# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

## 2009 CHILD QUESTIONNAIRE

(For all children age 0-17.99)

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<tr>
<th>Province</th>
<th>Liaoning</th>
<th>Heilongjiang</th>
<th>Jiangsu</th>
<th>Shandong</th>
<th>Henan</th>
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<tr>
<th>Province</th>
<th>Hubei</th>
<th>Hunan</th>
<th>Guangxi</th>
<th>Guizhou</th>
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<td>52</td>
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### Province Options

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

### Urban Site Options

- 1 First city
- 2 Second city

### Rural Site Options

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

### Neighborhood Options

- 01 First [urban] neighborhood
- 02 Second [urban] neighborhood
- 03 Third suburban village (neighborhood)
- 04 Fourth suburban village (neighborhood)
- 05 Fifth [urban] neighborhood
- 06 Sixth [urban] neighborhood
- 07 Seventh suburban village (neighborhood)
- 08 Eighth suburban village (neighborhood)
- 09 Ninth [urban] neighborhood
- 10 Tenth [urban] neighborhood
- 11 Eleventh suburban village (neighborhood)
- 12 Twelfth suburban village (neighborhood)

### Household Number

- _______________

### Name of Child

- _______________

### Name of Respondent

- _______________

### Interview Date

- __Year
- __Month
- __Day

### Completion Evaluation

- 1 Good
- 2 OK
- 3 Poor

### Interviewer Name

- _______________

### Supervisor Name

- _______________
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:

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III Primary occupation and wages (for children who work)............................................ 2
IV Secondary occupation and wages (for children who work)......................................... 4
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VI Collective and household farming (for children age 6 and older)............................ 4
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XVII Soft drink and sugared fruit drink consumption (for children age 6 and older)........... 10
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1. 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 26 3 years upper middle school
    11 1 year primary school 27 1 year technical school
    12 2 years primary school 28 2 years technical school
    13 3 years primary school 29 3 years technical school
    14 4 years primary school 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

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

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

2. Last year, for how many months did you work at this occupation?  _ _ C3a

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?  _ C7c
   0 no (skip to the next section)
   1 yes

7. On the average, what was your monthly wage/salary last year, including subsidies? (yuan)  _ _ _ _ C8a

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

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

V. HOME GARDENING (for children age 6 and older)

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

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 children age 6 and older)

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

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  

6. Did you receive money from the collective last year?  
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 -9999.  

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)  

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

10. Are you the household member primarily responsible for the household’s farming activities?  
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 last year?  
0    no (skip to the next section)  
1    yes  

2. Last year, 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 last year?  
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 -9999.  

8. Did you receive livestock or poultry products from the collective last year?  
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) _ _ _ F9
   * 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 children age 6 and older)

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 children age 6 and older)

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.)? H1c
   0 no (skip to the next section)  1 yes
* Ask Questions 4-8 about each business and record the answers in Table 1.
* Be sure to classify each business the same way it was classified in the household questionnaire.
* If works in more than one business of the same type, such as tailoring and hairdressing (both are services), add together the amount of time worked in these businesses and record the total for this type in Table 1.

Table 1. Small Household Businesses

<table>
<thead>
<tr>
<th>Business type</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commerce</td>
<td></td>
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<tr>
<td>Service</td>
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<tr>
<td>Manufacturing</td>
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<tr>
<td>Peddler</td>
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<tr>
<td>Construction</td>
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<tr>
<td>Other (specify:___)</td>
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</tr>
</tbody>
</table>

X. OTHER SOURCES OF INCOME (for children who work)
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 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>2</th>
<th>3</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.

3. Did you take care of children age 6 and younger for another household during the past week?  
   0 no (skip to the next section)  
   1 yes  
   9 unknown (skip to the next section)

4. How much time did you spend taking care of children age 6 and younger for another household during the past week? (hours)  
   * If does not know the exact time, record -99.

XIII. 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: __________)  
   0 no 1 yes 9 unknown

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

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

Plain/bottled Water: __ U424 __ U425 __ U426
Tea: __ U34 __ U35 __ U36
Coffee: __ U37 __ U38a __ U39

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

1. Last year, 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? U41
   1  almost every day  4  once or twice a month
   2  3-4 times a week  5  no more than once a month
   3  once or twice a week  9  unknown

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

Table 4. Alcohol Consumption

<table>
<thead>
<tr>
<th>Alcohol type</th>
<th>Do you drink this type of alcohol?</th>
<th>How much do you drink each week?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no</td>
<td>1 yes</td>
</tr>
<tr>
<td>Beer</td>
<td>U42a</td>
<td></td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
<td>U43a</td>
<td></td>
</tr>
<tr>
<td>Liquor</td>
<td>U44a</td>
<td></td>
</tr>
</tbody>
</table>

XVII. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION (for children age 6 and older)

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  4  once or twice a month
   2  3-4 times a week  5  no more than once a month
   3  once or twice a week  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></td>
<td>0 no</td>
<td>1 yes</td>
</tr>
<tr>
<td>Chinese brand soft drinks (Wahaha Feichang Kele, etc)</td>
<td>U231</td>
<td></td>
</tr>
<tr>
<td>Non-Chinese brand soft drinks (Coca-Cola, etc.)</td>
<td>U233</td>
<td></td>
</tr>
<tr>
<td>Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)</td>
<td>U235</td>
<td></td>
</tr>
</tbody>
</table>
XVIII. OTHER DIETARY HABITS (for children age 6 and older)

1. **Do you eat hot pepper or spicy food?**
   - 0 no (skip to question 3)
   - 1 Sometimes (≤ 2 times/wk)
   - 2 Often (3-4 times/wk)
   - 3 Usually (≥ 5 times/wk)
   - 9 unknown (skip to question 3)

2. **What kind of spicy food do you like?**
   - 1 a little bit hot
   - 2 moderate hot
   - 3 very hot
   - 9 Unknown

3. **Do you eat mutton meat?**
   - 0 no (skip to question 6)
   - 1 Sometimes (≤ 2 times/wk)
   - 2 Often (3-4 times/wk)
   - 3 Usually (≥ 5 times/wk)
   - 9 unknown (skip to question 6)

4. **Normally when do you eat mutton meat?**
   - 0 winter only
   - 1 any season
   - 9 Unknown

5. **Normally how many grams of mutton meat do you eat when you have it?**

6. **Do you eat dog meat?**
   - 0 no (skip to the next section)
   - 1 Sometimes (≤ 2 times/wk)
   - 2 Often (3-4 times/wk)
   - 3 Usually (≥ 5 times/wk)
   - 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?**

* The next 3 sections ask about physical activities. There are separate sections for different age groups.

XIX. PHYSICAL ACTIVITIES (for children under age 6)

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

* 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>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 1 yes 9 unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>U92a</td>
<td>___ : ___ U238</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>U92b</td>
<td>___ : ___ U240</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>U511</td>
<td>___ : ___ U512</td>
</tr>
<tr>
<td>Video games</td>
<td>U92c</td>
<td>___ : ___ U242</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>U410</td>
<td>___ : ___ U411</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>U413</td>
<td>___ : ___ U414</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>U416</td>
<td>___ : ___ U417</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>U94</td>
<td>___ : ___ U247</td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td>U96a</td>
<td>___ : ___ U249</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? (hours) ___ U251

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? ___ U98a
   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) ___ : ___ U99b
   * 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 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>_ 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 Do you participate in this activity before or after school or on the weekend?</th>
<th>10 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>TV</td>
<td>_ U118a</td>
<td>___ : ___ U264</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>_ U118b</td>
<td>___ : ___ U266</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>_ U514</td>
<td>___ : ___ U515</td>
</tr>
<tr>
<td>Video games</td>
<td>_ U118c</td>
<td>___ : ___ U268</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>_ U427</td>
<td>___ : ___ U428</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>_ U430</td>
<td>___ : ___ U431</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>_ U433</td>
<td>___ : ___ U434</td>
</tr>
<tr>
<td>Doing homework</td>
<td>_ U220a</td>
<td>___ : ___ U273</td>
</tr>
<tr>
<td>Extracurricular reading (books, newspapers and magazines), writing, drawing</td>
<td>_ U120a</td>
<td>___ : ___ U275</td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td>_ U122a</td>
<td>___ : ___ U277</td>
</tr>
</tbody>
</table>
13. Can you access the internet?
   0   no (skip to Question 17)
   1   Yes
   9   unknown (skip to Question 17)

14. Where can you access the internet?
   (1)  internet cafe 0 no 1 yes 9 unknown _ U436
   (2)  at home 0 no 1 yes 9 unknown _ U455
   (3)  at friend’s or relative’s home 0 no 1 yes 9 unknown _ U456
   (4)  in school 0 no 1 yes 9 unknown _ U457

15. Do you ever go to an internet cafe?
   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 _ U281
   (2)  Participate in chat rooms 0 no 1 yes 9 unknown _ U282
   (3)  Play games 0 no 1 yes 9 unknown _ U283
   (4)  Other (specify: __________) 0 no 1 yes 9 unknown _ U284

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?

19. On average, for how long do you participate in these physical exercises each time? (hours:minutes)
   _ _ : _ _ U109a

* 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>20 Activity type</th>
<th>21 Do you participate in this activity in school?</th>
<th>22 How much time do you spend each week? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Martial arts (Kung Fu, etc.)</strong></td>
<td>_ U221a</td>
<td>_ : _ U285</td>
</tr>
<tr>
<td><strong>Gymnastics, dancing, acrobatics</strong></td>
<td>_ U110a</td>
<td>_ : _ U111</td>
</tr>
<tr>
<td><strong>Track and field (running, etc.), swimming</strong></td>
<td>_ U114</td>
<td>_ : _ U115</td>
</tr>
<tr>
<td><strong>Soccer, basketball, tennis</strong></td>
<td>_ U222a</td>
<td>_ : _ U286</td>
</tr>
<tr>
<td><strong>Badminton, volleyball</strong></td>
<td>_ U223a</td>
<td>_ : _ U287</td>
</tr>
<tr>
<td><strong>Other (ping pong, Tai Chi, etc.)</strong></td>
<td>_ U224a</td>
<td>_ : _ U288</td>
</tr>
</tbody>
</table>
* 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>24 Do you travel to and from school this way?</th>
<th>25 How long does a round trip take? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<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>

XXI. 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? (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.  

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>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>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>9</th>
<th>10</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you participate in this activity?</td>
<td></td>
<td>0 no 1 yes</td>
<td>How much time do you spend during a typical day? (hours:minutes)</td>
</tr>
<tr>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
<td>9 unknown</td>
<td>* If “unknown,” record -9:99.</td>
</tr>
<tr>
<td>TV</td>
<td>_ U134a</td>
<td></td>
<td>_ U305</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>_ U134b</td>
<td></td>
<td>_ U307</td>
</tr>
<tr>
<td>Watching movies and videos online</td>
<td>_ U517</td>
<td></td>
<td>_ U309</td>
</tr>
<tr>
<td>Video games</td>
<td>_ U134c</td>
<td></td>
<td>_ U310</td>
</tr>
<tr>
<td>Surfing the internet</td>
<td>_ U437</td>
<td></td>
<td>_ U314</td>
</tr>
<tr>
<td>Participating in chat rooms</td>
<td>_ U440</td>
<td></td>
<td>_ U315</td>
</tr>
<tr>
<td>Playing computer games, etc.</td>
<td>_ U443</td>
<td></td>
<td>_ U316</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>_ U136</td>
<td></td>
<td>_ U317</td>
</tr>
<tr>
<td>Toy cars, puppets, board games</td>
<td>_ U138a</td>
<td></td>
<td></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
XXII. BODY SHAPE AND MASS MEDIA (for children age 6 and older)

1. Look at these body shape pictures. Which one looks most like you? _U200
   * 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? _U201
   * 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? _U201a
   * 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? _U367

5. Do you think you are now underweight, normal or overweight? _U203
   1 underweight  3 overweight
   2 normal       9 unknown

6. Were you on a diet last year? “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? _U205
   0 no (skip to the next section)
   1 yes

10. Do you have a TV (in working order) in your bedroom? _U369
    0 no
    1 yes

11. How many days per week do you watch TV with one or both of your parents? _U447
    0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
    1 Seldom (1-3 times/month) 4 very often (> 5 times/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 (> 5 times/wk)
    2 Sometimes (1-2 times/wk) 9 unknown

13. How often do your parents tell you that something on TV is not real? _U449
    0 very seldom (< 1 times/month) 3 Often (3-4 times/wk)
    1 Seldom (1-3 times/month) 4 very often (> 5 times/wk)
    2 Sometimes (1-2 times/wk) 9 unknown
14. Does your family have rules about how long you can watch TV?
   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?
   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?
    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?
   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?
   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?
    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?
    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?
    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
XXIII. 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?
   0 no
   1 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>3</th>
<th>4</th>
<th>5</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>
</tr>
<tr>
<td>Eating a lot of sugar is good for one’s health.</td>
<td>U378a</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>
</tr>
<tr>
<td>Choosing a diet high in fat is good for one’s health.</td>
<td>U380a</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>
</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>
</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>
</tr>
<tr>
<td>Consuming milk and dairy products is good for one’s health.</td>
<td>U384a</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>
</tr>
<tr>
<td>Physical activities are good for one’s health.</td>
<td>U386a</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>
</tr>
<tr>
<td>The heavier one’s body is, the healthier he or she is.</td>
<td>U388a</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>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast food (KFC, pizza, hamburgers, etc.)</td>
<td>U389a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salty snack foods (potato chips, pretzels, French fries, etc.)</td>
<td>U390a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td>U391a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>U392a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft drinks and sugared fruit drinks</td>
<td>U393a</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 activity in Item 6 and record the answers in Table 15.

<table>
<thead>
<tr>
<th>Table 15. Activity Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong> Activity type</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>
</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>
</tr>
<tr>
<td>Walking, Tai Chi</td>
</tr>
<tr>
<td>Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)</td>
</tr>
<tr>
<td>Body building</td>
</tr>
<tr>
<td>Watching TV</td>
</tr>
<tr>
<td>Playing computer/video games, surfing the internet</td>
</tr>
<tr>
<td>Reading</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>
<thead>
<tr>
<th>Table 16. Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong> Priorities</td>
</tr>
<tr>
<td>Please use 1-4 to describe how often do you care about this priority: never, sometimes, often, or usually?</td>
</tr>
<tr>
<td>*</td>
</tr>
<tr>
<td>Being praised by parents</td>
</tr>
<tr>
<td>Being liked by friends</td>
</tr>
<tr>
<td>Looking modern</td>
</tr>
<tr>
<td>Getting good grades in school</td>
</tr>
</tbody>
</table>

**XXIV. 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_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:____________________________

XXV. 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? _ 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

21
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
   13 at home
   14 other (specify: __________)
   15 unknown

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

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

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

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

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

14. What was the doctor’s diagnosis of your illness or injury? _ _ M40
    00 no diagnosis
    01 infectious/parasitic disease
    02 heart disease
    03 tumor
    04 respiratory disease
    05 injury
    06 alcohol poisoning
    07 endocrine disorder
    08 hematological disease
    09 mental/psychiatric disorder
    10 mental retardation
    11 neurological disorder
    12 eye/ear/nose/throat/teeth disease
    13 digestive disease
    14 urinary disease
    15 obstetrical/gynecological disease
    16 neonatal disease
    17 dermatological disease
    18 muscular/rheumatological disease
    19 genetic disease
    20 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?  
   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.

XXVI. 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) __________  
XXVII. DISEASE HISTORY (for children age 12 and older)

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?  
   _ _ 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  
XXVIII. EATING DISORDER (for girls 12 years old and older)

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

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

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

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

5. Would you say that Food dominates your life? 
   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>0 no</th>
<th>1 1-5 days</th>
<th>2 6-12 days</th>
<th>3 13-15 days</th>
<th>4 16-22 days</th>
<th>5 23-27 days</th>
<th>9 daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight?</td>
<td>_ Z6</td>
<td></td>
<td></td>
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<tr>
<td>Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?</td>
<td>_ Z7</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Have you tried to avoid eating any foods which you like in order to influence your shape or weight?</td>
<td>_ Z8</td>
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<tr>
<td>Have you tried to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?</td>
<td>_ Z9</td>
<td></td>
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<td></td>
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<tr>
<td>Have you wanted your stomach to be empty?</td>
<td>_ Z10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Have you felt fat?</td>
<td>_ Z11</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a strong desire to lose weight?</td>
<td>_ Z12</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
XXIX. 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