

**CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY**

**2006 HOUSEHOLD QUESTIONNAIRE**

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
- 2 Second city

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

Neighborhood: \_\_\_\_\_ Village (Town): \_\_\_\_\_ T4

- 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)

- 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: \_\_\_\_\_ T5

Household Address: \_\_\_\_\_ District (Town) \_\_\_\_\_ Street \_\_\_\_\_ Apartment Number

Number of Household Members: \_\_\_\_\_ T6

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

Name of Co-Respondent: \_\_\_\_\_ Line Number: \_\_\_\_\_ T6b

Number of Visits to Household: 1 2 3 4 T8

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

Completion Evaluation: 1 Good 2 OK 3 Poor CO

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

Supervisor Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6d

One Household questionnaire should be completed for each household, preferably by the head of the household. If the head of household cannot do this, another adult who is knowledgeable of the household's composition, basic information, and financial status should complete the questionnaire. The Household questionnaire includes the following sections:

<b>HOUSEHOLD ROSTER</b>	
I Household roster: Old members in old households.....	2
II Household roster: New/returning members in old households and all members in new households.....	6
<b>DEMOGRAPHICS</b>	
III Background demographics of the household head (for new households only).....	9
<b>WORK ACTIVITIES AND INCOME</b>	
IV Home gardening and income (for all households).....	10
V Household farming and income (for all households).....	11
VI Raising livestock/poultry and income (for all households).....	11
VII Household fishing and income (for all households).....	13
VIII Small handicraft and small commercial household business and income (for all households).....	13
<b>OTHER INCOME AND EXPENSES</b>	
IX Income from other sources (for all households).....	14
X Household expenses (for all households).....	16
XI Costs and subsidies for care of children age 6 and younger (for all households).....	16
<b>DRINKING WATER, SANITATION, AND ASSETS</b>	
XII Drinking water, environmental sanitation, and household assets (for all households).....	16
XIII Household electrical appliances and other goods (for all households).....	19
XIV Household tools and equipment (for all households).....	20
<b>ACCESSIBILITY OF HEALTH CARE</b>	
XV Accessibility of health care and medical services (for all households).....	22

## **I. HOUSEHOLD ROSTER: OLD MEMBERS IN OLD HOUSEHOLDS (TABLE 1)**

(for all households that participated in the study in 2004 and previous years)

\* Check the information in Questions 1-5 in Table 1 for members who lived in the household in 2004 and previous years. If any information is incorrect, draw a line through it and record the correct next to it (or above it). Please write the new information clearly.

\* For most members, two birth dates are printed: a Western date and a Lunar date. It is not necessary to check both dates. If the respondent knows the Western birth date, then check the date printed in the Western column and draw a line through the date in the Lunar column. If the respondent knows the Lunar birth date, then check the date printed in the Lunar column and draw a line through the date in the Western column.

\* If the date is correct and it is printed in the correct column, draw a circle around the date.

\* If the date is wrong, draw a line through it and write the correct date next to it (or above it).

\* If the date is correct, but it is printed in the wrong column, fix the date in the correct column and draw a line through the date in the other column. For example:

If the correct Lunar birth date is printed in the Western column:

- draw a line through the incorrect date in the Lunar column
- write the correct Lunar birth date next to it (or above it)
- draw a line through the date in the Western column

If the correct Western birth date is printed in the Lunar column:

- draw a line through the incorrect date in the Western column
- write the correct Western birth date next to it (or above it)
- draw a line through the date in the Lunar column

If the correct date is known, but the calendar is not known, assume it is Western (write the date in the Western column).

If you change either the Western or Lunar birth date, use code 1 for Question 6. If you do not change either the Western or Lunar birth date, use code 0 for Question 6.

Then ask Questions 7-13 for all members and record the answers in Table 1 (see Example 1/ Table 1 in training manual).

**\*After all questions in Table 1 are asked for all members who lived in the household in 2004 and previous years, go to Section II, ask Questions 1-13 for all new members, and record the answers in Table 2.**

1. Fill in the member's line number.
2. What is the member's name?
3. What is the member's sex?
  - 1 male
  - 2 female
4. What is the member's birth date? \_\_\_\_year \_\_\_\_month \_\_\_\_day
5. According to which calendar type (Western or Lunar)?
6. Did you change the birth date for this member?
  - 0 no
  - 1 yes
7. What is the member's ethnicity (nationality)?
  - 01 Han
  - 06 Miao
  - 09 Buyi
  - 11 Man
  - 15 Tujia
  - 20 other (specify: \_\_\_\_\_)
  - 9 unknown
8. What is the member's relationship to the head of this household?
 

00 head of household	06 father-in-law/mother-in-law
01 spouse	07 son-in-law/daughter-in-law
02 father/mother	08 other relative (specify: _____)
03 son/daughter	10 other non-relative (specify: _____)
04 brother/sister	
05 grandson/granddaughter/ grandson-in-law/granddaughter-in-law	
9. Is this person still a household member?
  - 0 no
  - 1 yes (skip to Question 12)
10. When did this member move out of your house? \_\_\_\_year \_\_\_\_month
 

\* If "dead," record date of death, use code 7 for Question 11, then ask Questions 1-13 for next member.

\* If "moved out," record date of move, ask Question 11, then ask Questions 1-13 for next member.

\* If date is "unknown," record -99999.
11. Where does this member live now?
 

1 same village/neighborhood	5 other city, province (specify: _____)
2 same county	6 other country (specify: _____)
3 same city	7 dead
4 same province	9 unknown
12. Does this member still live in your household?
 

1 yes (ask Q1-13 for next member)	5 no, gone abroad
2 no, gone to school	6 no, other (specify: _____)
3 no, military service	9 unknown
4 no, sought employment elsewhere	
13. How long has this member been away from home? (months)
 

\* If "unknown," record -99.

**Table 1. Household Roster: Old Members in Old Households**

1 Line number	2 Name	3 Sex  1. M 2. F	4/5 Birth date (year, month, day)		6 Was birth date changed?  0. No 1. Yes	7 Ethnicity (nation- ality)  01. Han 06. Miao 09. Buyi 11. Man 15. Tujia 20. Other -9. Unknown	8 Relationship to head of household  00. Head of household 01. Spouse 02. Father/mother 03. Son/daughter 04. Brother/sister 05. Grandson /granddaughter or in-law 06. Father-/mother- in-law 07. Son- /daughter-in-law 08. Other relative 10. Other non- relative	9 Still a household member?  0. No 1. Yes (skip to question 12)	10 When moved out? (year, month)	11 Where lives now?  1. Same village/ neighborhood 2. Same county 3. Same city 4. Same province 5. Other city/province 6. Other country 7. Dead 9. Unknown	12 Still lives in your household?  1. Yes (ask Q1-13 for next member) 2. No, gone to school 3. No, military service 4. No, sought employment elsewhere 5. No, gone abroad 6. No, other 9. Unknown	13 How long gone? (months)
			Western	Lunar								
<b>AA1</b> □□□		<b>AA2</b> □	<b>AA3w</b> □□□□□□□□	<b>AA3l</b> □□□□□□□□	<b>AA3c</b> □	<b>AA7a</b> □□	<b>A5</b> □□	<b>AA11</b> □	<b>AA12</b> □□□□□□	<b>AA13</b> □	<b>A5e</b> □	<b>A5f</b> □□□
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## **II. HOUSEHOLD ROSTER: NEW MEMBERS IN OLD HOUSEHOLDS AND ALL MEMBERS IN NEW HOUSEHOLDS (TABLE 2)**

(for all new members in old households and all members in newly formed households, replacement households and all households in replacement communities)

### **New Members in Old Households** (see Example 1/Table 2):

- \* For new members in old households:
- ask Questions 1-13 and fill in Table 2
- if this member participated in the study as a member of a different household in the past, use code 1 for Question 9, and fill in the previous household ID number and line number in Questions 10-11
- assign a new line number (starting with 101) for Question 1

### **All Members in New Households:**

- \* For all members in newly formed households (see Example 2), replacement households (see Example 3), and all households in replacement communities (see Example 4):
- ask Questions 1-13 and fill in Table 2
- use code 4 for Question 8
- assign a new household number starting with 101 to newly formed households or replacement households.
- assign a household number starting with 001 to households in replacement communities.
- assign a line number for each member of these households (starting with 001, not 101) for Question 1

1. Fill in the member's line number.
2. What is the member's name?
3. What is the member's sex?
  - 1 male
  - 2 female
4. What is the member's birth date? \_\_\_\_year \_\_\_\_month \_\_\_\_day
5. According to which calendar type (Western or Lunar)?
 

\* Record Western birth dates in the Western column. Record lunar birth dates in the lunar column. If calendar is unknown, assume Western. Record only one date for each member.
6. What is the member's ethnicity (nationality)?
  - 01 Han
  - 06 Miao
  - 09 Buyi
  - 11 Man
  - 15 Tujia
  - 20 other (specify: \_\_\_\_\_)
  - 9 unknown
7. What is the member's relationship to the head of this household?
 

00 head of household	06 father-in-law/mother-in-law
01 spouse	07 son-in-law/daughter-in-law
02 father/mother	08 other relative (specify: _____)
03 son/daughter	10 other non-relative (specify: _____)
04 brother/sister	
05 grandson/granddaughter/ grandson-in-law/granddaughter-in-law	
8. Under what circumstances did this member join this household?
  - 1 newborn
  - 2 marriage
  - 4 new household
  - 5 other (specify: \_\_\_\_\_)
9. Was this member a member of a household covered by this investigation previously (either the same household or a different household)?
  - 0 no (skip to Question 12)
  - 1 yes
  - 9 unknown (skip to Question 12)
10. What was the household ID number of the previous household?
 

\* Please look up the previous household ID and line number for this member, and record this information in Questions 10-11.
11. What was this member's line number in the previous household?
12. Does this member still live in your household?
 

1 yes (ask Q1-13 for the next member)	5 no, gone abroad
2 no, gone to school	6 no, other (specify: _____)
3 no, military service	9 unknown
4 no, sought employment elsewhere	
13. How long has this member been away from home? (months)
 

\* If "unknown," record -99.

**Table 2. Household Roster: New/Returning Members in Old Households and All Members in New Households**

1 Line number	2 Name	3 Sex  1. M 2. F	4/5 Birth date (year, month, day)		6 Ethnicity (nationality)	7 Relationship to head of household	8 How joined this household?	9 In study before?	10 Old household ID number	11 Old line number	12 Still lives in your household?	13 How long gone (months)
			Western	Lunar								
<b>AA1</b> □□□		<b>AA2</b> □	<b>AA3w</b> □□□□□□□□	<b>AA3l</b> □□□□□□□□	<b>AA7a</b> □□	<b>A5</b> □□	<b>AB5a</b> □	<b>AB6</b> □	<b>AB7</b> □□□□□□□□	<b>AB8</b> □□□	<b>A5e</b> □	<b>A5f</b> □□□
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**III. BACKGROUND DEMOGRAPHICS OF THE HOUSEHOLD HEAD** (for new households only)

1. Have you always lived here? A16  
0 no  
1 yes (skip to Question 3)
2. For how many years did you live elsewhere? A17
3. Is this a “five-guarantee household”? (Are you “Wubaohu”?) A18  
0 no  
1 yes
4. Are you a national minority? A19  
0 no  
1 yes
5. Where were you born? \_\_\_\_\_ province (region, city) A20  
11 Beijing 42 Hubei  
12 Tianjin 43 Hunan  
13 Hebei 44 Guangdong  
14 Shanxi 45 Guangxi  
15 Inner Mongolia 46 Hainan  
21 Liaoning 51 Sichuan  
22 Jilin 52 Guizhou  
23 Heilongjiang 53 Yunnan  
31 Shanghai 54 Tibet  
32 Jiangsu 55 Chongqing  
33 Zhejiang 61 Shaanxi  
34 Anhui 62 Gansu  
35 Fujian 63 Qinghai  
36 Jiangxi 64 Ningxia  
37 Shandong 65 Xinjiang  
41 Henan
6. Where is your “old home”? \_\_\_\_\_ province (region, city) A21  
11 Beijing 42 Hubei  
12 Tianjin 43 Hunan  
13 Hebei 44 Guangdong  
14 Shanxi 45 Guangxi  
15 Inner Mongolia 46 Hainan  
21 Liaoning 51 Sichuan  
22 Jilin 52 Guizhou  
23 Heilongjiang 53 Yunnan  
31 Shanghai 54 Tibet  
32 Jiangsu 55 Chongqing  
33 Zhejiang 61 Shaanxi  
34 Anhui 62 Gansu  
35 Fujian 63 Qinghai  
36 Jiangxi 64 Ningxia  
37 Shandong 65 Xinjiang  
41 Henan
7. Is your spouse a national minority? A26  
0 no  
1 yes  
9 no spouse or unknown (skip to next section)

8. Where was your spouse born? \_\_\_\_\_ province (region, city) A26a
- |    |                |    |           |
|----|----------------|----|-----------|
| 11 | Beijing        | 42 | Hubei     |
| 12 | Tianjin        | 43 | Hunan     |
| 13 | Hebei          | 44 | Guangdong |
| 14 | Shanxi         | 45 | Guangxi   |
| 15 | Inner Mongolia | 46 | Hainan    |
| 21 | Liaoning       | 51 | Sichuan   |
| 22 | Jilin          | 52 | Guizhou   |
| 23 | Heilongjiang   | 53 | Yunnan    |
| 31 | Shanghai       | 54 | Tibet     |
| 32 | Jiangsu        | 55 | Chongqing |
| 33 | Zhejiang       | 61 | Shaanxi   |
| 34 | Anhui          | 62 | Gansu     |
| 35 | Fujian         | 63 | Qinghai   |
| 36 | Jiangxi        | 64 | Ningxia   |
| 37 | Shandong       | 65 | Xinjiang  |
| 41 | Henan          |    |           |

9. Where is your spouse's "old home"? \_\_\_\_\_ province (region, city) A27
- |    |                |    |           |
|----|----------------|----|-----------|
| 11 | Beijing        | 42 | Hubei     |
| 12 | Tianjin        | 43 | Hunan     |
| 13 | Hebei          | 44 | Guangdong |
| 14 | Shanxi         | 45 | Guangxi   |
| 15 | Inner Mongolia | 46 | Hainan    |
| 21 | Liaoning       | 51 | Sichuan   |
| 22 | Jilin          | 52 | Guizhou   |
| 23 | Heilongjiang   | 53 | Yunnan    |
| 31 | Shanghai       | 54 | Tibet     |
| 32 | Jiangsu        | 55 | Chongqing |
| 33 | Zhejiang       | 61 | Shaanxi   |
| 34 | Anhui          | 62 | Gansu     |
| 35 | Fujian         | 63 | Qinghai   |
| 36 | Jiangxi        | 64 | Ningxia   |
| 37 | Shandong       | 65 | Xinjiang  |
| 41 | Henan          |    |           |

**IV. HOME GARDENING AND INCOME** (for all households)

\* We are asking about household income. If it is individual income, please record it into individual questionnaire.

1. Did your household have a vegetable garden or orchard last year? D1
- 0 no (skip to the next section)
- 1 yes
- 9 unknown (skip to the next section)
2. Is your household a specialized household in vegetable garden or orchard? D1a
- 0 no
- 1 yes
3. Last year, were any of the vegetables, fruits, or other produce from your home plot sold? D4
- 0 no (skip to Question 5)
- 1 yes
- 9 unknown (skip to Question 5)

4. Last year, how much money was received from the sale of the produce? (yuan) D5  
\* If “unknown,” record -9999.
5. Your household would normally consume some of the vegetables/fruits grown in your home plot. If the vegetables/fruits consumed by your household last year had been sold, how much money do you think you would have received? (yuan) D6  
\* If “unknown,” record -999.
6. Last year, how much money did you spend for seedlings, fertilizer, tools, insecticides, hired labor, etc. for this garden? (yuan) D7  
\* This excludes farming tax and big machinery spending. If “unknown,” record -999.

#### V. HOUSEHOLD FARMING AND INCOME (for all households)

\* We are asking about household income. If it is individual income, please record it into individual questionnaire.

1. Did your household engage in farming last year? E2b  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to the next section)
2. Is your household a specialized farming household? E11c  
0 no ( $\leq 20$  mu land)  
1 yes ( $>20$  mu land)
3. How many mu of land did your household cultivate last year? (mu) E11d  
\* If “unknown,” record -99.
4. What was your household’s total income from crops last year? (yuan) E14a  
\* Crops include grains, tobacco, and greenhouse flowers. Income includes revenue from sales to the state and free market, and estimated value of crops on hand.  
\* If “unknown,” record -9999.
5. Your household would normally consume some of the crops grown. E16a  
If the crops consumed by your household last year had been sold, how much money do you think you would have received? (yuan)  
\* If “unknown,” record -9999.
6. Last year, how much was spent for leasing land, for purchasing seedlings fertilizer, tools, insecticides, and hiring labor for these crops? (yuan) E12  
\* If “unknown,” record -999.

#### VI. RAISING LIVESTOCK/POULTRY AND INCOME (for all households)

\* We are asking about household income. If it is individual income, please record it into individual questionnaire.

1. Did your household raise livestock or poultry last year? F10a  
0 no (skip to next section)  
1 yes  
9 unknown (skip to next section)
2. For how many months did your household raise livestock or poultry last year? F10b  
\* If “unknown,” record -9.
3. Is your household a specialized livestock- or poultry-raising household? F10c  
0 no  
1 yes

**\* Ask Questions 6-14 about each type of livestock/poultry raised by your household and record the answers in Table 3. If more than 4 types of livestock/poultry, record the 4 largest in scale.**

6. Last year, how much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry? (yuan)  
\* If “unknown,” record -999.
7. Last year, was homemade animal feed given to this kind of livestock or poultry?  
0 no (skip to Question 9)  
1 yes  
9 unknown (skip to Question 9)
8. Last year, how much money was saved by giving homemade feed to this kind of livestock or poultry? (yuan)  
\* If “unknown,” record -999.
9. Last year, did your household sell any of this kind of livestock or poultry, or any products from them (eggs, milk, meat, wool, fertilizer, etc.)?  
0 no (skip to Question 11)  
1 yes  
9 unknown (skip to Question 11)

10. How much money did you receive? (yuan)  
\* If “unknown,” record -9999.
11. Last year, did your household consume this kind of household-raised livestock or poultry, or products from them?  
0 no (skip to Question 13)  
1 yes  
9 unknown (skip to Question 13)
12. If the livestock or poultry or their products consumed by your household had been sold, how much money do you think you would have received? (yuan)  
\* If “unknown,” record -999.
13. Last year, were any of the products of this kind of livestock or poultry, or livestock or poultry themselves, given away?  
0 no (ask Questions 6-14 for the next type)  
1 yes  
9 unknown (ask Questions 6-14 for the next type)
14. If the livestock, poultry, and the products given away had been sold, how much money do you think you would have received? (yuan)  
\* If “unknown,” record -999.

**Table 3. Raising Livestock/Poultry**

4 Item number	5 Livestock/ poultry type	6 Amount spent on care (yuan)	7 Fed homemade animal feed?	8 Amount saved (yuan)	9 Sold animals or products?	10 Amount received (yuan)	11 Consumed animals or products?	12 Value of animals/ products consumed (yuan)	13 Gave away animals or products?	14 Value of animals/ products given away (yuan)
<b>F11</b>		<b>F14</b>	<b>F15a</b>	<b>F15</b>	<b>F16</b>	<b>F17</b>	<b>F18</b>	<b>F19</b>	<b>F20</b>	<b>F21</b>
1		□□□□	□	□□□□	□	□□□□□	□	□□□□	□	□□□□
2		□□□□	□	□□□□	□	□□□□□	□	□□□□	□	□□□□
3		□□□□	□	□□□□	□	□□□□□	□	□□□□	□	□□□□
4		□□□□	□	□□□□	□	□□□□□	□	□□□□	□	□□□□

## VII. HOUSEHOLD FISHING AND INCOME (for all households)

\* We are asking about household income. If it is individual income, please record into individual questionnaire.

1. Did your household fish last year? G10a  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to the next section)
  
2. For how many months did your household fish last year? G10b  
\* If "unknown," record -9.
  
3. Last year, how much money did your household receive from the fishing business? (yuan) G11  
\* If "unknown," record -9999.
  
4. Last year, did your household keep some fish for home consumption? G12  
0 no (skip to Question 6)  
1 yes  
9 unknown (skip to Question 6)
  
5. If the fish kept for home consumption had been sold, how much money do you think you would have received? (yuan) G13  
\* If "unknown," record -999.
  
6. Last year, did your household give away fish? G14  
0 no (skip to Question 8)  
1 yes  
9 unknown (skip to Question 8)
  
7. If the fish given away had been sold, how much money do you think you would have received? (yuan) G15  
\* If "unknown," record -999.
  
8. Last year, what were the total operating expenses of the household fishing business (gasoline, nets, lines, feed, fry, drugs, insurance, etc.)? (yuan) G16  
\* If "unknown," record -9999.

## VIII. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME (for all households)

\* We are asking about household income. If it is individual income., please record into individual questionnaire.

1. Did your household operate a small handicraft or small commercial business last year (carpentry, shoe repair, housekeeping/child care service, tailoring, hairdressing, electrical appliance repair, restaurant, store, family child care, family hotel, family clinic, etc.)? H1  
0 no (skip to the next section)  
1 yes  
9 unknown (skip to next section)

\* Ask Questions 4-6 about each business and record the answers in Table 4.

\* If more than one business of the same type is reported, such as tailoring and hairdressing (both are services), add together the monthly revenues for these businesses and record the total for this type in Question 5 (H3). Then do the same for monthly expenses and record the total for this type in Question 6 (H4).

**Table 4. Small Household Businesses**

2 Business number	3 Business type	4 Did your household operate this type of business last year? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item.	5 What are the average monthly revenues of this business? (yuan) * If "unknown," record -9999.	6 What are the average monthly expenses of this business, including salaries? (yuan) * If "unknown," record -9999.
<b>H1d</b> 1	Commerce	<b>H1e</b> <input type="checkbox"/>	<b>H3</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>H4</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Service	<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	Manufacturing	<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	Peddler	<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	Construction	<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"/>
6	Other (specify:___)	<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"/>

**IX. INCOME FROM OTHER SOURCES** (for all households)

\* Ask Questions 2-3 about each subsidy and record the answers in Table 5.

**Table 5. Subsidies**

1 Subsidy	2 Did your household receive this subsidy during the past 12 months? 0 no 1 yes 9 unknown * If "no" or "unknown," skip down to next item.	3 How much money did your household receive? (yuan) * If "unknown," record -99.
One-child cash subsidy	<b>I10b</b> <input type="checkbox"/>	<b>I10c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gas or fuel subsidy	<b>I15b</b> <input type="checkbox"/>	<b>I15c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Coal subsidy	<b>I16b</b> <input type="checkbox"/>	<b>I16c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Electricity subsidy	<b>I17b</b> <input type="checkbox"/>	<b>I17c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4. During the past 12 months, did your household (including all household members) receive I20a any food gifts or discounted food from the work unit for spring festival or any other holidays?  
 0 no (skip to Question 6)  
 1 yes  
 9 unknown (skip to Question 6)

5. According to market prices, how much are these food gifts worth? (yuan) □□□□I21a  
 \* If “unknown,” record -999.

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

**Table 6. Cash Income**

6 Income Source	7 Did your household receive income from this source during the past 12 months? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	8 How much money did your household receive? (yuan) *If “unknown,” record -9999.
Rental of household assets, excluding land (houses, farm vehicles, farm equipment)	<b>J3a</b> <input type="checkbox"/>	<b>J3</b> <input type="text"/>
Boarders or lodgers	<b>J4a</b> <input type="checkbox"/>	<b>J4</b> <input type="text"/>
Poverty, disability, or welfare funds	<b>J6a</b> <input type="checkbox"/>	<b>J6</b> <input type="text"/>
Money from children (non-household members)	<b>J7d</b> <input type="checkbox"/>	<b>J7a</b> <input type="text"/>
Money from parents (non-household members)	<b>J7e</b> <input type="checkbox"/>	<b>J7b</b> <input type="text"/>
Money from friends or other relatives	<b>J7f</b> <input type="checkbox"/>	<b>J7c</b> <input type="text"/>
Cash income from other sources (excluding disaster relief)	<b>J8a</b> <input type="checkbox"/>	<b>J8</b> <input type="text"/>

**\* Ask Questions 10-11 about each type of gift and record the answers in Table 7.**

**Table 7. Income In-Kind (Gifts)**

9 Gift type	10 Did your household receive this type of gift during the past 12 months? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	11 What was the total value of these gifts? (yuan) * If “unknown,” record -999.
Gifts from children (non-household members)	<b>J9a</b> <input type="checkbox"/>	<b>J9b</b> <input type="text"/>
Gifts from parents (non-household members)	<b>J9c</b> <input type="checkbox"/>	<b>J9d</b> <input type="text"/>
Gifts from friends or other relatives	<b>J9e</b> <input type="checkbox"/>	<b>J9f</b> <input type="text"/>
Money or gifts from local enterprise, such as bonuses (excluding salary income or bonus to a worker in the enterprise)	<b>J10a</b> <input type="checkbox"/>	<b>J10b</b> <input type="text"/>

**X. HOUSEHOLD EXPENSES** (for all households)

\* Ask Questions 2-3 about each expense and record the answers in Table 8.

**Table 8. Household Expenses**

1 Expense	2 Did anyone in your household spend money on this expense during the past 12 months? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	3 How much money was spent? (yuan) * If “unknown,” record -9999.
Wedding (including gifts for family members outside household, relatives and friends; excluding dowry or bride price)	L145 <input type="checkbox"/>	L146 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dowry or bride price (within household only)	L147 <input type="checkbox"/>	L148 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Money or gifts for children (non-household members)	L152c <input type="checkbox"/>	L152a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Money or gifts for parents (non-household members)	L152d <input type="checkbox"/>	L152b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Education costs (for all household members)	L152e <input type="checkbox"/>	L152f <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other gifts	L152g <input type="checkbox"/>	L152h <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**XI. COSTS AND SUBSIDIES FOR CARE OF CHILDREN AGE 6 AND YOUNGER**

(for all households)

1. Does your household pay for child care? K44a  
 0 no (skip to Question 4)  
 1 yes
2. For how many children’s care does this payment provide? K44
3. How much does your household pay per month for all child care? (yuan) K43  
 \* If does not know the exact amount, record -99.
4. Does your household receive a child care or nursery subsidy? K45  
 0 no (skip to the next section)  
 1 yes  
 9 unknown (skip to the next section)
5. For how many children is this subsidy provided? K46
6. How much is this subsidy per month? (yuan) \* If “unknown,” record -9. K47

**XII. DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS**

(for all households)

1. How does your household obtain drinking water? L1  
 \* If more than one method, record the most important one.  
 1 in-house tap water (skip to Question 3)  
 2 in-yard tap water (skip to Question 3)  
 3 in-yard well (skip to Question 3)  
 4 other place (specify: \_\_\_\_\_)

2. How long does it take to walk to another place to get water? (minutes) L2
3. What is the source of this water? L3  
 \* If more than one source, record the most important one.  
 1 ground water (>5 meters)  
 2 open well ( $\leq$  5 meters)  
 3 creek, spring, river, lake  
 4 ice/snow  
 5 water plant  
 6 other (specify: \_\_\_\_\_)  
 9 unknown
4. Does your household pay for this drinking water? L4  
 0 no  
 1 yes
5. What kind of toilet facilities does your household have? L5  
 0 no bathroom  
 1 flush, in-house  
 2 no flush, in-house  
 3 flush, outside house, public restroom  
 4 no flush, outside house, public restroom  
 5 cement openpit  
 6 earth openpit  
 8 other (specify: \_\_\_\_\_)
6. Is there any excreta around the dwelling place? L6  
 \* Record your own observation instead of asking the respondent.  
 1 no excreta  
 2 very little excreta  
 3 some excreta  
 4 much excreta
7. What kind of lighting does your household normally use? L7  
 1 electric  
 2 kerosene  
 3 oil  
 4 candle  
 5 other (specify: \_\_\_\_\_)
8. What kind of fuel does your household normally use for cooking? L8\_1  
L8\_2  
 \* If there are 2 kinds, fill in L8\_1 with the one most often used, and L8\_2 with the second kind. If more than 2 kinds, record the 2 most often used. If only one kind, fill in L8\_1 only, and leave L8\_2 blank.  
 1 coal  
 2 electricity  
 3 kerosene  
 4 liquified natural gas  
 5 natural gas  
 6 wood, sticks/straw, etc.  
 7 charcoal  
 8 other (specify: \_\_\_\_\_)

9. How did you obtain your apartment/house? L9
- 1 from the state
  - 2 from work unit
  - 3 rent from private individual
  - 4 own (skip to Question 11)
  - 5 stay for free (skip to Question 11)
  - 6 partial property right (skip to Question 11)
10. How much money per month do you pay for rent? (yuan) L10  
 \* If "unknown," record -999.  
 \* **If rent from private individual, skip to Question 12.**
11. If you were to rent this apartment/house from a private individual, how much money per month do you think you would pay for rent? (yuan) L11  
 \* If "unknown," record -999.  
 \* **If this is an old household, ask Question 12.**  
 \* **If this is a new household, skip to Question 14.**
12. Since 2000, did you move into a new apartment/house or rebuild your old apartment/house? L11a
- 0 no (skip to the next section)
  - 1 yes
13. How much money did you spend on interior decoration when you moved into or rebuilt this house (yuan)? L12a  
 \* If "unknown," record -9999.
14. How old is this house/apartment building? (years) L12  
 \* If "unknown," record -9.
15. Of what materials is the roof of this house/apartment building constructed? L13
- 1 concrete
  - 2 straw or tree branches
  - 3 tile
  - 4 huijiao (charcoal ash mixed with grey earth and mud)
  - 5 other (specify: \_\_\_\_\_)
16. Of what material are the floors of this house/apartment building constructed? L14a
- 1 concrete
  - 2 brick
  - 3 earth
  - 4 wood
  - 5 floor board, wood
  - 6 floor board, wood, man-made
  - 7 floor board, plastic
  - 8 other (specify: \_\_\_\_\_)
17. Of what material are the walls of this house/apartment building constructed? L15
- 1 concrete
  - 2 brick
  - 3 earth
  - 4 wood
  - 5 other (specify: \_\_\_\_\_)

18. What is the total usable area of your household's dwelling unit? (square meters) L16
19. Excluding the bathroom and toilet, how many rooms does your household have? L17
20. How much is this house/apartment worth? (yuan) L18  
 \* If does not know or is unwilling to estimate, record -99999.

**XIII. HOUSEHOLD ELECTRICAL APPLIANCES AND OTHER GOODS** (for all households)

\* Ask Questions 2-5 about each appliance and record the answers in Table 9.

**Table 9. Household Electrical Appliances**

1 Item name	2 Does your household own this appliance? 0 no 1 yes * If "no," skip down to next item.	3 How many are owned?	4 How many were purchased during the past 12 months?	5 What is the total value of [all these] appliances [in item 3]? (yuan) * If "unknown," record -9999.
Radio, tape recorder	L90 <input type="checkbox"/>	L91 <input type="checkbox"/>	L92 <input type="checkbox"/>	L93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VCR	L95 <input type="checkbox"/>	L96 <input type="checkbox"/>	L97 <input type="checkbox"/>	L98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Black/white television	L100 <input type="checkbox"/>	L101 <input type="checkbox"/>	L102 <input type="checkbox"/>	L103 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Color television	L105 <input type="checkbox"/>	L106 <input type="checkbox"/>	L107 <input type="checkbox"/>	L108 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing machine	L110 <input type="checkbox"/>	L111 <input type="checkbox"/>	L112 <input type="checkbox"/>	L113 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Refrigerator	L115 <input type="checkbox"/>	L116 <input type="checkbox"/>	L117 <input type="checkbox"/>	L118 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Air conditioner	L120 <input type="checkbox"/>	L121 <input type="checkbox"/>	L122 <input type="checkbox"/>	L123 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sewing machine	L125 <input type="checkbox"/>	L126 <input type="checkbox"/>	L127 <input type="checkbox"/>	L128 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Electric fan	L130 <input type="checkbox"/>	L131 <input type="checkbox"/>	L132 <input type="checkbox"/>	L133 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Computer	L140e <input type="checkbox"/>	L141e <input type="checkbox"/>	L142e <input type="checkbox"/>	L143e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Camera	L140 <input type="checkbox"/>	L141 <input type="checkbox"/>	L142 <input type="checkbox"/>	L143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Microwave oven	L140a <input type="checkbox"/>	L141a <input type="checkbox"/>	L142a <input type="checkbox"/>	L143a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Electric rice cooker	L140b <input type="checkbox"/>	L141b <input type="checkbox"/>	L142b <input type="checkbox"/>	L143b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pressure cooker	L140c <input type="checkbox"/>	L141c <input type="checkbox"/>	L142c <input type="checkbox"/>	L143c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Telephone	L140f <input type="checkbox"/>	L141f <input type="checkbox"/>	L142f <input type="checkbox"/>	L143f <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cell phone	L140h <input type="checkbox"/>	L141h <input type="checkbox"/>	L142h <input type="checkbox"/>	L143h <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VCD or DVD	L140g <input type="checkbox"/>	L141g <input type="checkbox"/>	L142g <input type="checkbox"/>	L143g <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Satellite Dish	L140i <input type="checkbox"/>	L141i <input type="checkbox"/>	L142i <input type="checkbox"/>	L143i <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. How many working TVs does your household have?

□L153

**XIV. HOUSEHOLD TOOLS AND EQUIPMENT** (for all households)

**\* Ask Questions 2-4 about each means of transportation and record the answers in Table 10.**

**Table 10. Means of Transportation**

1 Transportation type	2 Does your household own this type of transportation? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	3 How many are owned?	4 What is the total value of all vehicles owned? (yuan) * If “unknown,” record -99999.
Tricycle	L19 <input type="checkbox"/>	L20 <input type="checkbox"/>	L22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bicycle	L23 <input type="checkbox"/>	L24 <input type="checkbox"/>	L26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Motorcycle, including mototricycle	L27 <input type="checkbox"/>	L28 <input type="checkbox"/>	L30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Automobile	L31 <input type="checkbox"/>	L32 <input type="checkbox"/>	L34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**\* Ask Questions 6-8 about each type of farm machinery and record the answers in Table 11.**

**Table 11. Farm Machinery**

5 Machinery type	6 Does your household own this type of machinery? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7 How many are owned?	8 What is the total value of all machines owned? (yuan) * If “unknown,” record -9999.
Tractor (large, medium, or small size)	L37 <input type="checkbox"/>	L38 <input type="checkbox"/>	L40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Garden tractor	L41 <input type="checkbox"/>	L42 <input type="checkbox"/>	L44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Irrigation equipment	L49a <input type="checkbox"/>	L50a <input type="checkbox"/>	L52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power thresher	L53a <input type="checkbox"/>	L54a <input type="checkbox"/>	L56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Household water pump	L57a <input type="checkbox"/>	L58a <input type="checkbox"/>	L60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

\* Ask Questions 10-11 about each type of household commercial equipment and record the answers in Table 12. Ask Question 12 about all of the equipment reported in Table 12.

**Table 12. Household Commercial Equipment**

9 Equipment type	10 Does your household own this type of equipment for use in business or an occupation to make money? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	11 Was this equipment used for household business during the past 12 months? 0 no 1 yes 9 unknown	12 What is the total value of all equipment owned? (yuan) * If “unknown,” record -9999.
Cooking equipment	<b>L74</b> <input type="checkbox"/>	<b>L74a</b> <input type="checkbox"/>	
Carpentry equipment	<b>L75</b> <input type="checkbox"/>	<b>L75a</b> <input type="checkbox"/>	
Haircut equipment	<b>L76</b> <input type="checkbox"/>	<b>L76a</b> <input type="checkbox"/>	
Sewing machine	<b>L77</b> <input type="checkbox"/>	<b>L77a</b> <input type="checkbox"/>	
Small machine shop tools or equipment	<b>L78</b> <input type="checkbox"/>	<b>L78a</b> <input type="checkbox"/>	
Other (specify: _____)	<b>L80</b> <input type="checkbox"/>	<b>L80a</b> <input type="checkbox"/>	

**XV. ACCESSIBILITY OF HEALTH CARE AND MEDICAL SERVICES** (for all households)

1. If household members are sick or want to see a doctor, dentist, nurse, or other health worker, which clinics and hospitals can they use (private and public)?  
\* Record the names of these facilities in item 2 of Table 13.  
\* **Ask Questions 3-11 about each facility and record the answers in Table 13.**
3. What type of facility is this?  

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 drugstore
06 town hospital	15 other (specify: _____)
07 county maternal and child hospital	- 9 unknown
08 county hospital	
4. Is this facility a hospital or clinic contracted by your neighborhood/village or by the work unit to which a member of your household belongs?  

0 no	1 yes	9 unknown
------	-------	-----------
5. How do you normally travel to this facility?  

1 walk	4 car	9 never travel there
2 bicycle	5 taxi	
3 bus or subway	6 other	
- [6.] How long does it take to travel one way to this facility? (minutes)  
\* Only count one-way time. If "unknown," record -99. If no time is needed, record 000.
7. How much does the transportation cost to travel one way there? (yuan)  
\* Only count one-way expense. If "unknown," record -9.9. If no cost, record 00.0.
8. On average, how long must you wait to be seen by a health worker facility? (minutes)  
\* If household members have never seen a doctor at this facility, record -88. Otherwise, record actual time. If "unknown," record -99.
9. What type of doctor do you normally see or expect to see?  

1 Western medicine doctor	6 Qi gong practitioner
2 Chinese medicine doctor	7 folk doctor
3 combined Western and Chinese medicine doctor	8 other (specify: _____)
4 village doctor	9 unknown
5 health worker and midwife	
10. Are needed medicines normally available at this facility?  

0 no	1 yes	9 unknown
------	-------	-----------
11. In this facility, approximately how much money does a self-pay person pay for treatment of cold or flu? (yuan)  
\* If "unknown," record -99.9.

**Table 13. Accessibility of Health Care and Medical Services**

1 Health facility number	2 Health facility name	3 Health facility type	4 Has contract?	5 Travel method	6 Travel time (one-way) (minutes)	7 Travel cost (one-way) (yuan)	8 Wait time (minutes)	9 Type of doctor	10 Medicines available?	11 Cold/flu treatment cost (yuan)
<b>M12</b>		<b>M13b</b>	<b>M14</b>	<b>M15b</b>	<b>M15</b>	<b>M17</b>	<b>M18</b>	<b>M19</b>	<b>M20</b>	<b>M21</b>
1		□□	□	□	□□□	□□.□	□□□	□	□	□□□.□
2		□□	□	□	□□□	□□.□	□□□	□	□	□□□.□
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