

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

—1997 HOUSEHOLD SURVEY

Household ID from 1993 Survey: T1□□ T2□ T3□ T4□ T5□□

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

Urban Site: 1

City: _____

1. First city
2. Second city

Neighborhood: _____

1. First [urban] neighborhood
2. Second [urban] neighborhood
3. Third suburban village (neighborhood)
4. Fourth suburban village (neighborhood)
5. Fifth [urban] neighborhood (new site)
6. Sixth [urban] neighborhood (new site)
7. Seventh suburban village (neighborhood, new site)
8. Eighth suburban village (neighborhood, new site)

Rural Site: 2

County: _____

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

Village: _____

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

T1

T2

T3

T4

Household Sequence Number: _____ Household Number: _____

Detailed Address of Household: _____ District (Town) _____ Street
_____ Apartment Number

Number of Household Members: _____

Respondent's Name: _____ Line #: _____

Co-Respondent's Name: _____ Line #: _____

Interviewer's Name: _____

Interview Date: ____ Year ____ Month ____ Day

Number of Visits to This Household: 1 2 3 4 Completion Evaluation: 1 Good 2 OK 3 Poor

Signature of Responsible Person: _____

T5

T6

T6a

T6b

T7

CO

Additional Instructions for 1997 Household Survey

1. IDs for newly-formed households:

If for some reason a family member in a surveyed household forms a new family in the same site, the new household is called a newly-formed household. T1 through T4 of the ID for newly-formed households are the same as the original survey site, while T5 starts at 41.

2. IDs for replacement* (added and substitute) households:

There are two types of replacement households: added and substitute. If there are fewer than 20 households in a survey site, there is a need to add a certain number of households to make up 20. These households are called added households. If the follow-up survey for a few households at a certain survey site cannot be conducted for some reason, there is a need to select the same number of households at the same site to replace previous households. Those households are called substitute households.

T1 through T4 for added and substitute households remain the same as the original survey site, while T5 starts at 41. If there are not only newly-formed households, but also added and substitute households at a certain site, newly-formed households should be coded first, followed by added and substitute households. Duplication of IDs must be avoided. For example, if there were 15 households in a survey site, and later on two new households were formed (newly-formed households), three additional households (added households) should be added to make up 20 households. T5 for the two newly-formed households should be 41 and 42, and T5 for the three added households should be 43, 44 and 45, respectively.

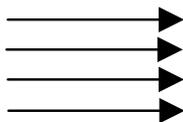
3. IDs for new sites:

If a site cannot continue to be a survey site for some reason, a compatible neighborhood or village should be selected to replace the previous site. These selected sites are called replacement sites or new sites. T1 through T3 of the ID for new sites are the same as the original sites, while T4 ranges from 5 to 8 instead of 1 to 4, i.e.:

T4 for new urban site:

Original site

- 1 First [urban] neighborhood
- 2 Second [urban] neighborhood
- 3 Third suburban village
- 4 Fourth suburban village

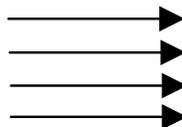


New site

- 5 Fifth [urban] neighborhood
- 6 Sixth [urban] neighborhood
- 7 Seventh suburban village
- 8 Eighth suburban village

T4 for new rural site:

- 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

4. Note for question 8, table 6 on p5:

Where it is difficult to separate salary from bonuses and other allowances, first fill in each allowance in table 12 on pp 11-12, based on the estimated value of each local allowance. Then subtract these allowances from the salary. Fill in the remaining part in item 8 of table 6. If it is impossible to separate allowances from the total, record the total in item 8, answer "yes" to the "receive any allowance" questions in table 12, and fill in -9 or -99 for the "how much" questions in table 12.

When asking this question, it is critically important to separate salary, bonuses, and other allowances. Avoid filling in -9 or -99 whenever possible.

*For all practical purposes (interview questions, ID assignment, data entry), we make no distinction between added and substitute households. Therefore, we shall refer to them collectively as replacement households.

TABLE 1 SECTION 1 HOUSEHOLD MEMBER ROSTER, PART I HOUSEHOLD MEMBER ROSTER

*Copy into the columns below the name, line number, gender, and date of birth of each household member in the 1989, 1991, 1993 surveys. If there is a mistake in any item, answer the questions based on questions 5-6, and record the answers in the relevant column. Don't change questions 1-4.

<p>1 Line Number</p> <p>2 Name</p> <p>3 Gender</p> <p>4 Date of birth (year, month, day)</p>				5	6	7	8	9	10	*Write in the column below the names of those who were left out. Then ask:		13	14	15	16
				Is the name correct?	The correct name	Does he still live in this household now?	When did he move out of your house (year, month)?	Where does he live now?	Is there anyone else who lived in this household in [1989-] 1993, but was not included in the interview? (Please include children of unplanned births)	Gender	Nationality	Date of birth	According to which calendar?		
				*If "no," continue with the next question. Otherwise, skip to Question 7.		*If "no," continue with the next question. Otherwise, skip to Question 10. [Go to next person. After all persons are asked, continue with Question 10.]	*If "unknown," record -999. If "dead," record the date of death (year, month).	*Go to the next person. After all persons are asked, continue with Question 10. 1 same village/ neighborhood 2 same county 3 same city 4 same province 5 other city, province 6 other country 7 dead 9 unknown	*If "yes," continue with the next question. Otherwise, go to Table 2.	11 Line Number	12 Name	1 male 2 female	Refer to page 5 of working manual for codes.	*If "unknown," record -99999. *If only year and month are known, record year and month, and record day as 99.	1 western calendar 2 lunar calendar
AA1		AA2	AA3	AA6	AA6A	AA11	AA12	AA13	AA17	AA18		AA19	AA19a	AA20	AA21
<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"/>		<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"/>	<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"/>	<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"/>	<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"/>		<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"/>	<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"/>	<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"/>	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 2 HOUSEHOLD MEMBER ROSTER, PART II										
1 Is there any current family member who was not in the household in the 1993 survey? * If "no," go to Table 3.	* Write in the columns below the names of those current members who didn't belong to the household in 1993. Ask about each individual:		4 Gender	5 Nationality	6 Date of birth * If "unknown," record -99999. If only year and month are known, record year and month, and record day as 99.	7 According to which calendar?	8 Under what circumstances did he join this household?	9 Was he a member of a household covered by this investigation before? *If "yes," go to Questions 10 and 11. Otherwise, go to Table 3. [Go to the next person. After all persons are asked, go to Table 3].	10 What is the sequence number of the household that he belonged to?	11 What is his line number in the previous household?
0 no 1 yes	2 Line Number	3 Name	1 male 2 female	Refer to page 5 of working manual for codes.		1 western calendar 2 lunar calendar	1 newborn 2 marriage 3 other	0 no 1 yes 9 unknown		
AB0	AB1 41		AB2 <input type="checkbox"/>	AB2a <input type="checkbox"/>	AB3 □□□□□□	AB4 <input type="checkbox"/>	AB5 <input type="checkbox"/>	AB6 <input type="checkbox"/>	AB7 □□□□□□□□	AB8 <input type="checkbox"/>
	42		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>
<input type="checkbox"/>	43		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>
	44		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>
	45		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>
	46		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>

TABLE 3 HOUSEHOLD MEMBER ROSTER, PART III NEWLY-FORMED HOUSEHOLD IN 1993 OR LATER (STILL IN THE SAME VILLAGE/NEIGHBORHOOD)									
*This table is for the members who belonged to any of the households investigated in 1993, and left the household after 1993 for various reasons, and who formed a new household or joined another household which is still within the village/ neighborhood of this investigative site. Go to Table 4 if this is not the case.			3 Was he an interviewee in the 1993 investigation? (If "no," ask whether he was interviewed in 1989 and 1991.)	4 The sequence number of the household he belonged to in 1989, 1991 or 1993.	5 His line number during the 1989, 1991 or 1993 investigation.	6 Gender	7 Date of birth If can't remember clearly, record -99999. If only year and month are known, record year and month, and record day as 99.	8 According to which calendar? 1 western calendar 2 lunar calendar	9 Nationality Refer to page 5 of working manual for codes.
1 Line Number (Line number begins with 01)	2 Name	If "no," skip to Question 6.	0 no 1 yes			1 male 2 female			
AC1	AC2	AC3	AC4	AC5	AC6	AC7	AC8	AC9	
<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"/>	<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"/>	
<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	

* The first five digits of the household ID for the new household follow the old household, and the last 2 digits start from 41. (Use a new set of tables to survey. Start from Table 3.)

Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 1 HOUSEHOLD MEMBER ROSTER (NEW HOUSEHOLD AND NEW SITE)								TABLE 2 QUESTIONS FOR THE HOUSEHOLD HEAD	
1 Line Number	2 Name	3 Gender 1 male 2 female	4 Age	5 Date of birth * Record western calendar if possible.	6 Calendar type 1 western calendar 2 lunar calendar	7 Marital status 1 never married 2 married 3 divorced 4 widowed 5 separated	8 Nationality * Refer to page 5 of working manual for codes.		
A1 [AD1] □□		AA2 [AD2] □	A3 [AD3] □□	AA3 [AD4] □□□□□□	AA4 [AD5] □	A8 [AD6] □	AA7a [AD7] □□	1 Have you always lived here? *If yes, skip to Question 3. <input type="checkbox"/> A16 0 no 1 yes	
□□		□	□□	□□□□□□	□	□	□□	2 For how many years did you live elsewhere? <input type="checkbox"/> <input type="checkbox"/> A17	
□□		□	□□	□□□□□□	□	□	□□	3 Is this a "five-guarantee household"? (Are you "Wubaohu") <input type="checkbox"/> A18 0 no 1 yes	
□□		□	□□	□□□□□□	□	□	□□	4 Are you a national minority? <input type="checkbox"/> A19 0 no 1 yes	
□□		□	□□	□□□□□□	□	□	□□	5 Where were you born? _____ province (region, city) <input type="checkbox"/> <input type="checkbox"/> A20 *Refer to page 6 of working manual for codes.	
□□		□	□□	□□□□□□	□	□	□□	6 Where is your "old home"? _____ province (region, city) <input type="checkbox"/> <input type="checkbox"/> A21 *Refer to page 6 of working manual for codes.	
□□		□	□□	□□□□□□	□	□	□□	7 Is your spouse a national minority? <input type="checkbox"/> A26 0 no 1 yes	
□□		□	□□	□□□□□□	□	□	□□	8 Where was he/she born? _____ province (region, city) <input type="checkbox"/> <input type="checkbox"/> A26a *Refer to page 6 of working manual for codes.	
□□		□	□□	□□□□□□	□	□	□□	9 Where is his/her "old home"? _____ province (region, city) <input type="checkbox"/> <input type="checkbox"/> A27 *Refer to page 6 of working manual for codes.	
□□		□	□□	□□□□□□	□	□	□□		

TABLE 4 HOUSEHOLD MEMBER ROSTER, PART IV 1997 HOUSEHOLD MEMBER ROSTER

*List each household member in 1993 [1997] (that is, those in Questions 1 and 2 in Table 1 who are still members, and the new members in Table 2) in the columns below. If it is a newly-formed household, list all members' line numbers and names from Table 3. Ask the following questions about each member. (Use a new set of tables to survey newly-formed households.)		3	4	5	6	7	8	9	10	11	12	13	14
		Relationship to the head of this household	Is the family member still in the home?	How long has he/she been away from home? (months)	Does your father live in this household?	What is the relationship between you and your father?	What is your father's name?	Does your mother live in this household?	What is the relationship between you and your mother?	What is your mother's name?	What is your marital status?	What is your spouse's name?	What type of household registration do you belong to?
1 Line Number	2 Name	00 head of household 01 spouse 02 father/mother 03 son/daughter 04 brother/sister 05 grandson/ grand-daughter/ grandson-in-law/ granddaughter-in-law 06 mother-in-law/ father-in-law 07 son-in-law/ daughter-in-law 08 other relative 09 maid 10 other non-relative	*If "yes", skip to Question 6. 1 yes 2 gone to school 3 military service 4 sought employment elsewhere 5 gone abroad 6 other 9 unknown	*If don't know or refuse to answer, record -99. 0 no 1 yes	*If "yes," continue with the next question. Otherwise, skip to Question 9. 0 no 1 yes	1 biological father 2 step father 3 foster father	*Record the father's line number.	*If "yes," continue with the next question. Otherwise, skip to Question 12. 0 no 1 yes	1 biological mother 2 step mother 3 foster mother	*Record the mother's line number.	*If "married," continue with the next question. Otherwise, skip to Question 14. 1 never married 2 married 3 divorced 4 widowed 5 separated 6 unknown	*Record the spouse's line number. *If he/she is not a family member, record 99.	1 urban 2 rural
A1	□□	A5	A5e	A5f	A5a	A5a1	A5b	A5c	A5c1	A5d	A8	A8b	A8b1
□□		□□	□	□□□	□	□	□□	□	□	□□	□	□□	□
□□		□□	□	□□□	□	□	□□	□	□	□□	□	□□	□
□□		□□	□	□□□	□	□	□□	□	□	□□	□	□□	□
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□□		□□	□	□□□	□	□	□□	□	□	□□	□	□□	□
□□		□□	□	□□□	□	□	□□	□	□	□□	□	□□	□

TABLE 4 CONTINUED		15 How many years of formal education have you completed in a regular school? <small>*If over five years old, ask this question. Otherwise, ask the next person. *If he has completed six years or more formal education, continue with the next question. Otherwise, skip to Question 17.</small>	16 What is the highest level of education you have attained? <small>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</small>	17 Are you currently in school? <small>*If 18 or older, ask Questions 18-19. Otherwise, go to the next person.</small>	18 Are you an official cadre? <small>0 no 1 yes</small>	19 Are you a village cadre? <small>0 no 1 yes</small>	
1 Line Number	2 Name	00 no school completed 11 1 year primary school 12 2 years primary school 13 3 years primary school 14 4 years primary school 15 5 years primary school 16 6 years primary school 21 1 year lower middle 22 2 years lower middle 23 3 years lower middle 24 1 year upper middle 25 2 years upper middle 26 3 years upper middle 27 1 year technical school 28 2 years technical school 31 1 year college/university 32 2 years college/university 33 3 years college/university 34 4 years college/university 35 5 years college/university 36 6 years college/university or more -9 unknown					
<input type="checkbox"/> <input type="checkbox"/>	A11	<input type="checkbox"/> <input type="checkbox"/>	A12	<input type="checkbox"/>	A13	A15	A15a
<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"/>
<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"/>
<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"/>
<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"/>
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<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"/>

TABLE 5 SECTION 2 OCCUPATIONS OF HOUSEHOLD MEMBERS							
List in the columns below, the line number and name of each person listed in Table 4, "1997 Household Member Roster," who is 16 or older. Ask the following questions about each person.		3 Are you presently working? <small>*If "no," continue with the next question. Otherwise, skip to Question 5.</small>	4 Why are you not working? <small>1 seeking work 2 housewife 3 disabled 4 student 5 retired (go to Question 6) 6 other 9 unknown</small>	5 Are you retired but rehired? <small>*If not, skip to Question 7.</small>	6 When did you retire? (year, month) <small>*If year and month are unknown, record -999. If retired but not rehired, stop here, and go to the next person.</small>	7 Did you change your occupation after 1993? <small>0 no 1 yes</small>	8 What is your primary occupation? <small>01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer, etc.) 02 junior professional/ technical worker (midwife, nurse, teacher, editor, photographer, etc.) 03 administrator/executive/ manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader, etc.) 04 office staff (secretary, office helper, etc.) 05 farmer, fisherman, hunter 06 skilled worker (foreman, group leader, craftsman, etc.) 07 non-skilled worker (ordinary laborer, logger) 08 army officer, police officer 09 ordinary soldier, policeman 10 driver 11 service worker (housekeeper, cook, waiter, door keeper, hairdresser, counter salesperson, launderer, childcare worker, etc.) 12 athlete, actor, musician 13 other -9 unknown</small>
1 Line Number	2 Name						
B1		B2	B2a	B2b	B2c	B3b	B4
<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"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<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"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<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"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

TABLE 5 CONTINUED		9 What is your employment position in this occupation?	10 In what type of work unit do you work?	11 How many employees are there at your work unit?	12 Do you have a secondary occupation?	13 What is your secondary occupation?	14 What is your employment position in this secondary occupation?	15 What type of work unit is this?	16 How many employees are there at this work unit?
1 Line Number	2 Name	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 9 unknown	1 state enterprise or institute 2 small collective enterprise (such as township-owned) 3 large collective enterprise (such as owned by county, city, province) 4 family contract farming 5 private, individual enterprise 6 three-capital enterprise (owned by foreigners, overseas Chinese and joint venture) 7 other 9 unknown	1 <20 2 20-100 3 ≥ 100 9 unknown	*If no second occupation, go to next person.	*Use codes in Question 8.	*Use codes in Question 9.	*Use codes in Question 10.	1 <20 2 20-100 3 ≥ 100 9 unknown
<input type="checkbox"/> <input type="checkbox"/>		B5 <input type="checkbox"/>	B6 <input type="checkbox"/>	B7 <input type="checkbox"/>	B9a <input type="checkbox"/>	B9 <input type="checkbox"/> <input type="checkbox"/>	B10 <input type="checkbox"/>	B11 <input type="checkbox"/>	B12 <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"/>	<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"/>	<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"/>	<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"/>		<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"/>
<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"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 6 SECTION 3 INCOME FROM WAGES		3 Is this a primary or secondary occupation?	4 Last year, how many months did [you] work at this occupation?	5 How many days in a week, on the average, did [you] work?	6 How many hours in a day, on the average, did [you] work?	7 In the last week, how many hours did [you] work?	8 How much do [you] receive, on the average, for a month's work, excluding subsidies and bonuses? (yuan)
1 Line Number	2 Name	1 primary 2 secondary	*If "unknown," record -9.	*If "unknown," record 9.	*If "unknown," record -9.	*If "unknown," record -9.	*If more than 10000 yuan, record 9999. If "unknown," record -999.
C1 <input type="checkbox"/> <input type="checkbox"/>		C2 <input type="checkbox"/>	C3 <input type="checkbox"/> <input type="checkbox"/>	C5 <input type="checkbox"/>	C6 <input type="checkbox"/> <input type="checkbox"/>	C7 <input type="checkbox"/> <input type="checkbox"/>	C8 <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"/>	<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"/>
<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<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"/> <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"/> <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"/> <input type="checkbox"/>

TABLE 7 SECTION 4 HOME GARDENING AND INCOME

1	2	Which household members do the gardening?		5	6	7	8	9	10	11
Did your family have vegetable garden or orchard in 1996?	Is your household a specialized household in vegetable garden, or orchard?	List in the following columns the line number and name of each person listed in Table 4. Then continue with Questions 5-7.		How many months did [you] engage in such work last year?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	Last year, were any of the vegetables, fruits, or other produce from your home plot sold?	During the past year, how much money was received from the sale of the produce? (yuan)	On the average, during the past year, how much money would you have to spend per month to buy from the market the vegetables and/or fruits that were grown in this home plot and consumed by your household? (yuan)	During the past year, how much money did you spend for seedlings, fertilizer, tools, insecticides, hired labor, etc., for this garden? (yuan)
*If "yes," continue with the next question. Otherwise, skip to Question 10. [Stop here, and go to Table 8].		3 Line Number	4 Name	*If "unknown," record -9.	*If "unknown," record 9.	*If "unknown," record -9. Go to the next person. After all persons are asked, continue with Question 8.	*If "yes," continue with the next question. Otherwise, skip to Question 10.	*If "unknown," record -9999.	*If "unknown," record -99.	*This excludes farming tax and big machinery spending. If "unknown," record -999.
0 no 1 yes	0 no 1 yes						0 no 1 yes 9 un- known			
D1 <input type="checkbox"/>	D1a <input type="checkbox"/>	D2 <input type="checkbox"/> <input type="checkbox"/>		D3a <input type="checkbox"/> <input type="checkbox"/>	D3b <input type="checkbox"/> <input type="checkbox"/>	D3c <input type="checkbox"/> <input type="checkbox"/>	D4 <input type="checkbox"/>	D5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TABLE 8 SECTION 5 HOUSEHOLD FARMS, FARMING COLLECTIVES AND INCOME

1	2	List in the following columns the line number and name of each person who works on a farm, and ask Questions 5-13.		5	6	7	8	9
Does any member of your household work as a farm laborer who is paid a wage regularly (including working on a state farm)?	Does any member of your household work on a collective farm or a state farm, or a household farm?	List in the following columns the line number and name of each person who works on a farm, and ask Questions 5-13.		During the past year, how many months did [you] work on a farm?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	What is the nature of the farming business in which you work?	During the past year, did you receive money from the collective farming?
*If "yes," add the persons to Table 6, and ask all questions in that table about each person.	*If "yes," continue with the next question. Otherwise, stop here, and go to Table 9.	3 Line Number	4 Name	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -9.	*If "household," skip to Question 13.	*If "yes," continue with the next question. Otherwise, skip to Question 11.
0 no 1 yes	0 no 1 yes						1 collective farm 2 household farm 3 both	0 no 1 yes 9 un- known
E1 <input type="checkbox"/>	E2 <input type="checkbox"/>	E3 <input type="checkbox"/> <input type="checkbox"/>		E4a <input type="checkbox"/> <input type="checkbox"/>	E4b <input type="checkbox"/> <input type="checkbox"/>	E4c <input type="checkbox"/> <input type="checkbox"/>	E5 <input type="checkbox"/> <input type="checkbox"/>	E6 <input type="checkbox"/> <input type="checkbox"/>

TABLE 8 CONTINUED

		10 How much money did [you] receive? (yuan) *If "unknown," record -9999.	11 During the past year, did you receive farm produce and/or other items (for example, durable goods) from the collective farming? *If "yes," continue with the next question. Otherwise, skip to Question 13.	12 How much money (yuan) were these farm produce and/or other items [you] received worth? *If "unknown," record -999.	13 Are you the household member primarily responsible for the household's farming activities? *Go to the next person. After all persons are asked, continue with Question 14.	14 Is your household a specialized farming household? *Use 20 mu as a boundary. If the family has more than 20 mu land, then record "yes."	15 How many mu of land did your household cultivate last year? *If "unknown," record -99.	16 When (which year) was the last time your village redistributed the land? *If "unknown," record -9.	17 During the past year, what were the major crops grown by your household? *List as many as four crops, and use one line for each crop. If more than four are named, choose the four that produced the most income.	20 During the last year, how many kilograms of produce did this crop yield? *If "unknown," record -9999.	21 How many kilograms were delivered as public grain or were sold to the government at a leveled price? *If none sold, record 00000. If "unknown," record -9999.	22 What was the government-leveled buying price? (yuan/kilogram) *If "unknown," record -99.	23 How many kilograms were sold to the market or at a high price? *If none sold, record 00000. If "unknown," record -9999.	24 Market price? (yuan/kilogram) *If "unknown," record -99.	25 During the last year, how much was spent for leasing land, for purchasing seedlings, fertilizer, tools, insecticides, and hiring labor for these crops? *If "unknown," record -999.	
3 Line Number	4 Name			0 no 1 yes 9 unknown	0 no 1 yes	0 no 1 yes			18 Code	19 Crop Name						
<input type="checkbox"/> <input type="checkbox"/>		E7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E8 <input type="checkbox"/>	E9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E10 <input type="checkbox"/>	E11c <input type="checkbox"/>	E11d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E11e <input type="checkbox"/> <input type="checkbox"/>	E11		E13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E12 <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"/> <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"/>				1		<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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>				2		<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"/> <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"/> <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"/> <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"/> <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		<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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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TABLE 9 SECTION 6 RAISING LIVESTOCK/POULTRY AND INCOME

1 Does any member of your household work raising livestock or poultry (such as pigs, cattle, sheep, horses, chickens, ducks, etc.) who is paid a wage for the amount of time spent? *If "yes," add the persons to Table 6, and ask all questions in that table about each person. 0 no 1 yes	2 Does any member of your household work raising livestock or poultry either on a collective or at home? *If "yes," continue with the next question. Otherwise, stop here [and go to Table 10]. 0 no 1 yes	List in the following columns the line number and name of each person who works raising livestock or poultry.		5 How many months last year did [you] work raising livestock or poultry? *If "unknown," record -9.	6 How many days in a week, on the average, did [you] work? *If "unknown," record 9.	7 How many hours in a day, on the average, did [you] work? *If "unknown," record -9.	8 What is the nature of the livestock- or poultry-raising business in which you work? *If "household," skip to Question 13. Otherwise, continue with the next question. 1 collective 2 operated by the household 3 both	9 During the past year, did you receive money from the collective? *If "yes," continue with the next question. Otherwise, skip to Question 11. 0 no 1 yes 9 unknown	10 How much money did [you] receive? (yuan) *If "unknown," record -999.	11 During the last year, did you receive livestock or poultry products from the collective? *If "yes," continue with the next question. Otherwise, skip to Question 13. 0 no 1 yes 9 unknown	12 How much money were these livestock or poultry products [you] received worth? (yuan) *If "unknown," record -999.	13 Are you the household member primarily responsible for the household livestock or poultry business? *Go to the next person. After all persons are asked, continue with Question 14. 0 no 1 yes	14 Was the household operating a livestock- or poultry-raising business last year? *If "no" or "unknown," skip to Question 16. 0 no 1 yes 9 unknown	15 How many months has your household been operating livestock- or poultry-raising business during the past year? *If "unknown," record -9.	16 Is your household a specialized livestock- or poultry-raising household? 0 no 1 yes
		3 Line Number	4 Name												
F1 <input type="checkbox"/>	F2 <input type="checkbox"/>	F3 <input type="checkbox"/>		F4a <input type="checkbox"/>	F4b <input type="checkbox"/>	F4c <input type="checkbox"/>	F5 <input type="checkbox"/>	F6 <input type="checkbox"/>	F7 <input type="checkbox"/>	F8 <input type="checkbox"/>	F9 <input type="checkbox"/>	F10 <input type="checkbox"/>	F10a <input type="checkbox"/>	F10b <input type="checkbox"/>	F10c <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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 9 CONTINUED									
17	20	21	22	23	24	25	26	27	28
During the past year, what kinds of livestock or poultry were raised by your household? Record the 4 largest in scale. If less than 4, record the actual number.	During the past year, how much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry? (yuan)	During the past year, was homemade animal feed given to this kind of livestock or poultry?	During the past year, how much money was saved by giving homemade feed to this kind of livestock or poultry? (yuan)	During the past year, did your household sell any of this kind of livestock or poultry, or any products (eggs, milk, meat, wool, fertilizer, etc.) from them?	How much money did [you] receive? (yuan)	During the past year, did the household consume this kind of household-raised livestock or poultry, or products from them?	If the livestock or poultry, or their products consumed by your household had been sold, how much money do you think you would have received? (yuan)	During the past year, were any of the products of this kind of livestock or poultry, or livestock or poultry themselves given away?	In [your] estimation, how much money was the part given away worth?
	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 23.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 25.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 27.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, go to the next livestock/poultry type.	*If "unknown," record -99.
18 Code	19 Name	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown
F11	F14	F15a	F15	F16	F17	F18	F19	F20	F21
1	□□□□	□	□□□□	□	□□□□	□	□□□□	□	□□□
2	□□□□	□	□□□□	□	□□□□	□	□□□□	□	□□□
3	□□□□	□	□□□□	□	□□□□	□	□□□□	□	□□□
4	□□□□	□	□□□□	□	□□□□	□	□□□	□	□□□

TABLE 10 SECTION 7 COLLECTIVE AND HOUSEHOLD FISHING AND INCOME						
1	2	Which household members work in fishing?		5	6	7
Does any member of your household work in fishing who is paid according to amount of time spent?	Does any member of your household work in fishing either on a collective or in a business operated by your household?			During the past year, how many months did [you] work in fishing?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?
*If "yes," add the persons to Table 6, and ask all questions in that table about each person.	*If "yes," continue with the next question. Otherwise, stop here [, and go to Table 11].	*List in the following columns the line number and name of each person who works in fishing.		*If "unknown," record -9.	*If "unknown," record 9.	*If "unknown," record -9.
0 no 1 yes	0 no 1 yes	3 Line Number	4 Name			
G1	G2	G3		G4a	G4b	G4c
□	□	□□		□□	□	□□
		□□		□□	□	□□
		□□		□□	□	□□
		□□		□□	□	□□
		□□		□□	□	□□

TABLE 10 CONTINUED

		8	9	10	11	12	13	14	15	16	17	18	19	20	21
		What is the nature of the fishing business in which you work?	During the last year, did you receive money from the collective?	How much money did [you] receive? (yuan)	In the past year, did you receive fish or other goods from the collective?	How much money do [you] think these fish or goods [you] received from the collective last year are worth? (yuan)	Are you the household member primarily responsible for the household fishing business?	Last year, has your household been operating a fishing business?	During the past year, how many months has your household been operating a fishing business?	During the past year, how much money did your household receive from the fishing business? (yuan)	During the past year, did your household keep some fish for home consumption?	If the fish kept for home consumption had been sold, how much money do you think would have been received for it? (yuan)	During the past year, did your household give away fish?	If the fish given away had been sold, how much money do you think would have been received? (yuan)	During the past year, what were the total operating expenses of the household fishing business (such as gasoline, nets, lines, feed, fry, drugs, insurance, etc.)? (yuan)
		*If "household," skip to Question 13. Otherwise, continue with the next question.	*If "yes," continue with the next question. Otherwise, skip to Question 11.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 13.	*If "unknown," record -999.	*Go to the next person. After all persons are asked, continue with Question 14.	*If "no," stop here [, and go to Table 11].	*If "unknown" record -9.	*If "unknown," record -9999.	*If "yes," continue with the next question. Otherwise, skip to Question 19.	*If "unknown," record -999.	*If "yes," then continue with the next question. Otherwise, skip to Question 21.	*If "unknown," record -999.	* If "unknown," record -999.
3 Line Number	4 Name	1 collective 2 household 3 both	0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes	0 no 1 yes			0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		
		G5	G6	G7	G8	G9	G10	G10a	G10b	G11	G12	G13	G14	G15	G16
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 11 SECTION 8 SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME										
1	2	3	4	5	Which household members work in this small handicraft or commercial business?		8	9	10	11
Does any member of your household operate a small handicraft or small commercial business (such as carpentry, shoe repair, house-keeping/child care service, tailoring, hairdressing, electrical appliances repairing, restaurant, store, family child care, family hotel, family clinic, etc.)?	How many kinds of small handicraft or small commercial businesses does your household operate?	What kind of business is this?	On the average, what are the monthly revenues of this small handicraft or small commercial business?	On the average, what are the monthly expenses of this small handicraft or commercial business (including salaries)?	List in the following columns the line number and name of these members. Choose the first 3 persons primarily responsible for each business.		During the past year, how many months did you work in this business?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	In the past week, how many hours did you work in this business? (hours)
*If "no," stop here [, and go to Table 12]. Otherwise continue with the next question. 0 no 1 yes		If more than 3 are named, choose the three that generate the most income. 1 commerce 2 service 3 manufacturing 4 peddler and transportation 5 construction 6 other	*If "unknown," record -999.	*If "unknown," record -999.	6 Line Number	7 Name	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -9.
H1	H1a	H1b	H2	H3	H4	H5	H6	H7	H8	H9
<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 12 SECTION 9 WELFARE SUBSIDIES AND RATION COUPONS									
*List in the following columns the line number and name of household members who receive the following subsidies.		How much of the following subsidies did you receive last month?						9	10
1	2	3	4	5	6	7	8	In the past year, did you receive any cash bonus (including festival and any other bonuses)?	What was the total value of all these bonuses last year?
Line Number	Name	Meat/grocery subsidy (yuan)	Health subsidy (yuan)	Haircut subsidy (yuan)	Book and newspaper subsidy (yuan)	House subsidy (yuan)	Other subsidy (yuan)		
		*If "unknown," record -99.9.	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -9.	*If "unknown," record -99.	0 no 1 yes 9 unknown	*If "unknown," record -999.
I1		I9	I11	I12	I13	I13a	I14	I18	I19
<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"/>
		<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 12 CONTINUED		
11 In the last month, did your household receive one-child cash subsidy? *If "yes," continue with the next question. Otherwise, skip to Question 13.	0 no 1 yes 9 unknown	I10 <input type="checkbox"/>
12 How much? (yuan) *If "unknown," record -9.		I10a <input type="checkbox"/> <input type="checkbox"/>
13 In the last month, did your household receive a gas, fuel subsidy? *If "no" or "unknown," skip to Question 15.	0 no 1 yes 9 unknown	I15 <input type="checkbox"/>
14 How much? (yuan) *If "unknown," record -99.		I15a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15 In the last month, did your household receive a coal subsidy? *If "no" or "unknown," skip to Question 17.	0 no 1 yes 9 unknown	I16 <input type="checkbox"/>
16 How much? (yuan) *If "unknown," record -99.		I16a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17 In the last month, did your household receive an electricity subsidy? *If "no" or "unknown," skip to Question 19.	0 no 1 yes 9 unknown	I17 <input type="checkbox"/>
18 How much? (yuan) *If "unknown," record -99.		I17a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19 In the past year, did your household receive any food gifts or discounted food from the work unit for spring festival or any other holidays? *If "yes," then continue with the next question. Otherwise, go to Table 13.	0 no 1 yes 9 unknown	I20 <input type="checkbox"/>
20 Compared with market prices, how much money was saved on these food gifts? (yuan) *If "unknown," then record -99.		I21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TABLE 13 SECTION 10 INCOME FROM OTHER SOURCES (All the incomes below should be "before tax" income. Obtain information about the entire household.)		
1 During the past 12 months, how much money was received from rentals of household assets such as houses, farm vehicles, farm equipment, etc. (not including land)? (yuan) *If "unknown," record -9999.		J3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 During the past 12 months, how much money was received from boarders and/or lodgers? (yuan) *If "unknown," record -999.		J4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 During the past 12 months, how much money was received from retirement pension or retirement salaries? (yuan) *If "unknown," record -999.		J5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 During the past 12 months, how much money was received from poverty, disability, or welfare funds? (yuan) *If "unknown," record -999.		J6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 During the past 12 months, how much money was received in remittances from family members or friends both at home and abroad? (yuan) *If "unknown," record -999.		J7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 During the past 12 months, how much cash income was received from other sources? (yuan) *If "unknown," record -999. (Not including relief fund for disaster.)		J8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 During the past 12 months, did your household receive any income in kind, such as food and clothing, from a child, a parent, a relative, or a friend? *If "no," skip to Question 9.	0 no 1 yes	J9 <input type="checkbox"/>
8 If you had purchased these gifts, how much money would they have cost? (yuan)		J10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 During the past 12 months, did your household receive any money or gifts from any local enterprise (such as bonuses, but not including salary income and bonuses to a worker in the enterprise)? *If "no" or "unknown," stop here [, and go to Table 14].	0 no 1 yes 9 unknown	J10a <input type="checkbox"/>
10 What is the value of this money or gifts? *If "unknown," record -999.		J10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TABLE 14 SECTION 11 TIME ALLOCATION FOR HOME ACTIVITIES, PART I										TAKING CARE OF SIX YEAR OLD (OR UNDER) CHILDREN, PART II				
* List in the following columns the line number and name of each household member who is above 6 years of age. * Three additional rows are added at the bottom, to be used when appropriate.		3 In the past week, did you buy food for your household?	4 How much time did [you] spend buying food per day on average? (minutes)	5 During the past week, did you prepare and cook food for your household?	6 How much time did [you] spend preparing and cooking food per day on average? (minutes)	7 During the past week, did you wash and iron clothes?	8 How much time did [you] spend washing and ironing clothes per day on average? (minutes)	9 During the past week did you clean the house?	10 How much time did [you] spend cleaning the house per day on average? (minutes)	11 Is there any family member taking care of children under 6 years old?	12 During the past week, did you take care of the children?	13 How much time did [you] spend taking care of the children by feeding, bathing, dressing, holding, or watching them? (hours)	14 During the past week, did you take care of children for another household? (Only ask adults age 20 and above.)	15 Do you still remember how much time you spent last week? (hours)
1 Line Number	2 Name	*If "no" or "unknown," skip to Question 5. *If non-household member did this, record in the appropriate row at the bottom.	*If the person doesn't know the exact time, record -99. If it is done on the way to work or back from work, record 999.	*If "no" or "unknown," skip to Question 7.	*If the person doesn't know the exact time, record -99.	*If "no" or "unknown," skip to Question 9.	*If the person doesn't know the exact time, record -99.	*If "no" or "unknown," go to Question 11 [Go to the next person. After all persons are asked, continue with Question 11].	*If the person doesn't know the exact time, record -99.	*If "no" or "unknown" stop here [, and go to Table 14/Part III].	*Non-household members are not recorded here. If "no," skip to Question 14.	*Time should be counted even if the person is doing something else while caring for the child, such as cooking a meal or washing clothes. * If the person doesn't know the exact time, record -9.	*If "yes," continue with the next question.	*If the person doesn't remember, record -99.
0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		
K1		K2	K3	K4	K5	K6	K7	K7b	K7c	K7d	K12	K13	K13b	K13c
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	grandfather or grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
88	uncle or aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
99	other relatives or housekeeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

TABLE 15 SECTION 12 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS, PART I							
1 How does your household obtain drinking water? (If more than one method, record the most important.) *If using the fourth method (other place), continue with the next question. Otherwise, skip to Question 3.	1 in-house tap water 2 in-yard tap water 3 in-yard well 4 other place	<input type="checkbox"/>	L1	9 How have you gotten your apartment/ house? If rented, continue with Question 10. Otherwise, skip to Question 11.	1 from the state 2 from work unit 3 rent from a private individual 4 own 5 stay for free 6 part ownership	<input type="checkbox"/>	L9
				10 How much money per month do you pay for rent? (yuan) *If "unknown," record -99. If apartment/house is owned, is free, or is rented from state or work unit, continue with Question 11. Otherwise, skip to Question 12.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L10
2 How many minutes does it take to walk to another place to get water?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L2	11 If you were to rent this apartment/house from a private individual, how much money per month do you think you would pay for rent? (yuan) If "unknown," or refuse to answer, record -99.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L11
3 What is the source of this water? (If more than one source, record the most important.)	1 ground water (>5 meters) 2 open well (<5 meters) 3 spring, river, lake 9 unknown 4 ice/snow 5 water plant 6 other	<input type="checkbox"/>	L3	12 During the past four years, did you move into a new apartment/house or rebuild your old apartment/house? *If "no," stop here [, and go to Table 15/Part II]. If it is a new house, continue with the next question.	0 no 1 yes	<input type="checkbox"/>	L11a
4 Does your household pay for this drinking water?	0 no 1 yes	<input type="checkbox"/>	L4	13 How many years old is this house/apartment building? *If "unknown," record -9.		<input type="checkbox"/> <input type="checkbox"/>	L12
5 What kind of toilet facilities does your household have?	1 flush, in-house 2 no flush, in-house 3 flush, outside house, public restroom 4 no flush, outside house, public restroom 5 cement openpit 6 earth openpit 7 none 8 other (specify)	<input type="checkbox"/>	L5	14 Of what materials is the roof of this house/apartment building constructed?	1 concrete 2 straw or tree branches 3 tile 4 huijiao (charcoal ash mixed with grey earth and mud) 5 other (specify)	<input type="checkbox"/>	L13
6 Is there any excreta around the dwelling place? (The interviewer records own observation, and does not need to ask the respondent.)	1 no excreta 2 very little excreta 3 some excreta 4 much excreta	<input type="checkbox"/>	L6	15 Of what material are the floors of this house/apartment building constructed?	1 concrete 2 brick 3 earth 4 wood 5 other (specify)	<input type="checkbox"/>	L14
7 What kind of lighting does your household generally use?	1 electric 2 kerosene 3 oil 4 candle 5 other (specify)	<input type="checkbox"/>	L7	16 Of what material are the walls of this house/apartment building constructed?	1 concrete 2 brick 3 earth 4 wood 5 other (specify)	<input type="checkbox"/>	L15
8 What kind of fuel does your household generally use for cooking?	1 coal 2 electricity 3 kerosene 4 liquified natural gas 5 natural gas 6 wood,sticks/straw,etc. 7 charcoal 8 other (specify)	<input type="checkbox"/> <input type="checkbox"/>	L8	17 What is the total usable area of your household's dwelling unit? (square meters)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L16
				18 Excluding the bathroom and toilet, how many rooms does your household have?		<input type="checkbox"/> <input type="checkbox"/>	L17
				19 How much is this house (apartment) worth? (yuan) If the respondent is not clear, or is unwilling to estimate, record -99999.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L18

TABLE 15 PART II

Ask about the following means of transportation:					Ask about farm machinery:					Ask about household commercial equipment:				
20 Code	21 Name	22 Does your household own any of the transportation means listed in the left column? 0 no 1 yes *If "no," go to the next type.	23 How many?	24 What is the total value in yuan? *If the respondent doesn't know, record -9999 (record -99999 for L34).	25 Code	26 Name	27 Does your household own the farm machines listed in the left column? 0 no 1 yes If "no," go to the next type.	28 How many are owned by the household (number)?	29 How much money are they worth (yuan)? *If the respondent doesn't know, record -9999.	30 Code	31 Name	32 Does your household have any of the equipment used in business or an occupation to make money as listed in the left column? 0 no 1 yes If "no," go to the next type.	33 During the last year, did any member of your household use this equipment for your household commercial business? 0 no 1 yes 9 unknown	34 If your household were to sell this equipment, how much money do you think you would get for it? (yuan) *If doesn't know, record -9999.
1	tricycle	L19 <input type="checkbox"/>	L20 <input type="checkbox"/>	L22 □□□□□	1	tractor, large, medium, or small size	L37 <input type="checkbox"/>	L38 <input type="checkbox"/>	L40 □□□□□	1	cooking equipment	L74 <input type="checkbox"/>	L74a <input type="checkbox"/>	
							2	garden tractor	L41 <input type="checkbox"/>			L42 <input type="checkbox"/>	L44 □□□□□	
2	bicycle	L23 <input type="checkbox"/>	L24 <input type="checkbox"/>	L26 □□□□□	3	irrigation equipment			L49a <input type="checkbox"/>	L50a <input type="checkbox"/>	L52 □□□□□	3	haircut equipment	
							3	motorcycle, including mototricycle	L27 <input type="checkbox"/>	L28 <input type="checkbox"/>	L30 □□□□□			
4	automobile	L31 <input type="checkbox"/>	L32 <input type="checkbox"/>	L34 □□□□□□	5	household water pump						L57a <input type="checkbox"/>	L58a <input type="checkbox"/>	
							4	automobile	L31 <input type="checkbox"/>	L32 <input type="checkbox"/>	L34 □□□□□□	5	household water pump	

TABLE 15 PART III

Ask about electrical appliances and other goods		37 Does your household or any household member own any of the electrical appliances and other goods listed on the left? 0 no 1 yes	38 How many?	39 How many were purchased by your household in 1996? *If none, skip to Question 41.	40 Who in your household decided to buy this item? 1 husband 2 wife 3 husband and wife 4 other (specify relationship)	41 How many (number) were received as gifts (such as wedding gifts, dowry, prizes, etc.) last year?	42 How much money are all these electrical appliances worth? *If "unknown," record -999 or -9999.	43 During the past 12 months, did anyone in your household spend money on a wedding? (Including wedding gifts for other family members, relatives, and friends, excluding dowry or bride price.) *If "yes," continue with the next question. Otherwise, skip to Question 45.	L145 0 no 1 yes <input type="checkbox"/> 9 unknown
35 Code	36 Name								
1	radio, tape recorder	L90 <input type="checkbox"/>	L91 <input type="checkbox"/>	L92 <input type="checkbox"/>	L94 <input type="checkbox"/> _____	L94a <input type="checkbox"/>	L93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44 How much money did you spend? (yuan) If doesn't know or is unwilling to estimate, record -9999.	L146 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	VCR	L95 <input type="checkbox"/>	L96 <input type="checkbox"/>	L97 <input type="checkbox"/>	L99 <input type="checkbox"/> _____	L99a <input type="checkbox"/>	L98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3	black/white television	L100 <input type="checkbox"/>	L101 <input type="checkbox"/>	L102 <input type="checkbox"/>	L104 <input type="checkbox"/> _____	L104a <input type="checkbox"/>	L103 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45 During the past 12 months, did anyone in your household spend money on a dowry or bride price? (within the household only) If "yes," continue with the next question. Otherwise, skip to Question 47.	L147 0 no 1 yes <input type="checkbox"/> 9 unknown
4	color television	L105 <input type="checkbox"/>	L106 <input type="checkbox"/>	L107 <input type="checkbox"/>	L109 <input type="checkbox"/> _____	L109a <input type="checkbox"/>	L108 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5	washing machine	L110 <input type="checkbox"/>	L111 <input type="checkbox"/>	L112 <input type="checkbox"/>	L114 <input type="checkbox"/> _____	L114a <input type="checkbox"/>	L113 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	46 How much money did you spend? (yuan) If doesn't know or is unwilling to estimate, record -9999.	L148 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	refrigerator	L115 <input type="checkbox"/>	L116 <input type="checkbox"/>	L117 <input type="checkbox"/>	L119 <input type="checkbox"/> _____	L119a <input type="checkbox"/>	L118 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7	air conditioner	L120 <input type="checkbox"/>	L121 <input type="checkbox"/>	L122 <input type="checkbox"/>	L124 <input type="checkbox"/> _____	L124a <input type="checkbox"/>	L123 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47 During the past 12 months, did anyone in your family spend money on a funeral? If "yes," continue with the next question. Otherwise, skip to Question 49.	L149 0 no 1 yes <input type="checkbox"/> 9 unknown
8	sewing machine	L125 <input type="checkbox"/>	L126 <input type="checkbox"/>	L127 <input type="checkbox"/>	L129 <input type="checkbox"/> _____	L129a <input type="checkbox"/>	L128 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9	electric fan	L130 <input type="checkbox"/>	L131 <input type="checkbox"/>	L132 <input type="checkbox"/>	L134 <input type="checkbox"/> _____	L134a <input type="checkbox"/>	L133 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 How much money did you spend? (yuan) If doesn't know or is unwilling to estimate, record -9999.	L150 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	computer	L140e <input type="checkbox"/>	L141e <input type="checkbox"/>	L142e <input type="checkbox"/>	L144e <input type="checkbox"/> _____	L145f <input type="checkbox"/>	L143e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
11	camera	L140 <input type="checkbox"/>	L141 <input type="checkbox"/>	L142 <input type="checkbox"/>	L144 <input type="checkbox"/> _____	L145a <input type="checkbox"/>	L143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49 During the past 30 days, did your household give gifts or money to other people? (parents and grandparents on both sides, children and grandchildren, friends and other non-family members) If "yes," continue with the next question. [Otherwise, go to Table 16.]	L151 0 no 1 yes <input type="checkbox"/> 9 unknown
12	microwave oven	L140a <input type="checkbox"/>	L141a <input type="checkbox"/>	L142a <input type="checkbox"/>	L144a <input type="checkbox"/> _____	L145b <input type="checkbox"/>	L143a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13	electric rice cooker	L140b <input type="checkbox"/>	L141b <input type="checkbox"/>	L142b <input type="checkbox"/>	L144b <input type="checkbox"/> _____	L145c <input type="checkbox"/>	L143b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50 How much money did you spend? (yuan) If "unknown," record -9999.	L152 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14	pressure cooker	L140c <input type="checkbox"/>	L141c <input type="checkbox"/>	L142c <input type="checkbox"/>	L144c <input type="checkbox"/> _____	L145d <input type="checkbox"/>	L143c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15	telephone	L140f <input type="checkbox"/>	L141f <input type="checkbox"/>	L142f <input type="checkbox"/>	L144f <input type="checkbox"/> _____	L145g <input type="checkbox"/>	L143f <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

TABLE 16 SECTION 13 HEALTH AND MEDICAL SERVICES, PART I MEDICAL INSURANCE

List in the following columns the line number and name of all household members.		3 Right now, how would you describe your health compared to that of other people your age?	4 Do you have medical insurance? *If "no," stop interviewing this person. Otherwise, continue with the next question.	5 What kind of medical insurance do you have? *If there are 2 kinds of insurance, fill in the first box with the major type, and the second with the minor type. If only one type, fill in the first box.	6 What is the annual premium for this insurance? (yuan) *If the respondent is not sure, record -999.	7 Which of the following methods do you have in paying your medical care expense? 1 The reimbursable medical and pharmaceutical expense should be within an upper limit. 2 Patients have to pay a deductible. (Skip to Question 10) 3 Only a certain amount of the outpatient and inpatient care is covered. (Skip to Question 12) 4 Work unit distributes medical fee to individuals. If an individual is not sick, [he/she] can keep the fee. (Skip to Question 14) 5 Other (Skip to Question 15) 9 Unknown (Skip to Question 15)	8 What is the maximum amount of money you can get reimbursed? (yuan) *If not sure, record -999.	9 How much does a patient have to pay if the amount is over the maximum reimbursement line? (%) *If not sure, record -99. *Skip to Question 15 for all respondents.	10 What is the annual deductible amount? (yuan) *If not sure, record -99.	11 How much can be reimbursed beyond the deductible? (%) *If "unknown," record -99. *Skip to Question 15 for all respondents.	12 What percentage of the fee for outpatient care does your insurance pay (not including registration fee)? (%) *If "unknown," record -99.	13 What percentage of the fee for inpatient care does your insurance pay (not including food expenses)? (%) *If "unknown," record -99. *Skip to Question 15 for all respondents.	14 How much money do [you] receive every year? (yuan) *If not sure, record -99.	15 Does this insurance cover prenatal and delivery services? (Ask women only.) 0 no 1 yes 9 unknown
1 Line Number	2 Name													
M2		M1a	M1	M3	M4	M5	M6	M7	M8	M8a	M9	M10	M10a	M11
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
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<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 17 SECTION 13 HEALTH AND MEDICAL SERVICES, PART II

<p>If members of this household are sick or want to see a doctor, dentist, nurse, and/or other health worker, which clinic or hospital can they use (including private and public)? List in the following columns each health facility mentioned. Then ask Questions 3-11 about each facility.</p>		<p>3 What type of facility is this?</p> <p>01 village clinic 02 township hospital 03 county hospital 04 neighborhood clinic 05 street (community) hospital 06 work unit clinic 07 work unit hospital 08 district hospital (in the city) 09 city hospital 10 army hospital 11 university affiliated, provincial, or specialty hospital 12 pharmacy 13 MCH clinic 14 private clinic 15 private hospital 16 family planning mobile team 17 township family planning guidance station 18 county family planning guidance station 19 other -9 unknown</p>	<p>4 Is this facility a hospital or clinic contracted by your neighborhood/village or by the work unit to which a member of your household belongs?</p> <p>0 no 1 yes 9 unknown</p>	<p>5 Generally, how do you travel to this facility?</p> <p>1 walk 2 bicycle 3 bus 4 boat 5 other</p>	<p>6 How long does it take to travel one way to this facility? (minutes)</p> <p>*Only count one-way time</p> <p>If "unknown," record -99. If no time is needed, record 000.</p>	<p>7 How much (yuan) does the transportation cost to travel one way there?</p> <p>*Only count one-way expense</p> <p>If "unknown," record -9.9. If no cost, record 00.0.</p>	<p>8 On the average, how long does a person have to wait to be seen by a health worker at this facility? (minutes)</p> <p>If respondent or household members have never seen a doctor at this facility, record -88. Otherwise, record actual time. If "unknown," record -99.</p>	<p>9 Generally, what type of doctor do you see or expect to see?</p> <p>1 Western medicine doctor 2 Chinese medicine doctor 3 combined Western and Chinese medicine doctor 4 village doctor 5 health worker and midwife 6 Qi gong practitioner 7 folk doctor 8 other 9 unknown</p>	<p>10 Are needed medicines generally available at this facility?</p> <p>0 no 1 yes 9 unknown</p>	<p>11 In this facility, approximately how much money does a self-pay person pay for a treatment of cold or flu? (yuan)</p> <p>If "unknown," record -99.9.</p>
<p>1 Code</p>	<p>2 Name of Health Facility</p>	<p>M13</p>	<p>M14</p>	<p>M15a</p>	<p>M15</p>	<p>M17</p>	<p>M18</p>	<p>M19</p>	<p>M20</p>	<p>M21</p>
1		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□
2		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□
3		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□
4		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□
5		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□
6		□□	□	□	□□□	□□●□	□□□	□	□	□□□●□

TABLE 18 SECTION 13 HEALTH AND MEDICAL SERVICES, PART III

* List in the following columns the line number and name of all household members. Ask each member Questions 3-23.		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1 Line Number	2 Name	During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease?	What were the symptoms?	How severe was the illness or injury?	How many days were [you] unable to carry out normal activities due to this illness?	What did you do when you felt ill?	If no doctor's diagnosis, what disease do you think you had?	How much money did you spend for the illness or injury? (yuan)	At which hospital did you see a doctor?	Was it an outpatient or inpatient visit?	For how many days were [you] or have [you] been hospitalized?	How much did this treatment cost or has this treatment cost so far? (Including all registration fees, medicines, treatment fees, bed fees, etc.) (yuan)	What percentage of these costs was paid by insurance or may be paid by insurance? (%)	Did you seek medical care from a second health facility?	At what facility did you seek care?	Was it an outpatient or inpatient visit?	For how many days were [you] hospitalized or have been hospitalized?	How much did the treatment at this facility cost or has the treatment at this facility cost so far? (yuan)	What percentage of these costs was paid by insurance or may be paid by insurance? (%)	How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan)	What was the doctor's diagnosis of your illness or injury?	Did you visit a folk doctor last year?
		"If "yes," continue with the next question. Otherwise, go to the next person.	"Record the three main symptoms. Refer to page 16 of working manual for codes. *If less than three symptoms, use 0 to fill in the boxes.	1 not severe 2 some what severe 3 quite severe 9 unknown	*If "unknown," record -9.	"If the response is "3," skip to Question 10. Ask Questions 8 and 9 only of the respondents who didn't go to a clinic. 1 self care 2 saw the local health worker 3 saw a doctor (clinic, hospital) 4 didn't pay any attention 9 unknown	See page 17 of working manual for disease codes.	Finish interviewing this person. Record -88 if insurance covered all expenses. Record -99 if unknown.	*Write the number of this facility listed in Question 1 of Table 17 (M12). If it is not included, add it to the list, and ask all the questions in Table 17. Then continue with the next question.	*If "inpatient," continue with the next question. Otherwise, skip to Question 13.	*If "unknown," record -99.	"If insurance covers all expenses, record -88.8. If "unknown," record -99.9.	"If the person doesn't have medical insurance, then record -88. If "unknown," record -99.	"If "yes," continue with the next question. Otherwise, skip to Question 21.	*See Question 10 for instructions.	"If "out-patient," skip to Question 19.	"If "unknown," record -99.	*See Question 13 for instructions.	*See Question 14 for instructions.	"If "unknown," record -99. *If it is more than 1000 yuan, record 999.	*See page 17 of working manual for codes.	0 no 1 yes 9 unknown
M22		M23	M24	M25	M26a	M26	M39a	M39	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36	M37	M38	M40	M40a

TABLE 19 SECTION 13 HEALTH AND MEDICAL SERVICES, PART IV

*List in the following columns the line number and name of all household members. Respondents who are above 12 start with Question 8. Children who are 12 and below start with Question 3.		3 During the past 12 months, did this child receive any immunizations?	4 Was the immunization fee covered by insurance?	5 How much money was spent last year on immunizations? (yuan)	6 Does this cost include all immunizations for the past several years, or only those given during 1996?	7 During the past year, which immunizations did this child receive?	8 Within the last month, did you receive any preventive health service (for example, a health examination, eye examination, well-child examination, blood test, blood pressure screening, tumor screening, etc.)?	9 What service did you receive?	10 At which health facility did you receive this service?	11 How much did this service cost? (yuan)	12 What percentage of this cost was paid by insurance, or may be paid by insurance? (%)
1 Line Number	2 Name	* If "yes," continue with the next question. Otherwise, skip to Question 8.	* If "full coverage," or "unknown," skip to Question 7.			Fill 5 boxes. If less than 5 immunizations, use "-" to fill in the boxes. 0 BCG vaccine 1 measles 2 DPT 3 OPV 4 influenza 5 encephalitis 6 hepatitis B 7 hepatitis A 8 other 9 don't know	* If "no," or "unknown," stop here, and go to the next person. If "yes," continue with the next question.	* If more than one type, choose the one that had the highest cost. 1 general physical examination 2 well-child examination 3 blood test 4 blood pressure screening 5 tumor screening 6 gynecological examination 7 vision or hearing examination 8 other examination 9 unknown	* Write the number of this facility listed in Question 1 of Table 17 (M12). If it is not included, add it to the list, and ask all the questions in Table 17. Then continue with the next question.	* If total cost was paid by medical insurance, record -88.8. If "unknown," record -99.9.	* If the person has no insurance, record -88. If "unknown," record -99.
M41		M42	M43	M44	M45	M46	M47	M48	M49	M50	M51
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>		<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>

TABLE 20 SECTION 14 PART 1 CURRENT HEALTH STATUS								TABLE 20 SECTION 14 PART 2 DISEASE HISTORY						
*List in the columns below the line number and name of each person listed in Table 4 who is age 14 or older. Ask the following questions about each person.		3 Right now, how would you describe your health compared to that of other people of your age? 1 excellent 2 good 3 fair 4 poor 8 refuse to answer 9 unknown	4 Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? *If "yes," continue with the next question. Otherwise, skip to Question 6 or go to the next person. 0 no 1 yes 8 refuse to answer 9 don't know	5 For how long did you have difficulty carrying out your normal daily activities and work? (weeks) *If "don't know" or "refuse to answer," record 99. *If "yes," continue with the next question. Otherwise, skip to Question 8.	Questions 6-8 are for married females ages 16-49.			*List in the columns below the line number and name of each person listed in Table 4 who is age 14 or older. Ask the following questions about each person.	3 Has a doctor ever told you that you suffer from high blood pressure? *If "yes," continue with the next question. Otherwise, skip to Question 6. 0 no 1 yes 8 refuse to answer 9 don't know	4 For how many years have you had it? *If "don't know" or "refuse to answer," record 99.	5 Are you currently taking anti-hypertension drugs? 0 no 1 yes 8 refuse to answer 9 don't know	6 Has the doctor ever told you that you suffer from diabetes? *If "yes," continue with the next question. Otherwise, skip to Question 15. 0 no 1 yes 8 refuse to answer 9 don't know	7 How old were you when the doctor told you about such a situation? (years) *If "don't know" or "refuse to answer," record 99.	
					6 Are you currently pregnant?	7 How many months have you been pregnant?	8 Are you currently breast-feeding?							1 Line Number
A1		U48a	U48	U49	U56	U57	U87	A1		U22	U23	U24	U24a	U24b
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 20 SECTION 14 PART 2 CONTINUED

		Did you use any of the following treatment methods? 0 no 1 yes 8 refuse to answer 9 don't know							15 Has the doctor ever given you the diagnosis of myocardial infarction?	16 How old were you when you suffered from myocardial infarction? (years)	17 Has the doctor ever given you the diagnosis of apoplexy?	18 How old were you when you suffered from apoplexy? (years)	19 Do you have a history of bone fracture?	20 How old were you when you had the first bone fracture? (years)	21 How many times did that happen (including the first time)?
		8 Special diet	9 Weight control	10 Oral medicine	11 Injection of insulin	12 Chinese traditional medicine	13 Home remedies	14 Qi Gong (or spiritual treatment)							
Line Number	Name								*If "yes," continue with the next question. Otherwise, skip to Question 17. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record 99. If more than once, please give the most recent one.	*If "yes," continue with the next question. Otherwise, skip to Question 19. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record 99. If more than once, please give the most recent one. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record 99.	*If "don't know" or "refuse to answer," record 99.	
<input type="checkbox"/> <input type="checkbox"/>		U24c <input type="checkbox"/>	U24d <input type="checkbox"/>	U24e <input type="checkbox"/>	U24f <input type="checkbox"/>	U24g <input type="checkbox"/>	U24h <input type="checkbox"/>	U24i <input type="checkbox"/>	U24j <input type="checkbox"/>	U24k <input type="checkbox"/> <input type="checkbox"/>	U24l <input type="checkbox"/>	U24m <input type="checkbox"/> <input type="checkbox"/>	U24n <input type="checkbox"/>	U24o <input type="checkbox"/> <input type="checkbox"/>	U24p <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"/>	<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"/>	<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"/>	<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"/> <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"/>	<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"/>	<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"/> <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"/>	<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"/> <input type="checkbox"/>
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<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"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>

TABLE 20 SECTION 14 PART 3 SMOKING AND ALCOHOL DRINKING HISTORY													
*List in the columns below the line number and name of each person listed in Table 4 who is age 14 or older. Ask the following questions about each person.		Smoking History (Questions 3-11)									Tea-Drinking History (Questions 12-14)		
		3 Have you ever smoked cigarettes? (including hand-rolled or device-rolled)?	4 How old were you when you started to smoke? (years)	5 Do you still smoke cigarettes now?	6 If yes, how many cigarettes do you smoke per day?	7 If no, how long ago did you stop smoking? (months)	8 Have you ever smoked a pipe?	9 How old were you when you started smoking a pipe? (years)	10 Do you still smoke now?	11 If yes, how many liang of tobacco do you use in one month?	12 Do you normally drink tea?	13 Your normal tea-drinking habit in the last 30 days:	14 How many cups of tea did you drink a day?
1 Line Number	2 Name	*If "yes," continue with the next question. Otherwise, skip to Question 8.	*If "don't know" or "refuse to answer," record 99.	*If "yes," continue with the next question. Otherwise, skip to Question 7.	*If "don't know" or "refuse to answer," record 99, then skip to Question 8.	*If "don't know" or "refuse to answer," record 999.	*If "yes," continue with the next question. Otherwise, skip to Question 12.	*If "don't know" or "refuse to answer," record 99.	*If "yes," continue with the next question. Otherwise, skip to Question 12.	*If "don't know" or "refuse to answer," record 9.	*If "yes," continue with the next question. Otherwise, skip to Question 15.	1 almost every day (6-7 days per week) 2 4-5 times a week 3 2-3 times a week 4 hardly drink (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	*If "don't know" or "refuse to answer," record 99.
0 never smoked 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know	0 no 1 yes 8 refuse to answer 9 don't know
A1		U25	U26	U27	U28	U29	U30	U31	U32	U33	U34	U35	U36
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TABLE 20 SECTION 14 PART 3 CONTINUED										TABLE 20 SECTION 14 PART 4-1 PHYSICAL ACTIVITIES FOR CHILDREN UNDER SIX YEARS OLD				
		Coffee-Drinking History (Questions 15-17)			Alcohol-Drinking History (Questions 18-22)									
Line Number	Name	15 Do you normally drink coffee?	16 Your coffee-drinking situation in the last 30 days:	17 How many cups did you drink a day?	18 During the past year, have you drunk beer or any other alcohol beverage?	19 How often do you drink?	Alcohol types and weekly alcohol consumption amount			*List in the columns below the line number and name of each child listed in Table 4 who is under age 6. Ask the following questions about each child.	1 Line Number	2 Name	3 Usually, does the child do any physical exercises in any pre-school facilities, athletic schools, or at home?	4 Each week, how many hours does he/she spend on physical exercises?
							20 Beer (bottle)	21 Grape wine (including various colored wines, rice wine) (liang)	22 Liquor (liang)					
		*If "yes," continue with the next question. Otherwise skip to Question 18.	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	*If "don't know" or "refuse to answer," record -9.	*If "yes," continue with the next question. Otherwise, go to the next person.	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	*If don't drink beer, record 00; if "don't know" or "refuse to answer," record -9.	*If don't drink this type, record 00; if "don't know" or "refuse to answer," record -9.	*If don't drink this type, record 00; if "don't know" or "refuse to answer," record -9.				*If "yes," continue with the next question. Otherwise, skip to Question 5.	*If "don't know" or "refuse to answer," record -9.
<input type="checkbox"/>		U37	U38	U39	U40	U41	U42	U43	U44	A1		U90	U91	
<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"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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TABLE 20 SECTION 14 PART 4-I CONTINUED								TABLE 20 SECTION 14 PART 4-II PHYSICAL ACTIVITIES FOR CHILDREN WHO ATTEND SCHOOL, AGES 6-18					
		Activity participated in and weekly time spent (hours : minutes)						*List in the columns below the line number and name of each child listed in Table 4 who is between 6-18 years old and attends school. Ask the following questions about each child.		3 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?		4 During a week, how many times does he/she participate in any physical exercises before or after school?	
Line Number	Name	5 Watching TV, videotapes	6 Time spent weekly	7 Reading, writing or drawing	8 Time spent weekly	9 Playing video games, toy vehicles, puppets, board games, and listening to the radio	10 Time spent weekly						
		*If "yes," continue with the next question. Otherwise, skip to Question 7. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 9.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, go to the next person.	*If "don't know" or "refuse to answer," record -9:99.			0 no 1 yes 8 refuse to answer 9 don't know			
<input type="checkbox"/>		U92 <input type="checkbox"/>	U93 <input type="checkbox"/>	U94 <input type="checkbox"/>	U95 <input type="checkbox"/>	U96 <input type="checkbox"/>	U97 <input type="checkbox"/>	A1 <input type="checkbox"/>		U98 <input type="checkbox"/>	U99 <input type="checkbox"/>		
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Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 20 SECTION 14 PART 4-II CONTINUED											
		Activity participated in before or after school and weekly time spent (hours : minutes)								13	14
		5	6	7	8	9	10	11	12	Does he/she have any class of physical exercise in school?	How many times does he/she participate in physical exercises in school a week?
		Gymnastics	Time spent weekly	Badminton, tennis, soccer, basketball, ping pong	Time spent weekly	Track and field, swimming	Time spent weekly	Other activities (board games, boxing, martial arts, etc.)	Time spent weekly		
		*If "yes," continue with the next question. Otherwise, skip to Question 7. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 9.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 11.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 13.	*If "don't know" or "refuse to answer," record -9:99.	0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record -9.
Line Number	Name	U100	U101	U102	U103	U104	U105	U106	U107	U108	U109
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Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____

TABLE 20 SECTION 14 PART 4-II CONTINUED

		Activity participated in at school and weekly time spent (hours : minutes)								Activity participated in before or after school and weekly time spent (hours : minutes)					
		15 Gymnastics	16 Time spent weekly	17 Badminton, tennis, soccer, basketball, ping pong	18 Time spent weekly	19 Track and field, swimming	20 Time spent weekly	21 Other activities (board games, boxing, martial arts, etc.)	22 Time spent weekly	23 Watching TV, videotapes	24 Time spent weekly	25 Reading, writing or drawing	26 Time spent weekly	27 Playing video games, toy vehicles, puppets, board games, and listening to the radio, etc.	28 Time spent weekly
		*If "yes," continue with the next question. Otherwise, skip to Question 17.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 19.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 21.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 23.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 25.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 27.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 29.	*If "don't know" or "refuse to answer," record -9:99.
		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know	
Line Number	Name	U110	U111	U112	U113	U114	U115	U116	U117	U118	U119	U120	U121	U122	U123
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TABLE 20 SECTION 14 PART 4-II CONTINUED								TABLE 20 SECTION 14 PART 4-III PHYSICAL ACTIVITIES FOR CHILDREN WHO DO NOT ATTEND SCHOOL, AGES 6-18					
		How child goes to school and back and time spent (hours : minutes)						*List in the columns below the line number and name of each child listed in Table 4 who is between 6-18 years old and does not attend school. Ask the following questions about each child.		3 Time spent weekly on physical exercise, outdoor games (hours : minutes)	Type of physical exercises the child usually participates in		
29 By bus, car, subway	30 Time spent for a round trip	31 By bike	32 Time spent for a round trip	33 By foot	34 Time spent for a round trip	4 Gymnastics, dancing	5 Badminton, soccer, tennis, basketball, ping pong				6 Track and field, swimming, biking		
Line Number	Name	0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 31.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, go to the next person.	*If "don't know" or "refuse to answer," record -9:99.			*If child does not participate in these activities, record 00:00; record -9:99 if "don't know" or "refuse to answer."			
		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		1 Line Number	2 Name				
□□		U124 □	U125 □□:□□	U126 □	U127 □□:□□	U128 □	U129 □□:□□	A1 □□		U130 □□:□□	U131 □	U132 □	U133 □
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TABLE 20 SECTION 14 PART 4-III CONTINUED								TABLE 20 SECTION 14 PART 4-IV PHYSICAL ACTIVITIES FOR ADULTS OVER 18				
		Activity participated in and weekly time spent (hours : minutes)						*List in the columns below the line number and name of each adult listed in Table 4 who is age 18 or older. Ask the following questions about each person.		Time spent on the following activities during the work day in a week		
Line Number	Name	7 Watching TV, videotapes	8 Time spent weekly	9 Reading, writing or drawing	10 Time spent weekly	11 Playing video games, toy vehicles, puppets, board games, building blocks, listening to the radio, etc.	12 Time spent weekly			3 Light or very light physical activities (e.g., sedentary job, job requiring some standing and sitting, office work, watch smith, college student, counter sales person, lab technician)	4 Moderate physical activities (e.g., driver, electrician)	5 Heavy or very heavy physical activities (e.g., farmer, athlete, dancer, steel worker, lumber worker, mason, etc.)
		*If "yes," continue with the next question. Otherwise, skip to Question 9. 0 no 1 yes 8 refuse to answer 9 don't know	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 11. 0 no 1 yes 8 refuse to answer 9 unknown	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, go to the next person. 0 no 1 yes 8 refuse to answer 9 unknown	*If "don't know" or "refuse to answer," record -9:99.			*If "no," record 00; if "don't know" or "refuse to answer," record -9.	*If "no," record 00; if "don't know" or "refuse to answer," record -9.	*If "no," record 00; if "don't know" or "refuse to answer," record -9.
		U134	U135	U136	U137	U138	U139	A1		U140	U141	U142
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household #

TABLE 20 SECTION 14 PART 4-IV CONTINUED

		Activity participated in over 12 times last year and average time spent in a week (hours : minutes)													
		6 Walking time of round trip to work, school, shopping (hours : minutes)	7 Biking time of round trip to work, school, shopping (hours : minutes)	8 Martial arts (Kung Fu, Tai Ji, etc.)	9 Time spent weekly	10 Jogging, swimming	11 Time spent weekly	12 Dancing, acrobatics	13 Time spent weekly	14 Basketball, volleyball, soccer	15 Time spent weekly	16 Badminton, tennis, ping pong	17 Time spent weekly	18 Other activities (board games, etc.)	19 Time spent weekly
		* If "don't know" or "refuse to answer," record -9:99.	* If "don't know" or "refuse to answer," record -9:99. If "no," record 00:00.	* If "yes," continue with the next question. Otherwise, skip to Question 10. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.	* If "yes," continue with the next question. Otherwise, skip to Question 12. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.	* If "yes," continue with the next question. Otherwise, skip to Question 14. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.	* If "yes," continue with the next question. Otherwise, skip to Question 16. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.	* If "yes," continue with the next question. Otherwise, skip to Question 18. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.	* If "yes," continue with the next question. Otherwise, go to the next person. 0 no 1 yes 8 refuse to answer 9 don't know	* If "don't know" or "refuse to answer," record -9:99.
Line Number	Name	U143	U144	U145	U146	U147	U148	U149	U150	U151	U152	U153	U154	U155	U156
□□		□□:□□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□
□□		□□:□□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□	□	□□:□□
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TABLE 20 SECTION 14 PART 4-V ASK THE FOLLOWING QUESTIONS OF INTERVIEWEES OVER AGE 55. WE WANT TO UNDERSTAND VARIOUS LIFE DISRUPTIONS CAUSED BY POOR HEALTH AND PHYSICAL LIMITATIONS

*List in the columns below the line number and name of each adult listed in Table 4 who is age 55 or older [over age 55]. Ask the following questions of each person.		3 Do you have any difficulty running a kilometer?	4 Do you have any difficulty walking a kilometer?	5 Do you have difficulty walking for 200 meters?	6 Do you have difficulty walking across a room?	7 Do you have difficulty sitting continuously for two hours?	8 Do you have difficulty standing up after sitting for a long time?	9 Do you have difficulty climbing one staircase?	10 Do you have difficulty climbing a few stairs without stopping?	11 Do you have any difficulty lifting or raising a 5-kilogram bag, such as a bag of flour, rice or other miscellaneous items?	12 Do you have any difficulty squatting down, kneeling down, or bending over?	13 Do you have any difficulty bathing yourself?	14 If you need help, who helps you?
1 Line Number	2 Name	* If "no," skip to Question 7. 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	* If "no," skip to Question 7. 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	* If "no," skip to Question 7. 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	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	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	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	* If "no," skip to Question 11. 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	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	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	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	* If "no," skip to Question 15. 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	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
A1		U157 <input type="checkbox"/>	U158 <input type="checkbox"/>	U159 <input type="checkbox"/>	U160 <input type="checkbox"/>	U161 <input type="checkbox"/>	U162 <input type="checkbox"/>	U163 <input type="checkbox"/>	U164 <input type="checkbox"/>	U165 <input type="checkbox"/>	U166 <input type="checkbox"/>	U167 <input type="checkbox"/>	U168 <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 20 SECTION 14 PART 4-V CONTINUED

		15 Do you have any difficulty eating by yourself? *If "no," skip to Question 17. 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	16 If there is somebody helping you, who is the person? 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	17 Do you have any difficulty putting on your clothes? 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	18 Do you have any difficulty combing your hair? 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	19 Do you have any difficulty using the toilet? 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	20 Does your health condition or physical strength make it difficult for you to do shopping (e.g., buying food, clothes, etc.) without others' help? 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	21 Does your health condition or physical strength make it difficult for you to cook without others' help? 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	22 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? 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	23 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? 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	24 Does your health condition or physical strength make it difficult for you to use the telephone without others' help? 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	25 How is your memory? 1 Very good 2 Good 3 OK 4 Bad 5 Very bad 8 refuse to answer 9 don't know	26 In the past twelve months, how did your memory change? 1 improved 2 stayed the same 3 deteriorated 8 refuse to answer 9 don't know
Line Number	Name												
<input type="checkbox"/>	<input type="checkbox"/>	U169	U170	U171	U172	U173	U174	U175	U176	U177	U178	U179	U180
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TABLE 20 SECTION 14 PART 4-V CONTINUED

Line Number	Name	27	28	29	30	31	32	Subtraction Exercises					38
		Now, I would like to let you participate in some memory test exercises. First of all, I will read you 10 words and then ask you to repeat all the words you can remember. Please listen carefully. After I finish, repeat as many words as you remember in any order: 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 99; if cannot remember, record 00.	Please tell me what year it is.	Please tell me what month it is.	Please tell me what date today is.	Please count backwards from 20 to 1.	What do people usually use to cut paper?	33 Please tell me: How much does 100 minus 7 equal?	34 Then subtract 7 from the previous result. What is the result?	35 Then subtract 7 from the previous result again. What is the result?	36 Then subtract 7 from the previous result again. What is the result?	37 Then subtract 7 from the previous result again. What is the result?	If respondent refused to answer Question 27, stop here. 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 99; if cannot remember, record 00.
<input type="checkbox"/> <input type="checkbox"/>		U181	U182	U183	U184	U185	U186	U187	U188	U189	U190	U191	U192
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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