Province 21 Liaoning 23 Heilongjiang 32 Jiangsu 37 Shandong 41 Henan T1
42 Hubei 43 Hunan 45 Guangxi 52 Guizhou

Urban Site: 1

City: ________________
1 First city
2 Second city

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)

Rural Site: 2

County: ________________ T2
1 First county
2 Second county
3 Third county
4 Fourth county

Village (Town): ________________ T3
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

Name of Child: ________________ Line Number: ___________ A1
Name of Respondent: ________________ Line Number: ___________ T6a

Telephone Number: ________________

Interview Date: ____________ T7
Completion Evaluation: 1 Good 2 OK 3 Poor

Interviewer Name: ________________ Number: ___________ T6c
Supervisor Name: ________________ Number: ___________ T6d
The Child questionnaire should be completed for all children through age 17.99. Persons age 18 and older should complete the Adult questionnaire. A parent should answer all questions for children under age 10. The Child questionnaire includes the following sections:

DEMOGRAPHICS
I Background demographics (for all children) ................................................................. 1

WORK ACTIVITIES
II Work status (for children who are not in school) ............................................................ 2
III Primary occupation and wages (for children who work) ............................................... 2
IV Secondary occupation and wages (for children who work) ........................................... 4
V Home gardening (for children age 6 and older) ............................................................... 5
VI Collective and household farming (for children age 6 and older) ............................... 5
VII Raising livestock/poultry (for children age 6 and older) ........................................... 6
VIII Collective and household fishing (for children age 6 and older) ............................... 6
IX Small handicraft and small commercial household business (for children age 6 and older) ... 7
X Other sources of income (for children who work) .......................................................... 8

HOUSEHOLD CHORES AND CHILD CARE
XI Time allocation for home activities (for children age 6 and older) ................................ 8
XII Care of other children age 6 and younger (for children age 6 and older) ...................... 8
XIII Child care outside the home (for children age 6 and younger) .................................. 9

TOBACCO, TEA, WATER, CAFFEE, ALCOHOL, AND SOFT DRINK CONSUMPTION
XIV Smoking (for children age 12 and older) .................................................................... 9
XV Water, tea, and coffee consumption (for children age 12 and older) ............................. 10
XVI Alcohol consumption (for children age 12 and older) ................................................ 10
XVII Soft drink and sugared fruit drink consumption (for children age 6 and older) ......... 11

PHYSICAL ACTIVITIES
XVIII Physical activities (for children under age 6) ........................................................... 12
XIX Physical activities (for children age 6 and older who are in school) ............................ 12
XX Physical activities (for children age 6 and older who are not in school) ...................... 13

BODY SHAPE AND MASS MEDIA
XXI Body shape and mass media (for children age 6 and older) ........................................ 17

DIET AND ACTIVITY KNOWLEDGE
XXII Diet and activity knowledge (for children age 12 and older) ...................................... 19

USE OF HEALTH SERVICES
XXIII Medical insurance (for all children) .......................................................................... 20
XXIV Use of health care and medical services (for all children) ......................................... 21

HEALTH STATUS
XXV First menstruation (for girls age 9 and older) ............................................................ 23
XXVI Disease history (for children age 12 and older) ......................................................... 24
XXVII Eating Disorders (for girls age 12 and older) .......................................................... 25
XXVIII Physical measurements (for all children) ............................................................... 26
I. BACKGROUND DEMOGRAPHICS (for all children)

1. Date of birth: ____ year ____ month ____ day ______________________ AA3a
   * Record western calendar, and if possible, use the same date of birth in household questionnaire.

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

3. Age (years): __________  * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, etc. A3a

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? __________  * Record the father’s line number. A5b

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? __________  * Record the mother’s line number. A5d

11. To which type of household registration do you belong? A8b1
    1 urban
    2 rural

* If age 6 or older, ask Questions 12-16. Otherwise, skip to Section XIII.

12. How many years of formal education have you completed in a regular school? A11
    00 no school completed
    11 1 year primary school
    12 2 years primary school
    13 3 years primary school
    14 4 years primary school
    15 5 years primary school
    16 6 years primary school
    21 1 year lower middle school
    22 2 years lower middle school
    23 3 years lower middle school
    24 1 year upper middle school
    25 2 years upper middle school
    26 3 years upper middle school
    27 1 year technical school
    28 2 years technical school
    29 3 years technical school
    31 1 year college/university
    32 2 years college/university
    33 3 years college/university
    34 4 years college/university
    35 5 years college/university
    36 6 years college/university or more
    37 7 years college/university or more
    99 unknown

13. Are you currently in school? A13
    0 no (skip to the next section)
    1 yes

1
14. During the school semester, do you live away from home in or near school?  
   _ A13a  
   0 no (skip to section V)  
   1 yes

15. Do you go home for each the weekend?  
   _ A13b  
   0 no  
   1 yes

16. How old were you when you first lived away from home at school?  
   _ _ A13c  
   * Skip to Section V.

II. WORK STATUS (for children who are not in school)

1. Are you presently working?  
   _ _ B2  
   0 no  
   1 yes (skip to Question 3)

2. Why are you not working?  
   _ _ B2a  
   1 seeking work  
   2 doing housework  
   3 disabled  
   6 other (specify: __________)  
   9 unknown  
   * Skip to Section V.

3. Did you change your job after 2006?  
   _ _ B3b  
   0 no  
   1 yes

III. PRIMARY OCCUPATION AND WAGES (for children 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?  
   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?  
   01 government department  
   02 state service/institute  
   03 state-owned enterprise  
   04 small collective enterprise (such as township-owned)  
   05 large collective enterprise (such as owned by county, city, province)  
   06 family contract farming  
   07 private, individual enterprise  
   08 three-capital enterprise (owned by foreigners, overseas Chinese and joint venture)  
   09 other (specify: __________)  
   -9 unknown  

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

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

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

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

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

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

10. On the average, what was your monthly wage/salary in 2010, including subsidies? (yuan)  
   (skip to the next section)  

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

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

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

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

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

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

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

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

7. Were you paid a regular wage in 2010?  
   0 no (skip to the next section)  
   1 yes

8. On the average, what was your monthly wage/salary in 2010, including subsidies? (yuan)  
   * 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)?  
   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)  
    * If “unknown,” record -9999.
V. HOME GARDENING (for children age 6 and older)
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 children age 6 and older)
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 children age 6 and older)

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  

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

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

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

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

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

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

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

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

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

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for children age 6 and older)

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  

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

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

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

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

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

8. Did you receive fish or other goods from the collective 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)  
* 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 children age 6 and older)  
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>
<thead>
<tr>
<th>2 Business number</th>
<th>3 Business type</th>
<th>4 Did you work in this business in 2010?</th>
<th>5 In 2010, for how many months did you work in this business?</th>
<th>6 For how many days in a week, on the average, did you work?</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>H5a</td>
<td>H6</td>
<td>H7</td>
<td>H8</td>
<td>H9</td>
<td></td>
</tr>
<tr>
<td>1 Commerce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Manufacturing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Peddler</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Construction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Other (specify:__)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
X. OTHER SOURCES OF INCOME (for children who work)

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?  
   _ _ _ _ _ _ _ _ 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?  
   _ _ _ _ _ _ _ _ I103

XI. TIME ALLOCATION FOR HOME ACTIVITIES (for children age 6 and older)

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

Table 2. Home Activities (Household Chores)

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>During the past week, did you do this chore?</th>
<th>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 OTHER CHILDREN AGE 6 AND YOUNGER (for children age 6 and older)

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.  
   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ K13

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.  
   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ K13c
XIII. CHILD CARE OUTSIDE THE HOME (for children age 6 and younger)

1. During the past week, were you taken care of by people who do not live in your household?  
   0 no (skip to Question 4)  
   1 yes  
   9 unknown (skip to Question 4)

2. Where did the care take place?  
   (1) In your home  
   (2) In the home of your paternal grandparents  
   (3) In the home of your maternal grandparents  
   (4) In the home of other relatives  
   (5) In the home of neighbors  
   (6) In a neighborhood or private child care center  
   (7) In a state child care center  
   (8) In a child care center run by a work unit  
   (9) At a preschool managed by a primary school  
   (10) At a nursery school  
   (11) Other (specify: __________)  

3. During the past week, for how many hours were you taken care of by people who do not live in your household? (hours)  
   * If does not know the exact time, record -99.

4. For how many days in a typical week are you taken care of by people who do not live in your household? (days)  
   * If does not know the exact time, record 9.

5. For how many hours in a typical day are you taken care of by people who do not live in your household? (hours)  
   * If for the entire day, record 24 hours. If does not know the exact time, record -9.

XIV. SMOKING (for children age 12 and older)

1. Have you ever smoked cigarettes (including hand-rolled or device-rolled)?  
   0 never smoked (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)

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

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

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

5. How long ago did you stop smoking? (months)  
XV. WATER, TEA, AND COFFEE CONSUMPTION (for all children age 12 and older)

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

<table>
<thead>
<tr>
<th>Table 3. Water, Tea, and Coffee Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you normally drink it?</td>
</tr>
<tr>
<td>0 no (skip to next item)</td>
</tr>
<tr>
<td>1 yes</td>
</tr>
<tr>
<td>9 unknown (skip to next item)</td>
</tr>
<tr>
<td>4. no more than once a week</td>
</tr>
<tr>
<td>6. none in the past 30 days</td>
</tr>
<tr>
<td>9. unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many cups did you drink per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many cups did you drink per day?</td>
</tr>
</tbody>
</table>

* A cup is about 240 ml. If unknown, record -9.

Plain/bottled Water | _ | U424 | _ | U425 | _ | U426 |
Tea | _ | U34 | _ | U35 | _ | U36 |
Coffee | _ | U37 | _ | U38a | _ | U39 |

XVI. ALCOHOL CONSUMPTION (for children age 12 and older)

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

2. How often did you drink beer or any alcoholic beverage?  
   1 almost every day  
   2 3-4 times a week  
   3 once or twice a week  
   4 once or twice a month  
   5 no more than once a month  
   9 unknown

* Ask Questions 4-5 about each type of alcohol and record the answers in Table 4.

<table>
<thead>
<tr>
<th>Table 4. Alcohol Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol type</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Beer</td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
</tr>
<tr>
<td>Liquor</td>
</tr>
</tbody>
</table>
1. In 2010, did you drink soft drinks or sugared fruit drinks?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)

2. How often did you drink soft drinks or sugared fruit drinks?  
   1 almost every day  
   2 3-4 times a week  
   3 once or twice a week  
   4 once or twice a month  
   5 no more than once a month  
   9 unknown

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

Table 5. Soft Drink and Sugared Fruit Drink Consumption

<table>
<thead>
<tr>
<th>Beverage type</th>
<th>Do you drink this beverage?</th>
<th>How much do you drink each week? (liters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese brand soft drinks (Wahaha Feichang Kele, etc)</td>
<td>_ U231</td>
<td>_ . _ U232</td>
</tr>
<tr>
<td>Non-Chinese brand soft drinks (Coca-Cola, etc.)</td>
<td>_ U233</td>
<td>_ . _ U234</td>
</tr>
<tr>
<td>Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)</td>
<td>_ U235</td>
<td>_ . _ U236</td>
</tr>
</tbody>
</table>
XVIII. PHYSICAL ACTIVITIES (for children under age 6)

1. How many hours each day do you usually sleep, including daytime and nighttime? __ U237
   (hours)

2. Usually, do you do any physical exercises (e.g., running, using playground equipment, playing soccer or other sports) in preschool facilities, athletic schools, or at home?
   0 no (skip to Table 5)
   1 Yes
   9 unknown (skip to Table 5)

3. How many hours do you spend doing physical exercises each week? __ U91
   * Ask Questions 5-7 about each activity and record the answers in Table 6.

---

Table 6. Sedentary Activities for Children Under Age 6

<table>
<thead>
<tr>
<th>Activity type</th>
<th>7</th>
<th>8/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td>_U92a</td>
<td></td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>_U92b</td>
<td></td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>_U511</td>
<td></td>
</tr>
<tr>
<td>Video games</td>
<td>_U92c</td>
<td></td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>_U410</td>
<td></td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>_U413</td>
<td></td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>_U416</td>
<td></td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>_U94</td>
<td></td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td>_U96a</td>
<td></td>
</tr>
</tbody>
</table>

---

XX. PHYSICAL ACTIVITIES (for children age 6 and older who are in school)

1. How many hours each day do you usually sleep, including daytime and nighttime? __ U251
   (hours)

2. Do you participate in any physical exercises before or after school or on the weekend, including relatively intense physical exercises, such as volleyball, soccer, badminton, and long distance running?
   0 no (skip to Table 7)
   1 Yes
   9 unknown (skip to Table 7)

3. How many times do you participate in any physical exercises before or after school or on the weekend each week? __ U99a

4. On average, for how long do you participate in these physical exercises each time? (hours:minutes).
   * If “unknown,” record -9:99
* Ask Questions 6-8 about each activity and record the answers in Table 7.

**Table 7. Physical Activities for Children Age 6 and Older Who Are in School: Activities Before or After School or on the Weekend**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>6</th>
<th>7/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you participate in this activity before or after school or on the weekend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 no 1 yes 9 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td>U216a</td>
<td>_ : _ U252</td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td>U100a</td>
<td>_ : _ U254</td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td>U104a</td>
<td>_ : _ U256</td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td>U217a</td>
<td>_ : _ U258</td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td>U218a</td>
<td>_ : _ U260</td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td>U219a</td>
<td>_ : _ U262</td>
</tr>
</tbody>
</table>

* Ask Questions 10-12 about each activity and record the answers in Table 8.

**Table 8. Sedentary Activities for Children Age 6 and Older Who Are in School: Activities Before or After School or on the Weekend**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>9</th>
<th>10</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you participate in this activity before or after school or on the weekend?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 no 1 yes 9 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>U118a</td>
<td>_ _ : _ _ U264</td>
<td>_ _ : _ _ U265</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>U118b</td>
<td>_ _ : _ _ U266</td>
<td>_ _ : _ _ U267</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>U514</td>
<td>_ _ : _ _ U515</td>
<td>_ _ : _ _ U516</td>
</tr>
<tr>
<td>Video games</td>
<td>U118c</td>
<td>_ _ : _ _ U268</td>
<td>_ _ : _ _ U269</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>U427</td>
<td>_ _ : _ _ U428</td>
<td>_ _ : _ _ U429</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>U430</td>
<td>_ _ : _ _ U431</td>
<td>_ _ : _ _ U432</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>U433</td>
<td>_ _ : _ _ U434</td>
<td>_ _ : _ _ U435</td>
</tr>
<tr>
<td>Doing homework</td>
<td>U220a</td>
<td>_ _ : _ _ U273</td>
<td>_ _ : _ _ U274</td>
</tr>
<tr>
<td>Extracurricular reading (books, newspapers and magazines), writing, drawing</td>
<td>U120a</td>
<td>_ _ : _ _ U275</td>
<td>_ _ : _ _ U276</td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td>U122a</td>
<td>_ _ : _ _ U277</td>
<td>_ _ : _ _ U278</td>
</tr>
</tbody>
</table>
13. Can you access to the internet?
   0  no (skip to Question 17)
   1  Yes
   9  unknown (skip to Question 17)

14. Where can you access to the internet?
   (1) internet cafe       0 no  1 yes  9 unknown _ U279a
   (2) at home            0 no  1 yes  9 unknown _ U436
   (3) at friend’s or relative’s home 0 no  1 yes  9 unknown _ U455
   (4) in school          0 no  1 yes  9 unknown _ U456

15. Do you ever go to an internet café?
   0  no (skip to Question 17)
   1  Yes
   9  unknown (skip to Question 17)

16. Which of these things do you usually do at an internet café?
   (1) Surf the internet  0 no  1 yes  9 unknown _ U280
   (2) Participate in chat rooms 0 no  1 yes  9 unknown _ U281
   (3) Play games        0 no  1 yes  9 unknown _ U282
   (4) Other (specify: __________) 0 no  1 yes  9 unknown _ U283

17. Do you have any physical exercise class in school?
   0  no (skip to Table 9)
   1  Yes
   9  unknown (skip to Table 9)

18. How many times do you participate in physical exercises in school (in class or at recess) each week?  _ _ U108

19. On average, for how long do you participate in these physical exercises each time? (hours:minutes) _ _ _ _ U109

* Ask Questions 20-22 about each activity and record the answers in Table 9.

Table 9. Physical Activities for Children Age 6 and Older Who Are in School: Activities in School

<table>
<thead>
<tr>
<th>Activity type</th>
<th>21</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Activity type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Do you participate in this activity in school?    |    |    |
| 0  no  1 yes  9 unknown * If “no” or “unknown,” skip down to next item |    |    |

| How much time do you spend each week? (hours:minutes) |    |    |
* Ask Questions 24-25 about each transportation type and record the answers in Table 10.

Table 10.  Transportation To and From School for Children Age 6 and Older Who Are in School

<table>
<thead>
<tr>
<th>Transportation method</th>
<th>23 Do you travel to and from school this way?</th>
<th>24 How long does a round trip take? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “unknown,” record -9:99.</td>
</tr>
<tr>
<td>Walk</td>
<td>U128</td>
<td>__ : __ U129</td>
</tr>
<tr>
<td>Bicycle ([pedaled])</td>
<td>U126a</td>
<td>__ : __ U127a</td>
</tr>
<tr>
<td>Bicycle (passenger)</td>
<td>U126b</td>
<td>__ : __ U127b</td>
</tr>
<tr>
<td>Bus, subway</td>
<td>U124</td>
<td>__ : __ U125</td>
</tr>
<tr>
<td>Car, taxi, motorcycle</td>
<td>U289</td>
<td>__ : __ U290</td>
</tr>
</tbody>
</table>

XX. PHYSICAL ACTIVITIES (for children age 6 and older who are not in school)

1. How many hours each day do you usually sleep, including daytime and nighttime? _ _ U291 (hours)

2. Do you participate in any physical exercises or outdoor games?
   0 no (skip to Table 11)
   1 yes
   9 unknown (skip to Table 11)

3. How many times do you participate in any physical exercises or outdoor games each week? * If does not participate in these activities, record 00. If “unknown,” record -9.

4. On average, for how long do you participate in these physical exercises each time? (hours:minutes)

* Ask Questions 6-8 about each activity and record the answers in Table 11.

Table 11.  Physical Activities for Children Age 6 and Older Who Are Not in School

<table>
<thead>
<tr>
<th>5 Activity type</th>
<th>6 Do you participate in this activity before or after school or on the weekend?</th>
<th>7/8 How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “unknown,” record -9:99.</td>
</tr>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td>U225a</td>
<td>__ : __ U293</td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td>U131</td>
<td>__ : __ U295</td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td>U133</td>
<td>__ : __ U297</td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td>U226a</td>
<td>__ : __ U299</td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td>U227a</td>
<td>__ : __ U301</td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td>U228a</td>
<td>__ : __ U303</td>
</tr>
</tbody>
</table>
* Ask Questions 10-12 about each activity and record the answers in Table 12.

### Table 12. Sedentary Activities For Children Age 6 and Older Who Are Not in School

<table>
<thead>
<tr>
<th>Activity type</th>
<th>0 no</th>
<th>1 yes</th>
<th>9 unknown</th>
<th>Monday - Friday</th>
<th>Saturday - Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td></td>
<td></td>
<td></td>
<td>__ U134a</td>
<td>_ _ : _ _ U305 _ _ : _ _ U306</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td></td>
<td></td>
<td></td>
<td>__ U134b</td>
<td>_ _ : _ _ U307 _ _ : _ _ U308</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td></td>
<td></td>
<td></td>
<td>__ U517</td>
<td>_ _ : _ _ U518 _ _ : _ _ U519</td>
</tr>
<tr>
<td>Video games</td>
<td></td>
<td></td>
<td></td>
<td>__ U134c</td>
<td>_ _ : _ _ U309 _ _ : _ _ U310</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td></td>
<td></td>
<td></td>
<td>__ U437</td>
<td>_ _ : _ _ U438 _ _ : _ _ U439</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td></td>
<td></td>
<td></td>
<td>__ U440</td>
<td>_ _ : _ _ U441 _ _ : _ _ U442</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td></td>
<td></td>
<td></td>
<td>__ U443</td>
<td>_ _ : _ _ U444 _ _ : _ _ U445</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td></td>
<td></td>
<td></td>
<td>__ U136</td>
<td>_ _ : _ _ U314 _ _ : _ _ U315</td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td></td>
<td></td>
<td></td>
<td>__ U138a</td>
<td>_ _ : _ _ U316 _ _ : _ _ U317</td>
</tr>
</tbody>
</table>

13. Can you access the internet?
   - 0 no (skip to the next section)
   - 1 Yes
   - 9 unknown (skip to the next section)

14. Where can you access the internet?
   - (1) internet cafe 0 no 1 yes 9 unknown __ U446
   - (2) at home 0 no 1 yes 9 unknown __ U458
   - (3) at friend’s or relative’s home 0 no 1 yes 9 unknown __ U459
   - (4) in school 0 no 1 yes 9 unknown __ U460

15. Do you ever go to an internet cafe?
   - 0 no (skip to the next section)
   - 1 yes
   - 9 unknown (skip to the next section)

16. Which of these things do you usually do at an internet café?
   - (1) Surf the internet 0 no 1 yes 9 unknown __ U320
   - (2) Participate in chat rooms 0 no 1 yes 9 unknown __ U321
   - (3) Play games 0 no 1 yes 9 unknown __ U322
   - (4) Other (specify: ____________) 0 no 1 yes 9 unknown __ U323
XXI. BODY SHAPE AND MASS MEDIA (for children age 6 and older)

1. Look at these body shape pictures. Which one looks most like you?  
   * Shuffle all pictures first. Then show them to the child and ask him/her to choose one.  
   Record the number from the back of the picture.

2. Look at these pictures again. Which one do you want your body to look like?  
   * Collect all pictures, shuffle, and show them to the child. Ask him/her to choose one.  
   Record the number from the back of the picture.

3. Look at these pictures again. Which one do you think is the most healthy?  
   * Collect all pictures, shuffle, and show them to the child. Ask him/her to choose one.  
   Record the number from the back of the picture.

4. During the past 3 months, how many times have you eaten at a Western fast food  
   restaurant, such as McDonald’s or Kentucky Fried Chicken?  

5. Do you think you are now underweight, normal or overweight?  
   1 underweight  3 overweight  
   2 normal  9 unknown

6. Were you on a diet in 2010? “On a diet” means changing your normal eating  
   habits to lose or gain weight.  
   0 no  2 yes, on a diet to lose weight  
   1 yes, on a diet to gain weight  9 unknown

7. Do you think you have 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  3 too much  
   2 just the right amount  9 unknown

8. Does your family ever ask you to engage in more physical activity, less physical  
   activity, or don’t they care?  
   0 no, don’t care  2 yes, less  
   1 yes, more  9 unknown

9. Do you have a TV (in working order) at home?  
   0 no (skip to the next section)  
   1 yes

10. Do you have a TV (in working order) in your bedroom?  
    0 no  
    1 yes

11. How many days per week do you watch TV with one or both of your parents?  
    0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)  
    1 Seldom (1-3 times/month)  4 very often (≥ 5times/wk)  
    2 Sometimes(1-2 times/wk)  9 unknown

12. How often do your parents tell you that something you’ve seen somebody do on TV  
    is not OK?  
    0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)  
    1 Seldom (1-3 times/month)  4 very often (≥ 5times/wk)  
    2 Sometimes(1-2 times/wk)  9 unknown

13. How often do your parents tell you that something on TV is not real?  
    0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)  
    1 Seldom (1-3 times/month)  4 very often (≥ 5times/wk)  
    2 Sometimes(1-2 times/wk)  9 unknown
14. Does your family have rules about how long you can watch TV?
   _ U206c
   0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
   1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
   2 Sometimes(1-2 times/wk)       9 unknown

15. Does your family have rules about what kinds of TV shows you can watch?
   _ U206d
   0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
   1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
   2 Sometimes(1-2 times/wk)       9 unknown

16. Which TV programs do you like best?
   Second best?
   _ U209
   _ U210
   0 no preference
   1 sports
   2 pop music (such as MTV), popular or non-traditional dance
   3 drama
   4 news
   5 economy/geography/history/politics
   6 TV series/movies
   7 cartoons

17. Do you eat snacks while watching TV?
   _ U371a
   0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
   1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
   2 Sometimes(1-2 times/wk)       9 unknown

18. Do you watch TV when you are eating a meal?
   _ U372a
   0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
   1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
   2 Sometimes(1-2 times/wk)       9 unknown

19. Do you ask your parents to buy the kind of food or drinks you see on TV commercials?
   _ U213b
   0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
   1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
   2 Sometimes(1-2 times/wk)       9 unknown

20. Do your parents buy them for you?
    _ U214c
    0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
    1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
    2 Sometimes(1-2 times/wk)       9 unknown

21. Do you buy for yourself the kind of food or drinks you see on TV commercials?
    _ U373a
    0 very seldom (< 1 times/month)  3 Often (3-4 times/wk)
    1 Seldom (1-3 times/month)        4 very often (≥ 5times/wk)
    2 Sometimes(1-2 times/wk)       9 unknown
XXII. DIET AND ACTIVITY KNOWLEDGE (for children age 12 and older)

1. Do you know about the Chinese Pagoda or the Dietary Guidelines for Chinese Residents?
   - [ ] no
   - [x] yes

* Ask the respondent if he or she strongly agrees, somewhat agrees, neutral, somewhat disagrees or strongly disagrees with each statement in Item 2 and record the answers in Table 13.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 strongly disagree</th>
<th>2 disagree</th>
<th>3 neutral</th>
<th>4 agree</th>
<th>5 strongly agree</th>
<th>9 unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choosing a diet with a lot of fresh fruits and vegetables is good for one’s health.</td>
<td>U377a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating a lot of sugar is good for one’s health.</td>
<td>U378a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating a variety of foods is good for one’s health.</td>
<td>U379a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choosing a diet high in fat is good for one’s health.</td>
<td>U380a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choosing a diet with a lot of staple foods [rice and rice products and wheat and wheat products] is not good for one’s health.</td>
<td>U381a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consuming milk and dairy products is good for one’s health.</td>
<td>U384a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consuming beans and bean products is good for one’s health.</td>
<td>U385a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activities are good for one’s health.</td>
<td>U386a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweaty sports or other intense physical activities are not good for one’s health.</td>
<td>U387a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The heavier one’s body is, the healthier he or she is.</td>
<td>U388a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 14.

<table>
<thead>
<tr>
<th>Food item</th>
<th>1 dislike very much</th>
<th>2 dislike</th>
<th>3 neutral</th>
<th>4 like</th>
<th>5 like very much</th>
<th>9 does not eat this food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast food (KFC, pizza, hamburgers, etc.)</td>
<td>U389a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>U389a</td>
</tr>
<tr>
<td>Salty snack foods (potato chips, pretzels, French fries, etc.)</td>
<td>U390a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>U390a</td>
</tr>
<tr>
<td>Fruits</td>
<td>U391a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>U391a</td>
</tr>
<tr>
<td>Vegetables</td>
<td>U392a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>U392a</td>
</tr>
<tr>
<td>Soft drinks and sugared fruit drinks</td>
<td>U393a</td>
<td></td>
<td></td>
<td></td>
<td></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 15.

**Table 15. Activity Preferences**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Activity type</td>
<td>1 dislike very much</td>
</tr>
<tr>
<td>Please use 1-5 to describe how much you like to participate in this activity: dislike very much, dislike, neutral, like, or like very much.</td>
<td>2 dislike</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>3 neutral</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 if he or she cares about each priority in Item 8 always, often, sometimes, or never and record the answers in Table 16.

**Table 16. Priorities**

<table>
<thead>
<tr>
<th>8 Priorities</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use 1-4 to describe how often do you care about this priority: never, sometimes, often, or usually?</td>
<td></td>
</tr>
<tr>
<td>Being praised by parents</td>
<td>_U401</td>
</tr>
<tr>
<td>Being liked by friends</td>
<td>_U402</td>
</tr>
<tr>
<td>Looking modern</td>
<td>_U403</td>
</tr>
<tr>
<td>Getting good grades in school</td>
<td>_U404</td>
</tr>
</tbody>
</table>

**XXIII. MEDICAL INSURANCE** (for all children)

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

2. Which of the following types of medical insurance do you have?

   (0) Commercial 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 _ M2b

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 _ M2d

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:____________________________

XXIV. USE OF HEALTH CARE AND MEDICAL SERVICES (for all children)

1. During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease?
   0 No
   1 Yes
   9 Unknown

2. Did you have any of these symptoms during the past 4 weeks (including today)?
   (1) Fever, sore throat, cough 0 no 1 yes 9 unknown _ 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 normal activities due to this illness?  

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

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

6a. What percentage of these costs was paid by insurance or may be paid by insurance? (%)  
   * If does not have medical insurance, record -88. If “unknown,” record -99.

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

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

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

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

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

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

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

14. What was the doctor’s diagnosis of your illness or injury?  
    00 no diagnosis  
    01 infectious/parasitic disease  
    02 heart disease  
    03 tumor  
    04 respiratory disease  
    05 injury  
    06 alcohol poisoning  
    07 endocrine disorder  
    08 hematological disease  
    09 mental/psychiatric disorder  
    10 mental retardation  
    11 neurological disorder  
    12 eye/ear/nose/throat/teeth disease  
    13 digestive disease  
    14 urinary disease  
    16 obstetrical/gynecological disease  
    17 neonatal disease  
    18 dermatological disease  
    19 muscular/rheumatological disease  
    20 genetic disease  
    22 other (specify: __________)  
    9 unknown
15. Did you visit a folk doctor in 2010?  
   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?  
   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?  
   01 general physical examination  
   02 child health examination  
   03 blood test  
   06 vision or hearing examination  
   10 other (specify: __________)  
   -9 unknown  

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

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.

XXV. FIRST MENSTRUATION (for girls age 8 and older)  
1. Have you ever menstruated?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)  

2. At what age did you first menstruate? (years) __________  
XXVI. DISEASE HISTORY (for children age 12 and older)

1. Has a doctor ever told you that you suffer from high blood pressure? __ U22
   0 no (skip to Question 4)
   1 yes
   9 unknown (skip to Question 4)

2. For how many years have you had it? __ U23

3. Are you currently taking anti-hypertension drugs? __ U24
   0 no
   1 yes
   9 unknown

4. Has a doctor ever told you that you suffer from diabetes? __ U24a
   0 no (skip to Question 7)
   1 yes
   9 unknown (skip to Question 7)

5. How old were you when the doctor told you this? (years) __ U24b

6. Did you use any of these treatment methods?
   (1) Special diet 0 no 1 yes 9 unknown __ U24c
   (2) Weight control 0 no 1 yes 9 unknown __ U24d
   (3) Oral medicine 0 no 1 yes 9 unknown __ U24e
   (4) Injection of insulin 0 no 1 yes 9 unknown __ U24f
   (5) Chinese traditional medicine 0 no 1 yes 9 unknown __ U24g
   (6) Home remedies 0 no 1 yes 9 unknown __ U24h
   (7) Qi Gong (spiritual method) 0 no 1 yes 9 unknown __ U24i

7. Do you have a history of bone fracture? __ U24n
   0 no (skip to Question 10)
   1 yes
   9 unknown (skip to Question 10)

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

9. How many times has this happened (including the first time)? __ U24p

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

11. Have you had wheezing or whistling in the chest in the last 12 months? __ U24r
    0 no (skip to next section)
    1 Yes
    9 unknown (skip to next section)

12. For how many years have you had it? __ U24s
XXVII. EATING DISORDER (for girls 12 years old and older)

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 17. Dietary Behaviors in past 4 Weeks

<table>
<thead>
<tr>
<th>6</th>
<th>Dietary Behaviors</th>
<th>7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The total days when you have the following dietary behaviors</td>
<td></td>
<td>0 no</td>
</tr>
<tr>
<td></td>
<td>* We are asking about if you had the following behaviors, whether or not</td>
<td></td>
<td>1 1-5 days</td>
</tr>
<tr>
<td></td>
<td>successful.</td>
<td></td>
<td>2 6-12 days</td>
</tr>
<tr>
<td></td>
<td>Have you been deliberately trying to limit the amount of food you eat to</td>
<td></td>
<td>3 13-15 days</td>
</tr>
<tr>
<td></td>
<td>influence your shape or weight?</td>
<td></td>
<td>4 16-22 days</td>
</tr>
<tr>
<td></td>
<td>Have you gone for long periods of time (8 hours or more) without eating anything</td>
<td></td>
<td>5 23-27 days</td>
</tr>
<tr>
<td></td>
<td>in order to influence your shape or weight?</td>
<td></td>
<td>9 daily</td>
</tr>
<tr>
<td></td>
<td>Have you tried to avoid eating any foods which you like in order to influence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>your shape or weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you tried to follow definite rules regarding your eating in order to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>influence your shape or weight; for example, a calorie limit, a set amount of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>food, or rules about what or when you should eat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you wanted your stomach to be empty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you felt fat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you had a strong desire to lose weight?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_ Z6
_ Z7
_ Z8
_ Z9
_ Z10
_ Z11
_ Z12
XXVIII. PHYSICAL MEASUREMENTS (for all children)

Name of child: ___________ Line number: ___________ _ _ A1

Interview date: ____year ____month ____day _ _ _ _ _ _ _ _ _ _ _ T7

1. Date of birth: ____year ____month ____day _ _ _ _ _ _ _ _ U1a

   * Record western calendar, and if possible, use the same date of birth in household questionnaire and in the first page of this questionnaire.

2. According to which calendar type? _ _ U1c
   1 western calendar
   2 lunar calendar

3. Age (years): ________ * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, _ _ U1

4. Sex: _______ _ _ U1b
   1 Male
   2 Female

5. If the boy is 12-year-old or older, did he complete the boy maturation form? _ _ U1d
   0 No
   1 Yes

   * 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 the information 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.

6. Blood pressure (mmHg) [(for children age 7 and older)]:
   (1) (Systolic)/ (Diastolic) ___ / ___ U4
   (2) (Systolic)/ (Diastolic) ___ / ___ U5
   (3) (Systolic)/ (Diastolic) ___ / ___ U6

7. Height (cm): ___________ _ _ _ _ U3

8. Weight (kg): ___________ _ _ _ _ U2

9. Upper arm circumference (cm) (for children age 7 and older): ________ _ _ _ _ U7

10. Triceps skin fold (mm) (for children age 7 and older):
     (1) ___________ _ _ U8a
     (2) ___________ _ _ U8b
     (3) ___________ _ _ U8c

11. Buttock circumference (cm) (for children age 7 and older): ________ _ _ _ _ U9

12. Waist circumference (cm) (for children age 7 and older): ________ _ _ _ _ U10

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

13. Does the child 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