

**CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY  
---ENERGY RECORD**

Household ID: \_\_\_Province(Region) \_\_\_Site \_\_\_City(County) \_\_\_Neighborhood(Town/Village) \_\_\_Household  
T1 T2 T3 T4 T5

Name of Child: \_\_\_\_\_ Line Number: \_\_\_\_\_ A1

Interviewer Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6c

Interview Date: \_\_\_\_\_Year \_\_\_\_\_Month \_\_\_\_\_Day T7

1. Age: \_\_\_\_\_ years U1

2. Date of Birth: \_\_\_\_\_Year \_\_\_\_\_Month \_\_\_\_\_Day AA3

3. Sex: 1. male 2. female U1b

4. Height \_\_\_\_\_cm . U3

5. Weight \_\_\_\_\_kg . U2

		Start			End		
		6 Date	7 Time	8 Time of Day 1 Morning 2 Afternoon	9 Date	10 Time	11 Time of Day 1 Morning 2 Afternoon
AE0 1	Program starting and ending time	AE1 <input type="checkbox"/> <input type="checkbox"/>	AE2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE3 <input type="checkbox"/>	AE4 <input type="checkbox"/> <input type="checkbox"/>	AE5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AE6 <input type="checkbox"/>
2	Noon nap time with Caltrac	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	Sleeping time	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	First time (except sleeping) without Caltrac	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	Second time (except sleeping) without Caltrac	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

\*Please seek help from child's parents to fill in the above table.

12. Total quantity of heat consumed (NET CALS) \_\_\_\_\_ kcal AE7
13. Quantity of heat consumed by physical activities (CALC USED/ACTM) \_\_\_\_\_ kcal AE8
14. How long did the child bike with Caltrac? \_\_\_\_\_ hours \_\_\_\_\_ minutes : AE9
15. Were the child's activities today affected by illness or injury? AE10  
 0 no 1 yes
16. Was the child's amount of physical activity increased or decreased due to participation in special sports (for example, athletic games, physical education)? AE11  
 0 no 1 yes  
 \*If "no," skip to Question 19.
17. How was amount of physical activities affected? AE12  
 1 increase  
 2 decrease
18. How long did the activity last? \_\_\_\_\_ hours \_\_\_\_\_ minutes : AE13
19. Was today a typical (normal) day in terms of amount of physical activity? AE14  
 0 no 1 yes  
 \* If "yes," stop here
20. Is there usually more or less physical activity than today? AE15  
 1 more 2 less