

**CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY
2015 INDIVIDUAL QUESTIONNAIRE
(For all participants age 0 and older)**

Province 11 Beijing 21 Liaoning 23 Heilongjiang 31 Shanghai 32 Jiangsu 37 Shandong ___ T1
41 Henan 42 Hubei 43 Hunan 45 Guangxi 52 Guizhou 55 Chongqing

Urban Site: 1 Rural Site: 2 _ T2

City: _____ County: _____ _ T3

- | | | | |
|---|-------------|---|---------------|
| 1 | First city | 1 | First county |
| 2 | Second city | 2 | Second county |
| | | 3 | Third county |
| | | 4 | Fourth county |

Neighborhood: _____ Village (Town): _____ _ T4

- | | | | |
|----|--|----|--------------------------|
| 01 | First [urban] neighborhood | 01 | County town neighborhood |
| 02 | Second [urban] neighborhood | 02 | First village |
| 03 | Third suburban village (neighborhood) | 03 | Second village |
| 04 | Fourth suburban village (neighborhood) | 04 | Third village |
| 05 | Fifth [urban] neighborhood | 05 | County town neighborhood |
| 06 | Sixth [urban] neighborhood | 06 | Fourth village |
| 07 | Seventh suburban village (neighborhood) | 07 | Fifth village |
| 08 | Eighth suburban village (neighborhood) | 08 | Sixth village |
| 09 | Ninth [urban] neighborhood | 09 | County town neighborhood |
| 10 | Tenth [urban] neighborhood | 10 | Seventh village |
| 11 | Eleventh suburban village (neighborhood) | 11 | Eighth village |
| 12 | Twelfth suburban village (neighborhood) | 12 | Ninth village |

Household Number: _____ _ T5

Name: _____ Line Number: _____ _ line

Telephone Number: _____

Name of Respondent: _____ Line Number: _____ _ T6a

Interview Date: ___Year __Month _ _Day _ T7

Completion Evaluation: 1 Good 2 OK 3 Poor _ CO

Interviewer Name: _____ Number: _____ _ T6c

Supervisor Name: _____ Number: _____ _ T6d

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I. BACKGROUND DEMOGRAPHICS (for all participants)

1. Date of birth: ____year ____month ____day _____AA3
 * Record western calendar, if possible, and use the same date of birth in household questionnaire.
2. According to which calendar type? _____ AA4
 1 western calendar
 2 lunar calendar
3. Age (years): _____ age
 * Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.
4. Sex: _____ gender
 1 male
 2 female
5. What is the current name of province where were you born? _____ A20a
- | | | | | | | | | | | | |
|----|----------------|----|--------------|----|----------|----|-----------|----|-----------|----|----------|
| 11 | Beijing | 21 | Liaoning | 31 | Shanghai | 41 | Henan | 51 | Sichuan | 61 | Shaanxi |
| 12 | Tianjin | 22 | Jilin | 32 | Jiangsu | 42 | Hubei | 52 | Guizhou | 62 | Gansu |
| 13 | Hebei | 23 | Heilongjiang | 33 | Zhejiang | 43 | Hunan | 53 | Yunnan | 63 | Qinghai |
| 14 | Shanxi | | | 34 | Anhui | 44 | Guangdong | 54 | Tibet | 64 | Ningxia |
| 15 | Inner Mongolia | | | 35 | Fujian | 45 | Guangxi | 55 | Chongqing | 65 | Xinjiang |
| | | | | 36 | Jiangxi | 46 | Hainan | | | | |
| | | | | 37 | Shandong | | | | | | |
6. Is the settlement where you were born a city, a suburban, a county capital city, or a village? _____ A20b
 1 A city
 2 A suburban
 3 A county capital city
 4 A village
7. Does your father live in this household? _____ A5a
 0 no (skip to Question 10)
 1 Yes
8. What is the relationship between you and your father? _____ A5a1
 1 biological father
 2 stepfather
 3 adopted father
9. What is your father's name? _____ A5b
 * Record the father's line number.
10. Does your mother live in this household? _____ A5c
 0 no (skip to Question 13)
 1 Yes
11. What is the relationship between you and your mother? _____ A5c1
 1 biological mother
 2 stepmother
 3 adopted mother
12. What is your mother's name? _____ A5d
 * Record the mother's line number.
13. To which type of household registration do you belong? _____ A8b1
 1 urban
 2 rural

* If age 6 or older, ask Questions 14-19. Otherwise, skip to Section XIII.

14. How many years of formal education have you completed in a regular school? __ A11
- | | | | |
|----|--------------------------------------|-----|------------------------------------|
| 00 | no school completed (skip to Q16) | 26 | 3 years upper middle school |
| 11 | 1 year primary school (skip to Q16) | 27 | 1 year technical school |
| 12 | 2 years primary school (skip to Q16) | 28 | 2 years technical school |
| 13 | 3 years primary school (skip to Q16) | 29 | 3 years technical school |
| 14 | 4 years primary school (skip to Q16) | 31 | 1 year college/university |
| 15 | 5 years primary school | 32 | 2 years college/university |
| 16 | 6 years primary school | 33 | 3 years college/university |
| 21 | 1 year lower middle school | 34 | 4 years college/university |
| 22 | 2 years lower middle school | 35 | 5 years college/university |
| 23 | 3 years lower middle school | 36 | 6 years college/university or more |
| 24 | 1 year upper middle school | - 9 | unknown |
| 25 | 2 years upper middle school | | |

15. What is the highest level of education you have attained? _ A12
- | | |
|---|--------------------------------|
| 1 | graduated from primary school |
| 2 | lower middle school degree |
| 3 | upper middle school degree |
| 4 | technical or vocational degree |
| 5 | university or college degree |
| 6 | master's degree or higher |
| 9 | unknown |

16. Are you currently in school? _ A13
- | | |
|---|---|
| 0 | no (skip to Q20 if age \geq 18; otherwise skip to the next section) |
| 1 | yes |

17. During the school semester do you live away from home in or near school? _ A13a
- | | |
|---|---|
| 0 | no (skip to Q20 if age \geq 18; otherwise skip to the next section) |
| 1 | yes |

18. Do you go home for each weekend? _ A13b
- | | |
|---|-----|
| 0 | no |
| 1 | yes |

19. How old were you when you first lived away from home in or near school? __ A13c

* If age 18 and older, ask questions 20-21. Otherwise, skip to the next section.

20. What is your marital status? _ A8
- | | |
|---|--|
| 1 | never married (skip to the next section) |
| 2 | married |
| 3 | divorced (skip to the next section) |
| 4 | widowed (skip to the next section) |
| 5 | separated (skip to the next section) |
| 9 | unknown (skip to the next section) |

21. What is your spouse's name? _____ _ A8b
* Record the spouse's line number.

II. WORK STATUS (for participants age 16 and older)

1. Are you presently working? _ B2
* If retired but rehired, record 1.
0 No
1 yes (skip to Question 3)
2. Why are you not working? _ B2a
1 seeking work (skip to Section V)
2 doing housework (skip to Section V)
3 disabled (skip to Section V)
4 student (skip to Section V)
5 retired (skip to Question 4)
6 Too young to work (skip to Section V)
7 other (specify: _____) (skip to Section V)
9 unknown (skip to Section V)
3. Are you retired, but rehired? _ B2b
0 no (skip to Question 6)
1 yes
4. When did you retire? ____year ____month ----- B2c
* Record western calendar, if possible. If year and month are unknown, record -99999.
5. On the average, what was your monthly retirement wage/salary in 2014, _____ B2d
including subsidies and bonuses? (yuan)
* If unknown, record -999.
*** If retired, but rehired, ask Question 6. Otherwise, skip to Section V**
6. Did you change your job after 2011? _ B3b
0 no
1 yes

III. PRIMARY OCCUPATION AND WAGES (for participants age 16 and older who work)

1. What is your primary occupation? __ B4
- 01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer)
 - 02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer)
 - 03 administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
 - 04 office staff (secretary, office helper)
 - 05 farmer, fisherman, hunter
 - 06 skilled worker (foreman, group leader, craftsman)
 - 07 non-skilled worker (ordinary laborer, logger)
 - 08 army officer, police officer
 - 09 ordinary soldier, policeman
 - 10 driver
 - 11 service worker (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
 - 12 athlete, actor, musician
 - 13 other (specify: _____)
 - 9 unknown

2. What is your employment position in this occupation? _ B5
- 1 self-employed, owner-manager with employees
 - 2 self-employed, independent operator with no employees (includes farmer)
 - 3 works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee
 - 4 contractor with other people or enterprise
 - 5 temporary worker
 - 6 paid family worker
 - 7 unpaid family worker
 - 8 other (specify: _____)
 - 9 unknown
3. What type of work unit is this? __ B6
- 01 government department
 - 02 state service/institute
 - 03 state-owned enterprise
 - 04 small collective enterprise (such as township-owned)
 - 05 large collective enterprise (such as owned by county, city, province)
 - 06 family contract farming
 - 07 private, individual enterprise
 - 08 three-capital enterprise (owned by foreigners, overseas Chinese and joint venture)
 - 09 other (specify: _____)
 - 9 unknown
4. How many employees does this work unit have? _ B7
- 1 < 20
 - 2 20-100
 - 3 >100
 - 9 unknown
5. In 2014, for how many months did you work at this occupation? __ C3
* If “unknown,” record -9.
6. For how many days in a week, on the average, did you work? _ C5
* If “unknown,” record 9.
7. For how many hours in a day, on the average, did you work? __ C6
* If “unknown,” record -9.
8. During the past week, for how many hours did you work? ___ C7
* If “unknown,” record -99.
9. Were you paid a regular wage in 2014? _ C7b
- 0 No(skip to question 11)
 - 1 yes
10. On the average, what was your monthly wage/salary in 2014, including subsidies? (yuan) _ _ _ _ _ C8
* If “unknown,” record -9999.
11. Did you receive a bonus in 2014(including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)? _ I18
- 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)
12. In 2014, what was the total value of all bonuses for the entire year? (yuan) _ _ _ _ _ I19
* If “unknown,” record -9999.

IV. SECONDARY OCCUPATION AND WAGES (for participants age 16 and older who work)

1. Do you have a secondary occupation? _ B9a
 - 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)

2. What is your employment position in this occupation? _ B10
 - 1 self-employed, owner-manager with employees
 - 2 self-employed, independent operator with no employees (includes farmer)
 - 3 works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee
 - 4 contractor with other people or enterprise
 - 5 temporary worker
 - 6 paid family worker
 - 7 unpaid family worker
 - 8 other (specify: _____)
 - 9 unknown

3. In 2014, for how many months did you work at this occupation? __ C3a

* If “unknown,” record -9.

4. For how many days in a week, on the average, did you work? _ C5a

* If “unknown,” record 9.

5. For how many hours in a day, on the average, did you work? __ C6a

* If “unknown,” record -9.

6. During the past week, for how many hours did you work? ___ C7a

* If “unknown,” record -99.

7. Were you paid a regular wage in 2014? _ C7c
 - 0 no(skip to question 9)
 - 1 yes

8. On the average, what was your monthly wage/salary in 2014, including subsidies? (yuan) _____ C8a

* If “unknown,” record -9999.

9. Did you receive a bonus in 2014(including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)? _ I18a
 - 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)

10. In 2014, what was the total value of all bonuses for the entire year? (yuan) _____ I19a

* If “unknown,” record -9999.

V. HOME GARDENING (for participants age 6 and older)

1. Did you work in a household vegetable garden or orchard in 2014? _ D2a
0 no (skip to the next section)
1 yes
2. In 2014, for how many months did you engage in such work? __ D3a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ D3b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ D3c
* If “unknown,” record -9.

VI. COLLECTIVE AND HOUSEHOLD FARMING (for participants age 6 and older)

1. Did you work on a collective farm or a household farm in 2014? _ E2a
0 no (skip to the next section)
1 yes
2. In 2014, for how many months did you work on a farm (collective or household)? __ E4a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ E4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ E4c
* If “unknown,” record -9.
5. What kind of farming business is this? _ E5
1 collective farm
2 household farm (skip to Question 10)
3 both collective and household
6. Did you receive money from the collective in 2014? _ E6
0 no (skip to Question 8)
1 yes
9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) ----- E7
* If “unknown,” record -9999.
8. Did you receive farm produce and/or other items, such as durable goods, from the collective in 2014? _ E8
0 no (skip to Question 10)
1 yes
9 unknown (skip to Question 10)
9. How much money were these farm produce and/or other items you received worth? (yuan) ----- E9
* If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s farming activities? _ E10
0 no
1 yes

VII. RAISING LIVESTOCK/POULTRY(for participants age 6 and older)

1. Did you work raising livestock or poultry either on a collective or at home in 2014 _ F2a
0 no (skip to the next section)
1 yes
2. In 2014, for how many months did you work raising livestock or poultry? __ F4a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ F4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ F4c
* If “unknown,” record -9.
5. What kind of livestock- or poultry-raising business is this? _ F5
1 collective
2 household (skip to Question 10)
3 both collective and household
6. Did you receive money from the collective in 2014? _ F6
0 no (skip to Question 8)
1 yes
9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) _ _ _ _ F7
* If “unknown,” record -999.
8. Did you receive livestock or poultry products from the collective in 2014? _ F8
0 no (skip to Question 10)
1 yes
9 unknown (skip to Question 10)
9. How much money were these livestock or poultry products you received worth? _ _ _ _ F9
(yuan)
* If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s livestock or poultry business? _ F10
0 no
1 yes

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for participants age 6 and older)

1. Did you work in fishing either on a collective or in a business operated by your household in 2014? _ G2a
0 no (skip to the next section)
1 yes
2. In 2014, for how many months did you work in fishing? __ G4a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ G4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ G4c
* If “unknown,” record -9.
5. What kind of fishing business is this? _ G5
1 collective
2 household (skip to Question 10)
3 both collective and household

6. Did you receive money from the collective in 2014? _ G6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) _ _ _ _ G7
 * If “unknown,” record -999.
8. Did you receive fish or other goods from the collective in 2014? _ G8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)
9. How much money were these fish or goods you received worth? (yuan) _ _ _ _ G9
 * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s fishing business? _ G10
 0 no
 1 yes

IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS

(for participants age 6 and older)

1. Did you work in a small handicraft or small commercial business operated by your household in 2014 (such as carpentry, shoe repair, housekeeping/child care service, tailoring, hairdressing, electrical appliance repair, restaurant, store, family child care, family hotel, family clinic, etc.)? _ H1c
 0 no (skip to the next section)
 1 yes

*** Ask Questions 4-8 about each business and record the answers in Table 1.**

* Be sure to classify each business the same way it was classified in the household questionnaire.

* If works in more than one business of the same type, such as tailoring and hairdressing (both are services), add together the amount of time worked in these businesses and record the total for this type in Table 1.

Table 1. Small Household Businesses

2 Business number H1d	3 Business type	4 Did you work in this business in 2014? 0 no 1 yes * If “no,” skip down to next item. H5a	5 In 2014, for how many months did you work in this business? * If “unknown,” record -9. H6	6 For how many days in a week, on the average, did you work? * If “unknown,” record 9. H7	7 For how many hours in a day, on the average, did you work? * If “unknown,” record -9. H8	8 During the past week, for how many hours did you work? * If “unknown,” record -99. H9
1	Commerce	—	—	—	—	—
2	Service	—	—	—	—	—
3	Manufacturing	—	—	—	—	—
4	Peddler	—	—	—	—	—
5	Construction	—	—	—	—	—
6	Other(specify: _____)	—	—	—	—	—

X. OTHER SOURCES OF INCOME (for all participants)

1. Did you have any other cash income excluding cash from other household members in 2014? _ I100
 0 no (skip to Question 3)
 1 yes
 9 unknown (skip to Question 3)
2. How much money was it in 2014?* If unknown, record -9999. _ _ _ _ _ I101
3. Did you have any non-cash income (e.g. clothes, foods, etc) excluding those from other household members in 2014? _ I102
 0 no (skip to next section)
 1 yes
 9 unknown (skip to next section)
4. How much was it if you bought them from market in 2014? _ _ _ _ _ I103

XI. TIME ALLOCATION FOR HOME ACTIVITIES (for participants age 6 and older)

* Ask Questions 2-3 about each activity and record the answers in Table 2.

Table 2. Home Activities (Household Chores)

1 Activity type	2 During the past week, did you do this chore? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	3 How much time did you spend per day, on average? (minutes) * If does not know the exact time, record -99.
Buy food for your household	_ K2	_ _ _ K3 *if done on the way to/from school/work, record -88
Prepare and cook food for your household	_ K4	_ _ _ K5
Wash clothes with washing machine	_ K6a	_ _ _ K6b
Wash and iron clothes by hand	_ K6	_ _ _ K7
Clean the house	_ K7b	_ _ _ K7c

XII. CARE OF CHILDREN UNDER AGE 6 (for participants age 6 and older)

1. During the past week, did you take care of children under 6 in your household? _ K12
 0 no (skip to Question 3)
 1 yes
 9 unknown (skip to Question 3)
2. How much time did you spend taking care of the children by feeding, bathing, dressing, holding, or watching them during the past week? (hours) _ _ _ K13
 * Time should be counted even if doing something else while caring for the children, such as cooking a meal or washing clothes. If does not know the exact time, record -99.
3. Did you take care of children under age 6 for another household during the past week? _ K13b
 0 no (skip to the next section)
 1 Yes
 9 unknown (skip to the next section)
4. How much time did you spend taking care of children under age 6 for another household during the past week? (hours) _ _ _ K13c
 * If does not know the exact time, record -99.

XIII. CHILD CARE OUTSIDE THE HOME (for children under age 6. Ask their parents or guardians)

1. During the past week, were you taken care of by people who do not live in your household? _ K14a
 - 0 no (skip to Question 4)
 - 1 yes
 - 9 unknown (skip to Question 4)
2. Where did the care take place?

(1) In your home	0 no	1 yes	9 unknown	_ K15
(2) In the home of your paternal grandparents	0 no	1 yes	9 unknown	_ K16
(3) In the home of your maternal grandparents	0 no	1 yes	9 unknown	_ K17
(4) In the home of other relatives	0 no	1 yes	9 unknown	_ K18
(5) In the home of neighbors	0 no	1 yes	9 unknown	_ K19
(6) In a neighborhood or private child care center	0 no	1 yes	9 unknown	_ K20
(7) In a state child care center	0 no	1 yes	9 unknown	_ K21
(8) In a child care center run by a work unit	0 no	1 yes	9 unknown	_ K22
(9) At a preschool managed by a primary school	0 no	1 yes	9 unknown	_ K23
(10) At a nursery school	0 no	1 yes	9 unknown	_ K24
(11) Other (specify: _____)	0 no	1 yes	9 unknown	_ K25
3. During the past week, for how many hours were you taken care of by people who do not live in your household? (hours) _ _ _ K42a
 * If does not know the exact time, record -99.
4. For how many days in a typical week are you taken care of by people who do not live in your household? (days) _ K42
 * If does not know the exact time, record 9.
5. For how many hours in a typical day are you taken care of by people who do not live in your household? (hours) _ _ K41
 * If for the entire day, record 24 hours. If does not know the exact time, record -9.

XIV. SMOKING (for participants age 12 and older)

1. Have you ever smoked cigarettes (including hand-rolled or device-rolled)? _ U25
 - 0 never smoked (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)
2. How old were you when you started to smoke? (years) _ _ _ U26
 * If “unknown,” record -99.
3. Do you still smoke cigarettes now? _ U27
 - 0 no (skip to Question 5)
 - 1 yes
 - 9 unknown (skip to Question 5)
4. How many cigarettes do you smoke per day? _ _ U28
 * If “unknown,” record -9.
 * **Skip to the next section.**
5. How long ago did you stop smoking? (months) _ _ _ U29
 * If “unknown,” record -99.

XV. ALCOHOL CONSUMPTION (for participants age 15 and older)

1. In 2014, did you drink beer or any other alcoholic beverage? _ U40
 - 0 no (skip to the next section)
 - 1 Yes
 - 9 unknown (skip to the next section)

2. How often did you drink beer or any alcoholic beverage? _ U41
 - 1 almost every day
 - 2 3-4 times a week
 - 3 once or twice a week
 - 4 once or twice a month
 - 5 no more than once a month
 - 9 Unknown

*** Ask Questions 4-5 about each type of alcohol and record the answers in Table 3.**

Table 3. Alcohol Consumption

3 Alcohol type	4 Do you drink this type of alcohol? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	5 How much do you drink each week? * If “unknown,” record -9.
Beer	_ U42a	__ U42 (bottle)
Grape wine (including various colored wines, rice wine)	_ U43a	__ U43 (liang)
Liquor	_ U44a	__ U44 (liang)

XVI. PHYSICAL ACTIVITIES (for children under age 6, ask their parents or guardians)

1. How many hours each day do you usually sleep, including daytime and nighttime? __ U324
(hours)
* If “unknown,” record -9.

2. Usually, do you do any physical exercises (e.g., running, using playground equipment, playing soccer or other sports) in preschool facilities, athletic schools, or at home? _ U90
 - 0 no (skip to Table 4)
 - 1 Yes
 - 9 unknown (skip to Table 4)

3. How many hours do you spend doing physical exercises each week? __ U91
* If “unknown,” record -9.

* Ask Questions 5-7 about each activity and record the answers in Table 4.

Table 4. Sedentary Activities for Children under Age 6

4 Activity type	5 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	6/7 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	_ U339	__ : __ U340	__ : __ U341
Videotapes, VCDs, DVDs	_ U342	__ : __ U343	__ : __ U344
Watching movies and videos online or on a smartphone	_ U508	__ : __ U509	__ : __ U510
Video games	_ U345	__ : __ U346	__ : __ U347
Surfing the internet	_ U410	__ : __ U411	__ : __ U412
Participating in chat rooms including QQ and WeChat	_ U413	__ : __ U414	__ : __ U415
Playing computer/smartphone games, etc.	_ U416	__ : __ U417	__ : __ U418
Reading (books, newspapers and magazines), writing, drawing	_ U351	__ : __ U352	__ : __ U353
Toy cars, puppets, board games	_ U96a	__ : __ U249	__ : __ U250

* Ask Questions 8-11 about each activity and record the answers in Table 5.

Table 5. Physical Activities for Children under 6

8 Activity type	9 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	10/11 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	_ U145	__ : __ U327	__ : __ U328
Gymnastics, dancing, acrobatics	_ U149	__ : __ U329	__ : __ U330
Track and field (running, etc.), swimming	_ U147	__ : __ U331	__ : __ U332
Walking	_ U147b	__ : __ U331b	__ : __ U332b
Soccer, basketball, tennis	_ U151	__ : __ U333	__ : __ U334
Badminton, volleyball	_ U153	__ : __ U335	__ : __ U336
Other (ping pong, Tai Chi, etc.)	_ U155	__ : __ U337	__ : __ U338

XVII. PHYSICAL ACTIVITIES (for participants age 6 and older who are in school)

- How many hours each day do you usually sleep, including daytime and nighttime? (hours) __ U324
* If “unknown,” record -9.
- Do you participate in any physical exercises before or after school or on the weekend, including relatively intense physical exercises, such as volleyball, soccer, badminton, and long distance running? __ U98
0 no (skip to Table 7)
1 Yes
9 unknown (skip to Table 7)
- How many times do you participate in any physical exercises before or after school or on the weekend each week? __ U99a
* If “unknown,” record -9.

4. On average, for how long do you participate in these physical exercises each time? (hours:minutes). ___:___ U99b

* If “unknown,” record -9:99

* Ask Questions 6-8 about each activity and record the answers in Table 6.

Table 6. Physical Activities for Children Age 6 and Older Who Are in School: Activities Before or After School or on the Weekend

5 Activity type	6 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	_ U145	___:___ U327	___:___ U328
Gymnastics, dancing, acrobatics	_ U149	___:___ U329	___:___ U330
Track and field (running, etc.), swimming	_ U147	___:___ U331	___:___ U332
Walking	_ U147b	___:___ U331b	___:___ U332b
Soccer, basketball, tennis	_ U151	___:___ U333	___:___ U334
Badminton, volleyball	_ U153	___:___ U335	___:___ U336
Other (ping pong, Tai Chi, etc.)	_ U155	___:___ U337	___:___ U338

* Ask Questions 10-12 about each activity and record the answers in Table 7.

Table 7. Sedentary Activities for Children Age 6 and Older Who Are in School: Activities Before or After School or on the Weekend

9 Activity type	10 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item	11/12 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	_ U339	___:___ U340	___:___ U341
Videotapes, VCDs, DVDs	_ U342	___:___ U343	___:___ U344
Watching movies and videos online or on a smartphone	_ U508	___:___ U509	___:___ U510
Video games	_ U345	___:___ U346	___:___ U347
Surfing the internet	_ U410	___:___ U411	___:___ U412
Participating in chat rooms including QQ and WeChat	_ U413	___:___ U414	___:___ U415
Playing computer/smartphone games, etc.	_ U416	___:___ U417	___:___ U418
Doing homework	_ U220	___:___ U273	___:___ U274
Extracurricular reading (books, newspapers and magazines), writing, drawing	_ U351	___:___ U352	___:___ U353
Toy cars, puppets, board games	_ U96a	___:___ U249	___:___ U250

13. Do you have any physical exercise class in school? ___ U108

0 no (skip to Table 9)

1 Yes

9 unknown (skip to Table 9)

14. How many times do you participate in physical exercises in school (in class or at recess) each week? ___ U109

* If “unknown,” record -9.

15. On average, for how long do you participate in these physical exercises each time? (hours: minutes) __: __ U109a
 * If “unknown,” record -9:99.

* Ask Questions 16-18 about each activity and record the answers in Table 8.

Table 8. Physical Activities for Children Age 6 and Older Who Are in School: Activities in School

16 Activity type	17 Do you participate in this activity <u>in school</u> ? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item	18 How much time do you spend <u>each week</u> ?(hours:minutes) * If “unknown,” record -9:99
Martial arts (Kung Fu, etc.)	_ U221	__ : __ U285
Gymnastics, dancing, acrobatics	_ U110	__ : __ U111
Track and field (running, etc.), swimming	_ U114	__ : __ U115
Walking	_ U114b	__ : __ U115b
Soccer, basketball, tennis	_ U222	__ : __ U286
Badminton, volleyball	_ U223	__ : __ U287
Other (ping pong, Tai Chi, etc.)	_ U224	__ : __ U288

* Ask Questions 19-21 about each transportation type and record the answers in Table 9.

Table 9. Transportation To and From School for Children Age 6 and Older Who Are in School

19 Transportation method	20 Do you travel to and from school this way? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	21 How long does a <u>round trip</u> take? (hours:minutes) * If “unknown,” record -9:99.
Walk	_ U128	__ : __ U129
Bicycle [(pedaled)]	_ U126	__ : __ U127
Bicycle (passenger)	_ U126b	__ : __ U127b
Bus, subway	_ U124	__ : __ U125
Car, taxi, motorcycle	_ U325	__ : __ U326

XVIII. PHYSICAL ACTIVITIES (for participants age 6 and older who are not in school)

1. How many hours each day do you usually sleep, including daytime and nighttime? (hours) __ U324
 * If “unknown,” record -9.
2. Do you participate in any physical exercises or outdoor games? __ U98
 0 no (skip to Table 11)
 1 Yes
 9 unknown (skip to Table 11)
3. How many times do you participate in any physical exercises or outdoor games each week? __ U99a
 * If does not participate in these activities, record 00.
 If “unknown,” record -9.
4. On average, for how long do you participate in these physical exercises each time? (hours:minutes) __ U99b
 * If “unknown,” record -9:99.

* Ask Questions 6-8 about each activity and record the answers in Table 10.

Table 10. Physical Activities

5 Activity type	6 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	_ U145	__ : __ U327	__ : __ U328
Gymnastics, dancing, acrobatics	_ U149	__ : __ U329	__ : __ U330
Track and field (running, etc.), swimming	_ U147	__ : __ U331	__ : __ U332
Walking	_ U147b	__ : __ U331b	__ : __ U332b
Soccer, basketball, tennis	_ U151	__ : __ U333	__ : __ U334
Badminton, volleyball	_ U153	__ : __ U335	__ : __ U336
Other (ping pong, Tai Chi, etc.)	_ U155	__ : __ U337	__ : __ U338

* Ask Questions 10-12 about each activity and record the answers in Table 12.

Table 12. Sedentary Activities

9 Activity type	10 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	11/12 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	_ U339	__ : __ U340	__ : __ U341
Videotapes, VCDs, DVDs	_ U342	__ : __ U343	__ : __ U344
Watching movies and videos online or on a smartphone	_ U508	__ : __ U509	__ : __ U510
Video games	_ U345	__ : __ U346	__ : __ U347
Surfing the internet	_ U410	__ : __ U411	__ : __ U412
Participating in chat rooms including QQ and WeChat	_ U413	__ : __ U414	__ : __ U415
Playing computer/smartphone games, etc.	_ U416	__ : __ U417	__ : __ U418
Reading (books, newspapers and magazines), writing, drawing	_ U351	__ : __ U352	__ : __ U353
Other sedentary activities	_ U351a	__ : __ U352a	__ : __ U353a

* Ask Questions 14-15 about each transportation type for adults who work and record the answers in Table 12.

Table 12. Transportation to and from Work

13 Transportation method	14 Do you travel to and from work this way? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	15 How long does a <u>round trip</u> take? (hours:minutes) * If “unknown,” record -9:99.
Walk	_ U128	__ : __ U129
Bicycle (pedaled)	_ U126	__ : __ U127
Bicycle (passenger)	_ U126b	__ : __ U127b
Bus, subway	_ U124	__ : __ U125
Car, taxi, motorcycle	_ U325	__ : __ U326

*** Ask Question 16 for adults who work:**

16. How much time do you spend doing each of these types of physical activities during work time in a typical week? (hours:minutes)

* If "none," record 00:00. If "unknown," record -9:99.

- | | | |
|-----|--|--------------|
| (1) | Light physical activities (e.g., sedentary job, job with some standing and sitting, office work, watch smith, counter salesperson, lab technician) | __ : __ U140 |
| (2) | Moderate physical activities (e.g., driver, electrician) | __ : __ U141 |
| (3) | Heavy physical activities (e.g., farmer, athlete, dancer, steel worker, lumber worker, mason) | __ : __ U142 |

XIX. ACCESS TO THE INTERNET (for participants age 6 and older)

- | | | |
|----|--|------------------------------|
| 1. | Can you access to the internet? | _ U354 |
| | 0 no (skip to the next section) | |
| | 1 yes | |
| | 9 unknown (skip to the next section) | |
| 2. | Where can you access to the internet? | |
| | 1 internet cafe | 0 no 1 yes 9 unknown _ U419 |
| | 2 at home | 0 no 1 yes 9 unknown _ U427 |
| | 3 at friend's or relative's home | 0 no 1 yes 9 unknown _ U428 |
| | 4 in school | 0 no 1 yes 9 unknown _ U429 |
| | 5 in work place | 0 no 1 yes 9 unknown _ U429a |
| | 6 in stores or other public areas | 0 no 1 yes 9 unknown _ U429b |
| | 7 With smartphone/iPad or similar devices | 0 no 1 yes 9 unknown _ U429c |
| 3. | Do you ever go to an internet cafe? | _ U355 |
| | 0 no (skip to the next section) | |
| | 1 Yes | |
| | 9 unknown (skip to the next section) | |
| 4. | Which of these things do you usually do at an internet café? | |
| | 1 Surf the internet | 0 no 1 yes 9 unknown _ U356 |
| | 2 Participate in chat rooms | 0 no 1 yes 9 unknown _ U357 |
| | 3 Play games | 0 no 1 yes 9 unknown _ U358 |
| | 4 Check emails/messages | 0 no 1 yes 9 unknown _ U359a |
| | 5 Other (specify: _____) | 0 no 1 yes 9 unknown _ U359 |

15. Does your family have rules about what kinds of TV shows you can watch? _ U206d
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |
16. Which TV programs do you like best? _ U209
 Second best? _ U210
- | |
|---|
| 0 no preference |
| 1 sports |
| 2 pop music (such as MTV), popular or non-traditional dance |
| 3 drama |
| 4 news |
| 5 economy/geography/history/politics |
| 6 TV series/movies |
| 7 cartoons |
17. Do you eat snacks while watching TV? _ U371a
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |
18. Do you watch TV when you are eating a meal? _ U372a
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |
19. Do you ask your parents to buy the kind of food or drinks you see on TV commercials? _ U213b
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |
20. Do your parents buy them for you? _ U214c
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |
21. Do you buy for yourself the kind of food or drinks you see on TV commercials? _ U373a
- | | |
|---------------------------------|----------------------------------|
| 0 very seldom (< 1 times/month) | 3 Often (3-4 times/wk) |
| 1 Seldom (1-3 times/month) | 4 very often (\geq 5times/wk) |
| 2 Sometimes(1-2 times/wk) | 9 unknown |

XXI. ACTIVITIES OF DAILY LIVING(for adults age 55 and older)

We want to understand the various life difficulties caused by health and physical limitations.

*** Ask Question 2 about each activity and record the answers in Table 13.**

Table 13. Activities of Daily Living I

1 Activity type	2 Do you have any difficulty doing this? 1 no difficulty 2 have some difficulty, but can still do it 3 need help to do it 4 cannot do it at all 9 unknown
Running a kilometer	_ U157
Walking a kilometer	_ U158
Walking 200 meters	_ U159
Walking across a room	_ U160
Sitting continuously for two hours	_ U161
Standing up after sitting for a long time	_ U162
Climbing one staircase	_ U163
Climbing a few stairs without stopping	_ U164
Lifting or raising a 5-kilogram bag (such as a bag of flour, rice, or other miscellaneous items)	_ U165
Squatting down, kneeling down, or bending over	_ U166
Putting on your clothes	_ U171
Combing your hair	_ U172
Using the toilet	_ U173

*** Ask Questions 4-5 about each activity and record the answers in Table 14.**

Table 14. Activities of Daily Living II

3 Activity type	4 Do you have any difficulty doing this? 1 no difficulty (skip down to next item) 2 have some difficulty, but can still do it (skip down to next item) 3 need help to do it 4 cannot do it at all 9 unknown	5 If you need help, who helps you? 1 spouse 2 other family member 3 friend, relative or neighbor 4 health worker 5 other people 9 unknown
Bathing yourself	_ U167	_ U168
Eating by yourself	_ U169	_ U170

* Ask Question 7 about each activity and record the answers in Table 15.

Table 15. Activities of Daily Living III

6 Activity type	7 Does your health condition or physical strength make it difficult for you to do this? 1 no difficulty 2 have some difficulty, but can still do it 3 need help to do it 4 cannot do it at all 9 unknown
Shop (buying food, clothes, etc.) without others' help	_ U174
Cook without others' help	_ U175
Use public transportation to go places where it is too far to walk	_ U176
Manage your money (record your income and expenses, etc.) without others' help	_ U177
Use the telephone without others' help	_ U178

XXII. MEMORY TEST (for adults age 55 and older)

1. How is your memory? _ U179
 - 1 very good
 - 2 good
 - 3 OK
 - 4 bad
 - 5 very bad
 - 9 unknown

2. In the past twelve months, how has your memory changed? _ U180
 - 1 improved
 - 2 stayed the same
 - 3 deteriorated
 - 9 unknown

3. Now let's do a memory test. I'll read a few words and ask you to repeat them. __ U181
 There are quite a few words. It's hard for most people to remember all of them.
 Are you ready? Let's begin:
 House, wood, cat, table, night, needle, steamed bread, door,
 bridge, bed.

* Read the words slowly and in a plain tone, approximately two seconds per word.
 Let the respondent think before he/she repeats, but not more than two minutes.
 Record the words and fill in the number of correct answers in the boxes.
 * If cannot remember, record 00. If does not answer, record -9.
 * **If refuses to answer, skip to the next section.**

4. Please count backward from 20 to 1. _ U185
 * If does not get it right the first time, try again.
 1 correct the first time
 2 correct the second time
 3 incorrect both times
 9 unknown
5. Ask the respondent the following questions:
 * If adds 7 instead of subtracts 7, repeat the question.
 * **If answer is correct, continue. Otherwise, skip to Question 6.**
- | | | | | |
|---|-------------|----------------|-----------|--------|
| (1) How much is 100 minus 7? | 0 incorrect | 1 correct (93) | 9 unknown | _ U187 |
| (2) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (86) | 9 unknown | _ U188 |
| (3) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (79) | 9 unknown | _ U189 |
| (4) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (72) | 9 unknown | _ U190 |
| (5) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (65) | 9 unknown | _ U191 |
6. I read a list of words to you just now. Now please repeat those words again. __ U192
 * Let the respondent think before he/she repeats, but no more than two minutes.
 Do not read the words again. Record the words and fill in the number of correct answers in the boxes. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.)
 * If cannot remember, record 00. If does not answer, record -9.

XXIII. MEDICAL INSURANCE (for all participants)

1. Do you have medical insurance? _ M1
 0 no (skip to Question 8)
 1 yes
2. Which of the following types of medical insurance do you have?
- | | | | | |
|---|------|-------|-----------|----------|
| (0) Commercial medical insurance | 0 no | 1 yes | 9 unknown | _ M3a_0 |
| (1) Government (Free)medical insurance | 0 no | 1 yes | 9 unknown | _ M3a_1 |
| (2) Urban employee basic medical insurance | 0 no | 1 yes | 9 unknown | _ M3a_12 |
| (3) Urban resident basic medical insurance | 0 no | 1 yes | 9 unknown | _ M3a_13 |
| (4) Rural newly cooperative basic medical insurance | 0 no | 1 yes | 9 unknown | _ M3a_4 |
| (9) Other (specify: _____) | 0 no | 1 yes | 9 unknown | _ M3a_8 |
- * **If more than one type of insurance, ask Questions 3-7 about the primary type (most frequently used).**
3. What is your monthly contribution to this insurance? (yuan)? ___ M2a
 *If unknown, record -99.
4. Do you buy any supplementary medical insurance? _ M2b
 0 no (skip to question 6)
 1 Yes
5. What is your monthly contribution to this supplementary medical insurance? ___ M2c
 * If unknown, record -99.
6. Does your employer buy any supplementary medical insurance for you? _ M2d
 0 no (skip to the next section)
 1 Yes
7. What is your monthly contribution to this supplementary medical insurance? ___ M2e
 * If unknown, record -99.
- End for those who answered 2-7 and skip to next section.**

8. Why do you have no medical insurance? _ M2f
- 1 I do not need medical insurance because I am healthy.
 - 2 It is not worth because insurance reimburses only small amount of total medical costs.
 - 3 The premium is too high for me to afford
 - 4 Other reasons: _____

XXIV. USE OF HEALTH CARE AND MEDICAL SERVICES (for all participants)

1. During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease? _ M23
- 0 no
 - 1 yes
 - 9 unknown
2. Did you have any of these symptoms during the past 4 weeks (including today)?
- | | | | | | |
|------|---|------|-------|-----------|-----------|
| (1) | Fever, sore throat, cough | 0 no | 1 yes | 9 unknown | _ M24b_1 |
| (2) | Diarrhea | 0 no | 1 yes | 9 unknown | _ M24b_2 |
| (2a) | Stomachache | 0 no | 1 yes | 9 unknown | _ M24b_2a |
| (2b) | Asthma | 0 no | 1 yes | 9 unknown | _ M24b_2b |
| (3) | Headache, dizziness | 0 no | 1 yes | 9 unknown | _ M24b_3 |
| (4) | Joint pain, muscle pain | 0 no | 1 yes | 9 unknown | _ M24b_4 |
| (5) | Rash, dermatitis | 0 no | 1 yes | 9 unknown | _ M24b_5 |
| (6) | Eye/ear disease | 0 no | 1 yes | 9 unknown | _ M24b_6 |
| (7) | Heart disease/chest pain | 0 no | 1 yes | 9 unknown | _ M24b_7 |
| (8) | Other infectious disease
(specify: _____) | 0 no | 1 yes | 9 unknown | _ M24b_8 |
| (9) | Other noncommunicable disease
(specify: _____) | 0 no | 1 yes | 9 unknown | _ M24b_9 |

*** If no symptoms, skip to Question 16. Otherwise, ask Questions 3-15 about the most recent illness. Then ask Question 16.**

3. How severe was the illness or injury? _ M25
- 1 not severe
 - 2 somewhat severe
 - 3 quite severe
4. For how many days during the past 4 weeks were you unable to carry out normal activities due to this illness? __ M26a
* If “unknown,” record -9.
5. What did you do when you felt ill? _ M26b
- 1 Self-care
 - 2 saw the local health worker (skip to Question 8)
 - 3 saw a doctor (clinic, hospital) (skip to Question 8)
 - 4 did not pay any attention
 - 9 unknown
6. How much money did you spend on the illness or injury? (yuan) _ _ _ _ M39
* If insurance covered all expenses, record -888. If “unknown,” record -999.
7. What percentage of these costs was paid by insurance or may be paid by insurance? (%) _ _ _ _ M39a
* If does not have medical insurance, record -88. If “unknown,” record -99.
8. Did you seek care from a formal medical provider during the past 4 weeks? _ M52
- 0 no (skip to Question 16)
 - 1 yes

9. Where did you see a doctor? __ M27b
- | | | | |
|----|------------------------------------|-----|----------------------------------|
| 01 | village clinic | 09 | city maternal and child hospital |
| 02 | private clinic | 10 | city hospital |
| 03 | work unit clinic | 11 | worker's hospital |
| 04 | other clinic | 12 | other hospital |
| 05 | town family planning service | 14 | at home |
| 06 | town hospital | 15 | other (specify: _____) |
| 07 | county maternal and child hospital | - 9 | unknown |
| 08 | county hospital | | |
10. Was it an outpatient or inpatient visit? _ M28
- | | |
|---|----------------------------------|
| 0 | outpatient (skip to Question 12) |
| 1 | inpatient |
11. For how many days during the past 4 weeks were you or have you been hospitalized? __ M29
- * If "unknown," record -9.
12. How much did this treatment cost or has this treatment cost so far (including all registration fees, medicines, treatment fees, bed fees, etc.)? (yuan) _ _ _ _ _ M30
- * If insurance covers all expenses, record -8888. If "unknown," record -9999.
13. What percentage of these costs was paid by insurance or may be paid by insurance? (%) _ _ _ M31
- * If does not have medical insurance, record -88. If "unknown," record -99.
14. How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) _ _ _ M38
- * If "unknown," record -99.
15. What was the doctor's diagnosis of your illness or injury? __ M40
- | | | | |
|----|------------------------------|-----|-----------------------------------|
| 00 | no diagnosis | 12 | eye/ear/nose/throat/teeth disease |
| 01 | infectious/parasitic disease | 13 | digestive disease |
| 02 | heart disease | 14 | urinary disease |
| 03 | tumor | 15 | sexual dysfunction |
| 04 | respiratory disease | 16 | obstetrical/gynecological disease |
| 05 | injury | 17 | neonatal disease |
| 06 | alcohol poisoning | 18 | dermatological disease |
| 07 | endocrine disorder | 19 | muscular/rheumatological disease |
| 08 | hematological disease | 20 | genetic disease |
| 09 | mental/psychiatric disorder | 21 | old age/mid-life syndrome |
| 10 | mental retardation | 22 | other (specify: _____) |
| 11 | neurological disorder | - 9 | Unknown |
16. Did you visit a folk doctor in 2014? _ M40a
- | | |
|---|---------|
| 0 | no |
| 1 | yes |
| 9 | unknown |
17. During the past 4 weeks, did you receive any preventive health service, such as health examination, eye examination, blood test, blood pressure screening, tumor screening? _ M47
- | | |
|---|------------------------------------|
| 0 | no (skip to the next section) |
| 1 | yes |
| 9 | unknown (skip to the next section) |

*** If more than one service, ask Questions 18-21 about the one that had the highest cost.**

18. What service did you receive? __ M48
- | | | | |
|----|-------------------------------|-----|---------------------------|
| 01 | general physical examination | 07 | prenatal examination |
| 03 | blood test | 08 | postnatal examination |
| 04 | blood pressure screening | 09 | gynecological examination |
| 05 | tumor screening | 10 | other (specify: _____) |
| 06 | vision or hearing examination | - 9 | unknown |

19. Where did you receive this service? __ M49
- | | | | |
|----|------------------------------------|-----|----------------------------------|
| 01 | village clinic | 09 | city maternal and child hospital |
| 02 | private clinic | 10 | city hospital |
| 03 | work unit clinic | 11 | worker's hospital |
| 04 | other clinic | 12 | other hospital |
| 05 | town family planning service | 14 | at home |
| 06 | town hospital | 15 | other (specify: _____) |
| 07 | county maternal and child hospital | - 9 | unknown |
| 08 | county hospital | | |

20. How much did this service cost? (yuan) _ _ _ . _ M50
 * If total cost was paid by medical insurance, record -88.8. If "unknown," record -99.9.

21. What percentage of this cost was paid by insurance, or may be paid by insurance? (%) _ _ _ M51
 * If does not have medical insurance, record -88. If "unknown," record -99.

XXV. DISEASE HISTORY (for participants age 6 and older)

1. Has a doctor ever told you that you suffer from high blood pressure? _ U22
- | | |
|---|------------------------------|
| 0 | no (skip to Question 4) |
| 1 | yes |
| 9 | unknown (skip to Question 4) |

2. For how many years have you had it? _ _ _ U23
 * If "unknown," record -99.

3. Are you currently taking anti-hypertension drugs? _ U24
- | | |
|---|---------|
| 0 | no |
| 1 | yes |
| 9 | unknown |

4. Has a doctor ever told you that you suffer from diabetes? _ U24a
- | | |
|---|------------------------------|
| 0 | no (skip to Question 7) |
| 1 | yes |
| 9 | unknown (skip to Question 7) |

5. How old were you when the doctor told you this? (years) _ _ _ U24b
 * If "unknown," record -99.

6. Did you use any of these treatment methods?
- | | | | | | |
|-----|------------------------------|------|-------|-----------|--------|
| (1) | Special diet | 0 no | 1 yes | 9 unknown | _ U24c |
| (2) | Weight control | 0 no | 1 yes | 9 unknown | _ U24d |
| (3) | Oral medicine | 0 no | 1 yes | 9 unknown | _ U24e |
| (4) | Injection of insulin | 0 no | 1 yes | 9 unknown | _ U24f |
| (5) | Chinese traditional medicine | 0 no | 1 yes | 9 unknown | _ U24g |
| (6) | Home remedies | 0 no | 1 yes | 9 unknown | _ U24h |
| (7) | Qi Gong (spiritual method) | 0 no | 1 yes | 9 unknown | _ U24i |

* For children younger than 18, skip to Question 20.

7. Has a doctor ever given you the diagnosis of myocardial infarction? _ U24j
- | | |
|---|-------------------------------|
| 0 | No (skip to Question 11) |
| 1 | Yes |
| 9 | Unknown (skip to Question 11) |

8. How old were you when the doctor told you this? (years) ___ U24j1
 * If “unknown,” record -99.
9. Have you had this problem in the past year? _ U24j2
 0 No
 1 Yes
 9 Unknown
10. How old were you when you had this problem the most recent time? (years) ___ U24k
 * If “unknown,” record -99.
11. Has a doctor ever given you the diagnosis of stroke or transient ischemic attack? _ U24l
 0 no (skip to Question 16)
 1 Yes
 9 unknown (skip to Question 16)
12. How old were you when you were first diagnosed with stroke or transient ischemic attack? (years) ___ U24t
 * If “unknown,” record -99.
13. Do you know what type of stroke you had in the first time? _ U24u
 0 No
 1 Ischemic
 2 Hemorrhagic
14. Have you had this problem in the past year? _ U24v
 0 No
 1 Yes
 9 Unknown
15. How old were you when you had this problem the most recent time? (years) ___ U24m
 * If “unknown,” record -99.
16. Has a doctor ever given you the diagnosis of cancer? _ U24w
 0 No (skip to Question 20)
 1 Yes
 9 Unknown (skip to Question 20)
17. How old were you when you were first diagnosed with cancer? (years) ___ U24x
 * If “unknown,” record -99.
18. Do you know what type of cancer you suffer from?
- | | | | | | |
|----|----------------------------|------|-------|-----------|-----------|
| 1 | lung cancer | 0 no | 1 yes | 9 unknown | _ U24y01 |
| 2 | stomach cancer | 0 no | 1 yes | 9 unknown | _ U24 y02 |
| 3 | Hepatic carcinoma | 0 no | 1 yes | 9 unknown | _ U24 y03 |
| 4 | Esophageal cancer | 0 no | 1 yes | 9 unknown | _ U24 y04 |
| 5 | colon cancer | 0 no | 1 yes | 9 unknown | _ U24 y05 |
| 6 | breast cancer | 0 no | 1 yes | 9 unknown | _ U24 y06 |
| 7 | cervical cancer | 0 no | 1 yes | 9 unknown | _ U24 y07 |
| 8 | blood/lymph glands cancer | 0 no | 1 yes | 9 unknown | _ U24 y08 |
| 9 | testes/scrotum cancer | 0 no | 1 yes | 9 unknown | _ U24 y09 |
| 10 | melanoma | 0 no | 1 yes | 9 unknown | _ U24 y10 |
| 11 | skin (not melanoma) cancer | 0 no | 1 yes | 9 unknown | _ U24 y11 |
| 12 | brain cancer | 0 no | 1 yes | 9 unknown | _ U24 y12 |
| 13 | uterine cancer | 0 no | 1 yes | 9 unknown | _ U24 y13 |
| 14 | prostate cancer | 0 no | 1 yes | 9 unknown | _ U24 y14 |
| 15 | bone cancer | 0 no | 1 yes | 9 unknown | _ U24 y15 |
| 16 | other (please specify) | 0 no | 1 yes | 9 unknown | _ U24 y16 |
19. How old were you when you were diagnosed with cancer the most recent time? (years) ___ U24w2
 * If “unknown,” record -99.

20. Do you have a history of bone fracture? _ U24n
 0 No (skip to Question 23)
 1 Yes
 9 Unknown (skip to Question 23)
21. How old were you when you had the first bone fracture? (years) _ _ _ U24o
 * If “unknown,” record -99.
22. How many times has this happened (including the first time)? _ _ U24p
 * If “unknown,” record -9.
23. Has a doctor ever told you that you suffered from asthma? _ U24q
 0 No
 1 Yes
 9 Unknown
24. Have you had wheezing or whistling in the chest in the past year? _ U24r
 0 No (skip to Question 26)
 1 Yes
 9 Unknown (skip to Question 26)
25. For how many years have you had it? _ _ U24s
 * If “unknown,” record -9.
26. How do you rate the quality of your life at present? _ U420
 1 Very good 4 Bad
 2 Good 5 Very bad
 3 Fair 9 Unknown
27. Right now, how would you describe your health compared to that of other people _ U48a
 your age?
 1 Very good 4 Bad
 2 Good 5 Very bad
 3 Fair 9 Unknown

* Ask Questions 29-30 about psychological wellbeing and record the answers in Table 16 (for participants age 50 and older).

Table 16. Psychological wellbeing

28 Item No	29 Statement	30
	Please use 1-5 to describe if you strongly disagree, somewhat disagree, neutral, somewhat agree, or strongly agree with this statement?	1 strongly disagree 2 disagree 3 neutral 4 agree 5 strongly agree 9 unknown
1	I have as much pep as I had in 2014.	U421
2	I am as happy now as I was younger.	U422
3	As I get older, things are better than I thought they would be.	U423

XXVI. PERCEIVED STRESS (for participants age 18 and older)

Table 17. Perceived Stress

1 Item No.	2 Statement The questions in this table ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. Please use 1-5 to describe if you never, almost never, sometimes, fairly often, very often had the feelings and thoughts.	3 1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often 9 Unknown
1	In the last month, how often have you been upset because of something that happened unexpectedly?	U551_
2	In the last month, how often have you felt that you were unable to control the important things in your life?	U552_
3	In the last month, how often have you felt nervous and stressed?	_ U553
4	In the last month, how often have you dealt successfully with irritating life hassles?	_ U554
5	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	_ U555
6	In the last month, how often have you felt confident about your ability to handle your personal problems?	_ U556
7	In the last month, how often have you felt that things were going your way?	_ U557
8	In the last month, how often have you found that you could not cope with all the things that you had to do?	_ U558
9	In the last month, how often have you been able to control irritations in your life?	_ U559
10	In the last month, how often have you felt that you were on top of things?	_ U560
11	In the last month, how often have you been angered because of things that happened that were outside of your control?	_ U561
12	In the last month, how often have you found yourself thinking about things that you have to accomplish?	_ U562
13	In the last month, how often have you been able to control the way you spend your time?	_ U563
14	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	_ U564

XXVII. DIET AND ACTIVITY KNOWLEDGE (for participants age 12 and older)

1. Do you know about the Chinese Pagoda or the Dietary Guidelines for Chinese Residents? _ U376
 0 No
 1 Yes

2. Do you proactively look for nutrition knowledge? _ U376a
 0 No (skip to Table 18.)
 1 Yes

3. Which is the most common way you use to look for nutrition knowledge? _ U376b
 1 Internet
 2 TV or Radio
 3 Books/Newspapers/Magazines
 4 Text or Apps through cell phones/smart phones
 5 From families/friends/classmates
 6 Lectures
 7 Other

*** Ask the respondent if he or she strongly agrees, somewhat agrees, somewhat disagrees or strongly disagrees with each statement in Item 4 and record the answers in Table 18.**

Table 18. Diet Knowledge

4 Statement	5
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this statement? * Please note that the question is not asking about your actual habits.	1 strongly disagree 2 disagree 3 neutral 4 agree 5 strongly agree 9 unknown
Choosing a diet with a lot of fresh fruits and vegetables is good for one's health.	_ U377
Eating a lot of sugar is good for one's health.	_ U378
Eating a variety of foods is good for one's health.	_ U379
Choosing a diet high in fat is good for one's health.	_ U380
Choosing a diet with a lot of staple foods [rice and rice products and wheat and wheat products] is not good for one's health.	_ U381
Consuming a lot of animal products daily (fish, poultry, eggs and lean meat) is good for one's health.	_ U382
Reducing the amount of fatty meat and animal fat in the diet is good for one's health.	_ U383
Consuming milk and dairy products is good for one's health.	_ U384
Consuming beans and bean products is good for one's health.	_ U385
Physical activities are good for one's health.	_ U386
Sweaty sports or other intense physical activities are not good for one's health.	_ U387
The heavier one's body is, the healthier he or she is.	_ U388
Eating salty foods can cause hypertension.	_ U388a
Refined grains (rice and wheat flour) contain more vitamins and materials than unrefined grains.	_ U388b
Lard is healthier than vegetable oils.	_ U388c
Vegetables contain more starch than staple foods (rice or wheat flour).	_ U388d
Eggs and milk are the important sources of high-quality protein.	_ U388e

*** Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each food in Item 6 and record the answers in Table 19.**

Table 19. Food Preferences

6 Food item	7
How much do you like this food: Like very much, like somewhat, dislike somewhat, or dislike very much?	1 dislike very much 2 dislike 3 neutral 4 like 5 like very much 9 does not eat this food
Fast food (KFC, pizza, hamburgers, etc.)	_ U389
Salty snack foods (potato chips, pretzels, French fries, etc.)	_ U390
Fruits	_ U391
Vegetables	_ U392
Soft drinks and sugared fruit drinks	_ U393

*** Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each activity in Item 8 and record the answers in Table 20.**

Table 20. Activity Preferences

8 Activity type	9
How much do you like to participate in this activity: Like very much, like somewhat, dislike somewhat, or dislike very much? * Please note we are asking if you participate in the activity, not just watch the activity or games on TV or as a spectator attending an event.	1 dislike very much 2 dislike 3 neutral 4 like 5 like very much 9 does not participate
Walking, Tai Chi	_ U394
Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)	_ U395
Body building	_ U396
Watching TV	_ U397
Playing computer/video games, surfing the internet	_ U398
Reading	_ U399

*** Ask the respondent how important each of the priorities in Item 10 is in his or her life: The most important, very important, important, not very important, or not important at all and record the answers in Table 21a (for participants age 12 -17) or 21b (for participants age 18 and older).**

Table 21a. Priorities (for participants age 12 - 17)

10 Priority	11
How important is this priority in your life: The most important, very important, important, not very important, or not important at all?	1 not important at all 2 not very important 3 important 4 very important 5 the most important 9 unknown
Being praised by parents	_ U401
Being liked by friends	_ U402
Looking modern	_ U403
Getting good grades in school	_ U404

Table 21b. Priorities (for adults age 18 and older)

10 Priority	11
How important is this priority in your life: The most important, very important, important, not very important, or not important at all?	1 not important at all 2 not very important 3 important 4 very important 5 the most important 9 unknown
Having a good income	_ U405
Being physically active	_ U406
Eating a healthy diet	_ U407
Having my child be physically active	_ U408
Having my child eat a healthy diet	_ U409

XXVIII. FREQUENCY OF CONSUMING SNACK FOODS AND PACKAGED FOODS (for participants age 6 and older)

1. Do you ever eat snack foods between two regular meals or in the evening after your main dinner? _ U511
 - 0 No (skip to Question 3)
 - 1 Yes
 - 9 Unknown (skip to Question 3)
2. How often do you usually have snack foods? _ U512
 - 1 Almost every day
 - 2 More than 4 times a week but not everyday
 - 3 3 – 4 times a week
 - 4 1 -2 times a week
 - 5 1 – 3 times a month
 - 6 Less than once a month
 - 9 Unknown
3. Do you ever eat food that is packed in a box, bag or bottle with a label and name and is either Packaged pre-cooked foods, Packaged cooked foods, Packaged non-cooked foods, Packaged processed foods (added flavor, added items with and without nutritive value), or Packaged non-processed foods? _ U513
 - 0 No (skip to the next section)
 - 1 Yes
 - 9 Unknown (skip to the next section)
4. How often do you usually eat packaged foods? _ U514
 - 1 Almost every day
 - 2 More than 4 times a week but not everyday
 - 3 3 – 4 times a week
 - 4 1 -2 times a week
 - 5 1 – 3 times a month
 - 6 Less than once a month
 - 9 Unknown
5. Do you usually read the Nutrition Facts like below when you buy packaged foods? _ U515

Nutrition Facts	Amount / Serving	% Daily Value*	Amount / Serving	% Daily Value*
	Total Fat 18g		28%	Total Carbohydrate 16g
Saturated Fat 4g		20%	Dietary Fiber 2g	8%
Trans Fat 0g			Sugars 11g	
Cholesterol 5mg		2%	Protein 2g	
Sodium 20mg		1%		
*Percent Daily Values are based on a 2,000 calorie diet.		Vitamin A 2%	Vitamin C 0%	Calcium 4% • Iron 4%

- 1 Never
- 2 Seldom (skip to question 7)
- 3 Sometimes (skip to question 7)
- 4 Often (skip to question 7)
- 5 Always (skip to question 7)
6. What is the major reason that you do not read the Nutrition Facts? _ U516
 - 1 Seldom buy packaged foods
 - 2 Have limited time on shopping for foods
 - 3 Do not realize that there are Nutrition Facts on the packages
 - 4 Do not understand the meaning of Nutrition Facts
 - 5 Nutrition Facts are less important than price, tastes, or other factors
 - 6 Already know Nutrition Facts among different foods and do no need to read
 - 7 Other reasons

7. **How often do you usually pay attention to the following components when you read the Nutrition Facts?**

***Use 1-5 to describe your attention from the least frequency to the most frequency and record in table 22.**

Table 22. Priorities

7	8
Attention to each nutrient component	
How often do you usually pay attention to the following components when you read the Nutrition Facts, never, seldom, sometimes, often, or always?	1 Never 2 Seldom 3 Sometimes 4 Often 5 Always 9 unknown
Energy	U517a
Protein	U517b
Fat	U517c
Carbohydrates	U517d
Sodium	U517e

XXIX. MARRIAGE HISTORY (for all women under age 52 who are married, widowed, or divorced)

1. What is your current marital status? _ S1
 - 2 married
 - 3 divorced (skip to Question 4)
 - 4 widowed (skip to Question 4)

2. In what year and month were you married? (current marriage) _ _ _ _ year _ _ month S2
 ___year ___month
 * Record western calendar, if possible.

3. Does your husband ordinarily live at home? _ S3
 - 0 no
 - 1 yes

*** Skip to Question 6**

4. In what year and month were you and your most recent husband married? ___year ___month _ _ _ _ year _ _ month S4
 ___year ___month
 * Record western calendar, if possible.

5. In what year and month were you most recently widowed or divorced? ___year ___month _ _ _ _ year _ _ month S5
 ___year ___month
 * Record western calendar, if possible.

6. Altogether, how many times have you been married? ___times. _ S35

XXX. INTER-GENERATIONAL LINKAGES TO PARENTS(for all women under age 52 who are married, widowed, or divorced)

*** Ask Questions 2-7 about inter-generational linkages and record the answers in Table 23.**

Table 23. Inter-generational Linkages to Parents

1	2	3	4	5	6	7
	Is s/he still alive? 0. No(skip to next relative) 1. Yes	Where does s/he live? 1. Same household 2. Next door or adjacent to household 3. Same neighborhood/village 4. Outside neighborhood, but same city or county 5. Other city or county 9. Unknown	Is s/he over age 50? 0. No(skip to next relative) 1. Yes	Does s/he need to be taken care of (refers to the need for other people's help in daily life and shopping)? 0. No 1. Yes	During the past week, did you help her/him with her/him daily life and shopping? 0. No(skip to next relative) 1. Yes	During the past week, how much time did you spend taking care of her/him?
Mother	S6	S7	S10a	S11	S11a	S12
Father	S13	S14	S17a	S18	S18a	S19
Mother-in-law	S20	S21	S24a	S25	S25a	S26
Father-in-law	S27	S28	S31a	S32	S32a	S33

XXXI. SIBLINGS/RELATIVES(for all women under age 52 who are married, widowed, or divorced)

1. Do you have any brothers? S215
0 no (skip to Question 3)
1 Yes
2. How many brothers do you have? S216
3. Do you have any sisters? S217
0 no (skip to Question 5)
1 Yes
4. How many sisters do you have? S218
- * Ask Questions 5-8 for currently married women only.**
5. Does your husband have any brothers? S219
0 no (skip to Question 7)
1 Yes
6. How many brothers does your husband have? S220
7. Does your husband have any sisters? S221
0 no (skip to the next section)
1 Yes
8. How many sisters does your husband have? S222

XXXII. PREGNANCY HISTORY(for all women under age 52 who are married, widowed, or divorced)

1. Are you currently pregnant? S59
 0 no (skip to Question 3)
 1 Yes
 9 unknown (skip to Question 3)
2. For how many months have you been pregnant? U57
 * If “unknown,” record -9.
 * **Skip to Question 7**
3. Are you using any contraceptive methods? S65
 0 no
 1 Yes(skip to Question 5)
4. What is the reason that you do not use contraceptive methods? S71
 01 want to have a child 07 inconvenient to use
 02 one part of the couple is sterile 08 infrequent sex
 03 husband or relatives disapprove 09 husband not living at home
 04 health reason 10 husband deceased or divorced
 05 unacceptable or inaccessible 11 fatalistic attitude
 06 cost too much 12 other (specify: _____)
5. From January 2011 to the present, how many times have you been pregnant, including the current pregnancy if currently pregnant? S109
 * If “none,” skip to the next section. *For new participants, ask their pregnancies to date.

Table 24. Pregnancy History: January 2011 to Present

*** Ask Questions 6-13 about each pregnancy since January 2011 (since the very first one for new participants) that has ended already (excluding the current one if currently pregnant) and record the answers in Table 24.**

* Begin with the most recent pregnancy (excluding the current one) and work backward, recording up to 5 pregnancies.

* Record western calendar, wherever possible.

* If the current pregnancy is the only pregnancy since January 2011, skip to the next section.

6 Pregnancy number pregnum	7 When did this pregnancy end? (year, month, day) S113a	8 How did this pregnancy end? 1 natural abortion 2 induced abortion 3 stillborn fetus (<7 mo) 4 stillbirth (>7 mo) 5 live birth (ask Q11-15) * If not a live birth (code 1-4), ask about next pregnancy. S114	9 What was this child's sex? 1 male 2 female S114a	10 Is this child still alive? 0 no (skip to Question 14) 1 yes S114c	11 What is this child's name? *Record child's line number line_c	12 Did you ever breastfeed this child? 0 no 1 yes, now 2 yes, no longer S116	13 How long did you breastfeed this child? (months) S117
1	-----	—	—	—	----	—	---
2	-----	—	—	—	----	—	---
3	-----	—	—	—	----	—	---
4	-----	—	—	—	----	—	---
5	-----	—	—	—	----	—	---

*** Ask Questions 14-15 about the most recent pregnancy (excluding the current one).**

14. Did you have prenatal care during this pregnancy? _ S86
 0 no (skip to the next section)
 1 Yes
15. How many prenatal examinations did you have altogether? __ S88

XXXIII. BIRTH HISTORY (for all women under age 52 who are married, widowed, or divorced, and who have given birth to a child)

* We have asked about pregnancies and births since January 2011(since the very first one for new participants). Now we will ask about all the children you have ever given birth to. Please answer all questions for all children, including those who died and those born recently.

* Ask Questions 2-10 about every child the woman has given birth to (including those who died and those born since January 2011), and record the answers in Table 25.

* Begin with the first birth and work forward to the most recent birth.

* Record western calendar, wherever possible.

Table 25. Birth History

1 Birth order	2 When was this child born? (year, month, day)	3 According to which calendar? 1 western 2 lunar	4 What was this child's sex? 1 male 2 female	5 Is this child living with you now? 0 no (skip to Q7) 1 yes	6 What is this child's name? * Record child's line number. * Ask about next child.	7 Is this child living elsewhere? 0 no 1 yes (skip to Q10)	8 When did this child die? (year, month)	9 Was this child living in your household when he or she died? 0 no 1 yes	10 How long did this child live in your household? (years, months)
S48	AA3	AA4	gender	S52	line_c	S54	S56	S57	S58
1	-----	-	-	-	---	-	-----	-	-- years -- months
2	-----	-	-	-	---	-	-----	-	-- years -- months
3	-----	-	-	-	---	-	-----	-	-- years -- months
4	-----	-	-	-	---	-	-----	-	-- years -- months
5	-----	-	-	-	---	-	-----	-	-- years -- months
6	-----	-	-	-	---	-	-----	-	-- years -- months
7	-----	-	-	-	---	-	-----	-	-- years -- months
8	-----	-	-	-	---	-	-----	-	-- years -- months
9	-----	-	-	-	---	-	-----	-	-- years -- months
10	-----	-	-	-	---	-	-----	-	-- years -- months

XXXIV. EATING DISORDERS (for girls and women age 12 to 49 years old)

1. Do you make yourself Sick because you feel uncomfortably full? _ Z1
 0 No
 1 Yes
 9 Unknown
2. Do you worry that you have lost Control over how much you eat? _ Z2
 0 No
 1 Yes
 9 Unknown
3. Have you recently lost more than 6.35 kg (12.7 jin) in a 3-month period? _ Z3
 0 No
 1 Yes
 9 Unknown
4. Do you believe yourself to be Fat when others say you are too thin? _ Z4
 0 No
 1 Yes
 9 Unknown
5. Would you say that Food dominates your life? _ Z5
 0 No
 1 Yes
 9 Unknown

*** Ask the respondent about her dietary behaviors in past 4 weeks (28 days) and record in Table 26.**

Table 26. Dietary Behaviors in past 4 Weeks

6 Dietary Behaviors	7
The total days when you have the following dietary behaviors * We are asking about if you had the following behaviors, whether or not successful.	0 no 1 1-5 days 2 6-12 days 3 13-15 days 4 16-22 days 5 23-27 days 9 daily
Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight?	_ Z6
Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?	_ Z7
Have you tried to avoid eating any foods which you like in order to influence your shape or weight?	_ Z8
Have you tried to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?	_ Z9
Have you wanted your stomach to be empty?	_ Z10
Have you felt fat?	_ Z11
Have you had a strong desire to lose weight?	_ Z12

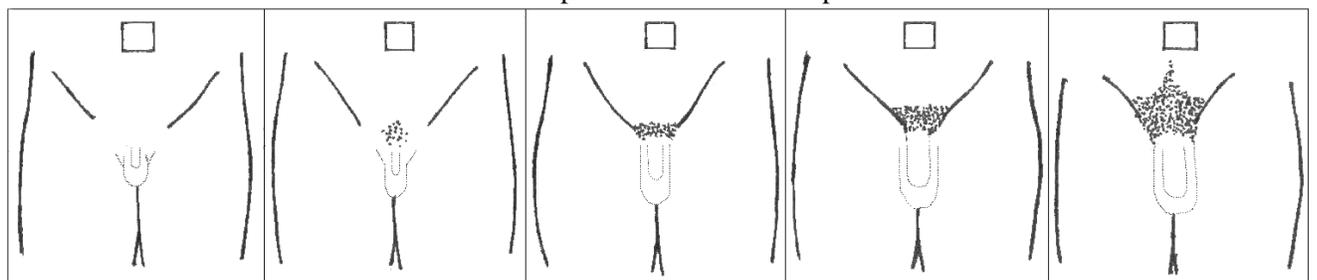
XXXVI. FIRST MENSTRUATION (for girls age 8 - 17)

1. Have you ever menstruated? _ U20
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
2. At what age did you first menstruate? (years) _____ __ U21
 * If "unknown," record -9.

XXXVII. Boy Maturation (for boys age 10-17)

To interviewer: Please write down boy's household ID and Line number, then ask boys age 10 – 17 to fill in the form and return to interviewer

3. Has your voice changed in the past few years? _ BY29
 0 No (skip to question 5)
 1 Yes
 9 Unknown (skip to question 5)
4. How different is your voice now than when you were 10 years old? _ BY30
 0 Has changed a bit
 1 Has changed a lot
 9 Unknown
5. How do you compare your body with that of other boys your age? _ BY31
 1 Younger
 2 The same as other boys
 3 More mature
 9 Unknown
6. Have you started shaving the hair on your face? _ BY32
 0 No
 1 Yes
 9 Unknown
7. How thick is the hair under your arms? _ BY33
 0 No hair
 1 Just a little
 2 Very thick
8. Please look at the drawings and read what is written underneath each box. Choose _ BY34
 which drawing matches the thickness of your hair and mark the corresponding box with a circle. Remember to focus on the pubic hair and not the penis.



1	2	3	4	5
There is no hair yet.	There are a few which are fine, long and not so dark. Most of the hair is around the base of the penis and is either curly or straight.	The hair is darker and curlier. It has spread out and thinly covers a bigger area.	The hair is really dark as that of an older man but still not a lot. The hair has not spread out to the legs.	The hair has spread out to the legs. There is more hair as that of an older man.