

# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

## SS1989 Household Survey

### Confidential

The information from this survey is "personal and household information which cannot be revealed to the public without permission."

<< Survey Law >> Chapter 3 No. 14

Province (Autonomous Region): 21 Liaoning 32 Jiangsu 37 Shandong 41 Henan  
42 Hubei 43 Hunan 45 Guangxi 52 Guizhou T1

Urban Site: 1 Rural Site: 2 T2

City: \_\_\_\_\_ County: \_\_\_\_\_ T3

Neighborhood: \_\_\_\_\_ Village(Town): \_\_\_\_\_ T4

Household Sequence Number: \_\_\_\_\_ Household Sequence Number: \_\_\_\_\_ T5

Detailed HH Address: \_\_\_\_\_ District (Town, Township) \_\_\_\_\_ Street  
\_\_\_\_\_ House #

Number of Household Members: \_\_\_\_\_ T6

Name of Main Respondent: \_\_\_\_\_

Name of Helper Respondent: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_Year \_\_\_\_Month \_\_\_\_Day T7

Number of Pages of This Interview: \_\_\_\_\_

How Many Visits to HH:  1 2 3 4

Completion Evaluation:  1 good 2 okay 3 poor

Signature of Responsible Person: \_\_\_\_\_

Table 1: Section 1: HOUSEHOLD MEMBER ROSTER

| 1<br>Line<br>Number | 2<br>Name | 3<br>Sex                 | 4<br>Age                 | 5<br>Date of Birth  | 6<br>Relationship<br>to the Head<br>of this<br>Household  | 7<br>How many<br>days were<br>you not<br>home last<br>week? | 8<br>How many<br>complete<br>months in<br>the last year<br>did you not<br>live at home? | 9<br>Marital<br>Status  | 10<br>Age at<br>First<br>Marriage   | 11<br>Currently<br>pregnant<br>? | 12<br>How many years of<br>formal education<br>have you<br>completed?  | 13<br>What is the<br>highest level<br>of education<br>attained?   | 14<br>Are you<br>currently<br>in<br>school? | 15<br>Is any member<br>of your<br>household an<br>"official<br>cadre"?  | 16<br>Are you<br>an<br>"official<br>cadre"? |
|---------------------|-----------|--------------------------|--------------------------|---|---|---|---|---|---|----------------------------------|--|---|---|---|---|
|                     |           | 1-male<br>2-female       |                          |   | 00-household<br>head<br>01-spouse<br>02-father<br>03-mother<br>04-son<br>05-daughter<br>06-brother<br>07-sister<br>08-grandson<br>09-granddaughter<br>10-father-in-law<br>11-mother-in-law<br>12-other relative<br>13-housekeeper<br>or maid<br>14-other non-<br>relative |   |   | *If the<br>answer is<br>"never<br>married,"<br>skip to<br>Question<br>12;<br>otherwise<br>continue. | *If a female,<br>continue with<br>the next<br>question.<br>Otherwise,<br>skip to<br>Question<br>12. |                                  | * If person is 5 or<br>older ask. Otherwise,<br>skip to Question 15.<br>* If received 6 or more<br>years of formal<br>education,ask the next<br>question. Otherwise,<br>skip to Question 14. | 0-none<br>1-finished primary<br>school<br>2-lower middle<br>school degree<br>3-upper middle<br>school degree<br>4-middle technical,<br>professional, or<br>vocational<br>degree<br>5-3- or 4-year<br>college degree<br>6-master's degree<br>or more | 0-no<br>1-yes                               | *If "yes," ask<br>every household<br>member who is<br>18 or older the<br>next question.<br>Otherwise, skip to<br>Question 17. | 0 no<br>1 yes                               |
| A1                  |           | A2                       | A3                       | A4  | A5  | A6  | A7  | A8  | A9  | A10                              | A11  | A12   | A13   | A14   | A15   |
| 1                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 2                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 3                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 4                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 5                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 6                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 7                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |
| 8                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/> <input type="checkbox"/>                                       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>         | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>                    |

**Table 2: QUESTIONS FOR THE HOUSEHOLD HEAD**

|   |  |  |  |
|---|--|--|--|
| <p><b>17 Have you always lived here?</b></p> <p>If "no," continue with the next question. Otherwise, skip to Question 19.</p>   | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A16</p> | <p><b>25 Where do your parents live?</b></p>   | <p>1 in the same neighborhood<br/>2 in the same city/same county/same suburb<br/>3 other city/county/suburb</p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;">A24</p> |
| <p><b>18 For how many years did you live elsewhere?</b></p>   | <p style="text-align: right;"><input type="text"/><input type="text"/></p> <p style="text-align: right;">A17</p> | <p><b>26 How far is their house from your house? (kilometers)</b></p> <p>If HH head is married, continue asking the following questions. Otherwise, stop here.</p>                                     | <p style="text-align: right;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p style="text-align: right;">A25</p>   |
| <p><b>19 Is this a "five-guarantee household"?</b></p>  | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A18</p> | <p><b>27 Is your spouse a national minority?</b></p>   | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A26</p>   |
| <p><b>20 Are you a national minority?</b></p>   | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A19</p> | <p><b>28 Where is his/her "old home"?</b></p>  | <p style="text-align: right;">_____ province (city)</p> <p style="text-align: right;">A27</p>  |
| <p><b>21 Where were you born?</b></p>   | <p style="text-align: right;">_____ province (city)</p> <p style="text-align: right;">A20</p>                    | <p><b>29 Does your spouse normally maintain food habits from this "old home"?</b></p> <p>If the parents of the spouse are not HH members, continue asking the next question. Otherwise, stop here.</p> | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A28</p>   |
| <p><b>22 Where is your "old home"?</b></p>  | <p style="text-align: right;">_____ province (city)</p> <p style="text-align: right;">A21</p>                    | <p><b>30 Are your spouse's parents alive?</b></p> <p>If "yes," continue asking the next question. Otherwise, stop here.</p>  | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A29</p>   |
| <p><b>23 Do you normally maintain food habits from this "old home"?</b></p> <p>If neither of HH head's parents is HH member, continue with the next question. Otherwise, skip to Question 27.</p> | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A22</p> | <p><b>31 Where do these parents live?</b></p>  | <p>1 in the same neighborhood<br/>2 in the same city/same county/same suburb<br/>3 other city/county/suburb</p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;">A30</p> |
| <p><b>24 Are your parents alive?</b></p> <p>If "yes," continue. Otherwise, skip to Question 27.</p>   | <p>0 no <input type="checkbox"/></p> <p>1 yes <input type="checkbox"/></p> <p style="text-align: right;">A23</p> | <p><b>32 How far is their house from your house? (kilometers)</b></p>  | <p style="text-align: right;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p style="text-align: right;">A31</p>   |

**Table 3 Section 2: OCCUPATIONS OF HOUSEHOLD MEMBERS**

| * Copy into the columns below the line numbers and names from the first two lines in Table 1 "Household Member Roster." Then ask each individual the questions. |           | 33<br>Are you presently employed ? | 34<br>Have you ever been employed ? | 35<br>What is your primary occupation?  | 36<br>What is your employment position in this occupation?   | 37<br>In what type of work unit do you work?   | 38<br>How many employees are there at your work unit? | 39<br>How many hours do you usually work per week? | 40<br>What is your secondary occupation?   | 41<br>What is your employment position in this occupation ? | 42<br>In what type of work unit do you work in this occupation ? | 43<br>How many employees are there at this enterprise ? | 44<br>How many hours do you usually work per week at this occupation ? |
|---|-----------|------------------------------------|-------------------------------------|---|--|--|---|--|--|---|--|---|--|
| 1<br>Line<br>Number   | 2<br>Name | 0 no<br>1 yes                      | 0 no<br>1 yes                       | 01 senior professional/technical personnel (doctor, professor, lawyer, architect, engineer, etc.)<br>02 professional/technical personnel (midwife, nurse, teacher, editor, photographer, etc.)<br>03 administrator/executive/manager, factory manager, government official, section chief, director, administrative cadre<br>04 office staff (secretary, office helper, etc.)<br>05 farmer, fisherman, hunter, logger, etc.<br>06 technical, skilled worker (foreman, craftsman, etc.)<br>07 non-technical, non-skilled worker (laborer)<br>08 army officer, police officer<br>09 ordinary soldier, policeman<br>10 driver<br>11 service worker (housekeeper, cook, waiter, doorkeeper, barber/beautician, counter sales, launderer, childcare, etc.)<br>12 homemaker--with no other work<br>13 student<br>14 athlete, actor, musician<br>15 other<br>16 none | 1 self-employed, owner-manager with employees<br>2 self-employed, independent operator with no employees<br>3 works for another person or enterprise (includes paid family members working at home)<br>4 unpaid family member working at home, homemaker<br>5 student<br>6 other | 1 state<br>2 small collective enterprise (such as a township enterprise)<br>3 large collective (such as county, city or provincially owned enterprise)<br>4 private<br>5 student<br>6 other<br>7 unknown |   |  | * Not including homemaker or student work.<br><br>* If no secondary occupation, go on to the next person in the household. | (Use code from Question 35, except #12 & #13.)              | (Use code from Question 36.)                                     | (Use code from Question 37.)                            |  |
| B1  |           | B2                                 | B3                                  | B4  | B5   | B6   | B7  | B8   | B9   | B10   | B11  | B12   | B13  |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |
|   |           | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>                           | <input type="checkbox"/>   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>                                | <input type="checkbox"/>   |

| Table 4 Section 3: INCOME FROM WAGES  |           |  |  |  |   |   |  |
|---|-----------|--|--|--|---|---|--|
| *Turn to Table 3, "Occupations of Household Members," and copy into the columns below the line number and name of each person who is engaged in a non-farming, non-livestock raising, non-fishing occupation. If a person has two such occupations, copy the line number and name twice.<br><br>*Do not include retirement salaries, pensions, or bonuses here. Retirement salaries and pensions are in corresponding tables. |           | 45   | 46   | 47   | 48  | 49  | 50   |
|   |           | On the average, how many hours a day do you work at your occupation? | On the average, how many days a week do you work at this occupation? | Are you paid by the amount of time worked or by the number of pieces of work finished? | How much money do you receive for a typical day's work, excluding bonuses? (yuan) | How much money are you paid for each finished piece of work? (yuan) | How many pieces of work do you finish during a typical work week? (pieces) |
| 1<br>Line<br>Number   | 2<br>Name |  |  | *If "time," continue; otherwise skip to Question 49.                                   | *Go to next person.   |   |  |
| C1  |           | C2 □□  | C3 □   | C4 □   | C5 □□•□   | C6 □□•□   | C7 □□□   |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |
|   |           | □□   | □  | □  | □□•□  | □□•□  | □□□  |

| Table 5 Section 4: INCOME FROM HOME GARDENING                                      |  |           |   |   |   |  |
|--|--|-----------|---|---|---|--|
| 51   | Who does the gardening?  |           | 52  | 53  | 54  | 55   |
| Does any member of your household engage in home vegetable and/or fruit gardening? |  |           | On the average, over the past twelve-month period, how many hours a week did you spend on home gardening? (hours) | Was any of the produce of this home plot (fruits, vegetables, plants) sold? | Over the past twelve-month period, how much money was received from the sale of the produce? (yuan) | On the average, over the past twelve-month period, how much money would you have had to spend per month to buy from the market the vegetables and/or fruits that are grown in this home plot and were consumed by your household? (yuan) |
| *If answered "no," skip to next section. If "yes," then continue.                  | *List each such person's name and line number found in Table 1 in the columns below. |           | *Ask following questions of household head.   | *If "yes," continue. Otherwise, skip to Question 55.                        |   |  |
| 0 no<br>1 yes  | 1<br>Line<br>Number  | 2<br>Name |   | 0 no<br>1 yes   |   |  |
| D1 □   | D2   |           | D3 □□   | D4  | D5 □□□□□  | D6 □□□   |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |
|  |  |           | □□  |   |   |  |

**Table 6 Section 5 INCOME FROM HOUSEHOLD OR COLLECTIVE FARMING (EXCLUDING INCOME FROM SALE OF FRUITS AND VEGETABLES GROWN IN THE FAMILY GARDEN AND FAMILY PLOT)**

| 56<br>Does any member of your household work as a farm laborer (including working on a state farm) who is paid a wage regularly?    | 57<br>Does any member of your household work on a household or collective farm? | *The questions in this section are divided into two categories: For those engaged in collective farm work, ask Questions 58-63. For those working on household farms, ask Questions 58-59 and 64-72. |           | 58<br>On the average, over the past twelve-month period, how many hours a week did you work at farming? | 59<br>What is the nature of the farming business in which you work? | 60<br>In the past twelve months, did you receive money for your work in this farming collective? | 61<br>How much money did you receive? (yuan) | 62<br>In the past twelve months, did you receive farm produce or other items (e.g., consumer durables) from this farming collective? | 63<br>If you had sold everything that you received from the farm, how much money would you have got from them? (yuan) | 64<br>Are you the household member primarily responsible for this household farm? | 65<br>In the past twelve months, what were the most important crops grown by this family? | 66<br>How much money was spent for leasing land, seedlings, seeds, fertilizer, tools, hired labor, insecticide etc., for each crop during the past twelve months? (yuan) | 67<br>Did your household sell any of the produce of this crop over the past twelve months? | 68<br>How much money did your household receive from the sale of this crop over the past twelve months? (yuan) | 69<br>Did your household keep any of the produce of this crop for home consumption or for animal feed during the past twelve months? | 70<br>If you had sold the produce you kept for home consumption or animal feed, how much money do you think you would have received for it? (yuan) | 71<br>Did your household give away any of the produce of this crop during the past twelve months? | 72<br>If you had sold the produce you gave away, how much money do you think you would have received for it? (yuan) |   |
|---|---|--|-----------|---|---|--|--|--|---|---|---|--|--|--|--|--|---|---|---|
| *If "yes," add all such people to Table 4 and ask the questions in Table 4 accordingly. Otherwise, continue with the next question. | *If "no," go to the next section. Otherwise, continue.                          | *Copy from Table 1 into the columns below the line numbers and names of those household members working on collective farms and household farms.   |           |   | *If "farming collective," continue. Otherwise, skip to Question 64. | *If "yes," continue. Otherwise, skip to Question 62.   |  | *If "yes," continue. Otherwise, go on to the next household member.  |   | *Ask the responsible person the next questions.                                   |   | * At the most, write down four crops, one row for each crop. If there are more than four, choose those that produce the greatest income.                                 |  |  | *If "yes," continue. Otherwise, skip to Question 69.   |  | *If "yes," continue. Otherwise, skip to Question 71.  |   | *If "yes," continue. If "no," go on to the next crop. |
| 0 no<br>1 yes   | 0 no<br>1 yes   | 1<br>Line<br>Number  | 2<br>Name |   | 1 farming<br>collective<br>2 household<br>farm                      | 0 no<br>1 yes  |  | 0 no<br>1 yes  |   | 0 no<br>1 yes   |   |  | 0 no<br>1 yes  |  | 0 no<br>1 yes  |  | 0 no<br>1 yes   |   | 0 no<br>1 yes   |
| E1  | E2  | E3   |           | E4  | E5  | E6   | E7   | E8   | E9  | E10   |   |  |  |  |  |  |   |   |   |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | E11   | E12  | E13  | E14  | E15  | E16  | E17   | E18   | E19   |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | 1   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | 2   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | 3   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | 4   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |
| <input type="checkbox"/>  | <input type="checkbox"/>  |  |           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |

**Table 7 Section 6 INCOME FROM RAISING LIVESTOCK/POULTRY**

| 73<br>Does any member of your household raise livestock or poultry such as pigs, cattle, sheep, horses, poultry, etc., as an occupation, and is paid a wage regularly? | 74<br>Does any member of your household raise livestock or poultry, either on a collective or on a household farm? | Who raises livestock/poultry?                                      |           | 75<br>On the average, over the past twelve-month period, how many hours a week did you work raising livestock or poultry? | 76<br>What is the nature of the livestock- or poultry-raising business in which you work?                  | 77<br>In the past twelve months, did you receive money from this collective? | 78<br>How much money did you receive? (yuan)  | 79<br>In the past twelve months, did you receive livestock or poultry from this collective? | 80<br>If you had sold the livestock or poultry you received, how much money would you have got for it/them? (yuan) | 81<br>Are you the household member primarily responsible for this household or self-owned livestock- or poultry-raising business? | 82<br>What kinds of livestock or poultry are you presently raising?                      | 83<br>How many of each kind of livestock or poultry do you presently have? | 84<br>How much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry during the past twelve months? (yuan) | 85<br>How much money, that would otherwise have had to be spent for animal feed, was saved by using home-grown animal feed during the past twelve months? (yuan) | 86<br>In the past twelve months, did you sell any of this livestock or poultry, or any products (eggs, milk, meat, wool, fertilizer, etc.)? | 87<br>How much money did your household receive from such sales? (yuan)   | 88<br>During the past twelve months, did you keep any livestock or poultry for home consumption?  | 89<br>If you had sold the products that you kept for home consumption, how much money do you think you would have got for them? (yuan) | 90<br>Have you given away any livestock or poultry or their products during the past twelve months? | 91<br>If you had sold the livestock or poultry and their products that you gave away, how much money do you think you would have got for them? (yuan) |   |
|--|--|--|-----------|---|--|--|---|---|--|---|--|--|--|--|---|---|---|--|---|---|---|
|  |  | 1<br>Line Number   | 2<br>Name |   |  |  |   |   |  |   |  |  |  |  |   |   |   |  |   |   |   |
| "If "yes," add all such people to Table 4 and ask the questions in Table 4 accordingly. Otherwise, continue.<br><br>0 no<br>1 yes                                      | "If "no," skip to the next section. Otherwise, continue.<br><br>0 no<br>1 yes                                      | "Record the line numbers and names of all such household members." |           |   | "If "collective," continue. Otherwise, skip to Question 81.<br><br>1 collective<br>2 operated by household | "If "yes," continue. Otherwise, skip to Question 79.<br><br>0 no<br>1 yes    |   | "If "yes," continue. Otherwise, go to the next household member.<br><br>0 no<br>1 yes       |  | "Ask what follows of that responsible person.<br><br>0 no<br>1 yes  | "Write four types at most. If more are given, select those that produce the most income. |  |  | "If no animal feed was grown by the household, or no home-grown animal feed was consumed, record 0.<br><br>0 no<br>1 yes   | "If "yes," continue. Otherwise, skip to Question 88.<br><br>0 no<br>1 yes   | "If "yes," continue. Otherwise, skip to Question 90.<br><br>0 no<br>1 yes | "If "yes," continue. Otherwise, go to the next type of livestock or poultry.<br><br>0 no<br>1 yes   |  |   |   |   |
| F1   | F2   | F3   |           | F4  | F5   | F6   | F7  | F8  | F9   | F10   | F11  | F12  | F13  | F14  | F15   | F16   | F17   | F18  | F19   | F20   | F21   |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                | <input type="checkbox"/>  | 1  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|  |  |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                | <input type="checkbox"/>  | 2  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|  |  |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                | <input type="checkbox"/>  | 3  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|  |  |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                | <input type="checkbox"/>  | 4  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

**Table 8 Section 7 INCOME FROM FISHING**

| 92<br>Does any member of your household fish as an occupation and is paid a wage regularly?   | 93<br>Does any member of your household work in fishing as a member of a collective or as a worker (paid or unpaid) in a fishing business operated by your household? | Who does the fishing work?   |           | 94<br>On the average, over the past twelve-month period, how many hours a week did you work at fishing? (hours) | 95<br>What is the nature of the fishing business in which you work? | 96<br>In the past twelve months, did you receive money from this fishing collective? | 97<br>How much money did you receive? (yuan)  | 98<br>In the past twelve months, did you receive fish from this fishing collective? | 99<br>If you had sold the fish you received, how much money would you have got for them? (yuan)           | 100<br>Are you the household member primarily responsible for this household fishing business? | 101<br>On the average, in the past twelve months, how much was the household's usual monthly income from the sale of fish? (yuan) | 102<br>During the past twelve months, did your household keep any fish for home consumption? | 103<br>If you had sold the fish you kept for home consumption, how much money do you think you would have got? (yuan) | 104<br>During the past few months, did your household give away fish? | 105<br>If you had sold the fish you gave away, how much money do you think you would have got? (yuan)      | 106<br>Over the past twelve months, what were the total operating expenses of this fishing business (e.g., the cost of such items as gasoline, nets, and lines, etc.)? (yuan) |
|---|---|--|-----------|---|---|--|---|---|---|--|---|--|---|---|--|---|
| *If "yes," add all such people to Table 4 and ask the questions in Table 4 accordingly. Otherwise, continue with the next question. | *If "no," go to the next section. Otherwise, continue.  | *From Table 1 copy into the columns below the line numbers and names of all persons mentioned. |           |   | * If "collective," continue. Otherwise, skip to Question 100.       | *If "yes," continue. Otherwise, skip to Question 98.                                 |   | * If "yes," continue. Otherwise, go to the next household member.                   | *Ask the following questions of that responsible person.  |  |   | *If "yes," continue. Otherwise, skip to Question 104.  |   | *If "yes," continue. Otherwise, skip to Question 106.                 |  |   |
| 0 no<br>1 yes   | 0 no<br>1 yes   | 1<br>Line<br>Number  | 2<br>Name |   | 1 collective<br>2 operated by<br>household                          | 0 no<br>1 yes  |   | 0 no<br>1 yes   |   | 0 no<br>1 yes  |   | 0 no<br>1 yes  |   | 0 no<br>1 yes   |  |   |
| G1<br><input type="checkbox"/>  | G2<br><input type="checkbox"/>  | G3   |           | G4<br><input type="checkbox"/> <input type="checkbox"/>   | G5<br><input type="checkbox"/>                                      | G6<br><input type="checkbox"/>   | G7<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | G8<br><input type="checkbox"/>  | G9<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | G10<br><input type="checkbox"/>  | G11<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                        | G12<br><input type="checkbox"/>  | G13<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | G14<br><input type="checkbox"/>                                       | G15<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | G16<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
|   |   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>   |   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   |   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>   |   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   |   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>   |   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   |   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>   |   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   |   |  |           | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/>   |   | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                   | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |



| Table 9 Section 8 INCOME FROM SMALL HANDICRAFT AND COMMERCIAL HOUSEHOLD BUSINESS   |  |  |  |  |
|--|--|--|--|--|
| 107<br>Does your household or any of its members operate any business other than farming, livestock raising, or fishing (such as carpentry, shoe repair, family day care center, tailoring, hairdressing, electric appliance repair, restaurant, shops, etc.)? | 108<br>What kind of small handicraft or commercial business is this? | 109<br>On the average, what is the weekly income from this small handicraft or commercial business? (yuan) | 110<br>On the average, what are the weekly expenses (including salary) of this small handicraft or commercial business? (yuan) | 111<br>Who are the household members who work in this small handicraft or commercial business? |
| 0 no<br>1 yes  | 1 shop<br>2 service<br>3 manufacturing<br>4 other                    |  |  | *Get the line numbers of these household members from Table 1, and enter in the column below.  |
| H1   | H2   | H3   | H4   | H5   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |
|  | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |
|  | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |
|  | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |
|  | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |
|  | <input type="checkbox"/>   | □□□□□  | □□□□□  | □□   |

| Table 10 Section 9 WELFARE SUBSIDIES, BENEFITS, AND RATION COUPONS   |           |   |                   |                           |                   |            |                                     |             |  |                          |               |                              |                           |                      |
|--|-----------|---|-------------------|---------------------------|-------------------|------------|-------------------------------------|-------------|--|--------------------------|---------------|------------------------------|---------------------------|----------------------|
| *List in the columns below the line numbers and names of all household members whose work units, either state, collective, or other, provide welfare subsidies/benefits. |           | 112<br>How many of the following food coupons do you get per month? |                   |                           |                   |            |                                     |             | 113<br>How much cash subsidy of the following categories do you receive a month? |                          |               |                              |                           |                      |
|  |           | Rice (jin)  | Wheat flour (jin) | Other cereal grains (jin) | Cooking oil (jin) | Eggs (jin) | Pork (or other kinds of meat) (jin) | Sugar (jin) | Food subsidy (yuan)  | One-child subsidy (yuan) | Health (yuan) | Bathing & haircutting (yuan) | Books & newspapers (yuan) | Other subsidy (yuan) |
| 1<br>Line<br>Number  | 2<br>Name | I2  | I3                | I4                        | I5                | I6         | I7                                  | I8          | I9   | I10                      | I11           | I12                          | I13                       | I14                  |
| I1   |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |
|  |           | □□•□  | □□•□              | □□•□                      | □•□               | □•□        | □•□                                 | □•□         | □□•□   | □□•□                     | □□•□          | □•□                          | □□•□                      | □□•□                 |

Household ID: \_\_\_\_\_ Province (Region) \_\_\_\_\_ City (County) \_\_\_\_\_ Neighborhood (Township/Village) \_\_\_\_\_ Household # \_\_\_\_\_

| Table 10, continued |  |  |  |  |   |   |  |
|---------------------|--|--|--|--|---|---|--|
| Line Number         | 114<br>Have you received a fuel (gas, kerosene, etc.) subsidy? | 115<br>Have you received a coal subsidy? | 116<br>Have you received an electricity subsidy? | 117<br>In the past twelve months, did you receive a salary bonus (including festival and any other bonuses)? | 118<br>What is the total value of all salary bonuses received? (yuan)                               | 119<br>In the last twelve months, did you receive any food gifts or discounted food from the work unit for spring festival or any other holidays? | 120<br>Approximately how much were these gifts and discounted food worth compared to market prices? (yuan) |
|                     | 0 no<br>1 yes  | 0 no<br>1 yes                            | 0 no<br>1 yes                                    | 0 no<br>1 yes<br><br>*If "yes," continue. Otherwise, skip to Question 119.                                   |   | 0 no<br>1 yes<br><br>*If "yes," continue. Otherwise, go to the next household member.   |  |
| I1                  | I15  | I16                                      | I17  | I18  | I19   | I20   | I21  |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |
|                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |

| Table 11 Section 10 INCOME FROM OTHER SOURCES |   |
|---|---|
| *Ask household head:                          | <b>121</b> During the last twelve months, did your household or any of its members have any sources of cash income in addition to those mentioned above (for example, income from rent, from lodgers, from donations, etc.)? <span style="float:right">J1</span><br>If "no," skip to Question 129. <span style="float:right">0 no</span><br>If "yes," continue. <span style="float:right">1 yes <input type="checkbox"/></span> |
|   | <b>122</b> During the past twelve months, how much cash income did your household receive from rent for leased land? (yuan) <span style="float:right">J2</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   | <b>123</b> During the past twelve months, from rent for assets, such as houses, farm vehicles and equipment, etc.? (yuan) <span style="float:right">J3</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   | <b>124</b> During the past twelve months, from lodgers or boarders? (yuan) <span style="float:right">J4</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
|   | <b>125</b> During the past twelve months, from retirement pensions or retirement salaries? (yuan) <span style="float:right">J5</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   | <b>126</b> During the past twelve months, from a poverty subsidy, disability subsidy, or welfare fund? (yuan) <span style="float:right">J6</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   | <b>127</b> During the past twelve months, from donations from family members or friends, either at home or abroad? (yuan) <span style="float:right">J7</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
|   | <b>128</b> During the past twelve months, from any other source? (yuan) <span style="float:right">J8</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>(Please specify the type of source; if there are several, select the one that produces the greatest income.)  |
|   | <b>129</b> During the past twelve months, did your household or any household member receive any items such as food, clothing, etc., from a child, a parent, another relative, a friend, or any other non-household member? <span style="float:right">J9</span><br>*If "yes," continue. Otherwise, stop here. <span style="float:right">0 no</span><br><span style="float:right">1 yes <input type="checkbox"/></span>          |
|   | <b>130</b> If these donated items such as food, clothing, etc., had been purchased, how much money would they have cost? (yuan) <span style="float:right">J10</span><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |

**Table 12 Section 11 TIME ALLOCATIONS FOR HOME ACTIVITIES, PART I**

| *Copy into the columns below the line numbers and names of household members listed in Table 1. |               | 131<br>Last week in your household, who went to buy food?                       | 132<br>How much time is spent buying food per week? (minutes)  | 133<br>Last week in your household, who prepared and cooked food? | 134<br>How much time in a week was spent cooking food? (hours)                | 135<br>Last week in your household, who washed and ironed clothes? | 136<br>How much time in a week was spent washing and ironing clothes? (minutes)                        | 137<br>Do you (or your spouse) have elderly parents who need to be taken care of? | 138<br>During the past week, did other members of your household spend time taking care of them? | 139<br>Who cared for these parents last week? | 140<br>How much time in a week was spent caring for these parents? (minutes)                            | If the household has children 6 years or under, then ask the following questions. Otherwise, stop this section here. | 141<br>Who cared for the children of your household during the past week? | 142<br>How much time in a week was spent feeding, bathing, dressing, and watching the children? (minutes)                        |
|---|---------------|---|--|---|---|--|--|---|--|---|---|--|---|--|
| *At the bottom of these columns three additional rows are to be filled in, when appropriate.    |               | *If it was a non-household member/ members, then use the three additional rows. | Record 99 if bought food on the way to or from work.   | 0 didn't cook<br>1 did cook                                       | 0 didn't wash<br>1 did wash   | 0 no<br>1 yes  | 0 no<br>1 yes  | 0 didn't care for<br>1 did care for   | 0 didn't care for<br>1 did care for  | 0 didn't care for<br>1 did care for           | 0 didn't care for<br>1 did care for   | 0 didn't care for<br>1 did care for  | 0 didn't care for<br>1 did care for                                       | *Time should be counted even if the person was doing something else at the same time, such as cooking a meal or washing clothes. |
| 1<br>Line Number  | 2<br>Name     |   |  |   |   |  |  |   |  |   |   |  |   |  |
| K1  |               | K2 <input type="checkbox"/>   | K3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | K4 <input type="checkbox"/>                                       | K5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | K6 <input type="checkbox"/>  | K7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | K8 <input type="checkbox"/>   | K9 <input type="checkbox"/>  | K10 <input type="checkbox"/>                  | K11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | K12 <input type="checkbox"/>  | K13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          |
|   |               | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  | <input type="checkbox"/>                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                              |
|   |               | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  | <input type="checkbox"/>                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                              |
|   |               | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  | <input type="checkbox"/>                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                              |
|   |               | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  | <input type="checkbox"/>                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                              |
|   |               | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  | <input type="checkbox"/>                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                              |
| 77  | Grand-parents | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  |   |   |  |   |  |
| 88  | Uncle/Aunt    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  |   |   |  |   |  |
| 99  | Others        | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |   |  |   |   |  |   |  |

**Table 13 Section 11 TIME ALLOCATION FOR HOME ACTIVITIES, PART II**

To understand daycare and kindergarten facilities available for household use, take the results and put in corresponding boxes. If there are two children in different age groups, record them separately.

**143 How far is it to the nearest child care center? (kilometers)**

- Neighborhood/village/state-run
- Privately run
- Run by work unit

|  | Age 0-1½ years                              | Age 1½-3½ years                             | Age 3½-6½ years                             |
|--|---|---|---|
|  | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> |
|  | K14   | K15   | K16   |
|  | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> |
|  | K17   | K18   | K19   |
|  | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> | <input type="text"/> . <input type="text"/> |
|  | K20   | K21   | K22   |

**144 What is the monthly fee for one child? (yuan)**

- Neighborhood/village/state-run
- Privately run
- Run by work unit

|  | Age 0-1½ years  | Age 1½-3½ years   | Age 3½-6½ years   |
|--|---|---|---|
|  | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
|  | K23   | K24   | K25   |
|  | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
|  | K26   | K27   | K28   |
|  | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
|  | K29   | K30   | K31   |

**145 During the past week, were any of the children of your household cared for by people from outside (relative, neighbor, child-care worker, etc.)? If "yes," continue with the next question.**

0 no  
1 yes

K32

**146 How many children of your household were taken care of during the past week by people from outside? (number [of children]) If the answer is "1 child," ask about that child; if the answer is "more than 1 child," ask about the youngest child.**

K33

**147 Where did this child's care take place? (Circle as many answers as apply.)**

- 1 in the household itself  K34
- 2 in the home of a relative  K35
- 3 in the home of a neighbor  K36
- 4 at a work unit infant care center  K37
- 5 at a day care center (children 1½-3½ years)  K38

- 6 at a nursery school (children 3½-6½ years)  K39
- 7 other (specify):  K40

**148 For how many hours in a typical day is the child taken care of by people from outside? (hours)**

(If taken care of by people from outside for the entire day, write 24 hours.)

K41

**149 For how many days in a typical week is the child taken care of by people from outside? (days)**

K42

**150 How much does your household pay per month for all child care? (yuan)**

K43

**151 How many children do you need to pay child care for?**

K44

**152 Is a child care or nursery subsidy provided to your household? If "yes," continue with the next questions. Otherwise, stop here.**

- 0 no
- 1 yes

K45

**153 How much is this subsidy per month? (yuan)**

.

K46

**154 In your household, how many children receive this subsidy?**

K47

Table 14 Section 12 WATER, ENVIRONMENTAL SANITATION, HOUSEHOLD ASSETS, PART I

(to be continued on next page)

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <p><b>155 How does your household obtain drinking water? (If there is more than one method to obtain water, write the most important one.)</b><br/>If method #4, ask the next question. Otherwise, skip to Question 157.</p> | <p>1 piped/tap in house<br/>2 piped/tap in courtyard<br/>3 pressurized well in courtyard<br/>4 other place</p>  | <p style="text-align: right;">L1</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>163 How did you get your apartment/house?</b><br/>If "rent," then ask:</p>   | <p>1 rent from the state<br/>2 rent from a work unit<br/>3 rent from a private individual</p> <p>4 own<br/>5 stay for free</p> | <p style="text-align: right;">L9</p> <p style="text-align: right;"><input type="checkbox"/></p>  |
| <p><b>156 How many minutes does it take to fetch water from this other place? (minutes)</b></p>  |   | <p style="text-align: right;">L2</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> | <p><b>164 How much money per month do you pay for rent? (yuan)</b><br/>If apartment or house is owned, free, or rented from state, or work unit, then ask:</p> |  | <p style="text-align: right;">L10</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   |
| <p><b>157 What is the water source? (If more than one, write all.)</b></p>   | <p>1 underground water<br/>2 open well<br/>3 spring, river, lake</p> <p>4 rainwater, snow<br/>5 water factory<br/>6 don't know</p>  | <p style="text-align: right;">L3</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>165 If you were to rent this apartment/house from a private individual, how much money per month do you think you would pay for rent? (yuan)</b></p>     |  | <p style="text-align: right;">L11</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>   |
| <p><b>158 Does your household pay for this drinking water?</b></p>   | <p>0 no<br/>1 yes</p>   | <p style="text-align: right;">L4</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>166 How old is this house/apartment building?</b></p>  | <p>1 1 year<br/>2 2-4 years<br/>3 5-9 years</p> <p>4 10-19 years<br/>5 20 years or more<br/>99 don't know</p>                  | <p style="text-align: right;">L12</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/></p>   |
| <p><b>159 What kind of toilet facilities does your household have?</b></p>   | <p>1 inside house, flush<br/>2 inside house, no flush<br/>3 outside house, flush<br/>4 outside house, no flush</p> <p>5 cement open pit<br/>6 earth open pit<br/>7 none<br/>8 other (specify)</p> | <p style="text-align: right;">L5</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>167 Of what material is the roof of this house/ apartment building constructed?</b></p>  | <p>1 concrete<br/>2 wattle<br/>3 tile</p> <p>4 huijiao (charcoal ash mixed with grey mud)<br/>5 other (specify)</p>            | <p style="text-align: right;">L13</p> <p style="text-align: right;"><input type="checkbox"/></p>   |
| <p><b>160 Is there any excreta around the dwelling place? (Interviewer records own observation, does not ask respondent.)</b></p>  | <p>1 no excreta<br/>2 very little excreta<br/>3 some excreta apparent<br/>4 much excreta</p>  | <p style="text-align: right;">L6</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>168 Of what material are the floors of this house/ apartment building constructed?</b></p>   | <p>1 concrete<br/>2 brick<br/>3 earth<br/>4 wood</p> <p>5 branches<br/>6 other (specify)</p>                                   | <p style="text-align: right;">L14</p> <p style="text-align: right;"><input type="checkbox"/></p>   |
| <p><b>161 What kind of lighting does your household use most of the time?</b></p>  | <p>1 electric<br/>2 kerosene<br/>3 oil<br/>4 candle<br/>5 other (specify)</p>   | <p style="text-align: right;">L7</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>169 Of what material are the walls of this house/ apartment building constructed?</b></p>  | <p>1 concrete<br/>2 brick<br/>3 earth<br/>4 wood</p> <p>5 branches<br/>6 other (specify)</p>                                   | <p style="text-align: right;">L15</p> <p style="text-align: right;"><input type="checkbox"/></p>   |
| <p><b>162 What kind of fuel does your household usually use for cooking?</b></p>   | <p>1 coal<br/>2 electricity<br/>3 kerosene<br/>4 liquid propane<br/>5 natural propane</p> <p>6 wood<br/>7 charcoal<br/>8 other (specify)</p>  | <p style="text-align: right;">L8</p> <p style="text-align: right;"><input type="checkbox"/></p>   | <p><b>170 What is the total area of your household's dwelling unit? (square meters)</b></p>  |  | <p style="text-align: right;">L16</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>                         |
|  |   |   | <p><b>171 Excluding the bathroom and toilet, how many rooms does your household have?</b></p>  |  | <p style="text-align: right;">L17</p> <p style="text-align: right;"><input type="checkbox"/></p>   |
|  |   |   | <p><b>172 How much is this house/apartment worth? (yuan)</b><br/>(If the interviewee is not clear or is unwilling to estimate, write -9999.)</p>               |  | <p style="text-align: right;">L18</p> <p style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> |

| Table 14 Section 12 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS, PART II |   |  |  |   |  |  |   |   |   | (to be continued on next page)   |   |   |  |
|---|---|--|--|---|--|--|---|---|---|--|---|---|--|
| Ask about the following types of transportation:  | 173 Does your household or any household member own any of the following means of transportation? 0 no 1 yes next type. | 174 How Many?  | 175 Of these, how many were purchased last year?       | 176 What was the total cost of those purchased last year? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) | Ask about the following livestock and poultry:   | 183 Does your household or any member of your household own any of the following livestock or poultry? 0 no 1 yes                                      | 184 If your household were to sell all this livestock or poultry, how much money do you think you would get for them? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) | Ask about the following fishing equipment:        | 185 Does your household or any member of your household own the following fishing equipment? 0 no 1 yes | 186 If your household were to sell all this fishing equipment, how much money do you think you would get for it? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) |   |   |  |
| Tricycle  | L19 <input type="checkbox"/>  | L20 <input type="checkbox"/>   | L21 <input type="checkbox"/>                           | L22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Pigs   | L61 <input type="checkbox"/>   | L67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | Fishing nets                                      | L68 <input type="checkbox"/>  | L73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |   |   |  |
| Bicycle   | L23 <input type="checkbox"/>  | L24 <input type="checkbox"/>   | L25 <input type="checkbox"/>                           | L26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Sheep/goats  | L62 <input type="checkbox"/>   |   | Fishing boats                                     | L69 <input type="checkbox"/>  |  |   |   |  |
| Motorcycle  | L27 <input type="checkbox"/>  | L28 <input type="checkbox"/>   | L29 <input type="checkbox"/>                           | L30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Poultry (chickens/ducks, etc.)   | L63 <input type="checkbox"/>   |   | Marine machines                                   | L70 <input type="checkbox"/>  |  |   |   |  |
| Automobile  | L31 <input type="checkbox"/>  | L32 <input type="checkbox"/>   | L33 <input type="checkbox"/>                           | L34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Bulls, cows (buffaloes/oxen)   | L64 <input type="checkbox"/>   |   | Pressure lamp                                     | L71 <input type="checkbox"/>  |  |   |   |  |
| 177 Does any member of your household farm?   |   | 0 no <input type="checkbox"/> 1 yes <input type="checkbox"/>   |  |   | Other draft animals (donkeys, horses, etc.)  | L65 <input type="checkbox"/>   |   | Other fishing equipment (specify)                 | L72 <input type="checkbox"/>  |  |   |   |  |
| 178 What was the total amount of land farmed by your household in                           |   | L35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |   | Other livestock (specify types)  | L66 <input type="checkbox"/>   |   |   |   |  |   |   |  |
| Ask about the following farm machines:  | 179 Does your household or a household member own the following farm machines? 0 no 1 yes the next type.                | 180 How many (number)?   | 181 Of these, how many were bought last year? (number) | 182 What was the total cost of those purchased last year? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) | Ask about the following livestock and poultry: [NOT E- Should be: Household and commercial business equipment] | 187 Does your household or any member of your household have any of the following equipment used in business or occupation (to make money)? 0 no 1 yes | 188 If your household were to sell all this equipment, how much money do you think you would get for it? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.)              | Ask about the following household items:          | 189 Does your household or a household member own any of these household items? 0 no 1 yes              | 190 How many?  | 191 How many were purchased last year?                | 192 Last year, how much money was spent buying these items? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) |  |
| Lg. or med. size tractor  | L37 <input type="checkbox"/>  | L38 <input type="checkbox"/>   | L39 <input type="checkbox"/>                           | L40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Cooking equipment  | L74 <input type="checkbox"/>   | L81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | Sofa, table, chairs, etc. (living room furniture) | L82 <input type="checkbox"/>  | L83 <input type="checkbox"/> <input type="checkbox"/>  | L84 <input type="checkbox"/> <input type="checkbox"/> | L85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |  |
| Walking tractor   | L41 <input type="checkbox"/>  | L42 <input type="checkbox"/>   | L43 <input type="checkbox"/>                           | L44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Carpentry equipment  | L75 <input type="checkbox"/>   |   |   |   |  |   |   |  |
| Animal [donkey] cart  | L45 <input type="checkbox"/>  | L46 <input type="checkbox"/>   | L47 <input type="checkbox"/>                           | L48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Haircutting equipment  | L76 <input type="checkbox"/>   |   |   |   |  |   |   |  |
| Irrigation equipment  | L49 <input type="checkbox"/>  | L50 <input type="checkbox"/>   | L51 <input type="checkbox"/>                           | L52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Sewing machine   | L77 <input type="checkbox"/>   |   |   |   |  |   |   |  |
| Power thresher  | L53 <input type="checkbox"/>  | L54 <input type="checkbox"/>   | L55 <input type="checkbox"/>                           | L56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Welding machine  | L78 <input type="checkbox"/>   |   |   | Beds, Dressers, etc. (bedroom furniture)  | L86 <input type="checkbox"/>   | L87 <input type="checkbox"/> <input type="checkbox"/> | L88 <input type="checkbox"/> <input type="checkbox"/>   | L89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| HH water pump   | L57 <input type="checkbox"/>  | L58 <input type="checkbox"/>   | L59 <input type="checkbox"/>                           | L60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | Small machine shop tools or equipment  | L79 <input type="checkbox"/>   |   |   |   |  |   |   |  |
|   |   |  |  |   | Other equipment (specify)  | L80 <input type="checkbox"/>   |   |   |   |  |   |   |  |
|   |   |  |  |   |  |  |   |   |   |  |   |   |  |

**Table 14 Section 12 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS, PART III**

| Ask about the following electrical appliances and other goods: | 193<br>Does your household or any household member own the following electrical appliance or other goods? | 194<br>How many?              | 195<br>How many were bought last year? | 196<br>Last year, how much money was spent by the whole household on these goods? (yuan) (If interviewee does not know or is unwilling to estimate, write -9999.) | 197<br>Who in your household decided to buy this item?<br>1 husband<br>2 wife<br>3 husband and wife together<br>4 other (specify relationship) | 198 During the past 12 months, did anyone in your household spend money on a wedding? (Include wedding gifts for a household member, relative, or friend; do not include dowry or bride price.)<br><br>If "yes," continue with the next question. Otherwise, skip to Question 200. | L145<br><br>0 no <input type="checkbox"/><br>1 yes <input type="checkbox"/> |
|--|---|-------------------------------|--|---|--|--|---|
| Radio cassette player  | L90 <input type="checkbox"/>  | L91 <input type="checkbox"/>  | L92 <input type="checkbox"/>           | L93 <input type="text" value="□□□□□"/>  | L94 <input type="text" value="□___"/>  | 199 How much money did you spend? (yuan)<br>(If interviewee does not know or is unwilling to estimate, write -9999.)   | L146<br><br><input type="text" value="□□□□□"/>                              |
| VCR [picture recording machine]                                | L95 <input type="checkbox"/>  | L96 <input type="checkbox"/>  | L97 <input type="checkbox"/>           | L98 <input type="text" value="□□□□□"/>  | L99 <input type="text" value="□___"/>  | 200 During the past 12 months, did anyone in your household spend money on a dowry or bride price?<br>If "yes," continue with the next question. Otherwise, skip to Question 202.  | L147<br><br>0 no <input type="checkbox"/><br>1 yes <input type="checkbox"/> |
| Black-white television   | L100 <input type="checkbox"/>   | L101 <input type="checkbox"/> | L102 <input type="checkbox"/>          | L103 <input type="text" value="□□□□□"/>   | L104 <input type="text" value="□___"/>   | 201 How much money did you spend? (yuan)<br>(If interviewee does not know or is unwilling to estimate, write -9999.)   | L148<br><br><input type="text" value="□□□□□"/>                              |
| Color television   | L105 <input type="checkbox"/>   | L106 <input type="checkbox"/> | L107 <input type="checkbox"/>          | L108 <input type="text" value="□□□□□"/>   | L109 <input type="text" value="□___"/>   | 202 During the past 12 months, did anyone in your household spend money on a funeral?<br>If "yes," continue with the next question. Otherwise, stop here.  | L149<br><br>0 no <input type="checkbox"/><br>1 yes <input type="checkbox"/> |
| Washing machine  | L110 <input type="checkbox"/>   | L111 <input type="checkbox"/> | L112 <input type="checkbox"/>          | L113 <input type="text" value="□□□□□"/>   | L114 <input type="text" value="□___"/>   | 203 How much money did you spend? (yuan)<br>(If interviewee does not know or is unwilling to estimate, write -9999.)   | L150<br><br><input type="text" value="□□□□□"/>                              |
| Refrigerator   | L115 <input type="checkbox"/>   | L116 <input type="checkbox"/> | L117 <input type="checkbox"/>          | L118 <input type="text" value="□□□□□"/>   | L119 <input type="text" value="□___"/>   |  |   |
| Air conditioner  | L120 <input type="checkbox"/>   | L121 <input type="checkbox"/> | L122 <input type="checkbox"/>          | L123 <input type="text" value="□□□□□"/>   | L124 <input type="text" value="□___"/>   |  |   |
| Sewing machine   | L125 <input type="checkbox"/>   | L126 <input type="checkbox"/> | L127 <input type="checkbox"/>          | L128 <input type="text" value="□□□□□"/>   | L129 <input type="text" value="□___"/>   |  |   |
| Electric fan   | L130 <input type="checkbox"/>   | L131 <input type="checkbox"/> | L132 <input type="checkbox"/>          | L133 <input type="text" value="□□□□□"/>   | L134 <input type="text" value="□___"/>   |  |   |
| Big wall clock   | L135 <input type="checkbox"/>   | L136 <input type="checkbox"/> | L137 <input type="checkbox"/>          | L138 <input type="text" value="□□□□□"/>   | L139 <input type="text" value="□___"/>   |  |   |
| Camera   | L140 <input type="checkbox"/>   | L141 <input type="checkbox"/> | L142 <input type="checkbox"/>          | L143 <input type="text" value="□□□□□"/>   | L144 <input type="text" value="□___"/>   |  |   |

Table 15 Section 13 HEALTH AND MEDICAL SERVICES, PART I

(to be continued on next page)

| <p><b>204</b><br/>Do any members of your household have medical insurance?</p> <p>* If "no," find out whether all household members listed in Table 1 are "self-pay" when seeing a doctor. If that's the case, skip to Question 214. Otherwise, continue with the next question.</p> <p>0 no<br/>1 yes</p> | <p><b>205</b><br/>Who has medical insurance?</p> <p>* Copy the line numbers and names of all household members who have insurance into the columns below.</p> |           | <p><b>205</b><br/>What kind of medical insurance do you have?</p> <p>1 public insurance<br/>2 worker insurance<br/>3 dependents' insurance<br/>4 cooperative medical insurance<br/>5 work unit insurance<br/>6 women and children health insurance<br/>7 other (specify)</p> | <p><b>206</b><br/>What is the annual premium for this insurance? (yuan)</p> | <p><b>207</b><br/>Does this insurance pay you a certain amount per month for health care which you can keep if you are not sick?</p> <p>0 no<br/>1 yes</p> | <p><b>208</b><br/>What is this monthly amount? (yuan)</p> | <p><b>209</b><br/>Does this insurance program have a deductible amount that the insured person must pay before the program begins to pay for the costs?</p> <p>0 no<br/>1 yes</p> | <p><b>210</b><br/>What is this deductible amount? (yuan)</p> | <p><b>211</b><br/>What percentage of the fees for outpatient care does this insurance cover (not including the registration fee)? (%)</p> | <p><b>212</b><br/>What percentage of the hospital stay expenses does this insurance cover (not including food expenses)? (%)</p> | <p><b>213</b><br/>Does this insurance cover prenatal and delivery services?</p> <p>0 no<br/>1 yes</p> |
|--|---|-----------|--|---|--|---|---|--|---|--|---|
| M1   | 1<br>Line Number  | 2<br>Name | M3   | M4  | M5   | M6  | M7  | M8   | M9  | M10  | M11   |
| <input type="checkbox"/>   | M2  |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |
|  |   |           | _____ <input type="checkbox"/>   | □□□□  | □  | □□.□  | □   | □□□  | □□□   | □□□  | □   |



Table 16 Section 13 HEALTH AND MEDICAL SERVICES, PART II

(to be continued on next page)

| Line Number | <p>214<br/>If a member of your household is sick or wants to see a doctor, dentist, nurse, or other health worker, what are the clinics or hospitals (including public and private) that person could go to? Record the name of each health facility mentioned in the column below. Then ask Questions 215-223 about each health facility.</p> <p>Name of health facility</p> | <p>215<br/>What type of facility is this?</p> <p>1 village clinic<br/>2 township hospital<br/>3 county hospital<br/>4 neighborhood clinic<br/>5 street [community] hospital<br/>6 work unit clinic<br/>7 work unit hospital<br/>8 district hospital<br/>9 city hospital<br/>10 army hospital<br/>11 university affiliated hospital, provincial or specialty hospital<br/>12 pharmacy<br/>13 woman-child health clinic<br/>14 private clinic<br/>15 private hospital<br/>16 family planning mobile team<br/>17 township family planning guidance station<br/>18 county family planning guidance station<br/>19 other</p> | <p>216<br/>Is this facility a hospital or clinic contracted by your neighborhood/village or by the work unit to which a member of your household belongs?</p> <p>0 no<br/>1 yes</p> | <p>217<br/>How long does it take to travel to this hospital or clinic by bicycle? (minutes)</p> | <p>218<br/>How long does it take to travel there by car or bus? (minutes)</p> | <p>219<br/>How much is the transportation cost to travel there? (yuan)</p> <p>If no transportation cost, write 00.</p> | <p>220<br/>On the average, how long does a person have to wait to be seen by a health worker at this facility? (minutes)</p> <p>If the interviewee or other household members have actually never seen a doctor in this facility, write -88; otherwise, write actual time.</p> | <p>221<br/>Generally, what type of doctor treats you or may treat you at this facility?</p> <p>1 western medicine physician (excluding dentist)<br/>2 Chinese medicine physician<br/>3 western medicine physician aide<br/>4 Chinese physician aide<br/>5 senior technician<br/>6 junior technician<br/>7 nurse<br/>8 nurse aide<br/>9 pharmacist<br/>10 pharmacist aide<br/>11 dentist<br/>12 village doctor<br/>13 health worker<br/>14 midwife<br/>15 other<br/>-88 unknown</p> | <p>222<br/>Are needed medicines generally available at this facility?</p> <p>0 no<br/>1 yes</p> | <p>223<br/>At this facility, approximately how much money does a self-pay person pay for treatment of a cold or influenza? (yuan)</p> <p>-8 unknown</p> |
|-------------|---|---|---|---|---|--|--|--|---|---|
| M12         |   | M13   | M14   | M15   | M16   | M17  | M18  | M19  | M20   | M21   |
| 1           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |
| 2           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |
| 3           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |
| 4           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |
| 5           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |
| 6           |   | □□  | □   | □□□   | □□□   | □□.□   | □□□  | □□□  | □   | □□.□  |

Table 17 Section 13 HEALTH AND MEDICAL SERVICES, PART III

(to be continued on next page)

| * Copy into the columns below the line numbers and names of all persons listed in Table 1 who are 7 or under, and who are between the ages of 20 and 45. Ask each person the following questions. If no one belongs to these age groups, stop here. |           | 224<br>Have you been sick or injured within the last four weeks?              | 225<br>What symptoms did you have?   | 226<br>How severe was the illness or injury?        | 227<br>Did you go to a hospital to see a doctor about this illness or injury? | 228<br>At what hospital did you see a doctor?   | 229<br>Was this an outpatient or inpatient visit?                                | 230<br>For how many days were you hospitalized/have you been hospitalized?                                   | 231<br>How much did your treatment cost/has your treatment cost so far? (Include all registration fees, medicines, treatment fees, bed fees, etc.) (yuan) | 232<br>What percentage of these costs was covered by medical insurance or may be covered by insurance? (%)   | 233<br>Did you seek medical care from a second health facility? | 234<br>At what facility did you seek care? | 235<br>Was this an outpatient or inpatient visit? | 236<br>For how many days were you hospitalized/have you been hospitalized?                                   | 237<br>How much did your treatment at this facility cost/has treatment at this facility cost so far? (yuan)  | 238<br>What percentage of these costs was covered by medical insurance or may be covered by insurance? (%)   | 239<br>How much money was spent/has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) | 240<br>How much money was spent/has been spent on treatment of your illness or injury? (yuan)                | 241<br>What was the final diagnosis of your illness or injury?  |
|---|-----------|---|--|---|---|---|--|--|---|--|---|--|---|--|--|--|--|--|---|
| 1<br>Line<br>Number   | 2<br>Name | *If "yes," continue with the next question. Otherwise, go to the next person. | * Can check up to 3 symptoms.<br><br>1 broken bone or muscle injury<br>2 rash<br>3 burn<br>4 fever<br>5 headache<br>6 diarrhea<br>7 stomach ache<br>8 cough<br>9 other | 1 not severe<br>2 somewhat severe<br>3 quite severe | *If "yes," continue with the next question. Otherwise, skip to Question 240.  | *Write down the line number for the health facility identified in Question 214. If it's not included in Question 214, add it to the list and ask Questions 215-223 accordingly; then continue with the next question. | *If inpatient, continue with the next question. Otherwise, skip to Question 231. | * If insurance covers all fees or if person does not know the cost, write -8888.                             | * If the person does not have medical insurance, write -88.   | * If "yes," continue. Otherwise, skip to Question 239.   | * See Question 228 for instructions.                            |  |   |  | * See Question 231 for instructions.   | * See Question 232 for instructions.   | *After completing this question, skip to Question 241.   |  | 1 infectious/parasitic disease<br>2 heart disease<br>3 tumor<br>4 respiratory disease<br>5 injury<br>6 alcohol poisoning<br>7 endocrine disorder<br>8 hematology/blood disease<br>9 mental/psychiatric disease<br>10 mental retardation<br>11 neurological disorder<br>12 eye/ear/nose/throat/teeth disease<br>13 digestive disease<br>14 urinary disease<br>15 sexual disorder<br>16 obstetrical/gynecological disease<br>17 neonatal disease<br>18 dermatological disease<br>19 muscular/rheumatological disease<br>20 hereditary disease<br>21 old age/mid-life syndrome<br>22 other |
| M22   |           | M23   | M24  | M25   | M26   | M27   | M28  | M29  | M30   | M31  | M32   | M33  | M34   | M35  | M36  | M37  | M38  | M39  | M40   |
|   |           | <input type="checkbox"/>  | <input type="checkbox"/><br>3 2 1  | <input type="checkbox"/>                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                   | <input type="checkbox"/>                          | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  |
|   |           | <input type="checkbox"/>  | <input type="checkbox"/><br>3 2 1  | <input type="checkbox"/>                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                   | <input type="checkbox"/>                          | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  |
|   |           | <input type="checkbox"/>  | <input type="checkbox"/><br>3 2 1  | <input type="checkbox"/>                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                   | <input type="checkbox"/>                          | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  |
|   |           | <input type="checkbox"/>  | <input type="checkbox"/><br>3 2 1  | <input type="checkbox"/>                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                   | <input type="checkbox"/>                          | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  |

**Table 18 Section 13 HEALTH AND MEDICAL SERVICES, PART IV**

| <p>*Write in the columns below the line numbers and names of all persons listed in Table 1 who are 7 or under, and who are between the ages of 20 and 25, and ask each person the following questions. If the person is a child, go from Question 242. If no one belongs to these age groups, stop here.</p> |           | <p><b>242</b><br/>During the past 12 months, did this child receive any immunization shots?<br/><br/>* If "yes," continue with the next question. Otherwise, skip to Question 247.</p> | <p><b>243</b><br/>Were this child's immunizations covered by insurance?</p> | <p><b>244</b><br/>If not covered by insurance, how much money was spent last year on immunization shots? (yuan)</p> | <p><b>245</b><br/>Does this cost include all immunization shots for the past several years, or only for those given during the last year?</p> | <p><b>246</b><br/>In the past year, what immunization shot did this child receive?</p>           | <p><b>247</b><br/>Within the last month, did you receive any preventive health service (for example, a health examination, well-child examination, blood test, high blood pressure screening, tumor screening, etc.)?<br/><br/>* If "no," skip the rest of the questions and start with the next person on the roster. If "yes," continue with the next question.</p> | <p><b>248</b><br/>What health service did you receive?<br/><br/>* If not just one type, select the one that had the highest expense.</p>   | <p><b>249</b><br/>At what health facility did you receive this service?<br/><br/>* Write the line number of this facility listed in Question 214. If it's not listed in Question 214, add this facility to the list and ask Questions 215-223. Then continue with the next question.</p> | <p><b>250</b><br/>How much did this service cost? (yuan)<br/><br/>* If the total cost was covered by medical insurance or if the person does not know or cannot estimate the cost, write -88.</p> | <p><b>251</b><br/>What percentage of this cost was covered by medical or may be covered by medical insurance? (%)<br/><br/>* If the person has no medical insurance, write -88.</p> |
|--|-----------|--|---|---|---|--|---|--|--|---|---|
| 1<br>Line<br>Number  | 2<br>Name | 0 no<br>1 yes  | 0 no<br>1 yes   |   | 1 several years<br>2 1 year   | 1 measles<br>2 DPT 1<br>3 DPT 2<br>4 DPT 3<br>5 polio 1<br>6 polio 2<br>7 polio 3<br>8 hepatitis | 0 no<br>1 yes   | 1 general health examination<br>2 well-child examination<br>3 blood test<br>4 high blood pressure screening<br>5 tumor screening<br>6 gynecological examination<br>7 other examination |  |   |   |
| M41  |           | M42 <input type="checkbox"/>   | M43 <input type="checkbox"/>  | M44 <input type="checkbox"/> □□.□   | M45 <input type="checkbox"/>  | M46 <input type="checkbox"/> □□□□  | M47 <input type="checkbox"/>  | M48 <input type="checkbox"/>   | M49 <input type="checkbox"/>   | M50 <input type="checkbox"/> □□□.□  | M51 <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |
|  |           | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> □□.□   | <input type="checkbox"/>  | <input type="checkbox"/> □□□□  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> □□□.□  | <input type="checkbox"/> □□□  |

Table 19 Section 14 FAMILY PLANNING (Ask Household Head)

| 252<br>How many children do you now have?  | 253<br>How many children do you want to have? | 254<br>If someone in your family wants to obtain family planning services, what facilities could he or she go to?<br><br>* Write in the column below the name of each facility mentioned by the respondent. Then ask Questions 255-258 about each facility.<br><br>Line Number      Facility Name | 255<br>What type of facility is this?<br><br>1 village clinic      2 township hospital<br>3 county hospital    4 neighborhood clinic<br>5 community hospital 6 work unit clinic<br>7 work unit hospital 8 district hospital<br>9 city hospital        10 army hospital<br>11 university affiliated, provincial, or specialty hospital<br>12 pharmacy        13 mother-child health clinic<br>14 private clinic    15 private hospital<br>16 family planning mobile team<br>17 township family planning guidance station<br>18 county family planning guidance station<br>19 other | 256<br>How far is this facility from your home? (kilometers)                     | 257<br>How long does it take to travel to this facility by bicycle? (minutes)    | 258<br>How long does it take to travel to this facility by car or bus? (minutes) | 259 During the past 12 months, did you and your spouse use any contraceptives?<br><br>0 no    1 yes <input type="checkbox"/> N8<br><br>If "yes," continue with the next question. Otherwise, stop here.  |
|--|---|---|---|--|--|--|--|
| <b>260 What is the method your (or your spouse) have used most recently? (If more than one type, choose the one used most recently.)</b><br><br>1 pills 2 IUD 3 contraceptive injections <input type="checkbox"/> N9<br>4 diaphragm 5 condom 6 withdrawal<br>7 rhythm 8 female sterilization <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N10<br>year    month<br>9 male sterilization 10 abortion<br>11 other (specify method)      _____ N11<br><br>Ask those who answered 8, 9, 10, the date of sterilization (or abortion). |   |   |   |  |  |  |  |
| <b>261 At which health facility did you receive this contraceptive service?</b><br>(Write the facility number listed in Question 254.) <input type="checkbox"/> N12<br><br>If the facility isn't listed, add it to Question 254 and ask Questions 255-258 about this facility.   |   |   |   |  |  |  |  |
| N1<br><input type="checkbox"/>   | N2<br><input type="checkbox"/>                | N3<br>1   | N4<br><input type="checkbox"/> <input type="checkbox"/>   | N5<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | N6<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | N7<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>262 For each contraceptive method, how much did you pay? (yuan)</b><br><br>One month's pills <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N13<br>One contraceptive injection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N14<br>How many years can one injection remain effective? (years) <input type="checkbox"/> <input type="checkbox"/> N15<br>An IUD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N16<br>Date of IUD insertion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N17<br>year    month<br>One month's condom supply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N18<br>Sterilization operation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N19<br>A diaphragm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N20<br>One abortion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N21 |
|  |   | 2   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |
|  |   | 3   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |
|  |   | 4   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |
|  |   | 5   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |
|  |   | 6   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |
|  |   | 7   | <input type="checkbox"/> <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>       |  |