

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

2004 ADULT QUESTIONNAIRE

(for all adults age 18 and older)

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

Urban Site: 1 Rural Site: 2 T2

City: \_\_\_\_\_

- 1 First city
- 2 Second city

County: \_\_\_\_\_

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

T3

Neighborhood: \_\_\_\_\_

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

Village (Town): \_\_\_\_\_

- 01 County town neighborhood
- 02 First village
- 03 Second village
- 04 Third village
- 05 County town neighborhood
- 06 Fourth village
- 07 Fifth village
- 08 Sixth village
- 09 County town neighborhood
- 10 Seventh village
- 11 Eighth village
- 12 Ninth village

T4

Household Number: \_\_\_\_\_

T5

Name of Adult: \_\_\_\_\_

Line Number: \_\_\_\_\_

A1

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

The Adult questionnaire should be completed for all adults age 18 and older. Children under age 18 should complete the Child questionnaire. The Adult questionnaire includes the following sections:

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**I. BACKGROUND DEMOGRAPHICS** (for all adults)

1. Date of birth: \_\_\_\_year \_\_\_\_month \_\_\_\_day AA3a  
\* Record western calendar, if possible.
2. According to which calendar type? AA4a  
1 western calendar  
2 lunar calendar
3. Age (years): \_\_\_\_\_ A3a  
\* Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.
4. Sex: \_\_\_\_\_ AA2a  
1 male  
2 female
5. Does your father live in this household? A5a  
0 no (skip to Question 8)  
1 yes
6. What is the relationship between you and your father? A5a1  
1 biological father  
2 stepfather  
3 adopted father
7. What is your father's name? \_\_\_\_\_ A5b  
\* Record the father's line number.
8. Does your mother live in this household? A5c  
0 no (skip to Question 11)  
1 yes
9. What is the relationship between you and your mother? A5c1  
1 biological mother  
2 stepmother  
3 adopted mother
10. What is your mother's name? \_\_\_\_\_ A5d  
\* Record the mother's line number.
11. What is your marital status? A8  
1 never married (skip to Question 13)  
2 married  
3 divorced (skip to Question 13)  
4 widowed (skip to Question 13)  
5 separated (skip to Question 13)  
9 unknown (skip to Question 13)
12. What is your spouse's name? \_\_\_\_\_ A8b  
\* Record the spouse's line number. If spouse is not a family member, record -88.
13. To which type of household registration do you belong? A8b1  
1 urban  
2 rural

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
  - 1 yes

**II. WORK STATUS** (for all adults)

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 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 last year, B2d  
including subsidies and bonuses? (yuan)
- \* **If retired, but rehired, ask Question 6. Otherwise, skip to Section V.**

6. Did you change your job after 2000? B3b  
0 no  
1 yes

**III. PRIMARY OCCUPATION AND WAGES** (for adults 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? B6a
- 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. Last year, 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 last year? C7b  
 0 no (skip to the next section)  
 1 yes
10. On the average, what was your monthly wage/salary last year, excluding C8  
 subsidies and bonuses? (yuan)  
 \* If "unknown," record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 11.
11. What was your average monthly subsidy last year, including grocery subsidy, I14a  
 health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan)  
 \* If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.
12. Did you receive a bonus last year (including monthly bonus, quarterly bonus, I18  
 year-end bonus, holiday bonus, and other bonus)?  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)
13. Last year, what was the total value of all bonuses for the entire year? (yuan) I19  
 \* If "unknown," record -9999.

**IV. SECONDARY OCCUPATION AND WAGES** (for adults 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 secondary occupation? B9
- 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
3. What is your employment position in this secondary 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
4. What type of work unit is this? B11a
- 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
5. How many employees does this work unit have? B12
- 1 < 20
  - 2 20-100
  - 3 > 100
  - 9 unknown
6. Last year, for how many months did you work at this occupation? C3a  
\* If "unknown," record -9.
7. For how many days in a week, on the average, did you work? C5a  
\* If "unknown," record 9.

8. For how many hours in a day, on the average, did you work? C6a  
\* If "unknown," record -9.
9. During the past week, for how many hours did you work? C7a  
\* If "unknown," record -99.
10. Were you paid a regular wage last year? C7c  
0 no (skip to the next section)  
1 yes
11. On the average, what was your monthly wage/salary last year, excluding C8a  
subsidies and bonuses? (yuan)  
\* If "unknown," record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 12.
12. What was your average monthly subsidy last year, including grocery subsidy, I14b  
health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan)  
\* If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.
13. Did you receive a bonus last year (including monthly bonus, quarterly bonus, I18a  
year-end bonus, holiday bonus, and other bonus)?  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to the next section)
14. Last year, what was the total value of all bonuses for the entire year? (yuan) I19a  
\* If "unknown," record -9999.

**V. HOME GARDENING** (for all adults)

1. Did you work in a household vegetable garden or orchard last year? D2a  
0 no (skip to the next section)  
1 yes
2. Last year, 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 all adults)

1. Did you work on a collective farm or a household farm last year? E2a  
0 no (skip to the next section)  
1 yes
2. Last year, 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 last year? 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 last year? 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 all adults)

1. Did you work raising livestock or poultry either on a collective or at home last year? F2a  
0 no (skip to the next section)  
1 yes
2. Last year, 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 last year? 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 last year? 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 all adults)
1. Did you work in fishing either on a collective or in a business operated by your household last year? G2a  
0 no (skip to the next section)  
1 yes
2. Last year, 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 last year? 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 last year? 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 all adults)

1. Did you work in a small handicraft or small commercial business operated by your household last year (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	3 Business type	4 Did you work in this business last year? 0 no 1 yes * If "no," skip down to next item.	5 Last year, for how many months did you work in this business? * If "unknown," record -9.	6 For how many days in a week, on the average, did you work? * If "unknown," record 9.	7 For how many hours in a day, on the average, did you work? * If "unknown," record -9.	8 During the past week, for how many hours did you work? * If "unknown," record -99.
<b>H1d</b> 1	Commerce	<b>H5a</b> <input type="checkbox"/>	<b>H6</b> <input type="checkbox"/> <input type="checkbox"/>	<b>H7</b> <input type="checkbox"/>	<b>H8</b> <input type="checkbox"/> <input type="checkbox"/>	<b>H9</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Service	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Manufacturing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Peddler	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Construction	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Other (specify:____)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**X. TIME ALLOCATION FOR HOME ACTIVITIES** (for all adults)

\* 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	<b>K2</b> <input type="checkbox"/>	<b>K3</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> * If done on the way to or from school or work, record -88.
Prepare and cook food for your household	<b>K4</b> <input type="checkbox"/>	<b>K5</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wash and iron clothes	<b>K6</b> <input type="checkbox"/>	<b>K7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clean the house	<b>K7b</b> <input type="checkbox"/>	<b>K7c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**XI. CARE OF CHILDREN AGE 6 AND YOUNGER** (for all adults)

1. During the past week, did you take care of children age 6 and younger 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 age 6 and younger 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 age 6 and younger for another household during the past week? (hours) K13c  
 \* If does not know the exact time, record -99.

**XII. SMOKING** (for all adults)

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.

**XIII. TEA CONSUMPTION** (for all adults)

1. Do you normally drink tea? U34  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to the next section)

2. How often did you drink tea during the past 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  
9 unknown

3. How many cups of tea did you drink per day? U36  
\* If "unknown," record -9.

**XIV. COFFEE CONSUMPTION** (for all adults)

1. Do you normally drink coffee? U37  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to the next section)

2. How often did you drink coffee during the past 30 days? U38a  
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  
9 unknown

3. How many cups of coffee did you drink per day? U39  
\* If "unknown," record -9.

**XV. ALCOHOL CONSUMPTION** (for all adults)

1. Last year, 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	<b>U42a</b> □	<b>U42</b> □□ (bottle)
Grape wine (including various colored wines, rice wine)	<b>U43a</b> □	<b>U43</b> □□ (liang)
Liquor	<b>U44a</b> □	<b>U44</b> □□ (liang)

**XVI. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION** (for all adults)

1. Last year, did you drink soft drinks or sugared fruit drinks? □U229  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)
2. How often did you drink soft drinks or sugared fruit drinks? □U230  
 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 beverage and record the answers in Table 4.

**Table 4. Soft Drink and Sugared Fruit Drink Consumption**

3 Beverage type	4 Do you drink this beverage? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	5 How much do you drink each week? (liters) * If “unknown,” record -.9.
Chinese brand soft drinks (Jianlibao, etc.)	<b>U231</b> <input type="checkbox"/>	<b>U232</b> <input type="checkbox"/> . <input type="checkbox"/>
Non-Chinese brand soft drinks (Coca-Cola, etc.)	<b>U233</b> <input type="checkbox"/>	<b>U234</b> <input type="checkbox"/> . <input type="checkbox"/>
Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)	<b>U235</b> <input type="checkbox"/>	<b>U236</b> <input type="checkbox"/> . <input type="checkbox"/>

**XVII. PHYSICAL ACTIVITIES** (for all adults)

1. How much time each day do you usually spend in bed either sleeping or lying there, U324 including nighttime? (hours)  
\* If “unknown,” record -9.

\* Ask Question 2 for adults who work:

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

\* Ask Questions 4-5 about each transportation type for adults who work or go to school and record the answers in Table 5.

**Table 5. Transportation to and from Work or School**

3 Transportation method	4 Do you travel to and from work or school this way? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	5 How long does a <u>round trip</u> take? (hours:minutes) * If “unknown,” record -9:99.
Walk	<b>U128</b> <input type="checkbox"/>	<b>U129</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Bicycle	<b>U126</b> <input type="checkbox"/>	<b>U127</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Bus, subway	<b>U124</b> <input type="checkbox"/>	<b>U125</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Car, taxi, motorcycle	<b>U325</b> <input type="checkbox"/>	<b>U326</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

\* Ask Questions 7-9 about each activity and record the answers in Table 6.

**Table 6. Physical Activities**

6 Activity type	7 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	8/9 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.)	<b>U145a</b> <input type="checkbox"/>	<b>U327</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U328</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Gymnastics, dancing, acrobatics	<b>U149</b> <input type="checkbox"/>	<b>U329</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U330</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Track and field (running, etc.), swimming	<b>U147</b> <input type="checkbox"/>	<b>U331</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U332</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Soccer, basketball, tennis	<b>U151a</b> <input type="checkbox"/>	<b>U333</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U334</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Badminton, volleyball	<b>U153a</b> <input type="checkbox"/>	<b>U335</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U336</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Other (ping pong, Tai Chi, etc.)	<b>U155a</b> <input type="checkbox"/>	<b>U337</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U338</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

\* Ask Questions 11-13 about each activity and record the answers in Table 7.

**Table 7. Sedentary Activities**

10 Activity type	11 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	12/13 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	<b>U339</b> <input type="checkbox"/>	<b>U340</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U341</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Videotapes, VCDs, DVDs	<b>U342</b> <input type="checkbox"/>	<b>U343</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U344</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Video games	<b>U345</b> <input type="checkbox"/>	<b>U346</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U347</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Computer usage (computer games, surfing the internet, etc.)	<b>U348</b> <input type="checkbox"/>	<b>U349</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U350</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Reading (books, newspapers and magazines), writing, drawing	<b>U351</b> <input type="checkbox"/>	<b>U352</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	<b>U353</b> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

14. Can you access the internet from your home or at an internet cafe? U354
- 0 no (skip to the next section)
- 1 yes
- 9 unknown (skip to the next section)

15. 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)

16. 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) Other (specify: \_\_\_\_\_) 0 no 1 yes 9 unknown U359

**XVIII. 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 8.**

**Table 8. 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	<b>U157</b> <input type="checkbox"/>
Walking a kilometer	<b>U158</b> <input type="checkbox"/>
Walking 200 meters	<b>U159</b> <input type="checkbox"/>
Walking across a room	<b>U160</b> <input type="checkbox"/>
Sitting continuously for two hours	<b>U161</b> <input type="checkbox"/>
Standing up after sitting for a long time	<b>U162</b> <input type="checkbox"/>
Climbing one staircase	<b>U163</b> <input type="checkbox"/>
Climbing a few stairs without stopping	<b>U164</b> <input type="checkbox"/>
Lifting or raising a 5-kilogram bag (such as a bag of flour, rice, or other miscellaneous items)	<b>U165</b> <input type="checkbox"/>
Squatting down, kneeling down, or bending over	<b>U166</b> <input type="checkbox"/>
Putting on your clothes	<b>U171</b> <input type="checkbox"/>
Combing your hair	<b>U172</b> <input type="checkbox"/>
Using the toilet	<b>U173</b> <input type="checkbox"/>

\* Ask Questions 4-5 about each activity and record the answers in Table 9.

**Table 9. 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	<b>U167</b> <input type="checkbox"/>	<b>U168</b> <input type="checkbox"/>
Eating by yourself	<b>U169</b> <input type="checkbox"/>	<b>U170</b> <input type="checkbox"/>

\* Ask Question 7 about each activity and record the answers in Table 10.

**Table 10. 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	<b>U174</b> <input type="checkbox"/>
Cook without others' help	<b>U175</b> <input type="checkbox"/>
Use public transportation to go places where it is too far to walk	<b>U176</b> <input type="checkbox"/>
Manage your money (record your income and expenses, etc.) without others' help	<b>U177</b> <input type="checkbox"/>
Use the telephone without others' help	<b>U178</b> <input type="checkbox"/>

**XIX. 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. Ask the respondent for the following information:  
 \* Use either western or lunar calendar.
- |  |             |           |           |                                |
|--|-------------|-----------|-----------|--------------------------------|
| (1) Please tell me what year it is.    | 0 incorrect | 1 correct | 9 unknown | <input type="checkbox"/> U182  |
| (2) Please tell me what month it is.   | 0 incorrect | 1 correct | 9 unknown | <input type="checkbox"/> U183  |
| (3) Please tell me what date today is. | 0 incorrect | 1 correct | 9 unknown | <input type="checkbox"/> U184  |
| (4) Please tell me what day it is.     | 0 incorrect | 1 correct | 9 unknown | <input type="checkbox"/> U184a |
5. 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
6. What do people usually use to cut paper? 0 incorrect 1 correct 9 unknown U186  
 \* The correct answer is scissors.
7. 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 8.**
- |   |             |                |           |                               |
|---|-------------|----------------|-----------|-------------------------------|
| (1) How much is 100 minus 7?              | 0 incorrect | 1 correct (93) | 9 unknown | <input type="checkbox"/> U187 |
| (2) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (86) | 9 unknown | <input type="checkbox"/> U188 |
| (3) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (79) | 9 unknown | <input type="checkbox"/> U189 |
| (4) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (72) | 9 unknown | <input type="checkbox"/> U190 |
| (5) Subtract 7 again. What is the result? | 0 incorrect | 1 correct (65) | 9 unknown | <input type="checkbox"/> U191 |

8. 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.

**XX. MEDICAL INSURANCE** (for all adults)

1. Do you have medical insurance? □M1  
 0 no (skip to the next section)  
 1 yes
2. Which of the following types of medical insurance do you have?
- |     |   |      |       |           |        |
|-----|---|------|-------|-----------|--------|
| (0) | Commercial insurance  | 0 no | 1 yes | 9 unknown | □M3a_0 |
| (1) | Free medical service  | 0 no | 1 yes | 9 unknown | □M3a_1 |
| (2) | Worker's compensation   | 0 no | 1 yes | 9 unknown | □M3a_2 |
| (3) | Insurance for family members                                  | 0 no | 1 yes | 9 unknown | □M3a_3 |
| (4) | Cooperative insurance   | 0 no | 1 yes | 9 unknown | □M3a_4 |
| (5) | Unified planning medical service                              | 0 no | 1 yes | 9 unknown | □M3a_5 |
| (6) | Health insurance for women and children                       | 0 no | 1 yes | 9 unknown | □M3a_6 |
| (7) | EPI (expanded program of immunization) insurance for children | 0 no | 1 yes | 9 unknown | □M3a_7 |
| (8) | 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 the annual premium for this insurance? (yuan) □□□□M4  
 \* If does not know the exact amount, record -999.
4. What percentage of the fees for outpatient care does your insurance pay (not including registration fee)? (%) □□□M9  
 \* If "unknown," record -99.
5. What percentage of the fees for inpatient care does your insurance pay (not including food expenses)? (%) □□□M10  
 \* If "unknown," record -99.
6. How much money do you receive from your insurance every year if your work unit distributes the medical fee to you? (yuan) □□□□M10a  
 \* If does not know the exact amount, record -999.

**\* Ask Question 7 for women only.**

7. Does this insurance cover prenatal and delivery services? □M11  
 0 no  
 1 yes  
 9 unknown

**XXI. USE OF HEALTH CARE AND MEDICAL SERVICES** (for all adults)

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 | <input type="checkbox"/> M24b_1 |
| (2) Diarrhea, stomachache                          | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_2 |
| (3) Headache, dizziness                            | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_3 |
| (4) Joint pain, muscle pain                        | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_4 |
| (5) Rash, dermatitis                               | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_5 |
| (6) Eye/ear disease                                | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_6 |
| (7) Heart disease/chest pain                       | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_7 |
| (8) Other infectious disease (specify: _____)      | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_8 |
| (9) Other noncommunicable disease (specify: _____) | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M24b_9 |

**\* If no symptoms, skip to Question 7. Otherwise, ask Questions 3-14 about the most recent illness. Then ask Question 15.**

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? M26
- 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. Did you seek care from a formal medical provider during the past 4 weeks? M52
- 0 no (skip to Question 15)  
1 yes

8. 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                    |                                     |
9. Was it an outpatient or inpatient visit? M28
- 0 outpatient (skip to Question 11)
- 1 inpatient
10. For how many days during the past 4 weeks were you or have you been hospitalized? M29  
\* If "unknown," record -9.
11. 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.
12. 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.
13. 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.
14. 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                          |
15. Did you visit a folk doctor last year? M40a
- 0 no
- 1 yes
- 9 unknown

**XXII. PREVENTIVE HEALTH CARE** (for all adults)

1. 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 2-5 about the one that had the highest cost.**

2. What service did you receive? M48a
- 01 general physical examination
  - 03 blood test
  - 04 blood pressure screening
  - 05 tumor screening
  - 06 vision or hearing examination
  - 07 prenatal examination
  - 08 postnatal examination
  - 09 gynecological examination
  - 10 other (specify: \_\_\_\_\_)
  - 9 unknown

3. Where did you receive this service? M49a
- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 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                    |                                     |

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

5. 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.

**XXIII. CURRENT HEALTH STATUS** (for all adults)

1. Right now, how would you describe your health compared to that of other people your age? U48a
- 1 excellent
  - 2 good
  - 3 fair
  - 4 poor
  - 9 unknown
2. During the past 3 months have you had any difficulty carrying out your daily activities and work or studies due to illness? U48
- 0 no (skip to the next section)
  - 1 yes
  - 9 unknown (skip to the next section)

3. For how long did you have difficulty carrying out your normal daily activities and work or studies? (weeks) □□U49  
 \* If “unknown,” record -9.

**XXIV. DISEASE HISTORY** (for all adults)

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 |
7. Has a doctor ever given you the diagnosis of myocardial infarction? □U24j  
 0 no (skip to Question 9)  
 1 yes  
 9 unknown (skip to Question 9)
8. How old were you when you suffered from myocardial infarction? (years) □□□U24k  
 \* If this occurred more than once, ask about the most recent time. If “unknown,” record -99.
9. Has a doctor ever given you the diagnosis of apoplexy? □U24l  
 0 no (skip to Question 11)  
 1 yes  
 9 unknown (skip to Question 11)
10. How old were you when you suffered from apoplexy? (years) □□□U24m  
 \* If this occurred more than once, ask about the most recent time. If “unknown,” record -99.

11. Do you have a history of bone fracture? U24n  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)

12. How old were you when you had the first bone fracture? (years) U24o  
 \* If “unknown,” record -99.

13. How many times has this happened (including the first time)? U24p  
 \* If “unknown,” record -9.

**XXV. DIET AND ACTIVITY KNOWLEDGE** (for all adults)

1. Do you know about the Chinese Pagoda or the Dietary Guidelines for Chinese Residents? U376  
 0 no  
 1 yes

**\* Ask the respondent if he or she strongly agrees, somewhat agrees, somewhat disagrees or strongly disagrees with each statement in Item 2 and record the answers in Table 11.**

**Table 11. Diet Knowledge**

2 Statement	3 1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree 9 unknown
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.	
Choosing a diet with a lot of fresh fruits and vegetables is good for one’s health.	<b>U377</b> <input type="checkbox"/>
Eating a lot of sugar is good for one’s health.	<b>U378</b> <input type="checkbox"/>
Eating a variety of foods is good for one’s health.	<b>U379</b> <input type="checkbox"/>
Choosing a diet high in fat is good for one’s health.	<b>U380</b> <input type="checkbox"/>
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.	<b>U381</b> <input type="checkbox"/>
Consuming a lot of animal products daily (fish, poultry, eggs and lean meat) is good for one’s health.	<b>U382</b> <input type="checkbox"/>
Reducing the amount of fatty meat and animal fat in the diet is good for one’s health.	<b>U383</b> <input type="checkbox"/>
Consuming milk and dairy products is good for one’s health.	<b>U384</b> <input type="checkbox"/>
Consuming beans and bean products is good for one’s health.	<b>U385</b> <input type="checkbox"/>
Physical activities are good for one’s health.	<b>U386</b> <input type="checkbox"/>
Sweaty sports or other intense physical activities are not good for one’s health.	<b>U387</b> <input type="checkbox"/>
The heavier one’s body is, the healthier he or she is.	<b>U388</b> <input type="checkbox"/>

\* Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each food in Item 4 and record the answers in Table 12.

**Table 12. Food Preferences**

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

\* Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each activity in Item 6 and record the answers in Table 13.

**Table 13. Activity Preferences**

6 Activity type	7
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 somewhat 3 like somewhat 4 like very much 9 does not participate
Walking, Tai Chi	<b>U394</b> <input type="checkbox"/>
Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)	<b>U395</b> <input type="checkbox"/>
Body building	<b>U396</b> <input type="checkbox"/>
Watching TV	<b>U397</b> <input type="checkbox"/>
Playing computer/video games, surfing the internet	<b>U398</b> <input type="checkbox"/>
Reading	<b>U399</b> <input type="checkbox"/>

\* Ask the respondent how important each of the priorities in Item 8 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 14.

**Table 14. Priorities**

8 Priority	9
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	<b>U405</b> <input type="checkbox"/>
Being physically active	<b>U406</b> <input type="checkbox"/>
Eating a healthy diet	<b>U407</b> <input type="checkbox"/>
Having my child be physically active	<b>U408</b> <input type="checkbox"/>
Having my child eat a healthy diet	<b>U409</b> <input type="checkbox"/>

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

1. What is your current marital status? S1
  - 1 married
  - 2 widowed (skip to Question 4)
  - 3 divorced (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 S4  
 \_\_\_year \_\_\_month  
 \* Record western calendar, if possible.
  
5. In what year and month were you most recently widowed or divorced? year month S5  
 \_\_\_year \_\_\_month  
 \* Record western calendar, if possible.
  
6. Altogether, how many times have you been married? \_\_\_times. S35  

**\* If only one marriage, skip to the next section.**
  
7. In what year and month did you first marry? year month S36  
 \_\_\_year \_\_\_month  
 \* Record western calendar, if possible.
  
8. How did your first marriage end? S37
  - 0 divorced
  - 1 widowed

9. In what year and month were you first widowed or divorced? year month S39  
\_\_\_\_year \_\_\_\_month  
\* Record western calendar, if possible.

**XXVII. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER**

(for all women under age 52 who are married, widowed, or divorced)

1. Is your mother still alive? S6  
0 no (skip to the next section)  
1 yes
2. Where does she live? S7  
1 same household (skip to Question 6)  
2 next door or adjacent to household (skip to Question 6)  
3 same neighborhood/village  
4 outside neighborhood, but same city or county  
5 other city or county  
9 unknown (skip to the next section)
3. How far is your mother's house from your house? \_\_\_\_\_kilometers S8
4. How do you normally travel there? S9a  
1 walk  
2 bicycle  
3 bus or subway  
4 car, taxi or motorcycle  
5 boat  
6 train  
7 airplane  
8 other (specify:\_\_\_\_\_)  
9 never travel there (skip to Question 6)
5. How long does it take to travel there? \_\_\_\_hours \_\_\_\_minutes hours minutes S10
6. Is your mother over age 50? S10a  
0 no (skip to the next section)  
1 yes
7. Does your mother need to be taken care of? S11  
(Refers to the need for other people's help in daily life and shopping)  
0 no  
1 yes
8. During the past week, did you help her with her daily life and shopping? S11a  
0 no (skip to the next section)  
1 yes
9. During the past week, how much time did you spend taking care of your mother? \_\_\_\_\_hours S12

**XXVIII. INTER-GENERATIONAL LINKAGES TO PARENTS: FATHER**

(for all women under age 52 who are married, widowed, or divorced)

1. Is your father still alive? S13  
0 no (skip to the next section)  
1 yes

2. Where does he live? S14
- 1 same household (skip to Question 6)
  - 2 next door or adjacent to household (skip to Question 6)
  - 3 same neighborhood/village
  - 4 outside neighborhood, but same city or county
  - 5 other city or county
  - 9 unknown (skip to the next section)
3. How far is your father's house from your house? \_\_\_\_\_kilometers S15
4. How do you normally travel there? S16a
- 1 walk
  - 2 bicycle
  - 3 bus or subway
  - 4 car, taxi or motorcycle
  - 5 boat
  - 6 train
  - 7 airplane
  - 8 other (specify: \_\_\_\_\_)
  - 9 never travel there (skip to Question 6)
5. How long does it take to travel there? \_\_\_\_hours \_\_\_\_minutes hours minutes S17
6. Is your father over age 50? S17a
- 0 no (skip to the next section)
  - 1 yes
7. Does your father need to be taken care of? S18  
(Refers to the need for other people's help in daily life and shopping)
- 0 no
  - 1 yes
8. During the past week, did you help him with his daily life and shopping? S18a
- 0 no (skip to the next section)
  - 1 yes
9. During the past week, how much time did you spend taking care of your father? S19  
\_\_\_\_\_hours

**XXIX. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER-IN-LAW**  
(for all women under age 52 who are currently married)

1. Is your mother-in-law still alive? S20
- 0 no (skip to the next section)
  - 1 yes
2. Where does she live? S21
- 1 same household (skip to Question 6)
  - 2 next door or adjacent to household (skip to Question 6)
  - 3 same neighborhood/village
  - 4 outside neighborhood, but same city or county
  - 5 other city or county
  - 9 unknown (skip to the next section)

3. How far is your mother-in-law's house from your house? \_\_\_\_\_kilometers S22
4. How do you normally travel there? S23a
- 1 walk
  - 2 bicycle
  - 3 bus or subway
  - 4 car, taxi or motorcycle
  - 5 boat
  - 6 train
  - 7 airplane
  - 8 other (specify:\_\_\_\_\_)
  - 9 never travel there (skip to Question 6)
5. How long does it take to travel there? \_\_\_\_hours \_\_\_\_minutes hours minutes S24
6. Is your mother-in-law over age 50? S24a
- 0 no (skip to the next section)
  - 1 yes
7. Does your mother-in-law need to be taken care of? S25  
(Refers to the need for other people's help in daily life and shopping)
- 0 no
  - 1 yes
8. During the past week, did you help her with her daily life and shopping? S25a
- 0 no (skip to the next section)
  - 1 yes
9. During the past week, how much time did you spend taking care of your mother-in-law? \_\_\_\_\_hours S26

### XXX. INTER-GENERATIONAL LINKAGES TO PARENTS: FATHER-IN-LAW

(for all women under age 52 who are currently married)

1. Is your father-in-law still alive? S27
- 0 no (skip to the next section)
  - 1 yes
2. Where does he live? S28
- 1 same household (skip to Question 6)
  - 2 next door or adjacent to household (skip to Question 6)
  - 3 same neighborhood/village
  - 4 outside neighborhood, but same city or county
  - 5 other city or county
  - 9 unknown (skip to the next section)
3. How far is your father-in-law's house from your house? \_\_\_\_\_kilometers S29
4. How do you normally travel there? S30a
- 1 walk
  - 2 bicycle
  - 3 bus or subway
  - 4 car, taxi or motorcycle
  - 5 boat
  - 6 train
  - 7 airplane
  - 8 other (specify:\_\_\_\_\_)
  - 9 never travel there (skip to Question 6)

5. How long does it take to travel there? \_\_\_\_hours \_\_\_\_minutes hours minutes S31
6. Is your father-in-law over age 50? S31a  
 0 no (skip to the next section)  
 1 yes
7. Does your father-in-law need to be taken care of? S32  
 (Refers to the need for other people's help in daily life and shopping)  
 0 no  
 1 yes
8. During the past week, did you help him with his daily life and shopping? S32a  
 0 no (skip to the next section)  
 1 yes
9. During the past week, how much time did you spend taking care S33  
 of your father-in-law? \_\_\_\_\_hours

**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 8**
3. Are you using any contraceptive methods? S65  
 0 no (skip to Question 7)  
 1 yes
4. What method are you using? S66  
 01 pill 06 rhythm (skip to Question 8)  
 02 IUD 07 withdrawal (skip to Question 8)  
 03 injection 08 female sterilization  
 04 diaphragm 09 male sterilization  
 05 condom 10 other (specify: \_\_\_\_\_)
5. From which health facility did you receive this contraceptive service? S67b  
 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 13 drug store  
 06 town hospital 15 other (specify: \_\_\_\_\_)  
 07 county maternal and child hospital - 9 unknown  
 08 county hospital
- \* If "female sterilization" or "male sterilization," ask Question 6.  
 Otherwise, skip to Question 8.**
6. If "female sterilization," when was the operation performed? year month S68  
 \_\_\_\_year \_\_\_\_month  
 \* Record western calendar, if possible.  
 \* **Skip to Question 8**
- If "male sterilization," when was the operation performed? year month S68a  
 \_\_\_\_year \_\_\_\_month  
 \* Record western calendar, if possible.  
 \* **Skip to Question 8**
7. What is the reason that you do not use contraceptive methods? S71a  
 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: \_\_\_\_\_)
8. From January 2000 to the present, how many times have you been pregnant, including the current pregnancy if currently pregnant? S109a  
 \* **If "none," skip to Section XXXIII.**



**\* Ask Questions 20-22 about the most recent pregnancy (excluding the current one).**

20. Did you have prenatal care during this pregnancy? S86  
0 no (skip to Question 22)  
1 yes

21. How many prenatal examinations did you have altogether? S88

22. Are you now on maternity leave? S85  
0 no  
1 yes

**XXXIII. FERTILITY PREFERENCES**

(for all women under age 52 who are married, widowed, or divorced)

**\* Ask Questions 1-2 for women who are currently pregnant.**

1. If you could choose the number of children to have, would you want to have another child, in addition to the child you are expecting? S63a  
0 no (skip to the next section)  
1 yes, whether this child is a girl or a boy  
2 yes, but only if this child is a girl  
3 yes, but only if this child is a boy

2. If you could choose the number of children to have, how many more children would you want to have, in addition to the child you are expecting? S64a

**\* Ask Questions 3-4 for women who have no children and are not currently pregnant.**

3. Do you want to have a child sometime? S72a  
0 no (skip to the next section)  
1 yes

4. If you could choose the number of children to have, how many children would you want to have? S73a

**\* Ask Questions 5-6 for women who have one or more children and are not currently pregnant.**

5. If you could choose the number of children to have, would you want to have another child sometime? S69a  
0 no (skip to the next section)  
1 yes

6. If you could choose the number of children to have, how many more children would you want to have? S70a

**XXXIV. 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 2000. 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.**

1. In total, how many children have you given birth to in your life? S122
2. Of all the children you have given birth to, are there any living with you now? S40  
0 no (skip to Question 5)  
1 yes
3. How many sons are living with you now? S41
4. How many daughters are living with you now? S42
5. Of all the children you have given birth to, are there any who are not living with you now? S43  
0 no (skip to Question 8)  
1 yes
6. How many sons are not living with you? S44
7. How many daughters are not living with you? S45
8. Have you ever given birth to a child who was born alive but later died? S46  
0 no (skip to Question 10)  
1 yes
9. How many children have died? S47
10. \* Calculate the number of children this woman has given birth to according to all of her responses. [The ones living within the household + the ones not living within the household + the ones deceased = \_\_\_\_\_ children] **Then ask the woman:**  
**“According to my record, you have given birth to \_\_\_\_\_ children altogether. Is this number correct?”** If not correct, review the answers to Questions 1-10 and correct all errors. S47a

\* Ask Questions 12-20 about every child the woman has given birth to (including those who died and those born since January 2000), and record the answers in Table 16.

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

\* Record western calendar, wherever possible.

**Table 16. Birth History**

11 Birth order	12 When was this child born? (year, month, day)	13 According to which calendar? 1 western 2 lunar	14 What was this child's sex? 1 male 2 female	15 Is this child living with you now? 0 no (skip to Q17) 1 yes	16 What is this child's name? * Record child's line number. * Ask about next child.	17 Is this child living elsewhere? 0 no 1 yes (skip to Q20)	18 When did this child die? (year, month)	19 Was this child living in your household when he or she died? 0 no 1 yes	20 How long did this child live in your household? (years, months)
S48 1	S49 □□□□□□□□□□	S50 □	S51 □	S52 □	S53 □□□	S54 □	S56 □□□□□□□□	S57 □	S58 □□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

\* When all births have been recorded, continue with Section XXXV.

**XXXV. MASS MEDIA** (for all women under age 52 who are married, widowed,  
or divorced and have children age 6-18 in the household)

1. Now I will ask some questions about your oldest child between the ages of 6 and 18. S223  
What is this child's name? \_\_\_\_\_  
\* Record the child's line number.
2. Do you think your child is underweight, normal, or overweight? S200  
1 underweight  
2 normal  
3 overweight  
9 unknown
3. Was your child on a diet last year? "On a diet" means changing one's normal eating habits to lose or gain weight. S201a  
0 no  
1 yes, on a diet to gain weight  
2 yes, on a diet to lose weight  
9 unknown
4. Did you encourage your child to lose or gain weight through dieting? S202  
0 no  
1 yes
5. Do you think your child has too little, just the right amount, or too much physical activity? Physical activity refers to sports or activities that increase your heart rate or make you sweat. S203  
1 too little  
2 just the right amount  
3 too much  
9 unknown
6. Do you ever ask your child to engage in more physical activity, less physical activity, or don't you care? S204a  
0 no, don't care  
1 yes, more  
2 yes, less  
9 unknown
7. Do you have a TV (in working order) at home? S206  
0 no (skip to the next section)  
1 yes
8. Does your child have a TV (in working order) in his or her bedroom? S224  
0 no  
1 yes
9. When watching TV in the evenings, who normally gets to choose TV programs or channels? S207  
1 Dad, i.e., your husband  
2 Mom, i.e., you  
3 child(ren)  
4 parents or other adults together  
5 child(ren) and parents together  
6 others

10. Does your family often watch TV together? S208a  
 0 no  
 1 sometimes  
 2 often  
 9 unknown

11. Do you ever tell your child not to copy/imitate the things he or she sees on TV? S225  
 0 no  
 1 sometimes  
 2 often  
 9 unknown

12. Do you have rules about how long your child can watch TV? S209a  
 0 no  
 1 sometimes  
 2 often  
 9 unknown

13. Do you have rules about what kinds of TV shows your child can watch? S209b  
 0 no  
 1 sometimes  
 2 often  
 9 unknown

14. Which TV channel do you like best? S210  
 Second best? S211

- |   |                            |
|---|----------------------------|
| 000 No preference                               | Satellite TV (cont'd)      |
| 1 CCTV  | 308 Heilongjiang           |
| 101 News/Public Service Channel                 | 309 Shanghai               |
| 102 Finance Channel                             | 310 Jiangsu                |
| 103 Arts Channel                                | 311 Zhejiang               |
| 104 International Channel                       | 312 Anhui                  |
| 105 Sports Channel                              | 313 Fujian                 |
| 106 Movie Channel                               | 314 Jiangxi                |
| 107 Military/Agriculture/Children's Channel     | 315 Shandong               |
| 108 TV Series and TV Movie Channel              | 316 Henan                  |
| 109 Educational Channel                         | 317 Hubei                  |
| 110 English Language Channel                    | 318 Hunan                  |
| 111 Science Channel                             | 319 Guangdong              |
| 112 Traditional Chinese Opera and Music Channel | 320 Guangxi                |
| 113 Western China Channel                       | 321 Hainan                 |
| 114 Children's Channel                          | 322 Sichuan                |
| 115 Popular Music Channel                       | 323 Chongqing              |
| 116 News Channel                                | 324 Guizhou                |
| 2 Local TV                                      | 325 Yunnan                 |
| 201 Province                                    | 326 Tibet                  |
| 202 City  | 327 Shaanxi                |
| 203 County                                      | 328 Gansu                  |
| 3 Satellite TV                                  | 329 Qinghai                |
| 301 Beijing                                     | 330 Ningxia                |
| 302 Tianjin                                     | 331 Xinjiang               |
| 303 Hebei                                       | 332 Hong Kong              |
| 304 Shanxi                                      | 334 China Entertainment TV |
| 305 Inner Mongolia                              | 333 Other (specify: _____) |
| 306 Liaoning                                    | 4 Cable TV (Local)         |
| 307 Jilin                                       | 400 Cable TV               |

15. Do you pay attention to TV commercials? S212  
0 no  
1 sometimes  
2 often  
9 unknown
16. Does your child ask you to buy the kind of food or drinks he or she sees on TV commercials? S214a  
0 no (skip to Question 18)  
1 sometimes  
2 often  
9 unknown
17. Do you buy them for your child? S214b  
0 no  
1 sometimes  
2 often  
9 unknown
18. Does your child buy for himself or herself the kind of food or drinks he or she sees on TV commercials? S214c  
0 no  
1 sometimes  
2 often  
9 unknown

**XXXVI. PHYSICAL MEASUREMENTS** (for all adults)

Name of adult: \_\_\_\_\_ Line number: \_\_\_\_\_ A1

Interview date: \_\_\_\_year \_\_\_\_month \_\_\_\_day T7

1. Date of birth: \_\_\_\_year \_\_\_\_month \_\_\_\_day U1a

\* Record western calendar, if possible.

2. According to which calendar type? U1c

- 1 western calendar
- 2 lunar calendar

3. Age (years): \_\_\_\_\_ U1

\* Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.

4. Sex: \_\_\_\_\_ U1b

- 1 male
- 2 female

**\* Before taking physical measurements, check line number on cover page, and birth date, age and sex on page 2. If the information on this page does not match the information on cover and page 2, you may have the wrong person. You must resolve this problem before recording physical measurements.**

**\* Items 5-11 should be measured by a physician, nurse, health worker or other health professional.**

5. Blood pressure (mmHg):

(1) \_\_\_\_\_/\_\_\_\_\_ /U4

(2) \_\_\_\_\_/\_\_\_\_\_ /U5

(3) \_\_\_\_\_/\_\_\_\_\_ /U6

6. Height (cm): \_\_\_\_\_ . U3

7. Weight (kg): \_\_\_\_\_ . U2

8. Upper arm circumference (cm): \_\_\_\_\_ . U7

9. Triceps skin fold (mm):

(1) \_\_\_\_\_ U8a

(2) \_\_\_\_\_ U8b

(3) \_\_\_\_\_ U8c

10. Buttock circumference (cm): \_\_\_\_\_ . U9

11. Waist circumference (cm): \_\_\_\_\_ . U10

**\* All conditions in Item 12 should be assessed by an experienced physician.**

12. Does the person have any of these conditions:

(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