CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY QQ1991 PHYSICAL EXAMINATION

Sur	rvey Site:ProvinceSiteCity(County)Neighborhood(T	own/Village)Household
ID	Number: 00T1 0T2 0T3 0T4 00T	5
Na	me: Line Number():□□A1	
Dat	te of Interview:YearMonthDay 🔲 🗌 🔲 🖛 🕇 T7	
١.	Physical Examination	
1.	Age (years):	
2.	Weight (kg):	
3.	Height (cm):	
4.	Blood pressure (mmHg):	
	a:/	
	b:/	
	c:/	
5.	Pulse (rate/minute)	
	a:	
	b:	
	C:	
6.	Upper arm circumference (cm):	□ □ ●□U10
7.	Triceps skin fold (mm):	
	* Questions 8 - 9 are for members who are 16 and older.	
8.	If female, ask:	
	a. Are you pregnant?	□U12
	0 no 1 yes	

b. If "yes," ask: How many months? _____month(s)

□U13

	c. Are [you] lactating? 0 no 1 yes					□ U13
	d. If under the age of 26, ask: Have [you] even 0 no 1 yes					□U14
	e. If "yes," ask: What was your age when [yo	u] fir	st mens	struat	ted (years)?years	
9.	Examine whether the respondent has any of the Goiter	e foll 0	lowing c no	ondi: 1	tions: ves	□ ∪16
	Angular stomatitis	0	no	1	yes	□ ∪17
	Scaling of the skin	0	no	1	yes	□ ∪18
	Keratosis follicularis	0	no	1	yes	□ U19
	Symmetrical dermatitis of hand	0	no	1	yes	□ ∪20
	Blindness in one eye	0	no	1	yes	□ U21
	Blindness in both eyes	0	no	1	yes	
	Loss of one arm or use of one arm	0	no	1	yes	□∪23
	Loss of both arms or use of both arms	0	no	1	yes	□ ∪24
	Loss of one leg or use of one leg	0	no	1	yes	
	Loss of both legs or use of both legs	0	no	1	yes	□∪26
4.0	* Questions 10 - 11 are for those who are un	der '	16.			
10.	If female, ask: a. Have you ever menstruated?					
	0 no 1 yes					□∪27
11.	b. If "yes," ask: At what age did you first men Examine whether the respondent has any c			ng c	years onditions:	
	Goiter	0	no	1	yes	□∪29
	Angular stomatitis	0	no	1	yes	□∪30
	Square head	0	no	1	yes	□ ∪31
	Blindness in one eye	0	no	1	yes	□∪32
	Blindness in both eyes	0	no	1	yes	□∪33
	Loss of one arm or use of one arm	0	no	1	yes	□ ∪34
	Loss of both arms or use of both arms	0	no	1	yes	□ U35

	Loss of one leg or use of one leg	0	no	1	yes	□∪36
	Loss of both legs or use of both legs	0	no	1	yes	□037
	Polio or degenerative muscle disease	0	no	1	yes	U U38
١١.	Hypertension History (ask only those who	are 16 ar	nd older)		
1.	Do you have high blood pressure now?					□039
	0 no 1 yes	9	unkno	wn		
2.	If yes, what is the duration of the high bloc	od pressu	re?		years	
3.	Are [you] currently taking anti-hypertension drugs?			□U41		
	0 no 1 yes					
III.	Smoking History					
1.	1. Have you ever smoked cigarettes (including rolled or manufactured)?				□ U42	
	0 never 1 yes					
	If "yes," continue with the following question					
	2. How old [were you] when [you] sta	arted smo	king? _		age	
	3. Do [you] smoke cigarettes now?					□ U44
	0 no 1 yes					
	4. If yes, how many cigarettes do [yo	ou] smoke	e per da	y? _	number	
	5. If no, how long ago did [you] stop	smoking?	?		months	
6.	Have you ever smoked a pipe?					□047
	0 never 1 yes					
	If "yes", continue with the following question	ons; othe	rwise, sl	kip to	Section IV.	
	7. How old [were you] when [you] sta	arted smc	oking a p	pipe?	years	
	8. Do [you] still smoke now?					□U49
	0 no 1 yes					
	9. If yes, how many 50-grams [liang] 50 grams [liang]	of tobace	co do [y	ou] u	ise in 1 month?	
IV.	IV. Alcohol Consumption History					
1.	During the past year, have you drunk beer	or any o	ther alco	oholi	c beverage?	□ U51
	0 no 1 yes					

	If yes, how often do [you] drink? 1. daily or almost everyday 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 6. unknown Injury History	□∪52
1.	Have you ever been so seriously injured that you were unable to work for at least two weeks?	□∪53
	0 no 1 yes	
	If "yes", continue with the following questions; otherwise, skip to Section VI.	
2.	How old [were you] when injured (if injured more than once, ask about the latest injury)?years	
3.	How long [were you] unable to carry out normal activities due to injury? weeks	
	Current Health Status	_
1.	Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness?	
	0 no 1 yes	
2.	If yes, how long did you have difficulty carrying out your normal daily activities and work?weeks	
3.	 How is the present condition of your heart, your lungs, and your stomach? 1. normal 2. occasionally affect work or daily activities 3. frequently affect work or daily activities 4. unable to work or carry out daily activities 	□∪58
4.	 How is the present condition of your upper extremities, shoulders, neck, and upper back? 1. functioning normally 2. having some problems, but not affecting work or daily activities 3. slightly affecting work and daily activities, some help is needed 4. affecting work and daily activities, help is required 	□ ∪59
5.	 How is the present condition of your lower extremities and spinal cord, and does this affect [your] walking? 1. functioning normally 2. having some problems, but can still walk alone 3. needing some help walking 4. cannot walk, confined to bed, using wheelchair, or carried by others 	□ ∪60
6.	 How is the present condition of your hearing, eyesight, and speaking? 1. functioning normally 2. wearing glasses or hearing aid, or having some loss of ability 3. deaf in one ear, blind in one eye, some loss of speech, or serious loss of vision, hearing or speech 	□U61

4. completely deaf, blind, or unable to speak

7.	How is the present condition of your urine control and bowel control?	
	1. normal	
	2. nighttime or occasional loss of urine or bowel control	
	3. frequent loss of urine or bowel control	
	4. total loss of urine or bowel control	
8.	Do [you] have psychological or psychiatric problems?	D U63
	1. no, normal	
	occasionally disrupts social or work activities	

- frequently disrupts social of work activities
 under care in a hospital