

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

—2000 PHYSICAL EXAMINATION

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

Urban Site: 1 Rural Site: 2 T2
City: _____ County: _____ T3

1. First city
2. Second city

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

Neighborhood: _____ Village (Town): _____ T4

1. First [urban] neighborhood
2. Second [urban] neighborhood
3. Third suburban village (neighborhood)
4. Fourth suburban village (neighborhood)
5. Fifth [urban] neighborhood
6. Sixth [urban] neighborhood
7. Seventh suburban village (neighborhood)
8. Eighth suburban village (neighborhood)
- *9. Ninth [urban] neighborhood

1. County town neighborhood
2. First village
3. Second village
4. Third village
5. County town neighborhood
6. Fourth village
7. Fifth village
8. Sixth village

Household Sequence Number: _____ T5

Respondent Name: _____ Line Number: _____ A1

Interview Date: _____ Year _____ Month _____ Day T7

Completion Evaluation: 1 Good 2 OK 3 Poor CO

Interviewer Name: _____ Number: _____ T6c

Supervisor Name: _____ Number: _____ T6d

* Community 52115 (new in 1997) was replaced by community 52119 in 2000.
This is the only community in 2000 where T4=9.

I. Physical Examination

- 1. Date of birth ___year___month___day □□□□□□□□ U1a
- 2. Age (years): _____ □□□U1
- 3. Sex: _____ 1 male 2 female □U1b
- 4. Blood pressure: (mmHg) (for persons age 7 and older only):
a: _____/_____
b: _____/_____
c: _____/_____
□□□□□□U4
□□□□□□U5
□□□□□□U6
- 5. Height (cm): _____ □□□.□U3
- 6. Weight (Kg): _____ □□□.□U2
- 7. Upper arm circumference (cm): _____ □□.□U7
- 8. Triceps skin fold (mm):
a: _____ □□U8a
b: _____ □□U8b
c: _____ □□U8c
- 9. Buttock circumference (cm): _____ □□□U9
- 10. Waist circumference (cm): _____ □□□U10
- 11. Examine the following conditions of the respondent:
 - 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

II. First Menstruation (for girls age 10-15 only)

- 12. Have you ever menstruated? □U20
0 no (Go to Section III)
1 yes
8 refuse to answer (Go to Section III)
9 don't know (Go to Section III)
- 13. At what age did you first menstruate? _____ age □□U21
*If don't know or refuse to answer, record -9.

III. Current Health Status (for persons age 14 and older only)

- 14. Right now, how would you describe your health compared to that of other people of your age? □U48a
 - 1 excellent
 - 2 good
 - 3 fair
 - 4 poor
 - 8 refuse to answer
 - 9 don't know

15. Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? □U48
* If "yes", continue with the next question. Otherwise, go to Section IV.
0 no
1 yes
8 refuse to answer
9 don't know

16. For how long did you have difficulty carrying out your normal daily activities and work (weeks)? □□U49
* If "don't know" or "refuse to answer," record -9.

IV. Pregnancy (for married females age 16-49 only)

17. Are you currently pregnant? □U56
* If "yes," continue with the next question. Otherwise skip to Question 19.
0 no
1 yes
8 refuse to answer
9 don't know

18. How many months have you been pregnant? □□U57
* If "don't know" or "refuse to answer," record -9.

19. Are you currently breast-feeding? □U87
0 no
1 yes
8 refuse to answer
9 don't know

V. Disease History (for persons age 14 and older only) □U22

20. Has a doctor ever told you that you suffer from high blood pressure?
* If "yes," continue with the next question. Otherwise, skip to Question 23.
0 no
1 yes
8 refuse to answer
9 don't know

21. For how many years have you had it? □□U23
* If "don't know" or "refuse to answer," record -9.

22. Are you currently taking anti-hypertension drugs? □U24
0 no
1 yes
8 refuse to answer
9 don't know

23. Has the doctor ever told you that you suffer from diabetes? □U24a
* If "yes," continue with the next question. Otherwise, skip to Question 26.
0 no
1 yes
8 refuse to answer
9 don't know

24. How old were you when the doctor told you about such a situation (years)? □□U24b
 * If "don't know" or "refuse to answer," record -9.
25. Did you use any of the following treatment methods? □□U24c
- | | | | | | |
|--------------------------------|------|-------|--------------------|--------------|-----------------|
| 1 Special diet | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24c |
| 2 Weight control | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24d |
| 3 Oral medicine | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24e |
| 4 Injection of insulin | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24f |
| 5 Chinese traditional medicine | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24g |
| 6 Home remedies | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24h |
| 7 Qi Gong (or other method) | 0 no | 1 yes | 8 refuse to answer | 9 don't know | □U24i
[U24i] |
26. Has the doctor ever given you the diagnosis of myocardial infarction? □□U24j
 * If "yes," continue with the next question. Otherwise skip to Question 28.
 0 no
 1 yes
 8 refuse to answer
 9 don't know
27. How old were you when you suffered from myocardial infarction? (years) □□U24k
 * If more than once, please give the most recent one. If "don't know" or "refuse to answer," record -9.
28. Has the doctor ever given you the diagnosis of apoplexy? □□U24l
 * If "yes" continue with the next question. Otherwise skip to Question 30. [U24l]
 0 no
 1 yes
 8 refuse to answer
 9 don't know
29. How old were you when you suffered from apoplexy? (years) □□U24m
 * If more than once, please give the most recent one. If "don't know" or "refuse to answer," record -9.
30. Do you have a history of bone fracture? □□U24n
 *If "yes," continue with the next question. Otherwise, go to Section VI.
 0 no
 1 yes
 8 refuse to answer
 9 don't know
31. How old were you when you had the first bone fracture? (years) □□U24o
 * If "don't know" or "refuse to answer," record -9.
32. How many times did that happen? (including the first time) □□U24p
 * If "don't know" or "refuse to answer," record -9.

VI. Smoking, Drinking Alcohol, Tea, or Coffee (for persons age 14 and older only)

(1) Smoking (Questions 33-41)

33. Have you ever smoked cigarettes? (including hand-rolled or device-rolled) □U25
* If "yes," continue with the next question. Otherwise, skip to Question 38.
0 never smoked
1 yes
8 refuse to answer
9 don't know
34. How old were you when you started to smoke? (years) □□U26
*If don't know" or "refuse to answer," record -9.
35. Do you still smoke cigarettes now? □U27
*If "yes," continue with next question. Otherwise, skip to Question 37.
0 no
1 yes
8 refuse to answer
9 don't know
36. If yes, how many cigarettes do you smoke per day? □□U28
*If "don't know" or "refuse to answer," record -9, then skip to Question 38.
37. If no, how long ago did you stop smoking? (months) □□□U29
*If "don't know" or "refuse to answer," record -9 [-99].
38. Have you ever smoked a pipe? □U30
*If "yes," continue with next question. Otherwise, skip to Question 42.
0 never
1 yes
8 refuse to answer
9 don't know
39. How old were you when you started smoking a pipe? (years) □□U31
*If "don't know" or "refuse to answer," record -9.
40. Do you still smoke now? □U32
*If "yes," continue with next question. Otherwise, skip to Question 42.
0 no
1 yes
8 refuse to answer
9 don't know
41. If yes, how many liang of tobacco do you use in one month? □U33
*If "don't know" or "refuse to answer," record 9.

(2) Tea-Drinking (Questions 42-44)

42. Do you normally drink tea? □U34
*If "yes," continue with next question. Otherwise, skip to Question 45.
0 no
1 yes
8 refuse to answer
9 don't know

43. Your normal tea-drinking habit (in the last 30 days) □U35
1 almost every day
2 4-5 times a week
3 2-3 times a week
4 no more than once a week
5 2-3 times in the past 30 days
6 only once in the past 30 days
7 none in the past 30 days
8 refuse to answer
9 don't know

44. How many cups of tea did you drink a day? □□U36
*If "don't know" or "refuse to answer," record -9.

(3) Coffee-Drinking (Questions 45-47)

45. Do you normally drink coffee? □U37
*If "yes," continue with the next question. Otherwise, skip to Question 48.
0 no
1 yes
8 refuse to answer
9 don't know

46. Your coffee-drinking situation in the last 30 days? □U38
1 every day
2 4-5 times a week
3 2-3 times a week
4 once a week
5 2-3 times in the past 30 days
6 only once in the past 30 days
7 none in the past 30 days
8 refuse to answer
9 don't know

47. How many cups did you drink a day? □□U39
*If "don't know" or "refuse to answer," record 99 [-9].

VIII. Physical Activities 2 (for children age 6-18 who are in school only)

54. Does the child participate in any coached physical exercises before or after school, including relatively intense physical exercises, such as volleyball, soccer, badminton, long distance running? *If "yes," ask the next question. Otherwise, skip to Question 56. □U98
 0 no
 1 yes
 8 refuse to answer
 9 don't know

55. During a week, how many times does he/she participate in any physical exercises before or after school? □□U99
 *If "don't know" or "refuse to answer," record -9.

56. Does the child participate in the following activities before or after school? If "yes," how much time each week (hours:minutes)?

	Participate?		Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
	0 no 8 refuse to answer	1 yes 9 don't know	
Martial arts (Kung Fu, Tai Ji, etc.)	U100a [U216]	<input type="checkbox"/>	U101a [] □□:□□
Gymnastics, dancing, acrobatics	U100	<input type="checkbox"/>	U101 □□:□□
Track and field (running, etc.), swimming	U104	<input type="checkbox"/>	U105 □□:□□
Soccer, basketball, volleyball	U102b [U217]	<input type="checkbox"/>	U103b [] □□:□□
Badminton, tennis	U102 [U218]	<input type="checkbox"/>	U103a [] □□:□□
Other (board games, ping pong, etc.)	U106a [U219]	<input type="checkbox"/>	U107a [] □□:□□

57. Does he/she participate in the following activities before or after school? If "yes," how much time each week (hours:minutes)?

	Participate?		Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
	0 no 8 refuse to answer	1 yes 9 don't know	
TV, videotapes	U118	<input type="checkbox"/>	U119 □□:□□
Doing homework	U120a [U220]	<input type="checkbox"/>	U121a [] □□:□□
Extracurricular reading, writing, drawing	U120	<input type="checkbox"/>	U121 □□:□□
Video games, toy cars, puppets, board games, radio	U122	<input type="checkbox"/>	U123 □□:□□

58. Does he/she have any class of physical exercise in school? □U108
 0 no
 1 yes
 8 refuse to answer
 9 don't know

59. How many times does he/she participate in physical exercises in school a week? □□U109
 *If "don't know" or "refuse to answer," record -9.

60. Does the child participate in the following activities in school? If yes, how much time each week (hours:minutes)?

	Participate? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U110a [U221]	<input type="checkbox"/>	U111a [] □□:□□
Gymnastics, dancing, acrobatics	U110	<input type="checkbox"/>	U111 □□:□□
Track and field (running, etc.), swimming	U114	<input type="checkbox"/>	U115 □□:□□
Soccer, basketball, volleyball	U112b [U222]	<input type="checkbox"/>	U113b [] □□:□□
Badminton, tennis	U112a [U223]	<input type="checkbox"/>	U113a [] □□:□□
Other (board games, ping pong, etc.)	U116a [U224]	<input type="checkbox"/>	U117a [] □□:□□

61. What is your means of transportation to and from school? How much time is spent for a round trip (hours:minutes)?

	Used? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
Bus, subway	U124	<input type="checkbox"/>	U125 □□:□□
Bike	U126	<input type="checkbox"/>	U127 □□:□□
Walk	U128	<input type="checkbox"/>	U129 □□:□□

IX. Physical Activities 3 (for children age 6-18 who are not in school only)

62. Time spent weekly on physical exercise, outdoor games (hours:minutes)?

□□:□□U130

*If child does not participate in these activities, record 00:00. If "don't know" or "refuse to answer," record -9:99.

63. Does the child participate in the following activities? If "yes," how much time each week (hours:minutes)?

	Participate? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U131a [U225]	<input type="checkbox"/>	U131b [] □□:□□
Gymnastics, dancing, acrobatics	U131	<input type="checkbox"/>	U131c [] □□:□□
Track and field (running, etc.), swimming	U133	<input type="checkbox"/>	U133a [] □□:□□
Soccer, basketball, volleyball	U132 [U226]	<input type="checkbox"/>	U132a [] □□:□□
Badminton, tennis	U132b [U227]	<input type="checkbox"/>	U132c [] □□:□□
Other (board games, ping pong, etc.)	U132d [U228]	<input type="checkbox"/>	U132e [] □□:□□

64. Does the child participate in the following activities? If "yes," how much time each week (hours:minutes)?

	Participate? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
TV, videotapes	U134	<input type="checkbox"/>	U135 □□:□□
Reading, writing, drawing	U136	<input type="checkbox"/>	U137 □□:□□
Video games, toy cars, puppets, board games, building blocks, radio	U138	<input type="checkbox"/>	U139 □□:□□

X. Body Shape and Mass Media (for all children and young adults age 6-18 only)

65. Look at these body shape pictures. Which one looks most like you? □U200
*Shuffle all pictures first. Then show them to the participant and ask him/her to choose one.
Record the number on the back of the picture.
66. 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 participant. Ask him/her to choose one.
Record the number on the back of the picture.
67. Were you on a diet last year? "On a diet" means changing your normal eating habits to lose weight. □U202
0 no (Skip to Question 69).
1 yes
8 refuse to answer (Skip to Question 69)
9 don't know (Skip to Question 69)
68. Do you think you are now underweight, normal or overweight? □U203
1 underweight
2 normal
3 overweight
69. Do you think you have too little, just the right amount, or too much physical activity? □U204
Physical activity refers to sports or activities that increase your heart rate or make you sweat.
1 too little
2 just the right amount
3 too much
70. Do you have a TV (in working order) at home? □U205
0 no (Go to Section XI)
1 yes
71. Does your family limit your TV viewing? Include limits on time spent watching TV and which programs to watch. □U206
0 no
1 sometimes
2 always
8 refuse to answer
9 don't know
72. Which of the following TV channels do you like best? □□□U207
Second best? □□□U208
000 no preference
1 Central TV Station
101 Channel 1
102 Channel 2
103 Channel 3
104 Channel 4
105 Channel 5
106 Channel 6
107 Channel 7
108 Channel 8
109 Educational Channel
2 Local TV Station
201 Province

- 202 City
- 203 County
- 3 Satellite TV
 - 301 Beijing
 - 301 [302] Tianjin
 - 303 Hebei
 - 304 Shanxi
 - 305 Inner Mongolia
 - 306 Liaoning
 - 307 Jilin
 - 308 Heilongjiang
 - 309 Shanghai
 - 310 Jiangsu
 - 311 Zhejiang
 - 312 Anhui
 - 313 Fujian
 - 314 Jiangxi
 - 315 Shandong
 - 316 Henan
 - 317 Hubei
 - 318 Hunan
 - 319 Guangdong
 - 320 Guangxi
 - 321 Hainan
 - 322 Sichuan
 - 323 Chongqing
 - 324 Guizhou
 - 325 Yunnan
 - 326 Tibet
 - 327 Shaanxi
 - 328 Gansu
 - 329 Qinghai
 - 330 Ningxia
 - 331 Xinjiang
 - 332 Hong Kong
 - 333 Other (please specify)

- 4 Cable TV
 - 400 Cable TV

73. Which of the following types of TV programs do you like best?

Second best?

0 No preference

1 Sports

2 Pop music (such as MTV)

3 Drama, dance

4 News

5 Economy/geography/history/politics

6 TV series/movies

7 Cartoons

U209

U210

74. Do you pay attention to TV commercials? □U211
 0 never
 1 sometimes
 2 always
75. Do you like TV commercials? □U212
 0 no
 1 a little
 2 very much
76. Did you ask your parents to buy the kind of food or drinks you saw on TV commercials? □U213
 0 no (Skip to Question 78)
 1 yes
77. Did your parents buy them for you? □□U214
 0 no [□U214]
 1 yes
78. Think for a minute. Do you have an idol? Someone you saw on TV whom you admire most and whom you want to be like? □□U215
 Who is this person? What type of person is this?
 Record this person's name _____
 00 none
 01 Chinese politician
 02 Chinese TV host(ess)/Broadcaster
 03 Chinese pop singer/Movie star
 04 Japanese pop singer/Movie star
 05 Western pop singer/Movie star
 06 Chinese sports star
 07 Japanese sports star
 08 Western sports star
 09 Lawyer/doctor/teacher (professor)
 10 other
 99 [-9] don't know

XI. Physical Activities 4 (for adults age 18 and older only)

79. Do you spend time on light or very light physical activities during the work day in a week □□U140
 (e.g. sedentary job, job requiring some standing and sitting, office work, watch smith, college student, counter sales person, lab technician)?
 *If "no," record 00. If "don't know" or "refuse to answer," record -9.
80. Do you spend time on moderate physical activities during the work day in a week (e.g. driver, electrician)? □□U141
 *If "no," record 00. If "don't know" or "refuse to answer," record -9.
81. Do you spend time on heavy or very heavy physical activities during the work day in a week □□U142
 (e.g. farmer, athlete, dancer, steel worker, lumber worker, mason, etc.)?
 *If "no," record 00. If "don't know" or "refuse to answer," record -9.

82. On average, how long does it take you (round trip) to walk to work, school, shopping each day? (hours:minutes) □□:□□U143
 *If "don't know" or "refuse to answer," record -9:99.

83. On average, how long does it take you (round trip) to bike to work, school, shopping each day? (hours:minutes) □□:□□U144
 *If "don't know" or "refuse to answer," record -9:99.

84. Do you participate in the following activities? If "yes," how much time each week (hours:minutes)?

	Participate? 0 no 8 refuse to answer	1 yes 9 don't know	Time spent per week (hours:minutes)? *If "don't know" or "refuse to answer," record -9:99.
Martial arts (Kung Fu, Tai Ji, etc.)	U145	<input type="checkbox"/>	U146 □□:□□
Gymnastics, dancing, acrobatics	U149	<input type="checkbox"/>	U150 □□:□□
Track and field (running, etc.), swimming	U147	<input type="checkbox"/>	U148 □□:□□
Soccer, basketball, volleyball	U151	<input type="checkbox"/>	U152 □□:□□
Badminton, tennis	U153	<input type="checkbox"/>	U154 □□:□□
Other (board games, ping pong, etc.)	U155	<input type="checkbox"/>	U156 □□:□□

XII. Physical Activities 5 (for persons age 55 and older only)

85. Do you have any difficulty running a kilometer? □U157
 *If "no," skip to Question 89.
 1 No difficulty
 2 Have some difficulty, but can still do it
 3 Need help to do it
 4 Cannot do it at all
 8 refuse to answer
 9 don't know

86. Do you have any difficulty walking a kilometer? □U158
 *If "no," skip to Question 89.
 1 No difficulty
 2 Have some difficulty, but can still do it
 3 Need help to do it
 4 Cannot do it at all
 8 refuse to answer
 9 don't know

87. Do you have difficulty walking for 200 meters? □U159
 *If "no," skip to Question 89.
 1 No difficulty
 2 Have some difficulty, but can still do it
 3 Need help to do it
 4 Cannot do it at all
 8 refuse to answer
 9 don't know

88. Do you have difficulty walking across a room? □U160
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
89. Do you have difficulty sitting continuously for two hours? □U161
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
90. Do you have difficulty standing up after sitting for a long time? □U162
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
91. Do you have difficulty climbing one staircase? □U163
*If "no," skip to Question 93.
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
92. Do you have difficulty climbing a few stairs without stopping? □U164
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
93. Do you have any difficulty lifting or raising a 5-kilogram bag, such as a bag of flour, rice or other miscellaneous items? □U165
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know

94. Do you have any difficulty squatting down, kneeling down, or bending over? □U166
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
95. Do you have any difficulty bathing yourself? □U167
*If "no," skip to Question 97.
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
96. If you need help, who helps you? □U168
1 spouse
2 other family member
3 friend, relative or neighbor
4 health worker
5 other people
8 refuse to answer
9 don't know
97. Do you have any difficulty eating by yourself? □U169
*If "no," skip to Question 99.
1 No difficulty
2 Have some difficulty but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
98. If there is somebody helping you, who is the person? □U170
1 spouse
2 other family member
3 friend, relative or neighbor
4 health worker
5 other people
8 refuse to answer
9 don't know
99. Do you have any difficulty putting on your clothes? □U171
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know

100. Do you have any difficulty combing your hair? □U172
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
101. Do you have any difficulty using the toilet? □U173
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
102. Does your health condition or physical strength make it difficult for you to do shopping (e.g. buying food, clothes, etc.) without others' help? □U174
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
103. Does your health condition or physical strength make it difficult for you to cook without others' help? □U175
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
104. Does your health condition or physical strength make it difficult for you to use public transportation to go places where it is too far to walk? □U176
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know
105. Does your health condition or physical strength make it difficult for you to manage your money (e.g., record your income and expenses) without others' help? □U177
1 No difficulty
2 Have some difficulty, but can still do it
3 Need help to do it
4 Cannot do it at all
8 refuse to answer
9 don't know

106. Does your health condition or physical strength make it difficult for you to use the telephone without others' help? □U178
 1 No difficulty
 2 Have some difficulty, but can still do it
 3 Need help to do it
 4 Cannot do it at all
 8 refuse to answer
 9 don't know
107. How is your memory? □U179
 1 Very good
 2 Good
 3 OK
 4 Bad
 5 Very bad
 8 refuse to answer
 9 don't know
108. In the past twelve months, how did your memory change? □U180
 1 improved
 2 stayed the same
 3 deteriorated
 8 refuse to answer
 9 don't know
109. Now let's do a memory test. I'll read a few words and ask you to repeat them. There are quite a few words. It's hard for most people to remember all of them. Are you ready?
 *Let's begin: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.
 Read the words slowly and in a plain tone, approximately two seconds per word. Let the respondent think before he/she repeats, but not more than two minutes. Record the words and fill in the number of correct answers in the boxes.
 *If did not answer, record -9. If cannot remember, record 00. □□U181
110. Please tell me what year it is. □U182
 *Use either Western or Chinese calendar.
 0 incorrect
 1 correct
 8 refuse to answer
 9 don't know
111. Please tell me what month it is. □U183
 *Use either Western or Chinese calendar.
 0 incorrect
 1 incorrect
 8 refuse to answer
 9 don't know

112. Please tell me what date today is. □U184
*Use either Western or Chinese calendar.
0 incorrect
1 correct
8 refuse to answer
9 don't know
113. Please tell me what day it is. □U184a
0 incorrect
1 correct
8 refuse to answer
9 don't know
114. Please count backwards from 20 to 1. □U185
*If the respondent does not get it right the first time, try again.
1 correct the first time
2 correct the second time
3 incorrect both times
8 refuse to answer
9 don't know
115. What do people usually use to cut paper? □U186
*It is correct if answer is scissors.
0 incorrect
1 correct
8 refuse to answer
9 don't know
116. Please tell me who China's president is. □U186a
0 incorrect
1 correct
8 refuse to answer
9 don't know
117. Please tell me who China's premier is. □U186b
0 incorrect
1 correct
8 refuse to answer
9 don't know
118. Please tell me: How much does 100 minus 7 equal? □U187
*If the respondent did plus 7 instead of minus 7, repeat the question. If the answer is correct (93), continue with the next question. Otherwise, skip to Question 123.
0 incorrect
1 correct
8 refuse to answer
9 don't know

119. Then subtract 7 from the previous result. What is the result? □U188
*If the answer is correct (86), continue with the next question. Otherwise, skip to Question 123.
0 incorrect
1 correct
8 refuse to answer
9 don't know
120. Then subtract 7 from the previous result again. What is the result? □U189
*If the answer is correct (79), continue with the next question. Otherwise, skip to Question 123.
0 incorrect
1 correct
8 refuse to answer
9 don't know
121. Then subtract 7 from the previous result again. What is the result? □U190
*If the answer is correct (72), continue with the next question. Otherwise, skip to Question 123.
0 incorrect
1 correct
8 refuse to answer
9 don't know
122. Then subtract 7 from the previous result again. What is the result? □U191
The correct answer is 65.
0 incorrect
1 correct
8 refuse to answer
9 don't know
123. If respondent refused to answer Question 109, stop here. □□U192
*I read a list of words to you just now. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.) Now please repeat those words again. Let the respondent think before he/she repeats, but no more than two minutes. Do not read the words again. Record the words and fill in the number of correct answers in the boxes.

*If did not answer, record -9. If cannot remember, record 00.