saw a doctor.



**【Go to D3】**

D2a. Why didn't s/he see a doctor? **【Multiple answers possible】**

- a The hospital or the clinic is too far away or the transportation is inconvenient.
- b S/he can't afford it
- c The waiting time to see the doctor is too long.
- d S/he was too busy studying in school to go to see a doctor.
- e His/her family didn't have time to take him/her to a doctor.
- f It was no use to see a doctor.
- g It was just a mild case so there was no need to see a doctor.
- h S/he did not have health insurance or the insurance was stopped.
- i Other reasons **【Please specify】**  
\_\_\_\_\_

## HOSPITALIZATION AND EXPENSES

D3. In the past 12 months, has the child ever been hospitalized?

1 Yes

0 No **【Go to D4.】**



3a. In the past 12 months, how many times has s/he been hospitalized? _____ times
D3b. What's the reason for her/his <b>latest</b> hospitalization? Reason : _____ Code : _____
D3c. Which hospital did s/he go to for the <b>latest</b> hospitalization? _____
D3d. Did s/he use the health insurance card for the <b>latest</b> hospitalization? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
D3e. How much did your family pay for her/his <b>latest</b> hospitalization (including the registration fee and other charges not covered by health insurance)? _____ NTD

## EMERGENCY UTILIZATION AND EXPENSE

D4. In the past 12 months, has the child ever been in the ER due to illness ?

1 Yes

0 No **【Go to D5.】**



D4a. In the 12 months, how many times has s/he been in the ER? _____ times
D4b. What's the reason for her/his <b>latest</b> ER visit? Reason : _____ Code : _____
D4c. Which hospital did s/he go to for her/his <b>latest</b> emergency visit? _____
D4d. Did s/he use the health insurance card for the <b>latest</b> emergency visit? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
D4e. How much did your family pay for her/his <b>latest</b> emergency visit (including the registration fee and other charges not covered by health insurance)? _____ NTD

\*Reasons and Codes for the hospitalization/emergency :

01 Stomachache

02 Fever

03 Fainting

04 Bleeding(for any kind of reasons)

05 Toothache

06 Accidental injury

07 Treatment for common disease

08 Common disease check up

09 Surgery

10 No time for outpatient service so just went to the ER

11 Other reasons (Please specify )

## OUTPATIENT SERVICE AND EXPENSES

D5. In the past month, has the child been to a western medicine outpatient service?  
【Children's health examination, hospitalization, emergency, dental care and treatment excluded】

1 Yes  0 No 【Go to D6.】

D5a. In the past month, how many times has s/he been to a western medicine outpatient service? \_\_\_\_\_ times

D5b. What's the reason for her/his latest time or visit to the western medicine outpatient service? \_\_\_\_\_

D5c. Which hospital or clinic did s/he visit for outpatient service the latest time?  
\_\_\_\_\_

D5d. Did the child use the health insurance card for her/his latest visit to this outpatient service? 【If yes】 Did s/he use the insurance card to register (with a stamped mark) or with the serial prescription/treatment (not stamped but partial expense was at your own)?

1 S/he used the insurance card to register (with a stamped mark)

2 S/he used the insurance card with the serial prescription/treatment (not stamped but partial expense was at your own).

3 S/he didn't use the health insurance card.

D5e. How much did you or your family pay for her/his latest visit to western medicine outpatient service (including the registration fee and other charges not covered by health insurance)?  
\_\_\_\_\_ NTD

## DENTISTRY UTILIZATION AND EXPENSE

D6. In the past month, has the child seen a dentist?  1 Yes  0 No 【Go to D7.】



D6a. In the past month, how many times has s/he seen a dentist? \_\_\_\_\_ times

D6b. What's the reason of going to a dental clinic for the latest time?

Reason : \_\_\_\_\_ Code : \_\_\_\_\_

D6c. Which dental clinic did s/he go to for the latest time?

D6d. Did s/he use the health insurance card when going to the dental clinic last time? 【If yes】 Did s/he use the insurance card to register (with a stamped mark)? or with the serial prescription/treatment (not stamped but partial expense was at your own)?

1 S/he used the insurance card to register (with a stamped mark).

2 S/he used the insurance card with the serial prescription/treatment (not stamped but partial expense was at your own).

3 S/he didn't use the health insurance card.

D6e. How much did you or your family pay for her/his latest dentistry (including the registration fee and other charges not covered by health insurance)?  
\_\_\_\_\_ NTD

**\* Dentistry reasons and codes**

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

**UTILIZATION OF CHINESE MEDICINE AND MEDICAL SERVICES AND EXPENSE**

D7. In the past month, has the child been to any Chinese medicine hospital or clinic?

- ↓
- 1 Yes                       0 No 【Go to D8.】

D7a. In the past month, how many times has s/he been to a Chinese medicine hospital or clinic? \_\_\_\_\_ times

D7b. What's the reason for her/his latest visit to the Chinese medicine hospital or clinic?  
\_\_\_\_\_

D7c. Which hospital or clinic did s/he go to for her/his latest Chinese medicine?  
\_\_\_\_\_

D7d. Did s/he use the health insurance card for her/his latest treatment with Chinese medicine?  
【If yes】 Did s/he use the insurance card to register(with a stamped mark) or with the serial prescription/treatment (not stamped but partial expense was at your own)?

1 S/he used the insurance card to register(with a stamped mark).

2 S/he used the insurance card with the serial prescription/treatment (not stamped but partial expense was at your own).

3 S/he didn't use the health insurance card.

D7e. How much did your family pay for her/his latest Chinese medication (including the registration fee and other charge not covered by health insurance)?  
\_\_\_\_\_NTD

## UTILIZATION OF FOLK THERAPY AND EXPENSE

D8. In the past month, has s/he ever undergone any of the therapies I mention in this section in some non-medical place to cure her/his illness? (Legal Chinese and western medication excluded)

**【Read the items in sequence】**

Folk Therapy Items	D8a. In the past month, has s/he ever undergone <b>【the therapy on the left column】</b> ? <b>【If yes】</b> How many times?		D8b. What's the reason for her/his latest <b>【the therapy on the left column】</b> ?	D8c. How much did it cost for her/his latest <b>【the therapy on the left column】</b> ?
	0. No	Yes (Record the times)		
1 Subdue Demon	0	times		NTD
2 Divinatory lots	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	0	times		NTD
7 Bone combination, kneading	0	times		NTD
8 Other therapy (1)_____	0	times		NTD
9 Other therapy (2)_____	0	times		NTD

### Utilization of Preventive Medicine

D9. In the 12 months, has the child been vaccinated at your own expense? **【If yes,】** What kind of vaccination was that? **【Multiple answers possible】**

0 No

1 Yes →

a Hepatitis A

d varicella

b Hemophilus influenzae type B

e Acellular pertussis vaccine

c Influenza vaccine

f Other vaccination **【Pls. specify】** \_\_\_\_\_

D10. **【Interviewer check】** The sample child's age is

1 4 years old on less **【 Go to the forewords of D10a】**

2 5 years on older **【End the interview and fill in the ending time】**

Foreword : The questions below are related to the child's use of the children's health examination offered by the National Health Insurance . We'll need the **child's health handbook**. Would you kindly let me take a look at the **child's health handbook**?

D10a. When did s/he take the children's health examination offered by the **National Health Insurance** service the **latest time**?

\_\_\_\_\_ year \_\_\_\_\_ month



98 Don't remember **【Go to D10b.】**

00 S/he has never taken any children's health examination offered by the National Health Insurance service. **【Go to D10c.】**

**【Interviewer check】**

D10a. 「The date of the health examination was recorded from」

1. It was copied directly from the child's health handbook.

2 It was answered by the proxy because s/he **couldn't find the child's health handbook** at the time.

3 It was answered by the proxy for some other reason. **【Please specify it】**

\_\_\_\_\_

D10b. **In the past 12 months**, has the child taken any children's **health examination** offered by the National Health Insurance service in any clinic or hospital?

1 Yes **【End the interview and fill in the ending time】**

0 No **【Go to D10c.】**

D10c. Why didn't s/he take any children's health examination offered by the National Health Insurance Bureau? **【Multiple answers possible】**

a We don't know there's children's health examination service.

b We forgot to take him/her to the health examination.

c The things they examine are too simple.

d The child's already had a health examination.

e S/he didn't feel ill at all.

f The transportation was inconvenient.

g The parents were too busy.

h We didn't join the National Health Insurance service.

i Other reason **【Please specify】** \_\_\_\_\_

The interview ends here. Thank you very much for your cooperation.

The interview ends at : \_\_\_\_\_ 1 morning ? 2 Afternoon

## E. Related Facts and the Proxy's Signature

1. This interview

Started from : \_\_\_\_\_ ;

Ended at : \_\_\_\_\_ . It totally took \_\_\_\_\_ minutes.

Special notes : \_\_\_\_\_

2. Did the proxy sign the consent form to release data from National health Insurance?

1 Yes

0 No. Please explain the reason : \_\_\_\_\_

3. Which souvenir did the respondent take?

1 Tool Lamp

2 Electrical Blender

3 Backpack

4 Wallet

---

The information about the starting and ending time of the interview, the consent form to release data from National Health Insurance and the souvenir the respondent took are all true.

The proxy's signature/stamp (or fingerprint) \_\_\_\_\_

## F. The Record of the Interviewer's Observation and Interviewing Process

F1. The interview took place : 1 at the child's home    2 in the proxy's work place  
3. In other places(Please specify) : \_\_\_\_\_

F2. Except for the proxy, was there anybody else during the interview?

- 1 Yes. They were there most of the time.    3 Yes. They were there at times.  
2 Yes. They were there about half of the time.    4 There was nobody else there. **【Go to F3】**

F2a. **【If there were other people then】** What were their relationships with the child?

\_\_\_\_\_

F2b. Did other people influence the proxy when s/he answered the questions? How did they influence him/her?

- 1 They helped the proxy answer the questions or altered the proxy's answers.  
2 They listened carefully but didn't disturb the proxy.  
3 They didn't influence the proxy.  
4 They made some disturbance.

F2c. Was the proxy distracted by other people around?

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

F3. The language you and the proxy used was : **Multiple answers possible】**

- 1.Mandarine 2.Taiwanese    3. Hakaan    4. Others(Please specify) : \_\_\_\_\_

F4. How did the proxy comprehend the questions?

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

F5. The proxy's cooperation was 1.very good    2.fair    3.bad

F6. The proxy's answers are:

1. all reliable    2. mostly reliable    3. partly reliable    4. mostly not reliable

F6a. 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)

\_\_\_\_\_

F7. Please describe the process of the interview, the reaction of the proxy or other special condition or questions:

\_\_\_\_\_

F8. Please write some descriptions or draw some maps for getting in touch with the proxy again for the next interview:

\_\_\_\_\_