

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

N40

1993 HOUSEHOLD SURVEY

Household ID from 1991 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: _____

County: _____

□T3

1. First city

2. Second city

1. First county

2. Second county

3. Third county

4. Fourth county

Neighborhood: _____

Village: _____

□T4

1. First neighborhood

2. Second neighborhood

3. Third suburban village (neighborhood)

4. Fourth suburban village (neighborhood)

1. County town neighborhood

2. First village

3. Second village

4. Third village

Household Sequence Number: _____

Household 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 1991 HOUSEHOLD MEMBER ROSTER

* Copy into the columns below the name, line number, gender, and date of birth of each household member in the 1991 survey. If there is a mistake in any item, then ask only questions 7-13, and record the answers in the relevant column. Don't change questions 1-4.

					6	7	8	9	10	11	12	13	14
					In 1991 were they household members?	Is the name correct?	The correct name	Is the gender correct?	Nationality	Is the birth date correct?	The correct birth date	According to which calendar?	Does he still live in this household now?
					* If "yes," continue with the next question. Otherwise, go to the next person.	If "no," continue with the next question. Otherwise, skip to page [question] 9.		0 no 1 yes	Refer to working manual page 8 for code.	* If "no," continue with the next question. Otherwise, skip to Question 14.	If only know year, month and day, then record 99.	1 western calendar 2 lunar calendar	* If "no," continue with the next question. Otherwise, skip to Question 19.
1 Line Number	2 Name	3 Gender	4 Date of Birth	5 Calendar									
		1 male 2 female		1 western calendar 2 lunar calendar	0 no 1 yes	0 no 1 yes		0 no 1 yes		0 no 1 yes 9 unknown	If "unknown," then record -99999.		0 no 1 yes
AA1		AA2	AA3	AA4	AA5	AA6	AA6A	AA7	AA7A	AA8	AA9	AA10	AA11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<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 1 CONTINUED

		15 When did he move out of your house (year, month)?	16 Where does he live now?	17 Date of death	18 According to which calendar	19 Is there anyone else who lived in this household in 1991, but was not included in the interview? (Please include children of unplanned births)	Write in the column below the names of those who were left out. Then ask:		22 Gender	23 Nationality	24 Date of birth	25 According to which calendar
		* If "unknown," record -999.	If "dead," continue with the next question. Otherwise, go to the next person. 1 same village/ neighborhood 2 same county 3 same city 4 same province 5 other city, province 6 other country 7 dead 9 unknown	* If "unknown," record -99999. If only know year, month and day, record 99.	1 western calendar 2 lunar calendar	* If "yes," continue with the next question. Otherwise, go to Table 2. 0 no 1 yes	20 Line Number	21 Name	1 male 2 female	Refer to working manual page 8 for code.	* If "unknown," record -99999.	1 western calendar 2 lunar calendar
1	2											
Line Number	Name	AA12	AA13	AA14	AA15	AA17	AA18		AA19	AA19a	AA20	AA21
□□		□□□□	□	□□□□□□	□	□	□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□
□□		□□□□	□	□□□□□□	□		□□		□	□□	□□□□□□	□

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

TABLE 2 HOUSEHOLD MEMBER ROSTER, PART II											TABLE 3 HOUSEHOLD MEMBER ROSTER, PART III NEW HOUSEHOLD OF 1989 AND AFTER								
1 Is there any current member who was not in the household in 1991? * If "no," skip to Table 4.	* Write in the column below the names of those current members who were not in the household in 1991. Ask about each individual:		4 Gender	5 Nationality	6 Date of birth	7 According to which calendar?	8 Under what circumstances did they join this household?	9 Was he a member of the households covered by this investigation before?	10 What is the sequence number of the household that he belonged to?	11 What is his line number in the previous household?	Instruction: This table is for the members who belonged to any of the households investigated in 1989, and left the household after 1989 for various reasons, and who formed a new household or joined another household which is still within the village/ neighborhood of this investigative site.		3 Was he an interviewee in the 1989 investigation? (If "no," ask whether he was interviewed in 1991.)	4 The sequence number of the household he belonged to in 1989 (or 1991).	5 His line number during the 1989 or 1991 investigation	6 Gender	7 Date of birth	8 According to which calendar?	9 Nationality
0 no 1 yes	2 Line Number	3 Name	1 male 2 female	Refer to working manual for code.	* If "unknown," record -99999.	1 western calendar 2 lunar calendar	1 newborn 2 marriage to a household member 3 other	1 yes 2 no 3 unknown			1 Line Number (Line number begins with 01)	2 Name	If "no," skip to Question 6.	0 no 1 yes		1 male 2 female		1 western calendar 2 lunar calendar	Refer to working manual for code.
AB0	AB1 31		AB2 <input type="checkbox"/>	AB2a <input type="checkbox"/>	AB3 □□□□□□	AB4 <input type="checkbox"/>	AB5 <input type="checkbox"/>	AB6 <input type="checkbox"/>	AB7 □□□□□□□□	AB8 <input type="checkbox"/>	AC1 <input type="checkbox"/>	AC2 <input type="checkbox"/>	AC3 <input type="checkbox"/>	AC4 □□□□□□□□	AC5 <input type="checkbox"/>	AC6 <input type="checkbox"/>	AC7 □□□□□□	AC8 <input type="checkbox"/>	AC9 <input type="checkbox"/>
	32		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	33		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
	34		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
	35		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>
	36		<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	□□□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>

* The first five digits of the household ID for the new household follow the old household, and the last 2 digits start from 31.

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

TABLE 4 HOUSEHOLD MEMBER ROSTER, PART IV 1993 HOUSEHOLD MEMBER ROSTER

* List in the columns below the line number and name of each household member in 1993 (that is, those in Table 1 who are still members, and the new members in Table 2). Ask the following questions about each member. If it is a newly divided household, list all members' line numbers and names from Table 3 in the following table.		3	4	5	6	7	8	9	10	11	12	13	14
		Relationship to the head of this household	Does your father live in this household?	What is the relationship between you and your father?	What is your father's name?	Does your mother live in this household?	What is the relationship between you and your mother?	What is your mother's name?	How many days last week did [you] not sleep here?	How many months last year did [you] not live here?	What is your marital status?	Does your spouse live in this household?	What is your spouse's name?
1 Line Number	2 Name	00 head of household 01 spouse 02 father/mother 03 son/daughter 04 brother/sister 05 grandson-in-law/ grand-daughter-in-law 06 mother-in-law/ father-in-law 07 son-in-law/ daughter-in-law 08 other relative 09 maid 10 other non-relative	* If "yes," continue with the next question. Otherwise, skip to Question 7. 0 no 1 yes	1 physical father 2 step father 3 foster father	* Record the father's line number.	* If "yes," continue with the next question. Otherwise, skip to Question 10. 0 no 1 yes	1 physical mother 2 step mother 3 foster mother	* Record the mother's line number.	* If "unknown," record 9.	* If "unknown," record -9.	* If "married," continue with the next question. Otherwise, skip to Question 15. 1 never married 2 married 3 divorced 4 widowed 5 separated 9 unknown	* If "yes," continue with the next question. Otherwise, skip to Question 15. 0 no 1 yes	* Record the spouse's line number.
A1		A5	A5a	A5a1	A5b	A5c	A5c1	A5d	A6	A7	A8	A8a	A8b

TABLE 4 CONTINUED

TABLE 5 SECTION 2 OCCUPATIONS OF HOUSEHOLD MEMBERS

		15 What type of household registration do you belong to?	16 How many years of formal education have you completed in a regular school? * Ask members who are over five years old. Otherwise, ask the next person. * If he has completed six years or more formal education, continue with the next question. Otherwise, skip to Question 18. 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 -9 unknown	17 How many years of education have you completed in regular school? * If more than 4 years, continue with the next question. Otherwise, skip to Question 19. If "unknown," record -9.	18 What is the highest level of education you have attained? 0 none 1 graduated primary school 2 lower middle school degree 3 upper middle school degree 4 middle technical, or vocational degree 5 university or college degree 6 master's degree or higher 9 unknown	19 Are you currently in school? * If 18 or older, ask Questions 20-21. Otherwise, go to the next person.	20 Are you an official cadre?	21 Are you a village cadre?	List in the columns below, the line number and name of each person listed in Table 4, "1993 Household Member Roster" who is 16 or older. Ask the following questions about each person.	3 Are you presently working? * If "no," continue with the next question. Otherwise, skip to Question 7.	4 Why are you not working? 1 seeking work 2 housewife 3 disabled 4 student 5 retired 6 other 9 unknown	5 Have you ever worked before? * If "no," continue with the next question. Otherwise, skip to Question 7.	6 Why not? * Go to the next person						
Line Number	Name	A8b1 <input type="checkbox"/>	A11 <input type="checkbox"/> <input type="checkbox"/>	A11a <input type="checkbox"/> <input type="checkbox"/>	A12 <input type="checkbox"/>	A13 <input type="checkbox"/>	A15 <input type="checkbox"/>	A15a <input type="checkbox"/>	1 Line Number	2 Name	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes	0 no 1 yes
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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 5 CONTINUED

		7 What is your primary occupation?	8 What is your employment position in this occupation?	9 In what type of work unit do you work?	10 How many employees are there at your work unit?	11 Do you have a secondary occupation?	12 What is your secondary occupation?	13 What is your employment position in this secondary occupation?	14 What type of work unit is this?	15 How many employees are there at this work unit?
		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 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 athlete, actor, musician 13 other -9 unknown	1 self-employed, owner -manager with employees 2 self-employed, independent operator with no employees (includes farmer) 3 works for another person or enterprise (includes small, medium and large scale collective enterprise and farm) 4 paid family worker 5 unpaid family worker 6 other 9 unknown	1 state enterprise or institute 2 small collective enterprise (such as township-owned) 3 large collective (such as owned by county, city, province) 4 family contract 5 individual, three source invested enterprise, household business 6 other 9 unknown	* Including unpaid family workers. If "unknown," record -999.	* Not including housewife and student. * If no second occupation, go to the next person. 0 no 1 yes 9 unknown	Use codes in Question 7.	Use codes in Question 8.	Use codes in Question 9.	* Include unpaid family workers. If "unknown," record -999.
1	2									
Line Number	Name									
B1		B4	B5	B6	B7	B9a	B9	B10	B11	B12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3 INCOME FROM WAGES							
List in the following columns the line number and name of each person listed in Table 5 "Occupation of Household Member," who has regular wage income (regardless primary or secondary occupation). If a person has two occupation, write in two lines. This table doesn't include income from retirement wage, pension, and bonus. They will be recorded in Table 13.							
1 Line Number	2 Name	3 Is this a primary or secondary occupation? If the person had a job last year, but not this year, record 0 in Questions 4-8.	4 Last year, how many months did [you] work at this occupa- tion?	5 How many days in a week, on the average, did [you] work?	6 How many hours in a day, on the average, did [you] work?	7 In the last week, how many hours did [you] work?	8 How much do [you] receive, on the aver- age, for a month's work, exclud- ing subsidies and bonus- es? (yuan)
C1		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"/>

TABLE 7 SECTION 4 HOME GARDENING AND INCOME											
1 Did your family have a vegetable garden or orchard in 1992?	2 Is your house- hold a special- ized house- hold in vegeta- ble garden, or or- chard?	Which house- hold members do the garden- ing?		5 How many months did [you] engage in such work last year?	6 How many days in a week, on the average, did [you] work?	7 How many hours in a day, on the average, did [you] work?	8 How many hours did [you] engage in such work last week?	9 Last year, were any of the vegeta- bles, fruits, or other pro- duce of your home plot sold?	10 During the past year, how much money was received from the sale of the produce? (yuan)	11 On the average, during the past year, how much money would you have 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 house- hold? (yuan)	12 During the past year, how much money did you spend for seedlings, fertilizer, tools, insecticides, hired labor, etc., for this garden? (yuan) This excludes farming tax, and big ma- chinery spend- ing.
0 no 1 yes	0 no 1 yes	3 Line Number	4 Name	If "un- known," record -9.	If "un- known," record 9.	If "un- known," record -9.	If "un- known," record -9.	If "yes," continue with the next ques- tion. Other- wise, skip to Question 11.	If "unknown," record -999. If more than 100 yuan, record -9999.	If "unknown," record -99.	If "unknown," record -999. (Big machinery refers to the ones value more than 500 yuan.)
D1	D1a	D2		D3a	D3b	D3c	D3d	D4	D5	D6	D5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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 8 SECTION 5 HOUSEHOLD FARMS, FARMING COLLECTIVES AND INCOME																		
1	2	List in the following columns the line number and name of each person who works on a farm, ask questions 5-14.		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Does any member of your household work as a farm laborer who is paid a wage regularly (including working on a state farm).	Does any member of your household work on a collective farm or a state farm, or a household farm?	3 Line Number	4 Name	During the past year, how many months did [you] work on a farm?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	In the past week, how many hours did you work?	What is the nature of the farming business in which you work?	During the past year, did you receive money from the collective farming?	How much money did [you] receive? (yuan)	During the past year, did you receive farm produce and/or other items (for example, durable goods) from the collective farming?	How much money (yuan) were these farm produce and/or other items [you] received worth?	Are you the household member primarily responsible for the household's farming activities?	In 1992, had your household been operating a contracted farm for at least one year?	If it was less than a year, for how many months had your household been operating a contracted farm in 1992?	Is your household a specialized farming household?	In 1992, how many mu of land did your household cultivate?	In which year did your village redistribute the land for the last time?
* If "yes," add the persons to Table 6, and ask all questions from that table.	* If "yes," continue with the next question. Otherwise, skip to Table 9.			If "unknown," record -9.	If "unknown," record -9.	If "unknown," record -9.	If "unknown," record -9.	* If "household," skip to 14.	* If "yes," continue with the next question. Otherwise, skip to 12.	If "unknown," record -999.	* If "yes," continue with the next question, otherwise, stop interviewing this person.	* Stop interviewing this person. If "unknown," record -999.		If "yes," or "unknown," skip to Question 17.	If "unknown," record -9.			If "unknown," record -9.
0 no 1 yes	0 no 1 yes							1 collective farm 2 household farm 3 both	0 no 1 yes 9 unknown		0 no 1 yes 9 unknown		0 no 1 yes	0 no 1 yes 9 unknown	0 no 1 yes			
E1	E2	E3		E4a	E4b	E4c	E4d	E5	E6	E7	E8	DE9	E10	E11a	E11b	E11c	E11d	E11e
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 8 CONTINUED								TABLE 9 SECTION 6 RAISING LIVESTOCK/POULTRY AND INCOME							
20 During the past year, what were the major crops grown by your household?		23 During the last year, how many kilograms of produce did this crop yield?	24 How many kilograms were delivered as public grain or were sold to the government at a leveled price?	25 What was the government buying price? (yuan/-kilogram)	26 How many kilograms were sold to the free market or at a high price?	27 Free market price? (yuan/kilogram)	28 During the last year, how much was spent for leasing land, for purchasing seedlings, fertilizer, tools, insecticides, and hiring labor for these crops?	1 Does any member of your household work raising livestock or poultry (such as pigs, cattle, sheep, horses, chickens, ducks, etc.) who is paid a wage for the amount of time spent?	2 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.		5 How many months last year did [you] work raising livestock or poultry?	6 How many days in a week, on the average, did [you] work?	7 How many hours, on the average, did [you] work?	8 How many hours did you work last week?
21 Code	22 Crop Name									3 Line Number	4 Name				
E11		E13	E14	E15	E16	E17	E12	F1	F2	F3		F4a	F4b	F4c	F4d
1		□□□□	□□□□	□.□□	□□□□	□.□□	□□□□	□	□	□□		□□	□	□□	□□
2		□□□□	□□□□	□.□□	□□□□	□.□□	□□□□			□□		□□	□	□□	□□
3		□□□□	□□□□	□.□□	□□□□	□.□□	□□□□			□□		□□	□	□□	□□
4		□□□□	□□□□	□.□□	□□□□	□.□□	□□□□			□□		□□	□	□□	□□
										□□		□□	□	□□	□□

* List as many as four crops, and use one line for each crop. If more than four are named, choose the four that produced the most income.

If "unknown," record -999.

* If none sold, record 0000. If "unknown," record -999.

If "unknown," record -99.

* If none sold, record 0000. If "unknown," record -999.

If "unknown," record -99.

If "unknown," record -999. (It excludes machinery over 500 yuan.)

If "yes," add the people to Table 6, ask each individual all the questions from that table.

* If "yes," continue with the next question. Otherwise, stop this table.

If "unknown," record -9.

If "unknown," record 9.

If "unknown," record -9.

If "unknown," record -9.

0 no
1 yes

0 no
1 yes

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

TABLE 9 CONTINUED

Line Number	9 What is the nature of the livestock or poultry-raising business in which you work?	10 During the past year, did you receive money from the collective?	11 How much money did [you] receive? (yuan)	12 During the last year, did you receive livestock or poultry products from the collective?	13 How much money were these livestock or poultry products [you] received worth? (yuan)	14 Are you the household member primarily responsible for the household livestock or poultry farm?	15 Was the household operating a livestock or poultry-raising business in 1992?	16 How many months has your household been operating livestock or poultry-raising business during the past year?	17 Is your household a specialized livestock or poultry-raising household?	18 During the past year, what kinds of livestock or poultry raised by your household? Record the 4 largest in scale		21 During the past year, how much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry? (yuan)	22 During the past year, was home-made animal feed given to this kind of livestock or poultry?	23 During the past year, how much money was saved by giving home-made feed to this kind of livestock or poultry? (yuan)	24 During the past year, did your household sell any of this kind of livestock or poultry, or any products (eggs, milk, meat, wool, fertilizer, etc.) from them?	25 How much money did [you] receive? (yuan)	26 During the past year, did the household consume this kind of household raised livestock or poultry, or products from them?	27 If the livestock or poultry, or their products consumed by the your household had been sold, how much money do you think you would have received? (yuan)	28 During the past year, were any of the products of this kind of livestock or poultry, or livestock or poultry themselves, given away?	29 To [your] estimation, how much money was the part given away worth?
										19 Code	20 Name									
F3	F5	F6	F7	F8	F9	F10	F10a	F10b	F10c	F11		F14	F15a	F15	F16	F17	F18	F19	F20	F21
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	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"/>	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

TABLE 10 SECTION 7 COLLECTIVE AND HOUSEHOLD FISHING AND INCOME

1 Does any member of your household work in fishing who is paid according to amount of time spent? * If "yes," add the persons to Table 6, and ask each individual all the questions listed in that table 0 no 1 yes	2 Does any member of your household work in fishing either on a collective or in a business operated by your household? * If "yes," continue with the next question. Otherwise, go to next section. 0 no 1 yes	Which household members work in fishing? * List in the following columns the line number and name of each person who works in fishing.		5 During the past year, how many months did [you] work in fishing? * If "unknown," record -9.	6 How many days in a week, on the average, did [you] work? * If "unknown," record 9.	7 How many hours in a day, on the average, did [you] work? * If "unknown," record -9.	8 In the last week, how many hours did [you] work? * If "unknown," record -9.	9 What is the nature of the fishing business in which you work? * If "household," skip to Question 14. Otherwise, continue with the next question. 1 collective 2 household 3 both	10 During the last year, did you receive money from the collective? (yuan) * If "yes," continue with the next question. Otherwise, skip to Question 12. 0 no 1 yes 9 unknown	11 How much money did [you] receive? (yuan) * If "unknown," record -999.	12 In the past year, did you receive fish or other goods from the collective? * If "yes," continue with the next question. Otherwise, go to the next person. 0 no 1 yes 9 unknown	13 How much money do [you] think these fish or goods [you] received from the collective last year are worth? (yuan) * If "unknown," record -999.	14 Are you the household member primarily responsible for the household's fishing business? 0 no 1 yes	15 During 1992, has your household been operating a fishing business? * If "no," stop interviewing this table. 0 no 1 yes	16 During the past year, how many months has your household been operating a fishing business? * If "unknown," record -9.
		3 Line Number	4 Name												
G1	G2	G3		G4a	G4b	G4c	G4d	G5	G6	G7	G8	G9	G10	G10a	G10b
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 10 CONTINUED						TABLE 11 SECTION 8 SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME										
17	18	19	20	21	22	1	2	3	4	5	Which household members work in this small handicraft or commercial business?		8	9	10	11
During the past year, how much money did your household receive from the fishing business? (yuan)	During the past year, did your household keep some fish for home consumption?	If the fish kept for home consumption had been sold, how much money do you think would have been received for it? (yuan)	During the past year, did your household give away fish?	If the fish given away had been sold, how much money do you think would have been received? (yuan)	During the past year, what were the total operating expenses of the household fishing business (such as gasoline, nets, lines, food, fry, drugs, insurance, etc.)? (yuan)	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, electrical appliances repairing, restaurant, store, family child care, family hotel, family clinic, etc.)?	How many kinds of small handicraft or small commercial businesses does your household operate?	What kind of business is this?	On the average, what are the revenues of this small handicraft or small commercial business?	On the average, what are the monthly expenses of this small handicraft or commercial business (including salaries)?	List in the following columns, the line number and name of these members. Choose the first 3 primary responsible people for each kind.		During the past year, how many months did you work in this business?	How many days in a week, on the average, did [you] work?	How many hours, on the average, did [you] work?	In the past week, how many hours did you work in this business? (hours)
* If "unknown," record -999.	* If "yes," continue with the next question. Otherwise, skip to Question 20.	* If "unknown," record -999.	* If "yes," then continue with the next question. Otherwise, skip to Question 22.	* If "unknown," record -999.	* If "unknown," record -999.	* If "no," go to the next section. Otherwise, continue with the next question.		If more than 3 are named, choose the three that generate the most income.								
	0 no 1 yes 9 unknown		0 no 1 yes 9 unknown			0 no 1 yes		1 commerce 2 service 3 manufacturing 4 peddler and transportation 5 construction 6 other			6 Line number	7 Name	If "unknown," record -9.	* If "unknown," record -9.	* If "unknown," record -9.	* If "unknown," record -9.
G11 □□□□	G12 □	G13 □□□□	G14 □	G15 □□□□	G16 □□□□	H1 □	H1a □	H2 □	H3 □□□□	H4 □□□□	H5 □□		H6 □□	H7 □□	H8 □□	H9 □□
											□□		□□	□□	□□	□□
											□□		□□	□□	□□	□□
											□□		□□	□□	□□	□□
											□□		□□	□□	□□	□□
											□□		□□	□□	□□	□□
											□□		□□	□□	□□	□□

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

TABLE 12 SECTION 9 WELFARE SUBSIDIES/RATION COUPONS													
*List in the following columns, the line number and name of the household members who receive the following subsidies.		How much of the following subsidies did you receive last month?						9 In the past year, did you receive any cash bonus (including festival and any other bonuses)? If more than 10000, record 9999. 0 no 1 yes 9 unknown	10 What was the total value of all these bonuses last year? * If "unknown," record -999.	11 Code	12 Food names	13 During the last year, for how many months did your household receive ration coupons for the following food? * If "unknown," record -9.	14 How many jin did [your] household receive per month? If the coupons were not received on a monthly basis, then ask during the past year, how many of the following coupons the household received. Divide the total by 12, and record the mean for each month. * If "unknown," record -99.
		3 Meat/grocery subsidy (yuan) If "unknown," record -9.9.	4 Health subsidy (yuan) * If "unknown," record -9.	5 Haircut subsidy (yuan) * If "unknown," record -9.	6 Book and newspaper subsidy (yuan) * If "unknown," record -9.	7 House subsidy (yuan) * If "unknown," record -9.	8 Other subsidy (yuan) * If "unknown," record -9.						
1 Line number	2 Name												
i1		i9	i11	i12	i13	i13a	i14	i18	i19				
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	1	rice	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	2	wheat flour	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	3	other cereal grains	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	4	cooking oil	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	5	eggs	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	6	pork or other kinds of meat	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	7	chicken	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	8	sugar	□□	□□□
□□		□□.□	□□	□□	□□	□□	□□	□	□□□□	9	other	□□	□□□

TABLE 12 CONTINUED			
15	In the last month, did your household receive one-child cash subsidy? If "yes," then continue with the next question. Otherwise, skip to Question 17.	0 no 1 yes 9 unknown <input type="checkbox"/>	I10
16	How much money? If "unknown," then record -9.	<input type="checkbox"/> <input type="checkbox"/>	I10a
17	In the last month, did your household receive a gas, fuel subsidy? If "no" or "unknown" then skip to Question 19.	0 no 1 yes 9 unknown <input type="checkbox"/>	I15
18	How much money? If "unknown," then record -99.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I15a
19	In the last month, did your household receive a coal subsidy? If "no" or "unknown," then skip to Question 21.	0 no 1 yes 9 unknown <input type="checkbox"/>	I16
20	How much money? If "unknown," then record -99.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I16a
21	In the last month, did your household receive an electricity subsidy? If "no" or "unknown," then skip to Question 23.	0 no 1 yes 9 unknown <input type="checkbox"/>	I17
22	How much money? If "unknown," then record -99.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I17a
23	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? If "yes," then continue with the next question. Otherwise, go to Table 13.	0 no 1 yes 9 unknown <input type="checkbox"/>	I20
24	Compared with market prices, how much money was saved on these food gifts? (yuan) If "unknown," then record -99.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I21

TABLE 13 SECTION 10 INCOME FROM OTHER SOURCES (All the incomes below should be "before tax" income. Obtain information about the entire household.)			
1	During the past 12 months, how much money was received from rentals of household assets such as houses, farm vehicles, farm equipment (not including land), etc.? (yuan) * If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J3
2	During the past 12 months, how much money was received from boarders and/or lodgers? (yuan) * If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J4
3	During the past 12 months, how much money was received from retirement pension or retirement salaries? (yuan) * If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J5
4	During the past 12 months, how much money was received from poverty, disability, or welfare funds? (yuan) * If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J6
5	During the past 12 months, how much money was received in remittances from family members or friends both at home and abroad? (yuan) * If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J7
6	During the past 12 months, how much cash income was received from other sources? (yuan) * If "unknown," then record -999. (Not including relief fund for disaster.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J8
7	During the past 12 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 <input type="checkbox"/>		J9
8	If you had purchased these gifts, how much money would they have cost? (yuan)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J10
9	During the past 12 months, did your household receive any money or gifts from any local enterprise (such as bonuses, but not including salary income and bonuses to a worker in the enterprise)? If "no" or "unknown," then record 9, and go to the next section. 0 no 1 yes 9 unknown <input type="checkbox"/>		J10a
10	What is the value of this money or gifts? If "unknown," then record -999.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J10b

TABLE 14 SECTION 11 TIME ALLOCATION FOR HOME ACTIVITIES PART I

TAKING CARE OF SIX YEAR OLD OR UNDER CHILDREN PART II

* List in the following columns, the line number and name of each household member listed in the table who is above 6 years of age. * Three additional rows are added at the bottom, to be used when appropriate.		3 In the past week, did you buy food for your household? * If "no" or "unknown," skip to Question 6. * If non-household member did, record in the appropriate row added at the bottom.	4 How much time did [you] spend buying food? (minutes) * If the person can't tell the exact minute, record -99. If it is done on the way to work or back from work, record 999.	5 Is that time per day or per week?	6 During the past week, did you prepare and cook food for your household? * If "no" or "unknown," skip to Question 9.	7 How much time did [you] spend preparing and cooking food? (hours) * If the person can't tell the exact hour, record -9.	8 Is the time per day or per week?	9 During the past week, did you wash and iron clothes? If "no" or "unknown," go to the next person.	10 How much time did [you] spend washing and ironing clothes? (minutes) If doesn't know the exact time, record -99.	11 Is the time per day or per week?	12 During the past week, did you take care of the children? * Non-household members are not recorded here.	13 How much time 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 is doing something else while caring for the child, such as cooking a meal or washing clothes. * If exact time unknown, record -99.	14 Is the time per day or per week?	15 During the past week, did you take care of children for other household? (Only ask adults age 20 and above.) 0 no 1 yes 9 unknown	16 Do you still remember how much time did you spend? (hours) If doesn't remember, record -99.	
1 Line No.	2 Name															
K1		K2	K3	K3a	K4	K5	K5a	K6	K7	K7a		K12	K13	K13a	K13b	K13c
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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	grandfather or grandmother	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>						
88	uncle or aunt	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>						
99	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"/>						

If any household member has ever taken care of children of 6 years of age or under, ask the following questions. Otherwise, stop this section here.

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

TABLE 14 PART III				
<p>List in the following columns on the right, the line number and name of children who are six and under, then ask the following questions about each child.</p>	<p>17 Line number <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> K14</p>	<p>21 For how long in a typical day is this child taken care of by people outside the household? (hours) (If for the entire day, then record 24 hours. If doesn't know the exact time, then record -9.)</p>	<p><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> K41</p>	
	<p>18 Name</p>			
<p>19 During the past week, was this child taken care of by people outside the household? 0 no 1 yes 9 unknown If "yes," then continue with the next question. Otherwise, skip to Question 21.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K14a</p>	<p>22 For how many days in a typical week is this child taken care of by people outside the household? (day) (If doesn't know the exact time, then record 9.)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K42</p>	
<p>20 Where did the care take place?</p> <p>0 no 1 yes 9 unknown</p>	<p>0 no 1 yes 9 unknown</p>			
<p>1 in the household itself</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K15</p>			
<p>2 in the home of the child's paternal grandparents</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K16</p>	<p>23 During the past week, for how many hour was this child taken care of by people outside the household? (hours) (If doesn't know the exact time, then record -99.)</p>	<p><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> K42a</p>	
<p>3 in the home of the child's maternal grandparents</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K17</p>			
<p>4 in the home other relative</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K18</p>	<p>24 How much does your household pay per month for all child care? (yuan) (If doesn't know the exact amount of money, then record -99.)</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> K43</p>	
<p>5 in the home of neighbor</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K19</p>			
<p>6 in a neighborhood-run or privately run child care center</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K20</p>	<p>25 For how many children's care does this payment provide?</p>	<p><input type="checkbox"/> K44</p>	
<p>7 in a state child care center</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K21</p>			
<p>8 in a child care center run by a work unit</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K22</p>	<p>26 Does your household receive a child care or nursery subsidy? (If "yes," continue with the next question. Otherwise, stop this table.)</p>	<p>0 no 1 yes 9 unknown <input type="checkbox"/> K45</p>	
<p>9 at a pre-school managed by a primary school</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K23</p>			
<p>10 at a nursery school</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K24</p>	<p>27 For how many children is this subsidy provided?</p>	<p><input type="checkbox"/> K46</p>	
<p>11 other</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K25</p>	<p>28 How much is this subsidy per month? (yuan) (If "unknown," then record -9.)</p>	<p><input type="checkbox"/><input type="checkbox"/> K47</p>	

TABLE 15 SECTION 12 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS, PART I			
1 How does your household obtain drinking water? (If more than one method, record the most important.) If the fourth method, then go to the next question.	1 in house tap water 2 in yard tap water 3 in yard well 4 other place	<input type="checkbox"/>	L1
	2 How many minutes does it take to walk to another place to get water?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L2
3 What is the source of this water? (If more than one source, record the most important.)	1 ground water (>5 meters) 4 ice/snow 2 open well (<5 meters) 5 water plant 3 spring, river, lake 6 not known	<input type="checkbox"/>	L3
4 Does your household pay for this drinking water?	0 no 1 yes	<input type="checkbox"/>	L4
5 What kind of toilet facilities does your household have?	1 flush, in house 5 cement openpit 2 no flush, in house 6 earth openpit 3 flush, outside house, 7 none public restroom 8 other(specify) 4 no flush, outside house, public restroom	<input type="checkbox"/>	L5
	6 Is there any excreta around the dwelling place? (The interviewer records own observation, and does not need to ask the respondent.)	1 no excreta 2 very little excreta 3 some excreta 4 much excreta	<input type="checkbox"/>
7 What kind of lighting does your household generally use?	1 electric 2 kerosene 3 oil 4 candle 5 other (specify)	<input type="checkbox"/>	L7
	8 What kind of fuel does your household generally use for cooking?	1 coal 6 wood,sticks/straw,etc. 2 electricity 7 charcoal 3 kerosene 8 other (specify) 4 liquified natural gas 5 natural gas	<input type="checkbox"/>
9 How have you gotten your apartment/house? If rented, ask Question 10.		1 from the state 4 own (skip to 11) 2 from work unit 5 stay for free (skip to 11) 3 rent from a private individual	<input type="checkbox"/>
10 How much money per month do you pay for rent? (yuan) *If "unknown," record -99. 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
11 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) If "unknown," or refuse to answer, record -99.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L11
12 During the past two years, did you move into a new apartment/house or rebuild your old apartment/house? 0 no 1 yes *If "no,"go to the next table.		<input type="checkbox"/>	L11a
13 How old is this house/apartment building?	1 1 year 4 10-19 years 2 2-4 years 5 20 years or more 3 5-9 years 9 don't know	<input type="checkbox"/>	L12
14 Of what materials is the roof of this house/apartment building constructed?	1 concrete 4 huijiao [charcoal ash 2 straw or tree mixed with grey branches earth and mud] 3 tile 5 other (specify)	<input type="checkbox"/>	L13
15 Of what material are the floors of this house/apartment building constructed?	1 concrete 4 wood 2 brick 5 other (specify) 3 earth	<input type="checkbox"/>	L14
16 Of what material are the walls of this house/apartment building constructed?	1 concrete 4 wood 2 brick 5 other (specify) 3 earth	<input type="checkbox"/>	L15
17 What is the total usable area of your household's dwelling unit? (square meters)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L16
	18 Excluding the bathroom and toilet, how many rooms does your household have?	<input type="checkbox"/>	L17
19 How much is this house (apartment) worth? (yuan) 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

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

TABLE 15 PART II				
Ask about the following means of transportation:		22 Does your household or any household member own any of the transportation means listed on the left column? 0 no 1 If "no," go to the next type.	23 How many?	24 What is the total value in yuan? If the respondent doesn't know or is unwilling to estimate, record -9999.
20 Code	21 Name			
1	tricycle	L19 <input type="checkbox"/>	L20 <input type="checkbox"/>	L22 <input type="checkbox"/>
2	bicycle	L23 <input type="checkbox"/>	L24 <input type="checkbox"/>	L26 <input type="checkbox"/>
3	motorcycle including mototri-cycle	L27 <input type="checkbox"/>	L28 <input type="checkbox"/>	L30 <input type="checkbox"/>
4	automobile	L31 <input type="checkbox"/>	L32 <input type="checkbox"/>	L34 <input type="checkbox"/>
Ask about the farm machinery and draft animals:		27 Does your household or any household member own or lease the farm machines listed on the left? 0 no 1 If "no," then 1 yes go to the next type.	28 How many are owned by the household-(number) ?	29 How much money are they worth (yuan)? (If the respondent doesn't know or is unwilling to estimate, then record -9999.)
25 Code	26 Name			
1	tractor, large, medium, or small size	L37 <input type="checkbox"/>	L38 <input type="checkbox"/>	L40 <input type="checkbox"/>
2	garden tractor	L41 <input type="checkbox"/>	L42 <input type="checkbox"/>	L44 <input type="checkbox"/>
3	draught animal cart	L45 <input type="checkbox"/>	L46 <input type="checkbox"/>	L48 <input type="checkbox"/>
4	draught animals (such as horse, donkey, oxen, etc.)	L45a <input type="checkbox"/>	L46a <input type="checkbox"/>	L48a <input type="checkbox"/>
5	irrigation equipment	L49a <input type="checkbox"/>	L50a <input type="checkbox"/>	L52 <input type="checkbox"/>
6	power thresher	L53a <input type="checkbox"/>	L54a <input type="checkbox"/>	L56 <input type="checkbox"/>
7	household water pump	L57a <input type="checkbox"/>	L58a <input type="checkbox"/>	L60 <input type="checkbox"/>
Ask about the following livestock and poultry:		32 Does your household or any member of your household own any of the livestock or poultry listed on the left? 0 no 1 yes	33 If your household were to sell all these livestock and poultry, how much money do you think you would get for them? (yuan) (If doesn't know or is unwilling to estimate, record -9999.)	
30 Code	31 Name			
1	pigs	L61 <input type="checkbox"/>	L67 <input type="checkbox"/>	
2	sheep/goats	L62 <input type="checkbox"/>		
3	poultry (chicken, ducks, etc.)	L63 <input type="checkbox"/>		
4	other livestock (specify)	L66 <input type="checkbox"/>		
Ask about household commercial equipment:		40 Does your household or any member of your household have any of the equipment used in business or an occupation to make money as listed on the left column? 0 no 1 yes	41 During the last year, did any member of your household use this equipment for your household commercial business? 0 no 1 yes 9 unknown	42 If your household were to sell this equipment, how much money do you think you would get for it? (yuan) (If doesn't know or is unwilling to estimate, then record -9999)
38 Code	39 Name			
1	cooking equipment	L74 <input type="checkbox"/>	L74a <input type="checkbox"/>	L81 <input type="checkbox"/>
2	carpentry equipment	L75 <input type="checkbox"/>	L75a <input type="checkbox"/>	
3	haircut equipment	L76 <input type="checkbox"/>	L76a <input type="checkbox"/>	
4	sewing machine	L77 <input type="checkbox"/>	L77a <input type="checkbox"/>	
5	small machine shop tools or equipment	L78 <input type="checkbox"/>	L78a <input type="checkbox"/>	
6	other (specify)	L80 <input type="checkbox"/>	L80a <input type="checkbox"/>	
Ask about the following fishing equipment:		36 Does your household or any member of your household own any of the fishing equipment listed on the left? 0 no 1 yes		37 If your household were to sell all this fishing equipment, how much money do you think you would get for it (yuan)? (If doesn't know, record -9999.)
34 Code	35 Name			
1	fishing nets	L68 <input type="checkbox"/>		L73 <input type="checkbox"/>
2	fishing boats	L69 <input type="checkbox"/>		
3	marine engines	L70 <input type="checkbox"/>		
4	other (specify)	L71 <input type="checkbox"/>		
Ask about the household items:		45 Does your household or household member own any of these household items listed on the left? 0 no 1 yes	46 How many?	47 During 1992, how much money was spent buying these items? (yuan) If doesn't know or is unwilling to estimate, then record -9999. If no, then record 00000.
43 Code	44 Name			
1	sofa, table, chairs, etc., living room furniture	L82 <input type="checkbox"/>	L83 <input type="checkbox"/>	L85 <input type="checkbox"/>
2	beds, dressers, etc., bedroom furniture	L86 <input type="checkbox"/>	L86 <input type="checkbox"/>	L89 <input type="checkbox"/>

Table 15 Part III

Ask about electrical appliances and other goods		50 Does your household or any household member own any of the electrical appliances and other goods listed on the left? 0 no 1 yes	51 How many?	54 How many were purchased by your household in 1992? If none, skip to Question 54.	53 Who in your household decided to buy this item? 1 husband 2 wife 3 husband and wife 4 other (specify relationship)	54 How many (number) were received as gifts (such as wedding gifts, dowry, prizes, etc.) last year?	55 How much money are all these electrical appliances worth? * If "unknown", record -999.		
48 Code	49 Name								
1	radio, tape recorder	L90 <input type="checkbox"/>	L91 <input type="checkbox"/>	L92 <input type="checkbox"/> ___	L94 <input type="checkbox"/>	L94a <input type="checkbox"/>	L93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	56 During the past 12 months, did anyone in your household spend money on a wedding? (Including wedding gifts for other family members, relatives, and friends, excluding dowry or bride price.) If "yes," continue with the next question. Otherwise, skip to Question 58.	L145 0 no 1 yes <input type="checkbox"/> 9 unknown
2	VCR	L95 <input type="checkbox"/>	L96 <input type="checkbox"/>	L97 <input type="checkbox"/> ___	L99 <input type="checkbox"/>	L99a <input type="checkbox"/>	L98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	57 How much money did you spend? (yuan) (If doesn't know or is unwilling to estimate, record -9999.)	L146 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	black/white television	L100 <input type="checkbox"/>	L101 <input type="checkbox"/>	L102 <input type="checkbox"/> ___	L104 <input type="checkbox"/>	L104a <input type="checkbox"/>	L103 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	58 During the past 12 months, did anyone in your household spend money on a dowry or bride price? (within the household only) If "yes," continue with the next question, otherwise, skip to Question 60.	L147 0 no 1 yes <input type="checkbox"/> 9 unknown
4	color television	L105 <input type="checkbox"/>	L106 <input type="checkbox"/>	L107 <input type="checkbox"/> ___	L109 <input type="checkbox"/>	L109a <input type="checkbox"/>	L108 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	59 How much money did you spend? (yuan) (If doesn't know or is unwilling to estimate, record -9999.)	L148 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	washing machine	L110 <input type="checkbox"/>	L111 <input type="checkbox"/>	L112 <input type="checkbox"/> ___	L114 <input type="checkbox"/>	L114a <input type="checkbox"/>	L113 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	60 During the past 12 months, did anyone in your family spend money on a funeral? (If "yes," continue with the next question, otherwise, skip to Question 62.)	L149 0 no 1 yes <input type="checkbox"/> 9 unknown
6	refrigerator	L115 <input type="checkbox"/>	L116 <input type="checkbox"/>	L117 <input type="checkbox"/> ___	L119 <input type="checkbox"/>	L119a <input type="checkbox"/>	L118 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	61 How much money did you spend? (yuan) (If doesn't know or is unwilling to estimate, record -9999.)	L150 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	air conditioner	L120 <input type="checkbox"/>	L121 <input type="checkbox"/>	L122 <input type="checkbox"/> ___	L124 <input type="checkbox"/>	L124a <input type="checkbox"/>	L123 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	62 During the past 30 days, did your household give gifts or money to other people? (parents and grand parents of both side, and children and grand children) If "yes," continue with the next question.	L151 0 no 1 yes <input type="checkbox"/> 9 unknown
8	sewing machine	L125 <input type="checkbox"/>	L126 <input type="checkbox"/>	L127 <input type="checkbox"/> ___	L129 <input type="checkbox"/>	L129a <input type="checkbox"/>	L128 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	63 How much money did you spend? (yuan) (If "unknown," record -9999.)	L152 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	electric fan	L130 <input type="checkbox"/>	L131 <input type="checkbox"/>	L132 <input type="checkbox"/> ___	L134 <input type="checkbox"/>	L134a <input type="checkbox"/>	L133 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
10	big wall clock	L135 <input type="checkbox"/>	L136 <input type="checkbox"/>	L137 <input type="checkbox"/> ___	L139 <input type="checkbox"/>	L139a <input type="checkbox"/>	L138 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
11	camera	L140 <input type="checkbox"/>	L141 <input type="checkbox"/>	L142 <input type="checkbox"/> ___	L144 <input type="checkbox"/>	L144a <input type="checkbox"/>	L143 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
12	microwave oven	L140a <input type="checkbox"/>	L141a <input type="checkbox"/>	L142a <input type="checkbox"/> ___	L144a <input type="checkbox"/>	L144b <input type="checkbox"/>	L143a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13	electric rice cooker	L140b <input type="checkbox"/>	L141b <input type="checkbox"/>	L142b <input type="checkbox"/> ___	L144b <input type="checkbox"/>	L144c <input type="checkbox"/>	L143b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14	pressure cooker	L140c <input type="checkbox"/>	L141c <input type="checkbox"/>	L142c <input type="checkbox"/> ___	L144c <input type="checkbox"/>	L144d <input type="checkbox"/>	L143c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15	metal stove	L140d <input type="checkbox"/>	L141d <input type="checkbox"/>	L142d <input type="checkbox"/> ___	L144d <input type="checkbox"/>	L144e <input type="checkbox"/>	L143d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

TABLE 16 SECTION 13 MEDICAL AND HEALTH SERVICE, PART I MEDICAL INSURANCE

List in the following columns the line number and name of household members.		3 Right now, how would you describe your health compared to that of other people of your age?	4 Do you have medical insurance?	5 What kind of medical insurance do you have?	6 What is the annual premium for this insurance? (yuan)	7 Which of the following methods do you have in paying your medical care expense?	8 What is the maximum amount of money can you get reimbursed? (yuan)	9 How much does a patient have to pay if the amount is beyond the maximum reimbursement line? (%)	10 What is the annual deductible amount? (yuan)	11 How much can be reimbursed beyond the deductible? (%)	12 What percentage of the fees for outpatient care does your insurance pay (not including registration fee)?	13 What percentage of the fee for in-patient care does your insurance pay (not including food expenses)? (%)	14 How much money do [you] receive every year? (yuan)	15 Does this insurance cover prenatal and delivery services? (Ask women only.)
Use 92 as the standard.			* If "no," stop interviewing this person. Otherwise, continue with the next question.	1 public insurance 2 worker insurance 3 dependents' medical insurance 4 work unit insurance 5 cooperative medical insurance 6 MCH health insurance 7 planned immunization insurance 8 other (specify) 9 unknown	If the respondent is not clear, record -999.	1- The reimbursable medical and pharmaceutical expense should be within an upper limit. 2- Patients have to pay a deductible. (Skip to Question 10.) 3- Only a certain amount of the out-patient and inpatient care is covered. (Skip to Question 12.) 4- Work unit distributes medical fee to the individuals. If an individual is not sick, [he/she] can keep the medical fee. (Skip to Question 14.) 5- Other (Skip to Question 15.) 6- Unclear (Skip to Question 15.)	(If not clear, record -999.)	(If not clear, record -99, and skip to Question 15.)	(If not clear, record -99)	(If "unknown," record -99.)	If "unknown," record -99.	If "unknown," record -99, and skip to Question 15.	(If not clear, record -99.)	
1 Line Number	2 Name	1 excellent 2 good 3 fair 4 poor 9 unknown	0 no 1 yes 9 unknown											0 no 1 yes 9 unknown
M2		M1a	M1	M3	M4	M5	M6	M7	M8	M8a	M9	M10	M10a	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 17 SECTION 13 HEALTH AND MEDICAL SERVICES, PART II

If members of this household are sick or want to see a doctor, dentist, nurse, and/or other health worker, which clinic or hospital can they use (including private and public)? List in the following column each health facility mentioned, then ask Questions 3-11 about each facility.		3 What type of facility is this? 01 village clinic 02 township hospital 03 county hospital 04 neighborhood clinic 05 street hospital 06 work unit clinic 07 work unit hospital 08 district hospital 09 city hospital 10 army hospital 11 university affiliated, provincial, or speciality hospital 12 pharmacy 13 MCH clinic 14 private clinic 15 private hospital 16 family planning mobile team 17 township family planning guidance station 18 county family planning guidance station 19 other -9 unknown	4 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? 0 no 1 yes 9 unknown	5 Generally, how do you travel to this facility? 1 walk 2 bicycle 3 bus 4 boat 5 other	6 How long does it take to travel one way to this facility? (minutes) If unknown, record -99. If no cost is needed, record 000, or 001.	7 How much yuan does the transportation cost one way to travel there? If unknown, record -9.9. If no cost is needed, record 00.0.	8 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 the household members have never seen a doctor at this facility, record -88, otherwise, record the actual time. If unknown, record -99.	9 Generally, what type of doctor do you see or expect to see? 1 Western medicine doctor 2 Chinese medicine doctor 3 combined western and Chinese medicine doctor 4 village doctor 5 health worker and midwife 6 Qi gong practitioner 7 folk doctor 8 other 9 unknown	10 Are medicines generally available at this facility? 0 no 1 yes 9 unknown	11 In this facility, approximately how much money does a self-pay person pay for a treatment of cold or flu? (yuan) If unknown, record -9.9.
1 Code	2 Name of Health Facility	M13	M14	M15a	M15	M17	M18	M19	M20	M21
M12 1		□□	□	□	□□□	□□.□	□□□	□	□	□□.□
2		□□	□	□	□□□	□□.□	□□□	□	□	□□.□
3		□□	□	□	□□□	□□.□	□□□	□	□	□□.□
4		□□	□	□	□□□	□□.□	□□□	□	□	□□.□
5		□□	□	□	□□□	□□.□	□□□	□	□	□□.□
6		□□	□	□	□□□	□□.□	□□□	□	□	□□.□

TABLE 18 SECTION 13 HEALTH AND MEDICAL SERVICES, PART III

* Copy into the following columns the line numbers and names of all household members. Ask each member Questions 3-23.		3 During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease? * If "yes," continue with the next question. Otherwise, go to the next household member.	4 What were the symptoms? * Can record the three main symptoms. Refer to the working manual page 32 for codes.	5 How severe was the illness or injury? 1 not severe 2 somewhat severe 3 quite severe	6 How many days were [you] unable to carry out normal activities due to this illness? If "unknown," record -9.	7 What did you do when you felt ill? 1 self care 2 saw the local health worker 3 saw a doctor (clinic, hospital) 4 didn't pay any attention 9 unknown * If the response is "3," skip to Question 10. Ask Questions 8 and 9 only of the respondents who didn't go to a clinic.	8 If no doctor's diagnosis, what disease do you think you had? See working manual Question 8 on page 33 for disease codes.	9 How much money did you spend for the illness or injury? (yuan) Finish interviewing this person. Record -88 if insurance covered all the expenses. Record -99, if unknown.	10 At which hospital did you see a doctor? * Write down the code number of this facility as coded in Question 1 of Table 17. If it is not included in Question 1 of Table 17, add it to the list, and ask all the questions listed in Table 17, then continue with the next question.	11 Was it an out-patient or inpatient visit? * If "inpatient," continue with the next question. Otherwise, skip to Question 13	12 For how many days were [you] or have [you] been hospitalized? * If "unknown," record -99.
1 Line number	2 Name	0 no 1 yes 9 unknown								0 out-patient 1 in-patient	
M22		M23 <input type="checkbox"/>	M24 <input type="checkbox"/> □□□□□□ 3 3 2 2 1 1	M25 <input type="checkbox"/>	M26a <input type="checkbox"/>	M26 <input type="checkbox"/>	M39a <input type="checkbox"/>	M39 <input type="checkbox"/>	M27 <input type="checkbox"/>	M28 <input type="checkbox"/>	M29 <input type="checkbox"/>
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□
□□		<input type="checkbox"/>	□□□□□□	<input type="checkbox"/>	□□	<input type="checkbox"/>	□□	□□□	<input type="checkbox"/>	<input type="checkbox"/>	□□□

[This table is continued on the following page.]

[This table is continued from the previous page.]

13 How much did this treatment cost or has this treatment cost so far? (Including all registration fees, medicines, treatment fees, bed fees, etc.) (yuan)	14 What percentage of these costs was paid by insurance or may be paid by insurance? (%)	15 Did you seek medical care from a second health facility?	16 At what facility did you seek care?	17 Was it an out-patient or in-patient visit?	18 For how many days were [you] hospitalized or have been hospitalized ?	19 How much did the treatment at this facility cost or has the treatment at this facility cost so far? (yuan)	20 What percentage of these costs was paid by insurance or may be paid by insurance? (yuan)	21 How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan)	22 What was the doctor's diagnosis of your illness or injury?	23 Did you visit a folk doctor last year?
* If insurance covers all expenses, record -888.8. If unknown, record -999.9.	* If the person doesn't have medical insurance, then record -88. If unknown, record -99.	* If "yes," continue with the next question. Otherwise, skip to Question 21.	* See Question 10 for instructions.	If "outpatient," skip to Question 19.	* If "unknown," record -99.	* See Question 13 for instructions.	* See Question 14 for instructions.	* If "unknown," record -99. * If it is more than 1000 yuan, record 999.	* See Question 8 on page 33 in the working manual for codes.	0 no 1 yes 9 un-known
M30 □□□□•□	M31 □□□	M32 □	M33 □	M34 □	M35 □□□	M36 □□□□•□	M37 □□□	M38 □□□	M40 □□	M40a □
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□
□□□□•□	□□□	□	□	□	□□□	□□□□•□	□□□	□□□	□□	□

TABLE 19 SECTION 13 HEALTH AND MEDICAL SERVICES, PART IV

* Copy in the following column the line numbers and names of all household members. Adult respondents who are above 12 start with Question 8, children who are 12 and below start with Question 3.		3 During the past 12 months, did this child receive any immunizations? * If "yes," continue with the next question. Otherwise, skip to Question 8.	4 Was the shot fee covered by insurance? * If "yes," or "unknown," skip to Question 7.	5 If without insurance, how much money was spent last year on immunization shots? (yuan) -9.9 unknown	6 Does this cost include all immunization shots for the past several years, or only those given during 1992? 1 several years 2 one year 9 unknown	7 During the past year, which immunization shots 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 A and B 9 unknown	8 Within the last month, did you receive any preventive health service (for example, a health examination, eye examination, well-child examination, blood test, blood pressure screening, tumor screening, etc.)? * If "no," or "unknown," stop interviewing this person, and go to the next person. If "yes," continue with the next question.	9 What service did you receive? * If not just one type, choose the one that had the highest expense.	10 At which health facility did you receive this service? * Write the code number of this facility listed in Question 1 of Table 17. If it is not listed, add it to the list, and ask all the questions listed in Table 17, and continue with the next question.	11 How much did this service cost? (yuan) * If total cost was paid by insurance, record -88.8. If "unknown," record -99.9.	12 What percentage of this cost was paid by insurance, or may be paid by insurance? (%) * If the person has no insurance, record -88. If "unknown," record -99.
1 Line number	2 Name										
M41		M42	M43	M44	M45	M46	M47	M48	M49	M50	M51
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>