

# CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

## —2000 HOUSEHOLD SURVEY

Province: 21 Liaoning    23 Heilongjiang    32 Jiangsu    37 Shandong    41 Henan  
 42 Hubei    43 Hunan    45 Guangxi    52 Guizhou    T1    Detailed Address of Household: \_\_\_\_\_ District (Town) \_\_\_\_\_ Street \_\_\_\_\_  
 Urban Site: 1    Rural Site: 2    T2    Apartment Number \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ T3    Number of Household Members: \_\_\_\_\_ T6  
     1. First county    2. Second county    3. Third county    4. Fourth county  
 Respondent Name: \_\_\_\_\_ Line Number: \_\_\_\_\_ T6a  
 Neighborhood: \_\_\_\_\_ Village: \_\_\_\_\_ T4    Co-Respondent Name: \_\_\_\_\_ Line Number: \_\_\_\_\_ T6b  
     1. First [urban] neighborhood    1. County town neighborhood  
     2. Second [urban] neighborhood    2. First village  
     3. Third suburban village (neighborhood)    3. Second village  
     4. Fourth suburban village (neighborhood)    4. Third village  
     5. Fifth [urban] neighborhood    5. County town neighborhood  
     6. Sixth [urban] neighborhood    6. Fourth village  
     7. Seventh suburban village (neighborhood)    7. Fifth village  
     8. Eighth suburban village (neighborhood)    8. Sixth village  
     \*9. Ninth [urban] neighborhood  
 Number of Visits to This Household:   1  ,   2  ,   3  ,   4      T8  
 Completion Evaluation:    1 Good    2 OK    3 Poor    CO  
 Interview Date: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day    T7  
 Interviewer Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6c  
 Supervisor Name: \_\_\_\_\_ Number: \_\_\_\_\_ T6d  
 Household Sequence Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ T5

\* Community 52115 (new in 1997) was replaced by community 52119 in 2000.  
 This is the only community in 2000 where T4=9.

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

TABLE 1 HOUSEHOLD MEMBER ROSTER, NEW HOUSEHOLDS AND NEW SITES					TABLE 2 QUESTIONS FOR THE HOUSEHOLD HEAD, NEW HOUSEHOLDS AND NEW SITES		
1 Line Number	2 Name	3 Gender  1 male 2 female	4 Age	5 Date of birth  * Record western calendar if possible.	6 Calendar type  1 western calendar 2 lunar calendar	7 Ethnicity (Nationality)  * Refer to page 5 of working manual for codes.	1 Have you always lived here? *If yes, skip to Question 3. 0 no 1 yes
							A16 <input type="checkbox"/>
AD1	<input type="checkbox"/>	AD2 <input type="checkbox"/>	AD3 <input type="checkbox"/>	AD4 <input type="checkbox"/>	AD5 <input type="checkbox"/>	AD7 <input type="checkbox"/>	A17 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A18 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A19 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A20 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A21 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A26 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A26a <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A27 <input type="checkbox"/>

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

TABLE 3 HOUSEHOLD MEMBER ROSTER, 1989, 1991, 1993 & 1997 HOUSEHOLD MEMBER ROSTER

1 Line Num- ber	2 Name	3 Gender	4 Date of birth (year, month, day)	5 Is the name correct?		6 The correct name	7 Does he still live in this household now?	8 When did he move out of your house (year, month)?	9 Where does he live now?	10 Is there anyone else who lived in this household in 1997, but was not included in the interview? (Please include children of unplanned births.)	11 Line Number	12 Name	13 Gender	14 Ethnicity (Nationality)	15 Date of birth	16 According to which calendar?
				0 no	1 yes											
AA1		AA2	AA3	AA6	AA6A	AA11	AA12	AA13	AA17	A18[AA18]	AA19	AA19a	AA20	AA21		

TABLE 4 HOUSEHOLD MEMBER ROSTER, NEW HOUSEHOLD MEMBERS			TABLE 5 HOUSEHOLD MEMBER ROSTER, NEWLY-FORMED HOUSEHOLDS															
1 Did any current members join the household after the 1997 survey? * If "no," go to Table 5.	* Record the names of members who joined the household after the 1997 survey and ask about each one.		11 What is his line number in the previous household? household?	10 What is the sequence number of the household that he belonged to? *Please look up former household ID and line number for the member, and record this information in questions 10 and 11.	9 Was he a member of a household covered by this investigation before? *If "no," go to the next person. After all persons are asked, go to Table 5.	8 Under what circumstances did he join this household? 1 newborn 2 marriage 3 other	7 According to which calendar? 1 western calendar 2 lunar calendar	6 Date of birth * If "unknown," record -9999999. If only year and month are known, record year and month, and record day as 99.	5 Ethnicity (Nationality) * Refer to page 5 of working manual for codes.	4 Gender 1 male 2 female	3 Was he an inter-viewee in the 1997 investigation or earlier surveys? If "no," skip to Question 6. 0 no 1 yes	2 Name	1 Line Number (Line number begins with 01)	1 Line number in the first 4 surveys.	6 Gender 1 male 2 female	7 Date of birth *If can't remember clearly, record -9999999. If only year and month are known, record year and month, and record day as 99.	8 According to which calendar? 1 western calendar 2 lunar calendar	9 Ethnicity (Nationality) * Refer to page 5 of working manual for codes.
	2 Line Number	3 Name																
AB0 <input type="checkbox"/>	AB1 51 [61]		AB8 <input type="checkbox"/>	AB7 <input type="checkbox"/>	AB6 <input type="checkbox"/>	AB5 <input type="checkbox"/>	AB4 <input type="checkbox"/>	AB3 <input type="checkbox"/>	AB2a <input type="checkbox"/>	AB2 <input type="checkbox"/>	AC3 <input type="checkbox"/>	AC4 <input type="checkbox"/>	AC5 <input type="checkbox"/>	AC6 <input type="checkbox"/>	AC7 <input type="checkbox"/>	AC8 <input type="checkbox"/>	AC9 <input type="checkbox"/>	
0 no 1 yes	52 [62]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	53 [63]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	54 [64]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	55 [65]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	56 [66]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 HOUSEHOLD MEMBER ROSTER, 2000 HOUSEHOLD MEMBER ROSTER**

1 Line Number	2 Name	3 Relationship to the head of this household	4 Is the family member still in the home?	5 How long has he/she been away from home? (months)	6 Does your father live in this household?	7 What is the relationship between you and your father?	8 What is your father's name?	9 Does your mother live in this household?	10 What is the relationship between you and your mother?	11 What is your mother's name?	12 What is your marital status?	13 What is your spouse's name?	14 What type of household registration do you belong to?	15 How many years of formal education have you completed in a regular school?	16 What is the highest level of education you have attained?	17 Are you currently in school?	18 Are you an official cadre?	19 Are you a village cadre?	
																			A1
	01	01 spouse	2 gone to school			2 step father			2 step mother		2 married		2 rural	11 1 year primary school		1 yes	1 yes	1 yes	
	02	02 father/mother	3 military service			3 foster father			3 foster mother		3 divorced			12 2 years primary school					
	03	03 son/daughter	4 sought employment elsewhere			3 foster father			3 foster mother		4 widowed			13 3 years primary school					
	04	04 brother/sister	5 gone abroad								5 separated			14 4 years primary school					
	05	05 grandson/granddaughter/in-law	6 other								9 unknown			15 5 years primary school					
	06	06 mother-in-law/father-in-law	9 unknown											16 6 years primary school					
	07	07 son-in-law/daughter-in-law												17 1 year lower middle school					
	08	08 other relative												21 1 year upper middle school					
	09	09 maid												22 2 years lower middle school					
	10	10 other non-relative												23 3 years lower middle school					
														24 1 year upper middle school					
														25 2 years upper middle school					
														26 3 years upper middle school					
														27 1 year technical school					
														28 2 years technical school					
														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					
	A5	A5	A5e	A5f	A5a	A5a1	A5b	A5c	A5c1	A5d	A8	A8b	A8b1	A11	A12	A13	A15	A15a	

TABLE 7 OCCUPATIONS OF HOUSEHOLD MEMBERS

1 Line Number	2 Name	TABLE 7 OCCUPATIONS OF HOUSEHOLD MEMBERS															
		3 Are you presently working? *If "no," continue with the next question. Otherwise skip to Question 5.	4 Why are you not working? *If retired but not rehired, skip to Question 6. Otherwise, go to the next person.	5 Are you retired but rehired? *If not, skip to Question 7.	6 When did you retire? *Record retirement date (year, month) if year and month are unknown, record -9999. If retired but not rehired, stop here, and go to the next person.	7 Did you change your occupation after 1997?	8 What is your primary occupation? 01 senior professional/technical worker (doctor, professor, lawyer, architect, engineer, etc.) 02 junior professional/technical worker (midwife, nurse, teacher, editor, photographer, etc.) 03 administrator/executive/ manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader, etc.) 04 office staff (secretary, office helper, 05 farmer, fisherman, hunter 06 skilled worker (foreman, group leader, 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, hairdresser, counter salesperson, launderer, childcare worker, etc.) 12 athlete, actor, musician 13 other -9 unknown	9 What is your employment position in this occupation? 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, farm and private enterprise) as a permanent employee 4 contractor with other people or enterprise 5 temporary worker 6 paid family worker 7 unpaid family worker 8 other 9 unknown	10 In what type of work unit do you work? 1 governmental units or state-owned enterprise/institute 2 small collective enterprise (such as township-owned) 3 large collective enterprise (such as owned by county, city, province) 4 family contract farming 5 private, individual enterprises 6 three-capital enterprise (owned by foreigners, overseas Chinese and joint venture) 7 other 8 unknown	11 How many employees are there at your work unit? 1 <20 2 20-100 3 > 100 9 unknown	12 Do you have a secondary occupation? *If no second occupation, go to next person.	13 What is your secondary occupation? *Use codes in Question 8.	14 What is your employment position in this secondary occupation? *Use codes in Question 9.	15 What type of work unit is this? *Use codes in Question 10.	16 How many employees are there at this work unit?		
B1				B2c	B3b	B4	B5	B6	B7	B9a	B9	B10	B11	B12			

**TABLE 8 INCOME FROM WAGES**

List in the following columns the line number and name of each person listed in Table 7 "Occupations of Household Members" who has regular wage income (regardless of primary or secondary occupations). If a person has two occupations, write in two lines. This table doesn't include income from retirement income and pension. They will be recorded in Table 14.

1 Line Number	2 Name	3 Is this a primary or secondary occupation? 1 primary 2 secondary	4 Last year, how many months did [you] work at this occupation?	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 On the average, what was your monthly wage/salary last year, excluding subsidies and bonuses? (yuan)	9 What was your average monthly subsidy (yuan) last year, including grocery subsidy, health allowance, bath and haircut allowance, book allowance, newspaper allowance, housing and other subsidies?	10 Did you receive a bonus last year (including monthly bonus, quarterly bonus, year-end bonus, holiday bonus, and other bonus)?	11 Last year, what was the total value of all bonuses for the entire year?
C1 <input type="checkbox"/>		C2 <input type="checkbox"/>	C3 <input type="checkbox"/>	C5 <input type="checkbox"/>	C6 <input type="checkbox"/>	C7 <input type="checkbox"/>	C8 <input type="checkbox"/>	I14a <input type="checkbox"/>	I18 <input type="checkbox"/>	I19 <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TABLE 9 HOME GARDENING AND INCOME**

1 Did your family have a vegetable garden or orchard in 1999?	2 Is your household a specialized household in vegetable garden, or orchard?	3 Which household members do the gardening?		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 Last year, were any of the vegetables, fruits, or other produce from your home plot sold?	9 During the past year, how much money was received from the sale of the produce? (yuan)	10 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 household? (yuan)	11 During the past year, how much money did you spend for seedlings, fertilizer, tools, insecticides, hired labor, etc., for this garden? (yuan)
		Line Number	Name							
0 no 1 yes	0 no 1 yes	D2 <input type="checkbox"/>		*if "unknown," record -9.	*if "unknown," record -9.	*if "unknown," record -9. Go to the next person. After all persons are asked, continue with Question 8.	0 no 1 yes 9 unknown	*if "unknown," record -9999.	*if "unknown," record -99.	*This excludes farming tax and big machinery spending. If "unknown," record -999.
D1 <input type="checkbox"/>	D1a <input type="checkbox"/>	D3a <input type="checkbox"/>	D3b <input type="checkbox"/>	D3c <input type="checkbox"/>	D4 <input type="checkbox"/>	D5 <input type="checkbox"/>	D6 <input type="checkbox"/>	D7 <input type="checkbox"/>		



**TABLE 10 HOUSEHOLD FARMS, FARMING COLLECTIVES AND INCOME**

1 Does any member of your household work as a farm laborer who is paid a wage regularly (including working on a state farm)?	2 Does any member of your household work on a farm or a state farm, or a household (including working on a state farm)?	3 Line Number	4 Name	5	6	7	8	9	10	11	12	13	14	15	16	17	18
				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?	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?	Is your household a specialized farming household?	How many mu of land did your household cultivate last year?	What was your household's total income from crops last year?	Your household consumes some of the crops grown. Please estimate how much the crops consumed by your household would have sold for (yuan).	During the last year, how much was spent for leasing land, for purchasing seedlings, fertilizer, tools, insecticides, and hiring labor for these crops?
E1 <input type="checkbox"/>	E2 <input type="checkbox"/>	E3 <input type="checkbox"/>	E4a <input type="checkbox"/>	E4b <input type="checkbox"/>	E4c <input type="checkbox"/>	E5 <input type="checkbox"/>	E6 <input type="checkbox"/>	E7 <input type="checkbox"/>	E8 <input type="checkbox"/>	E9 <input type="checkbox"/>	E10 <input type="checkbox"/>	E11c <input type="checkbox"/>	E11d <input type="checkbox"/>	E14a <input type="checkbox"/>	E16a <input type="checkbox"/>	E12 <input type="checkbox"/>	
0 no 1 yes	*If "yes," continue with the next question. Otherwise, skip here, and go to Table 11.			*If "unknown," record 9.	*If "unknown," record 9.	*If "un-known," record -9.	*If "household," skip to Question 13.	*If "yes," continue with the next question. Otherwise, skip to Question 11.	*If "unknown," record -9999.	0 no 1 yes 9 unknown	*If "yes," continue with the next question. Otherwise, skip to Question 13.	*If "unknown," record -999.	*Go to the next person. After all persons are asked, continue with Question 14.	*Use 20 mu as a boundary. If the family has more than 20 mu land, then record "Yes."	*Crops include grains, tobacco, and greenhouse flowers. Income includes revenue from sales to the state and free market, and estimated value of crops on hand. *If "unknown," record -9999.	*If "unknown," record -9999.	*If "un-known," record -99.

**TABLE 11 RAISING LIVESTOCK/POULTRY AND INCOME**

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?	3 Line Number	4 Name	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 in a day, on the average, did [you] work?	8 What is the nature of the live-stock- or poultry-raising business in which you work?	9 During the past year, did you receive money from the collective?	10 How much money did [you] receive (yuan)?	11 During the last year, did you receive livestock or poultry products from the collective?	12 How much money were these live-stock or poultry products [you] received worth? (yuan)	13 Are you the household member primarily responsible for the household livestock or poultry business?
F1 <input type="checkbox"/>	F2 <input type="checkbox"/>	F3 <input type="checkbox"/>		F4a <input type="checkbox"/>	F4b <input type="checkbox"/>	F4c <input type="checkbox"/>	F5 <input type="checkbox"/>	F6 <input type="checkbox"/>	F7 <input type="checkbox"/>	F8 <input type="checkbox"/>	F9 <input type="checkbox"/>	F10 <input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 11 RAISING LIVESTOCK/POULTRY AND INCOME (CONT'D)

14 Was the household operating a livestock- or poultry-raising business in 1999?	15 How many months has your household been operating a livestock- or poultry-raising business during the past year?	16 Is your household a specialized livestock- or poultry-raising household?	17 During the past year, what kinds of livestock or poultry were raised by your household? Record the 4 largest in scale. If less than 4, record the actual number.		18 Code	19 Name	20 During the past year, how much money was spent for purchasing, feeding, and caring for this kind of livestock or poultry? (yuan)	21 During the past year, was homemade animal feed given to this kind of livestock or poultry?	22 During the past year, how much money was saved by giving homemade feed to this kind of livestock or poultry? (yuan)	23 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?	24 How much money did [you] receive? (yuan)	25 During the past year, did the household consume this kind of household-raised livestock or poultry, or products from them?	26 If the livestock or poultry, or their products consumed by your household had been sold, how much money do you think you would have received? (yuan)	27 During the past year, were any of the products of this kind of livestock or poultry, or livestock or poultry themselves, given away?	28 In [your] estimation, how much money was the part given away worth (yuan)?
*If "no" or "unknown," skip to Question 16.	*If "unknown," record -9.					*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 23.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 25.	*If "unknown," record -999.		*If "yes," continue with the next question. Otherwise, go to the next livestock/poultry type.	*If "unknown," record -99.		
0 no 1 yes 9 unknown		0 no 1 yes					0 no 1 yes 9 unknown	F15a	F16	F17	F18	F19	F20	F21	
<input type="checkbox"/>	F10b <input type="checkbox"/>	F10c <input type="checkbox"/>	F11 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"/>
			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"/>
			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"/>
			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"/>

**TABLE 12 COLLECTIVE AND HOUSEHOLD FISHING AND INCOME**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Does any member of your household work in fishing who is paid according to amount of time spent?	Does any member of your household work in fishing either on a collective or in a business operated by your household?	Which household members work in fishing?	"List in the following columns the line number and name of each person who works in fishing."	During the past year, how many months did [you] work in fishing?	How many days in a week, on the average, did [you] work?	How many hours in a day, on the average, did [you] work?	What is the nature of the fishing business in which you work?	During the last year, did you receive money from the collective? (yuan)	How much money did [you] receive? (yuan)	In the past year, did you receive fish or goods from the collective?	How much money do [you] think these fish or goods received from the collective last year are worth? (yuan)	Are you the household member primarily responsible for the household's fishing business?	Last year, was your household operating a fishing business?	During the past year, how many months has your household been operating a fishing business?	During the past year, how much money did your household receive from 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, feed, fry, drugs, insurance, etc.)? (yuan)
0 no 1 yes	0 no 1 yes	3 Line Num- ber	4 Name	"If 'unknown,' record -9."	"If 'unknown,' record 9."	"If 'unknown,' record -9."	"If 'household,' skip to Question 13. Otherwise, continue with the next question."	"If 'yes,' continue with the next question. Otherwise, skip to Question 11."	"If 'unknown,' record -999."	"If 'yes,' continue with the next question. Otherwise, skip to Question 13."	"If 'unknown,' record -999."	"Go to the next person. After all persons are asked, continue with the next Question 14."	0 no 1 yes	"If 'yes,' continue with the next question. Otherwise, go to Table 13."	"If 'unknown,' record -9."	"If 'yes,' continue with the next question. Otherwise, skip to Question 19."	"If 'unknown,' record -999."	"If 'yes,' continue with the next question. Otherwise, skip to Question 21."	"If 'unknown,' record -999."	* If "unknown," record -9999.
G1	G2	G3	G3	G4a	G4b	G4c	G5	G6	G7	G8	G9	G10	G10a	G10b	G11	G12	G13	G14	G15	G16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 13 SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME**

1 Does any member of your household operate a small handicraft or small commercial business (such as carpentry, shoe repair, house-keeping/child care service, tailoring, hairdressing, electrical appliances repairing, restaurant, store, family child care, family hotel, family clinic, etc.)?  *If "yes," continue with the next question. Otherwise, go to Table 14.  0 no 1 yes	2 How many kinds of small handicraft or small commercial businesses does your household operate?	3 What kind of business is this?  *If more than 3 are named, choose the three that generate the most income.  1 commerce 2 service 3 manufacture 4 peddler and transportation 5 construction 6 other	4 On the average, what are the monthly revenues of this small handicraft or small commercial business?	5 On the average, what are the monthly expenses of this small handicraft or commercial business (including salaries)?	6 Which household members work in this small handicraft or commercial business?  *List in the following columns the line number and name of these members. Choose the first 3 persons primarily responsible for each business.	7 Line Number	Name	8 During the past year, how many months did you work in this business?	9 How many days in a week, on the average, did [you] work?	10 How many hours in a day, on the average, did [you] work?	11 In the past week, how many hours did you work in this business? (hours)
H1 <input type="checkbox"/>	H1a <input type="checkbox"/>	H1b  <b>1</b>	H3  <input type="checkbox"/>	H4  <input type="checkbox"/>	H5  <input type="checkbox"/>	H6  <input type="checkbox"/>	H7  <input type="checkbox"/>	H8  <input type="checkbox"/>	H9  <input type="checkbox"/>		
		<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>3</b>	<input type="checkbox"/>	<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 14**

**TABLE 14 PART I: INCOME FROM OTHER SOURCES**

<p><b>1</b> In the last 12 months, did your household receive one-child cash subsidy? "If 'yes," continue with the next question. Otherwise, skip to Question 3.</p>	<p><b>17</b> In the last 12 months, how much money did you receive from friends or other relatives living both at home or abroad? "If 'unknown," record -9999. If none, record 00000.</p>
<p><b>2</b> How much? (yuan) "If 'unknown," record -99.</p>	<p><b>J8</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>3</b> In the last 12 months, did your household receive a gas, fuel subsidy? "If 'no' or 'unknown," skip to Question 5.</p>	<p><b>J9a</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>4</b> How much? (yuan) "If 'unknown," record -99.</p>	<p><b>J9b</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>5</b> In the last 12 months, did your household receive a coal subsidy? "If 'no' or 'unknown," skip to Question 7.</p>	<p><b>J9c</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>6</b> How much? (yuan) "If 'unknown," record -99.</p>	<p><b>J9d</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>7</b> In the last 12 months, did your household receive an electricity subsidy? "If 'no' or 'unknown," skip to Question 9.</p>	<p><b>J9e</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>8</b> How much? (yuan) "If 'unknown," record -99.</p>	<p><b>J9f</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>9</b> In the last 12 months, did your household receive any food gifts or discounted food from the work unit for spring festival or any other holidays? "If 'no' or 'unknown," skip to Question 11.</p>	<p><b>J10a</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>10</b> According to market prices, how much are these food gifts worth? (yuan) "If 'unknown," record -999. If none, record 0000.</p>	<p><b>J10b</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>11</b> In the last 12 months, how much money was received from rentals of household assets such as houses, farm vehicles, farm equipment, etc. (not including land)? "If 'unknown," record -9999. If none, record 00000.</p>	<p><b>L145</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>12</b> In the last 12 months, how much money was received from boarders and/or lodgers? "If 'unknown," record -999. If none, record 0000.</p>	<p><b>L146</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>13</b> In the last 12 months, how much money was received from retirement pension or retirement salaries? "If 'unknown," record -9999. If none, record 00000.</p>	<p><b>L147</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>14</b> In the last 12 months, how much money was received from poverty, disability, or welfare funds? "If 'unknown," record -9999. If none, record 00000.</p>	<p><b>L148</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>15</b> In the last 12 months, how much money did you receive from children living both at home or abroad? "If 'unknown," record -9999. If none, record 00000.</p>	<p><b>L152a</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>16</b> In the last 12 months, how much money did you receive from parents living both at home or abroad? "If 'unknown," record -9999. If none, record 00000.</p>	<p><b>L152b</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

**TABLE 14 PART II: HOUSEHOLD EXPENSES**

<p><b>27</b> Last year, 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 29.</p>	<p><b>L145</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>28</b> How much money did you spend? (yuan) "If doesn't know or is unwilling to estimate, record -9999.</p>	<p><b>L146</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>29</b> Last year, 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 31.</p>	<p><b>L147</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>30</b> How much money did you spend? (yuan) "If doesn't know or is unwilling to estimate, record -9999. If none, record 00000.</p>	<p><b>L148</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>31</b> Last year, how much money did you send to or spend on gifts for your children (non-household members)? "If doesn't know or is unwilling to estimate, record -9999. If none, record 00000.</p>	<p><b>L152a</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>32</b> Last year, how much money did you send to or spend on gifts for your parents (non-household members)? "If doesn't know or is unwilling to estimate, record -9999. If none, record 00000.</p>	<p><b>L152b</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

TABLE 15 TIME ALLOCATION FOR HOME ACTIVITIES		TABLE 16 CARE OF CHILDREN AGES 6 AND YOUNGER BY HOUSEHOLD MEMBERS												
1 Line Number	2 Name	3	4	5	6	7	8	9	10	11	12	13	14	15
* List in the following columns the line number and name of each household member listed in Table 6 who is age 6 or older.		In the past week, did you buy food for your household?	How much time did [you] spend buying food per day on average (minutes)?	During the past week, did you prepare and cook food for your household?	How much time did [you] spend [you] spend preparing and cooking food per day on average (minutes)?	During the past week, did you wash and iron clothes?	How much time did [you] spend washing and ironing clothes per day on average (minutes)?	During the past week did you clean the house?	How much time did [you] spend cleaning the house per day on average (minutes)?	Is there any family member taking care of children under 6 years old (including own children and others)?	During the past week, did you take care of children age 6 and younger in your family?	How much time did [you] spend taking care of the children by feeding, bathing, dressing, holding, or watching them (hours)?	During the past week, did you take care of children age 6 and younger for another household?	Do you still remember how much time you spent last week? (hours)
		"if "no" or "unknown," skip to Question 5.	"if the person doesn't know the exact time, record -99. If it is done on the way to work or back from work, record 999.	"if "no" or "unknown," skip to Question 7.	"if the person doesn't know the exact time, record -99.	"if "no" or "unknown," skip to Question 9.	"if the person doesn't know the exact time, record -99.	"if "no" or "unknown," go to the next person. After all persons are asked, go to Question 11.	"if the person doesn't know the exact time, record -99.	"if "no" or "unknown," stop here. Go to Table 17.	"if "no," skip to Question 14.	"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 the person doesn't know the exact time, record -9.	"if "yes," continue with the next question.	*if the person doesn't remember, record -99.
		0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	0 no 1 yes 9 unknown	K13c
		K2	K3	K4	K5	K6	K7	K7b	K7c	K7d	K12	K13	K13b	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 17 CARE OF CHILDREN AGES 6 AND YOUNGER

1 Line Number	2 Name	3 During the past week, was this child taken care of by people outside the household? 0 no 1 yes 9 unknown													16 [15] During the past week, for how many hours was this child taken care of by people outside the household? (hours)	17 [16] For how many days in a typical week is this child taken care of by people outside the household? (days)	18 [17] For how long in a typical day is this child taken care of by people outside the household? (hours)	19 [18] How much does your household pay per month for all child care? (yuan)	20 [19] For how many children's care does this payment provide?	21 [20] Does your household receive a child care or nursery subsidy?	22 [21] For how many children is this subsidy provided?	23 [22] How much is this subsidy per month? (yuan)
		4 In the household itself	5 In the home of the child's paternal grand-parents	6 In the home of the child's maternal grand-parents	7 In the home of other relatives	8 In the home of neighbors	9 In a neighborhood-run or privately-run child care center	10 In a state child care center	11 [11] In a child care center run by a work unit	12 [12] At a pre-school managed by a primary school	13 [13] At a nursery school	14 [14] Other										
K14 □□	K14a □	K15 □	K16 □	K17 □	K18 □	K19 □	K20 □	K21 □	K22 □	K23 □	K24 □	K25 □	K42a □□□	K42 □	K41 □□	K43 □□□	K44 □	K45 □	K46 □	K47 □□		
□□	□	□	□	□	□	□	□	□	□	□	□	□	□□□	□	□□	□□□	□	□	□	□□		
□□	□	□	□	□	□	□	□	□	□	□	□	□	□□□	□	□□	□□□	□	□	□	□□		



**TABLE 18 DRINKING WATER, ENVIRONMENTAL SANITATION, AND HOUSEHOLD ASSETS**

<p>1 How does your household obtain drinking water? (If more than one method, record the most important.)                  "If using the fourth method (other place), continue with the next question. Otherwise, skip to Question 3.</p>	<p>9 How have you gotten your apartment/house?                  "If rented, continue with Question 10. Otherwise, skip to Question 11.</p>
<p>2 How long does it take to walk to another place to get water? (minutes)</p>	<p>10 How much money per month do you pay for rent? (yuan)                  "If "unknown," record -999.                  "If apartment/house is owned, is free, or is rented from state or work unit, continue with Question 11. Otherwise, skip to Question 12.</p>
<p>3 What is the source of this water?                  "If more than one source, record the most important.</p>	<p>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 -999.</p>
<p>4 Does your household pay for this drinking water?</p>	<p>12 Since 1997, did you move into a new apartment/house or rebuild your old apartment/house?                  "If "no," stop here. Go to Table 19. If it is a new house, continue with the next question.</p>
<p>5 What kind of toilet facilities does your household have?</p>	<p>13 How many years old is this house/apartment building?                  "If "unknown," record -9.</p>
<p>6 Is there any excreta around the dwelling place?                  "The interviewer records own observation, and does not need to ask the respondent.</p>	<p>14 Of what materials is the roof of this house/apartment building constructed?</p>
<p>7 What kind of lighting does your household generally use?</p>	<p>15 Of what material are the floors of this house/apartment building constructed?</p>
<p>8 What kind of fuel does your household generally use for cooking?                  "If more than two kinds, record the two most often used. If only one kind, add 0.</p>	<p>16 Of what material are the walls of this house/apartment building constructed?</p>
<p>18 Excluding the bathroom and toilet, how many rooms does your household have?</p>	<p>17 What is the total usable area of your household's dwelling unit? (square meters)</p>
<p>19 How much is this house (apartment) worth? (yuan)                  "If the respondent is not clear, or is unwilling to estimate, record -99999.</p>	<p>18 How much is this house (apartment) worth? (yuan)                  "If the respondent is not clear, or is unwilling to estimate, record -99999.</p>

TABLE 19 HOUSEHOLD TOOLS/EQUIPMENT

Ask about the following means of transportation:				Ask about farm machinery:					Ask about household commercial equipment:					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Code	Name	Does your household own any of the transportation means listed in the left column?	How many?	What is the total value? (yuan)	Name	Does your household own the farm machines listed in the left column?	How many are owned by the household (number)?	How much money are they worth (yuan)?	Code	Name	Does your household have any of the equipment used in business or an occupation to make money as listed in the left column?	During the last year, did any member of your household use this equipment for your household commercial business?	If your household were to sell this equipment, how much money do you think you would get for it? (yuan)	
1	tricycle	*if "no," go to the next type. 0 no 1 yes	L19 <input type="checkbox"/>	*if the respondent doesn't know, record -9999 (record -99999 for L34). L22 □□□□□□	1	tractor, large, medium, or small size L37 <input type="checkbox"/>	L38 <input type="checkbox"/>	L40 □□□□□□	1	cooking equipment L74 <input type="checkbox"/>	L74 <input type="checkbox"/>	L74a <input type="checkbox"/>	L81 □□□□□□	
2	bicycle	*if "no," go to the next type. 0 no 1 yes	L20 <input type="checkbox"/>	L26 □□□□□□	2	garden tractor L41 <input type="checkbox"/>	L42 <input type="checkbox"/>	L44 □□□□□□	2	carpentry equipment L75 <input type="checkbox"/>	L75 <input type="checkbox"/>	L75a <input type="checkbox"/>		
3	motorcycle, including motor-cycle	*if "no," go to the next type. 0 no 1 yes	L23 <input type="checkbox"/>	L30 □□□□□□	3	irrigation equipment L49a <input type="checkbox"/>	L50a <input type="checkbox"/>	L52 □□□□□□	3	haircut equipment L76 <input type="checkbox"/>	L76 <input type="checkbox"/>	L76a <input type="checkbox"/>		
4	automobile	*if "no," go to the next type. 0 no 1 yes	L27 <input type="checkbox"/>	L32 □□□□□□	4	power thresher L53a <input type="checkbox"/>	L54a <input type="checkbox"/>	L56 □□□□□□	4	sewing machine L77 <input type="checkbox"/>	L77 <input type="checkbox"/>	L77a <input type="checkbox"/>		
			L31 <input type="checkbox"/>	L34 □□□□□□	5	household water pump L57a <input type="checkbox"/>	L58a <input type="checkbox"/>	L60 □□□□□□	5	small machine shop tools or equipment L78 <input type="checkbox"/>	L78 <input type="checkbox"/>	L78a <input type="checkbox"/>		
									6	other (specify) L80 <input type="checkbox"/>	L80 <input type="checkbox"/>	L80a <input type="checkbox"/>		

TABLE 20 HOUSEHOLD ELECTRICAL APPLIANCES AND OTHER GOODS

Ask about electrical appliances and other goods		3 Does your household or any household member own any of the electrical appliances and other goods listed on the left? 0 no 1 yes		4 How many?		5 How many were purchased by your household in 1999?		6 How much money are all these electrical appliances worth? *If "unknown," record -999 or -9999.	
1 Code	2 Name								
1	radio, tape recorder	L90	<input type="checkbox"/>	L91	<input type="checkbox"/>	L92	<input type="checkbox"/>	L93	<input type="checkbox"/>
2	VCR	L95	<input type="checkbox"/>	L96	<input type="checkbox"/>	L97	<input type="checkbox"/>	L98	<input type="checkbox"/>
3	black/white television	L100	<input type="checkbox"/>	L101	<input type="checkbox"/>	L102	<input type="checkbox"/>	L103	<input type="checkbox"/>
4	color television	L105	<input type="checkbox"/>	L106	<input type="checkbox"/>	L107	<input type="checkbox"/>	L108	<input type="checkbox"/>
5	washing machine	L110	<input type="checkbox"/>	L111	<input type="checkbox"/>	L112	<input type="checkbox"/>	L113	<input type="checkbox"/>
6	refrigerator	L115	<input type="checkbox"/>	L116	<input type="checkbox"/>	L117	<input type="checkbox"/>	L118	<input type="checkbox"/>
7	air conditioner	L120	<input type="checkbox"/>	L121	<input type="checkbox"/>	L122	<input type="checkbox"/>	L123	<input type="checkbox"/>
8	sewing machine	L125	<input type="checkbox"/>	L126	<input type="checkbox"/>	L127	<input type="checkbox"/>	L128	<input type="checkbox"/>
9	electric fan	L130	<input type="checkbox"/>	L131	<input type="checkbox"/>	L132	<input type="checkbox"/>	L133	<input type="checkbox"/>
10	computer	L140e	<input type="checkbox"/>	L141e	<input type="checkbox"/>	L142e	<input type="checkbox"/>	L143e	<input type="checkbox"/>
11	camera	L140	<input type="checkbox"/>	L141	<input type="checkbox"/>	L142	<input type="checkbox"/>	L143	<input type="checkbox"/>
12	microwave oven	L140a	<input type="checkbox"/>	L141a	<input type="checkbox"/>	L142a	<input type="checkbox"/>	L143a	<input type="checkbox"/>
13	electric rice cooker	L140b	<input type="checkbox"/>	L141b	<input type="checkbox"/>	L142b	<input type="checkbox"/>	L143b	<input type="checkbox"/>
14	pressure cooker	L140c	<input type="checkbox"/>	L141c	<input type="checkbox"/>	L142c	<input type="checkbox"/>	L143c	<input type="checkbox"/>
15	telephone	L140f	<input type="checkbox"/>	L141f	<input type="checkbox"/>	L142f	<input type="checkbox"/>	L143f	<input type="checkbox"/>
16	VCD or DVD	L140g	<input type="checkbox"/>	L141g	<input type="checkbox"/>	L142g	<input type="checkbox"/>	L143g	<input type="checkbox"/>

TABLE 21 MEDICAL INSURANCE

1 Line Number	2 Name	3 Do you have medical insurance?	4 What kind of medical insurance do you have?	5 What is the annual premium for this insurance? (yuan)	6 Which of the following methods do you have in paying your medical care expense?	7 What is the maximum amount of money you can get reimbursed? (yuan)	8 How much does a patient have to pay if the amount is over the maximum reimbursement line? (%)	9 What is the annual deductible amount? (yuan)	10 How much can be reimbursed beyond the deductible? (%)	11 What percentage of the fees for outpatient care does your insurance pay (not including registration fee)? (%)	12 What percentage of the fee for inpatient care does your insurance pay (not including food expenses)? (%)	13 How much money do [you] receive every year? (yuan)	14 Does this insurance cover prenatal and delivery services? (Ask women only.)
		*If "no," go to the next person.	*If there are 2 kinds of insurance, fill in the first box with the major type, and the second with the minor type. If only one type, fill in the first box.	*If the respondent is not sure, 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 9) 3 Only a certain amount of the outpatient and inpatient care is covered. (Skip to Question 11) 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 13) 5 Other (Skip to Question 14) 9 Unknown (Skip to Question 14)	*If not sure, record -999.	*If not sure, record -99. *Skip to Question 14 for all respondents.	*If not sure, record -99.	*If "unknown," record -99. *Skip to Question 14 for all respondents.	*If "unknown," record -99.	*If "unknown," record -99. *Skip to Question 14 for all respondents.	*If not sure, record -99.	0 no 1 yes 9 unknown
M2		M1	M3 0 private (commercial) insurance 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	M4 0 0 0 0 0 2 1	M5 0 0 0 0 0	M6 0 0 0 0 0	M7 0 0 0 0 0	M8 0 0 0 0 0	M8a 0 0 0 0 0	M9 0 0 0 0 0	M10 0 0 0 0 0	M10a 0 0 0 0 0	M11 0 0 0 0 0

TABLE 22 ACCESSIBILITY OF HEALTH CARE AND MEDICAL SERVICES

1 Code	2 Name of Health Facility	3 What type of facility is this?	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?	5 Generally, how do you travel to this facility?	6 How long does it take to travel one way to this facility? (minutes)	7 How much does the transportation cost to travel one way there? (yuan)	8 On the average, how long does a person have to wait to be seen by a health worker at this facility? (minutes)	9 Generally, what type of doctor do you see or expect to see?	10 Are needed medicines generally available at this facility?	11 In this facility, approximately how much money does a self-pay person pay for a treatment of cold or flu? (yuan)
M12		01 village clinic 02 private clinic 03 work unit clinic 04 other clinic 05 town hospital 06 county hospital 07 city hospital 08 worker's hospital 09 other hospital 10 drug store 11 other -9 unknown	0 no 1 yes 9 unknown	1 walk 2 bicycle 3 bus 4 boat 5 other	*Only count one-way time. If "unknown," record -99. If no time is needed, record 000.	*Only count one-way expense. If "unknown," record -9.9. If no cost, record 00.0.	*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.	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	0 no 1 yes 9 unknown	*If "unknown," record -99.9.
M13a				M15a	M15	M17	M18	M19	M20	M21
1										
2										
3										
4										
5										
6										

TABLE 23 USE OF HEALTH CARE AND MEDICAL SERVICES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Line Number	Name	During the past 4 weeks, have you been sick or injured? Have you suffered from a chronic or acute disease?	Was Question 3 answered by the interviewee or himself?	What were the symptoms?	How severe was the illness or injury?	How many days were you unable to carry out normal activities due to this illness?	What did you do when you felt ill?	How much money did you spend for the illness or injury? (yuan)	At which hospital did you see a doctor?	Was it an outpatient or inpatient visit?	For how many days have [you] or been hospitalized?	How much did this treatment cost or has this treatment cost so far? (including all registration fees, medicines, treatment fees, bed fees, etc.) (yuan)	What percentage of these costs was paid by insurance or may be paid by insurance? (%)	Did you seek medical care from a second health facility?	At what facility did you seek care?	Was it an outpatient or inpatient visit?	For how many days were [you] hospitalized or have [you] been hospitalized?	How much did the facility cost or has the treatment at this facility cost so far? (yuan)	What percentage of costs was paid by insurance or may be paid by insurance? (%)	How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan)	What was the doctor's diagnosis of your illness or injury?	Did you visit a folk doctor last year?	
M22		*List in the following columns the line number and name of each household member. Ask each member Questions 3-23.		00 no symptoms 01 fever, sore throat, cough 02 diarrhea, stomach ache 03 headache, dizziness 04 joint pain, muscle pain 05 rash, dermatitis 06 eye/ear disease 07 heart disease/chest pain 08 other infection or disease 09 other chronic or acute disease -9 unknown	1 not severe 2 some what severe 3 quite severe	1 "if unknown," record -9.	"If the response is "2," skip to Question 10. Ask Question 9 only of the respondents who didn't go to a clinic.  1 self care 2 saw the local health worker 3 saw a doctor (clinic, hospital) 4 didn't pay any attention 9 unknown	Finish interviewing this person. Record -88 if insurance covered all expenses. Record -99 if unknown.	01 village clinic 02 private clinic 03 work unit clinic 04 other clinic 05 town hospital 06 county hospital 07 city hospital 08 worker's hospital 09 other hospital -9 unknown	0 outpatient 1 inpatient	"If unknown," record -99.	"If insurance covers all expenses, record -8888. If unknown," record -9999.	"If the person doesn't have medical insurance, record -88. If unknown, record -99.	"If yes," continue with the next question. Otherwise, skip to Question 21.	"See Question 10 for instructions.	0 outpatient 1 inpatient	"If unknown," record -99.	"If insurance covers all expenses, record -8888. If unknown," record -9999.	"If the person doesn't have medical insurance, record -88. If unknown, record -99.	"If unknown," record -99.		0 no 1 yes 9 unknown	
M23				3 3 2 2 1 1																			
M23a																							
M24a																							
M24b																							
M25																							
M26																							
M26a																							
M28																							
M29																							
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M34																							
M35																							
M36																							
M37																							
M38																							
M40																							
M4																							

TABLE 24 PLANNED IMMUNIZATIONS AND HEALTH CARE

1 Line Number	2 Name	3	4	5	6	7	8	9	10	11	12					
		During the past 12 months, did this child receive any immunizations?	Was the immunization fee covered by insurance?	How much money was spent last year on immunizations? (yuan)	Does this cost include all immunizations for the past several years, or only those given during 1999?	During the past year, which immunizations did this child receive?	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.)?	What service did you receive?	At which health facility did you receive this service?	How much did this service cost? (yuan)	What percentage of this cost was paid by insurance, or may be paid by insurance? (%)					
*List in the following columns the line number and name of each household member. Respondents older than age 12 start with Question 8. Children 12 and younger start with Question 3.		*If "yes," continue with the next question. Otherwise, skip to Question 8.	*If "fully covered," or "unknown," skip to Question 7.	*If respondent doesn't know, record -99.9. If none, record 000.0.	*If "no," or "unknown," stop here, and go to the next person. If "yes," continue with the next question.	*Fill 5 boxes. If fewer than 5 immunizations, use "-" to fill in boxes.		*If more than one type, choose the one that had the highest cost.	*Write the code number of this facility listed in Question 1 of Table 22 (M12). If it is not listed, add it to the list, and ask all the questions listed in Table 22. Then continue with the next question.	*If total cost was paid by medical insurance, record -88.8. If "unknown," record -99.9.	*If the person has no insurance, record -88. If "unknown," record -99.					
0 no 1 yes 9 unknown	0 no 1 fully covered 2 partially covered 9 unknown	0 no 1 several years 2 one year 9 unknown	0 BCG vaccine 1 measles 2 DPT 3 OPV 4 influenza 5 encephalitis 6 hepatitis B 7 hepatitis A 8 other 9 don't know	0 no 1 yes 9 unknown	1 general physical examination 2 well-child examination 3 blood test 4 blood pressure screening 5 tumor screening 6 gynecological examination 7 vision or hearing examination 8 other examination 9 unknown	M42 <input type="checkbox"/>	M43 <input type="checkbox"/>	M44 <input type="checkbox"/>	M45 <input type="checkbox"/>	M46 <input type="checkbox"/>	M47 <input type="checkbox"/>	M48 <input type="checkbox"/>	M49 <input type="checkbox"/>	M50 <input type="checkbox"/>	M51 <input type="checkbox"/>	