

# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

## QQ1991 HOUSEHOLD SURVEY

Household ID from 1989 Survey: T1 T2 T3 T4 T5

Province: 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: \_\_\_\_\_

1. First city
2. Second city

County: \_\_\_\_\_

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

T3

Neighborhood: \_\_\_\_\_

1. First neighborhood
2. Second neighborhood
3. Third suburban village (neighborhood)
4. Fourth suburban village (neighborhood)

Village (Town): \_\_\_\_\_

1. County town neighborhood
2. First village
3. Second village
4. Third village

T4

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

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

T5

Detailed Address of Household: \_\_\_\_\_ District (Town) \_\_\_\_\_ Street  
\_\_\_\_\_ Apartment Number

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

T6

Respondent's Name: \_\_\_\_\_ Helper's Name: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day

T7

Number of Visits to This Household: 1, 2, 3, 4

Completion Evaluation: 1 good 2 okay 3 poor

C0

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

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

**TABLE 1 SECTION 1 HOUSEHOLD MEMBER ROSTER, PART I 1989 HOUSEHOLD MEMBER ROSTER**

* Copy into the columns below the name, line number, gender, and date of birth of each household member in the 1989 survey. If there is a mistake in any item, please make corrections.					6 In 1989 was he a household member?  * If "yes," continue with the next question. Otherwise, go to the next person.	7 Is the name correct?  0 no 1 yes	8 Is the gender correct?  0 no 1 yes	9 Is the birth date correct?  * If "no," ask the next question. Otherwise, skip to Question 12.  0 no 1 yes	10 The correct birth date	11 According to which calendar  1. western calendar 2. lunar calendar	12 Does he still live in this household now?  * If "no," continue with the next question. Otherwise, skip to Question 18.  0 no 1 yes	13 When did he move out of your house (year, month)?	14 Where does he live now?  1. same village/neighborhood 2. same county 3. same city 4. same province 5. other city, province 6. other country 7. dead	15 Date of death?	16 According to which calendar  1. western calendar 2. lunar calendar	17 Cause of death  1. accident 2. illness 3. old age 4. other
1 Line Number	2 Name	3 Gender	4 Date of birth	5 Calendar	AA5	AA6	AA7	AA8	AA9	AA10	AA11	AA12	AA13	AA14	AA15	AA16
AA1		AA2	AA3	AA4												

TABLE 1 CONTINUED					
18 Is there anyone else who lived in this household in 1989, but was not included in the interview?  * If "yes," continue with the next question. Otherwise, go to Table 2.  0 no 1 yes	19 Write in the column below the names of those who were left out. Then ask:		20 Gender  1 male 2 female	21 Date of birth  □□□□□□	22 According to which calendar  1 western calendar 2 lunar calendar
	Line Number	Name			
AA17	AA18		AA19	AA20	AA21
<input type="checkbox"/>	□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>
<input type="checkbox"/>	□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>
<input type="checkbox"/>	□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>
<input type="checkbox"/>	□□		<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 HOUSEHOLD MEMBER ROSTER, PART II NEW HOUSEHOLD MEMBERS					
* Write in the column below the names of those current members who were not in the household in 1989. Then ask about each individual:		23 Gender  1 male 2 female	24 Date of birth  □□□□□□	25 According to which calendar  1 western calendar 2 lunar calendar	26 Under what circumstances did he/she join this household?  1. newborn 2. marriage to a household member 3. other
Line Number	Name				
AB1		AB2	AB3	AB4	AB5
22		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
26		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
27		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>

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

**TABLE 3 HOUSEHOLD MEMBER ROSTER, PART III 1991 HOUSEHOLD MEMBER ROSTER**

27 * List in the columns below the line number and name of each household member in 1991 (that is, those in Table 1 who are still members, and the new members in Table 2). Then ask about each member.		28 Relationship to the head of this household	29 Does your father live in this household?	30 What is your father's name?	31 Does your mother live in this household?	32 What is your mother's name?	33 How many days last week did [you] not sleep here?	34 How many months last year did [you] not live here?	35 What is your marital status?	36 Does your spouse live in this household?	37 What is your spouse's name?	38 How many years of formal education have you completed in a regular school?	39 What is the highest level of education you have attained?	40 Are you currently in school?	41 Are you an official cadre?	42 Are you a village cadre?
Line Number	Name	00 head of household 01 spouse 02 father 03 mother 04 son 05 daughter 06 brother 07 sister 08 grandson 09 granddaughter 10 father-in-law 11 mother-in-law 12 son-in-law 13 daughter-in-law 14 other relative 15 maid 16 other non-relative	* If "yes," continue with the next question. Otherwise, skip to Question 31.  0 no 1 yes	* Record the father's line number.  0 no 1 yes	* If "yes," continue with the next question. Otherwise, skip to Question 33.  0 no 1 yes	* Record the mother's line number.			* If "married," continue with the next question. Otherwise, skip to Question 38.  1 never married 2 married 3 divorced 4 widowed 5 separated	* If "yes," continue with the next question. Otherwise, skip to Question 38.  0 no 1 yes	* Record the spouse's line number.	* Ask members who are over five years old. * If he has completed six years or more formal education, continue with the next question. Otherwise, skip to Question 40.  00 no school completed 11 1 year primary school 12 2 years primary school 13 3 years primary school 14 4 years primary school 15 5 years primary school 16 6 years primary school 21 1 year lower middle 22 2 years lower middle 23 3 years lower middle 24 1 year upper middle 25 2 years upper middle 26 3 years upper middle 27 1 year middle technical 28 2 years middle technical 31 1 year college/university 32 2 years college/university 33 3 years college/university 34 4 years college/university 35 5 years college/university 36 6 years college/university or more	0 none 1 graduated primary school 2 lower middle school degree 3 upper middle school degree 4 middle technical, or vocational degree 5 3- or 4-year college degree 6 master's degree or higher	* If 18 or older, continue with the following. Otherwise, go to the next person.  0 no 1 yes	* If 18 or older, continue with the following. Otherwise, go to the next person.  0 no 1 yes	* If 18 or older, continue with the following. Otherwise, go to the next person.  0 no 1 yes
A1		A5	A5a	A5b	A5c	A5d	A6	A7	A8	A8a	A8b	A11	A12	A13	A15	A15a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 2 OCCUPATIONS OF HOUSEHOLD MEMBERS**

List in the columns below, the line number and name of each person listed in Table 3 who is sixteen or older. Then ask questions about each.		43 Are you presently working?  * If "no," continue with the next question. Otherwise, skip to Question 47.	44 Why are you not working?  1. seeking work 2. housewife 3. disabled 4. student 5. retired 6. other	45 Have you ever worked before?  * If "no," continue with the next question. Otherwise, skip to Question 47.	46 Why not?  * Go to the next person.  1. seeking work 2. housewife 3. disabled 4. student 6. other	47 What is your primary occupation?  01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer, etc.) 02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer, etc.) 03 administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader, etc.) 04 office staff (secretary, office helper, etc.) 05 farmer, fisherman, hunter, etc. 06 skilled worker (foreman, craftsman, etc.) 07 non-skilled worker (ordinary laborer, logger) 08 army officer, police officer 09 ordinary soldier, policeman 10 driver 11 service worker (housekeeper, cook, waiter, door keeper, dresser, counter salesperson, launderer, childcare worker, etc.) 12 engagement in small commercial household business, handicraft, and second job, etc. 13 athlete, actor, musician 14 other	48 What is your employment position in this occupation?  1 self-employed, owner-manager with employees 2 self-employed, independent operator with no employees 3 works for another person or enterprise (includes paid family workers) 4 unpaid family worker 5 other	49 In what type of work unit do you work?  1 state enterprise or institute 2 small collective enterprise (such as township-owned) 3 large collective (such as owned by county, city, province) 4 joint venture 5 individual or private 6 other 7 unknown	50 How many employees are there at your work unit?	51 Do you presently have a secondary occupation?  * If no second occupation, go to the next person.	52 What is your secondary occupation?  * Not including homemaker and student.  Use codes in Question 47.	53 What is your employment position in this secondary occupation?  Use codes in Question 48.	54 What type of work unit is this?  Use codes in Question 49.	55 How many employees are there at this work unit?
Line Number	Name	B2	B2a	B3	B3a	B4	B5	B6	B7	B9a	B9	B10	B11	B12
B1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 5 SECTION 3 INCOME FROM WAGES**

<p>In the following columns, list the line number and name of each person listed in Table 4, "Occupations of Household Members," who is now working in an occupation (either primary or secondary) that does not involve farming, fishing, or raising livestock. If a person has two occupations, write his or her line number and name twice; then ask the following questions. This table does not include income from retirement wages, pensions, and bonuses. They will be recorded in the appropriate table.</p>		<p><b>57</b> Is this a primary occupation or secondary occupation?</p>	<p><b>58</b> Last year, how many months did [you] work at this occupation?</p>	<p><b>59</b> How many days in a week, on the average, did [you] work at this occupation?</p>	<p><b>60</b> How many hours in a day, on the average, did [you] work at this occupation?</p>	<p><b>61</b> In the past week, how many hours did [you] work at this occupation?</p>	<p><b>62</b> How much money do [you] receive, on the average, for a month's work at this occupation, excluding subsidies and bonuses?</p> <p>If more than 1000 yuan, record 999.</p>	
								Line Number
C1		1 primary 2 secondary	C2	C3	C5	C6	C7	C8
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 6 SECTION 4 HOME GARDENING AND INCOME**

<p><b>63</b> Does your household, or any household member, engage in home vegetable and/or fruit gardening?</p> <p>* If "yes," continue with the next question. Otherwise, go to the next section.</p>	<p><b>64</b> Which household members do the gardening?</p> <p>* List the line number and name of each such person in the following columns.</p>	<p><b>65</b> How many months did you work at home gardening last year?</p>	<p><b>66</b> How many days in a week, on the average, did [you] work at home gardening?</p>	<p><b>67</b> How many hours in a day, on the average, did [you] work at home gardening?</p>	<p><b>68</b> How many hours did [you] work at home gardening last week?</p>	<p><b>69</b> Were any of the fruits, vegetables, or other produce from this home plot sold last year?</p> <p>* If "yes," continue with the following. Otherwise, skip to Question 71.</p>	<p><b>70</b> During the past year, how much money was received from the sale of the produce (yuan)</p>	<p><b>71</b> On the average, during the past year, how much money would you have had to spend per month to buy from the market the vegetables and/or fruits that were grown in this home plot and consumed by your household (yuan)</p>	<p><b>72</b> During the past year, how much money was spent for seedlings, seeds, fertilizer, tools, insecticides, hired labor, etc., for this home garden (yuan)</p>
0 no 1 yes						0 no 1 yes			
D1	D2	D3a	D3b	D3c	D3d	D4	D5	D6	D7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 5 HOUSEHOLD FARMS AND FARMING COLLECTIVES AND INCOME**

<p><b>73</b> Does any member of your household work as a farm laborer who is paid a wage according to the amount of time spent (including working on a state farm)</p> <p>* If "yes," add these people to Table 5, and ask each individual all questions from that table.</p> <p>0 no 1 yes</p>	<p><b>74</b> Does any member of your household work on a household farm and/or farming collective</p> <p>* If "yes," continue with the next question. Otherwise, go to the next section.</p> <p>0 no 1 yes</p>	<p><b>75</b> List in the following columns the line number and name of each person who works on a household farm and/or farming collective.</p>		<p><b>76</b> During the past year, how many months did [you] work on a household farm and/or farming collective?</p>	<p><b>77</b> How many days in a week, on the average, did [you] work?</p>	<p><b>78</b> How many hours in a day, on the average, did [you] work?</p>	<p><b>79</b> In the past week, how many hours did you work?</p>	<p><b>80</b> What is the nature of the farming business in which you work?</p> <p>* If "household," skip to Question 85.</p> <p>1. farming collective 2. contracted household farm 3. both collective &amp; household</p>	<p><b>81</b> During the past year, did you receive money from the farming collective?</p> <p>* If "yes," continue with the next question. Otherwise, skip to Question 83.</p> <p>0 no 1 yes</p>	<p><b>82</b> How much money did [you] receive? (yuan)</p>	<p><b>83</b> During the past year, did you receive farm produce and/or other items from the farming collective (for example, durable goods)?</p> <p>* If "yes," continue with the next question. Otherwise, go to the next person.</p> <p>0 no 1 yes</p>	<p><b>84</b> If the farm produce and/or other items [you] received had been sold, how much money would have been received for them?</p> <p>* Go to the next person.</p>	<p><b>85</b> Are you the household member primarily responsible for the household's farming activities?</p> <p>0 no 1 yes</p>	<p><b>86</b> Has your household been operating a contracted farm for at least a year?</p> <p>0 no 1 yes</p>
E1	E2	E3	Name	E4a	E4b	E4c	E4d	E5	E6	E7	E8	E9	E10	E11a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

TABLE 7 CONTINUED						
87	88	89	90	91	92	93
During the past year, what were the most important crops grown by this household?	During the past year, how much money was spent for leasing land, for purchasing seedlings, seeds, fertilizer, tools, insecticides, and for hiring labor for these crops?	During the past year, how many kilograms of produce did this crop yield?	How many kilograms were delivered as public grain or were sold to the government at a level price?	What was the government buying price (yuan/kg)?	How many kilograms were sold to the free market or at a high price?	Free market price (yuan/kg)
* List as many as four crops in the following column. If more than four are named, choose the four that produced the most income.			* If none sold, write 0.		* If none sold, write 0.	
E11	E12	E13	E14	E15	E16	E17
1	□□□□	□□□□	□□□□	□•□□	□□□□	□•□□
2		□□□□	□□□□	□•□□	□□□□	□•□□
3		□□□□	□□□□	□•□□	□□□□	□•□□
4		□□□□	□□□□	□•□□	□□□□	□•□□

TABLE 8 SECTION 6 RAISING LIVESTOCK/POULTRY AND INCOME									
94	95	96		97	98	99	100		
Does any member of your household work raising livestock or poultry (such as pigs, cattle, sheep, horses, chickens, and ducks) who is paid a wage according to the amount of time spent?	Does any member of your household work raising livestock or poultry either on a collective or at home?	List in the following columns the line number and name of each person who works raising livestock or poultry.		How many months last year did [you] work raising livestock or poultry?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	How many hours last week did you spend raising livestock or poultry?		
* If "yes," add these people to Table 5, and ask each individual all questions from that table.	* If "yes," continue with the next question. Otherwise, go to the next section.	Line Number	Name						
0 no 1 yes	no 0 yes 1								
F1	F2	F3		F4a	F4b	F4c	F4d		
□	□	□□		□□	□□	□□	□□		
		□□		□□	□□	□□	□□		
		□□		□□	□□	□□	□□		
		□□		□□	□□	□□	□□		
		□□		□□	□□	□□	□□		

TABLE 8 CONTINUED

Line Number	101 What is the nature of the livestock or poultry-raising business in which you work?	102 During the past year, did you receive money from the collective?	103 How much money did you receive? (yuan)	104 During the past year, did you receive livestock or poultry products from the collective?	105 If the livestock or poultry products [you] received had been sold, how much money would have been received for them?	106 Are you the household member primarily responsible for the household livestock or poultry farm?	107 Has your household been operating a livestock- or poultry-raising business for at least one year?	108 What kinds of livestock or poultry were raised by your household last year?	109 During the past year, how much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry? (yuan)	110 During the past year, was home-grown animal feed given to this kind of livestock or poultry?	111 During the past year, how much money was saved by giving home-grown feed to this kind of livestock or poultry? (yuan)	112 During the past year, did you sell any of this kind of livestock or poultry, or any products (eggs, milk, meat, wool, fertilizer) from them?	113 How much money was received from such sales? (yuan)	114 During the past year, did your household consume this kind of household-raised livestock or poultry, or products from them?	115 If the part kept for home consumption had been sold, how much money do you think you would have received? (yuan)	
	* If "household," skip to Question 104. Otherwise, continue with the next question.  1. collective 2. operated by household 3. collective & household	* If "yes," continue with the next question. Otherwise, skip to Question 104.		* If "yes," continue with the next question. Otherwise, go to the next person.					Total expenses	* If "yes," continue with the next question. Otherwise, skip to Question 112.		* If "yes," continue with the next question. Otherwise, skip to Question 114.		* If "yes," continue with the next question. Otherwise, skip to Question 116.		
F3	F5	F6	F7	F8	F9	F10										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 no 1 yes									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F10a	<input type="checkbox"/>	F11	F14	F15a	F15	F16	F17	F18	F19
<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"/>		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"/>		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"/>		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"/>

TABLE 8 CONTINUED			TABLE 9 SECTION 7 COLLECTIVE AND HOUSEHOLD FISHING AND INCOME												
116 During the past year, were any of the products of this kind of livestock or poultry, or livestock or poultry themselves, given away?	117 If the part that was given away had been sold, how much money do you think you would have received? (yuan)	118 Does any member of your household work in fishing who is paid a wage according to the amount of time spent?	119 Does any member of your household work in fishing either on a collective or in a business operated by your household?	120 Which household members work in fishing?	121 During the past year, how many months did [you] work in fishing?	122 How many days in a week, on the average, did [you] work?	123 How many hours in a day, on the average, did [you] work?	124 In the last week, how many hours did you work?	125 What is the nature of the fishing business in which you work?	126 During the past year, did you receive money from the collective? (yuan)	127 How much money did [you] receive? (yuan)	128 In the past year, did you receive fish from the collective?	129 If the fish [you] received had been sold, how much money would have been received? (yuan)	130 Are you the household member primarily responsible for the household's fishing business?	
* If "yes," continue with the next question. Otherwise, go to the next kind.		* If "yes," add these people to Table 5 and ask each individual all questions from that table.	* If "yes," continue with the next question. Otherwise, go to the next section.	* List in the following columns the line number and name of each person who works in fishing.					* If "household," skip to Question 130. Otherwise, continue with the next question.	* If "yes," continue with the next question. Otherwise, skip to Question 131.		* If "yes," continue with the next question. Otherwise, go to the next person.			
															Line Number
		0 no 1 yes	0 no 1 yes												
		G1	G2	G3	G4a	G4b	G4c	G4d	G5	G6	G7	G8	G9	G10	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F11	F20	F21													
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"/>	
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"/>	
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"/>	
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"/>	

TABLE 9 CONTINUED							
131 Has your household been operating a fishing business for at least twelve months?	132 How many months has it been so far?	133 During the past year, what has been your household's average monthly revenue from the sale of fish?	134 During the past year, did your household keep fish for home consumption?	135 If the fish kept for home consumption had been sold, how much money do you think would have been received for it? (yuan)	136 During the past year, did your household give away fish?	137 If the fish given away had been sold, how much money do you think would have been received? (yuan)	138 During the past year, what were the operating expenses of the household fishing business (such as gasoline, nets, lines, food, etc.)? (yuan)
* If "no," continue with the next question. Otherwise, skip to Question 133.			* If "yes," continue with the next question. Otherwise, skip to Question 136.		* If "yes," continue with the next question. Otherwise, skip to Question 138.		
0 no 1 yes			0 no 1 yes		0 no 1 yes		
G10a <input type="checkbox"/>	G10b <input type="checkbox"/>	G11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G12 <input type="checkbox"/>	G13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G14 <input type="checkbox"/>	G15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TABLE 10 SECTION 8 SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME										
139 Does any member in your household operate a small handicraft or small commercial business (such as carpentry, shoe repair, housekeeping/child care service, tailoring, hairdressing, repairing electrical appliances, restaurant, store, etc.)?	140 What kind of business is this?	141 On the average, what are the monthly revenues of this small handicraft or small commercial business?	142 On the average, what are the monthly expenses of this small handicraft or commercial business (including salaries)?	143 Which household members work in this small handicraft or commercial business?	144 During the past year, how many months did you work in this business?	145 How many days in a week, on the average, did [you] work?	146 How many hours in a day, on the average, did [you] work?	147 In the past week, how many hours did you work in the business? (hours)		
* If "no," go to the next section. Otherwise, continue with the next question.				List in the columns below the line numbers and names of these people.						
0 no 1 yes	1 store 2 service 3 manufacturing 4 peddler and transportation 5 construction 6 other			Line Number Name						
H1 <input type="checkbox"/>	H2 <input type="checkbox"/>	H3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H5 <input type="checkbox"/> <input type="checkbox"/>	H6 <input type="checkbox"/> <input type="checkbox"/>	H7 <input type="checkbox"/> <input type="checkbox"/>	H8 <input type="checkbox"/> <input type="checkbox"/>	H9 <input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

TABLE 11 SECTION 9 WELFARE SUBSIDIES/BENEFITS AND RATIONS														
148 * List in the following columns the line number(s) and name(s) of household members who are at least sixteen years old.		149 How much of the following subsidies did you receive last month?						150 In the past year, did you receive any cash bonuses (including festival and any other bonuses)?	151 What was the total value of all bonuses last year?	152 Code	153 Food Names	154 For how many months last year did your household receive ration coupons for the following items?	155 How many 500-gram [jin] coupons did your household receive per month?	156 If you sold these coupons at the free market, or exchanged them for other goods, what would their monetary value be?
		Meat/grocery subsidy (yuan)	Health subsidy (yuan)	Haircut subsidy (yuan)	Book and newspaper subsidy (yuan)	House subsidy (yuan)	Other subsidies (yuan)							
Line Number	Name													
I1		I9	I11	I12	I13	I13a	I14	I18	I19	I2	I3	I4	I5	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Rice	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Wheat Flour	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Other cereal grains	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Cooking oil	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Eggs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Pork (or other kinds of meat)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Chicken	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	Sugar	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> ● <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9	Other	<input type="checkbox"/> <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 CONTINUED		
157	Did your household receive a one-child subsidy last month? (yuan) 0 no 1 yes  If "yes," continue with the next question. Otherwise, skip to Question 159.	I10 <input type="checkbox"/>
158	How much money?	I10a <input type="checkbox"/> <input type="checkbox"/>
159	In the last month, did your household receive a gas or kerosene subsidy? 0 no 1 yes	I15 <input type="checkbox"/>
160	In the last month, did your household receive a coal subsidy? 0 no 1 yes	I16 <input type="checkbox"/>
161	In the last month, did your household receive an electricity subsidy? 0 no 1 yes	I17 <input type="checkbox"/>
162	In the past year, did your household receive any food gifts or discounted food from the work unit for spring festival or any other holidays? 0 no 1 yes  If "yes," continue with the next question. Otherwise, go to the next section.	I20 <input type="checkbox"/>
163	Compared with market prices, how much money was saved on these food gifts? (yuan)	I21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TABLE 12 SECTION 10 INCOME FROM OTHER SOURCES (Throughout this section all income should be "before taxes." Obtain information about the entire household.)		
164	During the past twelve months, how much money was received from rentals of household assets, such as houses, farm vehicles, farm equipment (not including land), etc? (yuan)	J3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
165	During the past twelve months, how much money was received from boarders and/or lodgers? (yuan)	J4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
166	During the past twelve months, how much money was received from retirement pensions or retirement salaries? (yuan)	J5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
167	During the past twelve months, how much money was received from poverty, disability, or welfare funds? (yuan)	J6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
168	During the past twelve months, how much money was received in remittances from family members or friends both at home and abroad? (yuan)	J7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
169	During the past twelve months, how much cash income was received from other sources? (yuan)	J8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
170	During the past twelve months, did your household receive any income in kind, such as food and clothing, from a child, a parent, a relative, or a friend? 0 no 1 yes	J9 <input type="checkbox"/>
171	If you had purchased these gifts, how much money would they have cost? (yuan)	J10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
172	During the past twelve months, did your household receive money or gifts from any local enterprise (such as bonuses, but not including salary income or bonuses to a worker in the enterprise)? 0 no 1 yes	J10a <input type="checkbox"/>
173	What was the value of this money or gifts?	J10b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**TABLE 13 SECTION 11 TIME ALLOCATION FOR HOME ACTIVITIES PART I**

174 * List in the following columns the line number and name of each household member listed in Table 3 who is at least six years old.  * Three additional rows are added at the bottom, to be used when appropriate.		175 Did you spend time buying food for your household during the past week?  * If a non-household member did, record in the appropriate row added at the bottom.	176 How many minutes did [you] spend buying food? (minutes)  Record 99 if the person bought food only on the way to or from work.	177 Is this minutes per day or per week?  1. per day 2. per week	178 Did you prepare and cook food for your household during the past week?  0 no 1 yes	179 How many hours did [you] spend preparing and cooking food? (hours)	180 Is this hours per day or hours per week?  1. per day 2. per week	181 Did you wash and iron clothes during the past week?  0 no 1 yes	182 How many minutes did [you] spend washing and ironing clothes? (minutes)	183 Is this minutes per day or minutes per week?  1. per day 2. per week	If the household includes any children age six and under, ask the following question. <b>Otherwise, stop this section here.</b>	184 Did you take care of the children [in your household] during the past week?  * Non-household members are not recorded here.	185 How many hours did [you] spend taking care of the children by feeding, bathing, dressing, holding, or watching them? (hours)  * Time should be counted even if the person was doing something else while caring for the child, such as cooking a meal or washing clothes.	186 Is this hours per day or hours per week?  1 per day 2 per week
Line Number	Name	0 no 1 yes	K3	K3a	K4	K5	K5a	K6	K7	K7a		K12	K13	K13a
K1		K2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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	Grandparents	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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	Uncles & Aunts	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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	Other relatives or housekeeper	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	



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

TABLE 14 SECTION 12 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS, PART I			
<b>198 How does your household obtain drinking water?</b> (If more than one method, record the most important.)  If the answer is 4, then continue. Otherwise, skip to 159 [200].	1 piped, in house 2 piped, in yard 3 well, in yard 4 other place	<input type="checkbox"/>	L1
	<b>199 How many minutes does it take to walk to this other place to get water?</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>200 What is the source of this water?</b> (If more than one source, record the most important.)	1 underground water (> 5 meters) 2 open well (< 5 meters) 3 spring, river, lake 4 rainwater, snow 5 water plant 6 not known	<input type="checkbox"/>	L3
	<b>201 Does your household pay for this drinking water?</b>  0 no 1 yes		<input type="checkbox"/>
<b>202 What kind of toilet facilities does your household have?</b>	1 flush, in house 2 no flush, in house 3 flush, outside house, 7 none 4 no flush, outside house, public restroom	<input type="checkbox"/>	L5
	5 cement open pit 6 earth open pit 8 other (specify)	_____	
<b>203 Is there any excreta around the dwelling place?</b> (The interviewer records his own observation, and does not ask the respondent.)	1 no excreta 2 very little excreta 3 some excreta 4 much excreta	<input type="checkbox"/>	L6
	<b>204 What kind of lighting does your household generally use?</b>  1 electric 2 kerosene 3 oil 4 candle 5 other (specify)		<input type="checkbox"/>
<b>205 What kind of fuel does your household generally use for cooking?</b>	1 coal 2 electricity 3 kerosene 4 liquified natural gas 5 natural gas	<input type="checkbox"/>	L8
	6 wood, sticks/straw 7 charcoal 8 other (specify)	_____	
<b>206 How have you gotten your apartment/ house?</b> If rented, ask:		1 rent from the state 2 rent from work unit 3 rent from a private individual	<input type="checkbox"/>
<b>207 How much money per month do you pay for rent? (yuan)</b> If apartment/house is owned, is free, or is rented from state or work unit, ask:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L10
<b>208 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>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L11
<b>209 How old is this house/apartment building?</b>		1 1 year 2 2-4 years 3 5-9 years 4 10-19 years 5 20 years or more 99 don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>210 Of what materials is the roof of this house/apartment building constructed?</b>		1 concrete 2 straw or tree branches [wattle] 3 tile	<input type="checkbox"/>
<b>211 Of what material are the floors of this house/apartment building constructed?</b>		1 concrete 2 brick 3 earth	<input type="checkbox"/>
<b>212 Of what material are the walls of this house/apartment building constructed?</b>		1 concrete 2 brick 3 earth	<input type="checkbox"/>
<b>213 What is the total usable area of your household's dwelling unit? (square meters)</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L16
<b>214 Excluding the bathroom and toilet, how many rooms does your household have?</b>		<input type="checkbox"/>	L17
<b>215 How much is this house (apartment) worth? (yuan)</b> (If the respondent is not clear, or is unwilling to estimate, record -9999.)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L18

**TABLE 14 CONTINUED**

Ask about the following types of transportation:	216 Does your household or any household member own any of the following types of transportation? 0 no 1 If "no," go to 1 yes the next type.	217 How many?	218 What is the total value (yuan)? (If the respondent does not know or is unwilling to estimate, record -9999.)	222 Does any member of your household farm? <span style="float:right">L35</span>			0 no 1 yes <input type="checkbox"/>			
	Tricycle	L19 <input type="checkbox"/>	L20 <input type="checkbox"/>	L22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	223 How much total land was farmed by your household in 19 [91]? (mu) [667 square meters] (Include home plots in front or back yard.) <span style="float:right">L36</span>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Bicycle	L23 <input type="checkbox"/>	L24 <input type="checkbox"/>	L26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ask about the following livestock and poultry:	225 Does your household or any member of your household own any of the following livestock or poultry? 0 no 1 yes	225 If your household were to sell all these livestock and poultry, how much money do you think you would get for them? (yuan) (If he does not know or is unwilling to estimate, record -9999.)	Ask about the following fishing equipment:	226 Does your household or any member of your household own the following fishing equipment? 0 no 1 yes	227 If your household were to sell all this fishing equipment, how much money do you think you would get for it? (yuan) (If he does not know or is unwilling to estimate, record -9999.)	
Motorcycle	L27 <input type="checkbox"/>	L28 <input type="checkbox"/>	L30 <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"/>	
Automobile	L31 <input type="checkbox"/>	L32 <input type="checkbox"/>	L34 <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"/>		
Ask about the following farm machines:	219 Does your household or any household member own or lease the following farm machines? 0 no 1 If "no," go to 1 yes the next type.	220 How many are owned by the household (number)?	221 What is the total value? (yuan) (If the respondent does not know, or is unwilling to estimate, record -9999.)	Poultry (chickens/ducks, etc.)	L63 <input type="checkbox"/>		Marine engines	L70 <input type="checkbox"/>		
				Other livestock (specify)	L66 <input type="checkbox"/>		Other (specify)			
Tractor, large, medium or small size	L37 <input type="checkbox"/>	L38 <input type="checkbox"/>	L40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ask about the following household and commercial business equipment:	228 Does your household or any member of your household have any of the following equipment used in business or an occupation (to make money)? 0 no 1 yes	229 If your household were to sell all this equipment, how much money do you think you would get for it? (yuan) (If he does not know or is unwilling to estimate, record -9999.)	Ask about the following household items:	230 Does your household or any household member own any of these household items? 0 no 1 yes	231 How many?	232 Last year, how much money was spent buying these items? (yuan) (If he does not know or is unwilling to estimate, record +9999.)
Garden tractor	L41 <input type="checkbox"/>	L42 <input type="checkbox"/>	L44 <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, tables, chairs, etc., living room furniture	L82 <input type="checkbox"/>	L83 <input type="checkbox"/> <input type="checkbox"/>	L85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Animal cart (donkey, rubber-wheel [horse drawn hay wagon], other draft animal)	L45 <input type="checkbox"/>	L46 <input type="checkbox"/>	L48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Carpentry equipment	L75 <input type="checkbox"/>					
Draft animals (such as horse, donkey, oxen, etc.)	L45a <input type="checkbox"/>	L46a <input type="checkbox"/>	L48a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hair-cutting equipment	L76 <input type="checkbox"/>					
Irrigation equipment	L49 <input type="checkbox"/>	L50 <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"/>		Beds, dressers, etc., bedroom furniture	L86 <input type="checkbox"/>	L87 <input type="checkbox"/> <input type="checkbox"/>	L89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power thresher	L53 <input type="checkbox"/>	L54 <input type="checkbox"/>	L56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Small machine shop tools or equipment	L78 <input type="checkbox"/>					
Household water pump	L57 <input type="checkbox"/>	L58 <input type="checkbox"/>	L60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify)	L80 <input type="checkbox"/>					

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

TABLE 14 CONTINUED							
Ask about the following electrical appliances and other goods:	233 Does your household or any household member own the following electrical appliances and other goods? 0 no 1 yes	234 How many (number)?	235 How many were bought in the last year?	235a How much money are your household's electrical appliances worth?	236 Who in your household decided to buy this item? 1 husband 2 wife 3 husband and wife 4 other (specify relationship)	237 How many (number) were received as gifts (such as wedding gifts, dowry, prizes, etc.) last year?	238 During the past twelve months, did anyone in your household spend money on a wedding? (Include wedding gifts for other family members, relatives, and friends. Exclude dowry or bride price.)  If "yes," continue with the next question. Otherwise, skip to Question 240.
Radio	L90 <input type="checkbox"/>	L91 <input type="checkbox"/>	L92 <input type="checkbox"/>	L93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L94 <input type="checkbox"/> _____	L94a <input type="checkbox"/>	L145 0 no 1 yes <input type="checkbox"/>
VCR	L95 <input type="checkbox"/>	L96 <input type="checkbox"/>	L97 <input type="checkbox"/>	L98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L99 <input type="checkbox"/> _____	L99a <input type="checkbox"/>	L146 239 How much money did you spend (yuan) (If the respondent does not know or is unwilling to estimate, record -9999.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Black-and-white TV	L100 <input type="checkbox"/>	L101 <input type="checkbox"/>	L102 <input type="checkbox"/>	L103 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L104 <input type="checkbox"/> _____	L104a <input type="checkbox"/>	L147 240 During the past twelve months, did anyone in your household spend money on a dowry or bride price? If "yes," continue with the next question. Otherwise, skip to Question 242. 0 no 1 yes <input type="checkbox"/>
Color television	L105 <input type="checkbox"/>	L106 <input type="checkbox"/>	L107 <input type="checkbox"/>	L108 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L109 <input type="checkbox"/> _____	L109a <input type="checkbox"/>	L148 241 How much money did you spend? (yuan) (If the respondent does not know or is unwilling to estimate, record -9999.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing machine	L110 <input type="checkbox"/>	L111 <input type="checkbox"/>	L112 <input type="checkbox"/>	L113 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L114 <input type="checkbox"/> _____	L114a <input type="checkbox"/>	L149 242 During the past twelve months, did anyone in your household spend money on a funeral? If "yes," continue with the next question. Otherwise, go to the next section. 1 no 0 yes <input type="checkbox"/> [NOTE: 1 is "no" and 0 is "yes"]
Refrigerator	L115 <input type="checkbox"/>	L116 <input type="checkbox"/>	L117 <input type="checkbox"/>	L118 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L119 <input type="checkbox"/> _____	L119a <input type="checkbox"/>	L150 243 How much money did you spend? (yuan) (If the respondent does not know, or is unwilling to estimate, record -9999.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Air conditioner	L120 <input type="checkbox"/>	L121 <input type="checkbox"/>	L122 <input type="checkbox"/>	L123 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L124 <input type="checkbox"/> _____	L124a <input type="checkbox"/>	
Sewing machine	L125 <input type="checkbox"/>	L126 <input type="checkbox"/>	L127 <input type="checkbox"/>	L128 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L129 <input type="checkbox"/> _____	L129a <input type="checkbox"/>	
Electric fan	L130 <input type="checkbox"/>	L131 <input type="checkbox"/>	L132 <input type="checkbox"/>	L133 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L134 <input type="checkbox"/> _____	L134a <input type="checkbox"/>	
Big wall clock	L135 <input type="checkbox"/>	L136 <input type="checkbox"/>	L137 <input type="checkbox"/>	L138 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L139 <input type="checkbox"/> _____	L139a <input type="checkbox"/>	
Camera	L140 <input type="checkbox"/>	L141 <input type="checkbox"/>	L142 <input type="checkbox"/>	L143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L144 <input type="checkbox"/> _____	L144a <input type="checkbox"/>	
Microwave oven	L140a <input type="checkbox"/>	L141a <input type="checkbox"/>	L142a <input type="checkbox"/>	L143a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L144a <input type="checkbox"/> _____	L144a1 <input type="checkbox"/>	
Electric rice cooker	L140b <input type="checkbox"/>	L141b <input type="checkbox"/>	L142b <input type="checkbox"/>	L143b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L144b <input type="checkbox"/> _____	L144b1 <input type="checkbox"/>	
Pressure cooker	L140c <input type="checkbox"/>	L141c <input type="checkbox"/>	L142c <input type="checkbox"/>	L143c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L144c <input type="checkbox"/> _____	L144c1 <input type="checkbox"/>	
Metal stove	L140d <input type="checkbox"/>	L141d <input type="checkbox"/>	L142d <input type="checkbox"/>	L143d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L144d <input type="checkbox"/> _____	L144d1 <input type="checkbox"/>	

**TABLE 15 SECTION 13 HEALTH AND MEDICAL SERVICES, PART I**

244 List in the columns below the line numbers and names of household members.		245 Right now, how would you describe your health compared to that of other people your age?	246 Do you have medical insurance?  * If "no," skip to Question 256. Otherwise, continue with the next question.	247 What kind of medical insurance do you have?  1 public insurance 2 worker insurance 3 dependents' insurance 4 cooperative medical insurance 5 work unit insurance 6 MCH health insurance 7 planned immunization insurance 8 other (specify)	248 What is the annual premium for this insurance? (yuan)	249 Does this insurance pay you a certain amount per month for health care which you can keep if you are not sick?  * If "yes," continue with the next question. Otherwise, skip to Question 251.	250 What is this monthly amount? (yuan)  -88 unknown	251 Does this insurance program have a yearly deductible amount that the insured person must pay before the program begins to pay for the costs?  * If "yes," continue with the next question. Otherwise, skip to Question 253.	252 What is this deductible amount? (yuan)  -88 unknown	253 What percentage of the fees for out-patient care does this insurance pay (not including the registration fee)? (%)	254 What percentage of the fees for in-patient care does this insurance pay (not including food expenses)? (%)	255 Does this insurance cover prenatal and delivery services? (Ask women; do not ask men.)
1 Line Number	2 Name	1 excellent 2 good 3 fair 4 poor	0 no 1 yes		0 no 1 yes		0 no 1 yes					0 no 1 yes
M2		M1a	M1	M3	M4	M5	M6	M7	M8	M9	M10	M11
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<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 16 SECTION 13 HEALTH AND MEDICAL SERVICES, PART II**

256 If members of this household are sick or want to see a doctor, dentist, nurse, or other health worker, which clinics or hospitals can they use (including private and public)? List in the following column each health facility mentioned, and then ask Questions 257-265 about each facility.		257 What type of facility is this?  01 village clinic 02 township hospital 03 county hospital 04 neighborhood clinic 05 community hospital 06 work unit clinic 07 work unit hospital 08 district hospital 09 city hospital 10 army hospital 11 university affiliated hospital, provincial hospital, or specialty hospital 12 pharmacy 13 MCH clinic 14 private clinic 15 private hospital 16 family planning station mobile team 17 township family planning guidance station 18 county family planning guidance station 19 other	258 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?	259 How do you generally travel to this facility?  1. walk 2. bicycle 3. bus 4. boat 5. other	260 How long does it take to travel to this facility? (minutes)  Record 000 or 001 if very near.	261 How much is the transportation cost to travel there?  Record 00 if there is no transportation cost.	262 On the average, how long does a person have to wait to be seen by a health worker at this facility? (minutes)  If the respondent or his/her household members have never seen a doctor at this facility, record -88. Otherwise, record the actual time.	263 Generally, what type of doctor do you see or expect to see at this facility?  1. western medicine physician 2. Chinese medicine physician 3. combined western & Chinese medicine phys. 4. village doctor 5. midwife or health worker 6. qi gong [meditation] practitioner 7. witch doctor 8. other -88. unknown	264 Are needed medicines generally available at this facility?  0 no 1 yes	265 Approximately how much money does a self-pay person pay for treatment of a cold or influenza? (yuan)  -88 unknown
Code	Name of health facility									
M12		M13	M14	M15a	M15	M17	M18	M19	M20	M21
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"/>
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"/>
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"/>
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"/>
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TABLE 17 SECTION 13 HEALTH AND MEDICAL SERVICES, PART III CONTINUED ON FOLLOWING PAGE

264 * Copy into the following columns the line numbers and names of all household members. Ask each individual the following questions.		265 Have you been sick or injured within the last four weeks? Have you suffered from a chronic or acute disease?  *If "yes," continue with the next question. Otherwise, go on to the next household member.	266 What were the symptoms?  * Can check up to 3 symptoms.	267 How severe was the illness or injury?	268 How many days were [you] unable to carry out normal activities due to this illness?	269 Did you go to a hospital for the illness or injury?  *If "no," continue with the next question. Otherwise, skip to Question 272.	270 If there was no doctor's diagnosis, what disease do you think you had?  00 no diagnosis 01 infectious/ parasitic disease 02 heart disease 03 tumor 04 respiratory disease 05 injury 06 alcohol poisoning 07 endocrine disorder 08 hematology/blood disease 09 mental/psychiatric disease 10 mental retardation 11 neurological disorder 12 eye/ear/nose/throat/teeth 13 digestive disease 14 urinary disease 15 sexual disorder 16 obstetrical/gynecological disease 17 neonatal disease 18 dermatological disease 19 muscular/rheumatological disease 20 hereditary disease 21 old age/mid-life syndrome 22 other 23 unknown	271 How much money did you spend for the illness or injury? (yuan)  If unknown or paid by insurance, record -88.	272 At what facility did you see a doctor?  *Write down the line number of this health facility as coded in Question 256. If it is not included in Question 256, add it to the list, and ask Questions 257-265 about this facility. Then continue with the next question here.	273 Was it an out-patient or an in-patient visit?  0 outpatient 1 inpatient
Line Number	Name	0 no 1 yes	01 broken bone or muscle injury 02 rash 03 burn 04 fever 05 headache 06 diarrhea 07 stomach ache 08 cough 09 dizziness 10 heart pain 11 joint or muscle pain/stiffness 12 anxiety 13 other	1 not severe 2 somewhat severe 3 quite severe		0 no 1 yes				
M22		M23	M24	M25	M26a	M26	M39a	M39	M27	M28
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TABLE 17 SECTION 13 HEALTH AND MEDICAL SERVICES, PART III - CONTINUED FROM PREVIOUS PAGE

<p>274 For how many days were [you] hospitalized or have [you] been hospitalized?</p>	<p>275 How much did the treatment cost or has the treatment cost so far? (Include all registration fees, medicines, treatment fees, bed fees, etc.) (yuan)</p> <p>*If insurance covers all expenses or the respondent does not know the costs, record -8888.</p>	<p>276 What percentage of these costs was paid by insurance or may be paid by insurance? (%)</p> <p>*If the person does not have medical insurance, record -88.</p>	<p>277 Did you seek medical care from a second health facility?</p> <p>0 no 1 yes</p> <p>*If "yes," continue with the next question. Otherwise, skip to question 283.</p>	<p>278 At what facility did you seek care?</p> <p>*See Question 272 for instructions.</p>	<p>279 Was it an out-patient or an in-patient visit?</p> <p>1 outpatient 2 inpatient</p>	<p>280 For how many days were [you] hospitalized or have [you] been hospitalized?</p>	<p>281 How much did the treatment at this facility cost or has the treatment at this facility cost so far? (yuan)</p> <p>*See Question 275 for instructions.</p>	<p>282 What percentage of these costs was paid by insurance or may be paid by insurance? (%)</p> <p>*See Question 276 for instructions.</p>	<p>283 How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan)</p>	<p>284 What was the doctor's diagnosis of your illness or injury?</p> <p>See Question 270 for codes.</p>	<p>285 Did you visit a witch doctor last year?</p> <p>0 no 1 yes</p>
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Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household #

TABLE 18 SECTION 13 HEALTH AND MEDICAL SERVICES, PART IV

286 * Copy in the columns below the line numbers and names of all household members. Adult respondents start with Question 292; children start with Question 287.		287 During the past 12 months, did this child receive any immunization?  * If "yes," continue with the next question. Otherwise, skip to Question 292.	288 Were this child's immunizations covered by insurance?  0 no 1 yes	289 If not covered by insurance, how much money was spent last year on immunization shots? (yuan)  -88 unknown	290 Does this cost include all immunization shots for the past several years, or only those given during the last year?  1 several years 2 one year	291 In the past year, which immunization shot did this child receive?  0. BCG 1. measles 2. DPT 1 3. DPT 2 4. DPT 3 5. polio 1 6. polio 2 7. polio 3 8. hepatitis 9. don't know	292 Within the last month, did you receive any preventive health service (for example, a health examination, eye examination, well-child examination, blood test, high blood pressure screening, tumor screening, etc.)?  *If "no," skip the rest of the questions and start with the next person on the roster. If "yes," continue with the next question.  0 no 1 yes	293 What service did you receive?  *If not just one type, select the one that had the highest expense.  1. general physical examination 2. well-child examination 3. blood test 4. high blood pressure screening 5. tumor screening 6. gynecological examination 7. vision or hearing examination 8. other examination	294 At what health facility did you receive this service?  *Write the line number of this facility as listed in Question 256. If it is not listed, add it to the list and ask Questions 257-265. Then continue with the next question.	295 How much did this service cost? (yuan)  * If the total cost was paid by medical insurance, or is unknown, record -888.	296 What percentage of this cost was paid by insurance, or may be paid by insurance? (%)  *If the person has no medical insurance, record -88.
1 Line Number	2 Name										
M41		M42	M43	M44	M45	M46	M47	M48	M49	M50	M51
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