



The Interview Started from : 1. A.M. 2. P.M. \_\_\_\_\_

The subject of this survey is“ National Health Condition.” Its main purpose is to learn about you and your family’s health condition and you and your family’s access to and use of health care. The results will provide information to your government to help them plan health care and welfare policies.

Each of your answers is very important to this survey. To gather trustworthy information representing the health condition of people in our country, please answer the questions according to you and your family’s true situation. Thanks for your cooperation.

### A. The Members of the Family

【The interviewer has to take the attached household’s **information card**, check the information and fill in the answers of the questions below.】

A1. According to the information we transcribed from the Census Office, your family members include \_\_\_\_\_ and \_\_\_\_\_. There are \_\_\_\_\_ people in your family. Is that right?

A1a. Do all your family live here?

【If not】 Who actually doesn’t live here?

<p><b>Interviewer fill in :</b></p> <p>The original numbers of the selected household : _____ people</p>	<p>→ (no.) _____ Actual number of people don’t live here</p> <p>→ (no.) _____ Actual number people live here ( including the members who live in other places temporarily for army service or study )</p>
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A1b. Except for the \_\_\_\_\_ (no.) people recorded in the household list, is there anybody else who lives in this household?

【If yes】 How many other people live in this household in total?

<p><b>Interviewer fill in :</b></p> <p>There are _____ other people who live in this household.</p>
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A1c.【Interviewer’s verification】According to what you said, there are totally \_\_\_\_\_ people who **actually** live here (**including the family members in the household list and others who are not listed but live here**). Is that right?

<p><b>Interviewer check :</b></p> <p>The total number of the people who live in this household is _____</p>
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Please ask the questions A2 to A7 for each household member who really lives in the house one by one and write down the answers in Form 1 “**The Household Members List.**” If the member is the son, daughter or daughter-in-law, please specify their birth order so the interviewer could refer to them properly.

A2. What is your (her/his) name?

A3. What is your (her/his) relationship with the head of household?

A4. When were you (she/he) born? \_\_\_\_ (year) \_\_\_\_ (month)

A5. What is your (her/his) gender?

1 male      2 female

A6. Did you (s/he) register in this household? Do you (Does s/he) usually live here?

1 Yes. I (s/he) registered and live(s) here now.

2 Yes. I (s/he) registered here but (s/he) live(s) in somewhere else temporarily (for studying, working, army service....etc.) and will be back to live here.

3 We were registered as one household before. But we divided into different households due to certain reasons even we live here most of the time.

4 The family or the relatives living together in the same address belong to different households.

5 (S/he) live(s) here but I (s/he) did not register in this household.

A7. Are(Is) you (s/he) covered by the National health Insurance now?

1 Yes, I am (s/he is).

2 My (her/his) Health Insurance has been stopped.

3 I (s/he) have (has) never been covered by the National Health Insurance.



\* A3. 「 The code represented for the relationship with the head of household 」

- |  |  |   |
|--|--|---|
| 01 Head of household   | 05 Brother of the head of household or of her/his spouse | 13 Daughter-in-law of the head of household     |
| 02 Spouse of the head of household                           | 06 Sister of the head of household or of her/his spouse  | 14. Son-in-law of the head of household         |
| 03 Parent of the head of household or of her/his spouse      | 11 Son of the head of household                          | 15. Grandchild of the head of household         |
| 04 Grandparent of the head of household or of her/his spouse | 12 Daughter of the head of household                     | 16. Other relative of the head of household     |
|  |  | 17. Other non-relative of the head of household |

A8. Is there anyone in your household (anyone of the members listed in Form 1) holding a “Catastrophic Illness” card provided by the National Health Insurance Bureau?

- 1 Yes       0 No 【 Go to A9 】



A8a. Which one? 【 Please fill in her/his Sequence No. in Form 1 and the code for her/his relationship with the head of household 】				
A8b. Which kind of “card for catastrophic illness” does (do) s/he (they) have?				
A8a.			A8b.	
Sequence No.	Relationship with the head of household	Code for the relationship with the head of household	Brief description for the category of the card for catastrophic illness	Category Code ( Check the interviewer’s handbook )

A9. Is there anyone in your **household** (anyone of the members listed in Form 1) holding “Handbook for Physical & Mental Retardation ” **now**?

- 1 Yes 【 Go to A9a 】       0 No 【 Go to Section B 】



A9a. Which one? **【 Please fill in her/his Sequence No. in Form 1 and the code represented her/his relationship with the head of household 】**

A9b. Which kind of “((((Handbook????)))” for Physical & Mental Retardation” does (do) s/he (they) hold?

A9c. Is the retardation mild, medium or serious?

A9a.			A9b.		A9c.
Sequence No.	Relationship with the head of household	Code for the relationship with the head of household	Brief description for the category of the “Physical & Mental Retardation”	Category Code **Check the codes below	Degree
					<input type="checkbox"/> 1Mild <input type="checkbox"/> 2Medium <input type="checkbox"/> 3 Serious
					<input type="checkbox"/> 1 Mild <input type="checkbox"/> 2Medium <input type="checkbox"/> 3 Serious
					<input type="checkbox"/> 1 Mild <input type="checkbox"/> 2Medium <input type="checkbox"/> 3 Serious

\*\* A9b. Codes for “Physical & Mental Handicap Handbook” categories :


- |                                    |  |  |
|------------------------------------|--|--|
| 1. Visual problem                  | 7. Loss function of important organs (heart, liver, lung, stomach and intestine) | 13. Multiple retardation   |
| 2. Audio problem                   | 8. Facial damage   | 14. Other retardations by the central health administration officers (ex: congenital defect, congenital disorder in metabolic system, or DNA damage) |
| 3. Balance Retardation             | 9. Coma  |  |
| 4. Voice or linguistic Retardation | 10. Dementia   |  |
| 5. Limb handicap                   | 11. Autism   |  |
| 6 Mental retardation               | 12. Chronic psychosis  |  |

## B. Living Environment

### Second-hand Smoking

B1. Does anybody smoke in your home? This includes all members of your household and those who visit you including: relatives, friends, neighbors, etc.

0 No **【Go to B2.】**

1 Yes 

B1a. **How many days** in a week would there be someone smoking at your home?

1 Less than 1 day/ Rarely

2 \_\_\_\_\_ days a week

### Living Safety

#### **【Interviewer check】**

B2. **Check Form 1 “Household Members List”**. Is there any member who is over 65 years or under 3 years old?

0 No **【 Go to section C. Long-term care 】**

1 Yes 

B2a. Is there any special design in your bathroom used preventing older members or children from slipping (pads, handrails, etc.)?

0 No

1 Yes

## C. Long-term care

In this section, we would like to find out more information about our people who need for special care.

### NOW

C1. Is there any member of your family whose daily life needs to be taken care of for more than 1 year because of (1) **mental retardation, cerebral paralysis or Down syndrome**, or (2) **illness, aging or injury**? (e.g.: S/he is not able to cook, clean, wash clothes, walk, bathe, put on clothes, go to the bathroom, get up and get off the bed or eat by herself/himself...)

1 Yes

0 No **【 Go to C2 】**

**【 Please record the answers from C1a to C1d in Form 2 】**

C1a Who is (are) s/he (they)?

*In Form 2, please specify her/his Sequence No. and her/his relationship with the head of household listed in Form 1. If s/he was not recorded in Form 1, please note "91" in the "Sequence No." column in Form 2 and describe her/his relationship with the head of household.*

C1b. Does (Do) s/he (they) have (1) **mental retardation, cerebral paralysis or Down syndrome**, or (2) **illness, aging or injury**?

C1c. So, how do you take care of her/him (them)? **【 Read the options below one by one 】 【 One Choice Only 】**

1. Sending her/him (them) to a nursing home **【 Go to C2 】**

2. Hiring a nurse or a foreign worker to take care of them at home **【 Go to C2 】**

3. The family takes care of her/him (them) themselves with the added help of some helpers such as home worker(s), day-care worker(s) or part-time nurse(s). **【 Go to C1d 】**

4. The family takes care of her/him (them) themselves. **【 Go to C1d 】**

5. Other **【 Please specify 】**

C1d. Who is the major caregiver to (this/these) (member/s)? What is their relationship?

### In the Past 10 Years

C2. **In the past 10 years**, did any of your family member's daily life need to be taken care of for more than 1 year?

1 Yes **【 Go to C2a 】**

0 No **【 Go to Section D 】**



【 Please record the answers from C2a to C2d in Form 2 】

C2a. Who is (are) s/he (they)?

*In Form 2, please specify her/his Sequence No. and her/his relationship with the head of household listed in Form 1. If s/he was not recorded in Form 1, please note "91" in the "Sequence No." column in Form 2 and describe her/his relationship with the head of household.*

C2b. Does (Do) s/he (they) have (1) mental retardation, cerebral paralysis or Down syndrome, or (2) illness, aging or injury?

C2c. So, how do you take care of her/him (them)? 【 Read the options one by one. Multiple answers possible. 】

【 All the options are the same as the ones in C1c. 】

C2d. Who was the major caregiver to (this/these) (member/s)? What is their relationship?

Form 2 Long-term Care

NOW (C 1 a ~ C 1 d)											
C1a / C2a			C1b/C2b		C1c/C2c					C1d/C2d	
Sequence No.	Relationship with the head of household	Relationship Code Listed in the bottom of Form 1	1. Mental retardation cerebral paralysis or Down syndrome	2. Illness, aging, or injury	1/a Sending her/him (them) to a nursing home	2/b Hiring a nurse or a foreign worker to take care of her/him at home	3/c. Family takes care of her/him (them) themselves with the added help of hired helpers such as home worker(s), day worker(s) or part-time nurse(s) at the same time.	4/d. The family takes care of her/him (them) themselves.	5/e. Other answer (Specify)	If “ <b>family themselves</b> ” are mentioned in the answer, please specify the relationship of the major care giver with the care receiver	
										Relationship	Code (Listed at the bottom of this form)
			1	2	【 Single choice, the option is 1 or 2 or 3 or 4 or 5 】						
			1	2	【 Single choice, the option is 1 or 2 or 3 or 4 or 5 】						
			1	2	【 Single choice, the option is 1 or 2 or 3 or 4 or 5 】						
In the Past 10 Years (C 2 a ~ C 2 d)											
			1	2	a	b	C	d	e		
			1	2	a	b	C	d	e		
			1	2	a	b	C	d	e		

C1d/C2d. Codes for the relationship of the major caregiver with the receiver of care

- |           |                    |                                      |  |                               |
|-----------|--------------------|--------------------------------------|--|-------------------------------|
| 01 Spouse | 04 Daughter        | 07 Daughter-in-laws                  | 10 Son(s) and daughter(s)                | 13 Grandchildren              |
| 02 Son    | 05 Daughters       | 08 Spouse and son(s) and daughter(s) | 11 Spouse and daughter-in-law            | 14 Children and grandchildren |
| 03 Sons   | 06 Daughter-in-law | 09 Son(s) and daughter-in-law(s)     | 12 Son-in-law or daughter and son-in-law | 15 Others (Specify)           |

## D. Accidents

Accidents happen frequently in our daily lives nowadays. We would like to find out about some of the accidents that have occurred to any of **your family members** (the family who really lives in the household in Form 1) in **the past 12 months**. We are asking about those who have been treated by medical doctors in hospitals, clinics of Chinese and Western medicine, **national gymnastic rooms**, or **bone-fixing clinics**, etc.

**【Attention】** In response to Section D questions, **do not include** family members who were killed in accidents.

### Traffic Accidents

D1. In the past 1 year, has any member of **your family** (the family who really lives in the household) been injured in a **traffic accident** (e.g.: Riding in a car accidents, a motorcycle, a bike, mass transportation, a boat, a plane or being hit by a car when walking) and was **treated by a medical professional**?

1 Yes

0 No **【 Go to D2.】**

**【 Please record the answers from D1a to D1e.3 in Form 3 】**

D1a. Who is s/he? **【 Please fill in her/his Sequence No., the relationship with the head of household and the code for the relationship in Form 3 】**

D1b. How many times have traffic accidents requiring medical attention happened to you (her/him) **in the past year**?

D1c. Were (was) you (s/he) hospitalized because of the **latest traffic accident**?

D1c.1 **【 If yes 】** For how many days?

D1d. Were (was) you (s/he) unable to go to school, go to work or go out as usual because of the **latest traffic accident**?

D1d.1 **【 If yes 】** For how many days?

D1e. What kind of vehicle were (was) you (s/he) using when the latest traffic accident happened?

1 A Car

4 On foot **【 Go to D2 】**

2 A Motorcycle

5 Other modes **【 Please specify 】**

3 A Bike

D1e.1 Were (was) you (s/he) the driver or the passenger?

1 Driver

2 Passenger

D1e.2 Were you (s/he) drinking before the accident happened?

0 No

1 Yes

D1e.3 Had you (s/he) fastened a seat belt or put on a helmet?

0 No

1 Yes

### Form 3 Traffic Accidents

D1a.			D1b. How many times in the past a year was this person (treated by doctors)?	D1c. Whether the person was hospitalized for the last accident.		D1c.1 Total days of being hospitalized the last accident.	D1d. Whether the person was unable to go out.		D1d.1 Total days unable to go out	D1e. vehicle *Please check the codes at the bottom of this form	D1e.1 Passenger or driver		D1e.2 Did you (s/he) drink before the accident?		D1e.3 Did you (s/he) fasten the seat belt or wear a helmet?	
Sequence No.	Relationship with the head of household	Code for the relation- ship (Listed at the bottom of Form 1)		0. No	1. Yes		0. No	1. Yes			1 Driver	2 Passenger	0. No	1. Yes	0. No	1. Yes
			times	0	1	days	0	1	days		1	2	0	1	0	1
			times	0	1	days	0	1	days		1	2	0	1	0	1
			times	0	1	days	0	1	days		1	2	0	1	0	1
			times	0	1	days	0	1	days		1	2	0	1	0	1

\* D1e.Vehicle Codes : 1. A Car 2. A Motorcycle 3. A Bicycle 4. On Foot 5. Others 【Please specify】

## **Tumbling / Falling**

**D2. In the past 1 year, has any member of your family (the family who really lives in the household) had a falling injury treated by a doctor?** (This includes therapy in the hospitals, clinics of Chinese and Western medicine, national gymnastic rooms, or bone-fixing clinics, etc.) (Injury caused by traffic accidents is NOT included.)

- 1 Yes   0 No **【Go to D 3 .】**

**【Please record the answers from D2a. to D2e.1 in Form 4 】【**

D2a. Who is s/he? **【Please fill in her/his Sequence No., the relationship with the head of household and the code for the relationship in Form 4 】【**

D2b. How many times was the tumbling or falling injury so serious that a visit to a doctor was needed **in the past year?**

D2c. Were (Was) you (s/he) hospitalized because of the latest fall? D2c.1 **【If yes, 】【** For how many days?

D2d. Where did you (s/he) tumble or fall the **latest time?** **【The codes for the places are listed at the bottom of Form 4 in the next page. 】【**

D2e. Were (was) you (s/he) unable to go to school, go to work or go out as usual due to the fall **the latest time?**

D2e.1 **【If yes, 】【** For how many days?

## **Burn**

**D3. In the past 1 year, has any member of your family (the family who really lives in the household) had a burn treated by a medical professional?**

- 1 Yes   0 No **【Go to D4. 】【**

**【Please record the answers from D3a. to D3f.1 in Form 5 】【**

D3a. Who is s/he? **【Please fill in her/his Sequence No. in Form 5 】【**

D3b. In the past year, how many times did you (s/he) go to the doctors due to being burned?

D3c. Were (Was) you (s/he) hospitalized because of the **latest burn?** D3c.1 **【If yes, 】【** For how many days?

D3d. What caused your (her/his) **latest burn** injury?

- 1 A fire    2 High-temperature solid, liquid or gas    3 Others **【Please specify 】【**

D3e. Where were (was) you (s/he) burned the latest time?

- 1 Indoors at home                      2 Out doors at home                      3 In the office or factory  
4 On the road                              5. Public places **【Please specify 】【**    6 Others **【Please specify 】【**

D3f. Were (was) you (s/he) unable to go to school, to work or go out as usual due to the burn **the latest time?**

D3f.1 **【If yes, 】【** For how many days?

## Form 4 Tumbling / Falling

D2a.			D2b. How many times did it happen in the past year? (Having been treated by doctors)	D2c. Hospitalized for the latest fall		D2c.1 Total days of the latest hospitalization for falling injury	D2d. Where did it happen? * Codes are listed at the bottom of this form	D2e. Unable to go out		D2e.1 Total days of being unable to go out
Sequence No.	Relationship with the head of household	Codes for the relationship are listed at the bottom of Form 1		0.No	1.Yes			0.No	1. Yes	
			times	0	1	days		0	1	days
			times	0	1	days		0	1	days
			times	0	1	days		0	1	days

\* D2d Codes for places:

1 The stairway    2 The lift    3 A car    4 A plain or a hilly road    5 The sidewalk    6 The ladder or scaffold

7 A playground or a game area    8 A chair, a sofa or the bed    9 In the bathroom or when standing behind the sink    10 Out or into the bathtub or when bathing

11 A swimming pool    12 Other places 【Specify】

## Form 5 Burn Wounds

D3a.			D3b. How many times did it happen in the past year? (Having been treated by doctors)	D3c. Hospitalized for the latest burn wounds		D3c.1 Total days of the latest hospitalization for burn injury	D3d. The reason for the latest burn *Codes are listed at the bottom	D3e. Where did it happen? ** Codes are listed at the bottom	D3f. Unable to go out		D3f.1 Total days of being unable to go out
Sequence No.	Relationship with the head of household	Codes for the relationship are listed at the bottom of Form 1		0.No	1.Yes				0.No	1.Yes	
			times	0	1	days			0	1	days
			times	0	1	days			0	1	days
			times	0	1	days			0	1	days

\* D3d Codes for causes : 1 A fire    2 High-temperature solid, liquid or gas    3 Others 【Specify】

\*\* D3e Codes for places : 1 Indoors at home    2 Outdoors at home    3 In the office or factory    4 On the road    5 Public places 【Specify】    6 Other places 【Specify】

## **Other Accidents**

D4. In the past 1 year, has any member of your family (the family who really lives in the household) been treated by the doctors due to injury caused other accidents?

E.g.: Drowning, food poisoning, being hit by a falling object, choking on toys, fish bones, food...etc., gas poisoning, alcohol poisoning, taking wrong medicine or chemical used for agriculture...etc.

( 1 ) Yes

( 2 ) No **【 Go to E1. 】**



**【 Please record the answers from D4a. to D4f.1 in Form 6 】**

D4a. What kind of accident was that?

D4b. Who was the person? **【 Please fill in the sequence no., relationship with the head of household and the code for the relationship in Form 6 】**

D4c. In the past year, how many times did you have accidental injuries that needed treatment by a medical professional?

D4d. Were (was) you (s/he) hospitalized due to the latest accident?

D4d.1 **【 If yes, 】** For how many days?

D4e. Where did the latest accident take place?

1 Indoors at home

5 In the swimming pool

2 Outdoors at home

6 In a creek or a river

3 In the school

7 On the road

4 In the office or factory

8 In other public places **【 Please specify 】**

9 Other places **【 Please specify 】**

D4f. Were (Was) you (s/he) unable to go to school, to work or go out as usual because of the latest accident?

D4f.1 **【 If yes, 】** For how many days?

**【 Attention 】 If the same kind of accidents happened to 3 people, please record it in 3 different rows. If 2 different kinds of accidents happened to 1 person, you have to record the injuries in 2 different rows.**

## Form 6 Other Accidental Injuries

D4a.		D4b.			D4c How many times did the accident requiring medical assistance happen in the past year?	D4d Hospitalized for the latest accident		D4d.1 Total days of the latest hospitalization	D4e Where did the latest accident take place? *Codes are listed at the bottom of the form	D4f Unable to go out		D4f.1 Total days of being unable to go out
The details of the injury	Codes for the injury (Codes are listed at the bottom of the Form)	Sequence No.	Relationship with the head of household	Codes for the relationship (Codes are listed at the bottom of Form 1)		0.No	1.Yes			0.No	1.Yes	
					times	0	1	days		0	1	days
					times	0	1	days		0	1	days
					times	0	1	days		0	1	days
					times	0	1	days		0	1	days

D4a. Codes for other accidental damages : 1 Being drowned 2 Food poisoning 3 Being hit by some falling object 4 Being choked by toys, fish bones or food...etc. 5 Gas poisoning 6 Alcohol poisoning 7 Taking wrong medicine accidentally 8 Taking agriculture chemical accidentally 9 Ingesting detergent accidentally 10 Others 【Please specify】

\* D4e. Codes for places : 1 Indoors at home 2 Outdoors at home 3 In the school 4 In the office or factory 5 In the swimming pool 6 In a creek or river 7 On the road 8 In other public places 【Please specify】 9 Other places 【Please specify】



## E. Economic Status of the Household

E1. In the past year, how many members of your household (people who really live in the house) had income? \_\_\_\_\_

E1a. Her/his (their) sequence no. is (are) \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_


E2. **Show the Flash Card** In the past year, about how much was the average income in your household (including salary, rent, investment income, money from your children, social welfare...etc.) per month?

- 1 Less than 30,000 NTD
- 2 30,000 to 49,999 NTD
- 3 50,000 to 69,999 NTD
- 4 70,000 to 99,999 NTD
- 5 100,000 to 14,999 NTD
- 6 150,000 to 19,999 NTD
- 7 More than 200,000 NTD

E3. Who owns this house?

- 1 One of the family members of this household
- 2 No member of this household
- 3 It's a dorm offered by a private institute.
- 4 It's a dorm offered by the government.
- 5 It's rented.
- 6 It's a relative or a friend's place and no rent is required
- 7 Other answers (Please specify) \_\_\_\_\_

E4. Does your family receive any routine financial subsidy from the government now?

- 0 No **【End the Interview】**
- 1 Yes 

E4a. What kind of supplement is that? 【Multiple choices】

- a Low-income household supplement
- b Mid and low-income household supplement
- c Supplement for the elders in mid and low-income households
- d Supplement for handicapped
- e Raising and education supplement for handicapped
- f Elder farmers supplement
- g Veterans supplement
- h Young children's educational supplement
- I Others 【Please specify】 \_\_\_\_\_

E4b. How often do you get the supplement?  1 Once a year  2 Every half a year  
 3 Every 3 months  4 Once a month  5 Other 【Please specify】  
\_\_\_\_\_

E4c. How much do you get for each supplement? \_\_\_\_\_ NTD

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

The interview ends at :  1 A.M.  2 P.M. \_\_\_\_\_

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

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

F2. Except for the respondent, were there any other people 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 are their relationships with the respondent?

\_\_\_\_\_

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

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

F2c. 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.

F3. The language you used in the interview is : **【Multiple choices】**

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

F4. How did the respondent comprehend the questions?

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

F5. The respondent's cooperation was  1. Very good     2. Fair     3. Bad

F6. The respondent's answers are:

1. All reliable **【Go to F7】**    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)

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

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F8. Please write some describe the area or draw a map to help us get in touch with this household (the respondent) again for the next interview:

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