

# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

## —2000 PHYSICAL EXAMINATION

Province: 21 Liaoning 23 Heilongjiang 32 Jiangsu 37 Shandong 41 Henan  
42 Hubei 43 Hunan 45 Guangxi 52 Guizhou T1

Urban Site: 1 Rural Site: 2 T2  
City: \_\_\_\_\_ County: \_\_\_\_\_ T3

1. First city
2. Second city

1. First county
2. Second county
3. Third county
4. Fourth county

Neighborhood: \_\_\_\_\_ Village (Town): \_\_\_\_\_ T4

1. First [urban] neighborhood
2. Second [urban] neighborhood
3. Third suburban village (neighborhood)
4. Fourth suburban village (neighborhood)
5. Fifth [urban] neighborhood
6. Sixth [urban] neighborhood
7. Seventh suburban village (neighborhood)
8. Eighth suburban village (neighborhood)
- \*9. Ninth [urban] neighborhood

1. County town neighborhood
2. First village
3. Second village
4. Third village
5. County town neighborhood
6. Fourth village
7. Fifth village
8. Sixth village

Household Sequence Number: \_\_\_\_\_ T5

Respondent Name: \_\_\_\_\_ Line Number: \_\_\_\_\_ A1

Interview Date: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day T7

Completion Evaluation: 1 Good 2 OK 3 Poor CO

Interviewer Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6c

Supervisor Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6d

\* Community 52115 (new in 1997) was replaced by community 52119 in 2000.  
This is the only community in 2000 where T4=9.

**I. Physical Examination**

- 1. Date of birth \_\_\_year\_\_\_month\_\_\_day □□□□□□□□ U1a
- 2. Age (years): \_\_\_\_\_ □□□U1
- 3. Sex: \_\_\_\_\_ 1 male 2 female □□U1b
- 4. Blood pressure: (mmHg) (for persons age 7 and older only):  
a: \_\_\_\_\_/\_\_\_\_\_  
b: \_\_\_\_\_/\_\_\_\_\_  
c: \_\_\_\_\_/\_\_\_\_\_  
□□□□□□U4  
□□□□□□U5  
□□□□□□U6
- 5. Height (cm): \_\_\_\_\_ □□□.□U3
- 6. Weight (Kg): \_\_\_\_\_ □□□.□U2
- 7. Upper arm circumference (cm): \_\_\_\_\_ □□.□U7
- 8. Triceps skin fold (mm):  
a: \_\_\_\_\_ □□U8a  
b: \_\_\_\_\_ □□U8b  
c: \_\_\_\_\_ □□U8c
- 9. Buttock circumference (cm): \_\_\_\_\_ □□□U9
- 10. Waist circumference (cm): \_\_\_\_\_ □□□U10
- 11. Examine the following conditions of the respondent:
  - 1. Goiter 0 no 1 yes □□U12
  - 2. Angular stomatitis 0 no 1 yes □□U13
  - 3. Blindness in one eye 0 no 1 yes □□U14
  - 4. Blindness in both eyes 0 no 1 yes □□U15
  - 5. Loss of one arm or use of one arm 0 no 1 yes □□U16
  - 6. Loss of both arms or use of both arms 0 no 1 yes □□U17
  - 7. Loss of one leg or use of one leg 0 no 1 yes □□U18
  - 8. Loss of both legs or use of both legs 0 no 1 yes □□U19

**II. First Menstruation (for girls age 10-15 only)**

- 12. Have you ever menstruated? □□U20  
0 no (Go to Section III)  
1 yes  
8 refuse to answer (Go to Section III)  
9 don't know (Go to Section III)
- 13. At what age did you first menstruate? \_\_\_\_\_ age □□U21  
\*If don't know or refuse to answer, record -9.

**III. Current Health Status (for persons age 14 and older only)**

- 14. Right now, how would you describe your health compared to that of other people of your age? □□U48a
  - 1 excellent
  - 2 good
  - 3 fair
  - 4 poor
  - 8 refuse to answer
  - 9 don't know

15. Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? □U48  
\* If "yes", continue with the next question. Otherwise, go to Section IV.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

16. For how long did you have difficulty carrying out your normal daily activities and work (weeks)? □□U49  
\* If "don't know" or "refuse to answer," record -9.

**IV. Pregnancy (for married females age 16-49 only)**

17. Are you currently pregnant? □U56  
\* If "yes," continue with the next question. Otherwise skip to Question 19.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

18. How many months have you been pregnant? □□U57  
\* If "don't know" or "refuse to answer," record -9.

19. Are you currently breast-feeding? □U87  
0 no  
1 yes  
8 refuse to answer  
9 don't know

**V. Disease History (for persons age 14 and older only)** □U22

20. Has a doctor ever told you that you suffer from high blood pressure?  
\* If "yes," continue with the next question. Otherwise, skip to Question 23.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

21. For how many years have you had it? □□U23  
\* If "don't know" or "refuse to answer," record -9.

22. Are you currently taking anti-hypertension drugs? □U24  
0 no  
1 yes  
8 refuse to answer  
9 don't know

23. Has the doctor ever told you that you suffer from diabetes? □U24a  
\* If "yes," continue with the next question. Otherwise, skip to Question 26.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

24. How old were you when the doctor told you about such a situation (years)? □□U24b  
 \* If “don’t know” or “refuse to answer,” record -9.
25. Did you use any of the following treatment methods? □□U24c
- |                                |      |       |                    |              |                 |
|--------------------------------|------|-------|--------------------|--------------|-----------------|
| 1 Special diet                 | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24c           |
| 2 Weight control               | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24d           |
| 3 Oral medicine                | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24e           |
| 4 Injection of insulin         | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24f           |
| 5 Chinese traditional medicine | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24g           |
| 6 Home remedies                | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24h           |
| 7 Qi Gong (or other method)    | 0 no | 1 yes | 8 refuse to answer | 9 don’t know | □U24i<br>[U24i] |
26. Has the doctor ever given you the diagnosis of myocardial infarction? □□U24j  
 \* If “yes,” continue with the next question. Otherwise skip to Question 28.  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don’t know
27. How old were you when you suffered from myocardial infarction? (years) □□U24k  
 \* If more than once, please give the most recent one. If “don’t know” or “refuse to answer,” record -9.
28. Has the doctor ever given you the diagnosis of apoplexy? □□U24l  
 \* If “yes” continue with the next question. Otherwise skip to Question 30. [U24l]  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don’t know
29. How old were you when you suffered from apoplexy? (years) □□U24m  
 \* If more than once, please give the most recent one. If “don’t know” or “refuse to answer,” record -9.
30. Do you have a history of bone fracture? □□U24n  
 \*If “yes,” continue with the next question. Otherwise, go to Section VI.  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don’t know
31. How old were you when you had the first bone fracture? (years) □□U24o  
 \* If “don’t know” or “refuse to answer,” record -9.
32. How many times did that happen? (including the first time) □□U24p  
 \* If “don’t know” or “refuse to answer,” record -9.

**VI. Smoking, Drinking Alcohol, Tea, or Coffee (for persons age 14 and older only)**

**(1) Smoking (Questions 33-41)**

33. Have you ever smoked cigarettes? (including hand-rolled or device-rolled) □U25  
\* If "yes," continue with the next question. Otherwise, skip to Question 38.  
0 never smoked  
1 yes  
8 refuse to answer  
9 don't know
34. How old were you when you started to smoke? (years) □□U26  
\*If don't know" or "refuse to answer," record -9.
35. Do you still smoke cigarettes now? □U27  
\*If "yes," continue with next question. Otherwise, skip to Question 37.  
0 no  
1 yes  
8 refuse to answer  
9 don't know
36. If yes, how many cigarettes do you smoke per day? □□U28  
\*If "don't know" or "refuse to answer," record -9, then skip to Question 38.
37. If no, how long ago did you stop smoking? (months) □□□U29  
\*If "don't know" or "refuse to answer," record -9 [-99].
38. Have you ever smoked a pipe? □U30  
\*If "yes," continue with next question. Otherwise, skip to Question 42.  
0 never  
1 yes  
8 refuse to answer  
9 don't know
39. How old were you when you started smoking a pipe? (years) □□U31  
\*If "don't know" or "refuse to answer," record -9.
40. Do you still smoke now? □U32  
\*If "yes," continue with next question. Otherwise, skip to Question 42.  
0 no  
1 yes  
8 refuse to answer  
9 don't know
41. If yes, how many liang of tobacco do you use in one month? □U33  
\*If "don't know" or "refuse to answer," record 9.

**(2) Tea-Drinking (Questions 42-44)**

42. Do you normally drink tea? □U34  
\*If "yes," continue with next question. Otherwise, skip to Question 45.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

43. Your normal tea-drinking habit (in the last 30 days) □U35  
1 almost every day  
2 4-5 times a week  
3 2-3 times a week  
4 no more than once a week  
5 2-3 times in the past 30 days  
6 only once in the past 30 days  
7 none in the past 30 days  
8 refuse to answer  
9 don't know

44. How many cups of tea did you drink a day? □□U36  
\*If "don't know" or "refuse to answer," record -9.

**(3) Coffee-Drinking (Questions 45-47)**

45. Do you normally drink coffee? □U37  
\*If "yes," continue with the next question. Otherwise, skip to Question 48.  
0 no  
1 yes  
8 refuse to answer  
9 don't know

46. Your coffee-drinking situation in the last 30 days? □U38  
1 every day  
2 4-5 times a week  
3 2-3 times a week  
4 once a week  
5 2-3 times in the past 30 days  
6 only once in the past 30 days  
7 none in the past 30 days  
8 refuse to answer  
9 don't know

47. How many cups did you drink a day? □□U39  
\*If "don't know" or "refuse to answer," record 99 [-9].

**(4) Alcohol-Drinking (Questions 48-50)**

48. During the past year, have you drunk beer or any other alcohol beverage? □U40  
 \*If "yes," continue with the next question. Otherwise, go to Section VII.  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don't know

49. How often do you drink? □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  
 8 refuse to answer  
 9 don't know

50. Alcohol Type and Average Weekly Consumption

	Drink this type 0 no    1 yes    8 refuse to answer    9 don't know	Average Weekly Amount?
Beer	U42a    □	U42    □□ (bottle)
Grapewine (including various colored wines, rice wine)	U43a    □	U43    □□ (liang)
Liquor	U44a    □	U44    □□ (liang)

\*The following questions are about physical activities. Interviewers, please note that there are separate sections for different age groups.

**VII. Physical Activities 1 (for children under age 6 only)**

51. Usually, does the child do any physical exercises in any pre-school facilities, athletic schools, or at home? □U90  
 \*If "yes," continue with the next question. Otherwise, skip to Question 53.  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don't know

52. Each week, how many hours does he/she spend on physical exercises? □□U91  
 \*If "don't know" or "refuse to answer," record -9.

53. Does the child participate in the following activities? If "yes," how much time each week (hours:minutes)?

	Participate? 0 no                                    1 yes 8 refuse activity                    9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
TV, videotapes	U92    □	U93    □□:□□
Reading, writing, drawing	U94    □	U95    □□:□□
Video games, toy cars, puppets, board games, radio	U96    □	U97    □□:□□

**VIII. Physical Activities 2 (for children age 6-18 who are in school only)**

54. Does the child participate in any coached physical exercises before or after school, including relatively intense physical exercises, such as volleyball, soccer, badminton, long distance running? \*If "yes," ask the next question. Otherwise, skip to Question 56. □U98  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don't know

55. During a week, how many times does he/she participate in any physical exercises before or after school? □□U99  
 \*If "don't know" or "refuse to answer," record -9.

56. Does the child participate in the following activities before or after school? If "yes," how much time each week (hours:minutes)?

	Participate?		Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
	0 no 8 refuse to answer	1 yes 9 don't know	
Martial arts (Kung Fu, Tai Ji, etc.)	U100a [U216]	<input type="checkbox"/>	U101a [ ] □□:□□
Gymnastics, dancing, acrobatics	U100	<input type="checkbox"/>	U101 □□:□□
Track and field (running, etc.), swimming	U104	<input type="checkbox"/>	U105 □□:□□
Soccer, basketball, volleyball	U102b [U217]	<input type="checkbox"/>	U103b [ ] □□:□□
Badminton, tennis	U102 [U218]	<input type="checkbox"/>	U103a [ ] □□:□□
Other (board games, ping pong, etc.)	U106a [U219]	<input type="checkbox"/>	U107a [ ] □□:□□

57. Does he/she participate in the following activities before or after school? If "yes," how much time each week (hours:minutes)?

	Participate?		Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
	0 no 8 refuse to answer	1 yes 9 don't know	
TV, videotapes	U118	<input type="checkbox"/>	U119 □□:□□
Doing homework	U120a [U220]	<input type="checkbox"/>	U121a [ ] □□:□□
Extracurricular reading, writing, drawing	U120	<input type="checkbox"/>	U121 □□:□□
Video games, toy cars, puppets, board games, radio	U122	<input type="checkbox"/>	U123 □□:□□

58. Does he/she have any class of physical exercise in school? □U108  
 0 no  
 1 yes  
 8 refuse to answer  
 9 don't know

59. How many times does he/she participate in physical exercises in school a week? □□U109  
 \*If "don't know" or "refuse to answer," record -9.

60. Does the child participate in the following activities in school? If yes, how much time each week (hours:minutes)?

	<b>Participate?</b> 0 no 8 refuse to answer	1 yes 9 don't know	<b>Time spent per week (hours:minutes)?</b> *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U110a [U221]	<input type="checkbox"/>	U111a [ ]    □□:□□
Gymnastics, dancing, acrobatics	U110	<input type="checkbox"/>	U111    □□:□□
Track and field (running, etc.), swimming	U114	<input type="checkbox"/>	U115    □□:□□
Soccer, basketball, volleyball	U112b [U222]	<input type="checkbox"/>	U113b [ ]    □□:□□
Badminton, tennis	U112a [U223]	<input type="checkbox"/>	U113a [ ]    □□:□□
Other (board games, ping pong, etc.)	U116a [U224]	<input type="checkbox"/>	U117a [ ]    □□:□□

61. What is your means of transportation to and from school? How much time is spent for a round trip (hours:minutes)?

	<b>Used?</b> 0 no 8 refuse to answer	1 yes 9 don't know	<b>Time spent per week (hours:minutes)?</b> *If "don't know" or "refuse to answer," record -9:99.
Bus, subway	U124	<input type="checkbox"/>	U125    □□:□□
Bike	U126	<input type="checkbox"/>	U127    □□:□□
Walk	U128	<input type="checkbox"/>	U129    □□:□□

**IX. Physical Activities 3 (for children age 6-18 who are not in school only)**

62. Time spent weekly on physical exercise, outdoor games (hours:minutes)?

□□:□□U130

\*If child does not participate in these activities, record 00:00. If "don't know" or "refuse to answer," record -9:99.

63. Does the child participate in the following activities? If "yes," how much time each week (hours:minutes)?

	<b>Participate?</b> 0 no 8 refuse to answer	1 yes 9 don't know	<b>Time spent per week (hours:minutes)?</b> *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U131a [U225]	<input type="checkbox"/>	U131b [ ]    □□:□□
Gymnastics, dancing, acrobatics	U131	<input type="checkbox"/>	U131c [ ]    □□:□□
Track and field (running, etc.), swimming	U133	<input type="checkbox"/>	U133a [ ]    □□:□□
Soccer, basketball, volleyball	U132 [U226]	<input type="checkbox"/>	U132a [ ]    □□:□□
Badminton, tennis	U132b [U227]	<input type="checkbox"/>	U132c [ ]    □□:□□
Other (board games, ping pong, etc.)	U132d [U228]	<input type="checkbox"/>	U132e [ ]    □□:□□

64. Does the child participate in the following activities? If "yes," how much time each week (hours:minutes)?

	<b>Participate?</b> 0 no 8 refuse to answer	1 yes 9 don't know	<b>Time spent per week (hours:minutes)?</b> *If "don't know" or "refuse to answer," record -9:99.
TV, videotapes	U134	<input type="checkbox"/>	U135    □□:□□
Reading, writing, drawing	U136	<input type="checkbox"/>	U137    □□:□□
Video games, toy cars, puppets, board games, building blocks, radio	U138	<input type="checkbox"/>	U139    □□:□□

**X. Body Shape and Mass Media (for all children and young adults age 6-18 only)**

65. Look at these body shape pictures. Which one looks most like you? □U200  
\*Shuffle all pictures first. Then show them to the participant and ask him/her to choose one.  
Record the number on the back of the picture.
66. Look at these pictures again. Which one do you want your body to look like? □U201  
\*Collect all pictures, shuffle, and show them to the participant. Ask him/her to choose one.  
Record the number on the back of the picture.
67. Were you on a diet last year? "On a diet" means changing your normal eating habits to lose weight. □U202  
0 no (Skip to Question 69).  
1 yes  
8 refuse to answer (Skip to Question 69)  
9 don't know (Skip to Question 69)
68. Do you think you are now underweight, normal or overweight? □U203  
1 underweight  
2 normal  
3 overweight
69. Do you think you have too little, just the right amount, or too much physical activity? □U204  
Physical activity refers to sports or activities that increase your heart rate or make you sweat.  
1 too little  
2 just the right amount  
3 too much
70. Do you have a TV (in working order) at home? □U205  
0 no (Go to Section XI)  
1 yes
71. Does your family limit your TV viewing? Include limits on time spent watching TV and which programs to watch. □U206  
0 no  
1 sometimes  
2 always  
8 refuse to answer  
9 don't know
72. Which of the following TV channels do you like best? □□□U207  
Second best? □□□U208  
000 no preference  
1 Central TV Station  
101 Channel 1  
102 Channel 2  
103 Channel 3  
104 Channel 4  
105 Channel 5  
106 Channel 6  
107 Channel 7  
108 Channel 8  
109 Educational Channel  
2 Local TV Station  
201 Province

- 202 City
- 203 County
- 3 Satellite TV
  - 301 Beijing
  - 301 [302] Tianjin
  - 303 Hebei
  - 304 Shanxi
  - 305 Inner Mongolia
  - 306 Liaoning
  - 307 Jilin
  - 308 Heilongjiang
  - 309 Shanghai
  - 310 Jiangsu
  - 311 Zhejiang
  - 312 Anhui
  - 313 Fujian
  - 314 Jiangxi
  - 315 Shandong
  - 316 Henan
  - 317 Hubei
  - 318 Hunan
  - 319 Guangdong
  - 320 Guangxi
  - 321 Hainan
  - 322 Sichuan
  - 323 Chongqing
  - 324 Guizhou
  - 325 Yunnan
  - 326 Tibet
  - 327 Shaanxi
  - 328 Gansu
  - 329 Qinghai
  - 330 Ningxia
  - 331 Xinjiang
  - 332 Hong Kong
  - 333 Other (please specify)

- 4 Cable TV
  - 400 Cable TV

73. Which of the following types of TV programs do you like best?

Second best?

0 No preference

1 Sports

2 Pop music (such as MTV)

3 Drama, dance

4 News

5 Economy/geography/history/politics

6 TV series/movies

7 Cartoons

U209

U210

74. Do you pay attention to TV commercials? □U211  
 0 never  
 1 sometimes  
 2 always
75. Do you like TV commercials? □U212  
 0 no  
 1 a little  
 2 very much
76. Did you ask your parents to buy the kind of food or drinks you saw on TV commercials? □U213  
 0 no (Skip to Question 78)  
 1 yes
77. Did your parents buy them for you? □□U214  
 0 no [□U214]  
 1 yes
78. Think for a minute. Do you have an idol? Someone you saw on TV whom you admire most and whom you want to be like? □□U215  
 Who is this person? What type of person is this?  
 Record this person's name \_\_\_\_\_  
 00 none  
 01 Chinese politician  
 02 Chinese TV host(ess)/Broadcaster  
 03 Chinese pop singer/Movie star  
 04 Japanese pop singer/Movie star  
 05 Western pop singer/Movie star  
 06 Chinese sports star  
 07 Japanese sports star  
 08 Western sports star  
 09 Lawyer/doctor/teacher (professor)  
 10 other  
 99 [-9] don't know

**XI. Physical Activities 4 (for adults age 18 and older only)**

79. Do you spend time on light or very light physical activities during the work day in a week □□U140  
 (e.g. sedentary job, job requiring some standing and sitting, office work, watch smith, college student, counter sales person, lab technician)?  
 \*If "no," record 00. If "don't know" or "refuse to answer," record -9.
80. Do you spend time on moderate physical activities during the work day in a week (e.g. driver, electrician)? □□U141  
 \*If "no," record 00. If "don't know" or "refuse to answer," record -9.
81. Do you spend time on heavy or very heavy physical activities during the work day in a week □□U142  
 (e.g. farmer, athlete, dancer, steel worker, lumber worker, mason, etc.)?  
 \*If "no," record 00. If "don't know" or "refuse to answer," record -9.

82. On average, how long does it take you (round trip) to walk to work, school, shopping each day? (hours:minutes) □□:□□U143  
 \*If "don't know" or "refuse to answer," record -9:99.

83. On average, how long does it take you (round trip) to bike to work, school, shopping each day? (hours:minutes) □□:□□U144  
 \*If "don't know" or "refuse to answer," record -9:99.

84. Do you participate in the following activities? If "yes," how much time each week (hours:minutes)?

	Participate? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U145	<input type="checkbox"/>	U146 □□:□□
Gymnastics, dancing, acrobatics	U149	<input type="checkbox"/>	U150 □□:□□
Track and field (running, etc.), swimming	U147	<input type="checkbox"/>	U148 □□:□□
Soccer, basketball, volleyball	U151	<input type="checkbox"/>	U152 □□:□□
Badminton, tennis	U153	<input type="checkbox"/>	U154 □□:□□
Other (board games, ping pong, etc.)	U155	<input type="checkbox"/>	U156 □□:□□

**XII. Physical Activities 5 (for persons age 55 and older only)**

85. Do you have any difficulty running a kilometer? □U157  
 \*If "no," skip to Question 89.  
 1 No difficulty  
 2 Have some difficulty, but can still do it  
 3 Need help to do it  
 4 Cannot do it at all  
 8 refuse to answer  
 9 don't know

86. Do you have any difficulty walking a kilometer? □U158  
 \*If "no," skip to Question 89.  
 1 No difficulty  
 2 Have some difficulty, but can still do it  
 3 Need help to do it  
 4 Cannot do it at all  
 8 refuse to answer  
 9 don't know

87. Do you have difficulty walking for 200 meters? □U159  
 \*If "no," skip to Question 89.  
 1 No difficulty  
 2 Have some difficulty, but can still do it  
 3 Need help to do it  
 4 Cannot do it at all  
 8 refuse to answer  
 9 don't know

88. Do you have difficulty walking across a room? □U160  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
89. Do you have difficulty sitting continuously for two hours? □U161  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
90. Do you have difficulty standing up after sitting for a long time? □U162  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
91. Do you have difficulty climbing one staircase? □U163  
\*If "no," skip to Question 93.  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
92. Do you have difficulty climbing a few stairs without stopping? □U164  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
93. Do you have any difficulty lifting or raising a 5-kilogram bag, such as a bag of flour, rice or other miscellaneous items? □U165  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know

94. Do you have any difficulty squatting down, kneeling down, or bending over? □U166  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
95. Do you have any difficulty bathing yourself? □U167  
\*If "no," skip to Question 97.  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
96. If you need help, who helps you? □U168  
1 spouse  
2 other family member  
3 friend, relative or neighbor  
4 health worker  
5 other people  
8 refuse to answer  
9 don't know
97. Do you have any difficulty eating by yourself? □U169  
\*If "no," skip to Question 99.  
1 No difficulty  
2 Have some difficulty but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
98. If there is somebody helping you, who is the person? □U170  
1 spouse  
2 other family member  
3 friend, relative or neighbor  
4 health worker  
5 other people  
8 refuse to answer  
9 don't know
99. Do you have any difficulty putting on your clothes? □U171  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know

100. Do you have any difficulty combing your hair? □U172  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
101. Do you have any difficulty using the toilet? □U173  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
102. Does your health condition or physical strength make it difficult for you to do shopping (e.g. buying food, clothes, etc.) without others' help? □U174  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
103. Does your health condition or physical strength make it difficult for you to cook without others' help? □U175  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
104. Does your health condition or physical strength make it difficult for you to use public transportation to go places where it is too far to walk? □U176  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know
105. Does your health condition or physical strength make it difficult for you to manage your money (e.g., record your income and expenses) without others' help? □U177  
1 No difficulty  
2 Have some difficulty, but can still do it  
3 Need help to do it  
4 Cannot do it at all  
8 refuse to answer  
9 don't know

106. Does your health condition or physical strength make it difficult for you to use the telephone without others' help? □U178  
 1 No difficulty  
 2 Have some difficulty, but can still do it  
 3 Need help to do it  
 4 Cannot do it at all  
 8 refuse to answer  
 9 don't know
107. How is your memory? □U179  
 1 Very good  
 2 Good  
 3 OK  
 4 Bad  
 5 Very bad  
 8 refuse to answer  
 9 don't know
108. In the past twelve months, how did your memory change? □U180  
 1 improved  
 2 stayed the same  
 3 deteriorated  
 8 refuse to answer  
 9 don't know
109. Now let's do a memory test. I'll read a few words and ask you to repeat them. 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 did not answer, record -9. If cannot remember, record 00. □□U181
110. Please tell me what year it is. □U182  
 \*Use either Western or Chinese calendar.  
 0 incorrect  
 1 correct  
 8 refuse to answer  
 9 don't know
111. Please tell me what month it is. □U183  
 \*Use either Western or Chinese calendar.  
 0 incorrect  
 1 incorrect  
 8 refuse to answer  
 9 don't know

112. Please tell me what date today is. □U184  
\*Use either Western or Chinese calendar.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
113. Please tell me what day it is. □U184a  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
114. Please count backwards from 20 to 1. □U185  
\*If the respondent does not get it right the first time, try again.  
1 correct the first time  
2 correct the second time  
3 incorrect both times  
8 refuse to answer  
9 don't know
115. What do people usually use to cut paper? □U186  
\*It is correct if answer is scissors.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
116. Please tell me who China's president is. □U186a  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
117. Please tell me who China's premier is. □U186b  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
118. Please tell me: How much does 100 minus 7 equal? □U187  
\*If the respondent did plus 7 instead of minus 7, repeat the question. If the answer is correct (93), continue with the next question. Otherwise, skip to Question 123.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know

119. Then subtract 7 from the previous result. What is the result? □U188  
\*If the answer is correct (86), continue with the next question. Otherwise, skip to Question 123.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
120. Then subtract 7 from the previous result again. What is the result? □U189  
\*If the answer is correct (79), continue with the next question. Otherwise, skip to Question 123.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
121. Then subtract 7 from the previous result again. What is the result? □U190  
\*If the answer is correct (72), continue with the next question. Otherwise, skip to Question 123.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
122. Then subtract 7 from the previous result again. What is the result? □U191  
The correct answer is 65.  
0 incorrect  
1 correct  
8 refuse to answer  
9 don't know
123. If respondent refused to answer Question 109, stop here. □□U192  
\*I read a list of words to you just now. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.) Now please repeat those words again. 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.  
  
\*If did not answer, record -9. If cannot remember, record 00.