

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

2004 CHILD QUESTIONNAIRE

(for all children age 0-17.99)

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

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

Neighborhood: _____

Village (Town): _____ T4

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

- 01 County town neighborhood
- 02 First village
- 03 Second village
- 04 Third village
- 05 County town neighborhood
- 06 Fourth village
- 07 Fifth village
- 08 Sixth village
- 09 County town neighborhood
- 10 Seventh village
- 11 Eighth village
- 12 Ninth village

Household Number: _____ T5

Name of Child: _____ Line Number: _____ A1

Name of Respondent: _____ Line Number: _____ T6a

Interview Date: ____Year ____Month ____Day T7

Completion Evaluation: 1 Good 2 OK 3 Poor CO

Interviewer Name: _____ Number: _____ T6c

Supervisor Name: _____ Number: _____ T6d

The Child questionnaire should be completed for all children through age 17.99. Persons age 18 and older should complete the Adult questionnaire. A parent should answer all questions for children under age 10. The Child questionnaire includes the following sections:

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I. BACKGROUND DEMOGRAPHICS (for all children)

1. Date of birth: ____year ____month ____day AA3a
* Record western calendar, if possible.
2. According to which calendar type? AA4a
1 western calendar
2 lunar calendar
3. Age (years): _____ * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, etc. A3a
4. Sex: _____ AA2a
1 male
2 female
5. Does your father live in this household? A5a
0 no (skip to Question 8)
1 yes
6. What is the relationship between you and your father? A5a1
1 biological father
2 stepfather
3 adopted father
7. What is your father's name? _____ * Record the father's line number. A5b
8. Does your mother live in this household? A5c
0 no (skip to Question 11)
1 yes
9. What is the relationship between you and your mother? A5c1
1 biological mother
2 stepmother
3 adopted mother
10. What is your mother's name? _____ * Record the mother's line number. A5d
11. To which type of household registration do you belong? A8b1
1 urban
2 rural
- * If age 6 or older, ask Question 12. Otherwise, skip to Section XII.**
12. How many years of formal education have you completed in a regular school? A11
00 no school completed 26 3 years upper middle school
11 1 year primary school 27 1 year technical school
12 2 years primary school 28 2 years technical school
13 3 years primary school 29 3 years technical school
14 4 years primary school 31 1 year college/university
15 5 years primary school 32 2 years college/university
16 6 years primary school 33 3 years college/university
21 1 year lower middle school 34 4 years college/university
22 2 years lower middle school 35 5 years college/university
23 3 years lower middle school 36 6 years college/university or more
24 1 year upper middle school - 9 unknown
25 2 years upper middle school

13. Are you currently in school? A13
0 no
1 yes (skip to Section V)

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

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

2. Why are you not working? B2a
1 seeking work
2 doing housework
3 disabled
6 other (specify: _____)
9 unknown

*** Skip to Section V.**

3. Did you change your job after 2000? B3b
0 no
1 yes

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

1. What is your primary occupation? B4
01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer)
02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer)
03 administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
04 office staff (secretary, office helper)
05 farmer, fisherman, hunter
06 skilled worker (foreman, group leader, craftsman)
07 non-skilled worker (ordinary laborer, logger)
08 army officer, police officer
09 ordinary soldier, policeman
10 driver
11 service worker (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
12 athlete, actor, musician
13 other (specify: _____)
- 9 unknown

2. What is your employment position in this occupation? B5
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? B6a
- 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
 * If "unknown," record -9.
6. For how many days in a week, on the average, did you work? C5
 * If "unknown," record 9.
7. For how many hours in a day, on the average, did you work? C6
 * If "unknown," record -9.
8. During the past week, for how many hours did you work? C7
 * If "unknown," record -99.
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 C8
 subsidies and bonuses? (yuan)
 * 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, I14a
 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.
12. Did you receive a bonus last year (including monthly bonus, quarterly bonus, I18
 year-end bonus, holiday bonus, and other bonus)?
- 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 children who work)

1. Do you have a secondary occupation? B9a
0 no (skip to the next section)
1 yes
9 unknown (skip to the next section)
2. What is your secondary occupation? B9
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
3. What is your employment position in this secondary occupation? B10
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
4. What type of work unit is this? B11a
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
5. How many employees does this work unit have? B12
1 < 20
2 20-100
3 > 100
9 unknown

6. Last year, for how many months did you work at this occupation? C3a
* If “unknown,” record -9.
7. For how many days in a week, on the average, did you work? C5a
* If “unknown,” record 9.
8. For how many hours in a day, on the average, did you work? C6a
* If “unknown,” record -9.
9. During the past week, for how many hours did you work? C7a
* If “unknown,” record -99.
10. Were you paid a regular wage last year? C7c
0 no (skip to the next section)
1 yes
11. On the average, what was your monthly wage/salary last year, excluding C8a
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, I14b
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, I18a
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) I19a
* If “unknown,” record -9999.

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

1. Did you work in a household vegetable garden or orchard last year? D2a
0 no (skip to the next section)
1 yes
2. Last year, for how many months did you engage in such work? D3a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? D3b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? D3c
* If “unknown,” record -9.

VI. COLLECTIVE AND HOUSEHOLD FARMING (for children age 6 and older)

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

2. Last year, for how many months did you work on a farm (collective or household)? E4a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? E4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? E4c
* If “unknown,” record -9.
5. What kind of farming business is this? E5
1 collective farm
2 household farm (skip to Question 10)
3 both collective and household
6. Did you receive money from the collective last year? E6
0 no (skip to Question 8)
1 yes
9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) E7
* If “unknown,” record -9999.
8. Did you receive farm produce and/or other items, such as durable goods, from the collective last year? E8
0 no (skip to Question 10)
1 yes
9 unknown (skip to Question 10)
9. How much money were these farm produce and/or other items you received worth? (yuan) E9
* If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s farming activities? E10
0 no
1 yes

VII. RAISING LIVESTOCK/POULTRY(for children age 6 and older)

1. Did you work raising livestock or poultry either on a collective or at home last year? F2a
0 no (skip to the next section)
1 yes
2. Last year, for how many months did you work raising livestock or poultry? F4a
* If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? F4b
* If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? F4c
* If “unknown,” record -9.
5. What kind of livestock- or poultry-raising business is this? F5
1 collective
2 household (skip to Question 10)
3 both collective and household

6. Did you receive money from the collective last year? F6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) F7
 * If “unknown,” record -999.
8. Did you receive livestock or poultry products from the collective last year? F8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)
9. How much money were these livestock or poultry products you received worth? F9
 (yuan)
 * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s livestock or poultry business? F10
 0 no
 1 yes

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

1. Did you work in fishing either on a collective or in a business operated by your household last year? G2a
 0 no (skip to the next section)
 1 yes
2. Last year, for how many months did you work in fishing? G4a
 * If “unknown,” record -9.
3. For how many days in a week, on the average, did you work? G4b
 * If “unknown,” record 9.
4. For how many hours in a day, on the average, did you work? G4c
 * If “unknown,” record -9.
5. What kind of fishing business is this? G5
 1 collective
 2 household (skip to Question 10)
 3 both collective and household
6. Did you receive money from the collective last year? G6
 0 no (skip to Question 8)
 1 yes
 9 unknown (skip to Question 8)
7. How much money did you receive? (yuan) G7
 * If “unknown,” record -999.
8. Did you receive fish or other goods from the collective last year? G8
 0 no (skip to Question 10)
 1 yes
 9 unknown (skip to Question 10)

9. How much money were these fish or goods you received worth? (yuan) □□□□G9
 * If “unknown,” record -999.
10. Are you the household member primarily responsible for the household’s fishing business? □G10
 0 no
 1 yes

IX. SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS

(for children age 6 and older)

1. Did you work in a small handicraft or small commercial business operated by your household last year (such as carpentry, shoe repair, housekeeping/child care service, tailoring, hairdressing, electrical appliance repair, restaurant, store, family child care, family hotel, family clinic, etc.)? □H1c
 0 no (skip to the next section)
 1 yes

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

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

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

Table 1. Small Household Businesses

2 Business number	3 Business type	4 Did you work in this business last year? 0 no 1 yes * If “no,” skip down to next item.	5 Last year, for how many months did you work in this business? * If “unknown,” record -9.	6 For how many days in a week, on the average, did you work? * If “unknown,” record 9.	7 For how many hours in a day, on the average, did you work? * If “unknown,” record -9.	8 During the past week, for how many hours did you work? * If “unknown,” record -99.
H1d		H5a	H6	H7	H8	H9
1	Commerce	□	□□	□	□□	□□□
2	Service	□	□□	□	□□	□□□
3	Manufacturing	□	□□	□	□□	□□□
4	Peddler	□	□□	□	□□	□□□
5	Construction	□	□□	□	□□	□□□
6	Other (specify:____)	□	□□	□	□□	□□□

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

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

Table 2. Home Activities (Household Chores)

1 Activity type	2 During the past week, did you do this chore? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	3 How much time did you spend per day, on average? (minutes) * If does not know the exact time, record -99.
Buy food for your household	K2 <input type="checkbox"/>	K3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> * If done on the way to or from school or work, record -88.
Prepare and cook food for your household	K4 <input type="checkbox"/>	K5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wash and iron clothes	K6 <input type="checkbox"/>	K7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clean the house	K7b <input type="checkbox"/>	K7c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

XI. CARE OF OTHER CHILDREN AGE 6 AND YOUNGER (for children age 6 and older)

1. During the past week, did you take care of children age 6 and younger in your household? 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. CHILD CARE OUTSIDE THE HOME (for children age 6 and younger)

1. During the past week, were you taken care of by people who do not live in your household? K14a
 0 no (skip to Question 4)
 1 yes
 9 unknown (skip to Question 4)

2. Where did the care take place?
- | | | | | |
|--|------|-------|-----------|------------------------------|
| (1) In your home | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K15 |
| (2) In the home of your paternal grandparents | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K16 |
| (3) In the home of your maternal grandparents | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K17 |
| (4) In the home of other relatives | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K18 |
| (5) In the home of neighbors | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K19 |
| (6) In a neighborhood or private child care center | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K20 |
| (7) In a state child care center | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K21 |
| (8) In a child care center run by a work unit | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K22 |
| (9) At a preschool managed by a primary school | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K23 |
| (10) At a nursery school | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K24 |
| (11) Other (specify: _____) | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> K25 |
3. During the past week, for how many hours were you taken care of by people who do not live in your household? (hours) K42a
 * If does not know the exact time, record -99.
4. For how many days in a typical week are you taken care of by people who do not live in your household? (days) K42
 * If does not know the exact time, record 9.
5. For how many hours in a typical day are you taken care of by people who do not live in your household? (hours) K41
 * If for the entire day, record 24 hours. If does not know the exact time, record -9.

XIII. SMOKING (for children age 12 and older)

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
 * If "unknown," record -9.
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
 * If "unknown," record -9.
 * **Skip to the next section.**
5. How long ago did you stop smoking? (months) U29
 * If "unknown," record -99.

XIV. TEA CONSUMPTION (for children age 12 and older)

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
* If "unknown," record -9.

XV. COFFEE CONSUMPTION (for children age 12 and older)

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
* If "unknown," record -9.

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

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

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

XVII. SOFT DRINK AND SUGARED FRUIT DRINK CONSUMPTION

(for children age 6 and older)

- 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)
- 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

3 Beverage type	4 Do you drink this beverage? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	5 How much do you drink each week? (liters) * If “unknown,” record -.9.
Chinese brand soft drinks (Jianlibao, etc.)	U231 <input type="checkbox"/>	U232 <input type="checkbox"/> . <input type="checkbox"/>
Non-Chinese brand soft drinks (Coca-Cola, etc.)	U233 <input type="checkbox"/>	U234 <input type="checkbox"/> . <input type="checkbox"/>
Sugared fruit drinks (lemonade, juices with no more than 10% fruit juice)	U235 <input type="checkbox"/>	U236 <input type="checkbox"/> . <input type="checkbox"/>

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

XVIII. PHYSICAL ACTIVITIES (for children under age 6)

1. How much time each day do you usually spend in bed either sleeping or lying there, including nighttime? (hours) U237
* If “unknown,” record -9.
2. Usually, do you do any physical exercises (e.g., running, using playground equipment, playing soccer or other sports) in preschool facilities, athletic schools, or at home? U90
0 no (skip to Table 5)
1 yes
9 unknown (skip to Table 5)
3. How many hours do you spend doing physical exercises each week? U91
* If “unknown,” record -9.

* Ask Questions 5-7 about each activity and record the answers in Table 5.

Table 5. Sedentary Activities for Children Under Age 6

4 Activity type	5 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	6/7 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	U92a <input type="checkbox"/>	U238 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U239 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Videotapes, VCDs, DVDs	U92b <input type="checkbox"/>	U240 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U241 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Video games	U92c <input type="checkbox"/>	U242 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U243 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Computer usage (computer games, surfing the internet, etc.)	U244 <input type="checkbox"/>	U245 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U246 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Reading (books, newspapers and magazines), writing, drawing	U94 <input type="checkbox"/>	U247 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U248 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Toy cars, puppets, board games	U96a <input type="checkbox"/>	U249 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U250 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

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

1. How much time each day do you usually spend in bed either sleeping or lying there, including nighttime? (hours) U251
* If “unknown,” record -9.
2. Do you participate in any physical exercises before or after school or on the weekend, including relatively intense physical exercises, such as volleyball, soccer, badminton, and long distance running? U98a
0 no (skip to Table 7)
1 yes
9 unknown (skip to Table 7)
3. How many times do you participate in any physical exercises before or after school or on the weekend each week? U99a
* If “unknown,” record -9.

4. On average, for how long do you participate in these physical exercises each time? (hours:minutes) □□:□□ U99b

* If “unknown,” record -9:99.

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

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

5 Activity type	6 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	U216a <input type="checkbox"/>	U252 □□:□□	U253 □□:□□
Gymnastics, dancing, acrobatics	U100a <input type="checkbox"/>	U254 □□:□□	U255 □□:□□
Track and field (running, etc.), swimming	U104a <input type="checkbox"/>	U256 □□:□□	U257 □□:□□
Soccer, basketball, volleyball [tennis]	U217a <input type="checkbox"/>	U258 □□:□□	U259 □□:□□
Badminton, tennis [volleyball]	U218a <input type="checkbox"/>	U260 □□:□□	U261 □□:□□
Other (ping pong, Tai Chi, etc.)	U219a <input type="checkbox"/>	U262 □□:□□	U263 □□:□□

* Ask Questions 10-12 about each activity and record the answers in Table 7.

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

9 Activity type	10 Do you participate in this activity <u>before or after school or on the weekend?</u> 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	11/12 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	U118a <input type="checkbox"/>	U264 □□:□□	U265 □□:□□
Videotapes, VCDs, DVDs	U118b <input type="checkbox"/>	U266 □□:□□	U267 □□:□□
Video games	U118c <input type="checkbox"/>	U268 □□:□□	U269 □□:□□
Computer usage (computer games, surfing the internet, etc.)	U270 <input type="checkbox"/>	U271 □□:□□	U272 □□:□□
Doing homework	U220a <input type="checkbox"/>	U273 □□:□□	U274 □□:□□
Extracurricular reading (books, newspapers and magazines), writing, drawing	U120a <input type="checkbox"/>	U275 □□:□□	U276 □□:□□
Toy cars, puppets, board games	U122a <input type="checkbox"/>	U277 □□:□□	U278 □□:□□

13. Can you access the internet from your home or at an internet cafe? U279
 0 no (skip to Question 16)
 1 yes
 9 unknown (skip to Question 16)
14. Do you ever go to an internet cafe? U280
 0 no (skip to Question 16)
 1 yes
 9 unknown (skip to Question 16)
15. Which of these things do you usually do at an internet café?
 (1) Surf the internet 0 no 1 yes 9 unknown U281
 (2) Participate in chat rooms 0 no 1 yes 9 unknown U282
 (3) Play games 0 no 1 yes 9 unknown U283
 (4) Other (specify: _____) 0 no 1 yes 9 unknown U284
16. Do you have any physical exercise class in school? U108
 0 no (skip to Table 9)
 1 yes
 9 unknown (skip to Table 9)
17. How many times do you participate in physical exercises in school (in class or at recess) each week? U109
 * If “unknown,” record -9.
18. On average, for how long do you participate in these physical exercises each time? (hours:minutes) : U109a
 * If “unknown,” record -9:99.

* Ask Questions 20-21 about each activity and record the answers in Table 8.

Table 8. Physical Activities for Children Age 6 and Older Who Are in School: Activities in School

19 Activity type	20 Do you participate in this activity <u>in school</u> ? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	21 How much time do you spend <u>each week</u> ? (hours:minutes) * If “unknown,” record -9:99.
Martial arts (Kung Fu, etc.)	U221a <input type="checkbox"/>	U285 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Gymnastics, dancing, acrobatics	U110 <input type="checkbox"/>	U111 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Track and field (running, etc.), swimming	U114 <input type="checkbox"/>	U115 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Soccer, basketball, volleyball [tennis]	U222a <input type="checkbox"/>	U286 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Badminton, tennis [volleyball]	U223a <input type="checkbox"/>	U287 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Other (ping pong, Tai Chi, etc.)	U224a <input type="checkbox"/>	U288 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

* Ask Questions 23-24 about each transportation type and record the answers in Table 9.

Table 9. Transportation To and From School for Children Age 6 and Older Who Are in School

22 Transportation method	23 Do you travel to and from school this way? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	24 How long does a <u>round trip</u> take? (hours:minutes) * If “unknown,” record -9:99.
Walk	U128 <input type="checkbox"/>	U129 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Bicycle [(pedaled)]	U126a <input type="checkbox"/>	U127a <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Bicycle (passenger)	U126b <input type="checkbox"/>	U127b <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Bus, subway	U124 <input type="checkbox"/>	U125 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Car, taxi, motorcycle	U289 <input type="checkbox"/>	U290 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

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

- How much time each day do you usually spend in bed either sleeping or lying there, including nighttime? (hours) * If “unknown,” record -9. U291
- Do you participate in any physical exercises or outdoor games? U292
 0 no (skip to Table 11)
 1 yes
 9 unknown (skip to Table 11)
- How many times do you participate in any physical exercises or outdoor games each week? * If does not participate in these activities, record 00. If “unknown,” record -9. U130a
- On average, for how long do you participate in these physical exercises each time? (hours:minutes) * If “unknown,” record -9:99. : U130b

* Ask Questions 6-8 about each activity and record the answers in Table 10.

Table 10. Physical Activities for Children Age 6 and Older Who Are Not in School

5 Activity type	6 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	7/8 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
Martial arts (Kung Fu, etc.)	U225a <input type="checkbox"/>	U293 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U294 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Gymnastics, dancing, acrobatics	U131 <input type="checkbox"/>	U295 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U296 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Track and field (running, etc.), swimming	U133 <input type="checkbox"/>	U297 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U298 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Soccer, basketball, volleyball [tennis]	U226a <input type="checkbox"/>	U299 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U300 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Badminton, tennis [volleyball]	U227a <input type="checkbox"/>	U301 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U302 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Other (ping pong, Tai Chi, etc.)	U228a <input type="checkbox"/>	U303 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U304 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

* Ask Questions 10-12 about each activity and record the answers in Table 11.

Table 11. Sedentary Activities For Children Age 6 and Older Who Are Not in School

9 Activity type	10 Do you participate in this activity? 0 no 1 yes 9 unknown * If “no” or “unknown,” skip down to next item.	11/12 How much time do you spend during a typical day? (hours:minutes) * If “unknown,” record -9:99.	
		Monday - Friday	Saturday - Sunday
TV	U134a <input type="checkbox"/>	U305 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U306 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Videotapes, VCDs, DVDs	U134b <input type="checkbox"/>	U307 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U308 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Video games	U134c <input type="checkbox"/>	U309 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U310 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Computer usage (computer games, surfing the internet, etc.)	U311 <input type="checkbox"/>	U312 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U313 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Reading (books, newspapers and magazines), writing, drawing	U136 <input type="checkbox"/>	U314 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U315 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Toy cars, puppets, board games, [building blocks]	U138a <input type="checkbox"/>	U316 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	U317 <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>

13. Can you access the internet from your home or at an internet cafe? U318
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
14. Do you ever go to an internet cafe? U319
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
15. Which of these things do you usually do at an internet café?
 (1) Surf the internet 0 no 1 yes 9 unknown U320
 (2) Participate in chat rooms 0 no 1 yes 9 unknown U321
 (3) Play games 0 no 1 yes 9 unknown U322
 (4) Other (specify: _____) 0 no 1 yes 9 unknown U323

XXI. BODY SHAPE AND MASS MEDIA (for children age 6 and older)

1. Look at these body shape pictures. Which one looks most like you? U200
 * Shuffle all pictures first. Then show them to the child and ask him/her to choose one.
 Record the number from the back of the picture.
2. Look at these pictures again. Which one do you want your body to look like? U201
 * Collect all pictures, shuffle, and show them to the child. Ask him/her to choose one.
 Record the number from the back of the picture.
3. Look at these pictures again. Which one do you think is the most healthy? U201a
 * Collect all pictures, shuffle, and show them to the child. Ask him/her to choose one.
 Record the number from the back of the picture.

4. Does your family usually ask you to eat more, less or whatever amount you choose of these foods?
- | | | | | | |
|---|--------------|--------|--------|-----------|-------------------------------|
| (1) Total food amount | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U360 |
| (2) Rice and wheat products | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U361 |
| (3) Vegetables | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U362 |
| (4) Fruits | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U363 |
| (5) Meats | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U364 |
| (6) Sweets [Snacks] | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U365 |
| ("Sweets" ["Snacks"] are foods eaten between meals, such as cakes, candy, cookies, ice cream, fried potatoes, nuts, melon seeds, sugary or salty plums, etc.) | | | | | |
| (7) Soft drinks and sugared fruit drinks | 0 any amount | 1 more | 2 less | 9 unknown | <input type="checkbox"/> U366 |
5. During the past 3 months, how many times have you eaten at a Western fast food restaurant, such as McDonald's or Kentucky Fried Chicken? U367
* If "unknown," record -9.
6. Do you think you are now underweight, normal or overweight? U203
- | | |
|---|-------------|
| 1 | underweight |
| 2 | normal |
| 3 | overweight |
| 9 | unknown |
7. Were you on a diet last year? "On a diet" means changing your normal eating habits to lose or gain weight. U202a
- | | |
|---|-------------------------------|
| 0 | no |
| 1 | yes, on a diet to gain weight |
| 2 | yes, on a diet to lose weight |
| 9 | unknown |
8. Do you think you have too little, just the right amount, or too much physical activity? Physical activity refers to sports or activities that increase your heart rate or make you sweat. U204
- | | |
|---|-----------------------|
| 1 | too little |
| 2 | just the right amount |
| 3 | too much |
| 9 | unknown |
9. Does your family ever ask you to engage in more physical activity, less physical activity, or don't they care? U368
- | | |
|---|----------------|
| 0 | no, don't care |
| 1 | yes, more |
| 2 | yes, less |
| 9 | unknown |
10. Do you have a TV (in working order) at home? U205
- | | |
|---|-------------------------------|
| 0 | no (skip to the next section) |
| 1 | yes |
11. Do you have a TV (in working order) in your bedroom? U369
- | | |
|---|-----|
| 0 | no |
| 1 | yes |

12. Does your family ever tell you that you should not copy/imitate the things you see on TV? U370
- 0 no
1 sometimes
2 often
9 unknown
13. Does your family have rules about how long you can watch TV? U206a
- 0 no
1 sometimes
2 often
9 unknown
14. Does your family have rules about what kinds of TV shows you can watch? U206b
- 0 no
1 sometimes
2 often
9 unknown
15. Which TV channel do you like best? U207
- Second best? U208
- | | |
|---|----------------------------|
| 000 No preference | Satellite TV (cont'd) |
| 1 CCTV | 308 Heilongjiang |
| 101 News/Public Service Channel | 309 Shanghai |
| 102 Finance Channel | 310 Jiangsu |
| 103 Arts Channel | 311 Zhejiang |
| 104 International Channel | 312 Anhui |
| 105 Sports Channel | 313 Fujian |
| 106 Movie Channel | 314 Jiangxi |
| 107 Military/Agriculture/Children's Channel | 315 Shandong |
| 108 TV Series and TV Movie Channel | 316 Henan |
| 109 Educational Channel | 317 Hubei |
| 110 English Language Channel | 318 Hunan |
| 111 Science Channel | 319 Guangdong |
| 112 Traditional Chinese Opera and Music Channel | 320 Guangxi |
| 113 Western China Channel | 321 Hainan |
| 114 Children's Channel | 322 Sichuan |
| 115 Popular Music Channel | 323 Chongqing |
| 116 News Channel | 324 Guizhou |
| 2 Local TV | 325 Yunnan |
| 201 Province | 326 Tibet |
| 202 City | 327 Shaanxi |
| 203 County | 328 Gansu |
| 3 Satellite TV | 329 Qinghai |
| 301 Beijing | 330 Ningxia |
| 302 Tianjin | 331 Xinjiang |
| 303 Hebei | 332 Hong Kong |
| 304 Shanxi | 334 China Entertainment TV |
| 305 Inner Mongolia | 333 Other (specify: _____) |
| 306 Liaoning | 4 Cable TV (Local) |
| 307 Jilin | 400 Cable TV |

16. Which TV programs do you like best? U209
Second best? U210
- 0 no preference
 - 1 sports
 - 2 pop music (such as MTV), popular or non-traditional dance
 - 3 drama
 - 4 news
 - 5 economy/geography/history/politics
 - 6 TV series/movies
 - 7 cartoons
17. Do you eat snacks while watching TV? U371
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown
18. Do you watch TV when you are eating a meal? U372
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown
19. Do you pay attention to TV commercials? U211a
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown
20. Do you ask your parents to buy the kind of food or drinks you see on TV commercials? U213a
- 0 no (skip to Question 22)
 - 1 sometimes
 - 2 often
 - 9 unknown
21. Do your parents buy them for you? U214b
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown
22. Do you buy for yourself the kind of food or drinks you see on TV commercials? U373
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown
23. Do you read fashion/beauty/sports/music/entertainment magazines? U374
- 0 no
 - 1 sometimes
 - 2 often
 - 9 unknown

24. How many days per week do you read a newspaper? U375

25. 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? Who is this person? What type of person is this? U215

* Record this person's name _____.

- | | |
|---|--------------------------------------|
| 00 none | 06 Chinese sports star |
| 01 Chinese politician | 07 Japanese or Korean sports star |
| 02 Chinese TV host(ess)/broadcaster | 08 Western sports star |
| 03 Chinese pop singer/movie star | 09 lawyer/doctor/teacher (professor) |
| 04 Japanese or Korean pop singer/movie star | 10 other (specify: _____) |
| 05 Western pop singer/movie star | - 9 |

XXII. DIET AND ACTIVITY KNOWLEDGE (for children age 12 and older)

1. Do you know about the Chinese Pagoda or the Dietary Guidelines for Chinese Residents? U376

- 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 12.**

Table 12. Diet Knowledge

2 Statement	3 1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree 9 unknown
Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this statement? * Please note that the question is not asking about your actual habits.	
Choosing a diet with a lot of fresh fruits and vegetables is good for one's health.	U377 <input type="checkbox"/>
Eating a lot of sugar is good for one's health.	U378 <input type="checkbox"/>
Eating a variety of foods is good for one's health.	U379 <input type="checkbox"/>
Choosing a diet high in fat is good for one's health.	U380 <input type="checkbox"/>
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.	U381 <input type="checkbox"/>
Consuming a lot of animal products daily (fish, poultry, eggs and lean meat) is good for one's health.	U382 <input type="checkbox"/>
Reducing the amount of fatty meat and animal fat in the diet is good for one's health.	U383 <input type="checkbox"/>
Consuming milk and dairy products is good for one's health.	U384 <input type="checkbox"/>
Consuming beans and bean products is good for one's health.	U385 <input type="checkbox"/>
Physical activities are good for one's health.	U386 <input type="checkbox"/>
Sweaty sports or other intense physical activities are not good for one's health.	U387 <input type="checkbox"/>
The heavier one's body is, the healthier he or she is.	U388 <input type="checkbox"/>

* 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 13.

Table 13. Food Preferences

4 Food item How much do you like this food: Like very much, like somewhat, dislike somewhat, or dislike very much?	5 1 dislike very much 2 dislike somewhat 3 like somewhat 4 like very much 9 does not eat this food
Fast food (KFC, pizza, hamburgers, etc.)	U389 <input type="checkbox"/>
Salty snack foods (potato chips, pretzels, French fries, etc.)	U390 <input type="checkbox"/>
Fruits	U391 <input type="checkbox"/>
Vegetables	U392 <input type="checkbox"/>
Soft drinks and sugared fruit drinks	U393 <input type="checkbox"/>

* 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 14.

Table 14. Activity Preferences

6 Activity type How much do you like to participate in this activity: Like very much, like somewhat, dislike somewhat, or dislike very much? * Please note we are asking if you participate in the activity, not just watch the activity or games on TV or as a spectator attending an event.	7 1 dislike very much 2 dislike somewhat 3 like somewhat 4 like very much 9 does not participate
Walking, Tai Chi	U394 <input type="checkbox"/>
Sports (ping pong, badminton, tennis, soccer, basketball, volleyball)	U395 <input type="checkbox"/>
Body building	U396 <input type="checkbox"/>
Watching TV	U397 <input type="checkbox"/>
Playing computer/video games, surfing the internet	U398 <input type="checkbox"/>
Reading	U399 <input type="checkbox"/>
Doing homework	U400 <input type="checkbox"/>

* Ask the respondent if he or she cares about each priority in Item 8 always, often, sometimes, or never and record the answers in Table 15.

Table 15. Priorities

8 Priority	9 1 never 2 sometimes 3 often 4 always 9 unknown
How often do you care about this priority: Always, often, sometimes, or never?	
Being praised by parents	U401 <input type="checkbox"/>
Being liked by friends	U402 <input type="checkbox"/>
Looking modern	U403 <input type="checkbox"/>
Getting good grades in school	U404 <input type="checkbox"/>

XXIII. MEDICAL INSURANCE (for all children)

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 | <input type="checkbox"/> M3a_0 |
| (1) Free medical service | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_1 |
| (2) Worker's compensation | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_2 |
| (3) Insurance for family members | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_3 |
| (4) Cooperative insurance | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_4 |
| (5) Unified planning medical service | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_5 |
| (6) Health insurance for women and children | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_6 |
| (7) EPI (expanded program of immunization) insurance for children | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_7 |
| (8) Other (specify: _____) | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M3a_8 |

* If more than one type of insurance, ask Questions 3-6 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
 * If "unknown," record -99.
5. What percentage of the fees for inpatient care does your insurance pay (not including food expenses)? (%) M10
 * If "unknown," record -99.
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.

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

1. During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease? M23
- 0 no
1 yes
9 unknown

2. Did you have any of these symptoms during the past 4 weeks (including today)?
- | | | |
|--|----------------------|---------------------------------|
| (1) Fever, sore throat, cough | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_1 |
| (2) Diarrhea, stomachache | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_2 |
| (3) Headache, dizziness | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_3 |
| (4) Joint pain, muscle pain | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_4 |
| (5) Rash, dermatitis | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_5 |
| (6) Eye/ear disease | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_6 |
| (7) Heart disease/chest pain | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_7 |
| (8) Other infectious disease (specify: _____) | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_8 |
| (9) Other noncommunicable disease (specify: _____) | 0 no 1 yes 9 unknown | <input type="checkbox"/> M24b_9 |

*** If no symptoms, skip to Question 7. Otherwise, ask Questions 3-14 about the most recent illness. Then ask Question 15.**

3. How severe was the illness or injury? M25
- 1 not severe
2 somewhat severe
3 quite severe

4. For how many days during the past 4 weeks were you unable to carry out normal activities due to this illness? M26a
- * If "unknown," record -9.

5. What did you do when you felt ill? M26
- 1 self-care
2 saw the local health worker (skip to Question 8)
3 saw a doctor (clinic, hospital) (skip to Question 8)
4 did not pay any attention
9 unknown

6. How much money did you spend on the illness or injury? (yuan) M39
- * If insurance covered all expenses, record -888. If "unknown," record -999.

7. Did you seek care from a formal medical provider during the past 4 weeks? M52
- 0 no (skip to Question 15)
1 yes

8. Where did you see a doctor? M27b
- | | |
|---------------------------------------|-------------------------------------|
| 01 village clinic | 09 city maternal and child hospital |
| 02 private clinic | 10 city hospital |
| 03 work unit clinic | 11 worker's hospital |
| 04 other clinic | 12 other hospital |
| 05 town family planning service | 14 at home |
| 06 town hospital | 15 other (specify: _____) |
| 07 county maternal and child hospital | - 9 unknown |
| 08 county hospital | |

9. Was it an outpatient or inpatient visit? M28
 0 outpatient (skip to Question 11)
 1 inpatient
10. For how many days during the past 4 weeks were you or have you been hospitalized? M29
 * If “unknown,” record -9.
11. How much did this treatment cost or has this treatment cost so far (including all registration fees, medicines, treatment fees, bed fees, etc.)? (yuan) M30
 * If insurance covers all expenses, record -8888. If “unknown,” record -9999.
12. What percentage of these costs was paid by insurance or may be paid by insurance? (%) M31
 * If does not have medical insurance, record -88. If “unknown,” record -99.
13. How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) M38
 * If “unknown,” record -99.
14. What was the doctor’s diagnosis of your illness or injury? M40
- | | |
|---------------------------------|--------------------------------------|
| 00 no diagnosis | 11 neurological disorder |
| 01 infectious/parasitic disease | 12 eye/ear/nose/throat/teeth disease |
| 02 heart disease | 13 digestive disease |
| 03 tumor | 14 urinary disease |
| 04 respiratory disease | 16 obstetrical/gynecological disease |
| 05 injury | 17 neonatal disease |
| 06 alcohol poisoning | 18 dermatological disease |
| 07 endocrine disorder | 19 muscular/rheumatological disease |
| 08 hematological disease | 20 genetic disease |
| 09 mental/psychiatric disorder | 22 other (specify: _____) |
| 10 mental retardation | - 9 unknown |
15. Did you visit a folk doctor last year? M40a
 0 no
 1 yes
 9 unknown

XXV. PLANNED IMMUNIZATIONS (for children under age 12)

1. Did you receive any immunizations last year? M42
 0 no (skip to the next section)
 1 yes
 9 unknown (skip to the next section)
2. Was the immunization fee covered by insurance? M43
 0 no
 1 fully covered (skip to Question 5)
 2 partially covered
 9 unknown (skip to Question 5)
3. How much money was spent “out-of-pocket” last year on immunizations? (yuan) M44
 * If “unknown,” record -99.9. If “none,” record 000.0.

4. Does this cost include all immunizations for the past several years, or only those given during 2003? M45
- 1 several years
2 2003 only
9 unknown
5. Which of these immunizations did you receive last year?
- | | | | | |
|----------------------------|------|-------|-----------|---------------------------------|
| (0) BCG vaccine | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_0 |
| (1) Measles | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_1 |
| (2) DPT | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_2 |
| (3) OPV | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_3 |
| (4) Influenza encephalitis | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_4 |
| (5) Encephalitis B | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_5 |
| (6) Hepatitis A | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_6 |
| (7) Hepatitis B | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_7 |
| (8) Other (specify: _____) | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> M46a_8 |

XXVI. PREVENTIVE HEALTH CARE (for all children)

1. During the past 4 weeks, did you receive any preventive health service, such as health examination, eye examination, blood test? M47
- 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? M48a
- 01 general physical examination
02 child health examination
03 blood test
06 vision or hearing examination
10 other (specify: _____)
- 9 unknown

3. Where did you receive this service? M49a
- | | |
|---------------------------------------|-------------------------------------|
| 01 village clinic | 09 city maternal and child hospital |
| 02 private clinic | 10 city hospital |
| 03 work unit clinic | 11 worker's hospital |
| 04 other clinic | 12 other hospital |
| 05 town family planning service | 14 at home |
| 06 town hospital | 15 other (specify: _____) |
| 07 county maternal and child hospital | - 9 unknown |
| 08 county hospital | |

4. How much did this service cost? (yuan) M50
- * 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? (%) M51
- * If does not have medical insurance, record -88. If "unknown," record -99.

XXVII. CURRENT HEALTH STATUS (for children age 12 and older)

1. Right now, how would you describe your health compared to that of other people your age? U48a
- 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? U48
- 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) U49
- * If "unknown," record -9.

XXVIII. FIRST MENSTRUATION (for girls age 8 and older)

1. Have you ever menstruated? U20
- 0 no (skip to the next section)
 - 1 yes
 - 9 unknown (skip to the next section)
2. At what age did you first menstruate? (years) _____ U21
- * If "unknown," record -9.

XXIX. DISEASE HISTORY (for children age 12 and older)

1. Has a doctor ever told you that you suffer from high blood pressure? U22
- 0 no (skip to Question 4)
 - 1 yes
 - 9 unknown (skip to Question 4)
2. For how many years have you had it? U23
- * If "unknown," record -9.
3. Are you currently taking anti-hypertension drugs? U24
- 0 no
 - 1 yes
 - 9 unknown
4. Has a doctor ever told you that you suffer from diabetes? U24a
- 0 no (skip to Question 7)
 - 1 yes
 - 9 unknown (skip to Question 7)
5. How old were you when the doctor told you this? (years) U24b
- * If "unknown," record -9.

6. Did you use any of these treatment methods?
- | | | | | |
|----------------------------------|------|-------|-----------|-------------------------------|
| (1) Special diet | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24c |
| (2) Weight control | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24d |
| (3) Oral medicine | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24e |
| (4) Injection of insulin | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24f |
| (5) Chinese traditional medicine | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24g |
| (6) Home remedies | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24h |
| (7) Qi Gong (spiritual method) | 0 no | 1 yes | 9 unknown | <input type="checkbox"/> U24i |
7. Do you have a history of bone fracture? U24n
- 0 no (skip to the next section)
- 1 yes
- 9 unknown (skip to the next section)
8. How old were you when you had the first bone fracture? (years) U24o
 * If "unknown," record -9.
9. How many times has this happened (including the first time)? U24p
 * If "unknown," record -9.

XXX. PHYSICAL MEASUREMENTS (for all children)

- Name of child: _____ Line number: _____ A1
Interview date: ____year ____month ____day T7
1. Date of birth: ____year ____month ____day U1a
* Record western calendar, if possible.
2. According to which calendar type? U1c
1 western calendar
2 lunar calendar
3. Age (years): _____ * Record 00 if 0.00-0.99 years, 01 if 1.00-1.99 years, etc. U1
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) [(for children age 7 and older)]:
(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 child have any of these conditions:
- | | | |
|---|------------|------------------------------|
| (1) Goiter | 0 no 1 yes | <input type="checkbox"/> U12 |
| (2) Angular stomatitis | 0 no 1 yes | <input type="checkbox"/> U13 |
| (3) Blindness in one eye | 0 no 1 yes | <input type="checkbox"/> U14 |
| (4) Blindness in both eyes | 0 no 1 yes | <input type="checkbox"/> U15 |
| (5) Loss of one arm or use of one arm | 0 no 1 yes | <input type="checkbox"/> U16 |
| (6) Loss of both arms or use of both arms | 0 no 1 yes | <input type="checkbox"/> U17 |
| (7) Loss of one leg or use of one leg | 0 no 1 yes | <input type="checkbox"/> U18 |
| (8) Loss of both legs or use of both legs | 0 no 1 yes | <input type="checkbox"/> U19 |