CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

2004 ADULT QUESTIONNAIRE
(for all adults age 18 and older)

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

Urban Site: 1  Rural Site: 2  □□T2
City: __________  County: __________  □□T3
  1  First city
  2  Second city
  3  Third city
  4  Fourth city

Neighborhood: __________  Village (Town): __________  □□T4
  01  First [urban] neighborhood  01  County town neighborhood
  02  Second [urban] neighborhood  02  First village
  03  Third suburban village (neighborhood)  03  Second village
  04  Fourth suburban village (neighborhood)  04  Third village
  05  Fifth [urban] neighborhood  05  County town neighborhood
  06  Sixth [urban] neighborhood  06  Fourth village
  07  Seventh suburban village (neighborhood)  07  Fifth village
  08  Eighth suburban village (neighborhood)  08  Sixth village
  09  Ninth [urban] neighborhood  09  County town neighborhood
  10  Tenth [urban] neighborhood  10  Seventh village
  11  Eleventh suburban village (neighborhood)  11  Eighth village
  12  Twelfth suburban village (neighborhood)  12  Ninth village

Household Number: __________  □□□T5

Name of Adult: __________  Line Number: __________  □□□A1

Name of Respondent: __________  Line Number: __________  □□□T6a

Interview Date: ____Year  _____Month  ____Day  □□□□□□□□□□T7

Completion Evaluation:  1 Good    2 OK    3 Poor  □CO

Interviewer Name: ________  Number: ________  □□T6c

Supervisor Name: _________  Number: _________  □□T6d
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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I. BACKGROUND DEMOGRAPHICS (for all adults)
1. Date of birth: _____year  _____month  _____day
   * Record western calendar, if possible.

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. If spouse is not a family member, record -88.

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

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
   1 yes

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?  □B2b
   0 no (skip to Question 6)
   1 yes

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

5. On the average, what was your monthly retirement wage/salary last year, including subsidies and bonuses? (yuan)  □□□□□□□B2d
   * If retired, but rehired, ask Question 6. Otherwise, skip to Section V.
6. Did you change your job after 2000?
   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? □B7
   1 < 20
   2 20-100
   3 >100
   9 unknown

5. Last year, for how many months did you work at this occupation? □□□C3

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

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

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

9. Were you paid a regular wage last year? □C7b
   0 no (skip to the next section)
   1 yes

10. On the average, what was your monthly wage/salary last year, excluding subsidies and bonuses? (yuan) □□□□□□□□□□C8
    * If “unknown,” record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 11.

11. What was your average monthly subsidy last year, including grocery subsidy, health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan) □□□□□□□□□□I14a
    * If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.

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

13. Last year, what was the total value of all bonuses for the entire year? (yuan) □□□□□□□□□□I19
    * If “unknown,” record -9999.

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

1. Do you have a secondary occupation? □B9a
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)
2. What is your secondary occupation? □□B9

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

3. What is your employment position in this secondary occupation? □B10

<table>
<thead>
<tr>
<th>Code</th>
<th>Employment Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>self-employed, owner-manager with employees</td>
</tr>
<tr>
<td>2</td>
<td>self-employed, independent operator with no employees (includes farmer)</td>
</tr>
<tr>
<td>3</td>
<td>works for another person or enterprise (includes small-, medium-, and large-scale collective enterprise, farm, and private enterprise) as a permanent employee</td>
</tr>
<tr>
<td>4</td>
<td>contractor with other people or enterprise</td>
</tr>
<tr>
<td>5</td>
<td>temporary worker</td>
</tr>
<tr>
<td>6</td>
<td>paid family worker</td>
</tr>
<tr>
<td>7</td>
<td>unpaid family worker</td>
</tr>
<tr>
<td>8</td>
<td>other (specify: __________)</td>
</tr>
<tr>
<td>9</td>
<td>unknown</td>
</tr>
</tbody>
</table>

4. What type of work unit is this? □□B11a

<table>
<thead>
<tr>
<th>Code</th>
<th>Work Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>government department</td>
</tr>
<tr>
<td>02</td>
<td>state service/institute</td>
</tr>
<tr>
<td>03</td>
<td>state-owned enterprise</td>
</tr>
<tr>
<td>04</td>
<td>small collective enterprise (such as township-owned)</td>
</tr>
<tr>
<td>05</td>
<td>large collective enterprise (such as owned by county, city, province)</td>
</tr>
<tr>
<td>06</td>
<td>family contract farming</td>
</tr>
<tr>
<td>07</td>
<td>private, individual enterprise</td>
</tr>
<tr>
<td>08</td>
<td>three-capital enterprise (owned by foreigners, overseas Chinese and joint venture)</td>
</tr>
<tr>
<td>09</td>
<td>other (specify: __________)</td>
</tr>
<tr>
<td>-9</td>
<td>unknown</td>
</tr>
</tbody>
</table>

5. How many employees does this work unit have? □B12

<table>
<thead>
<tr>
<th>Code</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; 20</td>
</tr>
<tr>
<td>2</td>
<td>20-100</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 100</td>
</tr>
<tr>
<td>9</td>
<td>unknown</td>
</tr>
</tbody>
</table>

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

7. For how many days in a week, on the average, did you work? □C5a
8. For how many hours in a day, on the average, did you work? * If “unknown,” record -9.

9. During the past week, for how many hours did you work? * If “unknown,” record -99.

10. Were you paid a regular wage last year?
    0 no (skip to the next section)
    1 yes

11. On the average, what was your monthly wage/salary last year, excluding subsidies and bonuses? (yuan) * If “unknown,” record -9999. If cannot separate subsidies and wages, record total here and 0000 for Question 12.

12. What was your average monthly subsidy last year, including grocery subsidy, health allowance, bath and haircut allowance, book and newspaper allowance, housing and other subsidies? (yuan) * If does not know total amount, ask amount for each subsidy/allowance, add amounts together, and fill in total. If does not know the total or the amount for each, record -999.

13. 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)

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

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

2. Last year, for how many months did you engage in such work? * If “unknown,” record -9.

3. For how many days in a week, on the average, did you work? * If “unknown,” record 9.

4. For how many hours in a day, on the average, did you work? * If “unknown,” record -9.

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

2. Last year, for how many months did you work on a farm (collective or household)? * If “unknown,” record -9.

3. For how many days in a week, on the average, did you work? * If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work?  

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 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

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 -999.

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)  
   * If “unknown,” record -999.

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

VIII. COLLECTIVE AND HOUSEHOLD FISHING (for all adults)

1. Did you work in fishing either on a collective or in a business operated by your  
   household last year?  
   0 no (skip to the next section)  
   1 yes

2. Last year, for how many months did you work in fishing?  

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

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

5. What kind of fishing business is this?  
   1 collective  
   2 household (skip to Question 10)  
   3 both collective and household

6. Did you receive money from the collective 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 -999.

8. Did you receive fish or other 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 fish or goods you received worth? (yuan)  
   * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household's fishing business?
   0 no
   1 yes

IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS
(for 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? 0 no 1 yes * If “no,” skip down to next item.</th>
<th>5 Last year, for how many months did you work in this business? * If “unknown,” record -9.</th>
<th>6 For how many days in a week, on the average, did you work? * If “unknown,” record 9.</th>
<th>7 For how many hours in a day, on the average, did you work? * If “unknown,” record -9.</th>
<th>8 During the past week, for how many hours did you work? * If “unknown,” record -99.</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1d 1</td>
<td>Commerce</td>
<td>H5a</td>
<td>H6</td>
<td>H7</td>
<td>H8</td>
<td>H9</td>
</tr>
<tr>
<td>2 Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Manufacturing</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4 Peddler</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Construction</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6 Other (specify:__)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
X. 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</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</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>

XI. 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.

XII. 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

XIII. TEA CONSUMPTION (for all adults)
1. Do you normally drink tea? □ U34
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How often did you drink tea during the past 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
   9 unknown

3. How many cups of tea did you drink per day? □□ U36

XIV. COFFEE CONSUMPTION (for all adults)
1. Do you normally drink coffee? □ U37
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)

2. How often did you drink coffee during the past 30 days? □ U38a
   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
   9 unknown

3. How many cups of coffee did you drink per day? □□ U39
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 3.

Table 3. Alcohol Consumption

<table>
<thead>
<tr>
<th>3 Alcohol type</th>
<th>4 Do you drink this type of alcohol?</th>
<th>5 How much do you drink each week?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “no” or “unknown,” skip down to next item.</td>
</tr>
<tr>
<td>Beer</td>
<td>U42a □</td>
<td>U42 □□ (bottle)</td>
</tr>
<tr>
<td>Grape wine (including various colored wines, rice wine)</td>
<td>U43a □</td>
<td>U43 □□ (liang)</td>
</tr>
<tr>
<td>Liquor</td>
<td>U44a □</td>
<td>U44 □□ (liang)</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 4.

### Table 4. Soft Drink and Sugared Fruit Drink Consumption

<table>
<thead>
<tr>
<th>Beverage type</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese brand soft drinks (Jianlibao, 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>

**XVII. PHYSICAL ACTIVITIES** (for all adults)

1. How much time each day do you usually spend in bed either sleeping or lying there, including nighttime? (hours)

   * Ask Question 2 for adults who work:

2. How much time do you spend doing each of these types of physical activities during work time in a typical week? (hours:minutes)
   * If “none,” record 00:00. If “unknown,” record -9:99.
   
   (1) Light physical activities (e.g., sedentary job, job with some standing and sitting, office work, watch smith, counter salesperson, lab technician)
   (2) Moderate physical activities (e.g., driver, electrician)
   (3) Heavy physical activities (e.g., farmer, athlete, dancer, steel worker, lumber worker, mason)

   * Ask Questions 4-5 about each transportation type for adults who work or go to school and record the answers in Table 5.

### Table 5. Transportation to and from Work or School

<table>
<thead>
<tr>
<th>Transportation method</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>U128 □</td>
<td>U129 □□;□□</td>
</tr>
<tr>
<td>Bicycle</td>
<td>U126 □</td>
<td>U127 □□;□□</td>
</tr>
<tr>
<td>Bus, subway</td>
<td>U124 □</td>
<td>U125 □□;□□</td>
</tr>
<tr>
<td>Car, taxi, motorcycle</td>
<td>U325 □</td>
<td>U326 □□;□□</td>
</tr>
</tbody>
</table>
* Ask Questions 7-9 about each activity and record the answers in Table 6.

**Table 6. Physical Activities**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Do you participate in this activity?</th>
<th>How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “unknown,” record -9:99.</td>
</tr>
<tr>
<td></td>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
</tr>
<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 7.

**Table 7. Sedentary Activities**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Do you participate in this activity?</th>
<th>How much time do you spend during a typical day? (hours:minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 no 1 yes 9 unknown</td>
<td>* If “unknown,” record -9:99.</td>
</tr>
<tr>
<td></td>
<td>* If “no” or “unknown,” skip down to next item.</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>U339</td>
<td>U340</td>
</tr>
<tr>
<td>Videotapes, VCDs, DVDs</td>
<td>U342</td>
<td>U343</td>
</tr>
<tr>
<td>Video games</td>
<td>U345</td>
<td>U346</td>
</tr>
<tr>
<td>Computer usage (computer games, surfing the internet, etc.)</td>
<td>U348</td>
<td>U349</td>
</tr>
<tr>
<td>Reading (books, newspapers and magazines), writing, drawing</td>
<td>U351</td>
<td>U352</td>
</tr>
</tbody>
</table>

14. Can you access the internet from your home or at an internet cafe? □ U354

0 no (skip to the next section)
1 yes
9 unknown (skip to the next section)
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  

(2) Participate in chat rooms  
0 no 1 yes 9 unknown  

(3) Play games  
0 no 1 yes 9 unknown  

(4) Other (specify: __________)  
0 no 1 yes 9 unknown  

XVIII. ACTIVITIES OF DAILY LIVING (for adults age 55 and older)  
We want to understand the various life difficulties caused by health and physical limitations.  
* Ask Question 2 about each activity and record the answers in Table 8.  

<table>
<thead>
<tr>
<th>Activity type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running a kilometer</td>
<td>U157</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking a kilometer</td>
<td></td>
<td>U158</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking 200 meters</td>
<td></td>
<td></td>
<td>U159</td>
<td></td>
</tr>
<tr>
<td>Walking across a room</td>
<td></td>
<td></td>
<td>U160</td>
<td></td>
</tr>
<tr>
<td>Sitting continuously for two hours</td>
<td></td>
<td></td>
<td>U161</td>
<td></td>
</tr>
<tr>
<td>Standing up after sitting for a long time</td>
<td></td>
<td></td>
<td>U162</td>
<td></td>
</tr>
<tr>
<td>Climbing one staircase</td>
<td></td>
<td></td>
<td>U163</td>
<td></td>
</tr>
<tr>
<td>Climbing a few stairs without stopping</td>
<td></td>
<td></td>
<td>U164</td>
<td></td>
</tr>
<tr>
<td>Lifting or raising a 5-kilogram bag (such as a bag of flour, rice, or other miscellaneous items)</td>
<td></td>
<td></td>
<td>U165</td>
<td></td>
</tr>
<tr>
<td>Squatting down, kneeling down, or bending over</td>
<td></td>
<td></td>
<td>U166</td>
<td></td>
</tr>
<tr>
<td>Putting on your clothes</td>
<td></td>
<td></td>
<td>U171</td>
<td></td>
</tr>
<tr>
<td>Combing your hair</td>
<td></td>
<td></td>
<td>U172</td>
<td></td>
</tr>
<tr>
<td>Using the toilet</td>
<td></td>
<td></td>
<td>U173</td>
<td></td>
</tr>
</tbody>
</table>
* Ask Questions 4-5 about each activity and record the answers in Table 9.

### Table 9. Activities of Daily Living II

<table>
<thead>
<tr>
<th>Activity type</th>
<th>4 Do you have any difficulty doing this?</th>
<th>5 If you need help, who helps you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 no difficulty (skip down to next item)</td>
<td>1 spouse</td>
</tr>
<tr>
<td></td>
<td>2 have some difficulty, but can still do (skip down to next item)</td>
<td>2 other family member</td>
</tr>
<tr>
<td></td>
<td>3 need help to do it</td>
<td>3 friend, relative or neighbor</td>
</tr>
<tr>
<td></td>
<td>4 cannot do it at all</td>
<td>4 health worker</td>
</tr>
<tr>
<td></td>
<td>9 unknown</td>
<td>5 other people</td>
</tr>
<tr>
<td>Bathing yourself</td>
<td>U167</td>
<td>9 unknown</td>
</tr>
<tr>
<td>Eating by yourself</td>
<td>U169</td>
<td></td>
</tr>
</tbody>
</table>

* Ask Question 7 about each activity and record the answers in Table 10.

### Table 10. Activities of Daily Living III

<table>
<thead>
<tr>
<th>Activity type</th>
<th>6 Activity type</th>
<th>7 Does your health condition or physical strength make it difficult for you to do this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop (buying food, clothes, etc.) without others’ help</td>
<td></td>
<td>1 no difficulty</td>
</tr>
<tr>
<td>Cook without others’ help</td>
<td></td>
<td>2 have some difficulty, but can still do it</td>
</tr>
<tr>
<td>Use public transportation to go places where it is too far to walk</td>
<td></td>
<td>3 need help to do it</td>
</tr>
<tr>
<td>Manage your money (record your income and expenses, etc.) without others’ help</td>
<td></td>
<td>4 cannot do it at all</td>
</tr>
<tr>
<td>Use the telephone without others’ help</td>
<td></td>
<td>9 unknown</td>
</tr>
</tbody>
</table>

### XIX. MEMORY TEST (for adults age 55 and older)

1. How is your memory?
   1 very good
   2 good
   3 OK
   4 bad
   5 very bad
   9 unknown

□U179
2. In the past twelve months, how has your memory changed?
   1 improved
   2 stayed the same
   3 deteriorated
   9 unknown

3. 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 cannot remember, record 00. If does not answer, record -9.
   * If refuses to answer, skip to the next section.

4. Ask the respondent for the following information:
   * Use either western or lunar calendar.
   (1) Please tell me what year it is. 0 incorrect 1 correct 9 unknown
   (2) Please tell me what month it is. 0 incorrect 1 correct 9 unknown
   (3) Please tell me what date today is. 0 incorrect 1 correct 9 unknown
   (4) Please tell me what day it is. 0 incorrect 1 correct 9 unknown

5. Please count backward from 20 to 1.
   * If does not get it right the first time, try again.
   1 correct the first time
   2 correct the second time
   3 incorrect both times
   9 unknown

6. What do people usually use to cut paper? 0 incorrect 1 correct 9 unknown
   * The correct answer is scissors.

7. Ask the respondent the following questions:
   * If adds 7 instead of subtracts 7, repeat the question.
   * If answer is correct, continue. Otherwise, skip to Question 8.
   * If answer is correct, continue. Otherwise, skip to Question 8.
   (1) How much is 100 minus 7? 0 incorrect 1 correct (93) 9 unknown
   (2) Subtract 7 again. What is the result? 0 incorrect 1 correct (86) 9 unknown
   (3) Subtract 7 again. What is the result? 0 incorrect 1 correct (79) 9 unknown
   (4) Subtract 7 again. What is the result? 0 incorrect 1 correct (72) 9 unknown
   (5) Subtract 7 again. What is the result? 0 incorrect 1 correct (65) 9 unknown
8. I read a list of words to you just now. 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. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.) * If cannot remember, record 00. If does not answer, record -9.

**XX. MEDICAL INSURANCE** (for all adults)

1. Do you have medical insurance? ☐M1
   - 0 no (skip to the next section)
   - 1 yes

2. Which of the following types of medical insurance do you have?
   - (0) Commercial insurance 0 no 1 yes 9 unknown ☐M3a_0
   - (1) Free medical service 0 no 1 yes 9 unknown ☐M3a_1
   - (2) Worker’s compensation 0 no 1 yes 9 unknown ☐M3a_2
   - (3) Insurance for family members 0 no 1 yes 9 unknown ☐M3a_3
   - (4) Cooperative insurance 0 no 1 yes 9 unknown ☐M3a_4
   - (5) Unified planning medical service 0 no 1 yes 9 unknown ☐M3a_5
   - (6) Health insurance for women and children 0 no 1 yes 9 unknown ☐M3a_6
   - (7) EPI (expanded program of immunization) insurance for children 0 no 1 yes 9 unknown ☐M3a_7
   - (8) 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 the annual premium for this insurance? (yuan) ☐☐☐☐M4
   * If does not know the exact amount, record -999.

4. What percentage of the fees for outpatient care does your insurance pay (not including registration fee)? (%) ☐☐☐☐M9

5. What percentage of the fees for inpatient care does your insurance pay (not including food expenses)? (%) ☐☐☐☐M10

6. How much money do you receive from your insurance every year if your work unit distributes the medical fee to you? (yuan) ☐☐☐☐M10a
   * If does not know the exact amount, record -999.

* Ask Question 7 for women only.

7. Does this insurance cover prenatal and delivery services? ☐M11
   - 0 no
   - 1 yes
   - 9 unknown
XXI. 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?
   - 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
   - (2) Diarrhea, stomachache
     - 0 no
     - 1 yes
     - 9 unknown
   - (3) Headache, dizziness
     - 0 no
     - 1 yes
     - 9 unknown
   - (4) Joint pain, muscle pain
     - 0 no
     - 1 yes
     - 9 unknown
   - (5) Rash, dermatitis
     - 0 no
     - 1 yes
     - 9 unknown
   - (6) Eye/ear disease
     - 0 no
     - 1 yes
     - 9 unknown
   - (7) Heart disease/chest pain
     - 0 no
     - 1 yes
     - 9 unknown
   - (8) Other infectious disease (specify: __________)
     - 0 no
     - 1 yes
     - 9 unknown
   - (9) Other noncommunicable disease (specify: __________)
     - 0 no
     - 1 yes
     - 9 unknown

* 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?
   - 1 not severe
   - 2 somewhat severe
   - 3 quite severe

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

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

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

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

01 village clinic
02 private clinic
03 work unit clinic
04 other clinic
05 town family planning service
06 town hospital
07 county maternal and child hospital
08 county hospital
09 city maternal and child hospital
10 city hospital
11 worker’s hospital
12 other hospital
13 at home
14 other (specify: __________)
15 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
XXII. PREVENTIVE HEALTH CARE (for all adults)

1. 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 2-5 about the one that had the highest cost.

2. 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: __________)
   - 9 unknown

3. 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

4. How much did this service cost? (yuan)
   * If total cost was paid by medical insurance, record -88.8. If “unknown,” record -99.9.

5. 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.

XXIII. CURRENT HEALTH STATUS (for all adults)

1. Right now, how would you describe your health compared to that of other people your age?
   1 excellent
   2 good
   3 fair
   4 poor
   9 unknown

2. During the past 3 months have you had any difficulty carrying out your daily activities and work or studies due to illness?
   0 no (skip to the next section)
   1 yes
   9 unknown (skip to the next section)
3. For how long did you have difficulty carrying out your normal daily activities and work or studies? (weeks)

XXIV. 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 0 no 1 yes 9 unknown
   (2) Weight control 0 no 1 yes 9 unknown
   (3) Oral medicine 0 no 1 yes 9 unknown
   (4) Injection of insulin 0 no 1 yes 9 unknown
   (5) Chinese traditional medicine 0 no 1 yes 9 unknown
   (6) Home remedies 0 no 1 yes 9 unknown
   (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 the next section)
   1 yes
   9 unknown (skip to the next section)

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

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

**XXV. 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 11.

**Table 11. Diet Knowledge**

<table>
<thead>
<tr>
<th>Statement</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this statement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Please note that the question is not asking about your actual habits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choosing a diet with a lot of fresh fruits and vegetables is good for one’s health.</td>
<td>U377</td>
<td></td>
</tr>
<tr>
<td>Eating a lot of sugar is good for one’s health.</td>
<td>U378</td>
<td></td>
</tr>
<tr>
<td>Eating a variety of foods is good for one’s health.</td>
<td>U379</td>
<td></td>
</tr>
<tr>
<td>Choosing a diet high in fat is good for one’s health.</td>
<td>U380</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>U381</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>U382</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>U383</td>
<td></td>
</tr>
<tr>
<td>Consuming milk and dairy products is good for one’s health.</td>
<td>U384</td>
<td></td>
</tr>
<tr>
<td>Consuming beans and bean products is good for one’s health.</td>
<td>U385</td>
<td></td>
</tr>
<tr>
<td>Physical activities are good for one’s health.</td>
<td>U386</td>
<td></td>
</tr>
<tr>
<td>Sweaty sports or other intense physical activities are not good for one’s health.</td>
<td>U387</td>
<td></td>
</tr>
<tr>
<td>The heavier one’s body is, the healthier he or she is.</td>
<td>U388</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 12.

**Table 12. Food Preferences**

<table>
<thead>
<tr>
<th>Food item</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast food (KFC, pizza, hamburgers, etc.)</td>
<td>1 dislike very much</td>
<td>1 dislike very much</td>
</tr>
<tr>
<td>Salty snack foods (potato chips, pretzels, French fries, etc.)</td>
<td>2 dislike somewhat</td>
<td>2 dislike somewhat</td>
</tr>
<tr>
<td>Fruits</td>
<td>3 like somewhat</td>
<td>3 like somewhat</td>
</tr>
<tr>
<td>Vegetables</td>
<td>4 like very much</td>
<td>4 like very much</td>
</tr>
<tr>
<td>Soft drinks and sugared fruit drinks</td>
<td>9 does not eat this food</td>
<td>9 does not eat this food</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 13.

**Table 13. Activity Preferences**

<table>
<thead>
<tr>
<th>Activity type</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, Tai Chi</td>
<td>1 dislike very much</td>
<td>1 dislike very much</td>
</tr>
<tr>
<td>Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)</td>
<td>2 dislike somewhat</td>
<td>2 dislike somewhat</td>
</tr>
<tr>
<td>Body building</td>
<td>3 like somewhat</td>
<td>3 like somewhat</td>
</tr>
<tr>
<td>Watching TV</td>
<td>4 like very much</td>
<td>4 like very much</td>
</tr>
<tr>
<td>Playing computer/video games, surfing the internet</td>
<td>9 does not participate</td>
<td>9 does not participate</td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* Ask the respondent how important each of the priorities in Item 8 is in his or her life: The most important, very important, important, not very important, or not important at all and record the answers in Table 14.

<table>
<thead>
<tr>
<th>8 Priority</th>
<th>9</th>
</tr>
</thead>
</table>
| How important is this priority in your life: The most important, very important, important, not very important, or not important at all? | 1 not important at all  
2 not very important  
3 important  
4 very important  
5 the most important  
9 unknown |  
| 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 □ |  

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

1. What is your current marital status?
   1 married  
   2 widowed (skip to Question 4)  
   3 divorced (skip to Question 4)

2. In what year and month were you married? (current marriage)
   ☐☐☐☐ year ☐☐ month  
* Record western calendar, if possible.

3. Does your husband ordinarily live at home?
   0 no  
   1 yes  
* Skip to Question 6

4. In what year and month were you and your most recent husband married? ☐☐☐☐ year ☐☐ month  
* Record western calendar, if possible.

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

6. Altogether, how many times have you been married? ☐☐☐☐ times.  
* If only one marriage, skip to the next section.

7. In what year and month did you first marry? ☐☐☐☐ year ☐☐ month  
* Record western calendar, if possible.

8. How did your first marriage end?
   0 divorced  
   1 widowed
9. In what year and month were you first widowed or divorced? ☐☐☐☐ year ☐☐ month S39
   ☐☐☐☐ year ☐☐ month
*Record western calendar, if possible.

XXVII. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER
(for all women under age 52 who are married, widowed, or divorced)
1. Is your mother still alive? ☐ S6
   0 no (skip to the next section)
   1 yes
2. Where does she live? ☐ S7
   1 same household (skip to Question 6)
   2 next door or adjacent to household (skip to Question 6)
   3 same neighborhood/village
   4 outside neighborhood, but same city or county
   5 other city or county
   9 unknown (skip to the next section)
3. How far is your mother's house from your house? _______ kilometers ☐ ☐☐☐ S8
4. How do you normally travel there? ☐ S9a
   1 walk
   2 bicycle
   3 bus or subway
   4 car, taxi or motorcycle
   5 boat
   6 train
   7 airplane
   8 other (specify:______)
   9 never travel there (skip to Question 6)
5. How long does it take to travel there? ____hours ____minutes ☐ ☐☐☐☐ S10
6. Is your mother over age 50? ☐ S10a
   0 no (skip to the next section)
   1 yes
7. Does your mother need to be taken care of? ☐ S11
   (Refers to the need for other people's help in daily life and shopping)
   0 no
   1 yes
8. During the past week, did you help her with her daily life and shopping? ☐ S11a
   0 no (skip to the next section)
   1 yes
9. During the past week, how much time did you spend taking care of your mother? ________hours ☐ ☐☐☐☐ S12

XXVIII. INTER-GENERATIONAL LINKAGES TO PARENTS: FATHER
(for all women under age 52 who are married, widowed, or divorced)
1. Is your father still alive? ☐ S13
   0 no (skip to the next section)
   1 yes
2. Where does he live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   9. unknown (skip to the next section)

3. How far is your father's house from your house? _______ kilometers

4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify:______)
   9. never travel there (skip to Question 6)

5. How long does it take to travel there?   ____hours ____minutes

6. Is your father over age 50?
   0. no (skip to the next section)
   1. yes

7. Does your father need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0. no
   1. yes

8. During the past week, did you help him with his daily life and shopping?
   0. no (skip to the next section)
   1. yes

9. During the past week, how much time did you spend taking care of your father?
   ________hours

XXIX. INTER-GENERATIONAL LINKAGES TO PARENTS: MOTHER-IN-LAW
   (for all women under age 52 who are currently married)
1. Is your mother-in-law still alive?
   0. no (skip to the next section)
   1. yes

2. Where does she live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   9. unknown (skip to the next section)
3. How far is your mother-in-law's house from your house? ________ kilometers

4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify:______)
   9. never travel there (skip to Question 6)

5. How long does it take to travel there? ____hours ____minutes

6. Is your mother-in-law over age 50?
   0. no (skip to the next section)
   1. yes

7. Does your mother-in-law need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0. no
   1. yes

8. During the past week, did you help her with her daily life and shopping?
   0. no (skip to the next section)
   1. yes

9. During the past week, how much time did you spend taking care of your mother-in-law? ________ hours

XXX. INTER-GENERATIONAL LINKAGES TO PARENTS: FATHER-IN-LAW
(for all women under age 52 who are currently married)

1. Is your father-in-law still alive?
   0. no (skip to the next section)
   1. yes

2. Where does he live?
   1. same household (skip to Question 6)
   2. next door or adjacent to household (skip to Question 6)
   3. same neighborhood/village
   4. outside neighborhood, but same city or county
   5. other city or county
   9. unknown (skip to the next section)

3. How far is your father-in-law's house from your house? ________ kilometers

4. How do you normally travel there?
   1. walk
   2. bicycle
   3. bus or subway
   4. car, taxi or motorcycle
   5. boat
   6. train
   7. airplane
   8. other (specify:______)
   9. never travel there (skip to Question 6)
5. How long does it take to travel there? ____ hours ____ minutes

6. Is your father-in-law over age 50?
   0 no (skip to the next section)
   1 yes

7. Does your father-in-law need to be taken care of?
   (Refers to the need for other people's help in daily life and shopping)
   0 no
   1 yes

8. During the past week, did you help him with his daily life and shopping?
   0 no (skip to the next section)
   1 yes

9. During the past week, how much time did you spend taking care of your father-in-law? ____ hours

XXXI. SIBLINGS/RELATIVES (for all women under age 52 who are married, widowed, or divorced)
1. Do you have any brothers?
   0 no (skip to Question 3)
   1 yes

2. How many brothers do you have?

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

4. How many sisters do you have?

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

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

6. How many brothers does your husband have?

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

8. How many sisters does your husband have?

XXXII. 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 8

3. Are you using any contraceptive methods?  
   0 no (skip to Question 7)  
   1 yes

4. What method are you using?  
   01 pill  
   02 IUD  
   03 injection  
   04 diaphragm  
   05 condom  
   06 rhythm (skip to Question 8)  
   07 withdrawal (skip to Question 8)  
   08 female sterilization  
   09 male sterilization  
   10 other (specify: __________)

5. From which health facility did you receive this contraceptive 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  
   13 drug store  
   14 drug store  
   15 other (specify: __________)  
   07 county maternal and child hospital  
   - 9 unknown

* If "female sterilization" or "male sterilization," ask Question 6.  
Otherwise, skip to Question 8.

6. If "female sterilization," when was the operation performed?  
   _______year _______month
   * Record western calendar, if possible.  
   * Skip to Question 8

   If "male sterilization," when was the operation performed?  
   _______year _______month
   * Record western calendar, if possible.  
   * Skip to Question 8

7. 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: __________)

8. From January 2000 to the present, how many times have you been pregnant, including the current pregnancy if currently pregnant?  
   * If “none,” skip to Section XXXIII.
* Ask Questions 10-19 about each pregnancy since January 2000 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 2000, skip to Section XXXIII.

Table 15. Pregnancy History: January 2000 to Present

| 9 | Pregnancy number | 10 | When did this pregnancy end? (year, month, day) | 11 | How did this pregnancy end? | 12 | What was this child's sex? | 13 | Is this child living with you now? | 14 | Is this child still alive? | 15 | When did this child die? (year, month, day) | 16 | According to which calendar? | 17 | What is this child’s name? | 18 | Did you ever breast-feed this child? | 19 | How long did you breast-feed this child? (months) |
|---|------------------|---|-----------------------------------------------|---|----------------------------------------|---|---------------------------|---|---------------------------------|---|-----------------------------------|---|------------------------------------|---|-----------------------------|---|-----------------------------|---|------------------------------------|
| S113b | 1 | S113a | □ | S114 | □ | S114a | □ | S114b | □ | S114c | □ | S114d | □ | S114e | □ | S114f | □ | S116a | □ | S117 | □ |
| 2 | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| 3 | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| 4 | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| 5 | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |

* When all pregnancies have been recorded, continue with Question 20.
* Ask Questions 20-22 about the most recent pregnancy (excluding the current one).

20. Did you have prenatal care during this pregnancy?
   0 no (skip to Question 22)
   1 yes

21. How many prenatal examinations did you have altogether?

22. Are you now on maternity leave?
   0 no
   1 yes

XXXIII. 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?

* 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?

* 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?
XXXIV. 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 2000. 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.

1. In total, how many children have you given birth to in your life? □$122$

2. Of all the children you have given birth to, are there any living with you now?
   0 no (skip to Question 5)
   1 yes □$40$

3. How many sons are living with you now? □$41$

4. How many daughters are living with you now? □$42$

5. Of all the children you have given birth to, are there any who are not living with you now?
   0 no (skip to Question 8)
   1 yes □$43$

6. How many sons are not living with you? □$44$

7. How many daughters are not living with you? □$45$

8. Have you ever given birth to a child who was born alive but later died?
   0 no (skip to Question 10)
   1 yes □$46$

9. How many children have died? □$47$

10. * Calculate the number of children this woman has given birth to according to all of her responses. [The ones living within the household + the ones not living within the household + the ones deceased = _____ children] Then ask the woman: “According to my record, you have given birth to ________ children altogether. Is this number correct?” If not correct, review the answers to Questions 1-10 and correct all errors. □$47a$
* Ask Questions 12-20 about every child the woman has given birth to (including those who died and those born since January 2000), and record the answers in Table 16.
  * Begin with the first birth and work forward to the most recent birth.
  * Record western calendar, wherever possible.

Table 16. Birth History

<table>
<thead>
<tr>
<th>Birth order</th>
<th>When was this child born? (year, month, day)</th>
<th>According to which calendar?</th>
<th>What was this child’s sex?</th>
<th>Is this child living with you now?</th>
<th>What is this child’s name?</th>
<th>Is this child living elsewhere?</th>
<th>When did this child die? (year, month)</th>
<th>Was this child living in your household when he or she died?</th>
<th>How long did this child live in your household? (years, months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S48 1</td>
<td>S49</td>
<td>S50</td>
<td>S51</td>
<td>S52</td>
<td>S53</td>
<td>S54</td>
<td>S55</td>
<td>S56</td>
<td>S57</td>
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<td></td>
</tr>
</tbody>
</table>

* When all births have been recorded, continue with Section XXXV.
XXXV. MASS MEDIA (for all women under age 52 who are married, widowed, 
or divorced and have children age 6-18 in the household)

1. Now I will ask some questions about your oldest child between the ages of 6 and 18.  
What is this child’s name? __________  
* Record the child’s line number.

2. Do you think your child is underweight, normal, or overweight?  
1 underweight  
2 normal  
3 overweight  
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.  
0 no  
1 yes, on a diet to gain weight  
2 yes, on a diet to lose weight  
9 unknown

4. Did you encourage your child to lose or gain weight through dieting?  
0 no  
1 yes

5. Do you think your child has too little, just the right amount, or too much physical 
activity? Physical activity refers to sports or activities that increase your heart rate or 
make you sweat.  
1 too little  
2 just the right amount  
3 too much  
9 unknown

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

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

8. Does your child have a TV (in working order) in his or her bedroom?  
0 no  
1 yes

9. When watching TV in the evenings, who normally gets to choose TV programs 
or channels?  
1 Dad, i.e., your husband  
2 Mom, i.e., you  
3 child(ren)  
4 parents or other adults together  
5 child(ren) and parents together  
6 others
10. Does your family often watch TV together?
   0  no
   1  sometimes
   2  often
   9  unknown

11. Do you ever tell your child not to copy/imitate the things he or she sees on TV?
    □ S225
   0  no
   1  sometimes
   2  often
   9  unknown

12. Do you have rules about how long your child can watch TV?
    □ S209a
   0  no
   1  sometimes
   2  often
   9  unknown

13. Do you have rules about what kinds of TV shows your child can watch?
    □ S209b
   0  no
   1  sometimes
   2  often
   9  unknown

14. Which TV channel do you like best?
   Second best?
   □□□ S211
   000  No preference
   1  CCTV
   101  News/Public Service Channel
   102  Finance Channel
   103  Arts Channel
   104  International Channel
   105  Sports Channel
   106  Movie Channel
   107  Military/Agriculture/Children’s Channel
   108  TV Series and TV Movie Channel
   109  Educational Channel
   110  English Language Channel
   111  Science Channel
   112  Traditional Chinese Opera and Music Channel
   113  Western China Channel
   114  Children’s Channel
   115  Popular Music Channel
   116  News Channel
   2  Local TV
   201  Province
   202  City
   203  County
   3  Satellite TV
   301  Beijing
   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
   334  China Entertainment TV
   333  Other (specify: __________)
   4  Cable TV (Local)
   400  Cable TV
15. Do you pay attention to TV commercials?
   0 no
   1 sometimes
   2 often
   9 unknown

16. Does your child ask you to buy the kind of food or drinks he or she sees on TV commercials?
   0 no (skip to Question 18)
   1 sometimes
   2 often
   9 unknown

17. Do you buy them for your child?
   0 no
   1 sometimes
   2 often
   9 unknown

18. Does your child buy for himself or herself the kind of food or drinks he or she sees on TV commercials?
   0 no
   1 sometimes
   2 often
   9 unknown
XXXVI. 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.

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

3. Age (years): ________ □□□□□□U1
   * Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.

4. Sex: ________ □□□□□□U1b
   1 male
   2 female

* Before taking physical measurements, check line number on cover page, and birth date, age and sex on page 2. If the information on this page does not match the information on cover and page 2, 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) _____/_______ □□□□□□□□U4
   (2) _____/_______ □□□□□□□□U5
   (3) _____/_______ □□□□□□□□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