

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

QQ1991 PHYSICAL EXAMINATION

Survey Site: ___Province ___Site ___City(County) ___Neighborhood(Town/Village) ___Household

ID Number: T1 T2 T3 T4 T5

Name: _____ Line Number(): A1

Date of Interview: ___Year ___Month ___Day T7

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I. Physical Examination

1. Age (years): _____ U1
2. Weight (kg): _____ •U2
3. Height (cm): _____ •U3
4. Blood pressure (mmHg):
- a: ____/____ U4
- b: ____/____ U5
- c: ____/____ U6
5. Pulse (rate/minute)
- a: _____ U7
- b: _____ U8
- c: _____ U9
6. Upper arm circumference (cm): _____ •U10
7. Triceps skin fold (mm): _____ U11
- * Questions 8 - 9 are for members who are 16 and older.
8. If female, ask:
- a. Are you pregnant? U12
- 0 no 1 yes

b. If "yes," ask: How many months? _____month(s)

U13

- c. Are [you] lactating? U13
 0 no 1 yes
- d. If under the age of 26, ask: Have [you] ever menstruated? U14
 0 no 1 yes
- e. If "yes," ask: What was your age when [you] first menstruated (years)? _____years U15
9. Examine whether the respondent has any of the following conditions:
- | | | | | | |
|---------------------------------------|---|----|---|-----|------------------------------|
| Goiter | 0 | no | 1 | yes | <input type="checkbox"/> U16 |
| Angular stomatitis | 0 | no | 1 | yes | <input type="checkbox"/> U17 |
| Scaling of the skin | 0 | no | 1 | yes | <input type="checkbox"/> U18 |
| Keratosis follicularis | 0 | no | 1 | yes | <input type="checkbox"/> U19 |
| Symmetrical dermatitis of hand | 0 | no | 1 | yes | <input type="checkbox"/> U20 |
| Blindness in one eye | 0 | no | 1 | yes | <input type="checkbox"/> U21 |
| Blindness in both eyes | 0 | no | 1 | yes | <input type="checkbox"/> U22 |
| Loss of one arm or use of one arm | 0 | no | 1 | yes | <input type="checkbox"/> U23 |
| Loss of both arms or use of both arms | 0 | no | 1 | yes | <input type="checkbox"/> U24 |
| Loss of one leg or use of one leg | 0 | no | 1 | yes | <input type="checkbox"/> U25 |
| Loss of both legs or use of both legs | 0 | no | 1 | yes | <input type="checkbox"/> U26 |
- * Questions 10 - 11 are for those who are under 16.
10. If female, ask:
- a. Have you ever menstruated? U27
 0 no 1 yes
- b. If "yes," ask: At what age did you first menstruate? _____years U28
11. Examine whether the respondent has any of the following conditions:
- | | | | | | |
|---------------------------------------|---|----|---|-----|------------------------------|
| Goiter | 0 | no | 1 | yes | <input type="checkbox"/> U29 |
| Angular stomatitis | 0 | no | 1 | yes | <input type="checkbox"/> U30 |
| Square head | 0 | no | 1 | yes | <input type="checkbox"/> U31 |
| Blindness in one eye | 0 | no | 1 | yes | <input type="checkbox"/> U32 |
| Blindness in both eyes | 0 | no | 1 | yes | <input type="checkbox"/> U33 |
| Loss of one arm or use of one arm | 0 | no | 1 | yes | <input type="checkbox"/> U34 |
| Loss of both arms or use of both arms | 0 | no | 1 | yes | <input type="checkbox"/> U35 |

2. If yes, how often do [you] drink? U52
1. daily or almost everyday
 2. 3-4 times a week
 3. once or twice a week
 4. once or twice a month
 5. no more than once a month
 6. unknown
- V. Injury History
1. Have you ever been so seriously injured that you were unable to work for at least two weeks? U53
- 0 no 1 yes
- If "yes", continue with the following questions; otherwise, skip to Section VI.
2. How old [were you] when injured (if injured more than once, ask about the latest injury)? _____years U54
3. How long [were you] unable to carry out normal activities due to injury? _____weeks U55
- VI. Current Health Status
1. Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? U56
- 0 no 1 yes
2. If yes, how long did you have difficulty carrying out your normal daily activities and work? _____weeks U57
3. How is the present condition of your heart, your lungs, and your stomach? U58
1. normal
 2. occasionally affect work or daily activities
 3. frequently affect work or daily activities
 4. unable to work or carry out daily activities
4. How is the present condition of your upper extremities, shoulders, neck, and upper back? U59
1. functioning normally
 2. having some problems, but not affecting work or daily activities
 3. slightly affecting work and daily activities, some help is needed
 4. affecting work and daily activities, help is required
5. How is the present condition of your lower extremities and spinal cord, and does this affect [your] walking? U60
1. functioning normally
 2. having some problems, but can still walk alone
 3. needing some help walking
 4. cannot walk, confined to bed, using wheelchair, or carried by others
6. How is the present condition of your hearing, eyesight, and speaking? U61
1. functioning normally
 2. wearing glasses or hearing aid, or having some loss of ability
 3. deaf in one ear, blind in one eye, some loss of speech, or serious loss of vision, hearing or speech
 4. completely deaf, blind, or unable to speak

7. How is the present condition of your urine control and bowel control? U62
1. normal
 2. nighttime or occasional loss of urine or bowel control
 3. frequent loss of urine or bowel control
 4. total loss of urine or bowel control
8. Do [you] have psychological or psychiatric problems? U63
1. no, normal
 2. occasionally disrupts social or work activities
 3. frequently disrupts social or work activities
 4. under care in a hospital