

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY
2011 CHILD QUESTIONNAIRE
(For all children age 0-17.99)

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 Child:	_____			Line Number:	_____							A1	
Name of Respondent:	_____			Line Number:	_____							T6a	
Telephone Number:	_____												
Interview Date:	__	__	__	Year	__	__	__	Month	__	__	__	Day	T7
Completion Evaluation:			1	Good	2	OK	3	Poor				CO	
Interviewer Name:	_____			Number:	_____							T6c	
Supervisor Name:	_____			Number:	_____							T6d	

The Child questionnaire should be completed for all children through age 17.99. Persons age 18 and older should complete the Adult questionnaire. A parent should answer all questions for children under age 10. The Child questionnaire includes the following sections:

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I. BACKGROUND DEMOGRAPHICS (for all children)

1. Date of birth: ____year ____month ____day ----- AA3a
* Record western calendar, and if possible, 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): _____ * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, etc. __ A3a
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? _____ * Record the father's line number. ___ A5b
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? _____ * Record the mother's line number. ___ A5d
11. To which type of household registration do you belong? _ A8b1
1 urban
2 rural
- * If age 6 or older, ask Questions 12-16. Otherwise, skip to Section XIII.**
12. How many years of formal education have you completed in a regular school? __ A11
- | | | | |
|----|-----------------------------|-----|------------------------------------|
| 00 | no school completed | 26 | 3 years upper middle school |
| 11 | 1 year primary school | 27 | 1 year technical school |
| 12 | 2 years primary school | 28 | 2 years technical school |
| 13 | 3 years primary school | 29 | 3 years technical school |
| 14 | 4 years primary school | 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 | | |
13. Are you currently in school? _ A13
0 no (skip to the next section)
1 yes

14. During the school semester, do you live away from home in or near school? _ A13a
 0 no (skip to section V)
 1 yes
15. Do you go home for each the weekend? _ A13b
 0 no
 1 yes
16. How old were you when you first lived away from home at school? __ A13c
 * Skip to Section V.

II. WORK STATUS (for children who are not in school)

1. Are you presently working? _ B2
 0 no
 1 yes (skip to Question 3)
2. Why are you not working? _ B2a
 1 seeking work
 2 doing housework
 3 disabled
 6 other (specify: _____)
 9 unknown
- * Skip to Section V.
3. Did you change your job after 2006? _ B3b
 0 no
 1 yes

III. PRIMARY OCCUPATION AND WAGES (for children 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 subsidies? _____ C8
(yuan)
11. Did you receive a bonus in 2010 (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. 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 children 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 (skip to the next section)
 - 1 yes
8. On the average, what was your monthly wage/salary in 2010, including _____ C8a
 subsidies? (yuan)
9. Did you receive a bonus in 2010 (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)
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 children age 6 and older)

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 children age 6 and older)

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 children age 6 and older)

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? (yuan) _____ F9
* 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 children age 6 and older)

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 children age 6 and older)

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 H1d	3 Business type	4 Did you work in this business in 2010? 0 no 1 yes * If “no,” skip down to next item. H5a	5 In 2010, 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 children who work)

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? _____ 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? _____ I103

XI. TIME ALLOCATION FOR HOME ACTIVITIES (for children age 6 and older)

* 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 OTHER CHILDREN AGE 6 AND YOUNGER (for children age 6 and older)

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. CHILD CARE OUTSIDE THE HOME (for children age 6 and younger)

1. During the past week, were you taken care of by people who do not live in your household? _ K14a
0 no (skip to Question 4)
1 yes
9 unknown (skip to Question 4)
2. Where did the care take place? _ K15
(1) In your home 0 no 1 yes 9 unknown _ K15
(2) In the home of your paternal grandparents 0 no 1 yes 9 unknown _ K16
(3) In the home of your maternal grandparents 0 no 1 yes 9 unknown _ K17
(4) In the home of other relatives 0 no 1 yes 9 unknown _ K18
(5) In the home of neighbors 0 no 1 yes 9 unknown _ K19
(6) In a neighborhood or private child care center 0 no 1 yes 9 unknown _ K20
(7) In a state child care center 0 no 1 yes 9 unknown _ K21
(8) In a child care center run by a work unit 0 no 1 yes 9 unknown _ K22
(9) At a preschool managed by a primary school 0 no 1 yes 9 unknown _ K23
(10) At a nursery school 0 no 1 yes 9 unknown _ K24
(11) Other (specify: _____) 0 no 1 yes 9 unknown _ K25
3. During the past week, for how many hours were you taken care of by people who do not live in your household? (hours) ___ K42a
* If does not know the exact time, record -99.
4. For how many days in a typical week are you taken care of by people who do not live in your household? (days) _ K42
* If does not know the exact time, record 9.
5. For how many hours in a typical day are you taken care of by people who do not live in your household? (hours) __ K41
* If for the entire day, record 24 hours. If does not know the exact time, record -9.

XIV. SMOKING (for children age 12 and older)

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 -9.
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.

XV. WATER, TEA, AND COFFEE CONSUMPTION (for all children age 12 and older)

* 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

XVI. ALCOHOL CONSUMPTION (for children age 12 and older)

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)

XVII. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION (for children age 6 and older)

1. 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)
2. How often did you drink soft drinks or sugared fruit drinks? _ U230
 1 almost every day 4 once or twice a month
 2 3-4 times a week 5 no more than once a month
 3 once or twice a week 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? 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

XVIII. PHYSICAL ACTIVITIES (for children under age 6)

1. How many hours each day do you usually sleep, including daytime and nighttime? (hours) __ U237
* If “unknown,” record -9.
 2. Usually, do you do any physical exercises (e.g., running, using playground equipment, playing soccer or other sports) in preschool facilities, athletic schools, or at home? _ U90
0 no (skip to Table 5)
1 Yes
9 unknown (skip to Table 5)
 3. How many hours do you spend doing physical exercises each week? __ U91
* If “unknown,” record -9.
- * Ask Questions 5-7 about each activity and record the answers in Table 6.

Table 6. Sedentary Activities for Children Under Age 6

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	_ U92a	: U238	: U239
Videotapes, VCDs, DVDs	_ U92b	: U240	: U241
Watching movies and videos online	_ U511	: U512	: U513
Video games	_ U92c	: U242	: U243
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	_ U94	: U247	: U248
Toy cars, puppets, board games	_ U96a	: U249	: U450

XX. PHYSICAL ACTIVITIES (for children age 6 and older who are in school)

1. How many hours each day do you usually sleep, including daytime and nighttime? (hours) __ U251
* If “unknown,” record -9.
2. Do you participate in any physical exercises before or after school or on the weekend, including relatively intense physical exercises, such as volleyball, soccer, badminton, and long distance running? _ U98a
0 no (skip to Table 7)
1 Yes
9 unknown (skip to Table 7)
3. How many times do you participate in any physical exercises before or after school or on the weekend each week? __ U99a
* If “unknown,” record -9.
4. On average, for how long do you participate in these physical exercises each time? (hours:minutes). __:__ U99b
* If “unknown,” record -9:99

* Ask Questions 6-8 about each activity and record the answers in Table 7.

**Table 7. Physical Activities for Children Age 6 and Older Who Are in School:
Activities Before or After School or on the Weekend**

5 Activity type	6 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 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.)	U216a	: U252	: U253
Gymnastics, dancing, acrobatics	U100a	: U254	: U255
Track and field (running, etc.), swimming	U104a	: U256	: U257
Soccer, basketball, tennis	U217a	: U258	: U259
Badminton, volleyball	U218a	: U260	: U261
Other (ping pong, Tai Chi, etc.)	U219a	: U262	: U263

* Ask Questions 10-12 about each activity and record the answers in Table 8.

**Table 8. Sedentary Activities for Children Age 6 and Older Who Are in School:
Activities Before or After School or on the Weekend**

9 Activity type	10 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item	11/12 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	U118a	: U264	: U265
Videotapes, VCDs, DVDs	U118b	: U266	: U267
Watching movies and videos online	U514	: U515	: U516
Video games	U118c	: U268	: U269
Surfing the internet	U427	: U428	: U429
Participating in chat rooms	U430	: U431	: U432
Playing computer games, etc.	U433	: U434	: U435
Doing homework	U220a	: U273	: U274
Extracurricular reading (books, newspapers and magazines), writing, drawing	U120a	: U275	: U276
Toy cars, puppets, board games	U122a	: U277	: U278

13. Can you access to the internet? _ U279a
 0 no (skip to Question 17)
 1 Yes
 9 unknown (skip to Question 17)
14. Where can you access to the internet?
 (1) internet cafe 0 no 1 yes 9 unknown _ U436
 (2) at home 0 no 1 yes 9 unknown _ U455
 (3) at friend's or relative's home 0 no 1 yes 9 unknown _ U456
 (4) in school 0 no 1 yes 9 unknown _ U457
15. Do you ever go to an internet cafe? _ U280
 0 no (skip to Question 17)
 1 Yes
 9 unknown (skip to Question 17)
16. Which of these things do you usually do at an internet café?
 (1) Surf the internet 0 no 1 yes 9 unknown _ U281
 (2) Participate in chat rooms 0 no 1 yes 9 unknown _ U282
 (3) Play games 0 no 1 yes 9 unknown _ U283
 (4) Other (specify: _____) 0 no 1 yes 9 unknown _ U284
17. Do you have any physical exercise class in school? _ U108
 0 no (skip to Table 9)
 1 Yes
 9 unknown (skip to Table 9)
18. How many times do you participate in physical exercises in school (in class or at recess) each week? __ U109
 * If "unknown," record -9.
19. On average, for how long do you participate in these physical exercises each time? (hours:minutes) __:__ U109a
 * If "unknown," record -9:99.

* Ask Questions 20-22 about each activity and record the answers in Table 9.

Table 9. Physical Activities for Children Age 6 and Older Who Are in School: Activities in School

20 Activity type	21 Do you participate in this activity <u>in school</u> ? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item	22 How much time do you spend <u>each week</u> ? (hours:minutes) * If "unknown," record -9:99
Martial arts (Kung Fu, etc.)	_ U221a	: _ U285
Gymnastics, dancing, acrobatics	_ U110	: _ U111
Track and field (running, etc.), swimming	_ U114	: _ U115
Soccer, basketball, tennis	_ U222a	: _ U286
Badminton, volleyball	_ U223a	: _ U287
Other (ping pong, Tai Chi, etc.)	_ U224a	: _ U288

* Ask Questions 24-25 about each transportation type and record the answers in Table 10.

Table 10. Transportation To and From School for Children Age 6 and Older Who Are in School

23 Transportation method	24 Do you travel to and from school this way? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	25 How long does a <u>round trip</u> take? (hours:minutes) * If “unknown,” record -9:99.
Walk	U128	: U129
Bicycle [(pedaled)]	U126a	: U127a
Bicycle (passenger)	U126b	: U127b
Bus, subway	U124	: U125
Car, taxi, motorcycle	U289	: U290

XX. PHYSICAL ACTIVITIES (for children age 6 and older who are not in school)

- How many hours each day do you usually sleep, including daytime and nighttime? __ U291
(hours)
* If “unknown,” record -9.
- Do you participate in any physical exercises or outdoor games? _ U292
0 no (skip to Table 11)
1 yes
9 unknown (skip to Table 11)
- How many times do you participate in any physical exercises or outdoor games __ U130a
each week? * If does not participate in these activities, record 00.
If “unknown,” record -9.
- On average, for how long do you participate in these physical exercises each __: __ U130b
time? (hours:minutes)
* If “unknown,” record -9:99.

* Ask Questions 6-8 about each activity and record the answers in Table 11.

Table 11. Physical Activities for Children Age 6 and Older Who Are Not in School

5 Activity type	6 Do you participate in this activity <u>before or after school or</u> <u>on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 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.)	U225a	: U293	: U294
Gymnastics, dancing, acrobatics	U131	: U295	: U296
Track and field (running, etc.), swimming	U133	: U297	: U298
Soccer, basketball, tennis	U226a	: U299	: U300
Badminton, volleyball	U227a	: U301	: U302
Other (ping pong, Tai Chi, etc.)	U228a	: U303	: U304

* Ask Questions 10-12 about each activity and record the answers in Table 12.

Table 12. Sedentary Activities For Children Age 6 and Older Who Are Not in School

9 Activity type	10 Do you participate in this activity? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item.	11/12 How much time do you spend during a typical day? (hours:minutes) * If "unknown," record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	U134a	: U305	: U306
Videotapes, VCDs, DVDs	U134b	: U307	: U308
Watching movies and videos online	U517	: U518	: U519
Video games	U134c	: U309	: U310
Surfing the internet	U437	: U438	: U439
Participating in chat rooms	U440	: U441	: U442
Playing computer games, etc.	U443	: U444	: U445
Reading (books, newspapers and magazines), writing, drawing	U136	: U314	: U315
Toy cars, puppets, board games	U138a	: U316	: U317

13. Can you access to the internet? _ U318a
 0 no (skip to the next section)
 1 Yes
 9 unknown (skip to the next section)
14. Where can you access to the internet?
 (1) internet cafe 0 no 1 yes 9 unknown _ U446
 (2) at home 0 no 1 yes 9 unknown _ U458
 (3) at friend's or relative's home 0 no 1 yes 9 unknown _ U459
 (4) in school 0 no 1 yes 9 unknown _ U460
15. Do you ever go to an internet cafe? _ U319
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
16. Which of these things do you usually do at an internet café?
 (1) Surf the internet 0 no 1 yes 9 unknown _ U320
 (2) Participate in chat rooms 0 no 1 yes 9 unknown _ U321
 (3) Play games 0 no 1 yes 9 unknown _ U322
 (4) Other (specify: _____) 0 no 1 yes 9 unknown _ U323

14. Does your family have rules about how long you can watch TV? _ U206c
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
15. Does your family have rules about what kinds of TV shows you can watch? _ U206d
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
16. Which TV programs do you like best? _ U209
 Second best? _ U210
 0 no preference
 1 sports
 2 pop music (such as MTV), popular or non-traditional dance
 3 drama
 4 news
 5 economy/geography/history/politics
 6 TV series/movies
 7 cartoons
17. Do you eat snacks while watching TV? _ U371a
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
18. Do you watch TV when you are eating a meal? _ U372a
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
19. Do you ask your parents to buy the kind of food or drinks you see on TV commercials? _ U213b
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
20. Do your parents buy them for you? _ U214c
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown
21. Do you buy for yourself the kind of food or drinks you see on TV commercials? _ U373a
 0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
 1 Seldom (1-3 times/month) 4 very often (\geq 5times/wk)
 2 Sometimes(1-2 times/wk) 9 unknown

XXII. DIET AND ACTIVITY KNOWLEDGE (for children age 12 and older)

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, neutral, somewhat disagrees or strongly disagrees with each statement in Item 2 and record the answers in Table 13.**

Table 13. Diet Knowledge

2 Statement	3
Please use 1-5 to describe if you strongly disagree, somewhat disagree, neutral, somewhat agree, or strongly agree with this statement. * Please note that the question is not asking about your actual habits.	1 strongly disagree 2 disagree 3 neutral 4 agree 5 strongly agree 9 unknown
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 14.**

Table 14. Food Preferences

4 Food item	5
Please use 1-5 to describe how much you like this food: dislike very much, dislike, neutral, like, or like very much.	1 dislike very much 2 dislike 3 neutral 4 like 5 like very much 9 does not eat this food
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 15.**

Table 15. Activity Preferences

6 Activity type	7
Please use 1-5 to describe how much you like to participate in this activity: dislike very much, dislike, neutral, like, or like 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 if he or she cares about each priority in Item 8 always, often, sometimes, or never and record the answers in Table 16.**

Table 16. Priorities

8 Priorities	9
Please use 1-4 to describe how often do you care about this priority: never, sometimes, often, or usually?	1 never 2 sometimes 3 often 4 usually 9 unknown
Being praised by parents	U401
Being liked by friends	U402
Looking modern	U403
Getting good grades in school	U404

XXIII. MEDICAL INSURANCE (for all children)

1. Do you have medical insurance? _ M1
 - 0 no (skip to the next section)
 - 1 yes

2. Which of the following types of medical insurance do you have?

(0) Commercial 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: _____

XXIV. USE OF HEALTH CARE AND MEDICAL SERVICES (for all children)

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 11 neurological disorder
 01 infectious/parasitic disease 12 eye/ear/nose/throat/teeth disease
 02 heart disease 13 digestive disease
 03 tumor 14 urinary disease
 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 22 other (specify: _____)
 10 mental retardation - 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? _ 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
 02 child health examination
 03 blood test
 06 vision or hearing examination
 10 other (specify: _____)
 -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.

XXV. FIRST MENSTRUATION (for girls age 8 and older)

1. Have you ever menstruated? _ U20
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
2. At what age did you first menstruate? (years) _____ __ U21
 * If "unknown," record -9.

XXVI. DISEASE HISTORY (for children age 12 and older)

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 -9.
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 -9.
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. Do you have a history of bone fracture? _ U24n
0 no (skip to Question 10)
1 yes
9 unknown (skip to Question 10)
8. How old were you when you had the first bone fracture? (years) __ U24o
* If “unknown,” record -9.
9. How many times has this happened (including the first time)? __ U24p
* If “unknown,” record -9.
10. Has a doctor ever told you that you suffered from asthma? _ U24q
0 No
1 Yes
9 Unknown
11. Have you had wheezing or whistling in the chest in the last 12 months? _ U24r
0 no (skip to next section)
1 Yes
9 unknown (skip to next section)
12. For how many years have you had it? __ U24s
* If “unknown,” record -9.

XXVII. EATING DISORDER (for girls 12 years old and older)

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

XXVIII. PHYSICAL MEASUREMENTS (for all children)

Name of child: _____ Line number: _____ A1

Interview date: ____year ____month ____day T7

1. Date of birth: ____year ____month ____day U1a

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

2. According to which calendar type? U1c

1 western calendar

2 lunar calendar

3. Age (years): _____ * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, U1

4. Sex: _____ U1b

1 Male

2 Female

5. If the boy is 12-year-old or older, did he complete the boy maturation form? U1d

0 No

1 Yes

*** 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 the information 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.**

6. Blood pressure (mmHg) [(for children age 7 and older)]:

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

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

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

7. Height (cm): _____ U3

8. Weight (kg): _____ U2

9. Upper arm circumference (cm) (for children age 7 and older): _____ U7

10. Triceps skin fold (mm) (for children age 7 and older):

(1) _____ U8a

(2) _____ U8b

(3) _____ U8c

11. Buttock circumference (cm) (for children age 7 and older): _____ U9

12. Waist circumference (cm) (for children age 7 and older): _____ U10

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

13. Does the child have any of these conditions:

(1) Goiter 0 no 1 yes U12

(2) Angular stomatitis 0 no 1 yes U13

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

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

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

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

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

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