

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

SSURVEY OF EVER-MARRIED WOMEN UNDER AGE 50

Province (District): 21 Liaoning 32 Jiangsu 37 Shandong 41 Henan T1

42 Hubei 43 Hunan 45 Guangxi 52 Guizhou

Urban Site 1 Rural Site 2 T2

City: _____ County _____ T3

Neighborhood: _____ Village(Town) _____ T4

Household Sequence Number _____ Household Sequence Number _____ T5

Name of Woman _____ Line Number _____ A1

Name of Interviewer _____

Date of Interview __ Year __ Month __ Day __ T7

Completion Evaluation __ 1. good 2. okay 3. poor __ CO

Signature of Responsible Person _____

I. Marriage History

1. What is your current marital status? S1
1. married
2. widowed (Skip to Question 4.)
3. divorced (Skip to Question 4.)
2. In what month and year were you and your husband married? ____year ____month yrmo S2
3. Does your husband ordinarily live at home? S3
0 no 1 yes
* Skip to Question 6.
4. In what year and month were you and your most recent husband married? ____year ____month yrmo S4
5. When were you widowed or divorced? ____year ____month yrmo S5
6. Is your mother still alive? S6
0 no (Skip to Question 13.)
1 yes
7. Where does she live? S7
1. same household]
2. next door or adjacent to household] (Skip to Question 11.)
3. same neighborhood/village
4. outside neighborhood, but same city or county
5. outside city or county
6. don't know
8. How far is [your mother's] house from your house? _____kilometers •S8
9. How do you normally travel there? S9
1. walk
2. bike
3. bus
4. train
5. boat
6. other
10. How long does it take to travel there? _____hours •S10
11. Does your mother need to be taken care of? S11
0 no (Skip to Question 13.)
1 yes
12. During the past week, how much time did [you] spend taking care of your mother? _____hours •S12

13. Is your father still alive? S13
 0 no (Skip to Question 20.)
 1 yes
14. Where does he live? S14
 1. same household]
 2. next door or adjacent to household] (Skip to Question 18.)
 3. same neighborhood/village
 4. outside neighborhood, but same city or county
 5. outside city or county
 6. don't know
15. How far is [your father's] house from your house? _____kilometers •S15
16. How do you normally travel there? S16
 1. walk
 2. bike
 3. bus
 4. train
 5. boat
 6. other
17. How long does it take to travel there? _____hours •S17
18. Does your father need to be taken care of? S18
 0 no (Skip to Question 20.)
 1 yes
19. During the past week, how much time did [you] spend taking care of your father? _____hours •S19
20. Is your mother-in-law still alive? S20
 0 no (Skip to Question 27.)
 1 yes
21. Where does she live? S21
 1. same household]
 2. next door or adjacent to household] (Skip to Question 25.)
 3. same neighborhood/village
 4. outside neighborhood, but same city or county
 5. outside city or county
 6. don't know
22. How far is [your mother-in-law's] house from your house? •S22
 _____kilometers

23. How do you normally travel there? S23
1. walk
 2. bike
 3. bus
 4. train
 5. boat
 6. other
24. How long does it take to travel there? _____hours •S24
25. Does your mother-in-law need to be taken care of? S25
- 0 no (Skip to Question 27.)
 - 1 yes
26. During the past week, how much time did [you] spend taking care of your mother-in-law? _____ hours •S26
27. Is your father-in-law still alive? S27
- 0 no (Skip to Question 34.)
 - 1 yes
28. Where does he live? S28
1. same household]
 2. next door or adjacent to household] (Skip to Question 32.)
 3. same neighborhood/village
 4. outside neighborhood, but same city or county
 5. outside city or county
 6. don't know
29. How far is [your father-in-law's] house from your house? •S29
 _____kilometers
30. How do you normally travel there? S30
1. walk
 2. bike
 3. bus
 4. train
 5. boat
 6. other
31. How long does it take to travel there? _____hours •S31
32. Does your father-in-law need to be taken care of? S32
- 0 no (Skip to Question 34.)
 - 1 yes
33. During the past week, how much time did [you] spend taking care of your father-in-law? _____ hours •S33

34. Have you been married once or more than once? S34
 1. only once (Skip to Question 39.)
 2. more than once
35. Altogether, how many times have you been married? _____ times S35
36. In what year and month did you first marry? ____year____month yrmo S36
37. How did your first marriage end? S37
 1. divorce
 2. widowed (Skip to Question 44.)
38. When were [you] divorced or widowed? ____year____month yrmo S38

II. Birth History

39. Have you ever given birth to a child (even a child who lived only a few seconds)? S39
 0 no (Skip to Question 58.)
 1 yes
40. Of all the children you have given birth to, are there any living with you now? S40
 0 no (Skip to Question 43.)
 1 yes
41. How many sons live with you now? S41
42. How many daughters live with you now? S42
43. Of all the children you have given birth to, are there any who are not living with you now? S43
 0 no (Skip to Question 46.)
 1 yes
44. How many sons do not live with you? S44
45. How many daughters do not live with you? S45
46. Have you ever given birth to a child who was born alive but later died? S46
 0 no (Skip to Question 48.)
 1 yes
47. How many children have died? S47
48. Here, the interviewer calculates how many children this woman has given birth to. Then ask Questions 49 - 57 about each child who is alive or dead, and record the answers in Table 1 and Table 2, respectively.
49. When was this child born? ____year____month
50. According to which calendar?
 1. western calendar 2. lunar calendar
51. Was this a boy or a girl?
 1 boy 2 girl

52. Is this child living with you now?
 0 no (Skip to Question 54.)
 1 yes
53. Which person is this child? (Record the child's line number.)
 * Go to the next child.
54. Is this child living elsewhere?
 0 no
 1 yes (Skip to Question 57.)
55. In what year and month did this child die?
56. Was this child living in your household when he/she died?
 0 no
 1 yes
57. How long did the child live in your household?

TABLE 1

Birth Order	Date of Birth 49	Calendar 1 western 2 lunar 50	Sex 1 male 2 female 51	Living in the household? 0 no 1 yes 52	Child's Line Number 53	Living elsewhere? 0 no 1 yes 54
S48 1	S49 □□□□	S50 □	S51 □	S52 □	S53 □□	S54 □
2	□□□□	□	□	□	□□	□
3	□□□□	□	□	□	□□	□
4	□□□□	□	□	□	□□	□
5	□□□□	□	□	□	□□	□
6	□□□□	□	□	□	□□	□
6	□□□□	□	□	□	□□	□

TABLE 2

Death Order	Date of Death 55	Living in the household when died ? 0 no 1 yes 56	Time lived in the household? 57
S55 1	S56 □□□□	S57 □	S58 □□yr□□mo
2	□□□□	□	□□yr□□mo
3	□□□□	□	□□yr□□mo
4	□□□□	□	□□yr□□mo

III. Pregnancy History

58. Are you currently pregnant? S59

- 0 no (Skip to Question 64.)
- 1 yes

59. Before you became pregnant, did [you] use any contraceptive method? S60

- 0 no (Skip to Question 62.)
- 1 yes

60. What was the last method you used before this pregnancy? S61

- 1. pill
- 2. IUD
- 3. injections
- 4. diaphragm/foam/jelly
- 5. condom
- 6. rhythm
- 7. withdrawal
- 8. other (specify: _____)

61. What was the main reason [you] stopped using contraceptives? S62

- 1. wanted to have a child
- 2. method failed
- 3. husband and/or other relatives disapproved
- 4. health reasons
- 5. unacceptable or unavailable/unaccessible

- 6. cost too much
- 7. inconvenient to use
- 8. infrequent sex
- 9. husband away
- 10. fatalistic attitude
- 11. other (specify: _____)

62. Do you want to have another child, in addition to the child you are expecting? S63

- 0 no (Skip to Question 101.)
- 1 yes

63. How many more children do [you] want to have? S64

* Skip to Question 101.

64. Are you using any contraceptive methods? S65

- 0 no (If the respondent is married, skip to Question 70; if divorced or widowed, skip to Question 73.)
- 1 yes

65. What method are you using? S66

- 1. pill
- 2. IUD
- 3. injections
- 4. diaphragm/foam/jelly
- 5. condom
- 6. rhythm]
- 7. withdrawal] (Skip to Question 68.)
- 8. female sterilization
- 9. male sterilization
- 10. other (specify: _____)

66. From which health facility did you receive this contraceptive service? S67

- 01. village clinic
- 02. township hospital
- 03. county hospital
- 04. neighborhood clinic
- 05. street hospital
- 06. work unit clinic
- 07. work unit hospital
- 08. district hospital
- 09. city hospital
- 10. army hospital
- 11. provincial, speciality, or university-affiliated hospital
- 12. pharmacy
- 13. MCH clinic
- 14. private clinic
- 15. private hospital
- 16. family planning mobile team
- 17. township family planning guidance station
- 18. county family planning guidance station
- 19. other (specify: _____)

67. If "female sterilization," when was the operation performed? yrmo S68
 _____year _____month
 * Skip to Question 73.
68. Do you want to have a child or another child sometime? S69
 0 no (Skip to Question 73.)
 1 yes
69. How many children or how many more children do you want to have? S70
 * Skip to Question 73.
70. What is the reason you are not using a contraceptive method? S71
 1. want to have a child
 2. one party of the couple is sterile (Skip to Question 73.)
 3. husband and/or other relatives disapprove
 4. health reasons
 5. unacceptable or unavailable/unaccessible
 6. costs too much
 7. inconvenient to use
 8. infrequent sex
 9. husband away
 10. fatalistic attitude
 11. other (specify: _____)
71. Do you want to have a child or another child sometime? S72
 0 no (Skip to Question 73.)
 1 yes
72. How many children or how many more children do [you] want to have? S73
73. Have you been pregnant since 1989? S74
 0 no (This interview is complete.)
 1 yes
74. How many times have you been pregnant? S75
75. When did each of these pregnancies end? (Record as many as 4 pregnancies.)
 1 year month S76
 2 year month S77
 3 year month S78
 4 year month S79
76. How did the most recent pregnancy turn out? S80
 1. induced abortion (Skip to Question 98.)

- 2. premature birth (< 7 months)]
- 3. stillbirth (> 7 months)] (Skip to Question 82.)
- 4. live birth

77. Does this child live with you? S81
- 0 no
 - 1 yes (Skip to Question 80.)
78. Is this child still alive? S82
- 0 no
 - 1 yes (Skip to Question 81.)
79. When did this child die? ____year ____month yrmo S83
- * Skip to Question 81.
80. What is this child's line number and name? name_____ line number_____ S84
81. Are you now on maternity leave? S85
- 0 no
 - 1 yes
82. When you were pregnant, did you have any prenatal check-ups? S86
- 0 no (If "live birth," skip to Question 85; if "premature birth" or "stillbirth," skip to Question 98.)
 - 1 yes
83. Whom did you see for prenatal check-ups? S87
- 1. doctor
 - 2. trained nurse/midwife
 - 3. traditional birth attendant
 - 4. relative
 - 5. other (specify: _____)] (If "live birth," skip to Question 85.)
- * If "premature birth" or "stillbirth," skip to Question 98.
84. What was the total number of prenatal visits? S88
85. Where was this child born? S89
- 1. at a clinic
 - 2. at a hospital
 - 3. at home
 - 4. at a private home outside this village/neighborhood or at [respondent's] mother's home
 - 5. other (specify: _____)
86. Who assisted with the delivery of this child? S90
- 1. doctor
 - 2. trained nurse/midwife

- 3. traditional birth attendant
- 4. relative
- 5. other (specify: _____)
- 6. no one

87. Has your period returned yet? S91
 0 no (Skip to Question 89.)
 1 yes
88. How many months after the birth did your period return? (months) S92
89. Have you resumed sexual relations since the birth of this child? S93
 0 no (Skip to Question 91.)
 1 yes
90. How many months after the birth did you resume sexual relations? S94
91. Did you ever breast-feed this child? S95
 0 no (Skip to Question 94.)
 1 yes
92. If the child is alive, are you breast-feeding now? S96
 0 no (Skip to Question 93.)
 1 yes (Skip to Question 94.)
- If the child has died, was this child breast-fed when the child died? S97
 0 no
 1 yes (Skip to Question 94.)
93. How old was the child when breast-feeding stopped? mody S98
94. Besides breast milk was this child fed other milk products (fresh milk, condensed sweetened milk, powdered milk, soybean milk, etc.)?
 0 no (Skip to Question 96.)
 1 yes
95. How old was the child when the child was first fed these milk products? mody S100
96. Besides breast milk and milk products, was the child fed any other food? S101
 0 no (Skip to Question 98.)
 1 yes
97. **TABLE 3. Infant Food Record**

Code	Food Item	Fed the child the following food? 0 no 1 yes	Age when first fed?
S102 1	Sugar water	S103 <input type="checkbox"/>	S104 <input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
2	Vegetable broth	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
3	Rice or other cereal-based gruel	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
4	Eggs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
5	Meat or fish	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
6	Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day

98. Thinking back, were you using any contraceptive method before this pregnancy? S105

0 no (Skip to Question 104.)

1 yes

99. What was the last method you used before this pregnancy? S106

1. pill
2. IUD
3. injections
4. diaphragm/foam/jelly
5. condom
6. rhythm
7. withdrawal
8. other (specify: _____)

100. What was the reason [you] stopped using contraceptives? S107

1. wanted to have a child
2. method failed
3. husband and/or other relatives disapproved
4. health reasons
5. unacceptable or unavailable/unaccessible
6. cost too much

- 7. inconvenient to use
- 8. infrequent sex
- 9. husband away
- 10. fatalistic attitude
- 11. other (specify: _____)

* Skip to Question 104.

101. Have you ever been pregnant before? S108
- 0 no (This interview is complete.)
 - 1 yes
102. How many times have you been pregnant since 1989? S109
103. When did each of these pregnancies end? (Record as many as 3 pregnancies.)
- 1 year month S110
 - 2 year month S111
 - 3 year month S112
104. If there has been more than one pregnancy since 1989, that is, if more than one answer is given for Question 75 or Question 103, then ask Questions 105 - 111 about each pregnancy and record answers in Table 4; otherwise, the interview is complete.
105. How did each pregnancy turn out?
- 1. induced abortion]
 - 2. premature birth (< 7 months)] (Skip to Question 109.)
 - 3. stillbirth (> 7 months)]
 - 4. live birth
106. Where was this child born?
- 1. at a clinic
 - 2. at a hospital
 - 3. at home
 - 4. at a private home outside this village/neighborhood or at [respondent's] mother's home
 - 6. other (specify: _____)
107. Did you ever breast-feed this child?
- 0 no (Skip to Question 109.)
 - 1 yes
108. For how many months did [you] breast-feed this child? (months)
109. Before each pregnancy, were [you] using any contraceptive method?
- 0 no (Go back to Question 105.)
 - 1 yes
110. What was the last method [you] used before the pregnancy?
- 1. pill
 - 2. IUD

3. injections
4. diaphragm/foam/jelly
5. condom
6. rhythm
7. withdrawal
8. other (specify: _____)

111. What was the reason [you] stopped using contraceptives?

1. wanted to have a child
2. method failed
3. husband and/or other relatives disapproved
4. health reasons
5. unacceptable or unavailable/unaccessible
6. cost too much
7. inconvenient to use
8. infrequent sex
9. husband away
10. fatalistic attitude
11. other (specify: _____)

TABLE 4.

Pregnancy Number	Ended? 105	Birth place? 106	Breast-fed? 107	Feeding time? 108	Any method? 109	What method? 110	Reason ? 111
S113 1	S114 <input type="checkbox"/>	S115 <input type="checkbox"/>	S116 <input type="checkbox"/>	S117 <input type="checkbox"/> <input type="checkbox"/> months	S118 <input type="checkbox"/>	S119 <input type="checkbox"/>	S120 <input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> months	<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"/> months	<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"/> months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>