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* 計 畫 *
* : 年齡刻板印象對於台灣長者知覺健康的影響 *
* 名 稱 *
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The Influences of Age Stereotype on Old Folks' Perceived Health among Elderly
in Taiwan

年齡刻板印象對於台灣長者知覺健康的影響

Abstract

Aging influence human being a lot. Old people around might be suffering due to the age stereotype threat that bring negative outcomes, such as decrease in memory, lower in performance and negatively affected the health. The influence of the age stereotypes should be concerned, thus, 2 studies were designed targeted to establish the relationship among age stereotypes, well-being and perceived health. In study1, participants undergo age stereotype threat and hypothesized that they would appeared with the poorer perceived health compared with the control group members. Wellbeing affects decisions and attitudes in lives, study2 tried to figure out whether wellbeing plays a mediator role between age stereotypes and perceived health. The analyzed results were believed to contribute as a signal for people nowadays to put more concern in age related stereotypes and its effects in order to create an old folks friendly environment. More details and discuss are in this research article.

Keyword: Age Stereotype, Old, Well-being, Perceived Health

摘要

對於人類而言，年齡（age）的影響力非常的大。生活周遭的長者可能在面對著年齡刻板印象（age stereotypes）帶來的負面影響，例如記憶力降低、表現的退步、健康的損害等等。年齡刻板印象帶來的影響是需要被關注的議題。本研究計畫為探討年齡刻板印象、幸福感（well-being）、知覺健康（perceived health）間的關係，本研究計畫設計兩項研究進行驗證。研究一假設：和控制組進行對比，面臨年齡刻板印象威脅的受試者會有顯著低知覺健康的狀況，且幸福感將影響生活中的決定和態度；研究二則嘗試測試幸福感是否在年齡刻板印象和知覺健康間扮演著中介的角色。本研究預期未來所得之結果將可提醒人們更加關注年齡相關刻板印象的影響力，進而營造年邁者友善的環境。更多研究細節請參考本研究文章。

關鍵字：年齡刻板印象、年老、幸福感、知覺健康。

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Despite the fact that the studies overwhelmed with challenge, it accompanied with great honor. The motivation to improve the society and comforts people were the crucial push to have all these done. The journey of social contributing continues.

Shen Kwang, March 2015

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Research Motivation and Research Problem

1. Research Motivation and Research Objection

In Taiwan, according to the R.O.C. National Statistics, the population of the elderly at 2012 is around 11.7%, in detail, elderly in Taiwan refers to the national who above 65 years old. This minor population is believed to increase continually due to the low birth rate and average life expectancy, accelerating aging society formed.

Increase in numbers of the elderly boots up the importance of the influences of age stereotype which might influence their health condition. Old ages easily stigmatized as lonely or sick, moreover, it included not only by the younger ones but also by the members of the stereotyped group themselves (Hummert, Garstka, Shaner, &Strahm, 1994). This was believed to be unfair to the elderly and the primed stereotype often influences their performance(Hess, Auman, Colcombe, &Rahhal, 2003). According to Rothermund (2005), the effect further more affected their self-view and well-being. There was research supports that mind does indeed matter in the case of age stereotypes and their impact on elderly (Levy, 2003). Conscious and unconscious feelings brought up through age stereotype performed its effect on their health. Either activation of age stereotypes or age-related cues affect performance and behavior, especially members to the group, that were related to health and longevity(Hess, 2006; Hsu, Chung, & Langer, 2010).

On the other hand, self-perceived health changes predict longevity (Esen, Eddy, & Teresa, 2010).One's own concept of their health condition increases or decreases their level of health and the attitude of living. For instant, positive self-perceptions of aging are associatedwith favorable outcomes , such as higher well-being, better health, or longevity (e.g., Levy, Slade, &Kasl, 2002 ;Steverink, Westerhof, Bode, &Dittmann-Kohli, 2001 ; Uotinen, Rantanen, &Suutama, 2005), the doubt followed by whether and how perceived health among elders can be affected.

With the reasons among above, the study was aimed to examine the relationships between age stereotypes and perceived health among the elderly. The present study also included the age level into the model as a factor to discuss.

2. The Importance of the Research

Lack of research data: Age stereotype was a popular topic to be studied, in western country especially. In Taiwan, it was a contrast situation. Notwithstanding the related researches were highly correlated with elderly' health and well-being, the past research failed to clarify the mediators or moderators between age stereotypes and health condition. Well-being and perceived health might be the answers, the study suspected.

Benefits to the old: Preventive measures must be taken in order to create a

friendly society to the old. At the same time, a healthy concept towards the old and among the old ages had to be built. Previous studies supported the idea that deemphasizing age-related stereotypes improves elderly' memory (Hess, Auman, Colcombe, & Rahhal, 2003; Hess, Emery, & Queen, 2009). Actions can be taken in any field in the society especially in the academy and medical part to improve the current situation.

Therefore, the study of age stereotype on perceived health was one of the bridges to understand more on the suffering issue confronting by the elderly.

3. The Creativity and Special of the research:

- 3.1 The research was the first to find the relationships between age stereotypes and perceived health, more specifically it contributed by the negative influences of stereotype threat.
- 3.2 It was a Taiwan research, activation of the age stereotype was through experimental questionnaire as well as auditory pathway: differs in addressing the participants.

Previous Research and The Operationalizing

1. Old, Stereotype, and Stereotype Threat.

Humans cannot escape from aging and some suffer from being stereotyped. Stereotype is a fixed, over generalized belief about a particular group or class of people (Cardwell, 1996). It was believed that stereotype brings negative influence to people. Stereotype alone did not bring harm to the member but through stereotype, prejudice and discriminations happens. In detail, an individual being at risk of confirming, as self-characteristic, a negative stereotype about one's group was under a stereotype threat (Steele & Aronson, 1995). This condition usually occurred with the acknowledgement that their social group were negatively stereotyped, they experience anxiety or concern that there are possibilities for them to agree with it. It is influential because stereotypes can changes one's self-evaluations and end up with self-stereotyping. Schmader and Johns (2003) mentioned that stereotype threat can decrease the level of working memory resources, ultimately undermining one's ability to successfully complete complex intellectual tasks.

2. Age stereotype and related research

The most current studies focus on age stereotype among old ages. There are positive age stereotype, for instant wise and kind, while also negative age stereotypes such as lonely and depressed. However, it was demonstrated that negative age stereotypes commonly appeared to be with elderly above 75 years old (Hummert, Garstka, &Shaner, 1997). In western country, numerous study was done on the related topic thereby enhanced the importance of it.

O'Brien and Hummert (2006) argued that these age stereotypes significantly predict health, illness, and behavioral measures in later life such that

generally, positive age stereotypes influence these outcome in a positive direction, whereas negative age stereotypes influence the effects in a negative direction. Interestingly, there was a study shown up that the older-looking twin significantly higher to have the possibilities of dying before the younger-looking one when the identical twins' age were judged. (Christensen et al., 2009). Regardless positive or negative stereotypes, as long as age-related stereotype was primed it would lead middle ages and older ages significantly feel older compare to participants in control conditions (Eibach, Mock, & Courtney, 2010).

Among researches that had been done so far, relationships between age stereotype and memory was found to be the most popular demonstrated. Participants' personal feeling towards the stereotype threat was found to be the mediators between age differences and memory performance (Alison et al, 2005). Hess and Hinson (2006), too, found that participants primed with negative age stereotypes reported to have lower in memory controllability. These two studies especially pointed out that age related to age stereotype positively while age stereotype linked with memory performance negatively. The strong relationships among these variables affirm the stand that degenerating of memory performance among elderly not only due to the biological effect of aging but also through age stereotypes.

Apart from the link between age stereotype and memory, there were studies in experimental ways related to the elderly who was under negative implicit age primed conditions. Most of the outcomes as assume to be negative. First and for most, the old ages had greater autonomic responses to stress (Levy, Hausdorff, Hencke, & Wei, 2000). They were also suffering from increasing in level of notable attenuations in walking speed and swing time (Hausdorff, Levy, & Wei, 1999) and of willingness to refuse life-prolonging interventions in hypothetical life-threatening medical scenarios (Levy, Ashman, & Dror, 1999-2000).

Surprisingly, there were research support the idea that negative age stereotypes acting much influential than positive age stereotypes, negative attributes clearly outweigh positive ones (Hummert, 1990; Kite & Johnson, 1988). Meisner (2012) supported the idea that priming negative age stereotypes had almost three time larger effect than participants of priming positive age stereotypes, compared with a neutral baseline. He further explained that this effect was not influenced by prime awareness, discipline of study, study design, or research group. But why? There was an evidence brought up by Kotter and Hess (2012), showed that the activation of positive age stereotypes actually demonstrated no positive influence self-perceptions of aging but stunning as contrast priming the participants in good health with positive age stereotypes made them feel older. The negative stereotype on the other hand, was found to have positive relationship as healthy older adults as well as ones in bad health feel older after the priming. In the same study, both healthy old and unhealthy old urged to be younger than before negatively primed. Besides that, negative age stereotype were defined as omnipresent, persistent and rigid, which

outnumber positive age stereotypes (Cuddy, Norton, & Fiske, 2005; Levy, 2008; Levy & Banaji, 2002). Another study indicate that both age stereotype, positive and negative, coexist but similar with the other study which negative outcomes may negate positive outcomes (Kite, Stockdale, Whitley, & Johnson, 2005). Comparing with a better person might increase the unsatisfying feeling among the olds, according to the older ages point of view, a younger individual are mainly advantages with its condition that highly correlated with well-being, health, and longevity positively (Kotter, Gruhn, Kleinspehn, Gerstorf & Smith, 2009; Westerhof & Barrett, 2005). So, the present study focus only on the negative effects brought up by activation of age stereotypes.

3. Perceived health and related findings.

Self-perceived health changes predict longevity (Esen, Eddy, & Teresa, 2010). In the later years, old ages self-rated health was highly associated with inflammatory markers after controlling for physical health conditions, indicating that this relationship was not accounted for by knowledge of one's objective health diagnoses (Cohen et al., 1997; Jylha et al., 2002, 2006). In extend, Bogg and Roberts in 2004 demonstrated that conscientious individuals are more likely to take part in a wide variety of healthier behaviors therefore mediated the link between conscientiousness and better health (Lodi-Smith et al., 2010).

Christian et al. (2011) emphasized that poorer self-rated health is associated with elevated serum inflammatory markers among generally healthy older adults. He further indicated that the relationship of self-rated health with inflammatory markers is not secondary to depressive symptoms, neuroticism, or recent changes in perceived health. Subjective ratings of health provide important clinical information regarding inflammatory status, beyond traditional objective risk factors, even among generally healthy individuals. Jylha (2009) explained that self-rating health associated with mortality owing to two reasons: (1) self-ratings of health are produced in a cognitive process that is inherently subjective and contextual, and (2) the basis of self-rated health lies in the biological and physiological state of the individual organism.

Normally, data on self-rated health are collected in major national and international surveys, such as the World Value Survey and European Value Survey (Inglehart et al., 2003; Mansyur, Amick, Harrist, & Franzini, 2008), the National Health and Nutrition Examination Survey in the US and the SHARE in Europe. It is included in the SF-36 survey instrument (Ware & Gandek, 1998) and recommended as a standard part of health surveys (Robine, Jagger, & the EURO-REVESS Group, 2003; WHO, 1996). It has also been recommended as a tool for disease risk screening (May, Lawlor, Brindle, Patel, & Ebrahim, 2006) and clinical trials (Fayers & Sprangers, 2002). Strong point of the self-rated health that its origins lie in an active cognitive process that is not guided by formal, agreed rules or definitions. It can be understood as 'a summary statement about the way in which numerous aspects of health, both subjective and objective, are combined within the perceptual framework of the individual respondent' (Tissue, 1972).

The present study included SF-36 to test perceived health among old adults.

There was a finding relating to age stereotypes and health, it pointing that one's felt age reflects their own perceptions of the self and also those of others. This finding was especially central in the context of clinical settings in that subjective age (felt age, self-perceived age) have the likelihood to be a more important marker of psychological and physical health than objective age (Christensen et al., 2009). Likewise, others voiced out that one's own view of age(ing) over and above the effects of objective age crucial in the context of health and longevity(e.g., Levy, Slade, & Kasl, 2002).

4. Well-being and related findings

Argyle (1992) clarified that well-being have three major component: (1) experiencing the frequency and strength of the happiness; (2) The satisfying level of the overall life; (3) Status without depression, anxiety and other negative symptom. In short, well-being is a positive evaluation of a person towards their own personal life in all edge.

Most importantly, previous research on above mentioned that previous research declared that there were relationships between well-being and health (Rothermund, 2005; Kotter, Gruhn, Kleinspehn, Gerstorff & Smith, 2009; Westerhof & Barrett, 2005). In China, Lu (2005) emphasized the important of well-being to pursuit happiness. She discovered that well-being influences daily life decisions and perspective therefore study 2 included it into the research model to discover its affect.

5. Activation of Age Stereotype

In line with Suen (2006) study, the ways for priming stereotype can differ into 6 ways: (a) when the individual is in the case of assessment; (b) highlight the group identified; (c) claims that groups that are engaged in the test occurs diversity between each and other; (d) specifically pointed out the merits of the relationship between the groups on a specific behavior; (e) compared between groups; and (f) create a test simulated scenarios with partnership along with other. When an individual held a fixed attitude or concept, fixation of the respond and thinking will appears followed by the confronting with the particular same kind or situation.

This study decided to applied experimental questionnaire which included question about their age and the difference of between young generations and old generations in the stereotype threaten groups to support the idea of (c) and (d). Shih (2002) used questionnaires as a tool induced the relevant identity group and related stereotype in his study before he collected the research dependent variable data.

A bonus to the present study, it included addressing the old ages honorific as "Ah Gong" or "Ah Mah" as in Chinese language meaning grandfather and grandmother, respectively. The motivation was to enhance the feeling consciously and unconsciously of the stereotyped group through auditory path. This supports

Suen' s idea(b).

Study 1

Research Objectives

Despite the fact that age stereotype do influence the performance of the stereotyped group, included their health itself, the past research did not review the clearly about the cause and effect relationship between age stereotype and health. Stereotype alone did not definitely bring any harm to an individual, the study suspected that the negative outcomes from age stereotypes specifically towards health might due to the moderating or mediating of some specific factors. The present study goal mainly trying to figure out the relationships between age stereotype and perceived health. The hypothesis were:

- 1) age stereotype predicts decrease in perceived health
- 2) comparing with middle old, young old has the larger influence due to age stereotype.

Participants

Participants were old adults above 65 years old. The study recruited 60 participants from Taichung, Taiwan. In line with the experiment designed, 30 participants belongs to young old categories (age between 65-74) while the other 30 participants was the middle old categories (age between 75-84). Age above 84 was included in the middle old categories in present study. Total of 21 males and 39 females participated and they varies in their demographic background.

Method

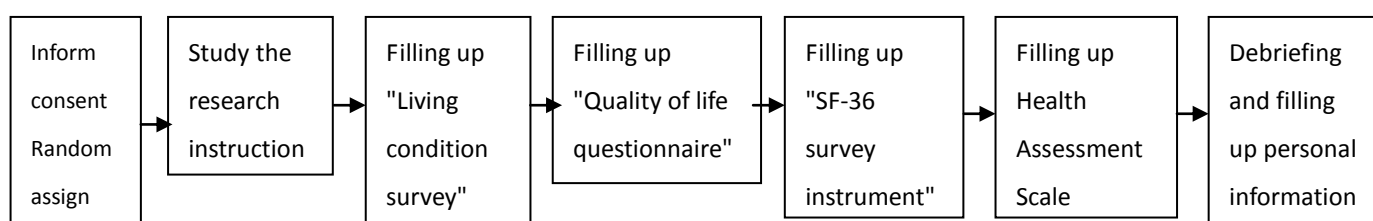
Experimental design

The study was designed as a 2 (age level: young old vs middle old) x 2 (age stereotype threat: control group vs threat group) two factors between subjects experimental design.

		Age stereotype threat	
		Control condition(C)	Threat condition (T)
Age level	young old (65-74)	n=15	n=15
	middle old (75-84)	n=15	n=15

Procedures

All participants were advised to use about half an hour to finish this experiment.



**

Noted that after filling up Quality of Life Questionnaire and SF-36 Survey Instrument, they were required to restudy the Living Condition Survey where experiment manipulation take part to increase the possibilities under stereotype threat.

Before starting the experiment, participants were randomly assign to different age stereotyped condition (control group vs. threat group), they were all tested individually in each condition respectively. At the control condition, participants were address as "XianSheng/XiaoJie" which means "Mr/Ms" in Chinese. While on the other hand, the participants who were assigned to the threat condition were address as "AhGong/AhMah" which represents "Grandfather/Grandmother" at the very beginning priming their acknowledgement of being an elderly.

Counterbalancing was needless in this experimental design as the result would not be affected by order effect.

Tools and Materials

It was an experiment to be done in Taiwan, all instrument are in Chinese language.

1. The Living Condition Survey question differ between groups.

Control Group: List down problem that the family members are facing and factors that influence the quality of human daily life.

Threat Group: List down the difference between now(old) and when they were young. Besides that, they also need to analyze the differences in ability performance, behavior or characteristics between old people and the youngster.

2. The Quality of Life Questionnaire (WHOQOL-BRIEF), it was a 5-point scale questionnaire contains of 28 questions. WHOQOL-BRIEF was arranged to evoke the current situation of their life and decrease in the level of social expectancy bias.

3. SF-36 Survey Instrument, it contains 11 multiple choice questions. The scores were build up by self assessment Physical-Condition-Score (PCS) and Mental-Condition-Score (MCS). the total score were Self-Assessment-Health-Score (SAHS) which represent the dependent variable, ot represented the perceived health of the particular participants. Higher score represents better in self-perceived health.

4. Health Assessment Scale is 7-point scale which contains 27 questions overall. Question 1 to question 9 belongs to the daily activity scale while question 10 to question 27 belongs to ADLs&IADLs. The score reveal the restriction and limitation of the particular participant, it was aimed to be an environment control for the experiment. Higher score represents the participant is more independent or facing less physical limitation. Average score that below 30 in each category was defined as not independent or facing severe physical limitation.

5. Feedbacks and demographic questionnaire contains 4 questions and 11 questions

respectively. The feedbacks were one of the tools to double check and to filter for participants inclusion. Participants that rates above 4 in both 2nd and 3rd questions were excluded. For the 4th question, participants in treat group were assumed to acknowledge they were being address as grandparents while control group were not being address as grandparents. The demographic backgrounds information included biological sex, height and weight, age categories, origin, education, working status, marriage status, resident status, the amount of grandchildren, chronics, and medical status.

Data analysis and Results

The effects on Self-Assessment-Health-Status (SAHS), age level, is significant analyzed (N=60, F(1, 56)=5.23, p<.05) variable. Young Old participants (N=30, M=60.85) score higher than Middle Old categories participants (N=30, M= 51.87) in SAHS. In current study, the details is showed in table 1.0 below. On the other hand, neither age stereotype or the interaction effects between age stereotype and age level was significant. For further information, in age stereotype, control groups (N=30, M=58.31) showed insignificantly higher than treat groups (N=30, M=54.41) in SAHS.

Table 1.0

Results of Univariate Analysis of Variance on Self-Acknowledge Health Score (SAHS)

		F	Sig
SAHS	Age Stereotype	.990	.324
	Age Level	5.228	.03*
	Age Stereotype * Age Level	.072	.790

Note: *p<0.05

Interestingly, in SAHS, only Physical-Condition-Status (PCS) present significant as Table 1.1 showed. Young Old participant's PCS Score (N=30, M=55.88) was higher than Middle Old participant's PCS score (N=30, M=44.12), N=60, F(1, 56)=6.62, p<.05. As shown in the same table, Mental-Condition-Status (MCS) showed no significant with the higher score (N=30, M=65.82) in young old and lower score (N=30, M=59.63) in middle old.

Table 1.1

Results of Multivariate Analysis of Variance on PCS and MCS.

		F	Sig
Age Stereotype	PCS	.62	.44
	MCS	1.22	.27
Age Level	PCS	6.62	.01*
	MCS	2.63	.11
Age Stereotype*Age Level	PCS	.46	.50
	MCS	.07	.80

Note: *p<0.05

PCS = Physical-Condition-Status

MCS = Mental-Condition-Status

The study was designed to set scores from Health Assessment Score and Demographic background details as covariate variable to statistics control the statistics inferences and preexisting differences in nonequivalent groups through ANCOVA. Three assumptions are central to undergo ANCOVA: Assumption 1, randomness and independent sampling. Assumption 2, there must be a normal distribution of the dependent variables in the population. Assumption 3, the variances of the dependent variables must be equal for all level of the independent variables and the control variables, represents the homogeneity of variances. Lastly, the homogeneity of regression slopes of the line predicting the dependent variables for the control variables must be equal for each level of the independent variables. The Health Assessment Score and Demographic background detail showed low homogeneity of variances, and if the assumption was violated, ANCOVA should not be performed.

Results showed only age levels had main effect on SAHS, specifically on PCS.

Study2

Objectives of the study

Study2 was aimed to include well-being as a factor into study1 to discover the relationship between these three variable. The hypothesis of study 2 is:

- (1) Strengthen the study1 finding that age stereotype decrease perceived health level among the olds.
- (2) Well-being being a mediating factors that influencing the relationships between age stereotypes and perceived health.

Participants

Target population and the way of recruit same to Study1. In study 2, 60 participants as well was recruited. 21 males and 39 females joined the study.

Tools and Materials

Same with Study1 with an addition of Lu (2006) well-being scale. There are 4 versions of scale testing well-being differs only with the number of questions. The study make use of the 3rd version (shorter version) which contains 10 questions only for the sake of participants as the experiment alone already involve quite an amount of questions. Each question included 3 multiple choices to choose.

Procedures

Similar with the procedure in Study1 but the well-being scale was added before filling up the Health Assessment Scale.

Data Analysis and Results

Study 2 was aimed to repeat verification the findings of study 1 with the addition of wellbeing concerned. The results showed no significance found between variables, not even age level. Details showed in table 2.0.

According to table 2.0, no significance was found between variables and their interactions. In age stereotype, treat group (N=30, M=52.03) surprisingly score higher in SAHS than control group (N=30, M=49.38), N=60, $F(1, 56)=0.25, p>.05$. While age level also showed the same trend age level, the trend of score opposed with the findings of study 1. Young old participants (N=30, M=49.27) scored lower in SAHS than Middle old participants (N=30, M=52.15), N=60, $F(1, 56)=0.3, p>.05$. Interaction effect was N=60, $F(1, 56)=0.07, p>.05$. Table 2.1 showed no significance between variables on PCS and MCS.

Table 2.0

Results of Univariate Analysis of Variance on Self-Acknowledge Health Score (SAHS)

		F	Sig
SAHS	Age Stereotype	.25	.62
	Age Level	.30	.59
	Age Stereotype * Age Level	.07	.79

Note: * $p<.05$

Table 2.1

Results of Multivariate Analysis of Variance on PCS and MCS.

		F	Sig
Age Stereotype	PCS	.615	.436
	MCS	.018	.894
Age Level	PCS	.079	.780
	MCS	.652	.423
Age Stereotype*Age Level	PCS	.274	.603
	MCS	.003	.959

Note: * $p<.05$

Similar with study 1, the Health Assessment Score and Demographic background detail showed low homogeneity of variances, assumption was violated and ANCOVA was not performed.

Wellbeing was designed and arranged to verify the moderation effects between variables. Since the variables were not significant in multivariate analysis of variance, the role of wellbeing between age stereotype and age level could not be clarify in present study.

Discussion

Limitation and Future Development

Both study 1 and study 2 were similar, with the same experiment design and procedure, they shared similar limitations. Solutions were discussed below.

Limitation 1: The interruption of the participant's family members

Solution 1: Introduce the rules and condition to the family members that the questions need to be answered by the participants alone without ideas and influences from the others.

Limitation 2: Most old ages are not able to read and write.

Solution 2: Researchers help to read out the question and help them to fill up politely. The questions that they were confused about will be explained again by the researcher despite the fact that it delayed the experimenting time. Researchers were well trained in groups until there were not any different explain on each statement.

Limitation 3: Most old ages speaks Taiwan Mandarin

Solution 3: Researcher that familiar with Chinese language only will be assisted by others that good in Taiwan Mandarin. Researcher that helping out must go through the study material in detail and speak fluently.

Limitation 4: Participants recruiting procedure. Demographic questionnaire was the last questionnaire to fill, it was designed to avoid age priming at the beginning of the studies. Therefore researcher might failed to identify the age categories of the participants, it followed by bias in the demographic background between each condition.

Solution 4: Held the research place in which organization or institution owns personal details of the participants. Getting help from the responsible ones and pairing before the whole session begins. In these case, health care associations are a good place to go.

Limitation 5: The impact of the culture. In Taiwan, most of the old was familiar to be addressed "ah gong or ah mah", social status and the character role in Chinese culture was deeply implants in the people minds. Therefore it was challenging to set up a control group condition.

Solution 5: There are 9 pages of questionnaire in total in study 1 while 11 pages in study 2, the extra 2 pages belong to wellbeing questionnaire. Address participants with their respective appellation during the beginning of every single pages. The event better solution fall on a better and creative experiment design to find out the influences of age stereotype.

Limitation 6: The habits of the old seem to be experience sharing. It might extend the duration of the experiment to an hour long.

Solution 6: Very soon after signing the informed consent, slightly flipped the whole set of questionnaire for the participants to have a glance, call their attention that there are quite amount of questions overall, it will be wise to answer shortly and accurately.

Limitation 7: The floor effect. Chronic patients in special care institution showed floor effect on SAHS. The more in amount of these participants in a particular experiment condition, the lower the SAHS might be.

Solution 7: Select locations and setting that shared common background, chronic patients should be excluded in the future study.

Further Exploration and Findings

Both study 1 and study 2 did not reject the null hypothesis that age stereotype does not lead to the decrease in self-perceived health. It was believed that the study failed to control most of the crucial environment variables. Throughout the studies, the research found that there were several interesting phenomenon that worth to be further explore. These were the addition findings that the study would like to share:

Addition findings 1: The influences of demographic background.

Although it was a random assignment task, the results of both studies showed nonequivalent between groups. Table 3.0 showed the effects on SAHS by different demographic categories in respective study. Study 1 and study 2 shared the common variables of Physical Limitation and Sickness that bring significance influences in respective SAHS. The findings suggested that control PL and sickness was crucial to well control and avoid bias in related studies.

Table 3.0
Results of Univariate Analysis of Variance on SAHS.

	Variables		N	F	Sig
Study 1	PL	Yes / No	14 / 46	5.17	.01
	Sickness	No / Yes	16 / 44	5.367	.024
	Recruit Place	Common /	40 / 20	33.976	.000
Special Care					
Study 2	PL	Yes / No	25 / 35	54.000	.022
	Sickness	No / Yes	12 / 48	10.218	.002

Note: *p<0.05

PL= Physical limitation

Addition findings 2: Age stereotype, age level and wellbeing.

Univariate analysis of variance was performed to continue explore the effects on wellbeing by age stereotype and age levels. As Table 4.0 showed, there were no relationship between variables. Meaning, in present study, neither age stereotype or age level influenced the participant's wellbeing.

Table 4.0
Results of Univariate Analysis of Variance on Wellbeing.

	F	Sig
Age Stereotype	1.27	.27
Wellbeing Age Level	1.12	.30
Age Stereotype * Age Level	.78	.38

Note: *p<0.05

Conclusion

The study 1 and study 2 failed to reject the null hypothesis, the relationships between age stereotype, age level and self-perceived health were not established. Future research should put more effort in environment control to strengthen and better clarify the cause and effects of a laboratory experiment. In future of elderly research, it was crucial to pair participants with physical limitation and sickness to avoid bias.

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Attachments

1. Living Condition Survey (Threat Group) P. 1	2. Living Condition Survey (Threat Group) P. 2																						
<p style="text-align: center;">~研究說明~</p> <p style="text-align: center;">***** 103實驗一-年齡別對印象別和覺醒度的影響_Threat *****</p> <p>親愛的阿公/阿媽您好：</p> <p>本研究旨在瞭解六十五歲以上民眾的生活及健康狀況。接下來，研究者將請阿公/阿媽您花5分鐘來勾選或填寫「生活狀況調查表」，完成後再聽從研究者的指示進行「生活品質問卷」與「健康狀況調查表」。最後，再請填寫研究回饋及個人基本資料。</p> <p>為了保障阿公/阿媽您的權益，本問卷將由專人處理，所有的作答都將予以保密。作答過程中如有需要，可請研究者協助填答，謝謝您的合作與支持。 敬祝 健康快樂！</p> <p style="text-align: right;">XXXX 大學心理學系 李昇晃</p> <p style="text-align: center;">*****</p>	<p style="text-align: center;">生活狀況調查表</p> <p>一、為瞭解阿公/阿媽您最近一週的生活狀況，請依序在1-7的空格中「勾選」您的回答：</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">一點也不同意</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">非常同意</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td></td> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> 1. 最近我的身心狀況是不錯的 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. 平時做事時，我都是很投入的 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. 我對自己的能力是有信心的 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>二、為瞭解現今民眾的生活態度，請阿公/阿媽您依序回答下列問題：</p> <ol style="list-style-type: none"> 1. 目前民眾最關心的議題是？請列出三種： a. _____ b. _____ c. _____ 2. 相較於目前的年齡，您與過去年輕時有那些差異（不同）？ a. _____ b. _____ c. _____ 3. 老年人在那些能力表現、行為或人格特質上是與年輕人有所差異（不同）？請列出六種： a. _____ b. _____ c. _____ f. _____ d. _____ e. _____ <p style="text-align: center;">(請務必完全填答！若提早完成請再確認您的填答)</p>		一點也不同意									非常同意		1	2	3	4	5	6	7			
	一點也不同意									非常同意													
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	一點也不同意									非常同意													
	1	2	3	4	5	6	7																

5. Quality of Live Questionnaire P.1

生活品質問卷(WHOQOL-BRIEF)

此部分內容將詢問您對於自己的生活品質、健康、以及其他生活領域的
 感覺。請您回答以下所有的問題，如果您對某一問題的回答不確定，請選出
 五個答案中最適合的一個，通常會是您最早想的那個答案。

我們的問題所關心的是您最近兩星期內的生活情形，請您用自己的標
 準、希望、愉悅以及關注點來回答問題。請參考下面的倒題：
例題一：整體來說，您滿意自己的健康嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意

請選出最適合您在最近兩個星期內對自己健康的滿意程度，如果您還
 滿意自己的健康，就在「不滿意」前的「」打「✓」。請仔細閱讀每個題目，並
 詳述您的感覺，然後就每一個題目選出最適合您的答案。謝謝您的協助！

1. 整體來說，您如何評價您的生活品質？
極不好 不好 中等程度好 好 極好
2. 整體來說，您滿意自己的健康嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
3. 您覺得身體疼痛會妨礙您處理需要做的事情嗎？
完全沒有妨礙 有一點妨礙 中等程度妨礙 很妨礙 極妨礙
4. 您需要靠醫療的幫助應付日常生活嗎？
完全沒有需要 有一點需要 中等程度需要 很需要 極需要
5. 您享受生活嗎？
完全沒有享受 有一點享受 中等程度享受 很享受 極享受
6. 您覺得自己的生命有意義嗎？
完全沒有 有一點有 中等程度有 很有 極有
7. 您集中精神的能力有多好？
完全不好 有一點好 中等程度好 很好 極好
8. 在日常生活中心，您感到安全嗎？
完全不安全 有一點安全 中等程度安全 很安全 極安全
9. 您所處的環境健康嗎？(如污染、噪音、氣候、景觀)
完全不健康 有一點健康 中等程度健康 很健康 極健康
10. 您每天的生活有足夠的精力嗎？
完全不足夠 少許足夠 中等程度足夠 很足夠 完全足夠
11. 您能接受自己的外表嗎？
完全不能夠 少許能夠 中等程度能夠 很能夠 完全能夠
12. 您有足夠的金錢應付所需嗎？
完全不足夠 少許足夠 中等程度足夠 很足夠 完全足夠

6. Quality of Live Questionnaire P.2

13. 您能方便得到每日生活所需的資訊嗎？
完全不方便 少許方便 中等程度方便 很方便 完全方便
14. 您有機會從事休閒活動嗎？
完全沒有機會 少許機會 中等程度機會 很有機會 完全有機會
15. 您四處行動的能力好嗎？
完全不好 有一點好 中等程度好 很好 極好
16. 您滿意自己的睡眠狀況嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
17. 您滿意自己從事日常活動的能力嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
18. 您滿意自己的工作能力嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
19. 您對自己滿意嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
20. 您滿意自己的人際關係嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
21. 您滿意自己的性生活嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
22. 您滿意朋友給您的支持嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
23. 您滿意自己所住的狀況嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
24. 您滿意醫療保健服務的方便程度嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
25. 您滿意所使用的交通運輸方式嗎？
極不滿意 不滿意 中等程度滿意 滿意 極滿意
26. 您常有負面的感受嗎？(如傷心、緊張、焦慮、憂鬱等)
從來沒有 不常有 一半有一半沒有 很常有 一直都有
27. 您覺得自己沒有面子或被尊重嗎？
完全沒有 有一點有 中等程度有 很有 極有
28. 您想吃的食物通常都能吃到嗎？
從來沒有 不常有 一半有一半沒有 很常有 一直都有

請再次確認無任何漏答，
 完成後請再花一分鐘詳讀剛才您所填答的「生活狀況調查表」

7. SF-36 Survey Instrument P.1

SF-36 生活品質量表

1. 一般來說，您認為目前的健康狀況是？
極好的(1) 很好(2) 好(3) 普通(4) 不好(5)
2. 和一年前相比，您認為您目前的健康狀況是？
好很多(1) 好一些(2) 差不多(3) 差一些(4) 差很多(5)
3. 下面是一些您日常可能從事活動，請問您目前健康狀況會不會限制您從事這些活動？如果會，到底限制有多少？

活 動 (請每項都要填答)	會 受 限 制		
	受到很多限制	受到一些限制	完全不受限制
a. 體力活動(例如跑步、搬重物、參與劇烈運動)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 中等程度活動(例如搬桌子、拖地板、打保齡球、或打太极拳)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 提起或搬運食品雜貨	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 從軟墊上爬樓梯	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 爬一層樓梯	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 彎腰、跪下或蹲下	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 走路超過1公里	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 走過數個街口	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 走過一個街口	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 自己洗澡或更衣	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 在過去一個月內，您是否曾因為身體健康問題，而在工作上或其他日常活動方面有下列任何的問題？

項目(請每項都要填答)	是	否
a. 做工作或其他活動的時間減少	<input type="checkbox"/>	<input type="checkbox"/>
b. 完成的工作量比您想要完成的較少	<input type="checkbox"/>	<input type="checkbox"/>
c. 可以做的其他活動的種類受到限制	<input type="checkbox"/>	<input type="checkbox"/>
d. 做工作或其他活動有困難(例如，須要吃力)	<input type="checkbox"/>	<input type="checkbox"/>

5. 在過去一個月內，您是否曾因為情緒問題(例如，感覺沮喪或焦慮)，而在工作上或其他日常活動方面有下列的問題？

項目(請每項都要填答)	是	否
a. 做工作或其他活動的時間減少	<input type="checkbox"/>	<input type="checkbox"/>
b. 完成的工作量比您想要完成的較少	<input type="checkbox"/>	<input type="checkbox"/>
c. 做工作或其他活動時不如以往小心	<input type="checkbox"/>	<input type="checkbox"/>

8. SF-36 Survey Instrument P.2

6. 在過去一個月內，您的身體健康或情緒問題，對您與家人或朋友、鄰居、社團的平常活動的妨礙程度如何？
完全沒有(1) 有一點(2) 中度(3) 相當多(4) 妨礙到極點(5)

7. 在過去一個月內，您身體疼痛程度有多嚴重？
完全不痛(1) 非常輕微的痛(2) 輕微的痛(3) 中度的痛(4) 嚴重的痛(5) 非常嚴重的痛(6)

8. 在過去一個月內，身體疼痛對您的日常工作(包括上班及家務)的妨礙程度如何？
完全沒有(1) 有一點(2) 中度(3) 相當多(4) 妨礙到極點(5)

9. 下列各項問題是關於過去一個月內您的感覺及您對週邊生活的感受，請針對每一問題選一最接近您感覺的答案。在過去一個月中有多少時候……

項目 (請每項都要填答)	一直 是	大部分 時間	經常	有時	很少	從不
a. 您覺得充滿活力？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 您是一個非常緊張的人？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 您覺得非常沮喪，沒有任何事情可以讓您高興起來？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 您覺得心情平靜？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 您精力充沛？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 您覺得悶悶不樂和憂鬱？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 您覺得筋疲力竭？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 您是一個快樂的人？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 您覺得累？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 在過去一個月內，您的身體健康或情緒問題有多少時候會妨礙您的社交活動(如拜訪親友等)？
一直都會(1) 大部分時間會(2) 有時候會(3) 很少會(4) 從不會(5)

11. 下列各圖陳述對您來說有多正確？

項目 (請每項都要填答)	完全 正確	大部分 正確	不知道	大部分 不正確	完全 不正確
a. 我好像比別人較容易生病	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 和任何一個我認識的人來比，我和他們一樣健康。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 我想我的健康會越來越壞	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 我的健康狀況好像很	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

請再次確認無任何漏答，完成後請再花一分鐘詳讀剛才您所填答的「生活狀況調查表」

9. Health Assessment Scale

健康評量量表

填寫方式：在1至9題(日常活動量表)及10至27題(ADLs & IADLs)中，請依序在每個題目選項□中，勾選你的同意程度：(“1”表示“一點也不同意”，而“7”表示“非常同意”)

	一點也不同意	1	2	3	4	5	6	7	非常同意
1 可連續站立約15分鐘	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 可連續站立二小時	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 可屈膝	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 可雙手舉高至頭上	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 可用手指拿或扭轉東西	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 可獨力拿起或攜帶20台斤的東西(如2斗米)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 可獨力短距離跑步(20-30米)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 可獨力走完200至300公尺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 可獨力走到2樓或3樓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 自己可適當地使用任何餐具進食。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 可獨力完成，包括輪椅的煞車及移開腳踏板。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 可獨力完成洗臉、洗手、刷牙及梳頭。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 可自行進出廁所，不會弄髒衣物，並能穿好衣服。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 可獨力完成洗澡(不論是淋浴或沐浴)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 使用或不使用輔具皆可獨立行走50公尺以上。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 可自行上下樓梯(允許抓扶手、用拐杖)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 可自行穿脫衣服、鞋子及輔具。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 不會大便失禁。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 日夜皆不會尿失禁。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 可獨立使用電話(含查電話簿、撥號等)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 獨立完成所有購物需求。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 能獨立計畫、烹煮和擺設一頓適當的飯菜。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 能做較繁重的家事或需偶爾家事協助(如：搬動沙發、擦地板、洗窗戶)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 能自己清洗所有衣物。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 能夠自己搭乘大眾運輸工具或自己開車、騎車。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 能自己負責且正確的時間用正確的藥物。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 可獨立處理財務。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

完成後，請等待指示再進行研究回饋階段

10. Well-being Scale P.1



幸福度量表：

下列題目都有一組句子，請圈選最能描述您最近三個月的感受的句子。

- 0 我只是在混日子
1 我喜歡我的生活
2 我非常喜歡我的生活
3 我熱愛我的生活
- 0 我並不覺得生命有意義、有目標
1 我覺得生命有意義、有目標
2 我覺得生命很有意義、很有目標
3 我覺得生命非常有意義、非常有目標
- 0 我的工作不能帶給我成就感
1 我的工作偶爾能帶給我成就感
2 我的工作常常能帶給我成就感
3 我的工作總是能帶給我成就感
- 0 過去生活沒有特別愉快的記憶
1 過去生活中發生的有一些事情是愉快的
2 過去生活中發生的所有事情似乎都是愉快的
3 過去生活中發生的所有事情都是非常愉快的
- 0 我覺得我不快樂
1 我覺得快樂
2 我覺得相當快樂
3 我快樂得不得了
- 0 我對現在生活中沒有任何事感到滿意
1 我對現在生活中的一些事感到滿意
2 我對現在生活中大部份的事感到滿意
3 我對生活的每一件事都很滿意

11. Well-being Scale P.2



- 0 我不感到有活力
1 我感到相當有活力
2 我感到我非常有力
3 我感到我有無窮的活力
- 0 我對未來感到不樂觀
1 我對未來感到有些樂觀
2 我對未來感到樂觀
3 未來對我而備充滿了希望
- 0 我從來沒有過喜悅興奮的感覺
1 我有時感到喜悅興奮
2 我常常感到喜悅興奮
3 我隨時都感到喜悅興奮
- 0 我不能理解生活的意義
1 我偶爾能理解生活的意義
2 我常常能理解生活的意義
3 我總是能理解生活的意義

12. Personal Information P.1

【測驗回饋與個人基本資料】

一、測驗回饋：

接下來請您協助完成以下的研究回饋，請在□中依序勾選您的同意程度：(“1”表示“一點也不同意”，而“7”表示“非常同意”)

	一點也不同意	1	2	3	4	5	6	7	非常同意
1. 我在乎研究者如何看待自己的表現	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 我現在的情緒狀況是焦慮的	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 我很投入本研究	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 研究過程中我被稱呼為？ <input type="checkbox"/> 阿公/阿媽 <input type="checkbox"/> 先生/小姐 <input type="checkbox"/> 沒注意									

二、個人基本資料：

- 性別：男性 女性
- 身高：_____公分， 體重：_____公斤
- 年齡：64歲以下 65-74歲 75-84歲 85歲以上
- 籍貫：本省籍 外省籍 外籍人士
- 教育程度：不識字 國小或識字 國中或初中
高中或高職 專科或大學(含)以上
- 目前工作狀態：無(含退休) 士 農 公
工 商 家管 其他
- 婚姻狀況：未婚 婚姻中 離婚/分居
喪偶 其他_____

13. Personal Information P.2

8. 居住方式: 獨居 僅與配偶同住

與子女 (含孫子女) 同住

與子女 (含孫子女) 為鄰居

9. 家族中有無孫輩 (即稱您為阿公或阿媽...): 無

有, 約____人

10. 是否患有慢性病? 無 有 (請勾選以下疾病, 可複選)

心臟病 (心悸不算) 高血壓 腎臟病

糖尿病 退化性關節炎 肺氣腫或氣喘

其他_____

11. 過去一年裡, 您住院____次; 總共住院____天;

到醫院看急診____次

謝謝您的合作!!