

**CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY  
2011 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
Telephone Number:	_____											
Name of Respondent:	_____					Line Number:	_____					T6a
Interview Date:	__	__	__	Year	__	__	Month	__	__	Day		T7
Completion Evaluation:			1	Good	2	OK	3	Poor				CO
Interviewer Name:	_____					Number:	_____					T6c
Supervisor Name:	_____					Number:	_____					T6d

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 in 2010, ----- 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 2009? \_ 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. In 2010, for how many months did you work at this occupation? \_\_ C3  
 \* If “unknown,” record -9.
6. For how many days in a week, on the average, did you work? \_ C5  
 \* If “unknown,” record 9.
7. For how many hours in a day, on the average, did you work? \_\_ C6  
 \* If “unknown,” record -9.
8. During the past week, for how many hours did you work? \_\_\_ C7  
 \* If “unknown,” record -99.
9. Were you paid a regular wage in 2010? \_ C7b
- 0 no
  - 1 yes
10. On the average, what was your monthly wage/salary in 2010, including \_\_\_\_\_ C8  
 subsidies? (yuan)  
 \* If “unknown,” record -9999.
11. Did you receive a bonus in 2010 (including monthly bonus, quarterly bonus, \_ I18  
 year-end bonus, holiday bonus, and other bonus)?
- 0 no (skip to the next section)
  - 1 yes
  - 9 unknown (skip to the next section)
12. In 2010, what was the total value of all bonuses for the entire year? (yuan) \_\_\_\_\_ I19  
 \* If “unknown,” record -9999.

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

1. Do you have a secondary occupation? \_ B9a
  - 0 no (skip to the next section)
  - 1 yes
  - 9 unknown (skip to the next section)
  
2. What is your employment position in this occupation? \_ B9
  - 1 self-employed, owner-manager with employees
  - 2 self-employed, independent operator with no employees (includes farmer)
  - 3 works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee
  - 4 contractor with other people or enterprise
  - 5 temporary worker
  - 6 paid family worker
  - 7 unpaid family worker
  - 8 other (specify: \_\_\_\_\_)
  - 9 unknown
  
3. In 2010, for how many months did you work at this occupation? \_\_ C3a

\* If “unknown,” record -9.
  
4. For how many days in a week, on the average, did you work? \_ C5a

\* If “unknown,” record 9.
  
5. For how many hours in a day, on the average, did you work? \_\_ C6a

\* If “unknown,” record -9.
  
6. During the past week, for how many hours did you work? \_\_\_ C7a

\* If “unknown,” record -99.
  
7. Were you paid a regular wage in 2010? \_ C7c
  - 0 no
  - 1 yes
  
8. On the average, what was your monthly wage/salary in 2010, including subsidies? (yuan) \_\_\_\_\_ C8a

\* If “unknown,” record -9999.
  
9. Did you receive a bonus in 2010 (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)? \_ I18a
  - 0 no (skip to the next section)
  - 1 yes
  - 9 unknown (skip to the next section)
  
10. In 2010, 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 in 2010? \_ D2a  
0 no (skip to the next section)  
1 yes
2. In 2010, 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 in 2010? \_ E2a  
0 no (skip to the next section)  
1 yes
2. In 2010, for how many months did you work on a farm (collective or household)? \_\_ E4a  
\* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? \_ E4b  
\* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? \_\_ E4c  
\* If “unknown,” record -9.
5. What kind of farming business is this? \_ E5  
1 collective farm  
2 household farm (skip to Question 10)  
3 both collective and household
6. Did you receive money from the collective in 2010? \_ E6  
0 no (skip to Question 8)  
1 yes  
9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) \_\_\_\_\_ E7  
\* If “unknown,” record -9999.
8. Did you receive farm produce and/or other items, such as durable goods, from the collective in 2010? \_ 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 in 2010 \_ F2a  
0 no (skip to the next section)  
1 yes
2. In 2010, for how many months did you work raising livestock or poultry? \_\_ F4a  
\* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? \_ F4b  
\* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? \_\_ F4c  
\* If “unknown,” record -9.
5. What kind of livestock- or poultry-raising business is this? \_ F5  
1 collective  
2 household (skip to Question 10)  
3 both collective and household
6. Did you receive money from the collective in 2010? \_ F6  
0 no (skip to Question 8)  
1 yes  
9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) \_ \_ \_ \_ F7  
\* If “unknown,” record -999.
8. Did you receive livestock or poultry products from the collective in 2010? \_ 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 in 2010? \_ G2a  
0 no (skip to the next section)  
1 yes
2. In 2010, for how many months did you work in fishing? \_\_ G4a  
\* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? \_ G4b  
\* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? \_\_ G4c  
\* If “unknown,” record -9.
5. What kind of fishing business is this? \_ G5  
1 collective  
2 household (skip to Question 10)  
3 both collective and household

6. Did you receive money from the collective in 2010? \_ G6  
 0 no (skip to Question 8)  
 1 yes  
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) ---- G7  
 \* If “unknown,” record -999.
8. Did you receive fish or other goods from the collective in 2010? \_ 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 in 2010 (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  <b>H1d</b>	3 Business type	4 Did you work in this business in 2010? 0 no 1 yes * If “no,” skip down to next item. <b>H5a</b>	5 In 2010, for how many months did you work in this business? * If “unknown,” record -9. <b>H6</b>	6 For how many days in a week, on the average, did you work? * If “unknown,” record 9. <b>H7</b>	7 For how many hours in a day, on the average, did you work? * If “unknown,” record -9. <b>H8</b>	8 During the past week, for how many hours did you work? * If “unknown,” record -99. <b>H9</b>
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 in 2010? \_ I100  
 0 no (skip to Question 3)  
 1 yes  
 9 unknown (skip to Question 3)
2. How much money was it in 2010? \_\_\_\_\_ I101
3. Did you have any non-cash income (e.g. clothes, foods, etc) in 2010? \_ I102  
 0 no (skip to next section)  
 1 yes  
 9 unknown (skip to next section)
4. How much was it if you bought them from market in 2010? \_\_\_\_\_ 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)

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

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

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

**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. In 2010, 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 Alcohol type	4 Do you drink this type of alcohol? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item.	5 How much do you drink each week? * If "unknown," record -9.
Beer	U42a	U42 (bottle)
Grape wine (including various colored wines, rice wine)	U43a	U43 (liang)
Liquor	U44a	U44 (liang)

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

- In 2010, did you drink soft drinks or sugared fruit drinks? \_ U229  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)
- How often did you drink soft drinks or sugared fruit drinks? \_ U230  
 1 almost every day  
 2 3-4 times a week  
 3 once or twice a week  
 4 once or twice a month  
 5 no more than once a month  
 9 unknown

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

**Table 5. Soft Drink and Sugared Fruit Drink Consumption**

3 Beverage type	4 Do you drink this beverage in 2010? 0 no 1 yes 9 unknown * If "no" or "unknown," skip to next item.	5 How much do you drink each week? (liters) * If "unknown," record -9.
Chinese brand soft drinks (Wahaha Feichang Kele, etc)	U231	U232
Non-Chinese brand soft drinks (Coca-Cola, etc.)	U233	U234
Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)	U235	U236

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

- 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:

- 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.
  - Light physical activities (e.g., sedentary job, job with some standing and sitting, office work, watch smith, counter salesperson, lab technician) \_\_ : \_\_ U140
  - Moderate physical activities (e.g., driver, electrician) \_\_ : \_\_ U141
  - 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
Other sedentary activities	U351a	: U352a	: U353a

14. Can you access to the internet? \_ U354  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)
15. Where can you access to the internet?  
 (1) internet cafe 0 no 1 yes 9 unknown \_ U419  
 (2) at home 0 no 1 yes 9 unknown \_ U427  
 (3) at friend's or relative's home 0 no 1 yes 9 unknown \_ U428  
 (4) in school 0 no 1 yes 9 unknown \_ U429
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

### XVIII. 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?  
 (0) Commercial medical insurance 0 no 1 yes 9 unknown \_ M3a\_0  
 (1) Government (Free) medical insurance 0 no 1 yes 9 unknown \_ M3a\_1  
 (2) Urban employee basic medical insurance 0 no 1 yes 9 unknown \_ M3a\_12  
 (3) Urban resident basic medical insurance 0 no 1 yes 9 unknown \_ M3a\_13  
 (4) Rural newly cooperative basic medical insurance 0 no 1 yes 9 unknown \_ M3a\_4  
 (9) Other (specify: \_\_\_\_\_) 0 no 1 yes 9 unknown \_ M3a\_8

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

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

7. What is your monthly contribution to this supplementary medical insurance? \_\_\_ M2e  
 \* If unknown, record -99.

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

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

**XIX. 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.
- 6a. What percentage of these costs was paid by insurance or may be paid by insurance? (%) \_\_\_\_\_ M39a  
 \* If does not have medical insurance, record -88. If "unknown," record -99.

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 in 2010? \_\_ 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.

**XX. 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 stroke or transient ischemic attack? \_ U24l  
0 no (skip to Question 14)  
1 Yes  
9 unknown (skip to Question 14)
10. How old were you when you were first diagnosed with stroke or transient ischemic attack? (years) \_\_\_ U24t  
\* If “unknown,” record -99.
11. Do you know what type of stroke you had in the first time? \_ U24u  
0 No  
1 Ischemic  
2 Hemorrhagic
12. Have you had this problem in the past year? \_ U24v  
0 No  
1 Yes  
9 Unknown
13. How old were you when you had this problem the most recent time? (years) \_\_\_ U24m  
\* If “unknown,” record -99.
14. Has a doctor ever given you the diagnosis of cancer? \_ U24w  
0 No (skip to Question 18)  
1 Yes  
9 Unknown (skip to Question 18)
15. How old were you when you were first diagnosed with cancer? (years) \_\_\_ U24x  
\* If “unknown,” record -99.
16. Do you know what type of cancer you suffer from? \_ U24y
- |                                 |      |       |           |           |
|---------------------------------|------|-------|-----------|-----------|
| (1) lung cancer                 | 0 no | 1 yes | 9 unknown | _ U24y01  |
| (2) stomach cancer              | 0 no | 1 yes | 9 unknown | _ U24 y02 |
| (3) Hepatic carcinoma           | 0 no | 1 yes | 9 unknown | _ U24 y03 |
| (4) Esophageal cancer           | 0 no | 1 yes | 9 unknown | _ U24 y04 |
| (5) colon cancer                | 0 no | 1 yes | 9 unknown | _ U24 y05 |
| (6) breast cancer               | 0 no | 1 yes | 9 unknown | _ U24 y06 |
| (7) cervical cancer             | 0 no | 1 yes | 9 unknown | _ U24 y07 |
| (8) blood/lymph glands cancer   | 0 no | 1 yes | 9 unknown | _ U24 y08 |
| (9) testes/scrotum cancer       | 0 no | 1 yes | 9 unknown | _ U24 y09 |
| (10) melanoma                   | 0 no | 1 yes | 9 unknown | _ U24 y10 |
| (11) skin (not melanoma) cancer | 0 no | 1 yes | 9 unknown | _ U24 y11 |
| (12) brain cancer               | 0 no | 1 yes | 9 unknown | _ U24 y12 |
| (13) uterine cancer             | 0 no | 1 yes | 9 unknown | _ U24 y13 |
| (14) prostate cancer            | 0 no | 1 yes | 9 unknown | _ U24 y14 |
| (15) bone cancer                | 0 no | 1 yes | 9 unknown | _ U24 y15 |
| (16) other (please specify)     | 0 no | 1 yes | 9 unknown | _ U24 y16 |



**XXI. 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

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

1. What is your current marital status? \_ S1
  - 1 married
  - 2 widowed (skip to Question 4)
  - 3 divorced (skip to Question 4)
2. In what year and month were you married? (current marriage) \_\_\_\_\_ year \_\_ month S2  
 \_\_\_\_\_ year \_\_\_\_\_ month  
 \* Record western calendar, if possible.
3. Does your husband ordinarily live at home? \_ S3
  - 0 no
  - 1 yes

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

**XXIII. 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

**XXIV. 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

**XXV. 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 2009 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 2009, skip to the next section.

**Table 15. Pregnancy History: January 2006 to Present**

8 Pregnancy number  <b>S113b</b>	9 When did this pregnancy end? (year, month, day)  <b>S113a</b>	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.  <b>S114</b>	11 What was this child's sex? 1 male 2 female  <b>S114a</b>	12 Is this child still alive? 0 no (skip to Question 14) 1 yes  <b>S114c</b>	13 What is this child's name? *Record child's line number  <b>S114f</b>	14 Did you ever breastfeed this child? 0 no 1 yes, now 2 yes, no longer  <b>S116a</b>	15 How long did you breastfeed this child? (months)  <b>S117</b>
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

**XXVII. 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 2009. 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 2009), 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

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

1. Now I will ask some questions about your oldest child between the ages of 6 and 18. \_\_\_ S223  
 What is this child's name? \_\_\_\_\_  
 \* Record the child's line number.
2. Do you think your child is underweight, normal, or overweight? \_ S200
 

1 underweight	3 overweight
2 normal	9 unknown
3. Was your child on a diet in 2010? "On a diet" means changing one's normal eating habits to lose or gain weight. \_ S201a
 

0 no	2 yes, on a diet to lose weight
1 yes, on a diet to gain weight	9 unknown
4. Did you encourage your child to lose or gain weight through dieting? \_ S202
 

0 no	
1 yes	
5. Do you think your child has too little, just the right amount, or too much physical activity? Physical activity refers to sports or activities that increase your heart rate or make you sweat. \_ S203
 

1 too little	3 too much
2 just the right amount	9 unknown
6. Do you ever ask your child to engage in more physical activity, less physical activity, or don't you care? \_ S204a
 

0 no, don't care	2 yes, less
1 yes, more	9 unknown
7. When watching TV in the evenings, who normally gets to choose TV programs/Channels? \_ S207
 

1 Dad, i.e., your husband	4 parents or other adults together
2 Mom, i.e., you	5 child(ren) and parents together
3 child(ren)	6 others
8. Does your family often watch TV together? \_ S208a
 

0 none	3 Usually ( $\geq 5$ times/wk)
1 Sometimes ( $\leq 2$ times/wk)	9 unknown
2 Often (3-4 times/wk)	
9. Does your child ask you to buy the kind of food or drinks he or she sees on TV commercials? \_ S214a
 

0 none (skip to Question 11)	3 Usually ( $\geq 5$ times/wk)
1 Sometimes ( $\leq 2$ times/wk)	9 unknown
2 Often (3-4 times/wk)	
10. Do you buy them for your child? \_ S214b
 

0 no	3 Usually ( $\geq 5$ times/wk)
1 Sometimes ( $\leq 2$ times/wk)	9 unknown
2 Often (3-4 times/wk)	
11. Does your child buy for himself or herself the kind of food or drinks he or she sees on TV commercials? \_ S214c
 

0 none	3 Usually ( $\geq 5$ times/wk)
1 Sometimes ( $\leq 2$ times/wk)	9 unknown
2 Often (3-4 times/wk)	

XXIX. 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

**XXX. 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)

(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) \_\_\_\_\_

(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