

**Section A**

1. How true for you is each of the following statements? Answer for each on a scale from 1 to 5, where “1” means it is particularly true for you and “5” means “it doesn't hold true at all for you. (X ONE Box For EACH)

	<u>Particularly True For Me</u>	←————→			<u>Doesn't Hold True At All For Me</u>
	1	2	3	4	5
My daily life is fulfilling .....	<input type="checkbox"/>				
I plan to spend a lot of money or plan to purchase expensive items in the future .....	<input type="checkbox"/>				
I don't feel uncomfortable borrowing money .....	<input type="checkbox"/>				
I am so occupied with my daily life that I cannot save much money .....	<input type="checkbox"/>				
Even if I make plans, I end up procrastinating .....	<input type="checkbox"/>				
If there is something that I want, I need to buy it .....	<input type="checkbox"/>				
I always plan things before I actually do them .....	<input type="checkbox"/>				
If I have work that can wait to be done tomorrow, I wait until tomorrow to do it .....	<input type="checkbox"/>				
I have anxieties about my health .....	<input type="checkbox"/>				
<del>I am deeply religious .....</del>	<del><input type="checkbox"/></del>				
I have been feeling stressed lately .....	<input type="checkbox"/>				
I have been feeling depressed lately .....	<input type="checkbox"/>				
I haven't been sleeping well lately .....	<input type="checkbox"/>				
I have been feeling lonely lately .....	<input type="checkbox"/>				
I have anxieties about my 'life after I am 65 years old'* (For those who are already aged 65 or above, 'life in future') .....	<input type="checkbox"/>				
I want to bequeath as much of my inheritance as possible to my spouse.....	<input type="checkbox"/>				
Behaving similarly to people around me makes me feel comfortable ....	<input type="checkbox"/>				
When I am faced with a problem, I usually act before I think .....	<input type="checkbox"/>				
I never cut into a line of people .....	<input type="checkbox"/>				
I always keep my promise.....	<input type="checkbox"/>				
I am never late for appointments/deadlines .....	<input type="checkbox"/>				
Work is something to live for.....	<input type="checkbox"/>				
Work is for making money.....	<input type="checkbox"/>				
I enjoy competing with others.....	<input type="checkbox"/>				
If someone does me a favor, I am prepared to return it.....	<input type="checkbox"/>				
If I suffer a serious wrong, I will take revenge as possible, no matter what the cost.....	<input type="checkbox"/>				
If somebody puts me in a difficult position, I will do the same to him/her ..	<input type="checkbox"/>				
I go out of my way to help somebody who has been kind to me before ..	<input type="checkbox"/>				
If somebody offends me, I will offend him/her back.....	<input type="checkbox"/>				
I am ready to undergo personal costs to help somebody who helped me before .....	<input type="checkbox"/>				
Other people frequently tell me that what I've said is impolite, even though I think it is polite .....	<input type="checkbox"/>				
I enjoy social chit-chat.....	<input type="checkbox"/>				
When I talk, it isn't always easy for others to get a word in edgeways ....	<input type="checkbox"/>				
I find it easy to “read between the lines” when someone is talking to me ..	<input type="checkbox"/>				
I prefer to do things with others rather than on my own.....	<input type="checkbox"/>				
I find it hard to make new friends .....	<input type="checkbox"/>				
I find it easy to work out what someone is thinking or feeling just by looking at their face .....	<input type="checkbox"/>				

2. To what extent do you agree with each of the following statements? Answer on a scale from 1 to 5, where “1” means you agree completely and “5” means you disagree completely. Of course, you may choose any number in between. (X ONE Box For EACH)

	<u>Completely Agree</u>	←————→			<u>Completely Disagree</u>
	1	2	3	4	5
Since the future is uncertain, it is a waste to think about it .....	<input type="checkbox"/>				
In general, most people are trustworthy.....	<input type="checkbox"/>				
I feel happy when I do a good deed that I think benefits others (such as picking up trash in a park) .....	<input type="checkbox"/>				
Although an economy regulated by market forces widens the income gap between the rich and the poor, it makes people wealthier in general; so in total, they are better off.....	<input type="checkbox"/>				
It is the government's responsibility to take care of those who cannot take care of themselves financially.....	<input type="checkbox"/>				
At work, I should follow the opinion of the group.....	<input type="checkbox"/>				
At home, I should follow my family's opinion.....	<input type="checkbox"/>				
Working as a group results in greater achievement than working Individually .....	<input type="checkbox"/>				
I am more satisfied when I achieve a goal by cooperating with others than only by myself.....	<input type="checkbox"/>				

Question 2 Continued On Next Page →

Question 2 Continued

Completely Agree ←————→ Completely Disagree

- The most important factor for success in life is hard work rather than luck and personal connections.....1  2  3  4  5
- What is written in science textbooks is reliable.....1  2  3  4  5
- It is possible to move an object by using psychokinesis.....1  2  3  4  5
- I believe in fortunetelling .....1  2  3  4  5
- A person's blood type indicates their character .....1  2  3  4  5
- Human beings evolved from other living things .....1  2  3  4  5
- You should place a greater value on thinking with your head than with your heart .....1  2  3  4  5
- What is broadcast in TV programs is reliable .....1  2  3  4  5

3. Suppose that you are to receive money from someone. You can either choose to receive the money **today, or 7 days from today**, but the amounts will be different. Compare the amounts and dates below in Option "A" and Option "B", and indicate which option you prefer for each of the nine choices.

Option "A"	<i>or</i>	Option "B"	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 7 days from today	Option "A"	Option "B"
60.10 Yuan		60.28 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.06 Yuan		65.94 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.16 Yuan		60.74 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.00 Yuan		60.00 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.10 Yuan		119.02 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.18 Yuan		61.36 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.02 Yuan		62.38 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.04 Yuan		59.92 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.16 Yuan		60.22 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>

4. Now, suppose that you are to receive money from someone and you can choose either to receive the money **90 days from today, or 97 days from today**, but the amounts will be different. Compare the amounts and dates below in Option "A" and Option "B" and indicate which option you prefer for each of the nine choices.

Option "A"	<i>or</i>	Option "B"	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive 90 days from today		Receive 97 days from today	Option "A"	Option "B"
60.00 Yuan		62.36 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.12 Yuan		60.00 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.00 Yuan		60.18 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.14 Yuan		66.02 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.12 Yuan		60.70 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.04 Yuan		60.10 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.14 Yuan		119.10 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.02 Yuan		60.02 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.14 Yuan		61.32 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>

5. Now, suppose that you are to receive money from someone and you can choose either to receive the money **today, or 28 days from today**, but the amounts will be different. Compare the amounts and dates below in Option "A" and Option "B" and indicate which option you prefer for each of the nine choices.

Option "A"	<i>or</i>	Option "B"	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 28 days from today	Option "A"	Option "B"
60.08 Yuan		64.80 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.00 Yuan		60.00 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.10 Yuan		60.34 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.02 Yuan		295.38 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.12 Yuan		62.44 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.14 Yuan		69.58 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.04 Yuan		59.56 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.18 Yuan		83.74 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60.14 Yuan		60.84 Yuan	1 <input type="checkbox"/>	2 <input type="checkbox"/>

6. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working, please answer based on the assumption that your monthly income equals your current actual living expenses.

(X ONE Box)

Option "A"	or	Option "B"	Which ONE do you prefer? (X ONE Box For Each ROW)	
			Option "A"	Option "B"
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 60%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 50%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 45%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 30%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 10%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 5%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 1%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>

7. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working please answer based on the assumption that your monthly income equals your current actual living expenses.

(X ONE Box)

Option "A"	or	Option "B"	Which ONE do you prefer? (X ONE Box For Each ROW)	
			Option "A"	Option "B"
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 19%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 17%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 15%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 13%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 12%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 11%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 10%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>

8. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working please answer based on the assumption that your monthly income equals your current actual living expenses.

(X ONE Box)

Option "A"	or	Option "B"	Which ONE do you prefer? (X ONE Box For Each ROW)	
			Option "A"	Option "B"
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 10.5%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 11%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 13%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 14%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 15%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 16%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 18%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>



15. Imagine that you have just found out that something you said carelessly hurt a friend's feelings. How would you feel? **(X ONE Box)**
- 1  I would feel guilty but would not feel very ashamed
  - 2  I would feel guilty and would feel somewhat ashamed
  - 3  I would feel both guilty and ashamed
  - 4  I would feel ashamed and feel somewhat guilty
  - 5  I would feel ashamed but would not feel very guilty
  - 6  I would feel neither guilty nor ashamed
16. Thinking about when you were a child and were given an assignment during school vacation, how early did you usually finish up the assignment? **(X ONE Box)**
- 1  Got it done right away
  - 2  Tended to get it done early, before the due date
  - 3  Worked on it daily up until the due date
  - 4  Tended to get it done toward the end
  - 5  Got it done at the last minute
17. Thinking about when you were a child and were given an assignment during school vacation, how early did you **plan** to finish the assignment? **(X ONE Box)**
- 1  I planned to get it done right away
  - 2  I planned to get it done rather early, before the due date
  - 3  I planned to work it daily up until the due date
  - 4  I planned to get it done rather toward the end
  - 5  I planned to do get it done at the last minute
  - 6  I didn't make any plan
18. Thinking about when you were a child and were given an assignment during school vacation, when did you think was **the ideal time** to finish up the assignment? **(X ONE Box)**
- 1  To get it done right away
  - 2  To get it done early, before the due date
  - 3  To work on it daily up until the due date
  - 4  To get it done toward the end
  - 5  To get it done at the last minute
19. How high does the chance of rain have to be before you will bring an umbrella with you when you go out? **(Write In Number From 0 - 100)** \_\_\_\_\_ %
20. Please circle ONE applicable number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. **(X ONE Box For EACH)**

I see myself as;	Disagree Strongly	Disagree Moderately	Disagree A Little	Neither Agree Nor Disagree	Agree A Little	Agree Moderately	Agree Strongly
A Extraverted, enthusiastic .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
B Critical, quarrelsome .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
C Dependable, self-disciplined.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
D Anxious, easily upset .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
E Open to new experiences, complex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
F Reserved, quiet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
G Sympathetic, warm .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
H Disorganized, careless .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
I Calm, emotionally stable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
J Conventional, uncreative .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

21. How often do you do the following? **(X ONE Box)**

	Very Often	Often	Sometimes	Infrequently	Never	
You <b>lend personal possessions</b> (e.g., CDs, books, car, bicycle) to your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
You <b>borrow your friends' personal possessions</b> (e.g., CDs, books, car, bicycle) and <b>do not return them</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> I don't borrow my friends' personal possessions
You <b>lend money</b> to your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
You borrow money from your friends and <b>do not return it</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> I don't borrow money from my friends

22. How do you feel about leaving an inheritance to your children? **If you do not have any children, please respond on the assumption that you actually do have children. (X ONE Box)**
- 1  I plan to leave an inheritance to my child(ren) no matter what.
  - 2  I plan to leave an inheritance to my child(ren) only if they provide care (including nursing care) during old age.
  - 3  I plan to leave an inheritance to my child(ren) only if they provide financial assistance during old age.
  - 4  I plan to leave an inheritance to my child(ren) only if they carry on the family business.
  - 5  I do not plan to make special efforts to leave an inheritance to my child(ren) but will leave whatever is left over.
  - 6  I do not plan to leave an inheritance to my child(ren) under any circumstances because doing so may reduce their will to work.
  - 7  I do not plan to leave an inheritance to my child(ren) under any circumstances because I want to use my wealth myself.
  - 8  I want to leave an inheritance to my child(ren) but I won't because I don't have the financial capacity to do so.

**If you answered 1 to 5 for Q.22, please continue. Otherwise, skip to Q.23.**

- 22a.** How do you plan to divide your inheritance among your children? **(X ONE Box)**
- 1  I plan to divide my inheritance equally among my children.
  - 2  I do not plan to divide my inheritance equally among my children.
  - 3  I have only one child so there is no need to divide my inheritance among my children.

**If you answered 2 for Q.22a, please continue. Otherwise, skip to Q.23.**

- 22b.** Then how do you plan to divide your inheritance among your children? **(X ALL That Apply)**
- 01  I plan to leave more or all to the child (children) who lives with me.
  - 02  I plan to leave more or all to the child (children) who lives near me.
  - 03  I plan to leave more or all to the child (children) who helps me with housework.
  - 04  I plan to leave more or all to the child (children) who provides nursing care.
  - 05  I plan to leave more or all to the child (children) who provides financial assistance.
  - 06  I plan to leave more or all to the child (children) who carries on the family business.
  - 07  I plan to leave more or all to my eldest son or daughter even if he/she does not live with me, does not live near me, does not help me with housework, does not provide nursing care, does not provide financial assistance, and does not carry on the family business.
  - 08  I plan to leave more or all to the child (children) who has less earnings capacity.
  - 09  I plan to leave more or all to the child (children) who has greater needs.
  - 10  I plan to leave more or all to the child (children) whom I like more.

- 23.** Have you received any inheritances (including real estate and financial assets) with a total value of 100,000 Yuan or more from your parents or your spouse's parents in the past? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>
Received an inheritance with a total value of 100,000 Yuan or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Received an inheritance with a total value of 100,000 Yuan or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 24.** Do you expect to receive any inheritances (including real estate and financial assets) with a total value of 100,000 Yuan or more from your parents or your spouse's parents in the future? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>
Expect to receive an inheritance with a total value of 100,000 Yuan or more in the future from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Expect to receive an inheritance with a total value of 100,000 Yuan or more in the future from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 25.** Have you received any monetary transfers (including real estate and financial assets) or financial support (for example, for educational expenses in college/graduate school, housing purchase, marriage expenses, etc.) with a total value of 100,000 Yuan or more from your parents or your spouse's parents in the past? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>
Received a monetary transfer or financial support with a total value of 100,000 Yuan or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Received a monetary transfer or financial support with a total value of 100,000 Yuan or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 26.** Do you expect to receive any monetary transfers (including real estate and financial assets) or financial support (for example, for educational expenses in college/graduate school, housing purchase, marriage expenses, etc.) with a total value of 100,000 Yuan or more from your parents or your spouse's parents in the future? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>
Expect to receive a monetary transfer or financial support with a total value of 100,000 Yuan or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Expect to receive a monetary transfer or financial support with a total value of 100,000 Yuan or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Section B - The following questions are about you and your family.**

- 1.** In which city did you register for your census registration?
- 1  Shanghai
  - 2  Beijing
  - 3  Chengdu
  - 4  Guangzhou
  - 5  Shenyang
  - 6  Wuhan
  - 7  Other(\_\_\_\_\_)

- 1a** What category is your permanent census registration classified? **(X ONE Box)**
- 1  Agricultural
  - 2  Non-agricultural
  - 3  Other(\_\_\_\_\_)

- 1b** Do you have a temporal census registration? If you have one, please indicate a city of your registration.  
 0  I do not have one  
 1  Shanghai  
 2  Beijing  
 3  Chengdu  
 4  Guangzhou  
 5  Shenyang  
 6  Wuhan  
 7  Other(\_\_\_\_\_)

**2.** Your gender:    <sub>1</sub>  Male                      <sub>2</sub>  Female

- 3.** Please answer about your marital status. **(X ONE Box)**
- 1  I have a spouse (husband or wife, including common-law marriage) → **(Continue)**
  - 2  I am not currently married, having divorced or separated → **(Continue)**
  - 3  I am an unattached widow or widower → **(Continue)**
  - 4  I have never married → **(Skip to Q.4)**
  - 5  I am currently separated in the process of divorce → **(Continue)**
  - 6  I am not married but living with significant other\* → **(Skip to Q.4)**
- \*Please do not answer questions involving a spouse

**3a.** When did you marry your spouse? **(Write In #)**  
 Year \_\_\_\_\_ Month \_\_\_\_\_ **or** when I was \_\_\_\_\_ years old

**All respondents should answer the following question.**

- 4.** Do you have plans to marry, or want to marry in the future? **(X ONE Box)**
- 1  I already have plans to marry.
  - 2  I do not have any plans to marry but would like to.
  - 3  I do not have any plans to marry and do not want to.
  - 4  I already have married.

**5.** What is your height and weight? **(Write In #)**  
 Height: \_\_\_\_\_ cm,      Weight: \_\_\_\_\_ kg

**Please answer the following questions for you and your spouse (if applicable)**

**6.** When were you born? **(Write In Number for Month and Year)**  
 You, **yourself**: Year \_\_\_\_\_  
 Your **spouse**: Year \_\_\_\_\_  
 +  No spouse

Q7 to Q7b are for those who are continuous respondents from last year.

**If you got married within the last one year, please answer the following questions. Otherwise, skip to 8.**

**7.** **If you got married within the last one year**, please indicate **your spouse's** highest level of education (or equivalent) completed. *If he/she is still in school, "X" the one he/she is in now.* **(X ONE Box)**

- |  | <u>Your spouse</u>          |
|--|-----------------------------|
| Unable to read and write.....  | 1 <input type="checkbox"/>  |
| Able to read and write, but did not go or complete a grade school.....           | 2 <input type="checkbox"/>  |
| Grade school.....  | 3 <input type="checkbox"/>  |
| Middle school.....   | 4 <input type="checkbox"/>  |
| Graduated from high school.....  | 5 <input type="checkbox"/>  |
| Graduated from college - Associate's degree (2 year).....                        | 6 <input type="checkbox"/>  |
| Some University (including old-education-system high school)<br>– no degree..... | 7 <input type="checkbox"/>  |
| Graduated from college – general.....  | 8 <input type="checkbox"/>  |
| Graduated from college – special.....  | 9 <input type="checkbox"/>  |
| Don't know.....  | 10 <input type="checkbox"/> |

**7a.** Please indicate the highest level of education (or equivalent) completed by **your spouse's** parents. **(X ONE Box For EACH)**

- |  | <u>Your Spouse's Father</u> | <u>Your Spouse's Mother</u> |
|--|-----------------------------|-----------------------------|
| Unable to read and write.....  | 1 <input type="checkbox"/>  | 1 <input type="checkbox"/>  |
| Able to read and write, but did not go or complete a grade school.....           | 2 <input type="checkbox"/>  | 2 <input type="checkbox"/>  |
| Grade school.....  | 3 <input type="checkbox"/>  | 3 <input type="checkbox"/>  |
| Middle school.....   | 4 <input type="checkbox"/>  | 4 <input type="checkbox"/>  |
| Graduated from high school.....  | 5 <input type="checkbox"/>  | 5 <input type="checkbox"/>  |
| Graduated from college - Associate's degree (2 year).....                        | 6 <input type="checkbox"/>  | 6 <input type="checkbox"/>  |
| Some University (including old-education-system high school)<br>– no degree..... | 7 <input type="checkbox"/>  | 7 <input type="checkbox"/>  |
| Graduated from college – general.....  | 8 <input type="checkbox"/>  | 8 <input type="checkbox"/>  |
| Graduated from college – special.....  | 9 <input type="checkbox"/>  | 9 <input type="checkbox"/>  |
| Don't know.....  | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |

**7b.** How many brothers and sisters does your spouse have who are now living? **(Write In Number For EACH)**

**Your spouse:**

Older brothers..... \_\_\_\_\_ Younger brothers..... \_\_\_\_\_  
 Older sisters..... \_\_\_\_\_ Younger sisters..... \_\_\_\_\_

Q7c to Q7e are for those who are new respondents this year.

**7c** Please indicate the highest level of education (or equivalent) completed by **you and your spouse**.  
**(X ONE Box For EACH)**

	<u>You</u>	<u>Your Spouse</u>
Unable to read and write .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Able to read and write, but did not go or complete a grade school.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Grade school.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Middle school .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from high school .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Graduated from college - Associate's degree (2 year) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Some University (including old-education-system high school) - no degree .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Graduated from college – general .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Graduated from college – special .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Don't know.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>

**7d** Please indicate the highest level of education (or equivalent) completed by **you and your spouse's parents**.  
**(X ONE Box For EACH)**

	<u>Your Father</u>	<u>Your Mother</u>	<u>Your Spouse's Father</u>	<u>Your Spouse's mother</u>
Unable to read and write .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Able to read and write, but did not go or complete a grade school.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Grade school.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Middle school .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Graduated high school.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Graduated from college - Associate's degree (2 year) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Some University (including old-education-system high school) – no degree.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Graduated from college – general .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Graduated from college – special .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Don't know.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>

**7e** How many brothers and sisters do you have who are now living? **(Write In Number For EACH)**

**You:** Older brothers..... \_\_\_\_\_ Younger brothers..... \_\_\_\_\_  
 Older sisters..... \_\_\_\_\_ Younger sisters..... \_\_\_\_\_

**Your spouse:**  
 Older brothers..... \_\_\_\_\_ Younger brothers..... \_\_\_\_\_  
 Older sisters..... \_\_\_\_\_ Younger sisters..... \_\_\_\_\_

**All respondents should answer the following question.**

**8.** Have you ever refrained from academic advancement due to financial trouble? **(X ONE Box)**

- 1  Yes
- 2  No

**8a.** At what point did you forgo academic advancement? **(X ONE Box)**

- 1  Grade school
- 2  Middle school
- 3  High school
- 4  Technical college
- 5  Junior college
- 6  Four-year college
- 7  Graduate school

**All respondents should answer the following question.**

**9.** To what age do you and your spouse plan to work? If you are already retired, write in your age at the time of retirement. If you haven't worked outside the home, X "haven't worked". If your spouse hasn't worked outside the home, X "hasn't worked".

**(Write In Number For EACH Row)**

**You** → \_\_\_\_\_ years old -  Haven't worked  
**Your spouse** → \_\_\_\_\_ years old -  Hasn't worked

**10.** What is your occupation and what is your spouse's occupation (Including part-time work)?  
**(X ONE Box For EACH)**

	<u>Yourself</u>	<u>Your Spouse</u>
Office and administrative support .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations (section chief or superior positions at government or private company).....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations (teacher, medical doctor, engineer, legal business operator, writer, artist, etc.).....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (housekeeper, home care worker, hairdresser, receptionist, driver, security guards, etc.).....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Housewives/Househusbands .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Student .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Retired (excluding housewives/househusbands) .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Unemployed (excluding housewives/househusbands) .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other (Specify): .....	12 <input type="checkbox"/>	12 <input type="checkbox"/>

***If you answered 1 to 7 for yourself and/or your spouse for Q.10, please continue. Otherwise, skip to Q.11***

**10a.** What is the type of employment of you and of your spouse? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Employee of private company or organization.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Government employee.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management position.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-employed .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Family employee (in self-employed business).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Employee of a government- or publically-managed plants.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**10b.** For how many years have you been working for your present employer? And for how many years has your spouse been working for his or her present employer? If you work as a self-employed, please answer years of working for your present job. **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Less than a year.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A year to less than 5 years.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 years to less than 10 years .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
10 years to less than 20 years .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
20 years to less than 30 years .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
30 years to less than 40 years .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
More than 40 years .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**10c.** Approximately how many employees are working for the company that employs you, and how many are working for the company that employs your spouse? Indicate the approximate numbers including the head office, all branch offices, branch stores, sales offices and factories. If the employer is a government organization, select "Government employee." If you work as a self-employed, please answer the number of employees at your present job. **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
1 to 5 people .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
6 to 29 people .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
30 to 99 people .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
100 to 299 people .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
300 to 499 people .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
500 to 999 people .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
1,000 to 4,999 people .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
5,000 or more people.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Government employee.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

**10d.** Which one of the following best describes the industry in which you work, and which one best describes the industry in which your spouse works? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Agriculture and related industries .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Mining.....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Construction .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Manufacturing .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Wholesale trade/Retail trade.....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Finance and insurance.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Real estate .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Transportation/Telecommunications.....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Utilities.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Professional and business services.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Education .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Others.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>

10e. To what extent is your salary or wage based on your work performance, and to what extent is your spouse's salary or wage based on his or her work performance? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
The wage is based almost entirely on performance .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
The wage is based mostly on performance .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
The wage is based slightly on performance.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
The wage is not at all based on performance .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>

10f. About how hard do you work each day, and about how hard does your spouse work each day? Please answer based on the amount of work done per hour. **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Could not work any harder than currently .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Work hard and continuously.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Work continuously but not hard .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Work but have some downtime.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Work but have a lot of downtime.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

10g. What is the possibility that you or your spouse will be unemployed (or in the case of running your own business, will discontinue the business) within the next two years? **(Write In Number)**

	<u>Yourself</u>	<u>Your Spouse</u>
Strong possibility .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some possibility .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Little possibility .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Don't know.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**All respondents should answer the following question**

11. What is the occupation of the longest job in your career and what is the occupation of the longest job in your spouse's career? **(X ONE Box For EACH)** Please do not regard "Housewife/Househusband," "Student," "Retired (except Housewife/Househusband)," "Unemployed (except Housewife/Househusband)" as occupations for the purposes of this question.

	<u>Yourself</u>	<u>Your Spouse</u>
Office and administrative support .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations.....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations (section chief or superior positions at government or private company).....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations (teacher, medical doctor, engineer, legal business operator, writer, artist, etc.) .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (housekeeper, home care worker, hairdresser, receptionist, driver, security guards, etc.) .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance .....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Have/Has never worked .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Other (Specify): .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>

12. How many sons and daughters do you have? If you do not have any children, please indicate 0 in the following boxes. **(Write In Number)**

Son  child/ren      Daughter  child/ren

13. Before your first child was born, how many children did you want to have? If you do not have any children right now, please indicate how many children you would like to have. **(Write In Number)**

child/ren

14. Thinking back to when your first child was not yet born, if it had been possible to choose a son or daughter, how many would you have wanted to have of each? If you have a preference, please select 1 and write how many you would have wanted to have of each. If you do not have a preference, please select 2.

If you don't have any children now, would you prefer to have a son or daughter? If you have a preference, please select 1 and write how many you would like to have of each. If you do not have a preference, please select 2.

1      **Have a preference**      →      Son  child/ren      Daughter  child/ren

2      **Have No preference**

15. Approximately how much was your salary or hourly wage in 2011 (including business income if you are self-employed), and approximately how much was your spouse's salary or hourly wage? **(Write In)**

**You:**      Salary per month \_\_\_\_\_ Yuan **or** Wage per hour \_\_\_\_\_ Yuan

**Your spouse:**      Salary per month \_\_\_\_\_ Yuan **or** Wage per hour \_\_\_\_\_ Yuan

16. How much time do you and your spouse spend doing housework everyday? Please answer an average amount of time per day for weekdays and weekends. **(Write In)**

**You:**      **week days:** \_\_\_\_hours\_\_\_\_minutes;      **week ends:** \_\_\_\_hours\_\_\_\_minutes

**Your spouse:** **week days:** \_\_\_\_hours\_\_\_\_minutes;      **week ends:** \_\_\_\_hours\_\_\_\_minutes

17. How long does it take for you, and for your spouse, to commute? If you or your spouse do not work, please indicate 0 in the following. **(Write In)**

**You:** \_\_\_\_\_ hours \_\_\_\_\_ minutes;  
**Your spouse:** \_\_\_\_\_ hours \_\_\_\_\_ minutes

18. Which of the following best describes your current household? **(X ONE Box)**

- 1  Single
- 2  You and your parent(s)
- 3  You and your spouse
- 4  You, your spouse and your children
- 5  You and your children (no spouse)
- 6  You, your spouse, and your (or your spouse's) parent(s)
- 7  You, your spouse, your children and your (or your spouse's) parent(s)
- 8  You, your spouse, your children and your (or your spouse's) parent(s)/sibling(s)
- 9  You and your friend(s)
- 10  Others (Specify): \_\_\_\_\_

19. How many people are currently living in your household including yourself? **(Write In)**

# of people: \_\_\_\_\_

20. How much did you spend on durable consumer goods such as housing, cars, and expensive electric products for your entire family in 2011? **(Write In)**

Approximate expense in 2011 for entire family \_\_\_\_\_ Yuan

20a. Did your household purchase a house (or condo) in 2011? **(X ONE Box)**

- 1  Yes
- 2  No

21. How much were the average food expenses of your entire family per month in 2011? **(Write In For EACH Row)**

Approximate food expenses (excluding expenses of eating out)..... \_\_\_\_\_ Yuan per month  
 Approximate expenses of eating out ..... \_\_\_\_\_ Yuan per month

22. How much were the average expenditures of your entire family **per month** in 2011? Exclude durable consumer goods purchased such as housing, cars, expensive electronic products, taxes, insurance premiums, and mortgage interest. Include costs of public utilities and energy bills. **(Write In)**

Approximate **monthly** expense in 2011 for entire family \_\_\_\_\_ Yuan per month

23. By what percentage do you expect consumer prices will change in 2012, compared with the previous year? **(X ONE Box)**

Increase by at least 4.5%	Increase by at least 3.5% but less than 4.5%	Increase by at least 2.5% but less than 3.5%	Increase by at least 1.5% but less than 2.5%	Increase by at least 0.5% but less than 1.5%	Change by less than 0.5% in either direction	Decrease by at least 0.5% but less than 1.5%	Decrease by at least 1.5% but less than 2.5%	Decrease by at least 2.5% but less than 3.5%	Decrease by at least 3.5% but less than 4.5%	Decrease by at least 4.5%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

24. Was your mother working when you were 3 years old, 7 years old, and/or 15 years old? Was your spouse's mother working when your spouse was 3 years old, 7 years old, and/or 15 years old? Please select from the following and **write in the number** for the proper selection. .

	When you were 3 years old	When you were 7 years old	When you were 15 years old
Your mother			
Your spouse's mother			

- 1. Full time worker (a company or government institution)
- 2. Full time worker (self-employment)
- 3. Part time worker (a company or government institution)
- 4. Part time worker (self-employment)
- 5. My mother was not working then
- 6. Mother had passed away already or lived separately from respondent

25. Now, we would like to ask you about dependents in your family. Here, a dependent (one supported) is anyone claimed as such on the last tax return. Are you ... **(X ONE Box)**

- 1  Supporting someone in the family.
- 2  Supported by someone in your family.
- 3  Neither supporting nor being supported. (single-person household included)

26. What is the nature of your residence? **(X ONE Box)**

- 1  Your own house (a single-family house)
- 2  Your own condominium
- 3  Private rented house (a single house or an apartment)
- 4  Supplied house (a company house or an official residence)
- 5  Government-owned housing
- 6  Lodgings (Hotels, Motels, etc.)
- 7  Dormitory, Group Quarters, etc.
- 8  Others

27. Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2011? (If you are a student, please indicate the income of your parents' entire household.) (Write In)

\_\_\_\_\_ Yuan

28. Approximately how much household income is your goal? (If you are a student, please indicate the income of your parents' entire household.) (Write In)

\_\_\_\_\_ Yuan

29. About how much household income is common for people around you? (Write In)

\_\_\_\_\_ Yuan

30. In 2011 what was the approximate percentage change in your family's total annual income compared with 2010? Select the most appropriate response from the following list. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box)

Increased by at least 9%	Increased by at least 7% but less than 9%	Increased by at least 5% but less than 7%	Increased by at least 3% but less than 5%	Increased by at least 1% but less than 3%	Changed by less than 1% in either direction	Decreased by at least 1% but less than 3%	Decreased by at least 3% but less than 5%	Decreased by at least 5% but less than 7%	Decreased by at least 7% but less than 9%	Decreased by at least 9%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

31. In 2012 what will be the approximate percentage change in your family's total annual income compared with 2011? Select the most appropriate response from the following list. Please answer your entire household, for you and for your spouse. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box for EACH Row)

	Increase by at least 9%	Increase by at least 7% but less than 9%	Increase by at least 5% but less than 7%	Increase by at least 3% but less than 5%	Increase by at least 1% but less than 3%	Change by less than 1% in either direction	Decrease by at least 1% but less than 3%	Decrease by at least 3% but less than 5%	Decrease by at least 5% but less than 7%	Decrease by at least 7% but less than 9%	Decrease by at least 9%
Entire Household	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
You	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
Your Spouse	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

32. What do you estimate will be the change in total annual income of your household in 2016 compared to 2011? Please circle ONE applicable number for your entire household, ONE for you, and ONE for your spouse. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box for EACH Row)

	Increase by at least 20%	Increase by at least 15% but less than 20%	Increase by at least 10% but less than 15%	Increase by at least 6% but less than 10%	Increase by at least 2% but less than 6%	Change by less than 2% in either direction	Decrease by at least 2% but less than 6%	Decrease by at least 6% but less than 10%	Decrease by at least 10% but less than 15%	Decrease by at least 15% but less than 20%	Decrease by at least 20%
Entire Household	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
You	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
Your Spouse	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

33. After you are retired, what proportion of the living expenses of you and your spouse do you think you will be able to cover using your public pension? (X ONE Box)

- 01  0~9%
- 02  10~19%
- 03  20~29%
- 04  30~39%
- 05  40~49%
- 06  50~59%
- 07  60~69%
- 08  70~79%
- 09  80~89%
- 10  90% or more
- 11  I do not pay for a public pension.

34. Approximately how much is the present appraised value of all housing and property owned by your entire household? (If you are a student, please answer about the housing and property owned by your parents' entire household.) (Write In)

\_\_\_\_\_ Yuan      -  Do not possess housing or properties.

35. Approximately how much is the balance of financial assets (savings, stocks, bonds, insurance, etc.) of your entire household? (If you are a student, please indicate the balance of financial assets of your parents' entire household.) (Write In)

\_\_\_\_\_ Yuan

36. Please indicate which of the following financial assets you own. **(X ALL That Apply)**

- 01  Bank savings (including cooperative banks, credit unions and other associations)
- 02  Postal savings
- 03  Life insurance
- 04  Stocks
- 05  Investment Trusts
- 06  Foreign currency deposits
- 07  Futures / Options
- 08  Chinese Government bonds
- 09  Government bonds of foreign countries
- 10  Private individual pensions (from life insurance companies, etc.)
- 11  Company pensions
- 12  Cash
- 13  None → **(Skip To Q.37)**

→(Continue)

36a. What percentage of the financial assets of your entire household are in the following ... **(Write In % For Group B only)**

**Group A:** Bank savings, postal saving, cash, Chinese government bonds

**GroupB:** Investment trusts, stocks, futures/options, corporate bonds, foreign currency deposits, government bonds of foreign countries \_\_\_\_\_%

37. Does your household have a saving plan for the next one year? If so, how detailed is the plan? **(X ONE Box)**

- 1  Have plans for each month
- 2  Have plans for each 3 month period
- 3  Have plans for each 6 month period
- 4  Have plans for the whole year
- 5  Don't have any saving plans for the next year

38. Do you currently have any debts? Debts here include housing loans, car loans and any other installment payments on which you have to pay interest charges. **(X ALL That Apply)**

- 0  No loans
- 1  Housing loan(s)
- 2  Car loan(s)
- 3  Installment payment(s) for consumption
- 4  Education loan(s)
- 5  Borrowing for living and/or medical expenses
- 6  Borrowing for business fund(s)
- 7  Borrowing for entertainment expenses
- 8  Borrowing to pay off debts
- 9  Other

39. Do you use credit cards? If you do, how do you use them? **(X ALL That Apply)**

- 1  For payments in full
- 2  For payments in installments with no interest
- 3  For payments in installments with interest charges
- 4  For revolving payments
- 5  I have a credit card or cards but do not use it or them
- 6  I do not have a credit card

40. Have you ever been rejected for a loan application (excluding housing loans)? **(X ALL That Apply)**

- 1  Yes
- 2  No, but I did not get approved for the full amount for which I applied, only for a reduced amount
- 3  Did not apply because I did not think I would be approved
- 4  No, I have always been able to borrow the amount I applied for
- 5  I have never attempted to borrow money

41. On a scale of 0-10 with "10" being "Highest" and "0" being "Lowest", please indicate what you think your standard of living is. **(X ONE Box)**

Highest ←————→ Lowest

- 10  09  08  07  06  05  04  03  02  01  00

42. How would you describe your current health status: Is it excellent, very good, good, fair, or poor? **(X ONE Box)**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

43. Do you smoke? **(X ONE Box)**

- 01  Never smoked → Skip to Q.44
- 02  Hardly smoke
- 03  Occasionally smoke
- 04  I smoke about 1 to 5 cigarettes a day
- 05  I smoke about 6 to 10 cigarettes a day
- 06  I smoke about 11 to 20 cigarettes a day
- 07  I smoke about 21 to 30 cigarettes a day
- 08  I smoke about 31 to 40 cigarettes a day
- 09  I smoke 41 cigarettes or more a day
- 10  I used to smoke, but I quit

**If you answered 2 to 10 for Q.43, please continue. Otherwise, skip to Q.44.**

43a. How old were you when you started smoking? **(Write in)**

Around \_\_\_\_\_ years old

43b. How long does it take to get to a smoking area in your work place? If you are not working, please answer about smoking at the place you spend most of the day. **(X ONE Box)**

- 1  0 minutes (I can smoke right at my seat)
- 2  1-2 minutes
- 3  3-5 minutes
- 4  6-10 minutes
- 5  11 minutes or more
- 6  Smoking is not allowed at all at my workplace

**43c.** Do you want to quit smoking? Would you like to quit smoking? **(X ONE Box)**

- 1  Yes, I want to quit smoking
- 2  I want to reduce the amount of cigarettes I smoke
- 3  No, I don't want to quit smoking
- 4  I don't know
- 5  I don't smoke

***If you answered 10 for Q.43, please continue. Otherwise, skip to Q.44.***

**43d.** When is the last time you smoked? (approximately) **(Write in)**

YY MM  
around (\_\_\_\_) / (\_\_\_\_)

**43e.** How long did it take for you to finally quit smoking once you decided to quit? **(Write in)**

about \_\_\_\_\_ days

**44.** Do you exercise? **(X ONE Box)**

- 1  Almost everyday
- 2  A few times a week
- 3  About once a week
- 4  About once a month
- 5  Don't exercise at all

**45.** Do you drink alcoholic beverages? **(X ONE Box)**

- 1  Don't drink at all
- 2  Hardly drink (a few times a month or less)
- 3  Drink sometimes (a few times a week)
- 4  A little, almost everyday
- 5  A lot, almost everyday

**46.** Do you gamble in lotteries or at casinos or bet on sporting events or horse races? **(X ONE Box)**

- 1  Don't gamble at all
- 2  Hardly gamble
- 3  Several times a year or so
- 4  Once a month or so
- 5  Once a week or so
- 6  Almost everyday

**Thank you for your help with this study. Please return your completed questionnaire in the enclosed postage-paid envelope as soon as possible.**