

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

2009 ADULT QUESTIONNAIRE

(For all adults age 18 and older)

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

Urban Site: 1 Rural Site: 2 _ T2

City: _____ County: _____ _ T3

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

Neighborhood: _____ Village (Town): _____ __ T4

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

Household Number: _____ _ _ _ T5

Name of Adult: _____ Line Number: _____ _ _ _ A1

Name of Respondent: _____ Line Number: _____ _ _ _ T6a

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

Completion Evaluation: 1 Good 2 OK 3 Poor _ CO

Interviewer Name: _____ Number: _____ _ _ T6c

Supervisor Name: _____ Number: _____ _ _ T6d

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

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I. BACKGROUND DEMOGRAPHICS (for all adults)

1. Date of birth: ____year ____month ____day _____ AA3a
* Record western calendar, if possible, and use the same date of birth in household questionnaire.
2. According to which calendar type? _ AA4a
 - 1 western calendar
 - 2 lunar calendar
3. Age (years): _____ _ _ _ A3a
* Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.
4. Sex: _____ _ AA2a
 - 1 male
 - 2 female
5. Does your father live in this household? _ A5a
 - 0 no (skip to Question 8)
 - 1 yes
6. What is the relationship between you and your father? _ A5a1
 - 1 biological father
 - 2 stepfather
 - 3 adopted father
7. What is your father's name? _____ _ _ _ A5b
* Record the father's line number.
8. Does your mother live in this household? _ A5c
 - 0 no (skip to Question 11)
 - 1 yes
9. What is the relationship between you and your mother? _ A5c1
 - 1 biological mother
 - 2 stepmother
 - 3 adopted mother
10. What is your mother's name? _____ _ _ _ A5d
* Record the mother's line number.
11. What is your marital status? _ A8
 - 1 never married (skip to Question 13)
 - 2 married
 - 3 divorced (skip to Question 13)
 - 4 widowed (skip to Question 13)
 - 5 separated (skip to Question 13)
 - 9 unknown (skip to Question 13)
12. What is your spouse's name? _____ _ _ _ A8b
* Record the spouse's line number.
13. To which type of household registration do you belong? _ A8b1
 - 1 urban
 - 2 rural

14. How many years of formal education have you completed in a regular school? __ A11
- | | | | |
|----|--------------------------------------|-----|------------------------------------|
| 00 | no school completed (skip to Q16) | 26 | 3 years upper middle school |
| 11 | 1 year primary school (skip to Q16) | 27 | 1 year technical school |
| 12 | 2 years primary school (skip to Q16) | 28 | 2 years technical school |
| 13 | 3 years primary school (skip to Q16) | 29 | 3 years technical school |
| 14 | 4 years primary school (skip to Q16) | 31 | 1 year college/university |
| 15 | 5 years primary school | 32 | 2 years college/university |
| 16 | 6 years primary school | 33 | 3 years college/university |
| 21 | 1 year lower middle school | 34 | 4 years college/university |
| 22 | 2 years lower middle school | 35 | 5 years college/university |
| 23 | 3 years lower middle school | 36 | 6 years college/university or more |
| 24 | 1 year upper middle school | - 9 | unknown |
| 25 | 2 years upper middle school | | |
15. What is the highest level of education you have attained? _ A12
- | | |
|---|--------------------------------|
| 1 | graduated from primary school |
| 2 | lower middle school degree |
| 3 | upper middle school degree |
| 4 | technical or vocational degree |
| 5 | university or college degree |
| 6 | master's degree or higher |
| 9 | unknown |
16. Are you currently in school? _ A13
- | | |
|---|-------------------------------|
| 0 | no (skip to the next section) |
| 1 | yes |
17. During the school semester do you live away from home in or near school? _ A13a
- | | |
|---|-------------------------------|
| 0 | no (skip to the next section) |
| 1 | yes |
18. Do you go home for each weekend? _ A13b
- | | |
|---|-----|
| 0 | no |
| 1 | yes |
19. How old were you when you first lived away from home in or near school? __ A13c

II. WORK STATUS (for all adults)

1. Are you presently working? _ B2
- * If retired but rehired, record 1.
- | | |
|---|--------------------------|
| 0 | no |
| 1 | yes (skip to Question 3) |
2. Why are you not working? _ B2a
- | | |
|---|--------------------------------------------|
| 1 | seeking work (skip to Section V) |
| 2 | doing housework (skip to Section V) |
| 3 | disabled (skip to Section V) |
| 4 | student (skip to Section V) |
| 5 | retired (skip to Question 4) |
| 6 | other (specify: _____) (skip to Section V) |
| 9 | unknown (skip to Section V) |

3. Are you retired, but rehired? _ B2b
 0 no (skip to Question 6)
 1 yes
4. When did you retire? ____year ____month ----- B2c
 * Record western calendar, if possible. If year and month are unknown, record -99999.
5. On the average, what was your monthly retirement wage/salary last year, _____ B2d
including subsidies and bonuses? (yuan)
 * If unknown, record -999.
 * **If retired, but rehired, ask Question 6. Otherwise, skip to Section V**
6. Did you change your job after 2006? _ B3b
 0 no
 1 yes

III. PRIMARY OCCUPATION AND WAGES (for adults who work)

1. What is your primary occupation? __ B4
- 01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer)
 - 02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer)
 - 03 administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
 - 04 office staff (secretary, office helper)
 - 05 farmer, fisherman, hunter
 - 06 skilled worker (foreman, group leader, craftsman)
 - 07 non-skilled worker (ordinary laborer, logger)
 - 08 army officer, police officer
 - 09 ordinary soldier, policeman
 - 10 driver
 - 11 service worker (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
 - 12 athlete, actor, musician
 - 13 other (specify: _____)
 - 9 unknown
2. What is your employment position in this occupation? _ B5
- 1 self-employed, owner-manager with employees
 - 2 self-employed, independent operator with no employees (includes farmer)
 - 3 works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee
 - 4 contractor with other people or enterprise
 - 5 temporary worker
 - 6 paid family worker
 - 7 unpaid family worker
 - 8 other (specify: _____)
 - 9 unknown

3. What type of work unit is this? __ B6a
- 01 government department
 - 02 state service/institute
 - 03 state-owned enterprise
 - 04 small collective enterprise (such as township-owned)
 - 05 large collective enterprise (such as owned by county, city, province)
 - 06 family contract farming
 - 07 private, individual enterprise
 - 08 three-capital enterprise (owned by foreigners, overseas Chinese and joint venture)
 - 09 other (specify: _____)
 - 9 unknown
4. How many employees does this work unit have? _ B7
- 1 < 20
 - 2 20-100
 - 3 >100
 - 9 unknown
5. Last year, for how many months did you work at this occupation? __ C3
* If “unknown,” record -9.
6. For how many days in a week, on the average, did you work? _ C5
* If “unknown,” record 9.
7. For how many hours in a day, on the average, did you work? __ C6
* If “unknown,” record -9.
8. During the past week, for how many hours did you work? ___ C7
* If “unknown,” record -99.
9. Were you paid a regular wage last year? _ C7b
- 0 no
 - 1 yes
10. On the average, what was your monthly wage/salary last year, including subsidies? (yuan) _ _ _ _ _ C8
* If “unknown,” record -9999.
11. Did you receive a bonus last year (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)? _ I18
- 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)
12. Last year, what was the total value of all bonuses for the entire year? (yuan) _ _ _ _ _ I19
* If “unknown,” record -9999.

IV. SECONDARY OCCUPATION AND WAGES (for adults who work)

1. Do you have a secondary occupation? _ B9a
- 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)
2. Last year, for how many months did you work at this occupation? __ C3a
* If “unknown,” record -9.

3. For how many days in a week, on the average, did you work? _ C5a
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ C6a
* If “unknown,” record -9.
5. During the past week, for how many hours did you work? ___ C7a
* If “unknown,” record -99.
6. Were you paid a regular wage last year? _ C7c
0 no
1 yes
7. On the average, what was your monthly wage/salary last year, including ----- C8a
subsidies? (yuan)
* If “unknown,” record -9999.
8. Did you receive a bonus last year (including monthly bonus, quarterly bonus, _ I18a
year-end bonus, holiday bonus, and other bonus)?
0 no (skip to the next section)
1 yes
9 unknown (skip to the next section)
9. Last year, what was the total value of all bonuses for the entire year? (yuan) ----- I19a
* If “unknown,” record -9999.

V. HOME GARDENING (for all adults)

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

VI. COLLECTIVE AND HOUSEHOLD FARMING (for all adults)

1. Did you work on a collective farm or a household farm last year? _ E2a
0 no (skip to the next section)
1 yes
2. Last year, for how many months did you work on a farm (collective or __ E4a
household)?
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ E4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? __ E4c
* If “unknown,” record -9.

5. What kind of farming business is this? _ E5
 1 collective farm
 2 household farm (skip to Question 10)
 3 both collective and household
6. Did you receive money from the collective last year? _ E6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) _ _ _ _ _ E7
 * If "unknown," record -9999.
8. Did you receive farm produce and/or other items, such as durable goods, from the collective last year? _ E8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)
9. How much money were these farm produce and/or other items you received worth? (yuan) _ _ _ _ _ E9
 * If "unknown," record -999.
10. Are you the household member primarily responsible for the household's farming activities? _ E10
 0 no
 1 yes

VII. RAISING LIVESTOCK/POULTRY(for all adults)

1. Did you work raising livestock or poultry either on a collective or at home last year? _ F2a
 0 no (skip to the next section)
 1 yes
2. Last year, for how many months did you work raising livestock or poultry? _ _ F4a
 * If "unknown," record -9.
3. For how many days in a week, on the average, did you work? _ F4b
 * If "unknown," record 9.
4. For how many hours in a day, on the average, did you work? _ _ F4c
 * If "unknown," record -9.
5. What kind of livestock- or poultry-raising business is this? _ F5
 1 collective
 2 household (skip to Question 10)
 3 both collective and household
6. Did you receive money from the collective last year? _ F6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) _ _ _ _ _ F7
 * If "unknown," record -999.

8. Did you receive livestock or poultry products from the collective last year? _ F8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)
9. How much money were these livestock or poultry products you received worth? _ _ _ _ F9
 (yuan)
 * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s livestock or poultry business? _ F10
 0 no
 1 yes

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for all adults)

1. Did you work in fishing either on a collective or in a business operated by your household last year? _ G2a
 0 no (skip to the next section)
 1 yes
2. Last year, for how many months did you work in fishing? _ _ G4a
 * If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? _ G4b
 * If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? _ _ G4c
 * If “unknown,” record -9.
5. What kind of fishing business is this? _ G5
 1 collective
 2 household (skip to Question 10)
 3 both collective and household
6. Did you receive money from the collective last year? _ G6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) _ _ _ _ G7
 * If “unknown,” record -999.
8. Did you receive fish or other goods from the collective last year? _ G8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)
9. How much money were these fish or goods you received worth? (yuan) _ _ _ _ G9
 * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s fishing business? _ G10
 0 no
 1 yes

IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS

(for all adults)

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

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

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

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

Table 1. Small Household Businesses

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

X. OTHER SOURCES OF INCOME (for all adults)

1. Did you have any other cash income last year? _ I100
- 0 no (skip to Question 3)
- 1 yes
- 9 unknown (skip to Question 3)
2. How much money was it? _____ I101
3. Did you have any non-cash income (e.g. clothes, foods, etc) last year? _ I102
- 0 no (skip to next section)
- 1 yes
- 9 unknown (skip to next section)
4. How much was it if you bought them from market? _____ I103

XI. TIME ALLOCATION FOR HOME ACTIVITIES (for all adults)

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

Table 2. Home Activities (Household Chores)

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

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

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

XIII. SMOKING (for all adults)

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

XIV. WATER, TEA, AND COFFEE CONSUMPTION (for all adults)

* Ask Questions 2-4 about water, tea, and coffee consumption and record the answers in Table 3.

Table 3. Water, Tea, and Coffee Consumption

1	2	3	4
	Do you normally drink it? 0 no (skip to next item) 1 yes 9 unknown(skip to next item)	How often did you drink it during the past 30 days? 1. almost every day 2. 4-5 times a week 3. 2-3 times a week 4. no more than once a week 5. 2-3 times in the past 30 days 6. only once in the past 30 days 7. none in the past 30 days 9. unknown	How many cups did you drink per day? * A cup is about 240 ml. If unknown, record -9
Plain/bottled Water	_ U424	_ U425	_ _ U426
Tea	_ U34	_ U35	_ _ U36
Coffee	_ U37	_ U38a	_ _ U39

XV. ALCOHOL CONSUMPTION (for all adults)

1. Last year, did you drink beer or any other alcoholic beverage? _ U40
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)

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

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

Table 4. Alcohol Consumption

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

6. Do you eat dog meat? _ U505
 0 no (skip to the next section) 3 Usually
 1 Sometimes 9 unknown (skip to the next section)
 2 Often
7. Normally when do you eat dog meat? _ U506
 0 winter only
 1 any season
 9 Unknown
8. Normally how many grams of dog meat do you eat when you have it? ___ U507

XVIII. PHYSICAL ACTIVITIES (for all adults)

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

* Ask Question 2 for adults who work:

2. How much time do you spend doing each of these types of physical activities during work time in a typical week? (hours:minutes)
 * If “none,” record 00:00. If “unknown,” record -9:99.
- (1) Light physical activities (e.g., sedentary job, job with some standing and sitting, office work, watch smith, counter salesperson, lab technician) __ : __ U140
- (2) Moderate physical activities (e.g., driver, electrician) __ : __ U141
- (3) Heavy physical activities (e.g., farmer, athlete, dancer, steel worker, lumber worker, mason) __ : __ U142

* Ask Questions 4-5 about each transportation type for adults who work or go to school and record the answers in Table 6.

Table 6. Transportation to and from Work or School

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

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

Table 7. Physical Activities

6 Activity type	7 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	8/9 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	_ U145a	__ : __ U327	__ : __ U328
Gymnastics, dancing, acrobatics	_ U149	__ : __ U329	__ : __ U330
Track and field (running, etc.), swimming	_ U147	__ : __ U331	__ : __ U332
Soccer, basketball, tennis	_ U151a	__ : __ U333	__ : __ U334
Badminton, volleyball	_ U153a	__ : __ U335	__ : __ U336
Other (ping pong, Tai Chi, etc.)	_ U155a	__ : __ U337	__ : __ U338

* Ask Questions 11-13 about each activity and record the answers in Table 8.

Table 8. Sedentary Activities

6 Activity type	7 Do you participate in this activity? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item.	8/9 How much time do you spend during a typical day? (hours:minutes) * If "unknown," record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	_ U339	__ : __ U340	__ : __ U341
Videotapes, VCDs, DVDs	_ U342	__ : __ U343	__ : __ U344
Watching movies and videos online	_ U508	__ : __ U509	__ : __ U510
Video games	_ U345	__ : __ U346	__ : __ U347
Surfing the internet	_ U410	__ : __ U411	__ : __ U412
Participating in chat rooms	_ U413	__ : __ U414	__ : __ U415
Playing computer games, etc.	_ U416	__ : __ U417	__ : __ U418
Reading (books, newspapers and magazines), writing, drawing	_ U351	__ : __ U352	__ : __ U353

14. Can you access the internet? _ U354
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
15. Where can you access the internet?
 (1) internet cafe 0 no 1 yes 9 unknown _ U419
 (2) at home 0 no 1 yes 9 unknown _ U427
 (3) at friend's or relative's home 0 no 1 yes 9 unknown _ U428
 (4) in school 0 no 1 yes 9 unknown _ U429
16. Do you ever go to an internet cafe? _ U355
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
17. Which of these things do you usually do at an internet café?
 (1) Surf the internet 0 no 1 yes 9 unknown _ U356
 (2) Participate in chat rooms 0 no 1 yes 9 unknown _ U357
 (3) Play games 0 no 1 yes 9 unknown _ U358
 (4) Other (specify: _____) 0 no 1 yes 9 unknown _ U359

XIX. MEDICAL INSURANCE (for all adults)

1. Do you have medical insurance? _ M1
0 no (skip to Question 8)
1 yes
2. Which of the following types of medical insurance do you have? _ M3a_0
(0) Commercial medical insurance 0 no 1 yes 9 unknown
(1) Government (Free) medical insurance 0 no 1 yes 9 unknown _ M3a_1
(2) Urban employee basic medical insurance 0 no 1 yes 9 unknown _ M3a_12
(3) Urban resident basic medical insurance 0 no 1 yes 9 unknown _ M3a_13
(4) Rural newly cooperative basic medical insurance 0 no 1 yes 9 unknown _ M3a_4
(9) Other (specify: _____) 0 no 1 yes 9 unknown _ M3a_8

*** If more than one type of insurance, ask Questions 3-7 about the primary type (most frequently used).**

3. What is your monthly contribution to this insurance? (yuan)? ___ M2a
*If unknown, record -99.
4. Do you buy any supplementary medical insurance? _ M2b
0 no (skip to question 6)
1 Yes
5. What is your monthly contribution to this supplementary medical insurance? ___ M2c
* If unknown, record -99.
6. Does your employer buy any supplementary medical insurance for you? _ M2d
0 no (skip to the next section)
1 Yes
7. What is your monthly contribution to this supplementary medical insurance? ___ M2e
* If unknown, record -99.

End for those who answered 2-7 and skip to next section.

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

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

1. During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease? _ M23
0 no
1 yes
9 unknown

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

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

3. How severe was the illness or injury? _ M25
- | | |
|---|-----------------|
| 1 | not severe |
| 2 | somewhat severe |
| 3 | quite severe |
4. For how many days during the past 4 weeks were you unable to carry out normal activities due to this illness? __ M26a
* If "unknown," record -9.
5. What did you do when you felt ill? _ M26
- | | |
|---|------------------------------------------------------|
| 1 | self care |
| 2 | saw the local health worker (skip to Question 8) |
| 3 | saw a doctor (clinic, hospital) (skip to Question 8) |
| 4 | did not pay any attention |
| 9 | unknown |
6. How much money did you spend on the illness or injury? (yuan) ---- M39
* If insurance covered all expenses, record -888. If "unknown," record -999.
7. Did you seek care from a formal medical provider during the past 4 weeks? _ M52
- | | |
|---|--------------------------|
| 0 | no (skip to Question 15) |
| 1 | yes |
8. Where did you see a doctor? __ M27b
- | | | | |
|----|------------------------------------|-----|----------------------------------|
| 01 | village clinic | 09 | city maternal and child hospital |
| 02 | private clinic | 10 | city hospital |
| 03 | work unit clinic | 11 | worker's hospital |
| 04 | other clinic | 12 | other hospital |
| 05 | town family planning service | 14 | at home |
| 06 | town hospital | 15 | other (specify: _____) |
| 07 | county maternal and child hospital | - 9 | unknown |
| 08 | county hospital | | |

9. Was it an outpatient or inpatient visit? _ M28
 0 outpatient (skip to Question 11)
 1 inpatient
10. For how many days during the past 4 weeks were you or have you been hospitalized? __ M29
 * If “unknown,” record -9.
11. How much did this treatment cost or has this treatment cost so far (including all registration fees, medicines, treatment fees, bed fees, etc.)? (yuan) _ _ _ _ M30
 * If insurance covers all expenses, record -8888. If “unknown,” record -9999.
12. What percentage of these costs was paid by insurance or may be paid by insurance? (%) _ _ _ M31
 * If does not have medical insurance, record -88. If “unknown,” record -99.
13. How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) _ _ _ M38
 * If “unknown,” record -99.
14. What was the doctor’s diagnosis of your illness or injury? __ M40
- | | |
|---------------------------------|--------------------------------------|
| 00 no diagnosis | 12 eye/ear/nose/throat/teeth disease |
| 01 infectious/parasitic disease | 13 digestive disease |
| 02 heart disease | 14 urinary disease |
| 03 tumor | 15 sexual dysfunction |
| 04 respiratory disease | 16 obstetrical/gynecological disease |
| 05 injury | 17 neonatal disease |
| 06 alcohol poisoning | 18 dermatological disease |
| 07 endocrine disorder | 19 muscular/rheumatological disease |
| 08 hematological disease | 20 genetic disease |
| 09 mental/psychiatric disorder | 21 old age/mid-life syndrome |
| 10 mental retardation | 22 other (specify: _____) |
| 11 neurological disorder | - 9 Unknown |
15. Did you visit a folk doctor last year? _ M40a
 0 no
 1 yes
 9 unknown
16. During the past 4 weeks, did you receive any preventive health service, such as health examination, eye examination, blood test, blood pressure screening, tumor screening? _ M47
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
- * If more than one service, ask Questions 17-20 about the one that had the highest cost.**
17. What service did you receive? __ M48a
- | | |
|----------------------------------|------------------------------|
| 01 general physical examination | 07 prenatal examination |
| 03 blood test | 08 postnatal examination |
| 04 blood pressure screening | 09 gynecological examination |
| 05 tumor screening | 10 other (specify: _____) |
| 06 vision or hearing examination | - 9 unknown |

18. Where did you receive this service? __ M49a
- | | | | |
|----|------------------------------------|-----|----------------------------------|
| 01 | village clinic | 09 | city maternal and child hospital |
| 02 | private clinic | 10 | city hospital |
| 03 | work unit clinic | 11 | worker's hospital |
| 04 | other clinic | 12 | other hospital |
| 05 | town family planning service | 14 | at home |
| 06 | town hospital | 15 | other (specify: _____) |
| 07 | county maternal and child hospital | - 9 | unknown |
| 08 | county hospital | | |
19. How much did this service cost? (yuan) _ _ _ . _ M50
 * If total cost was paid by medical insurance, record -88.8. If "unknown," record -99.9.
20. What percentage of this cost was paid by insurance, or may be paid by insurance? (%) _ _ _ M51
 * If does not have medical insurance, record -88. If "unknown," record -99.

XXI. DISEASE HISTORY (for all adults)

1. Has a doctor ever told you that you suffer from high blood pressure? _ U22
- | | |
|---|------------------------------|
| 0 | no (skip to Question 4) |
| 1 | yes |
| 9 | unknown (skip to Question 4) |
2. For how many years have you had it? _ _ _ U23
 * If "unknown," record -99.
3. Are you currently taking anti-hypertension drugs? _ U24
- | | |
|---|---------|
| 0 | no |
| 1 | yes |
| 9 | unknown |
4. Has a doctor ever told you that you suffer from diabetes? _ U24a
- | | |
|---|------------------------------|
| 0 | no (skip to Question 7) |
| 1 | yes |
| 9 | unknown (skip to Question 7) |
5. How old were you when the doctor told you this? (years) _ _ _ U24b
 * If "unknown," record -99.
6. Did you use any of these treatment methods?
- | | | | | | |
|-----|------------------------------|------|-------|-----------|--------|
| (1) | Special diet | 0 no | 1 yes | 9 unknown | _ U24c |
| (2) | Weight control | 0 no | 1 yes | 9 unknown | _ U24d |
| (3) | Oral medicine | 0 no | 1 yes | 9 unknown | _ U24e |
| (4) | Injection of insulin | 0 no | 1 yes | 9 unknown | _ U24f |
| (5) | Chinese traditional medicine | 0 no | 1 yes | 9 unknown | _ U24g |
| (6) | Home remedies | 0 no | 1 yes | 9 unknown | _ U24h |
| (7) | Qi Gong (spiritual method) | 0 no | 1 yes | 9 unknown | _ U24i |
7. Has a doctor ever given you the diagnosis of myocardial infarction? _ U24j
- | | |
|---|------------------------------|
| 0 | no (skip to Question 9) |
| 1 | yes |
| 9 | unknown (skip to Question 9) |
8. How old were you when you suffered from myocardial infarction? (years) _ _ _ U24k
 * If this occurred more than once, ask about the most recent time. If "unknown," record -99.

9. Has a doctor ever given you the diagnosis of apoplexy? _ U24l
 0 no (skip to Question 11)
 1 yes
 9 unknown (skip to Question 11)
10. How old were you when you suffered from apoplexy? (years) ___ U24m
 * If this occurred more than once, ask about the most recent time. If “unknown,” record -99.
11. Do you have a history of bone fracture? _ U24n
 0 no (skip to Question 14)
 1 yes
 9 unknown (skip to Question 14)
12. How old were you when you had the first bone fracture? (years) ___ U24o
 * If “unknown,” record -99.
13. How many times has this happened (including the first time)? __ U24p
 * If “unknown,” record -9.
14. Has a doctor ever told you that you suffered from asthma? _ U24q
 0 No
 1 Yes
 9 Unknown
15. Have you had wheezing or whistling in the chest in the last 12 months? _ U24r
 0 no (skip to Question 17)
 1 Yes
 9 unknown (skip to Question 17)
16. For how many years have you had it? __ U24s
 * If “unknown,” record -9.
17. How do you rate your life at present? _ U420
 1 Very good 4 Bad
 2 Good 5 Very bad
 3 OK 9 Unknown

* Ask Questions 2-3 about psychological wellbeing and record the answers in Table 9.

Table 9. Psychological wellbeing

18 Statement	19
Please use 1-5 to describe if you strongly disagree, somewhat disagree, neutral, somewhat agree, or strongly agree with this statement?	1 strongly disagree 2 disagree 3 neutral 4 agree 5 strongly agree 9 unknown
I have as much pep as I had last year.	_ U421
I am as happy now as I was younger.	_ U422
As I get older, things are better than I thought they would be.	_ U423

XXII. DIET AND ACTIVITY KNOWLEDGE (for all adults)

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

*** Ask the respondent if he or she strongly agrees, somewhat agrees, somewhat disagrees or strongly disagrees with each statement in Item 2 and record the answers in Table 10.**

Table 10. Diet Knowledge

2 Statement	3 1 strongly disagree 2 disagree 3 neutral 4 agree 5 strongly agree 9 unknown
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this statement? * Please note that the question is not asking about your actual habits.	
Choosing a diet with a lot of fresh fruits and vegetables is good for one's health.	_ U377a
Eating a lot of sugar is good for one's health.	_ U378a
Eating a variety of foods is good for one's health.	_ U379a
Choosing a diet high in fat is good for one's health.	_ U380a
Choosing a diet with a lot of staple foods [rice and rice products and wheat and wheat products] is not good for one's health.	_ U381a
Consuming a lot of animal products daily (fish, poultry, eggs and lean meat) is good for one's health.	_ U382a
Reducing the amount of fatty meat and animal fat in the diet is good for one's health.	_ U383a
Consuming milk and dairy products is good for one's health.	_ U384a
Consuming beans and bean products is good for one's health.	_ U385a
Physical activities are good for one's health.	_ U386a
Sweaty sports or other intense physical activities are not good for one's health.	_ U387a
The heavier one's body is, the healthier he or she is.	_ U388a

*** Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each food in Item 4 and record the answers in Table 11.**

Table 11. Food Preferences

4 Food item	5 1 dislike very much 2 dislike 3 neutral 4 like 5 like very much 9 does not eat this food
How much do you like this food: Like very much, like somewhat, dislike somewhat, or dislike very much?	
Fast food (KFC, pizza, hamburgers, etc.)	_ U389a
Salty snack foods (potato chips, pretzels, French fries, etc.)	_ U390a
Fruits	_ U391a
Vegetables	_ U392a
Soft drinks and sugared fruit drinks	_ U393a

*** Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each activity in Item 6 and record the answers in Table 12.**

Table 12. Activity Preferences

6 Activity type	7
How much do you like to participate in this activity: Like very much, like somewhat, dislike somewhat, or dislike very much? * Please note we are asking if you participate in the activity, not just watch the activity or games on TV or as a spectator attending an event.	1 dislike very much 2 dislike 3 neutral 4 like 5 like very much 9 does not participate
Walking, Tai Chi	_ U394a
Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)	_ U395a
Body building	_ U396a
Watching TV	_ U397a
Playing computer/video games, surfing the internet	_ U398a
Reading	_ U399a

*** Ask the respondent how important each of the priorities in Item 8 is in his or her life: The most important, very important, important, not very important, or not important at all and record the answers in Table 13.**

Table 13. Priorities

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

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

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

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

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

*** Skip to Question 6**

4. In what year and month were you and your most recent husband married? _____ year __ month S4
 * Record western calendar, if possible.
5. In what year and month were you most recently widowed or divorced? _____ year __ month S5
 * Record western calendar, if possible.
6. Altogether, how many times have you been married? _____ times. _ S35

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

* Ask Questions 2-7 about inter-generational linkages and record the answers in Table 14.

Table 14. Inter-generational Linkages to Parents

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

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

1. Do you have any brothers? _____ S215
 0 no (skip to Question 3)
 1 yes
2. How many brothers do you have? __ S216
3. Do you have any sisters? _____ S217
 0 no (skip to Question 5)
 1 yes
4. How many sisters do you have? __ S218

* Ask Questions 5-8 for currently married women only.

5. Does your husband have any brothers? _____ S219
 0 no (skip to Question 7)
 1 yes
6. How many brothers does your husband have? __ S220
7. Does your husband have any sisters? _____ S221
 0 no (skip to the next section)
 1 yes
8. How many sisters does your husband have? __ S222

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

1. Are you currently pregnant? _ S59
 0 no (skip to Question 3)
 1 yes
 9 unknown (skip to Question 3)

2. For how many months have you been pregnant? __ U57
 * If "unknown," record -9.
 * **Skip to Question 7**

3. Are you using any contraceptive methods? _ S65
 0 no (skip to Question 6)
 1 Yes

4. What method are you using? __ S66
- | | |
|--------------|------------------------------------|
| 01 Pill | 06 Rhythm (skip to Question 7) |
| 02 IUD | 07 Withdrawal (skip to Question 7) |
| 03 Injection | 08 Female sterilization |
| 04 Diaphragm | 09 Male sterilization |
| 05 Condom | 10 Other (specify: _____) |

*** If "female sterilization" or "male sterilization," ask Question 5. Otherwise, skip to Question 7.**

5. If "female sterilization," when was the operation performed? _____ year __ month S68
 ____ year ____ month
 * Record western calendar, if possible.
 * **Skip to Question 7**

- If "male sterilization," when was the operation performed? _____ year __ month S68a
 ____ year ____ month
 * Record western calendar, if possible.
 * **Skip to Question 7**

6. What is the reason that you do not use contraceptive methods? __ S71a
- | | |
|--------------------------------------|---------------------------------|
| 01 want to have a child | 07 inconvenient to use |
| 02 one part of the couple is sterile | 08 infrequent sex |
| 03 husband or relatives disapprove | 09 husband not living at home |
| 04 health reason | 10 husband deceased or divorced |
| 05 unacceptable or inaccessible | 11 fatalistic attitude |
| 06 cost too much | 12 other (specify: _____) |

7. From January 2006 to the present, how many times have you been pregnant, including the current pregnancy if currently pregnant? _ S109a
 * **If "none," skip to the next section.**

*** Ask Questions 10-19 about each pregnancy since January 2006 that has ended already (excluding the current one if currently pregnant) and record the answers in Table 15.**

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

* Record western calendar, wherever possible.

* If the current pregnancy is the only pregnancy since January 2006, skip to the next section.

Table 15. Pregnancy History: January 2006 to Present

8 Pregnancy number S113b	9 When did this pregnancy end? (year, month, day) S113a	10 How did this pregnancy end? 1 natural abortion 2 induced abortion 3 stillborn fetus (<7 mo) 4 stillbirth (>7 mo) 5 live birth (ask Q11-15) * If not a live birth (code 1-4), ask about next pregnancy. S114	11 What was this child's sex? 1 male 2 female S114a	12 Is this child still alive? 0 no (skip to Question 14) 1 yes S114c	13 What is this child's name? *Record child's line number S114f	14 Did you ever breastfeed this child? 0 no 1 yes, now 2 yes, no longer S116a	15 How long did you breastfeed this child? (months) S117
1	-----	---	---	---	---	---	---
2	-----	---	---	---	---	---	---
3	-----	---	---	---	---	---	---
4	-----	---	---	---	---	---	---
5	-----	---	---	---	---	---	---

* Ask Questions 16-17 about the most recent pregnancy (excluding the current one).

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

XXVII. FERTILITY PREFERENCES (for all women under age 52 who are married, widowed, or divorced)

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

1. If you could choose the number of children to have, would you want to have another child, in addition to the child you are expecting? _ S63a
 0 no (skip to the next section)
 1 yes, whether this child is a girl or a boy
 2 yes, but only if this child is a girl
 3 yes, but only if this child is a boy
2. If you could choose the number of children to have, how many more children would you want to have, in addition to the child you are expecting? _ S64a

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

3. Do you want to have a child sometime? _ S72a
 0 no (skip to the next section)
 1 Yes
4. If you could choose the number of children to have, how many children would you want to have? _ S73a

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

5. If you could choose the number of children to have, would you want to have another child sometime? _ S69a
 0 no (skip to the next section)
 1 Yes
6. If you could choose the number of children to have, how many more children would you want to have? _ S70a

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

* We have asked about pregnancies and births since January 2006. Now we will ask about all the children you have ever given birth to. Please answer all questions for all children, including those who died and those born recently.

* Ask Questions 2-10 about every child the woman has given birth to (including those who died and those born since January 2006), and record the answers in Table 16.

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

* Record western calendar, wherever possible.

Table 16. Birth History

1 Birth order	2 When was this child born? (year, month, day)	3 According to which calendar? 1 western 2 lunar	4 What was this child's sex? 1 male 2 female	5 Is this child living with you now? 0 no (skip to Q7) 1 yes	6 What is this child's name? * Record child's line number. * Ask about next child.	7 Is this child living elsewhere? 0 no 1 yes (skip to Q10)	8 When did this child die? (year, month)	9 Was this child living in your household when he or she died? 0 no 1 yes	10 How long did this child live in your household? (years, months)
S48	S49	S50	S51	S52	S53	S54	S56	S57	S58
1	-----	—	—	—	----	—	-----	—	__ years __ months
2	-----	—	—	—	----	—	-----	—	__ years __ months
3	-----	—	—	—	----	—	-----	—	__ years __ months
4	-----	—	—	—	----	—	-----	—	__ years __ months
5	-----	—	—	—	----	—	-----	—	__ years __ months
6	-----	—	—	—	----	—	-----	—	__ years __ months
7	-----	—	—	—	----	—	-----	—	__ years __ months
8	-----	—	—	—	----	—	-----	—	__ years __ months
9	-----	—	—	—	----	—	-----	—	__ years __ months
10	-----	—	—	—	----	—	-----	—	__ years __ months

XXX. EATING DISORDER (for women 35 years old and younger)

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

*** Ask the respondent about her dietary behaviors in past 4 weeks (28 days) and record in Table 17.**

Table 17. Dietary Behaviors in past 4 Weeks

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

XXXI. PHYSICAL MEASUREMENTS (for all adults)

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

Interview date: ____year ____month ____day _____ T7

1. Date of birth: ____year ____month ____day _____ U1a

* Record western calendar, if possible, use the same date of birth in household questionnaire and first page of this questionnaire.

2. According to which calendar type? _____ U1c

1 western calendar

2 lunar calendar

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

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

4. Sex: _____ _ U1b

1 Male

2 Female

*** Before taking physical measurements, check line number on cover page, and birth date, age and sex on page 1. If the information on this page does not match that on cover and page 1, you may have the wrong person. You must resolve this problem before recording physical measurements.**

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

5. Blood pressure (mmHg): _____ / _____ U4

(1) _____ (Systolic) / _____ (Diastolic) _____ / _____ U4

(2) _____ (Systolic) / _____ (Diastolic) _____ / _____ U5

(3) _____ (Systolic) / _____ (Diastolic) _____ / _____ U6

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

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

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

9. Triceps skin fold (mm): _____ _ _ U8a

(1) _____ _ _ U8a

(2) _____ _ _ U8b

(3) _____ _ _ U8c

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

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

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

12. Does the person have any of these conditions: _____ U12

(1) Goiter 0 no 1 yes _ U12

(2) Angular stomatitis 0 no 1 yes _ U13

(3) Blindness in one eye 0 no 1 yes _ U14

(4) Blindness in both eyes 0 no 1 yes _ U15

(5) Loss of one arm or use of one arm 0 no 1 yes _ U16

(6) Loss of both arms or use of both arms 0 no 1 yes _ U17

(7) Loss of one leg or use of one leg 0 no 1 yes _ U18

(8) Loss of both legs or use of both legs 0 no 1 yes _ U19