<table>
<thead>
<tr>
<th>Province</th>
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<td>43</td>
<td>45</td>
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<td></td>
<td>Guizhou</td>
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</table>

**Urban Site:** 1  
**Rural Site:** 2  

City: ______________  
1 First city  
2 Second city  

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)  

Household Number: ______________  

Name of Adult: ______________  
Name of Respondent: ______________  

Telephone Number: ______________  

Interview Date: __Year__ __Month__ __Day__  
Completion Evaluation: 1 Good 2 OK 3 Poor  
Interviewer Name: ______________  
Supervisor Name: ______________
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)................ 3
IV  Secondary occupation and wages (for adults who work)............. 5
V  Home gardening (for all adults)............................................. 6
VI  Collective and household farming (for all adults)................... 6
VII  Raising livestock/poultry (for all adults).............................. 7
VIII Collective and household fishing (for all adults).................... 7
IX  Small handicraft and small commercial household business (for all adults)................................. 8
X  Other sources of income (for all adults).................................. 9

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XI  Time allocation for home activities (for all adults)................. 9
XII Care of children age 6 and younger (for all adults)................ 9

TOBACCO, TEA, WATER, CAFFEINE, ALCOHOL, AND SOFT DRINK CONSUMPTION
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XIV  Water, tea, and coffee consumption (for all adults)............... 10
XV  Alcohol consumption (for all adults).................................... 10
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DIET AND ACTIVITY KNOWLEDGE
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XXII  Marriage history (for ever-married women under age 52)........ 20
XXIII Inter-generational linkages to parents (for ever-married women under age 52)........ 21
XXIV Siblings/relatives (for ever married women under age 52).... 21
XXV  Pregnancy history (for ever-married women under age 52)..... 22
XXVI  Fertility preferences (for ever-married women under age 52) 23
XXVII Birth history (for ever-married women under age 52 who have given birth to a child) 24
XXVIII Mass media (for ever-married women under age 52 with children ages 6-18)....... 25
XXIX  Eating disorders (for women age 35 and younger)................ 26

PHYSICAL MEASUREMENTS
XXX Physical measurements (for all adults).................................. 27
I. BACKGROUND DEMOGRAPHICS (for all adults)

1. Date of birth: _____year _____month _____day ___________ AA3a
   * Record western calendar, if possible, and use the same date of birth in household questionnaire.

2. According to which calendar type?
   1 western calendar __ AA4a
   2 lunar calendar

3. Age (years): ___________ A3a
   * Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.

4. Sex: ___________ AA2a
   1 male
   2 female

5. Does your father live in this household? ___________ A5a
   0 no (skip to Question 8)
   1 yes

6. What is the relationship between you and your father? ___________ A5a1
   1 biological father
   2 stepfather
   3 adopted father

7. What is your father’s name? ___________ A5b
   * Record the father's line number.

8. Does your mother live in this household? ___________ A5c
   0 no (skip to Question 11)
   1 yes

9. What is the relationship between you and your mother? ___________ A5c1
   1 biological mother
   2 stepmother
   3 adopted mother

10. What is your mother’s name? ___________ A5d
    * Record the mother’s line number.

11. What is your marital status? ___________ A8
    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? ___________ A8b
    * Record the spouse’s line number.

13. To which type of household registration do you belong? ___________ A8b1
    1 urban
    2 rural
14. How many years of formal education have you completed in a regular school?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>no school completed (skip to Q16)</td>
<td>A11</td>
</tr>
<tr>
<td>11</td>
<td>1 year primary school (skip to Q16)</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>2 years primary school (skip to Q16)</td>
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<tr>
<td>13</td>
<td>3 years primary school (skip to Q16)</td>
<td>28</td>
</tr>
<tr>
<td>14</td>
<td>4 years primary school (skip to Q16)</td>
<td>29</td>
</tr>
<tr>
<td>15</td>
<td>5 years primary school</td>
<td>30</td>
</tr>
<tr>
<td>16</td>
<td>6 years primary school</td>
<td>31</td>
</tr>
<tr>
<td>21</td>
<td>1 year lower middle school</td>
<td>32</td>
</tr>
<tr>
<td>22</td>
<td>2 years lower middle school</td>
<td>33</td>
</tr>
<tr>
<td>23</td>
<td>3 years lower middle school</td>
<td>34</td>
</tr>
<tr>
<td>24</td>
<td>1 year upper middle school</td>
<td>35</td>
</tr>
<tr>
<td>25</td>
<td>2 years upper middle school</td>
<td>36</td>
</tr>
<tr>
<td>26</td>
<td>3 years upper middle school</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>2 years technical school</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>3 years technical school</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>4 years upper middle school</td>
<td></td>
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<tr>
<td>30</td>
<td>5 years primary school</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>1 year college/university</td>
<td></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>
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<tr>
<td>34</td>
<td>4 years college/university</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>5 years college/university</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>6 years college/university or more</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>unknown</td>
<td></td>
</tr>
</tbody>
</table>

15. What is the highest level of education you have attained?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>graduated from primary school</td>
<td>A12</td>
</tr>
<tr>
<td>2</td>
<td>lower middle school degree</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>upper middle school degree</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>technical or vocational degree</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>university or college degree</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>master’s degree or higher</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>unknown</td>
<td></td>
</tr>
</tbody>
</table>

16. Are you currently in school?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no (skip to the next section)</td>
<td>A13</td>
</tr>
<tr>
<td>1</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

17. During the school semester do you live away from home in or near school?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no (skip to the next section)</td>
<td>A13a</td>
</tr>
<tr>
<td>1</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

18. Do you go home for each weekend?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no</td>
<td>A13b</td>
</tr>
<tr>
<td>1</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

19. How old were you when you first lived away from home in or near school?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
</table>
| II. WORK STATUS (for all adults)  
1. Are you presently working?  
   * If retired but rehired, record 1.  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no</td>
<td>B2</td>
</tr>
<tr>
<td>1</td>
<td>yes (skip to Question 3)</td>
<td></td>
</tr>
</tbody>
</table>

2. Why are you not working?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>seeking work (skip to Section V)</td>
<td>B2a</td>
</tr>
<tr>
<td>2</td>
<td>doing housework (skip to Section V)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>disabled (skip to Section V)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>student (skip to Section V)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>retired (skip to Question 4)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>other (specify: ____________) (skip to Section V)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>unknown (skip to Section V)</td>
<td></td>
</tr>
</tbody>
</table>
3. Are you retired, but rehired?  _ B2b
   0  no (skip to Question 6)
   1  yes

4. When did you retire?  _____year  _____month  _ _ _ _ _ _ B2c
   * Record western calendar, if possible.  If year and month are unknown, record -99999.

5. On the average, what was your monthly retirement wage/salary in 2010, including subsidies and bonuses? (yuan)  _ _ _ _ B2d
   * If unknown, record -999.
   * If retired, but rehired, ask Question 6.  Otherwise, skip to Section V

6. Did you change your job after 2009?  _ 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? __ B7
   1 < 20
   2 20-100
   3 >100
   9 unknown

5. In 2010, for how many months did you work at this occupation? __ C3

6. For how many days in a week, on the average, did you work? __ C5

7. For how many hours in a day, on the average, did you work? __ C6

8. During the past week, for how many hours did you work? __ C7

9. Were you paid a regular wage in 2010? __ C7b
   0 no
   1 yes

10. On the average, what was your monthly wage/salary in 2010, including subsides? (yuan) __ C8
    * If “unknown,” record -9999.

11. Did you receive a bonus in 2010 (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)? __ I18
    0 no (skip to the next section)
    1 yes
    9 unknown (skip to the next section)

12. In 2010, what was the total value of all bonuses for the entire year? (yuan) __ I19
    * If “unknown,” record -9999.
IV. SECONDARY OCCUPATION AND WAGES (for adults who work)

1. Do you have a secondary occupation?  _ B9a
   0   no (skip to the next section)
   1   yes
   9   unknown (skip to the next section)

2. What is your employment position in this occupation?  _ B9
   1   self-employed, owner-manager with employees
   2   self-employed, independent operator with no employees (includes farmer)
   3   works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee
   4   contractor with other people or enterprise
   5   temporary worker
   6   paid family worker
   7   unpaid family worker
   8   other (specify: __________)
   9   unknown

3. In 2010, for how many months did you work at this occupation?  _ _ C3a

4. For how many days in a week, on the average, did you work?  _ C5a

5. For how many hours in a day, on the average, did you work?  _ _ C6a

6. During the past week, for how many hours did you work?  _ _ _ C7a

7. Were you paid a regular wage in 2010?  _ C7c
   0   no
   1   yes

8. On the average, what was your monthly wage/salary in 2010, including subsidies? (yuan)  _ _ _ _ C8a
   * If “unknown,” record -9999.

9. Did you receive a bonus in 2010 (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)?  _ I18a
   0   no (skip to the next section)
   1   yes
   9   unknown (skip to the next section)

10. In 2010, what was the total value of all bonuses for the entire year? (yuan)  _ _ _ I19a
    * If “unknown,” record -9999.
V. HOME GARDENING (for all adults)

1. Did you work in a household vegetable garden or orchard in 2010? _ D2a
   0 no (skip to the next section)
   1 yes

2. In 2010, for how many months did you engage in such work? _ D3a

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 in 2010? _ E2a
   0 no (skip to the next section)
   1 yes

2. In 2010, for how many months did you work on a farm (collective or household)? _ E4a

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? _ E5
   1 collective farm
   2 household farm (skip to Question 10)
   3 both collective and household

6. Did you receive money from the collective in 2010? _ E6
   0 no (skip to Question 8)
   1 yes
   9 unknown (skip to Question 8)

7. How much money did you receive? (yuan) _ E7
   * If “unknown,” record -9999.

8. Did you receive farm produce and/or other items, such as durable goods, from the collective in 2010? _ E8
   0 no (skip to Question 10)
   1 yes
   9 unknown (skip to Question 10)

9. How much money were these farm produce and/or other items you received worth? (yuan) _ E9
   * If “unknown,” record -999.

10. Are you the household member primarily responsible for the household’s farming activities? _ E10
    0 no
    1 yes
VII. RAISING LIVESTOCK/POULTRY (for all adults)

1. Did you work raising livestock or poultry either on a collective or at home in 2010?  
   0 no (skip to the next section)  
   1 yes  
   _ F2a

2. In 2010, for how many months did you work raising livestock or poultry?  
   _ F4a

3. For how many days in a week, on the average, did you work?  
   _ F4b

4. For how many hours in a day, on the average, did you work?  
   _ F4c

5. What kind of livestock- or poultry-raising business is this?  
   1 collective  
   2 household (skip to Question 10)  
   3 both collective and household  
   _ F5

6. Did you receive money from the collective in 2010?  
   0 no (skip to Question 8)  
   1 yes  
   9 unknown (skip to Question 8)  
   _ F6

7. How much money did you receive? (yuan)  
   * If “unknown,” record -999.  
   _ _ _ _ F7

8. Did you receive livestock or poultry products from the collective in 2010?  
   0 no (skip to Question 10)  
   1 yes  
   9 unknown (skip to Question 10)  
   _ F8

9. How much money were these livestock or poultry products you received worth?  
   (yuan)  
   * If “unknown,” record -999.  
   _ _ _ _ F9

10. Are you the household member primarily responsible for the household’s livestock 
    or poultry business?  
    0 no  
    1 yes  
    _ F10

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 in 2010?  
   0 no (skip to the next section)  
   1 yes  
   _ G2a

2. In 2010, for how many months did you work in fishing?  
   _ G4a

3. For how many days in a week, on the average, did you work?  
   _ G4b

4. For how many hours in a day, on the average, did you work?  
   _ G4c

5. What kind of fishing business is this?  
   1 collective  
   2 household (skip to Question 10)  
   3 both collective and household  
   _ G5
6. Did you receive money from the collective in 2010? 
   0 no (skip to Question 8) 
   1 yes 
   9 unknown (skip to Question 8) 

7. How much money did you receive? (yuan) 
   _ _ _ _ G7 
   * If “unknown,” record -999.

8. Did you receive fish or other goods from the collective in 2010? 
   0 no (skip to Question 10) 
   1 yes 
   9 unknown (skip to Question 10) 

9. How much money were these fish or goods you received worth? (yuan) 
   _ _ _ _ G9 
   * If “unknown,” record -999.

10. Are you the household member primarily responsible for the household’s 
     fishing business? 
    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 in 2010 (such as carpentry, shoe repair, housekeeping/child care service, 
   tailoring, hairdressing, electrical appliance repair, restaurant, store, family child care, 
   family hotel, family clinic, etc.)? 
   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>Business number</th>
<th>Business type</th>
<th>4 Did you work in this business in 2010?</th>
<th>5 In 2010, for how many days a week, on the average, did you work?</th>
<th>6 For how many months did you work in this business?</th>
<th>7 For how many hours in a day, on the average, did you work?</th>
<th>8 During the past week, for how many hours did you work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1d</td>
<td></td>
<td>H5a</td>
<td>H6</td>
<td>H7</td>
<td>H8</td>
<td>H9</td>
</tr>
<tr>
<td>1</td>
<td>Commerce</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Service</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Manufacturing</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Peddler</td>
<td>-</td>
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</tr>
<tr>
<td>5</td>
<td>Construction</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<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 in 2010?
   0 no (skip to Question 3)
   1 yes
   9 unknown (skip to Question 3)

2. How much money was it in 2010? _ _ _ _ _ I101

3. Did you have any non-cash income (e.g. clothes, foods, etc) in 2010?
   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 in 2010? _ _ _ _ _ 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>1 Activity type</th>
<th>2 During the past week, did you do this chore?</th>
<th>3 How much time did you spend per day, on average? (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buy food for your household</td>
<td>_ K2</td>
<td>_ _ _ K3 *if done on the way to/from school/work, record -88</td>
</tr>
<tr>
<td>Prepare and cook food for your household</td>
<td>K4</td>
<td>_ _ _ K5</td>
</tr>
<tr>
<td>Wash and iron clothes</td>
<td>_ K6</td>
<td>_ _ _ K7</td>
</tr>
<tr>
<td>Clean the house</td>
<td>_ K7b</td>
<td>_ _ _ K7c</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)? _ U25
   0 never smoked (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How old were you when you started to smoke? (years) _ _ _ U26

3. Do you still smoke cigarettes now? _ U27
   0 no (skip to Question 5)
   1 yes
   9 unknown (skip to Question 5)

4. How many cigarettes do you smoke per day? _ _ _ U28
   * Skip to the next section.

5. How long ago did you stop smoking? (months) _ _ _ U29

XIV. WATER, TEA, AND COFFEE CONSUMPTION (for all adults)

* Ask Questions 2-4 about water, tea, and coffee consumption and record the answers in Table 3.

Table 3. Water, Tea, and Coffee Consumption

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you normally drink it?</td>
<td>How often did you drink it during the past 30 days?</td>
<td>How many cups did you drink per day?</td>
</tr>
<tr>
<td></td>
<td>0 no (skip to next item)</td>
<td>1. almost every day</td>
<td>* A cup is about 240 ml. If unknown, record -9</td>
</tr>
<tr>
<td></td>
<td>1 yes</td>
<td>2. 4-5 times a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 unknown(skip to next item)</td>
<td>3. 2-3 times a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plain/bottled Water</td>
<td>4. no more than once a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>_</td>
<td>5. 2-3 times in the past 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U424</td>
<td>6. only once in the past 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. none in the past 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>_</td>
<td>U425</td>
<td>U426</td>
</tr>
<tr>
<td></td>
<td>U34</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>_</td>
<td>U35</td>
<td>U36</td>
</tr>
<tr>
<td></td>
<td>U37</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>U38a</td>
<td>U39</td>
</tr>
</tbody>
</table>

XV. ALCOHOL CONSUMPTION (for all adults)

1. In 2010, did you drink beer or any other alcoholic beverage? _ U40
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How often did you drink beer or any alcoholic beverage? _ U41
   1 almost every day
   2 3-4 times a week
   3 once or twice a week
   4 once or twice a month
   5 no more than once a month
   9 unknown
* Ask Questions 4-5 about each type of alcohol and record the answers in Table 4.

Table 4. Alcohol Consumption

<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>Beer</td>
<td>0 no</td>
<td>_U42a</td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
<td>1 yes</td>
<td>_U43a</td>
</tr>
<tr>
<td>Liquor</td>
<td>9 unknown</td>
<td>_U44a</td>
</tr>
</tbody>
</table>

* If “no” or “unknown,” skip down to next item. * If “unknown,” record -9.

XVI. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION (for all adults)

1. In 2010, did you drink soft drinks or sugared fruit drinks? _U229
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How often did you drink soft drinks or sugared fruit drinks? _U230
   1 almost every day
   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 5.

Table 5. Soft Drink and Sugared Fruit Drink Consumption

<table>
<thead>
<tr>
<th>Beverage type</th>
<th>Do you drink this beverage in 2010?</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>0 no</td>
<td>_U231</td>
</tr>
<tr>
<td>Non-Chinese brand soft drinks (Coca-Cola, etc.)</td>
<td>1 yes</td>
<td>_U233</td>
</tr>
<tr>
<td>Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)</td>
<td>9 unknown</td>
<td>_U235</td>
</tr>
</tbody>
</table>

* If “no” or “unknown,” skip to next item. * If “unknown,” record -9.

XVII. PHYSICAL ACTIVITIES (for all adults)

1. How many hours each day do you usually sleep, including daytime and nighttime? (hours) _U324

* 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) _ : _U140
   * 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 6.

**Table 6. Transportation to and from Work or School**

<table>
<thead>
<tr>
<th>Transportation method</th>
<th>Do you travel to and from work or school this way?</th>
<th>How long does a round trip take? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>0 no 1 yes 9 unknown</td>
<td></td>
</tr>
<tr>
<td>Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus, subway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car, taxi, motorcycle</td>
<td></td>
<td></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 7.

**Table 7. Physical Activities**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Do you participate in this activity?</th>
<th>How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td>_ U145a</td>
<td>_ : _ U327 _ : _ U328</td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td>_ U149</td>
<td>_ : _ U329 _ : _ U330</td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td>_ U147</td>
<td>_ : _ U331 _ : _ U332</td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td>_ U151a</td>
<td>_ : _ U333 _ : _ U334</td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td>_ U153a</td>
<td>_ : _ U335 _ : _ U336</td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td>_ U155a</td>
<td>_ : _ U337 _ : _ U338</td>
</tr>
</tbody>
</table>

* Ask Questions 11-13 about each activity and record the answers in Table 8.

**Table 8. Sedentary Activities**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Do you participate in this activity?</th>
<th>How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td>_ U339</td>
<td>_ : _ U340 _ : _ U341</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>_ U342</td>
<td>_ : _ U343 _ : _ U344</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>_ U508</td>
<td>_ : _ U509 _ : _ U510</td>
</tr>
<tr>
<td>Video games</td>
<td>_ U345</td>
<td>_ : _ U346 _ : _ U347</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>_ U410</td>
<td>_ : _ U411 _ : _ U412</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>_ U413</td>
<td>_ : _ U414 _ : _ U415</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>_ U416</td>
<td>_ : _ U417 _ : _ U418</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>_ U351</td>
<td>_ : _ U352 _ : _ U353</td>
</tr>
<tr>
<td>Other sedentary activities</td>
<td>_ U351a</td>
<td>_ : _ U352a _ : _ U353a</td>
</tr>
</tbody>
</table>
14. Can you access to the internet?
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

15. Where can you access to the internet?
   (1) internet cafe 0 no 1 yes 9 unknown __U419
   (2) at home 0 no 1 yes 9 unknown __U427
   (3) at friend’s or relative’s home 0 no 1 yes 9 unknown __U428
   (4) in school 0 no 1 yes 9 unknown __U429

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 __U356
   (2) Participate in chat rooms 0 no 1 yes 9 unknown __U357
   (3) Play games 0 no 1 yes 9 unknown __U358
   (4) Other (specify: __________) 0 no 1 yes 9 unknown __U359

XVIII. MEDICAL INSURANCE (for all adults)

1. Do you have medical insurance?
   0 no (skip to Question 8)
   1 yes

2. Which of the following types of medical insurance do you have?
   (0) Commercial medical insurance 0 no 1 yes 9 unknown __M3a_0
   (1) Government (Free) medical insurance 0 no 1 yes 9 unknown __M3a_1
   (2) Urban employee basic medical insurance 0 no 1 yes 9 unknown __M3a_12
   (3) Urban resident basic medical insurance 0 no 1 yes 9 unknown __M3a_13
   (4) Rural newly cooperative basic medical insurance 0 no 1 yes 9 unknown __M3a_14
   (9) Other (specify: __________) 0 no 1 yes 9 unknown __M3a_8

* If more than one type of insurance, ask Questions 3-7 about the primary type (most frequently used).

3. What is your monthly contribution to this insurance? (yuan)? __ M2a
   *If unknown, record -99.

4. Do you buy any supplementary medical insurance?
   0 no (skip to question 6)
   1 Yes

5. What is your monthly contribution to this supplementary medical insurance? __ M2c
   * If unknown, record -99.

6. Does your employer buy any supplementary medical insurance for you?
   0 no (skip to the next section)
   1 Yes
7. What is your monthly contribution to this supplementary medical insurance? _ _ _ M2e
   * If unknown, record -99.

End for those who answered 2-7 and skip to next section.

8. Why do you have no medical insurance? _ M2f
   1 I do not need medical insurance because I am healthy.
   2 It is not worth because insurance reimburses only small amount
      of total medical costs.
   3 The premium is too high for me to afford
   4 Other reasons: __________________________

XIX. 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 _ M23
   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 _ M24b_1
   (2) Diarrhea 0 no 1 yes 9 unknown _ M24b_2
   (2a) Stomachache 0 no 1 yes 9 unknown _ M24b_2a
   (2b) Asthma 0 no 1 yes 9 unknown _ M24b_2b
   (3) Headache, dizziness 0 no 1 yes 9 unknown _ M24b_3
   (4) Joint pain, muscle pain 0 no 1 yes 9 unknown _ M24b_4
   (5) Rash, dermatitis 0 no 1 yes 9 unknown _ M24b_5
   (6) Eye/ear disease 0 no 1 yes 9 unknown _ M24b_6
   (7) Heart disease/ chest pain 0 no 1 yes 9 unknown _ M24b_7
   (8) Other infectious disease 0 no 1 yes 9 unknown _ M24b_8
      (specify: __________)
   (9) Other noncommunicable disease 0 no 1 yes 9 unknown _ M24b_9
      (specify: __________)

* If no symptoms, skip to Question 7. Otherwise, ask Questions 3-14 about the most recent
illness. Then ask Question 15.

3. How severe was the illness or injury? _ M25
   1 not severe
   2 somewhat severe
   3 quite severe

4. For how many days during the past 4 weeks were you unable to carry out __ M26a
   normal activities due to this illness?

5. What did you do when you felt ill? _ M26
   1 self care
   2 saw the local health worker (skip to Question 8)
   3 saw a doctor (clinic, hospital) (skip to Question 8)
   4 did not pay any attention
   9 unknown

6. How much money did you spend on the illness or injury? (yuan) _ _ _ _ M39
   * If insurance covered all expenses, record -888. If “unknown,” record -999.

6a. What percentage of these costs was paid by insurance or may be paid by _ _ _ _ M39a
   insurance? (%)
   * If does not have medical insurance, record -88. If “unknown,” record -99.
7. Did you seek care from a formal medical provider during the past 4 weeks? _ M52
   0 no (skip to Question 15)
   1 yes

8. Where did you see a doctor? _ _ M27b
   01 village clinic
   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
   13 at home
   14 unknown

9. Was it an outpatient or inpatient visit? _ _ M28
   0 outpatient (skip to Question 11)
   1 inpatient

10. For how many days during the past 4 weeks were you or have you been hospitalized? _ _ M29

11. How much did this treatment cost or has this treatment cost so far (including all registration fees, medicines, treatment fees, bed fees, etc.)? (yuan) _ _ _ _ _ M30
    * If insurance covers all expenses, record -8888. If “unknown,” record -9999.

12. What percentage of these costs was paid by insurance or may be paid by insurance? (%) _ _ _ _ _ M31
    * If does not have medical insurance, record -88. If “unknown,” record -99.

13. How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) _ _ _ _ _ M38

14. What was the doctor’s diagnosis of your illness or injury? _ _ M40
    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: __________)
    23 Unknown

15. Did you visit a folk doctor in 2010? _ _ M40a
    0 no
    1 yes
    9 unknown

16. During the past 4 weeks, did you receive any preventive health service, such as health examination, eye examination, blood test, blood pressure screening, tumor screening? _ _ _ _ _ M47
    0 no (skip to the next section)
    1 yes
    9 unknown (skip to the next section)

* If more than one service, ask Questions 17-20 about the one that had the highest cost.
17. **What service did you receive?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>general physical examination</td>
<td>01</td>
</tr>
<tr>
<td>blood test</td>
<td>03</td>
</tr>
<tr>
<td>blood pressure screening</td>
<td>04</td>
</tr>
<tr>
<td>tumor screening</td>
<td>05</td>
</tr>
<tr>
<td>vision or hearing examination</td>
<td>06</td>
</tr>
<tr>
<td>prenatal examination</td>
<td>07</td>
</tr>
<tr>
<td>postnatal examination</td>
<td>08</td>
</tr>
<tr>
<td>gynecological examination</td>
<td>09</td>
</tr>
<tr>
<td>blood pressure screening</td>
<td>08</td>
</tr>
<tr>
<td>tumor screening</td>
<td>10</td>
</tr>
<tr>
<td>unknown</td>
<td>-9</td>
</tr>
</tbody>
</table>

18. **Where did you receive this service?**

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>village clinic</td>
<td>01</td>
</tr>
<tr>
<td>private clinic</td>
<td>02</td>
</tr>
<tr>
<td>work unit clinic</td>
<td>03</td>
</tr>
<tr>
<td>other clinic</td>
<td>04</td>
</tr>
<tr>
<td>town family planning service</td>
<td>05</td>
</tr>
<tr>
<td>town hospital</td>
<td>06</td>
</tr>
<tr>
<td>county maternal and child hospital</td>
<td>07</td>
</tr>
<tr>
<td>city maternal and child hospital</td>
<td>09</td>
</tr>
<tr>
<td>city hospital</td>
<td>10</td>
</tr>
<tr>
<td>worker’s hospital</td>
<td>11</td>
</tr>
<tr>
<td>other hospital</td>
<td>12</td>
</tr>
<tr>
<td>at home</td>
<td>14</td>
</tr>
<tr>
<td>other (specify: __________)</td>
<td>15</td>
</tr>
<tr>
<td>unknown</td>
<td>-9</td>
</tr>
</tbody>
</table>

19. **How much did this service cost? (yuan)**

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

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

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

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

1. **Has a doctor ever told you that you suffer from high blood pressure?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>yes</td>
<td>1</td>
</tr>
<tr>
<td>unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

2. **For how many years have you had it?**


3. **Are you currently taking anti-hypertension drugs?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>yes</td>
<td>1</td>
</tr>
<tr>
<td>unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>0</td>
</tr>
<tr>
<td>yes</td>
<td>1</td>
</tr>
<tr>
<td>unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

5. **How old were you when the doctor told you this? (years)**


6. **Did you use any of these treatment methods?**

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special diet</td>
<td>0</td>
</tr>
<tr>
<td>Weight control</td>
<td>0</td>
</tr>
<tr>
<td>Oral medicine</td>
<td>0</td>
</tr>
<tr>
<td>Injection of insulin</td>
<td>0</td>
</tr>
<tr>
<td>Chinese traditional medicine</td>
<td>0</td>
</tr>
<tr>
<td>Home remedies</td>
<td>0</td>
</tr>
<tr>
<td>Qi Gong (spiritual method)</td>
<td>0</td>
</tr>
</tbody>
</table>
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 stroke or transient ischemic attack?  
   0 no (skip to Question 14)  
   1 yes  
   9 unknown (skip to Question 14)

10. How old were you when you were first diagnosed with stroke or transient ischemic attack? (years)  

11. Do you know what type of stroke you had in the first time?  
    0 No  
    1 Ischemic  
    2 Hemorrhagic

12. Have you had this problem in the past year?  
    0 No  
    1 Yes  
    9 Unknown

13. How old were you when you had this problem the most recent time? (years)  

14. Has a doctor ever given you the diagnosis of cancer?  
    0 No (skip to Question 18)  
    1 Yes  
    9 Unknown (skip to Question 18)

15. How old were you when you were first diagnosed with cancer? (years)  

16. Do you know what type of cancer you suffer from?  
    (1) lung cancer  
       0 no  
       1 yes  
       9 unknown
    (2) stomach cancer  
       0 no  
       1 yes  
       9 unknown
    (3) Hepatic carcinoma  
       0 no  
       1 yes  
       9 unknown
    (4) Esophageal cancer  
       0 no  
       1 yes  
       9 unknown
    (5) colon cancer  
       0 no  
       1 yes  
       9 unknown
    (6) breast cancer  
       0 no  
       1 yes  
       9 unknown
    (7) cervical cancer  
       0 no  
       1 yes  
       9 unknown
    (8) blood/lymph glands cancer  
       0 no  
       1 yes  
       9 unknown
    (9) testes/scrotum cancer  
       0 no  
       1 yes  
       9 unknown
    (10) melanoma  
       0 no  
       1 yes  
       9 unknown
    (11) skin (not melanoma) cancer  
       0 no  
       1 yes  
       9 unknown
    (12) brain cancer  
       0 no  
       1 yes  
       9 unknown
    (13) uterine cancer  
       0 no  
       1 yes  
       9 unknown
    (14) prostate cancer  
       0 no  
       1 yes  
       9 unknown
    (15) bone cancer  
       0 no  
       1 yes  
       9 unknown
    (16) other (please specify)  
       0 no  
       1 yes  
       9 unknown
17. How old were you when you were diagnosed with cancer the most recent time? (years) _ _ _ U24w2

18. Do you have a history of bone fracture? _ U24n
   0 no (skip to Question 21)
   1 yes
   9 unknown (skip to Question 21)

19. How old were you when you had the first bone fracture? (years) _ _ _ U24o

20. How many times has this happened (including the first time)? _ _ _ U24p

21. Has a doctor ever told you that you suffered from asthma? _ U24q
   0 No
   1 Yes
   9 Unknown

22. Have you had wheezing or whistling in the chest in the last 12 months? _ U24r
   0 no (skip to Question 24)
   1 Yes
   9 unknown (skip to Question 24)

23. For how many years have you had it? _ _ _ U24s

24. How do you rate your life at present? _ U420
   1 Very good
   2 Good
   3 OK
   4 Bad
   5 Very bad
   9 Unknown

* Ask Questions 25-26 about psychological wellbeing and record the answers in Table 9.

**Table 9. Psychological wellbeing**

<table>
<thead>
<tr>
<th>25 Statement</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use 1-5 to describe if you strongly disagree, somewhat disagree, neutral, somewhat agree, or strongly agree with this statement?</td>
<td></td>
</tr>
<tr>
<td>I have as much pep as I had in 2010.</td>
<td>1 strongly disagree</td>
</tr>
<tr>
<td>I am as happy now as I was younger.</td>
<td>2 disagree</td>
</tr>
<tr>
<td>As I get older, things are better than I thought they would be.</td>
<td>3 neutral</td>
</tr>
<tr>
<td></td>
<td>4 agree</td>
</tr>
<tr>
<td></td>
<td>5 strongly agree</td>
</tr>
<tr>
<td></td>
<td>9 unknown</td>
</tr>
</tbody>
</table>
XXI. DIET AND ACTIVITY KNOWLEDGE (for all adults)

1. Do you know about the Chinese Pagoda or the Dietary Guidelines for Chinese Residents?
   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 10.

<table>
<thead>
<tr>
<th>Statement</th>
<th></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>
</tr>
<tr>
<td>Eating a lot of sugar is good for one’s health.</td>
<td>U378a</td>
</tr>
<tr>
<td>Eating a variety of foods is good for one’s health.</td>
<td>U379a</td>
</tr>
<tr>
<td>Choosing a diet high in fat is good for one’s health.</td>
<td>U380a</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>
</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>
</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>
</tr>
<tr>
<td>Consuming milk and dairy products is good for one’s health.</td>
<td>U384a</td>
</tr>
<tr>
<td>Consuming beans and bean products is good for one’s health.</td>
<td>U385a</td>
</tr>
<tr>
<td>Physical activities are good for one’s health.</td>
<td>U386a</td>
</tr>
<tr>
<td>Sweaty sports or other intense physical activities are not good for one’s health.</td>
<td>U387a</td>
</tr>
<tr>
<td>The heavier one’s body is, the healthier he or she is.</td>
<td>U388a</td>
</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 11.

<table>
<thead>
<tr>
<th>Food item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast food (KFC, pizza, hamburgers, etc.)</td>
<td>U389a</td>
</tr>
<tr>
<td>Salty snack foods (potato chips, pretzels, French fries, etc.)</td>
<td>U390a</td>
</tr>
<tr>
<td>Fruits</td>
<td>U391a</td>
</tr>
<tr>
<td>Vegetables</td>
<td>U392a</td>
</tr>
<tr>
<td>Soft drinks and sugared fruit drinks</td>
<td>U393a</td>
</tr>
</tbody>
</table>
* Ask the respondent if he or she likes very much, likes somewhat, dislikes somewhat, or dislikes very much each activity in Item 6 and record the answers in Table 12.

**Table 12. Activity Preferences**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>7</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>1 dislike very much</td>
</tr>
<tr>
<td>* 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.</td>
<td>2 dislike</td>
</tr>
<tr>
<td></td>
<td>3 neutral</td>
</tr>
<tr>
<td></td>
<td>4 like</td>
</tr>
<tr>
<td></td>
<td>5 like very much</td>
</tr>
<tr>
<td></td>
<td>9 does not participate</td>
</tr>
<tr>
<td>Walking, Tai Chi</td>
<td>U394a</td>
</tr>
<tr>
<td>Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)</td>
<td>U395a</td>
</tr>
<tr>
<td>Body building</td>
<td>U396a</td>
</tr>
<tr>
<td>Watching TV</td>
<td>U397a</td>
</tr>
<tr>
<td>Playing computer/video games, surfing the internet</td>
<td>U398a</td>
</tr>
<tr>
<td>Reading</td>
<td>U399a</td>
</tr>
</tbody>
</table>

* 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 13.

**Table 13. Priorities**

<table>
<thead>
<tr>
<th>Priority</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>How important is this priority in your life: The most important, very important, important, not very important, or not important at all?</td>
<td>1 not important at all</td>
</tr>
<tr>
<td></td>
<td>2 not very important</td>
</tr>
<tr>
<td></td>
<td>3 important</td>
</tr>
<tr>
<td></td>
<td>4 very important</td>
</tr>
<tr>
<td></td>
<td>5 the most important</td>
</tr>
<tr>
<td></td>
<td>9 unknown</td>
</tr>
<tr>
<td>Having a good income</td>
<td>U405</td>
</tr>
<tr>
<td>Being physically active</td>
<td>U406</td>
</tr>
<tr>
<td>Eating a healthy diet</td>
<td>U407</td>
</tr>
<tr>
<td>Having my child be physically active</td>
<td>U408</td>
</tr>
<tr>
<td>Having my child eat a healthy diet</td>
<td>U409</td>
</tr>
</tbody>
</table>
XXII. MARRIAGE HISTORY (for all women under age 52 who are married, widowed, or divorced)

1. What is your current marital status? _ S1
   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 S2

3. Does your husband ordinarily live at home? _ S3
   0 no
   1 yes

4. In what year and month were you and your most recent husband married? _ _ _ _ year _ _ month S4

5. In what year and month were you most recently widowed or divorced? _ _ _ _ year _ _ month S5

6. Altogether, how many times have you been married? ____ times. _ S35

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

1. Do you have any brothers? _ S215
   0 no (skip to Question 3)
   1 yes

2. How many brothers do you have? _ S216

3. Do you have any sisters? _ S217
   0 no (skip to Question 5)
   1 yes

4. How many sisters do you have? _ S218

5. Does your husband have any brothers? _ S219
   0 no (skip to Question 7)
   1 yes

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

* Ask Questions 2-7 about inter-generational linkages and record the answers in Table 14.

Table 14. Inter-generational Linkages to Parents

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is s/he still alive?</td>
<td>Where does s/he live?</td>
<td>Is s/he over age 50?</td>
<td>Does s/he need to be taken care of (refers to the need for other people’s help in daily life and shopping)?</td>
<td>During the past week, did you help her/him with her/him daily life and shopping?</td>
<td>During the past week, how much time did you spend taking care of her/him?</td>
</tr>
<tr>
<td></td>
<td>0. No (skip to next relative)</td>
<td>1. Same household</td>
<td>0. No</td>
<td>1. Yes</td>
<td>0. No</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>1. Yes</td>
<td>2. Next door or adjacent to household</td>
<td>1. Yes</td>
<td>2. Same neighborhood/village</td>
<td>0. Yes</td>
<td>2. Same neighborhood/village</td>
</tr>
<tr>
<td></td>
<td>2. Same neighborhood/village</td>
<td>3. Outside neighborhood, but same city or county</td>
<td>5. Other city or county</td>
<td>9. Unknown</td>
<td>4. Outside neighborhood, but same city or county</td>
<td>8. Outside neighborhood, but same city or county</td>
</tr>
<tr>
<td>Mother</td>
<td>_ S6</td>
<td>_ S7</td>
<td>_ S10a</td>
<td>_ S11</td>
<td>_ S11a</td>
<td>_ S12</td>
</tr>
<tr>
<td>Father</td>
<td>_ S13</td>
<td>_ S14</td>
<td>_ S17a</td>
<td>_ S18</td>
<td>_ S18a</td>
<td>_ S19</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>_ S20</td>
<td>_ S21</td>
<td>_ S24a</td>
<td>_ S25</td>
<td>_ S25a</td>
<td>_ S26</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>_ S27</td>
<td>_ S28</td>
<td>_ S31a</td>
<td>_ S32</td>
<td>_ S32a</td>
<td>_ S33</td>
</tr>
</tbody>
</table>

XXIV. SIBLINGS/RELATIVES (for all women under age 52 who are married, widowed, or divorced)

1. Do you have any brothers? _ S215
   0 no (skip to Question 3)
   1 yes

2. How many brothers do you have? _ S216

3. Do you have any sisters? _ S217
   0 no (skip to Question 5)
   1 yes

4. How many sisters do you have? _ S218

* Ask Questions 5-8 for currently married women only.
6. How many brothers does your husband have? _ ___ S220

7. Does your husband have any sisters? _ ___ S221
   0 no (skip to the next section)
   1 yes

8. How many sisters does your husband have? _ ___ S222

XXV. PREGNANCY HISTORY (for all women under age 52 who are married, widowed, or divorced)

1. Are you currently pregnant? _ ___ S59
   0 no (skip to Question 3)
   1 yes
   9 unknown (skip to Question 3)

2. For how many months have you been pregnant? _ ___ U57
   * Skip to Question 7

3. Are you using any contraceptive methods? _ ___ S65
   0 no (skip to Question 6)
   1 Yes

4. What method are you using? _ ___ S66
   01 Pill
   02 IUD
   03 Injection
   04 Diaphragm
   05 Condom
   06 Rhythm (skip to Question 7)
   07 Withdrawal (skip to Question 7)
   08 Female sterilization
   09 Male sterilization
   10 Other (specify: __________)

   * If "female sterilization" or "male sterilization," ask Question 5. Otherwise, skip to Question 7.

5. If "female sterilization," when was the operation performed? _ ___ year _ ___ month S68
   _ ___ year _ ___ month
   * Record western calendar, if possible.
   * Skip to Question 7

If "male sterilization," when was the operation performed? _ ___ year _ ___ month S68a
   _ ___ year _ ___ month
   * Record western calendar, if possible.
   * Skip to Question 7

6. What is the reason that you do not use contraceptive methods? _ ___ S71a
   01 want to have a child
   02 one part of the couple is sterile
   03 husband or relatives disapprove
   04 health reason
   05 unacceptable or inaccessible
   06 cost too much
   07 inconvenient to use
   08 infrequent sex
   09 husband not living at home
   10 husband deceased or divorced
   11 fatalistic attitude
   12 other (specify: __________)

7. From January 2006 to the present, how many times have you been pregnant, including the _ ___ S109a
   current pregnancy if currently pregnant?
   * If “none,” skip to the next section.

   * Ask Questions 10-19 about each pregnancy since January 2009 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 2009, skip to the next section.
**Table 15. Pregnancy History: January 2006 to Present**

<table>
<thead>
<tr>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Pregnancy number</td>
<td>9 When did this pregnancy end? (year, month, day)</td>
<td>10 How did this pregnancy end?</td>
<td>11 What was this child’s sex?</td>
<td>12 Is this child still alive?</td>
<td>13 What is this child’s name?</td>
<td>14 Did you ever breastfeed this child?</td>
</tr>
<tr>
<td>S113b</td>
<td>S113a</td>
<td>S114</td>
<td>S114a</td>
<td>S114c</td>
<td>S114f</td>
<td>S116a</td>
<td>S117</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

*Ask Questions 16-17 about the most recent pregnancy (excluding the current one).

16. Did you have prenatal care during this pregnancy?  
   - No (skip to the next section)  
   - Yes

17. How many prenatal examinations did you have altogether?  

**XXVII. 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?  
   - No (skip to the next section)  
   - Yes, whether this child is a girl or a boy  
   - Yes, but only if this child is a girl  
   - 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?  
   - No (skip to the next section)  
   - 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?  
   - No (skip to the next section)  
   - Yes

6. If you could choose the number of children to have, how many more children would you want to have?
XXVII. 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 2009. 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.
* Ask Questions 2-10 about every child the woman has given birth to (including those who died and those born since January 2009), 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 16. Birth History

<table>
<thead>
<tr>
<th>Birth order</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>years months</td>
</tr>
</tbody>
</table>
XXVIII. 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. What is this child’s name? __________
   * Record the child’s line number.

2. Do you think your child is underweight, normal, or overweight?
   1. underweight
   2. normal
   3. overweight

3. Was your child on a diet in 2010? “On a diet” means changing one’s normal eating habits to lose or gain weight.
   0. no
   1. yes, on a diet to lose weight
   2. yes, on a diet to gain weight

4. Did you encourage your child to lose or gain weight through dieting?
   0. no
   1. 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.
   1. too little
   2. just the right amount
   3. too much
   4. unknown

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

7. When watching TV in the evenings, who normally gets to choose TV programs/Channels?
   1. Dad, i.e., your husband
   2. Mom, i.e., you
   3. child(ren)
   4. parents or other adults together
   5. child(ren) and parents together
   6. others

8. Does your family often watch TV together?
   0. none
   1. Sometimes (≤2 times/wk)
   2. Often (3-4 times/wk)
   3. Usually (>5 times/wk)
   4. unknown

9. 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 11)
   1. Sometimes (≤2 times/wk)
   2. Often (3-4 times/wk)
   3. Usually (>5 times/wk)
   4. unknown

10. Do you buy them for your child?
    0. no
    1. Sometimes (≤2 times/wk)
    2. Often (3-4 times/wk)
    3. Usually (>5 times/wk)
    4. unknown

11. 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 times/wk)
    2. Often (3-4 times/wk)
    3. Usually (>5 times/wk)
    4. unknown
XXIX. EATING DISORDER (for women 35 years old and younger)

1. Do you make yourself Sick because you feel uncomfortably full?           _Z1
   0   No
   1   Yes

2. Do you worry that you have lost Control over how much you eat?           _Z2
   0   No
   1   Yes

3. Have you recently lost more than 6.35 kg (12.7 jin) in a 3-month period? _Z3
   0   No
   1   Yes

4. Do you believe yourself to be Fat when others say you are too thin?     _Z4
   0   No
   1   Yes

5. Would you say that Food dominates your life?                            _Z5
   0   No
   1   Yes

* Ask the respondent about her dietary behaviors in past 4 weeks (28 days) and record in Table 17.

<table>
<thead>
<tr>
<th>Dietary Behaviors</th>
<th>0 no</th>
<th>1 1-5 days</th>
<th>2 6-12 days</th>
<th>3 13-15 days</th>
<th>4 16-22 days</th>
<th>5 23-27 days</th>
<th>6 daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z6</td>
</tr>
<tr>
<td>Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z7</td>
</tr>
<tr>
<td>Have you tried to avoid eating any foods which you like in order to influence your shape or weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z8</td>
</tr>
<tr>
<td>Have you tried to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z9</td>
</tr>
<tr>
<td>Have you wanted your stomach to be empty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z10</td>
</tr>
<tr>
<td>Have you felt fat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z11</td>
</tr>
<tr>
<td>Have you had a strong desire to lose weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_Z12</td>
</tr>
</tbody>
</table>
XXX. 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, use the same date of birth 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 1. If the information on this page does not match that on cover and page 1, you may
have the wrong person. You must resolve this problem before recording physical measurements.

* Items 5-11 should be measured by a physician, nurse, health worker or other health
professional.

5. Blood pressure (mmHg):
   (1) ___________ (Systolic)/ ___________ (Diastolic)  _ _ _ / _ _ _ _ _ _ U4
   (2) ___________ (Systolic)/ ___________ (Diastolic)  _ _ _ / _ _ _ _ _ _ U5
   (3) ___________ (Systolic)/ ___________ (Diastolic)  _ _ _ / _ _ _ _ _ _ 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