CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

SURVEY OF EVER-MARRIED WOMEN UNDER AGE 50

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

Urban Site 1 Rural Site 2

City: ______ County: ______

Neighborhood: ______ Village(Town): ______

Household Sequence Number ______ Household Sequence Number ______

Name of Woman: ______ Line Number: ______

Name of Interviewer: ______

Date of Interview: Year: ______ Month: ______ Day: ______

Completion Evaluation: 1. good 2. okay 3. poor

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? □yr□mo S2
   ____year  ____month

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? □yr□mo S4
   ____year  ____month

5. When were you widowed or divorced? □yr□mo S5
   ____year  ____month

6. Is your mother still alive? □S6
   0  no  (Skip to Question 13.)
   1 yes

7. Where does she live? □S7
   1. same household  ] (Skip to Question 11.)
   2. next door or adjacent to household  ]
   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? □□□•□□S8
   ________kilometers

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? □□•□□S10
    ________hours

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? □□•□□S12
    ________hours
13. Is your father still alive?  
   0 no (Skip to Question 20.)  
   1 yes

14. Where does he live?  
   1. same household  
   2. next door or adjacent to household  
   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

16. How do you normally travel there?  
   1. walk  
   2. bike  
   3. bus  
   4. train  
   5. boat  
   6. other

17. How long does it take to travel there? __________hours

18. Does your father need to be taken care of?  
   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

20. Is your mother-in-law still alive?  
   0 no (Skip to Question 27.)  
   1 yes

21. Where does she live?  
   1. same household  
   2. next door or adjacent to household  
   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? __________kilometers
23. How do you normally travel there?  
   1. walk  
   2. bike  
   3. bus  
   4. train  
   5. boat  
   6. other  

24. How long does it take to travel there? __________ hours  

25. Does your mother-in-law need to be taken care of?  
   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  

27. Is your father-in-law still alive?  
   0 no (Skip to Question 34.)  
   1 yes  

28. Where does he live?  
   1. same household  
   2. next door or adjacent to household  
   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? __________ kilometers  

30. How do you normally travel there?  
   1. walk  
   2. bike  
   3. bus  
   4. train  
   5. boat  
   6. other  

31. How long does it take to travel there? __________ hours  

32. Does your father-in-law need to be taken care of?  
   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
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 □ yr□ mo 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 □ yr□ mo 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**

<table>
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<tr>
<th>Birth Order</th>
<th>Date of Birth</th>
<th>Calendar 1 western 2 lunar</th>
<th>Sex 1 male 2 female</th>
<th>Living in the household? 0 no 1 yes</th>
<th>Child's Line Number 53</th>
<th>Living elsewhere? 0 no 1 yes 54</th>
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<td>S51 S52</td>
<td>S53 S54</td>
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### TABLE 2

<table>
<thead>
<tr>
<th>Death Order</th>
<th>Date of Death</th>
<th>Living in the household when died?</th>
<th>Time lived in the household?</th>
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</thead>
<tbody>
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<td>55</td>
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<td>S57</td>
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<td></td>
<td>no</td>
<td>yr mo</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>yes</td>
<td>yr mo</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>yes</td>
<td>yr mo</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>yes</td>
<td>yr mo</td>
</tr>
</tbody>
</table>

#### 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  ]  (Skip to Question 68.)
   7. withdrawal  ]
   8. female sterilization
   9. male sterilization
   10. other (specify: __________)

66. From which health facility did you receive this contraceptive service? □□S67
   01. village clinic   11. provincial, speciality, or university-affiliated hospital
   02. township hospital 12. pharmacy
   03. county hospital  13. MCH clinic
   04. neighborhood clinic 14. private clinic
   05. street hospital    15. private hospital
   06. work unit clinic  16. family planning mobile team
   07. work unit hospital 17. township family planning guidance station
   08. district hospital  18. county family planning guidance station
   09. city hospital     19. other (specify: __________)
   10. army hospital
67. If "female sterilization," when was the operation performed? □□yr□□mo 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) [ ]
4. live birth

77. Does this child live with you?

  0 no
  1 yes  (Skip to Question 80.)

78. Is this child still alive?

  0 no
  1 yes  (Skip to Question 81.)

79. When did this child die? _____year _____month

   * Skip to Question 81.

80. What is this child's line number and name? name_____  line number_____  

81. Are you now on maternity leave?

  0 no
  1 yes

82. When you were pregnant, did you have any prenatal check-ups?

  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?

  1. doctor
  2. trained nurse/midwife
  3. traditional birth attendant
  4. relative
  5. other (specify: __________)  
   * If "premature birth" or "stillbirth," skip to Question 98.

84. What was the total number of prenatal visits?

85. 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
  5. other (specify: __________)

86. Who assisted with the delivery of this child?

  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? □ □ mo □ dy S98

94. Besides breast milk was this child fed other milk products (fresh milk, condensed sweetened milk,
powdered milk, soybean milk, etc.)? □ □ S100
   0 no  (Skip to Question 96.)
   1 yes

95. How old was the child when the child was first fed these milk products? □ □ mo □ dy 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**
<table>
<thead>
<tr>
<th>Code</th>
<th>Food Item</th>
<th>Fed the child the following food?</th>
<th>Age when first fed?</th>
</tr>
</thead>
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<td>0 no 1 yes</td>
<td>□□ month □□ day</td>
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<tr>
<td>S102</td>
<td>Sugar water</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Vegetable broth</td>
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<td>□□ month □□ day</td>
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<td>2</td>
<td>Rice or other cereal-based gruel</td>
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<td>□□ month □□ day</td>
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<td>3</td>
<td>Eggs</td>
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<td>4</td>
<td>Meat or fish</td>
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</tr>
<tr>
<td>5</td>
<td>Fruits or vegetables</td>
<td></td>
<td>□□ month □□ day</td>
</tr>
</tbody>
</table>

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.**

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