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

#### 2009 ADULT QUESTIONNAIRE
(For all adults age 18 and older)

<table>
<thead>
<tr>
<th>Province</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaoning</td>
<td>21</td>
</tr>
<tr>
<td>Heilongjiang</td>
<td>23</td>
</tr>
<tr>
<td>Jiangsu</td>
<td>32</td>
</tr>
<tr>
<td>Shandong</td>
<td>37</td>
</tr>
<tr>
<td>Henan</td>
<td>41</td>
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<tr>
<td>Shandong</td>
<td>41</td>
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<tr>
<td>Henan</td>
<td>41</td>
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<tr>
<td>Hubei</td>
<td>42</td>
</tr>
<tr>
<td>Hunan</td>
<td>43</td>
</tr>
<tr>
<td>Guangxi</td>
<td>45</td>
</tr>
<tr>
<td>Guizhou</td>
<td>52</td>
</tr>
</tbody>
</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)

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

Household Number: ________________

Name of Adult: ________________
Line Number: ____________

Name of Respondent: ________________
Line Number: ____________

Interview Date: ____________Year __Month __Day

Completion Evaluation: 1 Good 2 OK 3 Poor

Interviewer Name: ________________
Number: ____________

Supervisor Name: ________________
Number: ____________
The Adult questionnaire should be completed for all adults age 18 and older. Children under age 18 should complete the Child questionnaire. The Adult questionnaire includes the following sections:

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XXXI Physical measurements (for all adults).............................................................. 27
I. BACKGROUND DEMOGRAPHICS (for all adults)

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

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

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

4. Sex: _______  
   1 male  
   2 female

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

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

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

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

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

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

11. What is your marital status?  
    1 never married (skip to Question 13)  
    2 married  
    3 divorced (skip to Question 13)  
    4 widowed (skip to Question 13)  
    5 separated (skip to Question 13)  
    9 unknown (skip to Question 13)

12. What is your spouse’s name? __________  
    * Record the spouse’s line number.

13. To which type of household registration do you belong?  
    1 urban  
    2 rural
14. How many years of formal education have you completed in a regular school? __ A11
   00 no school completed (skip to Q16) 26 3 years upper middle school
   11 1 year primary school (skip to Q16) 27 1 year technical school
   12 2 years primary school (skip to Q16) 28 2 years technical school
   13 3 years primary school (skip to Q16) 29 3 years technical school
   14 4 years primary school (skip to Q16) 31 1 year college/university
   15 5 years primary school 32 2 years college/university
   16 6 years primary school 33 3 years college/university
   21 1 year lower middle school 34 4 years college/university
   22 2 years lower middle school 35 5 years college/university
   23 3 years lower middle school 36 6 years college/university or more
   24 1 year upper middle school - 9 unknown
   25 2 years upper middle school

15. What is the highest level of education you have attained? __ A12
   1 graduated from primary school
   2 lower middle school degree
   3 upper middle school degree
   4 technical or vocational degree
   5 university or college degree
   6 master’s degree or higher
   9 unknown

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

17. During the school semester do you live away from home in or near school? __ A13a
   0 no (skip to the next section)
   1 yes

18. Do you go home for each weekend? __ A13b
   0 no
   1 yes

19. How old were you when you first lived away from home in or near school? __ A13c

II. WORK STATUS (for all adults)

1. Are you presently working? __ B2
   * If retired but rehired, record 1.
   0 no
   1 yes (skip to Question 3)

2. Why are you not working? __ B2a
   1 seeking work (skip to Section V)
   2 doing housework (skip to Section V)
   3 disabled (skip to Section V)
   4 student (skip to Section V)
   5 retired (skip to Question 4)
   6 other (specify: __________) (skip to Section V)
   9 unknown (skip to Section V)
3. Are you retired, but rehired?  
   0 no (skip to Question 6)  
   1 yes

4. When did you retire?  ____year  ____month
   * Record western calendar, if possible. If year and month are unknown, record -99999.

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

6. Did you change your job after 2006?  
   0 no  
   1 yes

III. PRIMARY OCCUPATION AND WAGES (for adults who work)

1. What is your primary occupation?  
   01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer)
   02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer)
   03 administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
   04 office staff (secretary, office helper)
   05 farmer, fisherman, hunter
   06 skilled worker (foreman, group leader, craftsman)
   07 non-skilled worker (ordinary laborer, logger)
   08 army officer, police officer
   09 ordinary soldier, policeman
   10 driver
   11 service worker (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
   12 athlete, actor, musician
   13 other (specify: __________)
   - 9 unknown

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

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

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

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

9. Were you paid a regular wage last year?  
0 no  
1 yes

10. On the average, what was your monthly wage/salary last year, including subsidies? (yuan)  
* If “unknown,” record -9999.

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

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

IV. SECONDARY OCCUPATION AND WAGES (for adults who work)

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

2. Last year, for how many months did you work at this occupation?  
3. For how many days in a week, on the average, did you work?  
   _ C5a

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

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

6. Were you paid a regular wage last year?  
   0 no
   1 yes
   _ C7c

7. On the average, what was your monthly wage/salary last year, including subsides? (yuan)  
   * If “unknown,” record -9999.
   _ _ _ _ C8a

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

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

V. HOME GARDENING (for all adults)

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

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

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

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

VI. COLLECTIVE AND HOUSEHOLD FARMING (for all adults)

1. Did you work on a collective farm or a household farm last year?  
   0 no (skip to the next section)
   1 yes
   _ E2a

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

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

4. For how many hours in a day, on the average, did you work?  
   _ E4c
5. What kind of farming business is this?  
   1 collective farm  
   2 household farm (skip to Question 10)  
   3 both collective and household  
   _ E5

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

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

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

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

10. Are you the household member primarily responsible for the household’s farming activities?  
    0 no  
    1 yes  
    _ E10

VII. RAISING LIVESTOCK/POULTRY (for all adults)

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

2. Last year, 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 last year?  
   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 last year? _ F8
   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? _ _ _ _ F9
   (yuan)
   * If “unknown,” record -999.

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

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for all adults)
1. Did you work in fishing either on a collective or in a business operated by your household last year? _ G2a
   0 no (skip to the next section)
   1 yes

2. Last year, 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? _ G5
   1 collective
   2 household (skip to Question 10)
   3 both collective and household

6. Did you receive money from the collective last year? _ G6
   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 last year? _ G8
   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? _ G10
    0 no
    1 yes
IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS
(for all adults)

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

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

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

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

Table 1. Small Household Businesses

<table>
<thead>
<tr>
<th>2 Business number</th>
<th>3 Business type</th>
<th>4 Did you work in this business last year?</th>
<th>5 Last year, for how many months did you work in this business?</th>
<th>6 For how many hours in a day, 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>
<th>9 “unknown,” record -99.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Commerce</td>
<td>–</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>
<td>–</td>
</tr>
<tr>
<td>3 Manufacturing</td>
<td>–</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>
<td>–</td>
</tr>
<tr>
<td>5 Construction</td>
<td>–</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>
<td>–</td>
</tr>
</tbody>
</table>

X. OTHER SOURCES OF INCOME (for all adults)

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

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

3. Did you have any non-cash income (e.g. clothes, foods, etc) last year? _ I102
   0 no (skip to next section)
   1 yes
   9 unknown (skip to next section)

4. How much was it if you bought them from market? _ _ _ _ I103
XI. TIME ALLOCATION FOR HOME ACTIVITIES (for all adults)
* Ask Questions 2-3 about each activity and record the answers in Table 2.

Table 2. Home Activities (Household Chores)

<table>
<thead>
<tr>
<th>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></td>
<td>0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.</td>
<td>* If does not know the exact time, record -99.</td>
</tr>
<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? _ K12
   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) _ _ K13
   * 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? _ K13b
   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) _ _ K13c
   * 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></th>
<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>
<td></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>
<td></td>
</tr>
<tr>
<td></td>
<td>1 yes</td>
<td>2. 4-5 times a week</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Plain/bottled Water</td>
<td>_</td>
<td>U424</td>
<td>_ U425</td>
<td>_ _ U426</td>
</tr>
<tr>
<td>Tea</td>
<td>_</td>
<td>U34</td>
<td>_</td>
<td>U35 _ _ U36</td>
</tr>
<tr>
<td>Coffee</td>
<td>_</td>
<td>U37</td>
<td>_</td>
<td>U38a _ _ U39</td>
</tr>
</tbody>
</table>

XV. ALCOHOL CONSUMPTION (for all adults)

1. Last year, 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></th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcohol type</td>
<td>Do you drink this type of alcohol?</td>
<td>How much do you drink each week?</td>
</tr>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td>* If “unknown,” record -9.</td>
</tr>
<tr>
<td>Beer</td>
<td>_ U42a</td>
<td>_ _ U42 (bottle)</td>
<td></td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
<td>_ U43a</td>
<td>_ _ U43 (liang)</td>
<td></td>
</tr>
<tr>
<td>Liquor</td>
<td>_ U44a</td>
<td>_ _ U44 (liang)</td>
<td></td>
</tr>
</tbody>
</table>
XVI. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION (for all adults)

1. Last year, 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?</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>

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

XVII. OTHER DIETARY HABITS (for all adults)

1. Do you like to eat hot pepper or spicy food? __ U500
   0 no (skip to question 3)
   1 sometimes
   2 often
   3 usually
   9 unknown (skip to question 3)

2. What kind of spicy food do you like?
   __ U501
   1 a little bit hot
   2 moderate hot
   3 very hot
   9 unknown

3. Do you eat mutton meat?
   __ U502
   0 no (skip to question 6)
   1 sometimes
   2 often
   3 usually
   9 unknown (skip to question 6)

4. Normally when do you eat mutton meat?
   __ U503
   0 winter only
   1 any season
   9 unknown

5. Normally how many grams of mutton meat do you eat when you have it? __ __ U504
6. Do you eat dog meat? 
   0 no (skip to the next section)  
   1 Sometimes  
   2 Often  
   3 Usually  
   9 unknown (skip to the next section)  

7. Normally when do you eat dog meat?  
   0 winter only  
   1 any season  
   9 Unknown  

8. Normally how many grams of dog meat do you eat when you have it?  

XVIII. PHYSICAL ACTIVITIES (for all adults)

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

2. How much time do you spend doing each of these types of physical activities during work time in a typical week? (hours:minutes)  
   * If “none,” record 00:00.  

   (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

| 3 Transportation method | 4 Do you travel to and from work or school this way?  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.</td>
<td>5 How long does a round trip take? (hours:minutes) * If “unknown,” record -9:99.</td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td>_ U128</td>
<td>_ : _ U129</td>
<td></td>
</tr>
<tr>
<td>Bicycle</td>
<td>_ U126</td>
<td>_ : _ U127</td>
<td></td>
</tr>
<tr>
<td>Bus, subway</td>
<td>_ U124</td>
<td>_ : _ U125</td>
<td></td>
</tr>
<tr>
<td>Car, taxi, motorcycle</td>
<td>_ U325</td>
<td>_ : _ U326</td>
<td></td>
</tr>
</tbody>
</table>

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

Table 7. Physical Activities

| 6 Activity type | 7 Do you participate in this activity?  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Martial arts (Kung Fu, etc.)</td>
<td>_ U145a</td>
<td>_ : _ U327</td>
</tr>
<tr>
<td>Gymnastics, dancing, acrobatics</td>
<td>_ U149</td>
<td>_ : _ U329</td>
</tr>
<tr>
<td>Track and field (running, etc.), swimming</td>
<td>_ U147</td>
<td>_ : _ U331</td>
</tr>
<tr>
<td>Soccer, basketball, tennis</td>
<td>_ U151a</td>
<td>_ : _ U333</td>
</tr>
<tr>
<td>Badminton, volleyball</td>
<td>_ U153a</td>
<td>_ : _ U335</td>
</tr>
<tr>
<td>Other (ping pong, Tai Chi, etc.)</td>
<td>_ U155a</td>
<td>_ : _ U337</td>
</tr>
</tbody>
</table>
* Ask Questions 11-13 about each activity and record the answers in Table 8.

**Table 8. Sedentary Activities**

<table>
<thead>
<tr>
<th>6 Activity type</th>
<th>7 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></td>
<td>0 no</td>
<td>1 yes</td>
</tr>
<tr>
<td>TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surfing the internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Can you access the internet?

<table>
<thead>
<tr>
<th>0 no</th>
<th>1 yes</th>
<th>9 unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ U354</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Where can you access the internet?

<table>
<thead>
<tr>
<th>1</th>
<th>9 unknown (skip to the next section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ U419</td>
<td></td>
</tr>
<tr>
<td>_ U427</td>
<td></td>
</tr>
<tr>
<td>_ U428</td>
<td></td>
</tr>
<tr>
<td>_ U429</td>
<td></td>
</tr>
</tbody>
</table>

16. Do you ever go to an internet café?

<table>
<thead>
<tr>
<th>0 no</th>
<th>1 yes</th>
<th>9 unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ U355</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Which of these things do you usually do at an internet café?

<table>
<thead>
<tr>
<th>0 no</th>
<th>1 yes</th>
<th>9 unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ U356</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_ U357</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_ U358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_ U359</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

* If “no” or “unknown,” skip down to next item.
**XIX. MEDICAL INSURANCE** (for all adults)

1. Do you have medical insurance? _ M1
   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_4
   (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? _ M2b
   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? _ M2d
   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: ______________________________

**XX. USE OF HEALTH CARE AND MEDICAL SERVICES** (for all adults)

1. During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease? _ M23
   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? _ M26a

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.

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
   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  
15 sexual dysfunction  
16 obstetrical/gynecological disease  
17 neonatal disease  
18 dermatological disease  
19 muscular/rheumatological disease  
20 genetic disease  
21 old age/mid-life syndrome  
22 other (specify: __________)  

15. Did you visit a folk doctor last year?  
0 no  
1 yes  
9 unknown  

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?  
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  
03 blood test  
04 blood pressure screening  
05 tumor screening  
06 vision or hearing examination  
07 prenatal examination  
08 postnatal examination  
09 gynecological examination  
10 other (specify: __________)
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: __________)  
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.  

XXI. DISEASE HISTORY (for all adults)  
1. Has a doctor ever told you that you suffer from high blood pressure?  
0 no (skip to Question 4)  
1 yes  
9 unknown (skip to Question 4)  
2. For how many years have you had it?  
3. Are you currently taking anti-hypertension drugs?  
0 no  
1 yes  
9 unknown  
4. Has a doctor ever told you that you suffer from diabetes?  
0 no (skip to Question 7)  
1 yes  
9 unknown (skip to Question 7)  
5. How old were you when the doctor told you this? (years)  
6. Did you use any of these treatment methods?  
(1) Special diet  
(2) Weight control  
(3) Oral medicine  
(4) Injection of insulin  
(5) Chinese traditional medicine  
(6) Home remedies  
(7) Qi Gong (spiritual method)  
0 no  
1 yes  
9 unknown  
7. Has a doctor ever given you the diagnosis of myocardial infarction?  
0 no (skip to Question 9)  
1 yes  
9 unknown (skip to Question 9)  
8. How old were you when you suffered from myocardial infarction? (years)  
* If this occurred more than once, ask about the most recent time. If “unknown,” record -99.
9. Has a doctor ever given you the diagnosis of apoplexy?  
   0 no (skip to Question 11)  
   1 yes  
   9 unknown (skip to Question 11)  

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

11. Do you have a history of bone fracture?  
    0 no (skip to Question 14)  
    1 yes  
    9 unknown (skip to Question 14)  

12. How old were you when you had the first bone fracture? (years)  

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

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

15. Have you had wheezing or whistling in the chest in the last 12 months?  
    0 no (skip to Question 17)  
    1 Yes  
    9 unknown (skip to Question 17)  

16. For how many years have you had it?  

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

* Ask Questions 2-3 about psychological wellbeing and record the answers in Table 9.

**Table 9. Psychological wellbeing**

<table>
<thead>
<tr>
<th>Statement</th>
<th>18</th>
<th>19</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>1 strongly disagree</td>
<td>2 disagree</td>
</tr>
<tr>
<td></td>
<td>3 neutral</td>
<td>4 agree</td>
</tr>
<tr>
<td></td>
<td>5 strongly agree</td>
<td>9 unknown</td>
</tr>
<tr>
<td>I have as much pep as I had last year.</td>
<td>_ U421</td>
<td></td>
</tr>
<tr>
<td>I am as happy now as I was younger.</td>
<td>_ U422</td>
<td></td>
</tr>
<tr>
<td>As I get older, things are better than I thought they would be.</td>
<td>_ U423</td>
<td></td>
</tr>
</tbody>
</table>

18
XXII. 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 10. Diet Knowledge

<table>
<thead>
<tr>
<th>Statement</th>
<th>3</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 11. Food Preferences

<table>
<thead>
<tr>
<th>Food item</th>
<th>5</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>
<thead>
<tr>
<th>6</th>
<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>
<td></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>
<td></td>
</tr>
<tr>
<td></td>
<td>3 neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 like</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 like very much</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 does not participate</td>
<td></td>
</tr>
</tbody>
</table>

| Walking, Tai Chi | _U394a |
| Sports (ping pong, badminton, tennis, soccer, basketball, volleyball) | _U395a |
| Body building | _U396a |
| Watching TV | _U397a |
| Playing computer/video games, surfing the internet | _U398a |
| Reading | _U399a |

* 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>
<thead>
<tr>
<th>8</th>
<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>
<td></td>
</tr>
<tr>
<td></td>
<td>2 not very important</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 important</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 very important</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 the most important</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 unknown</td>
<td></td>
</tr>
</tbody>
</table>

| Having a good income | _U405 |
| Being physically active | _U406 |
| Eating a healthy diet | _U407 |
| Having my child be physically active | _U408 |
| Having my child eat a healthy diet | _U409 |

**XXIII. 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) _S2
   ___year ___month
   * Record western calendar, if possible.

3. Does your husband ordinarily live at home? _S3
   0 no
   1 yes
   * Skip to Question 6
4. In what year and month were you and your most recent husband married? _____ year _____ month S4
   * Record western calendar, if possible.

5. In what year and month were you most recently widowed or divorced? _____ year _____ month S5
   * Record western calendar, if possible.

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

XXIV. INTER-GENERATIONAL LINKAGES TO PARENTS (for all women under age 52 who are married, widowed, or divorced)
   * 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>Mother</td>
<td>_</td>
<td>S6</td>
<td>_</td>
<td>S7</td>
<td>S10a</td>
<td>_</td>
</tr>
<tr>
<td>Father</td>
<td>_</td>
<td>S13</td>
<td>_</td>
<td>S14</td>
<td>S17a</td>
<td>_</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>_</td>
<td>S20</td>
<td>_</td>
<td>S21</td>
<td>S24a</td>
<td>_</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>_</td>
<td>S27</td>
<td>_</td>
<td>S28</td>
<td>S31a</td>
<td>_</td>
</tr>
</tbody>
</table>

   XXV. 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.

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

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

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

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

3. Are you using any contraceptive methods?  
   0  no (skip to Question 6)  
   1  yes  

4. What method are you using?  
   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  
   * Record western calendar, if possible.  
   * Skip to Question 7  

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

6. What is the reason that you do not use contraceptive methods?  
   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 current pregnancy if currently pregnant?  
   _ _ _ _  
   * If “none,” skip to the next section.  

* Ask Questions 10-19 about each pregnancy since January 2006 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 2006, skip to the next section.
<table>
<thead>
<tr>
<th>S113b</th>
<th>S113a</th>
<th>S114</th>
<th>S114a</th>
<th>S114c</th>
<th>S114f</th>
<th>S116a</th>
<th>S117</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

16. Did you have prenatal care during this pregnancy?  
   0 no (skip to the next section)  
   1 yes

17. How many prenatal examinations did you have altogether?  
   _ _ S86

**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?  
   0 no (skip to the next section)  
   1 yes, whether this child is a girl or a boy  
   2 yes, but only if this child is a girl  
   3 yes, but only if this child is a boy

2. If you could choose the number of children to have, how many more children would you want to have, in addition to the child you are expecting?  
   _ _ S63a

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

3. Do you want to have a child sometime?  
   0 no (skip to the next section)  
   1 Yes

4. If you could choose the number of children to have, how many children would you want to have?  
   _ _ S72a

* Ask Questions 5-6 for women who have one or more children and are not currently pregnant.

5. If you could choose the number of children to have, would you want to have another child sometime?  
   0 no (skip to the next section)  
   1 Yes

6. If you could choose the number of children to have, how many more children would you want to have?  
   _ _ S69a

23
**XXVIII. 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 2006. 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 2006), and record the answers in Table 16.

* Begin with the first birth and work forward to the most recent birth.

* Record western calendar, wherever possible.

<table>
<thead>
<tr>
<th>Birth order</th>
<th>When was this child born? (year, month, day)</th>
<th>According to which calendar? (1 western, 2 lunar)</th>
<th>What was this child’s sex? (1 male, 2 female)</th>
<th>Is this child living with you now? (0 no, 1 yes)</th>
<th>What is this child’s name?</th>
<th>Is this child living elsewhere? (0 no, 1 yes)</th>
<th>When did this child die? (year, month)</th>
<th>Was this child living in your household when he or she died? (0 no, 1 yes)</th>
<th>How long did this child live in your household? (years, months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>S48</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
<td>S52</td>
<td>S53</td>
<td>S54</td>
<td>S56</td>
<td>S57</td>
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<td>2</td>
<td>S48</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
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<td>S48</td>
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<tr>
<td>6</td>
<td>S48</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
<td>S52</td>
<td>S53</td>
<td>S54</td>
<td>S56</td>
<td>S57</td>
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<td>7</td>
<td>S48</td>
<td>S49</td>
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<td>9</td>
<td>S48</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
<td>S52</td>
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<td>S57</td>
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<td>10</td>
<td>S48</td>
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<td>S53</td>
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<td>S56</td>
<td>S57</td>
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</tbody>
</table>
**XXIX. 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.  ____ S223
   What is this child’s name? __________
   * Record the child’s line number.

2. Do you think your child is underweight, normal, or overweight?  ____ S200
   1 underweight  3 overweight
   2 normal  9 unknown

3. Was your child on a diet last year? “On a diet” means changing one’s normal eating habits to lose or gain weight.  ____ S201a
   0 no  2 yes, on a diet to lose weight
   1 yes, on a diet to gain weight  9 unknown

4. Did you encourage your child to lose or gain weight through dieting?  ____ S202
   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.  ____ S203
   1 too little  3 too much
   2 just the right amount  9 unknown

6. Do you ever ask your child to engage in more physical activity, less physical activity, or don’t you care?  ____ S204a
   0 no, don’t care  2 yes, less
   1 yes, more  9 unknown

7. When watching TV in the evenings, who normally gets to choose TV programs/Channels?  ____ S207
   1 Dad, i.e., your husband  4 parents or other adults together
   2 Mom, i.e., you  5 child(ren) and parents together
   3 child(ren)  6 others

8. Does your family often watch TV together?  ____ S208a
   0 none  3 Usually (≥ 5 times/wk)
   1 Sometimes (≤ 2 times/wk)  9 unknown
   2 Often (3-4 times/wk)

9. Does your child ask you to buy the kind of food or drinks he or she sees on TV commercials?  ____ S214a
   0 none (skip to Question 11)  3 Usually (≥ 5 times/wk)
   1 Sometimes (≤ 2 times/wk)  9 unknown
   2 Often (3-4 times/wk)

10. Do you buy them for your child?  ____ S214b
    0 no  3 Usually (≥ 5 times/wk)
    1 Sometimes (≤ 2 times/wk)  9 unknown
    2 Often (3-4 times/wk)

11. Does your child buy for himself or herself the kind of food or drinks he or she sees on TV commercials?  ____ S214c
    0 none  3 Usually (≥ 5 times/wk)
    1 Sometimes (≤ 2 times/wk)  9 unknown
    2 Often (3-4 times/wk)
XXX. 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 17. Dietary Behaviors in past 4 Weeks

<table>
<thead>
<tr>
<th>Dietary Behaviors</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The total days when you have the following dietary behaviors</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>* We are asking about if you had the following behaviors, whether or not</td>
<td></td>
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<tr>
<td>successful.</td>
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<tr>
<td>Have you been deliberately trying to limit the amount of food you eat to influence</td>
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<tr>
<td>your shape or weight?</td>
<td></td>
<td>_ Z6</td>
</tr>
<tr>
<td>Have you gone for long periods of time (8 hours or more) without eating anything</td>
<td></td>
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<tr>
<td>in order to influence your shape or weight?</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</td>
<td></td>
<td></td>
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<tr>
<td>shape or weight?</td>
<td></td>
<td>_ Z8</td>
</tr>
<tr>
<td>Have you tried to follow definite rules regarding your eating in order to influence</td>
<td></td>
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<tr>
<td>your shape or weight; for example, a calorie limit, a set amount of food, or</td>
<td></td>
<td>_ Z9</td>
</tr>
<tr>
<td>rules about what or when you should eat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you wanted your stomach to be empty?</td>
<td></td>
<td>_ Z10</td>
</tr>
<tr>
<td>Have you felt fat?</td>
<td></td>
<td>_ Z11</td>
</tr>
<tr>
<td>Have you had a strong desire to lose weight?</td>
<td></td>
<td>_ Z12</td>
</tr>
</tbody>
</table>
XXXI. 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?
   1 western calendar
   2 lunar calendar _______ U1c

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