

# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

\_\_\_1993 PHYSICAL EXAMINATION

Survey Site: \_\_\_ Province \_\_\_ Site \_\_\_ City(County) \_\_\_ Neighborhood(Town/Village) \_\_\_ Household

ID Number: T1 T2 T3 T4 T5

Name: \_\_\_\_\_ Line Number ( ): A1

Date of Interview: \_\_\_ Year \_\_\_ Month \_\_\_ Day T7

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## I. Physical Examination

1. Age (years): U1
2. Blood pressure (mmHg)  
a: \_\_\_/\_\_\_ U4  
b: \_\_\_/\_\_\_ U5  
c: \_\_\_/\_\_\_ U6
3. Height (cm): \_\_\_ •U3
4. Weight (kg): \_\_\_ •U2
5. Upper arm circumference (cm): \_\_\_ •U7
6. Triceps skin fold (cm)  
a: \_\_\_ U8a  
b: \_\_\_ U8b  
c: \_\_\_ U8c
7. Buttock circumference (cm)\_\_\_ U9
8. Waist circumference (cm)\_\_\_ U10
9. Examine the following conditions of the respondent

- |   |      |       |                              |
|---|------|-------|------------------------------|
| 1 Goiter                                | 0 no | 1 yes | <input type="checkbox"/> U12 |
| 2 Angular stomatitis                    | 0 no | 1 yes | <input type="checkbox"/> U13 |
| 3 Blindness in one eye                  | 0 no | 1 yes | <input type="checkbox"/> U14 |
| 4 Blindness in both eyes                | 0 no | 1 yes | <input type="checkbox"/> U15 |
| 5 Loss of one arm or use of one arm     | 0 no | 1 yes | <input type="checkbox"/> U16 |
| 6 Loss of both arms or use of both arms | 0 no | 1 yes | <input type="checkbox"/> U17 |
| 7 Loss of one leg or use of one leg     | 0 no | 1 yes | <input type="checkbox"/> U18 |
| 8 Loss of both legs or use of both legs | 0 no | 1 yes | <input type="checkbox"/> U19 |

Questions 10-11 are for the girls aged 10-15.

10. Have you ever menstruated? 0 no 1 yes U20

If "no," skip to Question 12.

11. At what age did you first menstruate? \_\_\_\_\_ age U21

Questions 12-43 are for those who are 12 and older.

12. Do you have high blood pressure? 0 no 1 yes 9 unknown U22

\* If "no," or "unknown," skip to Question 14.

13. If yes, for how many years have you had it? \_\_\_\_\_ years U23

14. Are you currently taking anti-hypertension drugs? 0 no 1 yes U24

## **II. Smoking and Alcohol Drinking History**

### **Smoking History**

15. Have you ever smoked cigarettes? (including hand rolled or device rolled)? U25

0 never smoked 1 yes

If "yes," continue with the next question, otherwise, skip to Question 20.

16. How old were [you] when [you] started to smoke? \_\_\_\_\_ age U26

17. Do [you] still smoke cigarettes now? 0 no 1 yes U27

If "no," skip to Question 19.

18. If yes, how many cigarettes do [you] smoke per day? \_\_\_\_\_ cigarettes, skip to Question 20. U28

19. If no, how long ago did [you] stop smoking? \_\_\_\_\_ months U29

20. Have you ever smoked a pipe? 0 never 1 yes U30

If "yes," continue with the next question, otherwise skip to Question 24.

21. How old [were you] when [you] started smoking pipe? \_\_\_\_\_ age U31

22. Do you still smoke now? 0 no 1 yes U32

If "no," skip to Question 24.

23. If yes, how many liang of tobacco do you use in one month? \_\_\_\_\_ liang U33

### **Tea-Drinking History**

24. Do you normally drink tea? 0 no 1 yes U34

If "no," skip to Question 27.

25. Your normal tea-drinking habit is (Your habit in the last 30 days) U35

1 almost every day (6-7 days per week) 5 2-3 times in the past 30 days

2 4-5 times a week 6 once only in the past 30 days

3 2-3 times a week 7 never drunk in the past 30 days

4 hardly drink (no more than once a week)

26. Normally how many cups of tea [do you] drink a day? U36

### **Coffee-Drinking History**

27. Do you normally drink coffee? 0 no 1 yes U37

If "no," skip to Question 30.

28. [Your] coffee-drinking situation in the past 30 days. U38

1 drink every day 5 2-3 times in the past 30 days

2 4-6 times a week 6 only once in the past 30 days

3 2-3 times a week 7 never drunk in the past 30 days

4 once a week

29. During the days when you drank coffee, how many cups do [you] drink each day? U39

**Alcohol-Drinking History:**

30. During the past year, have you drunk beer or any other alcohol beverage? U40

0 no 1 yes

If "no," skip to Question 33.

31. How often [do you] drink? U41

1 daily or almost everyday

4 once or twice a week

2 3-4 time a week

5 no more than once a month

3 once or twice a week

32. How much do [you] drink each week?

1 beer (unit = bottle) U42

2 grape wine (including many kinds of colored wine, rice wine) (Liang) U43

3 alcohol (Liang) U44

**III. Injury History**

33. Have you ever been so seriously injured that you were unable to work normally for at least two weeks? U45

0 no 1 yes

If "yes," continue with the next question, otherwise, skip to Question 36.

34. How old were [you] when you were injured? (If injured more than once, ask about the latest injury.) \_\_\_\_\_ age U46

35. How long were [you] unable to carry out normal activities due to injury? \_\_\_\_\_ weeks U47

**IV. Current Health Status**

36. Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? U48

0 no 1 yes

\* If "no," skip to Question 38.

37. If yes, for how long did you have difficulty carrying out your normal daily activities and work? \_\_\_\_\_ weeks U49

38. How is the present condition of your hearing, your lungs, and your stomach? U50

- |  |   |  |   |  |
|--|---|--|---|--|
|  | 1 normal  |  | 3 frequently affect daily activities and work   |  |
|  | 2 occasionally affect daily activities and work |  | 4 unable to carry out daily activities and work |  |
39. How is the present condition of your upper extremities, shoulders, upper back, and neck? U51
- 1 functioning normally
- 2 having some problems, but not affecting daily activities and work
- 3 slightly affecting daily activities and work, some degree of help is needed
- 4 affecting daily activities and work, help is required
40. How is the present condition of your lower extremities and spinal cord, and does this affect [your] walking? U52
- |  |  |  |
|--|--|--|
| 1 functioning normally                           |  | 3 needing some help walking  |
| 2 having some problems, but can still walk alone |  | 4 cannot walk, confined to bed, using wheelchair, or carried by others |
41. How is the present condition of your hearing, eyesight, and speaking? U53
- 1 functioning normally
- 2 wearing glasses, hearing aid, or having some loss of ability
- 3 deaf in ear, blind in one eye, some loss of speech, or serious loss of vision, hearing or speech
- 4 completely deaf, blind, or unable to speak
42. How is the present condition of your urine control and bowel control? U54
- |  |  |   |
|--|--|---|
| 1 normal   |  | 3 frequent loss of urine or bowel control |
| 2 nighttime or occasional loss of urine or bowel control |  | 4 total loss of urine or bowel control    |
43. Do [you] have psychological or psychiatric problems? U55
- |  |  |  |
|--|--|--|
| 1 no, normal   |  | 3 frequently disrupts social or normal work activities |
| 2 occasionally disrupts normal work or social activities |  | 4 under care in a hospital                             |
- Questions 44-49 are for the females age 16-49.
44. Are you currently pregnant? 0 no 1 yes U56
- \* If "no," skip to Question 46.
45. If yes, how many months have [you] been pregnant? U57

46. Are you currently breast-feeding? 0 no 1 yes U87

47. Has your menstruation stopped? 0 no 1 yes 9 unknown U59

If "no," or "unknown," skip to Question 49.

48. Why has [your] menstruation stopped? U60

1 pregnancy 4 other causes

2 menopause 5 unknown

3 hysterectomy

If "menopause," and "hysterectomy," ask

49. How old were [you] when [you] had the hysterectomy or entered menopause? U61

Questions 50-73 are for the interviewees above 50, and use Question 50 codes for the answers.

We want to understand the various life disruptions caused by health and physical ability. Answer the following questions regarding the degree of your life disruption. (Excluding activity disruption in the past 3 months.)

50. Do you have any difficulty in running for a kilometer? U62

1 no 4 very difficult

2 a little difficult 5 cannot run

3 some difficulty 9 unknown

If "no," skip to Question 54.

51. Do you have any difficulty in walking for a kilometer? U63

If "no," skip to Question 54.

52. To you, is it difficult to walk for 200 meters? U64

\* If "no," skip to Question 54.

53. To you, is it difficult to walk in the room? U65

54. To you, is it difficult to sit continuously for two hours? U66

55. Do you have any difficulty in standing up after sitting for a long time? U67

56. Do you have any difficulty in your daily life alone? U68

57. To you, is it difficult to climb a few stairs without stopping? U69

If no, skip to Question 59.

58. Do you have difficulty in climbing one staircase? U70

59. Do you have any difficulty in lifting or raising a 5- kilogram bag, such as a bag of mix things? U71

60. Do you have any difficulty in squatting down, kneeling down, or bending over? U72

61. Do you have any difficulty in taking your shower? U73

If no, skip to Question 64.

62. Do you need others' help in taking shower? U74

0 no                      1 yes

\* If "no," skip to Question 64.

63. If you need help, who helps you? U75

1 spouse    4 health worker  
2 other family member    5 other people  
3 friend and neighbor

64. Do you have any difficulty in eating alone? U76

\* If no, skip to Question 67.

65. Is there any body helping you when you eat? U77

0 no                      1 yes

\* If "no," skip to Question 67.

66. If there is somebody helping you, who is the person? U78

1 spouse    4 health worker  
2 other family member    5 other people  
3 friend and neighbor

67. Do you have any difficulty in putting on your clothes? U79

68. Do you have any difficulty in combing your hair? U80

69. Do you have any difficulty in using toilet? U81

70. How is your vision without glasses or contact lenses? U82  
1 excellent                      4 fair  
2 very good                      5 poor  
3 good
71. Do you wear glasses or contact lenses? U83  
0 no                      1 yes
72. How is your hearing ability without a hearing aid? U84  
1 excellent                      4 fair  
2 very good                      5 poor  
3 good
73. Do you use hearing aids? U85  
0 no                      1 for both ears                      2 for only one ear