

CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

___1997 PHYSICAL EXAMINATION

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

ID Number: T1 T2 T3 T4 T5

Name: _____ Line Number (): A1

Interview Date: ___ Year ___ Month ___ Day

T7

- | | | | |
|-----|---|---|------------------------------|
| 1. | Date of birth ___ year ___ month ___ day | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U1a | |
| 2. | Age (years): _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U1 | |
| 3. | Sex: 1 male 2 female | <input type="checkbox"/> U1b | |
| 4. | Blood pressure (mmHg): | | |
| | a: ___ / ___ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U4 | |
| | b: ___ / ___ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U5 | |
| | c: ___ / ___ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U6 | |
| 5. | Height (cm): _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> U3 | |
| 6. | Weight (kg): _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> U2 | |
| 7. | Upper arm circumference (cm): _____ | <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> U7 | |
| 8. | Triceps skin fold (mm): | | |
| | a: _____ | <input type="checkbox"/> <input type="checkbox"/> U8a | |
| | b: _____ | <input type="checkbox"/> <input type="checkbox"/> U8b | |
| | c: _____ | <input type="checkbox"/> <input type="checkbox"/> U8c | |
| 9. | Buttock circumference (cm): _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U9 | |
| 10. | Waist circumference (cm): _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U10 | |
| 11. | 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 U17

7 Loss of one leg or use of one leg 0 no 1 yes U18

8 Loss of both legs or use of both legs 0 no 1 yes U19

Questions 12-13 are for girls age 10-15.

12. Have you ever menstruated? U20

0 no (Go to next part or next person)

1 yes

8 refuse to answer (Go to next part or next person)

9 don't know (Go to next part or next person)

13. At what age did you first menstruate? _____ age U21

*If don't know or refuse to answer, record 99