

(To be filled by official):

Code: _____

Date: _____

Learning Family Project Baseline Questionnaire Survey – T1

Name in Chinese: _____ Contact number: _____

Date: 2011/___ (month)/___ (day)

Please answer **all questions** of each part, the information you provided will be kept **strictly confidential**, and will be used for research analysis of this project only.

Note: Please clearly put a "✓" on the selected circle. For example: ① ② ③

From which of the following source you get this questionnaire?

① Mail box ② Mutual Aid Committee ③ Block counter ④ Synergis Management ⑤ Housing Authority

⑥ Other, please specify: _____

Part 1: Family Harmony

1 In general, I get along well with my family.

① Strongly agree

② Agree

③ Neutral/ No comments

④ Disagree

⑤ Strongly disagree

2 Do you think your family is harmonious? (Based on a 0-10 score , 0 is NOT AT ALL HARMONIOUS, 10 is VERY HARMONIOUS)

Score (fill in a number)

Part 2: Family Role

1 Are you satisfied or dissatisfied with the balance between your job and home life?

①

Yes

②

No

2. Number of family roles for which you were mostly or fully responsible, including: earning money to support the family; taking care of children; taking care of another household (for example: (maternal) grandparents)

①

1

②

2

③

3

④ 4 or above

Part 3: Family Communication

1 In **the past 7 days**, how long have you spent on average per day to communicate or chat with your family?

Hour

Minute (fill in a number)

2 Do you think you have enough communication time with your family?

① Extremely enough

② Enough

③ Average

④ Not enough

⑤ Extremely not enough

Part 4: Interpersonal Relationships and Support

1 How many friends do you feel at ease with, can talk to about private matters, or can call on for help?

(fill in a number)

2 How many family members do you feel at ease with, can talk to about private matters, or can call on for help?

(fill in a number)

Page 3

Part 5: Social Support

1 When you were sick, need help with household task, financial support, or get to the doctor, do you find it easy to seek for the help from family or friends?

- ① Very difficult ② Difficult ③ Average ④ Easy ⑤ Very Easy

2 How many people you are in regular contact (including family, relatives, friends & neighbours)?

(fill in a number)

In the **past ONE month**, how frequent you were in regular contact with the following persons?

At least once per day At least once a week At least once a month Never

| | | | | |
|-------------------|---|---|---|---|
| 3 family members: | ① | ② | ③ | ④ |
| 4 relatives: | ① | ② | ③ | ④ |
| 5 friends: | ① | ② | ③ | ④ |
| 6 neighbours: | ① | ② | ③ | ④ |

| | | | | | |
|---|-------------------|--------------|---------|-----------|----------------|
| Are you satisfied with... | Very dissatisfied | Dissatisfied | Average | Satisfied | Very satisfied |
| 7 support received from family members? | ① | ② | ③ | ④ | ⑤ |
| 8 support received from your relatives? | ① | ② | ③ | ④ | ⑤ |
| 9 support received from your friends? | ① | ② | ③ | ④ | ⑤ |
| 10 support received from your neighbours? | ① | ② | ③ | ④ | ⑤ |

Part 6: Neighbourhood Cohesion

| | | | | | |
|--|----------------|-------|---------|----------|-------------------|
| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| 1 People around here are willing to help their neighbours. | ① | ② | ③ | ④ | ⑤ |
| 2 This is a close-knit neighbourhood. | ① | ② | ③ | ④ | ⑤ |
| 3 People in this neighbourhood can be trusted. | ① | ② | ③ | ④ | ⑤ |
| 4 People in this neighbourhood generally do not get along with each other. | ① | ② | ③ | ④ | ⑤ |
| 5 People in this neighbourhood do not share the same values. | | | | | |

Part 7: Life Satisfaction Scale

| | | | | | |
|---|-------------------|----------|---------|-------|----------------|
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1 In most ways my life is close to my ideal. | ① | ② | ③ | ④ | ⑤ |
| 2 The conditions of my life are excellent. | ① | ② | ③ | ④ | ⑤ |
| 3 I am satisfied with my life. | ① | ② | ③ | ④ | ⑤ |
| 4 So far I have gotten the important things I want in life. | ① | ② | ③ | ④ | ⑤ |

5 During the past half year, have you thought of quitting your job? ① Yes ② No ③ Not applicable

6 Marital status: ① Single ② Married ③ Cohabitation ④ Divorced ⑤ Separated ⑥ Widowed

If you are married, please answer the following two questions, if not, please go to Part 8

| | | | | | |
|---|-------------------|----------|---------|-------|----------------|
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1 Our relationship is a perfect success. | ① | ② | ③ | ④ | ⑤ |
| 2 I am very happy with how we handle role responsibilities in our | ① | ② | ③ | ④ | ⑤ |

marriage.

Part 8: Level of Happiness

1 All things considered, would you say you are: ① Very Happy ② Happy ③ Not very happy ④ Not happy at all

2 Do you think your family is happy? (Based on a 0-10 score, 0 is NOT HAPPY, 10 is VERY HAPPY) Score (fill in a number)

Part 9: Level of Health

1 In general, you think your health status is: ① Excellent ② Very good ③ Good ④ Fair ⑤ Bad

2 In physical health aspect:
① Strongly unsatisfactory ② Very unsatisfactory ③ Unsatisfactory ④ Average ⑤ Satisfactory ⑥ Very satisfactory ⑦ Strongly satisfactory

3 In mental and psychological health aspect:
① Strongly unsatisfactory ② Very unsatisfactory ③ Unsatisfactory ④ Average ⑤ Satisfactory ⑥ Very satisfactory ⑦ Strongly satisfactory

4 Do you think your family is healthy? (Based on a 0-10 score, 0 is NOT HEALTHY, 10 is VERY HEALTHY) Score (fill in a number)

5. Do you smoke cigarettes?
① No, I have never tried to smoke (↪ go to q8) ② No, I have quitted smoking for 6 months or below ③ No, I have quitted smoking for more than 6 months
④ Yes, I smoke daily ⑤ Yes, I smoke occasionally

6. Are you thinking of quitting smoking? ① Yes (↪ continue with q7) ② No (↪ go to q8)

7. When do you want to quit smoking? (choose 1 only)
① I have already stopped ② I will stop smoking today ③ I will stop within the next 7 days
④ I will stop in the next 30 days ⑤ I will stop in the next 6 months ⑥ I will stop after 6 months or later

8. How frequent do you drink alcohol (e.g. 1 can of beer, 1 glass of house wine or 1 peg of liquor)?
① Never ② Drink less than once a month ③ Drink 1 – 3 days a month ④ Drink 1 – 3 days a week
⑤ Drink 4 – 6 days a week ⑥ Drink daily ⑦ Quitted ⑧ Only drink on special occasions

Part 10: Learning with your family members*

(*i.e. learning activities to be done with family members, such as outdoor activities, competitions, environmental education, family life education, interest groups, foreign language classes, etc.)

1 Have you planned to have any learning activities with your family members in the coming half year?
① Yes ② Considering ③ No

2 When do you plan to start the learning activities with your family? ① Coming 1-3months ② Coming 4-6 months ③ Not yet planned

Part 11: Power, Participation and Resources in Community

1 I can influence the decisions that this community makes. Strongly disagree ① Disagree ② Neutral ③ Agree ④ Strongly agree ⑤

- 2 By working together, people in my community can influence decisions that affect the community. ① ② ③ ④ ⑤
- 3 People in my community work together to influence decisions on the societal level. ① ② ③ ④ ⑤
- 4 I am satisfied with the amount of influence I have over decisions that affect my community. ① ② ③ ④ ⑤

- 5 How often do you participate in the activities held in your estate? ① Seldom ② Occasionally ③ Sometimes ④ Most of the time ⑤ Always
- 6 Do you have volunteer work? ① Yes ② No
- 7 Do you think the resources in your community are enough (such as transport facilities, recreation facility, shopping and leisure, etc.)? ① Enough ② Not enough
- 8 Have you used the service provided by the social service organization in your community? ① Yes ② No

Part 12: Family Resilience Scale

| My family and I think that... | Strongly agree | Agree | Slightly agree | Neutral | Slightly disagree | Disagree | Strongly disagree |
|--|----------------|-------|----------------|---------|-------------------|----------|-------------------|
| 1 We all have input into major family decisions. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 2 We can work through difficulties as a family. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 3 We feel free to express our opinions. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 4 We share responsibility in the family. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 5 We ask neighbours for help and assistance. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 6 We can depend upon people in this community. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 7 We know there is community help if there is trouble. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 8 We know we are important to our friends. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |
| 9 We feel we are strong in facing big problems. | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |

Part 13: Family 3Hs – Health, Happiness and Harmony

In the past 7 days, have you actively done the following(s) to increase the 3Hs (Health, Happiness and Harmony) in your family? (You can choose more than one)

| | Yes | No | | Yes | No |
|--|-----------------------|-----------------------|---|-----------------------|-----------------------|
| a. Say thank you to family members | <input type="radio"/> | <input type="radio"/> | g. Praise family members | <input type="radio"/> | <input type="radio"/> |
| b. Enjoy fresh fruits & vegetables with family | <input type="radio"/> | <input type="radio"/> | h. Enjoy food with low fat, low sodium, low sugar and high fiber (“3 low 1 high” rule) with your family | <input type="radio"/> | <input type="radio"/> |
| c. Chat with family | <input type="radio"/> | <input type="radio"/> | i. Share happy experience with your family | <input type="radio"/> | <input type="radio"/> |
| d. Take time to walk or do exercise with family | <input type="radio"/> | <input type="radio"/> | j. Eat slowly with family | <input type="radio"/> | <input type="radio"/> |
| e. Criticize family members less often | <input type="radio"/> | <input type="radio"/> | k. Help to cook/ prepare/ clear /wash dishes | <input type="radio"/> | <input type="radio"/> |
| f. Encourage family members to be optimistic when facing unhappy incidents | <input type="radio"/> | <input type="radio"/> | l. Other (Please clarify): | | |

Part 14: Personal Background Information

- 1 Gender: ① Male ② Female
- 2 Age: ① Below 18 ② 18-24 ③ 25-34 ④ 35-44
⑤ 45-54 ⑥ 55-59 ⑦ 60-64 ⑧ 65 or above
- 3 Religious belief: ① Christianity ② Catholic ③ Buddhism ④ Taoism ⑤ Others: _____ ⑥ None

4 Where were you born? ① Hong Kong ② Guangdong Province ③ Other Province in China ④ Others: _____

5 How long have you lived in Hong Kong? ① 1 year or less ② 2-3 years ③ 4-6 years ④ 7 years or above

6 How many family members are living with you (excluding yourself & domestic helper)?

(fill in a number)

Page 6

7 Who is living with you?

- ① Spouse ② Children ③ Father ④ Mother ⑤ Siblings
⑥ Grandfather/
mother ⑦ Maternal
grandfather/
mother ⑧ Grand
children ⑨ None ⑩ Other

8 How many children under 18 do you have? ① None ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 or above

9 How many family members are dependent on you for support (excluding yourself)?

- ① None ② 1 ③ 2 ④ 3
⑤ 4 ⑥ 5 ⑦ 6 or above

10 Your education level:

- ① No formal education ② Primary ③ Secondary 1-3 ④ Secondary 4-5
⑤ Matriculated (Secondary 6-7) ⑥ Non-degree tertiary ⑦ Degree tertiary or above

11 Your working status:

- ① Student ② Self-employed ③ Employed ④ Job-waiting/
Unemployed ⑤ Housewife ⑥ Retired

12 Your family income (monthly):

- ① Less than \$4,000 ② \$4,000-\$7,999 ③ \$8,000-\$9,999 ④ \$10,000-\$14,999
⑤ \$15,000-\$19,999 ⑥ \$20,000-\$29,999 ⑦ \$30,000 or above

13 You think your family financial status is:

- ① Enough with surplus ② Just enough ③ Need to reduce expenditure ④ Serious deficit

End of the questionnaire! Thank you for your participation!