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

Urban Site: 1
City: __________
1 First city
2 Second city

Rural Site: 2
County: __________
1 First county
2 Second county
3 Third county
4 Fourth county

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

Village (Town): ____________
01 County town neighborhood
02 First village
03 Second village
04 Third village
05 County town neighborhood
06 Fourth village
07 Fifth village
08 Sixth village
09 County town neighborhood
10 Seventh village
11 Eighth village
12 Ninth village

Household Number: ____________

Name of Adult: ____________
Name of Respondent: ____________

Interview Date: ____Year _____Month ___Day
Completion Evaluation: 1 Good 2 OK 3 Poor

Interviewer Name: ________ Number: ____________
Supervisor Name: _________ Number: ____________
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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- III Primary occupation and wages (for adults who work) ................................................. 4
- IV Secondary occupation and wages (for adults who work) ............................................. 5
- V Home gardening (for all adults) ....................................................................................... 7
- VI Collective and household farming (for all adults) ....................................................... 7
- VII Raising livestock/poultry (for all adults) ..................................................................... 8
- VIII Collective and household fishing (for all adults) ..................................................... 9
- IX Small handicraft and small commercial household business (for all adults) .......... 10
- X Other sources of income (for all adults) ....................................................................... 10

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- XI Care of children age 6 and younger (for all adults) ................................................... 11

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- XXVI Diet and activity knowledge (for all adults) ......................................................... 25

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- XXX Inter-generational linkages to parents: Mother-in-law (for currently married women under age 52 only) ....................................................................................................................................... 29
- XXXI Inter-generational linkages to parents: Father-in-law (for currently married women under age 52 only) ..................................................................................................................................... 30
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**PHYSICAL MEASUREMENTS**
- XXXVII Physical measurements (for all adults) .............................................................. 39
I. BACKGROUND DEMOGRAPHICS (for all adults)

1. Date of birth: ____year  ____month  ____day
   * Record western calendar, if possible, and compare with it in household questionnaire.

2. According to which calendar type?
   1. western calendar
   2. lunar calendar

3. Age (years): __________
   * Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.

4. Sex: __________
   1. male
   2. female

5. Does your father live in this household?
   0. no (skip to Question 8)
   1. yes

6. What is the relationship between you and your father?
   1. biological father
   2. stepfather
   3. adopted father

7. What is your father’s name? __________
   * Record the father’s line number.

8. Does your mother live in this household?
   0. no (skip to Question 11)
   1. yes

9. What is the relationship between you and your mother?
   1. biological mother
   2. stepmother
   3. adopted mother

10. What is your mother’s name? __________
    * Record the mother’s line number.

11. What is your marital status?
    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? __________
    * Record the spouse’s line number.

13. To which type of household registration do you belong?
    1. urban
    2. rural
14. How many years of formal education have you completed in a regular school?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>no school completed (skip to Q16)</td>
</tr>
<tr>
<td>11</td>
<td>1 year primary school (skip to Q16)</td>
</tr>
<tr>
<td>12</td>
<td>2 years primary school (skip to Q16)</td>
</tr>
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<td>3 years primary school (skip to Q16)</td>
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<tr>
<td>14</td>
<td>4 years primary school (skip to Q16)</td>
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<td>15</td>
<td>5 years primary school</td>
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<tr>
<td>16</td>
<td>6 years primary school</td>
</tr>
<tr>
<td>21</td>
<td>1 year lower middle school</td>
</tr>
<tr>
<td>22</td>
<td>2 years lower middle school</td>
</tr>
<tr>
<td>23</td>
<td>3 years lower middle school</td>
</tr>
<tr>
<td>24</td>
<td>1 year upper middle school</td>
</tr>
<tr>
<td>25</td>
<td>2 years upper middle school</td>
</tr>
<tr>
<td>26</td>
<td>3 years upper middle school</td>
</tr>
<tr>
<td>27</td>
<td>1 year technical school</td>
</tr>
<tr>
<td>28</td>
<td>2 years technical school</td>
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<tr>
<td>29</td>
<td>3 years technical school</td>
</tr>
<tr>
<td>31</td>
<td>1 year college/university</td>
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<tr>
<td>32</td>
<td>2 years college/university</td>
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<td>33</td>
<td>3 years college/university</td>
</tr>
<tr>
<td>34</td>
<td>4 years college/university</td>
</tr>
<tr>
<td>35</td>
<td>5 years college/university</td>
</tr>
<tr>
<td>36</td>
<td>6 years college/university or more</td>
</tr>
</tbody>
</table>

15. What is the highest level of education you have attained?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>graduated from primary school</td>
</tr>
<tr>
<td>2</td>
<td>lower middle school degree</td>
</tr>
<tr>
<td>3</td>
<td>upper middle school degree</td>
</tr>
<tr>
<td>4</td>
<td>technical or vocational degree</td>
</tr>
<tr>
<td>5</td>
<td>university or college degree</td>
</tr>
<tr>
<td>6</td>
<td>master’s degree or higher</td>
</tr>
<tr>
<td>9</td>
<td>unknown</td>
</tr>
</tbody>
</table>

16. Are you currently in school?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no</td>
</tr>
<tr>
<td>1</td>
<td>yes</td>
</tr>
</tbody>
</table>

II. WORK STATUS (for all adults)

1. Are you presently working?

* If retired but rehired, record 1.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>0</td>
<td>no</td>
</tr>
<tr>
<td>1</td>
<td>yes (skip to Question 3)</td>
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</table>

2. Why are you not working?

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>seeking work (skip to Section V)</td>
</tr>
<tr>
<td>2</td>
<td>doing housework (skip to Section V)</td>
</tr>
<tr>
<td>3</td>
<td>disabled (skip to Section V)</td>
</tr>
<tr>
<td>4</td>
<td>student (skip to Section V)</td>
</tr>
<tr>
<td>5</td>
<td>retired (skip to Question 4)</td>
</tr>
<tr>
<td>6</td>
<td>other (specify: __________) (skip to Section V)</td>
</tr>
<tr>
<td>9</td>
<td>unknown (skip to Section V)</td>
</tr>
</tbody>
</table>

3. Are you retired, but rehired?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no (skip to Question 6)</td>
</tr>
<tr>
<td>1</td>
<td>yes</td>
</tr>
</tbody>
</table>

4. When did you retire? _____year _____month

* Record western calendar, if possible. If year and month are unknown, record -99999.

5. On the average, what was your monthly retirement wage/salary last year, 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 2004? □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?
   1. < 20
   2. 20-100
   3. >100
   9. unknown

5. Last year, for how many months did you work at this occupation?

6. For how many days in a week, on the average, did you work?

7. For how many hours in a day, on the average, did you work?

8. During the past week, for how many hours did you work?

9. Were you paid a regular wage last year?
   0. no (skip to the next section)
   1. yes

10. On the average, what was your monthly wage/salary last year, excluding
    subsidies and bonuses? (yuan)
    * If “unknown,” record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 11.

11. What was your average monthly subsidy last year, including grocery subsidy, health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan)
    * If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.

12. Did you receive a bonus last year (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)?
    0. no (skip to the next section)
    1. yes
    9. unknown (skip to the next section)

13. Last year, what was the total value of all bonuses for the entire year? (yuan)
    * If “unknown,” record -9999.

IV. SECONDARY OCCUPATION AND WAGES (for adults who work)
1. Do you have a secondary occupation?
   0. no (skip to the next section)
   1. yes
   9. unknown (skip to the next section)
2. What is your secondary occupation?  
   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  

3. What is your employment position in this secondary occupation?  
   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  

4. What type of work unit is this?  
   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  

5. How many employees does this work unit have?  
   1 < 20  
   2 20-100  
   3 > 100  
   9 unknown  

6. Last year, for how many months did you work at this occupation?  

7. For how many days in a week, on the average, did you work?  
8. For how many hours in a day, on the average, did you work?  
   ☐ ☐ C6a

9. During the past week, for how many hours did you work?  
   ☐ ☐ ☐ C7a

10. Were you paid a regular wage last year?  
    0 no (skip to the next section)  
    1 yes  
   ☐ C7c

11. On the average, what was your monthly wage/salary last year, excluding subsidies and bonuses? (yuan)  
    * If “unknown,” record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 12.  
   ☐ ☐ ☐ ☐ C8a

12. What was your average monthly subsidy last year, including grocery subsidy, health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan)  
    * If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.  
   ☐ ☐ ☐ ☐ I14b

13. Did you receive a bonus last year (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)?  
    0 no (skip to the next section)  
    1 yes  
    9 unknown (skip to the next section)  
   ☐ I18a

14. Last year, what was the total value of all bonuses for the entire year? (yuan)  
    * If “unknown,” record -9999.  
   ☐ ☐ ☐ ☐ I19a

V. HOME GARDENING (for all adults)
1. Did you work in a household vegetable garden or orchard last year?  
   0 no (skip to the next section)  
   1 yes  
   ☐ D2a

2. Last year, for how many months did you engage in such work?  
   ☐ ☐ D3a

3. For how many days in a week, on the average, did you work?  
   ☐ D3b

4. For how many hours in a day, on the average, did you work?  
   ☐ D3c

VI. COLLECTIVE AND HOUSEHOLD FARMING (for all adults)
1. Did you work on a collective farm or a household farm last year?  
   0 no (skip to the next section)  
   1 yes  
   ☐ E2a

2. Last year, for how many months did you work on a farm (collective or household)?  
   ☐ ☐ E4a

3. For how many days in a week, on the average, did you work?  
   ☐ E4b

4. For how many hours in a day, on the average, did you work?  
   ☐ E4c
5. What kind of farming business is this?  
1 collective farm  
2 household farm (skip to Question 10)  
3 both collective and household

6. Did you receive money from the collective last year?  
0 no (skip to Question 8)  
1 yes  
9 unknown (skip to Question 8)

7. How much money did you receive? (yuan)  
* If “unknown,” record -999.

8. Did you receive farm produce and/or other items, such as durable goods, from the collective last year?  
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)  
* If “unknown,” record -999.

10. Are you the household member primarily responsible for the household’s farming activities?  
0 no  
1 yes

VII. RAISING LIVESTOCK/POULTRY (for all adults)  
1. Did you work raising livestock or poultry either on a collective or at home last year?  
0 no (skip to the next section)  
1 yes

2. Last year, for how many months did you work raising livestock or poultry?  

3. For how many days in a week, on the average, did you work?  

4. For how many hours in a day, on the average, did you work?  

5. What kind of livestock- or poultry-raising business is this?  
1 collective  
2 household (skip to Question 10)  
3 both collective and household

6. Did you receive money from the collective last year?  
0 no (skip to Question 8)  
1 yes  
9 unknown (skip to Question 8)

7. How much money did you receive? (yuan)  
* If “unknown,” record -999.
8. Did you receive livestock or poultry products from the collective last year?  
   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)  
   * If “unknown,” record -999.  

10. Are you the household member primarily responsible for the household’s livestock  
    or poultry business?  
    0 no  
    1 yes  

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for all adults)  
1. Did you work in fishing either on a collective or in a business operated by your  
   household last year?  
   0 no (skip to the next section)  
   1 yes  

2. Last year, for how many months did you work in fishing?  

3. For how many days in a week, on the average, did you work?  

4. For how many hours in a day, on the average, did you work?  

5. What kind of fishing business is this?  
   1 collective  
   2 household (skip to Question 10)  
   3 both collective and household  

6. Did you receive money from the collective last year?  
   0 no (skip to Question 8)  
   1 yes  
   9 unknown (skip to Question 8)  

7. How much money did you receive? (yuan)  
   * If “unknown,” record -999.  

8. Did you receive fish or other goods from the collective last year?  
   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)  
   * If “unknown,” record -999.  

10. Are you the household member primarily responsible for the household’s fishing  
    business?  
    0 no  
    1 yes
IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS
(for all adults)

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

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

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

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

Table 1. Small Household Businesses

<table>
<thead>
<tr>
<th>2 Business number</th>
<th>3 Business type</th>
<th>4 Did you work in this business last year? 0 no 1 yes * If “no,” skip down to next item.</th>
<th>5 Last year, for how many months did you work in this business? * If “unknown,” record -9.</th>
<th>6 For how many days in a week, on the average, did you work? * If “unknown,” record 9.</th>
<th>7 For how many hours in a day, on the average, did you work? * If “unknown,” record -9.</th>
<th>8 During the past week, for how many hours did you work? * If “unknown,” record -99.</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1d 1</td>
<td>Commerce</td>
<td>□</td>
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</tr>
<tr>
<td>3</td>
<td>Manufacturing</td>
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<td>Peddler</td>
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<td>□</td>
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<td>5</td>
<td>Construction</td>
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<tr>
<td>6</td>
<td>Other (specify:____)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

X. OTHER SOURCES OF INCOME (for all adults)

1. Did you have any other cash income last year? □ I100
   0 no (skip to question 3)
   1 yes
   9 unknown (skip to question 3)

2. How much money was it? □□□□□ I101

3. Did you have any non-cash income (e.g. clothes, foods, etc) last year? □ I101
   0 no (skip to next section)
   1 yes
   9 unknown (skip to next section)

4. How much was it if you bought them from market? □□□□□ I103
XI. TIME ALLOCATION FOR HOME ACTIVITIES (for all adults)

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

### Table 2. Home Activities (Household Chores)

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

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?  
   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)  
   * 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?  
   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)  
   * 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)?  
   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)  
3. Do you still smoke cigarettes now?  
   0 no (skip to Question 5)  
   1 yes  
   9 unknown (skip to Question 5)  

4. How many cigarettes do you smoke per day?  
   * Skip to the next section.  

5. How long ago did you stop smoking? (months)  

XIV. TEA CONSUMPTION (for all adults)  
1. Do you normally drink tea?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)  

2. How often did you drink tea 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  

3. How many cups of tea did you drink per day?  
   * A cup is about 240 ml. If “unknown,” record -9.  

XV. Water CONSUMPTION (for all adults)  
1. Do you normally drink plain water or bottled water(e.g. spring water, distilled water)?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)  

2. How often did you drink water 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  

3. How many cups of water did you drink per day?  
   * A cup is about 240 ml. If “unknown,” record -9.
XVI. COFFEE CONSUMPTION (for all adults)

1. Do you normally drink coffee?
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How often did you drink coffee 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

3. How many cups of coffee did you drink per day?

XVII. ALCOHOL CONSUMPTION (for all adults)

1. Last year, did you drink beer or any other alcoholic beverage?
   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?
   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 3.

<table>
<thead>
<tr>
<th>Alcohol type</th>
<th>Do you drink this type of alcohol?</th>
<th>How much do you drink each week?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “unknown,” record -9.</td>
</tr>
<tr>
<td></td>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>U42a</td>
<td>U42 □□ (bottle)</td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
<td>U43a</td>
<td>U43 □□ (liang)</td>
</tr>
<tr>
<td>Liquor</td>
<td>U44a</td>
<td>U44 □□ (liang)</td>
</tr>
</tbody>
</table>
XVIII. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION (for all adults)

1. Last year, did you drink soft drinks or sugared fruit drinks?  
   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?  
   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 4.  

Table 4. Soft Drink and Sugared Fruit Drink Consumption  

<table>
<thead>
<tr>
<th>Beverage type</th>
<th>Do you drink this beverage?</th>
<th>How much do you drink each week? (liters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese brand soft drinks (Wahaha Feichang Kele, etc)</td>
<td>U231</td>
<td>U232</td>
</tr>
<tr>
<td>Non-Chinese brand soft drinks (Coca-Cola, etc.)</td>
<td>U233</td>
<td>U234</td>
</tr>
<tr>
<td>Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)</td>
<td>U235</td>
<td>U236</td>
</tr>
</tbody>
</table>

XIX. PHYSICAL ACTIVITIES (for all adults)

1. How much time each day do you usually spend in bed either sleeping or lying there, including nighttime? (hours)  

* Ask Question 2 for adults who work:

2. How much time do you spend doing each of these types of physical activities during work time in a typical week? (hours:minutes)  
   * If “none,” record 00:00. If “unknown,” record -9:99.
   (1) Light physical activities (e.g., sedentary job, job with some standing and sitting, office work, watch smith, counter salesperson, lab technician)  
   (2) Moderate physical activities (e.g., driver, electrician)  
   (3) Heavy physical activities (e.g., farmer, athlete, dancer, steel worker, lumber worker, mason)
* Ask Questions 4-5 about each transportation type for adults who work or go to school and record the answers in Table 5.

Table 5. Transportation to and from Work or School

<table>
<thead>
<tr>
<th>3 Transportation method</th>
<th>4 Do you travel to and from work or school this way?</th>
<th>5 How long does a round trip take? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>U128 □</td>
<td>U129 □□:□□</td>
</tr>
<tr>
<td>Bicycle</td>
<td>U126 □</td>
<td>U127 □□:□□</td>
</tr>
<tr>
<td>Bus, subway</td>
<td>U124 □</td>
<td>U125 □□:□□</td>
</tr>
<tr>
<td>Car, taxi, motorcycle</td>
<td>U325 □</td>
<td>U326 □□:□□</td>
</tr>
</tbody>
</table>

* If “no” or “unknown,” skip down to next item.


* Ask Questions 7-9 about each activity and record the answers in Table 6.

Table 6. Physical Activities

<table>
<thead>
<tr>
<th>6 Activity type</th>
<th>7 Do you participate in this activity?</th>
<th>8/9 How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>Monday - Friday Saturday - Sunday</td>
</tr>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td>U145a □</td>
<td>U327 □□:□□</td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td>U149 □</td>
<td>U329 □□:□□</td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td>U147 □</td>
<td>U331 □□:□□</td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td>U151a □</td>
<td>U333 □□:□□</td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td>U153a □</td>
<td>U335 □□:□□</td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td>U155a □</td>
<td>U337 □□:□□</td>
</tr>
</tbody>
</table>
* Ask Questions 11-13 about each activity and record the answers in Table 7.

**Table 7. Sedentary Activities**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>10</th>
<th>11</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>U339</td>
<td>U340</td>
<td>U341</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>U342</td>
<td>U343</td>
<td>U344</td>
</tr>
<tr>
<td>Video games</td>
<td>U345</td>
<td>U346</td>
<td>U347</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>U410</td>
<td>U411</td>
<td>U412</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>U413</td>
<td>U414</td>
<td>U415</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>U416</td>
<td>U417</td>
<td>U418</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>U351</td>
<td>U352</td>
<td>U353</td>
</tr>
</tbody>
</table>

14. Can you access the internet?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)

15. Where can you access the internet?  
   (1) internet cafe  
   0 no 1 yes 9 unknown  
   (2) at home  
   0 no 1 yes 9 unknown  
   (3) at friend’s or relative’s home  
   0 no 1 yes 9 unknown  
   (4) in school  
   0 no 1 yes 9 unknown

16. Do you ever go to an internet cafe?  
   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  
   (2) Participate in chat rooms  
   0 no 1 yes 9 unknown  
   (3) Play games  
   0 no 1 yes 9 unknown  
   (4) Other (specify: __________)  
   0 no 1 yes 9 unknown
XX. ACTIVITIES OF DAILY LIVING (for adults age 55 and older)
We want to understand the various life difficulties caused by health and physical limitations.

* Ask Question 2 about each activity and record the answers in Table 8.

<table>
<thead>
<tr>
<th><strong>Table 8. Activities of Daily Living I</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Activity type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Running a kilometer</td>
</tr>
<tr>
<td>Walking a kilometer</td>
</tr>
<tr>
<td>Walking 200 meters</td>
</tr>
<tr>
<td>Walking across a room</td>
</tr>
<tr>
<td>Sitting continuously for two hours</td>
</tr>
<tr>
<td>Standing up after sitting for a long time</td>
</tr>
<tr>
<td>Climbing one staircase</td>
</tr>
<tr>
<td>Climbing a few stairs without stopping</td>
</tr>
<tr>
<td>Lifting or raising a 5-kilogram bag (such as a bag of flour, rice, or other miscellaneous items)</td>
</tr>
<tr>
<td>Squatting down, kneeling down, or bending over</td>
</tr>
<tr>
<td>Putting on your clothes</td>
</tr>
<tr>
<td>Combing your hair</td>
</tr>
<tr>
<td>Using the toilet</td>
</tr>
</tbody>
</table>

* Ask Questions 4-5 about each activity and record the answers in Table 9.

<table>
<thead>
<tr>
<th><strong>Table 9. Activities of Daily Living II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3</strong> Activity type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>5</strong> If you need help, who helps you?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Bathing yourself</td>
</tr>
<tr>
<td>Eating by yourself</td>
</tr>
</tbody>
</table>
Ask Question 7 about each activity and record the answers in Table 10.

Table 10. Activities of Daily Living III

<table>
<thead>
<tr>
<th>Activity type</th>
<th>7 Does your health condition or physical strength make it difficult for you to do this?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 no difficulty</td>
</tr>
<tr>
<td></td>
<td>2 have some difficulty, but can still do it</td>
</tr>
<tr>
<td></td>
<td>3 need help to do it</td>
</tr>
<tr>
<td></td>
<td>4 cannot do it at all</td>
</tr>
<tr>
<td></td>
<td>9 unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Uxx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop (buying food, clothes, etc.) without others’ help</td>
<td>U174</td>
</tr>
<tr>
<td>Cook without others’ help</td>
<td>U175</td>
</tr>
<tr>
<td>Use public transportation to go places where it is too far to walk</td>
<td>U176</td>
</tr>
<tr>
<td>Manage your money (record your income and expenses, etc.) without others’ help</td>
<td>U177</td>
</tr>
<tr>
<td>Use the telephone without others’ help</td>
<td>U178</td>
</tr>
</tbody>
</table>

XXI. MEMORY TEST (for adults age 55 and older)

1. How do you rate your life at present?
   1 very good
   2 good
   3 OK
   4 bad
   5 very bad
   9 unknown

2. I have as much pep as I had last year. Do you agree?
   1 Strongly agree
   2 agree
   3 neutral
   4 disagree
   5 strongly disagree
   9 unknown

3. I am as happy now as I was younger. Do you agree?
   1 Strongly agree
   2 agree
   3 neutral
   4 disagree
   5 strongly disagree
   9 unknown

4. As I get older, things are better than I thought they would be. Do you agree?
   1 Strongly agree
   2 agree
   3 neutral
   4 disagree
   5 strongly disagree
   9 unknown
5. How is your memory?
   1 very good
   2 good
   3 OK
   4 bad
   5 very bad
   9 unknown

6. In the past twelve months, how has your memory changed?
   1 improved
   2 stayed the same
   3 deteriorated
   9 unknown

7. Now let’s do a memory test. I’ll read a few words and ask you to repeat them. There are quite a few words. It’s hard for most people to remember all of them. Are you ready? Let’s begin: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.

   * Read the words slowly and in a plain tone, approximately two seconds per word. Let the respondent think before he/she repeats, but not more than two minutes. Record the words and fill in the number of correct answers in the boxes.
   * If cannot remember, record 00. If does not answer, record -9. * If refuses to answer, skip to the next section.

8. Please count backward from 20 to 1.
   * If does not get it right the first time, try again.
   1 correct the first time
   2 correct the second time
   3 incorrect both times
   9 unknown

9. Ask the respondent the following questions:
   * If adds 7 instead of subtracts 7, repeat the question.
   * If answer is correct, continue. Otherwise, skip to Question 10.
   * If answer is correct, continue. Otherwise, skip to Question 10.

   (1) How much is 100 minus 7? 0 incorrect 1 correct (93) 9 unknown

   (2) Subtract 7 again. What is the result? 0 incorrect 1 correct (86) 9 unknown

   (3) Subtract 7 again. What is the result? 0 incorrect 1 correct (79) 9 unknown

   (4) Subtract 7 again. What is the result? 0 incorrect 1 correct (72) 9 unknown

   (5) Subtract 7 again. What is the result? 0 incorrect 1 correct (65) 9 unknown

10. I read a list of words to you just now. Now please repeat those words again.

   * Let the respondent think before he/she repeats, but no more than two minutes. Do not read the words again. Record the words and fill in the number of correct answers in the boxes. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.)
   * If cannot remember, record 00. If does not answer, record -9.
XXII. MEDICAL INSURANCE (for all adults)

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

2. Which of the following types of medical insurance do you have?  
   (0) Commercial insurance 0 no 1 yes 9 unknown  
   (1) Free Medical Insurance 0 no 1 yes 9 unknown  
   (2) Urban Employee Medical Insurance: Passway Model 0 no 1 yes 9 unknown  
   (3) Urban Employee Medical Insurance: Block Model 0 no 1 yes 9 unknown  
   (4) Urban Employee Medical Insurance: Catastrophic Disease Insurance 0 no 1 yes 9 unknown  
   (5) Cooperative insurance 0 no 1 yes 9 unknown  
   (6) Health insurance for women and children 0 no 1 yes 9 unknown  
   (7) EPI (expanded program of immunization) insurance for children 0 no 1 yes 9 unknown  
   (9) Other (specify: __________) 0 no 1 yes 9 unknown  

* If more than one type of insurance, ask Questions 3-13 about the primary type (most frequently used).

3. What is the annual premium for this insurance? (yuan)  
   * If does not know the exact amount, record -999.

4. What percentage of the fees for outpatient care does your insurance pay (not including registration fee)? (%)  

* Ask question 5 for Urban Employee Medical Insurance only.

5. After money from individual account used up, what percentage of the balance of medical costs for outpatient care does your insurance pay (not including registration fee)? (%)  
   * If “unknown”, record -99.

6. What percentage of the fees for inpatient care does your insurance pay (not including food expenses)? (%)  

* Ask question 7 for Urban Employee Medical Insurance only.

7. After money from individual account used up, what percentage of the balance of medical costs for inpatient care does your insurance pay (not including registration fee)? (%)  
   * If “unknown”, record -99.

8. Does your medical insurance have deductible?  
   0 no (skip to question 11)  
   1 yes  
   9 unknown (skip to question 11)

9. What is the deductible for outpatient services?  
   * If unknown, record -999.

10. What is the deductible for inpatient services?  
    * If unknown, record -999.
11. Does your medical insurance have a cap for the total spending?  
   0 no (skip to question 14)  
   1 yes  
   9 unknown (skip to question 14)  

12. What is the cap for outpatient services?  
   * If unknown, record -999.  

13. What is the cap for inpatient services?  
   * If unknown, record -999.  

* Ask Question 14 for women only.  
14. Does this insurance cover prenatal and delivery services?  
   0 no  
   1 yes  
   9 unknown  

XXIII. 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?  
   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  

   (2) Diarrhea, stomachache  
       0 no  
       1 yes  
       9 unknown  

   (3) Headache, dizziness  
       0 no  
       1 yes  
       9 unknown  

   (4) Joint pain, muscle pain  
       0 no  
       1 yes  
       9 unknown  

   (5) Rash, dermatitis  
       0 no  
       1 yes  
       9 unknown  

   (6) Eye/ear disease  
       0 no  
       1 yes  
       9 unknown  

   (7) Heart disease/chest pain  
       0 no  
       1 yes  
       9 unknown  

   (8) Other infectious disease (specify: ____________)  
       0 no  
       1 yes  
       9 unknown  

   (9) Other noncommunicable disease (specify: ____________)  
       0 no  
       1 yes  
       9 unknown  

* 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?  
   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?  

5. What did you do when you felt ill?  
   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 (skip to question 7)  
   9 unknown
6. How much money did you spend on the illness or injury? (yuan)  
   * If insurance covered all expenses, record -888. If “unknown,” record -999.

7. Did you seek care from a formal medical provider during the past 4 weeks?  
   0 no (skip to Question 15)  
   1 yes

8. Where did you see a doctor?  
   01 village clinic  
   02 private clinic  
   03 work unit clinic  
   04 other clinic  
   05 town family planning service  
   06 town hospital  
   07 county maternal and child hospital  
   08 county hospital  
   09 city maternal and child hospital  
   10 city hospital  
   11 worker’s hospital  
   12 other hospital  
   14 at home  
   15 other (specify: __________)

9. Was it an outpatient or inpatient visit?  
   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?  

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)  
    * 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? (%)  
    * 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)  

14. What was the doctor’s diagnosis of your illness or injury?  
   00 no diagnosis  
   01 infectious/parasitic disease  
   02 heart disease  
   03 tumor  
   04 respiratory disease  
   05 injury  
   06 alcohol poisoning  
   07 endocrine disorder  
   08 hematological disease  
   09 mental/psychiatric disorder  
   10 mental retardation  
   11 neurological disorder  
   12 eye/ear/nose/throat/teeth disease  
   13 digestive disease  
   14 urinary disease  
   15 sexual dysfunction  
   16 obstetrical/gynecological disease  
   17 neonatal disease  
   18 dermatological disease  
   19 muscular/rheumatological disease  
   20 genetic disease  
   21 old age/mid-life syndrome  
   22 other (specify: __________)

15. Did you visit a folk doctor last year?  
   0 no  
   1 yes  
   9 unknown
XXIV. PREVENTIVE HEALTH CARE (for all adults)

1. 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?

0 no (skip to the next section)
1 yes
9 unknown (skip to the next section)

* If more than one service, ask Questions 2-5 about the one that had the highest cost.

2. What service did you receive?

01 general physical examination
03 blood test
04 blood pressure screening
05 tumor screening
06 vision or hearing examination
07 prenatal examination
08 postnatal examination
09 gynecological examination
10 other (specify: __________)
- 9 unknown

3. Where did you receive this service?

01 village clinic
02 private clinic
03 work unit clinic
04 other clinic
05 town family planning service
06 town hospital
07 county maternal and child hospital
08 county hospital
09 city maternal and child hospital
10 city hospital
11 worker’s hospital
12 other hospital
14 at home
15 other (specify: __________)
- 9 unknown

4. How much did this service cost? (yuan)

* If total cost was paid by medical insurance, record -88.8. If “unknown,” record -99.9.

5. What percentage of this cost was paid by insurance, or may be paid by insurance? (%)

* If does not have medical insurance, record -88. If “unknown,” record -99.

XXV. CURRENT HEALTH STATUS (for all adults)

1. Right now, how would you describe your health compared to that of other people your age?

1 excellent
2 good
3 fair
4 poor
9 unknown

2. During the past 3 months have you had any difficulty carrying out your daily activities and work or studies due to illness?

0 no (skip to the next section)
1 yes
9 unknown (skip to the next section)
3. For how long did you have difficulty carrying out your normal daily activities and work or studies? (weeks)  

**XXVI. DISEASE HISTORY** (for all adults)

1. Has a doctor ever told you that you suffer from high blood pressure?  
   0 no (skip to Question 4)  
   1 yes  
   9 unknown (skip to Question 4)

2. For how many years have you had it?  

3. Are you currently taking anti-hypertension drugs?  
   0 no  
   1 yes  
   9 unknown

4. Has a doctor ever told you that you suffer from diabetes?  
   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)  

6. Did you use any of these treatment methods?  
   (1) Special diet  
   0 no  
   1 yes  
   9 unknown

   (2) Weight control  
   0 no  
   1 yes  
   9 unknown

   (3) Oral medicine  
   0 no  
   1 yes  
   9 unknown

   (4) Injection of insulin  
   0 no  
   1 yes  
   9 unknown

   (5) Chinese traditional medicine  
   0 no  
   1 yes  
   9 unknown

   (6) Home remedies  
   0 no  
   1 yes  
   9 unknown

   (7) Qi Gong (spiritual method)  
   0 no  
   1 yes  
   9 unknown

7. Has a doctor ever given you the diagnosis of myocardial infarction?  
   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)  
   * 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 apoplectic?  
   0 no (skip to Question 11)  
   1 yes  
   9 unknown (skip to Question 11)

10. How old were you when you suffered from apoplectic? (years)  
    * If this occurred more than once, ask about the most recent time. If “unknown,” record -99.

11. Do you have a history of bone fracture?  
    0 no (skip to the next section)  
    1 yes  
    9 unknown (skip to the next section)
12. How old were you when you had the first bone fracture? (years) □□□□U24o

13. How many times has this happened (including the first time)? □□□□U24p

**XXVII. 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 11.

<table>
<thead>
<tr>
<th>2 Statement</th>
<th>3 1 strongly disagree</th>
<th>2 disagree</th>
<th>3 neutral</th>
<th>4 agree</th>
<th>5 strongly agree</th>
<th>9 unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choosing a diet with a lot of fresh fruits and vegetables is good for one’s health.</td>
<td>U377a □</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eating a lot of sugar is good for one’s health.</td>
<td>U378a □</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Eating a variety of foods is good for one’s health.</td>
<td>U379a □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choosing a diet high in fat is good for one’s health.</td>
<td>U380a □</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>U381a □</td>
<td></td>
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</tr>
<tr>
<td>Consuming a lot of animal products daily (fish, poultry, eggs and lean meat) is good for one’s health.</td>
<td>U382a □</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Reducing the amount of fatty meat and animal fat in the diet is good for one’s health.</td>
<td>U383a □</td>
<td></td>
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<tr>
<td>Consuming milk and dairy products is good for one’s health.</td>
<td>U384a □</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Consuming beans and bean products is good for one’s health.</td>
<td>U385a □</td>
<td></td>
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<tr>
<td>Physical activities are good for one’s health.</td>
<td>U386a □</td>
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</tr>
<tr>
<td>Sweaty sports or other intense physical activities are not good for one’s health.</td>
<td>U387a □</td>
<td></td>
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<tr>
<td>The heavier one’s body is, the healthier he or she is.</td>
<td>U388a □</td>
<td></td>
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</tr>
</tbody>
</table>
* 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 12.

**Table 12. Food Preferences**

<table>
<thead>
<tr>
<th>4</th>
<th>Food item</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you like this food: Like very much, like somewhat, dislike somewhat, or dislike very much?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1 dislike very much</td>
</tr>
<tr>
<td>2 dislike</td>
<td></td>
</tr>
<tr>
<td>3 neutral</td>
<td></td>
</tr>
<tr>
<td>4 like</td>
<td></td>
</tr>
<tr>
<td>5 like very much</td>
<td></td>
</tr>
<tr>
<td>9 does not eat this food</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Activity type</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you like to participate in this activity: Like very much, like somewhat, dislike somewhat, or dislike very much?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1 dislike very much</td>
</tr>
<tr>
<td>2 dislike</td>
<td></td>
</tr>
<tr>
<td>3 neutral</td>
<td></td>
</tr>
<tr>
<td>4 like</td>
<td></td>
</tr>
<tr>
<td>5 like very much</td>
<td></td>
</tr>
<tr>
<td>9 does not participate</td>
<td></td>
</tr>
</tbody>
</table>

* 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.
* 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 14.

### Table 14. Priorities

<table>
<thead>
<tr>
<th>Priority</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>How important is this priority in your life:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The most important, very important, important,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not very important, or not important at all?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a good income</td>
<td>U405</td>
<td></td>
</tr>
<tr>
<td>Being physically active</td>
<td>U406</td>
<td></td>
</tr>
<tr>
<td>Eating a healthy diet</td>
<td>U407</td>
<td></td>
</tr>
<tr>
<td>Having my child be physically active</td>
<td>U408</td>
<td></td>
</tr>
<tr>
<td>Having my child eat a healthy diet</td>
<td>U409</td>
<td></td>
</tr>
</tbody>
</table>

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

1. What is your current marital status?  
   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  
   * Record western calendar, if possible.

3. Does your husband ordinarily live at home?  
   0. no  
   1. yes  
   * **Skip to Question 6**

4. In what year and month were you and your most recent husband married?  
   ____year ____month  
   * Record western calendar, if possible.

5. In what year and month were you most recently widowed or divorced?  
   ____year ____month  
   * Record western calendar, if possible.

6. Altogether, how many times have you been married?  ____times.  
   * **If only one marriage, skip to the next section.**

7. In what year and month did you first marry?  
   ____year ____month  
   * Record western calendar, if possible.

8. How did your first marriage end?  
   0. divorced  
   1. widowed  

9. In what year and month were you first widowed or divorced?  
   ____year ____month  
   * Record western calendar, if possible.
XXIX. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER
(for all women under age 52 who are married, widowed, or divorced)

1. Is your mother still alive? □S6
   0 no (skip to the next section)
   1 yes

2. Where does she live? □S7
   1 same household (skip to Question 6)
   2 next door or adjacent to household (skip to Question 6)
   3 same neighborhood/village
   4 outside neighborhood, but same city or county
   5 other city or county
   9 unknown (skip to the next section)

3. How far is your mother's house from your house? ________kilometers □□□□□S8

4. How do you normally travel there? □□S9a
   1 walk
   2 bicycle
   3 bus or subway
   4 car, taxi or motorcycle
   5 boat
   6 train
   7 airplane
   8 other (specify:______)
   9 never travel there (skip to Question 6)

5. How long does it take to travel there? ____hours ____minutes □□hours □□minutes S10

6. Is your mother over age 50? □□S10a
   0 no (skip to the next section)
   1 yes

7. Does your mother need to be taken care of? □□S11
   (Refers to the need for other people's help in daily life and shopping)
   0 no
   1 yes

8. During the past week, did you help her with her daily life and shopping? □□S11a
   0 no (skip to the next section)
   1 yes

9. During the past week, how much time did you spend taking care of your mother? ________hours □□□□□□□S12

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

1. Is your father still alive? □□□□□S13
   0 no (skip to the next section)
   1 yes
2. Where does he live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   6. unknown (skip to the next section)

3. How far is your father’s house from your house? ________kilometers

4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify: ______)
   9. never travel there (skip to Question 6)

5. How long does it take to travel there? ____hours ____minutes

6. Is your father over age 50?
   0. no (skip to the next section)
   1. yes

7. Does your father need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0. no
   1. yes

8. During the past week, did you help him with his daily life and shopping?
   0. no (skip to the next section)
   1. yes

9. During the past week, how much time did you spend taking care of your father?
   ________hours

XXXI. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER-IN-LAW
   (for all women under age 52 who are currently married)

1. Is your mother-in-law still alive?
   0. no (skip to the next section)
   1. yes

2. Where does she live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   6. unknown (skip to the next section)

3. How far is your mother-in-law's house from your house? ________kilometers
4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify:______)
   9. never travel there (skip to Question 6)

5. How long does it take to travel there? ____hours ____minutes

6. Is your mother-in-law over age 50?
   0. no (skip to the next section)
   1. yes

7. Does your mother-in-law need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0. no
   1. yes

8. During the past week, did you help her with her daily life and shopping?
   0. no (skip to the next section)
   1. yes

9. During the past week, how much time did you spend taking care of your mother-in-law? ________hours

XXXII. INTER-GENERATIONAL LINKAGES TO PARENTS: FATHER-IN-LAW
   (for all women under age 52 who are currently married)

1. Is your father-in-law still alive?
   0. no (skip to the next section)
   1. yes

2. Where does he live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   9. unknown (skip to the next section)

3. How far is your father-in-law's house from your house? ________kilometers

4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify:______)
   9. never travel there (skip to Question 6)

5. How long does it take to travel there? ____hours ____minutes
6. Is your father-in-law over age 50?
   0 no (skip to the next section)
   1 yes

7. Does your father-in-law need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0 no
   1 yes

8. During the past week, did you help him with his daily life and shopping?
   0 no (skip to the next section)
   1 yes

9. During the past week, how much time did you spend taking care of your father-in-law? ________ hours

XXXIII. SIBLINGS/RELATIVES (for all women under age 52 who are married, widowed, or divorced)
1. Do you have any brothers?
   0 no (skip to Question 3)
   1 yes

2. How many brothers do you have?

3. Do you have any sisters?
   0 no (skip to Question 5)
   1 yes

4. How many sisters do you have?

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

5. Does your husband have any brothers?
   0 no (skip to Question 7)
   1 yes

6. How many brothers does your husband have?

7. Does your husband have any sisters?
   0 no (skip to the next section)
   1 yes

8. How many sisters does your husband have?

XXXIV. PREGNANCY HISTORY (for all women under age 52 who are married, widowed, or divorced)
1. Are you currently pregnant?
   0 no (skip to Question 3)
   1 yes
   9 unknown (skip to Question 3)

2. For how many months have you been pregnant?
   * Skip to Question 8

3. Are you using any contraceptive methods?
   0 no (skip to Question 7)
   1 yes
4. What method are you using?
   01 pill 06 rhythm (skip to Question 8)
   02 IUD 07 withdrawal (skip to Question 8)
   03 injection 08 female sterilization
   04 diaphragm 09 male sterilization
   05 condom 10 other (specify: __________)

5. From which health facility did you receive this contraceptive service?
   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 13 drug store
   06 town hospital 15 other (specify: __________)
   07 county maternal and child hospital - 9 unknown
   08 county hospital

* If "female sterilization" or "male sterilization," ask Question 6.
  Otherwise, skip to Question 8.

6. If "female sterilization," when was the operation performed?____year ____month
   * Record western calendar, if possible.
   * Skip to Question 8

   If "male sterilization," when was the operation performed?____year ____month
   * Record western calendar, if possible.
   * Skip to Question 8

7. What is the reason that you do not use contraceptive methods?
   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: __________)

8. From January 2000 to the present, how many times have you been pregnant, including the current pregnancy if currently pregnant?
   * If “none,” skip to Section XXXIV.
* Ask Questions 10-19 about each pregnancy since January 2004 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 2004, skip to Section XXXIV.

Table 15. Pregnancy History: January 2000 to Present

<table>
<thead>
<tr>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy number</td>
<td>When did this pregnancy end? (year, month, day)</td>
<td>How did this pregnancy end?</td>
<td>What was this child's sex?</td>
<td>Is this child living with you now?</td>
<td>Is this child still alive?</td>
<td>When did this child die? (year, month, day)</td>
<td>According to which calendar?</td>
<td>What is this child's name?</td>
<td>Did you ever breast-feed this child?</td>
<td>How long did you breast-feed this child? (months)</td>
</tr>
<tr>
<td>S113b</td>
<td>S113a</td>
<td>S114</td>
<td>S114a</td>
<td>S114b</td>
<td>S114c</td>
<td>S114d</td>
<td>S114e</td>
<td>S114f</td>
<td>S116a</td>
<td>S117</td>
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</tbody>
</table>

* When all pregnancies have been recorded, continue with Question 20.
* Ask Questions 20-22 about the most recent pregnancy (excluding the current one).

20. Did you have prenatal care during this pregnancy?
   0 no (skip to Question 22)
   1 yes

21. How many prenatal examinations did you have altogether?

22. Are you now on maternity leave?
   0 no
   1 yes

XXXV. 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?
   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?

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

3. Do you want to have a child sometime?
   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?

* 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?
   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?
XXXVI. 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 2004. 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.

1. In total, how many children have you given birth to in your life? □S122
2. Of all the children you have given birth to, are there any living with you now? □S40
   0 no (skip to Question 5)
   1 yes

3. How many sons are living with you now? □S41
4. How many daughters are living with you now? □S42
5. Of all the children you have given birth to, are there any who are not living with you now? □S43
   0 no (skip to Question 8)
   1 yes

6. How many sons are not living with you? □S44
7. How many daughters are not living with you? □S45
8. Have you ever given birth to a child who was born alive but later died? □S46
   0 no (skip to Question 10)
   1 yes

9. How many children have died? □S47
10. * Calculate the number of children this woman has given birth to according to all of her responses. [The ones living within the household + the ones not living within the household + the ones deceased = _____ children] Then ask the woman: “According to my record, you have given birth to _______ children altogether. Is this number correct?” If not correct, review the answers to Questions 1-10 and correct all errors.
* Ask Questions 12-20 about every child the woman has given birth to (including those who died and those born since January 2004), 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>
<thead>
<tr>
<th>Birth order</th>
<th>When was this child born? (year, month, day)</th>
<th>According to which calendar? 1 western 2 lunar</th>
<th>What was this child’s sex? 1 male 2 female</th>
<th>Is this child living with you now? 0 no (skip to Q17) 1 yes</th>
<th>What is this child’s name? * Record child’s line number. * Ask about next child.</th>
<th>Is this child living elsewhere? 0 no 1 yes (skip to Q20)</th>
<th>When did this child die? (year, month)</th>
<th>Was this child living in your household when he or she died? 0 no 1 yes</th>
<th>How long did this child live in your household? (years, months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S48 1</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
<td>S52</td>
<td>S53</td>
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</tbody>
</table>

*When all births have been recorded, continue with Section XXXVI.
XXXVII. 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. * Record the child’s line number.
   * What is this child’s name? __________

2. Do you think your child is underweight, normal, or overweight?
   - underweight
   - normal
   - overweight
   - unknown

3. Was your child on a diet last year? “On a diet” means changing one’s normal eating habits to lose or gain weight.
   - no
   - yes, on a diet to gain weight
   - yes, on a diet to lose weight
   - unknown

4. Did you encourage your child to lose or gain weight through dieting?
   - no
   - 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.
   - too little
   - just the right amount
   - too much
   - unknown

6. Do you ever ask your child to engage in more physical activity, less physical activity, or don’t you care?
   - no, don’t care
   - yes, more
   - yes, less
   - unknown

7. When watching TV in the evenings, who normally gets to choose TV programs or channels?
   - Dad, i.e., your husband
   - Mom, i.e., you
   - child(ren)
   - parents or other adults together
   - child(ren) and parents together
   - others

8. Does your family often watch TV together?
   - none
   - sometimes
   - often
   - usually
   - unknown
9. Which TV channel do you like best?  

<table>
<thead>
<tr>
<th>000</th>
<th>No preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CCTV</td>
</tr>
<tr>
<td>101</td>
<td>News/Public Service Channel</td>
</tr>
<tr>
<td>102</td>
<td>Finance Channel</td>
</tr>
<tr>
<td>103</td>
<td>Arts Channel</td>
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<tr>
<td>104</td>
<td>International Channel</td>
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<tr>
<td>105</td>
<td>Sports Channel</td>
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<tr>
<td>106</td>
<td>Movie Channel</td>
</tr>
<tr>
<td>107</td>
<td>Military/Agriculture/Children’s Channel</td>
</tr>
<tr>
<td>108</td>
<td>TV Series and TV Movie Channel</td>
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<tr>
<td>109</td>
<td>Educational Channel</td>
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<tr>
<td>110</td>
<td>English Language Channel</td>
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<tr>
<td>111</td>
<td>Science Channel</td>
</tr>
<tr>
<td>112</td>
<td>Traditional Chinese Opera and Music Channel</td>
</tr>
<tr>
<td>113</td>
<td>Western China Channel</td>
</tr>
<tr>
<td>114</td>
<td>Children’s Channel</td>
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<tr>
<td>115</td>
<td>Popular Music Channel</td>
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<tr>
<td>116</td>
<td>News Channel</td>
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<td>203</td>
<td>County</td>
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<td>306</td>
<td>Liaoning</td>
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<tr>
<td>4</td>
<td>Cable TV</td>
</tr>
</tbody>
</table>

10. Does your child ask you to buy the kind of food or drinks he or she sees on TV commercials?  

| 0     | none (skip to Question 12) |
| 1     | sometimes                 |
| 2     | often                      |
| 3     | usually                   |
| 9     | unknown                   |

11. Do you buy them for your child?  

| 0     | no                         |
| 1     | sometimes                  |
| 2     | often                      |
| 3     | usually                   |
| 9     | unknown                   |

12. Does your child buy for himself or herself the kind of food or drinks he or she sees on TV commercials?  

| 0     | none                         |
| 1     | sometimes                    |
| 2     | often                        |
| 3     | usually                     |
| 9     | unknown                      |
XXXVIII. 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. Compare with it 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 2. If the information on this page does not match that on cover and page 2, 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):
   (1) _____/______ □□□□□□□□□U4
   (2) _____/______ □□□□□□□□□U5
   (3) _____/______ □□□□□□□□□U6

6. Height (cm): _______ □□□□□□□□□U3

7. Weight (kg): _______ □□□□□□□□□U2

8. Upper arm circumference (cm): _______ □□□□□□□□□U7

9. Triceps skin fold (mm):
   (1) _______ □□□□□□□□□U8a
   (2) _______ □□□□□□□□□U8b
   (3) _______ □□□□□□□□□U8c

10. Buttock circumference (cm): _______ □□□□□□□□□U9

11. Waist circumference (cm): _______ □□□□□□□□□U10

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

12. Does the person have any of these conditions:
   (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