CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY

--1997 HOUSEHOLD SURVEY

Household ID from 1993 Survey: T1□□	T2□ T3□ T4□ T5□□		Household Sequence Number:	Household Number:		□□T5
Province: 23 Heilongjiang 32 Jiangsu	37 Shandong 41 Henan		Detailed Address of Household:	District (Town)	Street	
42 Hubei 43 Hunan	45 Guangxi 52 Guizhou	□□T1	-	Apartment Number		
Urban Site: 1	Rural Site: 2	□ T 2	Number of Household Members:			□□T6
City:	County:	_ □T3	Respondent's Name:	Line #:		□□T6a
1. First city	1. First county		Co-Respondent's Name:	Line #:		□□T6b
2. Second city	Second county		Interviewer's Name:			
2. Cooking only	3. Third county		Interview Date:YearMon	nthDay		T7
	4. Fourth county		Number of Visits to This Household: 1 2	2 3 4 Completion Evaluation:	1 Good 2 OK	3 Poor □CO
Neighborhood:	Village:	□T4	Signature of Responsible Person:			
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 (new site)	5. County town neighborhood (r	ew site)				

6. Fourth village (new site)

7. Fifth village (new site)8. Sixth village (new site)

6. Sixth [urban] neighborhood (new site)

7. Seventh suburban village (neighborhood, new site)

8. Eighth suburban village (neighborhood, new site)

Additional Instructions for 1997 Household Survey

1. IDs for newly-formed households:

If for some reason a family member in a surveyed household forms a new family in the same site, the new household is called a newly-formed household. T1 through T4 of the ID for newly-formed households are the same as the original survey site, while T5 starts at 41.

2. IDs for replacement* (added and substitute) households:

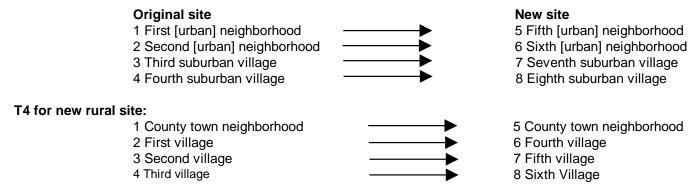
There are two types of replacement households: added and substitute. If there are fewer than 20 households in a survey site, there is a need to add a certain number of households to make up 20. These households are called added households. If the follow-up survey for a few households at a certain survey site cannot be conducted for some reason, there is a need to select the same number of households at the same site to replace previous households. Those households are called substitute households.

T1 through T4 for added and substitute households remain the same as the original survey site, while T5 starts at 41. If there are not only newly-formed households, but also added and substitute households at a certain site, newly-formed households should be coded first, followed by added and substitute households. Duplication of IDs must be avoided. For example, if there were 15 households in a survey site, and later on two new households were formed (newly-formed households), three additional households (added households) should be added to make up 20 households. T5 for the two newly-formed households should be 41 and 42, and T5 for the three added households should be 43, 44 and 45, respectively.

3. IDs for new sites:

If a site cannot continue to be a survey site for some reason, a compatible neighborhood or village should be selected to replace the previous site. These selected sites are called replacement sites or new sites. T1 through T3 of the ID for new sites are the same as the original sites, while T4 ranges from 5 to 8 instead of 1 to 4, i.e.:

T4 for new urban site:



4. Note for question 8, table 6 on p5:

Where it is difficult to separate salary from bonuses and other allowances, first fill in each allowance in table 12 on pp 11-12, based on the estimated value of each local allowance. Then subtract these allowances from the salary. Fill in the remaining part in item 8 of table 6. If it is impossible to separate allowances from the total, record the total in item 8, answer "yes" to the "receive any allowance" questions in table 12, and fill in -9 or -99 for the "how much" questions in table 12.

When asking this question, it is critically important to separate salary, bonuses, and other allowances. Avoid filling in -9 or -99 whenever possible.

^{*}For all practical purposes (interview questions, ID assignment, data entry), we make no distinction between added and substitute households. Therefore, we shall refer to them collectively as replacement households.

Neighborhood (Township/Village) Household ID: Province (Region) Site City (County) Household # TABLE 1 SECTION 1 HOUSEHOLD MEMBER ROSTER, PART I HOUSEHOLD MEMBER ROSTER 10 *Write in the 13 14 15 16 Copy into the columns below the name, line number, gender, and date of birth of each Does he still When did he Where does he column below the According to Is the name The Is there Gender Nationality Date of birth household member in the 1989, 1991, 1993 anyone else names of those which calendar? correct? correct live in this move out of live now? surveys. If there is a mistake in any item, name household your house who lived in who were left out. answer the questions based on questions 5-6. now? (year, month)? this Then ask: and record the answers in the relevant household column. Don't change guestions 1-4. in [1989-] 1993, but was not included in the interview? (Please include children of unplanned births) *If "no," continue *If "no," *If "unknown," *If "yes," *If "unknown," Go to the next record -99999. with the next continue with record -999. person. After all continue with question. the next persons are the next Otherwise, skip asked, continue *If only year and question. "dead," record question. to Question 7. Otherwise, the date of death with Question Otherwise, month are known, skip to (year, month). 10. go to record year and Question 10. month, and record day Table 2. 3 4 12 2 Go to next same village/ 11 as 99. Line Name Gender Date of birth person, After neighborhood Line Name (year, month, day) Numall persons 2 same county Number are asked, 3 same city ber continue with same province Question 10.1 other city. province 6 other country Refer to page western dead 5 of working calendar 9 unknown 1 male 0 no 0 no 0 no 1 male manual for 2 lunar 2 female 1 yes 1 yes 1 yes 2 female codes. calendar AA11 AA17 AA2 AA3 AA6 AA6A AA12 AA13 AA18 AA19 AA19a 4A20 AA21 AA1 ПП П П П П ПП ПП

Househo	ld ID	<u> </u>	_Provi	nce (Reg	ion)	_Site	City (C	ounty) _	Neigh	borhood	l (Tov	wns	ship/Vi	llage) _	Hous	ehold #				
TABLE 2 HO	OUSE	HOLD ME	MBER F	ROSTER, PA	ART II										EMBER ROS					EHOLD
family member who was not in the house-	colum the na those memb didn't to the hold ii Ask at individ	belong house- n 1993. cout each dual:		5 Nationality	* If "un-known," record -99999. If only year and month are known, record year and month, and record day as 99.	7 According to which calendar?	8 Under what circum- stances did he join this household?	9 Was he a member of a household covered by this investigation before? "If "yes," go to Questions 10 and 11. Otherwise, go to Table 3. [Go to the next person. After all persons are asked, go to Table 3].	number of the household that he belonged to?	11 What is his line number in the previous house- hold?	the n belor of the inves 1993 reaso form hous joine hous is sti villag hood inves Go to this i case	memb nged e hou stigat i, and sehol for v oons, a sehol ed an sehol ill wit ge/ ne ge/ ne o Tab o Tab	ted in I left the d after various and who new d or other d which hin the eighbor- his tive site. ble 4 if t the	an interviewee in the 1993 investigation? (If "no," ask whether he was interviewed in 1989 and 1991.)	4 The sequence number of the household he belonged to in 1989, 1991 or 1993.	5 His line number during the 1989, 1991 or 1993 investiga- tion.	6 Gender	7 Date of birth If can't remember clearly, record -99999. If only year and month are known, record year and month, and record	8 Accord- ing to which calendar?	9 Nationality
0 no 1 yes	Line Num ber	Name	1 male 2 female	Refer to page 5 of working manual for codes.	uay as 99.	1 western calendar 2 lunar calendar	1 newborn 2 marriage 3 other	0 no 1 yes 9 unknown			Lir Num (Lii num beg with	nber ine nber gins	Name	skip to Question 6. 0 no 1 yes				day as 99.	1 western calendar	working manual for
AB0	AB1 41		AB2	AB2a	AB3	AB4	AB5	AB6	AB7	AB8	AC1		AC2		AC4	AC5	AC6	AC7	AC8	AC9
	42				00000				000000						000000			000000		
	43								000000						000000			00000		
	44														000000			00000		
	45				000000				000000											
	46								000000						0000000					

2nd Page

^{*} The first five digits of the household ID for the new household follow the old household, and the last 2 digits start from 41. (Use a new set of tables to survey. Start from Table 3.)

Housel	nold I	D:F	Province	(Region)	_Site	City (C	ounty) _	Neighborhood (Township/Village)Household #	
TABLE 1	HOUS	EHOLD MEN	MBER ROS	TER (NEW HOUS	EHOLD AND	NEW SITE	:)	TABLE 2 QUESTIONS FOR THE HOUSEHOLD HEAD	
		3 Gender	4 Age	5 Date of birth	6 Calendar	7 Marital	8 Nationality	1 Have you always lived here?	
					type	status		*If yes, skip to Question 3.	☐ A16
								0 no 1 yes	
				* Record western calendar if				2 For how many years did you live elsewhere?	☐ A17
				possible.				3 Is this a "five-guarantee household"? (Are you "Wubaohu"?)	☐ A18
								0 no 1 yes	
1 Line	2 Name					1 never married	* Refer to page 5 of	4 Are you a national minority?	☐ A19
Number	Ivanic				1 western	2 married	working	0 no 1 yes	
		1 male 2 female			calendar 2 lunar calendar	3 divorced 4 widowed 5 separated	manual for codes.		□ A20
A1 [AD1]		AA2 [AD2]	A3 [AD3]	AA3 [AD4]	AA4 [AD5]	A8 [AD6]	AA7a [AD7]	*Refer to page 6 of working manual for codes.	
								6 Where is your "old home"? province (region, city)	
								*Refer to page 6 of working manual for codes.	☐ A21
								7 Is your spouse a national minority?	☐ A26
								0 no 1 yes	
								8 Where was he/she born? province (region, city)]□ A26a
								*Refer to page 6 of working manual for codes.	
									☐ A27
								*Refer to page 6 of working manual for codes.	

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Household ID: **Province (Region)** Site City (County) Neighborhood (Township/Village) Household # TABLE 4 HOUSEHOLD MEMBER ROSTER, PART IV 1997 HOUSEHOLD MEMBER ROSTER *List each household 7 8 9 10 11 12 13 14 member in 1993 [1997] Relationship What is the What is your What is the What is your What is What is Is the family How long has Does your Does your What type (that is, those in to the head of member still in he/she been father live in relationship father's name? mother live in relationship mother's your vour of Questions 1 and 2 in this household the home? away from this between this between name? marital spouse's household Table 1 who are still household? household? you and registration home? you and status? name? members, and the new (months) your father? your do you members in Table 2) in mother? belong to? the columns below. If it is a newly-formed household, list all *If "yes", skip to *If don't know *If "yes," *Record the *If "yes," *Record the Record members' line 'married." Question 6. or refuse to continue with father's line continue with mother's line the numbers and names the next number. answer. the next number. continue spouse's from Table 3. Ask the record -99. with the question. question. line following questions Otherwise, Otherwise, skip next number. 00 head of household about each member. skip to to Question 12. question. 01 spouse Question 9. *If he/she Otherwise. 02 father/mother (Use a new set of tables skip to is not a 03 son/daughter to survey newly-formed Question family 04 brother/sister households.) 14. member, 05 grandson/ record 99. grand-daughter/ grandson-in-law/ l yes 2 1 granddaughter-in-2 gone to Line Name law school Number 06 mother-in-law/ 3 military service never father-in-law 4 sought biological 1 biological married 07 son-in-law/ employment father mother 2 married daughter-in-law elsewhere 2 step 2 step 3 divorced 08 other relative father 5 gone abroad mother 4 widowed 09 maid 6 other 0 no 3 foster 0 no 3 foster 5 separated 1 urban 10 other non-relative 9 unknown 1 yes father 1 yes mother 6 unknown 2 rural A5 A5e A5f A5a A5a1 A5b A5c A5c1 A5d A8 A8b A8b1 П ПП П ПΠ ПП П П ПП П П П П

Neighborhood (Township/Village) **TABLE 4 CONTINUED TABLE 5 SECTION 2 OCCUPATIONS OF HOUSEHOLD MEMBERS** 7 8 15 16 17 List in the 18 19 Why are you When did you Did you columns below, Are you Are you What is your primary occupation? How many years of What is the Are vou Are Are vou the line number presently not retired but retire? change formal education have highest level currently in you an a village and name of working? working? rehired? (year, month) your ocyou completed in a of education school? official cadre? each person cupation regular school? cadre? vou have listed in Table 4 after attained? 1997 House-1993? hold Member *If over five years old, ask this *If 18 or older, *If "no," *If retired *If not, *If year and question. Otherwise, ask the Roster," who is ask Questions continue but not reskip to month are next person. 16 or older. Ask 18-19. with the hired, skip Question unknown, *If he has completed six years the following Otherwise, go or more formal education, conto Question record -999. If questions abou to the next pertinue with the next question. 6. Otherretired but not question. each person. son. Otherwise, skip to Question 17. Otherwise, wise, go to rehired, stop skip to the next here, and go to the next Question person. person. 00 no school completed 11 1 year primary school 01 senior professional/technical worker (doctor. 12 2 years primary school professor, lawyer, architect, engineer, etc.) 13 3 years primary school 02 junior professional/ technical worker (midwife. nurse, teacher, editor, photographer, etc.) 14 4 years primary school 15 5 years primary school 03 administrator/executive/ manager (working 16 6 years primary school proprietor, government official, section chief, 21 1 year lower middle department or bureau director, administrative 22 2 years lower middle cadre, village leader, etc.) seekina 23 3 years lower middle graduated from 04 office staff (secretary, office helper, etc.) work 24 1 year upper middle primary school 05 farmer, fisherman, hunter 25 2 years upper middle 2 lower middle 06 skilled worker (foreman, group leader, 2 house-26 3 years upper middle school degree craftsman, etc.) 2 1 wife Name 27 1 year technical school 3 upper middle 07 non-skilled worker (ordinary laborer, logger) Line Line Name 3 disabled 28 2 years technical school school degree 08 army officer, police officer Number 31 1 year college/university Num-09 ordinary soldier, policeman technical, or 4 student 32 2 years college/university vocational 10 driver ber 5 retired 33 3 years college/university degree 11 service worker (housekeeper, cook, waiter, door 34 4 years college/university 5 university or (go to keeper, hairdresser, counter salesperson. 35 5 years college/university college degree Question 6) launderer, childcare worker, etc.) 36 6 years college/university 6 master's 12 athlete, actor, musician 0 no 0 no 0 no 0 no 6 other 0 no 0 no or more degree or higher 13 other 1 yes 1 yes 9 unknown 1 yes 1 yes 1 yes 1 yes -9 unknown 9 unknown -9 unknown A11 A12 A13 A15 B2 B2a B2b B2c B3b B4 A15a ПП ПП ПП П П ПП П ПП П П П ПП П П

Household #

Household ID:

Province (Region)

Site

City (County)

TABLE 5 CONTINUED TABLE 6 SECTION 3 INCOME FROM WAGES 10 11 12 14 15 16 List in the follow-6 What is your What is What is What In what type of How Do you ing columns the Is this a How many How many In the last How much do How many Last year, employment position in work unit do many have a your your emtype of line number and primary or how many days in a hours in a week, [you] receive, employthis occupation? you work? employsecondsecondployment name of each secondary months week, on day, on the how many on the average. ees are ees are position in unit is person listed in occupadid [you] the average, hours did for a month's arv ary there at occupathis secthis? Table 5 "Occupation? work at did [you] work. there at occupathis work average, [you] your work tion? tion? ondary tions of Housethis occudid [you] work? work? excluding unit? unit? occupahold Members," pation? work? subsidies and tion? who has regular bonuses? wage income (yuan) (regardless of primary or secondary occupation). If a person has two occupations, write in two lines. This table does not include income state enterprise from retirement or institute wage, pension, 2 small collective and bonus. They enterprise (such self-employed, ownerwill be recorded as townshipmanager with employees owned) in Table 13. 2 self-employed, independent 3 large collective operator with no employees enterprise (such 2 (includes farmer) as owned by 2 *If no *Use *Use codes *Use 'If more than Line Name 3 works for another person or county, city, 10000 vuan. second codes in in Question codes in Line Name "unknown." "unknown." "unknown." "unknown." Number enterprise (includes small-, province) Question 9. Question Numrecord -9. record 9. record -9. record -9. record 9999. occupafamily contract medium- and large-scale tion, go 10. ber f "unknown," farming collective enterprise, farm to next record -999. and private enterprise) as a private, individual permanent employee person. enterprise contractor with other people three-capital enteror enterprise prise (owned by 5 temporary worker foreigners, over-<20 <20 6 paid family worker seas Chinese and 0 no 2 20-100 2 20-100 1 primary 7 unpaid family worker joint venture) 1 yes 2 secondother 3 ≥ 100 3 ≥ 100 8 other 9 un-9 unknown 9 unknown 9 unknowr 9 unknown ary known В9а B10 B11 B12 C2 СЗ C5 ПП П П ΠП П П ПП П П П ΠП

Neighborhood (Township/Village)

Household #

Household ID:

Province (Region)

Site

City (County)

Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household # TABLE 7 SECTION 4 HOME GARDENING AND INCOME TABLE 8 SECTION 5 HOUSEHOLD FARMS, FARMING COLLECTIVES AND INCOME 2 Which 7 8 10 List in the 9 Did your Is your household How How How **During the** On the average, During the past Does any Does any following During How What is During Last year How housefamily have members many many were any past year, during the past vear. how much member of member of columns the the past many the the past many many your housevegetable hold a do the months days in hours in of the how much year, how much money did you your line number year, days in a hours in nature of year, did hold work as garden or specialaardenina? did a week, a day, vegetamoney was money would spend for household and name of how week, on a day, on the you orchard in you have to seedlings, farming ized on the on the bles, received from a farm work on a each person receive [you] many the 1996? the sale of the fertilizer, tools, houseengage average average, fruits, or spend per laborer who collective who works on a months average, average, business money did [you] did [you] did [you] hold in in such other produce? month to buy insecticides. is paid a farm or a farm, and ask did [you] did [you] in which from the /eαetable work work? work? produce (yuan) from the market hired labor. wage state farm. Questions 5-13. work on work? you collecgarden, last from your the vegetables etc.. for this regularly or a housea farm? work? tive and/or fruits that garden? (yuan) hold farm? farming? year? home (including orchard? plot sold? were grown in working on a this home plot state farm). and consumed by your household? (yuan) *If "un-*If "yes," List in the *If "un-*If "unknown," *If "un-*If "un-*If "yes," *If "un-*If "un-*If "yes," *If "unknown," *This excludes *If "yes," add *If "yes," following known," continue continue known.' known." continue record -9999. record -99. farming tax and the persons to continue known." known." known." "housecolumns the record -9. with the with the big machinery Table 6, and with the next record hold," with the next record record 9 record record -9. line number and Go to the next question. next spending. ask all quesquestion. -9. -9. skip to name of each next question. tions in that Otherwise. question. Otherwise, Question person listed in person. Otherwise If "unknown," skip to Table 4. Then Otherwise table about stop here, 13. After all skip to Question 10 continue with persons are skip to record -999. each person. and go to Question . Questions 5-7. asked, Table 9. 11. [Stop here, Question continue and go to 10. with Table 81. Question 8 Line Name Line Name Num-Number ber 0 no 0 no collective yes 1 yes household 0 no 0 no un-0 no 0 no 9 unfarm 1 yes 1 yes known 1 yes 1 yes both 3 known D1a E1 E2 D1 D3a D3b E3 E4b E4c D3c E4a E5 E6

Household ID: ____Province (Region) ____Site ___City (County) ____Neighborhood (Township/Village) ____Household #

	noid ib		vince (Re	gion)	Site	City (Coun	<u>ιy)</u> ι	veignboi	noou (17	snip/Village	<u>,поиз</u>	enold #			
TABLE 8	CONTIN	IUED								17						
		How much money did [you] receive? (yuan) *If "unknown," record -9999.	During the past year, did you receive farm produce and/or other items (for example, durable goods) from the collective farming? *If "yes," continue with the next question. Otherwise, skip to Question 13.	How much money (yuan) were these farm produce and/or other items [you] received worth?		*Use 20 mu as a boundary. If the family has more than 20 mu land, then	15 How many mu of land did your household cultivate last year? *If "unknown," record -99.	16 When (which year) was the last time your village redistrib- uted the land? *If "unknown," record -9.	*List as m four crops use one li each cropmore than named, control the four the produced	the past nat were or crops by your shold? nany as s, and ine for o. If hoose hat	20 During the last year, how many kilograms of produce did this crop yield? *If "unknown," record -9999.	How many kilograms were delivered as public grain or were sold to the government at a leveled price? *If none sold, record 00000. If "unknown," record -9999.	22 What was the government- leveled buying price? (yuan/ kilogram) *If "unknown," record -99.	23 How many kilograms were sold to the market or at a high price? *If none sold, record 00000. If "unknown," record -9999.	24 Market price? (yuan/ kilogram) *If "unknown," record -99.	25 During the last year, how much was spent for leasing land, for purchasing seedlings, fertilizer, tools, insecticides, and hiring labor for these crops? *If "unknown," record -999.
3 Line Number	4 Name		0 no 1 yes 9 unknown		0 no 1 yes	0 no 1 yes			18 Code	19 Crop Name						
		E7	E8	E9	E10	E11c	E11d	E11e	E11		E13	E14	E15	E16	E17	E12
									1							
									2							
									3							
									4							

Household ID: **Province (Region)** City (County) Neighborhood (Township/Village) Household # Site TABLE 9 SECTION 6 RAISING LIVESTOCK/POULTRY AND INCOME ist in the 6 7 8 9 10 11 12 13 14 15 16 following What is the **During the** How much Was the Does any Does any How many How many How many During the How much Are you How many Is your money did [you] member of your member of columns the line months last days in a hours in nature of the past year, last year, did money were the household months househousehold work your household number and year did [you] week, on the a day, on the livestock- or did you receive? (yuan) you receive these household operating a has your hold a raising work raising name of work raising average, did average, did poultryreceive livestock or livestock or member livestockhousehold speciallivestock or livestock or each person livestock or [you] work? [you] work? raising business monev poultry poultry primarily or poultrybeen ized operating poultry (such as poultry either on a who works poultry? in which you from the products products responsiraising livepigs, cattle, collective or at raising work? collective? from the [you] ble for the business livestockstocksheep, horses, home? livestock or collective? received household last year? or poultryor livestock chickens, ducks, poultry. worth? raising poultryetc.) who is paid a (yuan) or poultry business raising business? wage for the during the houseamount of time past year? hold? spent? *If "yes," add the *If "yes," continue *If "unknown," *If "unknown," *If "unknown," *If "household," *If "yes," If "unknown," *If "yes," *Go to the *If "no" or persons to Table 6 with the next record -9. record 9. record -9. skip to Question continue with record -999. continue with "unknown," next "unknown. 'unknown." 13. Otherwise. skip to and ask all quesauestion. the next the next record -999. person. record -9. tions in that table Otherwise, stop continue with the question. question. After all Question about each person. here [and go to next question. Otherwise, Otherwise, persons are 16. Table 10]. skip to skip to asked, Question 11 Question 13. continue with Question 14. 3 Line Name Num-1 collective ber 2 operated by the 0 no 0 no 0 no 0 no 0 no household l yes yes 0 no 1 yes 0 no 3 both 9 unknown 9 unknown 9 unknown 1 yes ves 1 yes yes F2 F4a F4b F4c F5 F6 F8 F10 F10a -10b F10c ПП П ПП П П ПП П П П

Household ID: Neighborhood (Township/Village) _Province (Region) _Site _City (County) _Household # TABLE 10 SECTION 7 COLLECTIVE AND HOUSEHOLD FISHING AND INCOME TABLE 9 CONTINUED

TAB	LE 9 C	ONTINUED									TABLE 10 SECTION 7	COLLECTIVE AND	HOUSEHOLD) FISHIN	G AND INC	OME	
Duri pas wha of liv or p were by hous Recc 4 la in s If les 4, rec ac	ng the t year, t kinds restock toultry eraised your ehold? ord the argest scale. It is tord the trual enber.	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 home- made animal feed given to this kind of livestock or poultry?	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 house- hold consume this kind of house- hold- raised livestock or poul- try, 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] estima- tion, how much money was the part given away worth?	1 Does any member of your household work in fishing who is paid according to amount of time spent?	2 Does any member of your household work in fishing either on a collective or in a business operated by your household?	Which hous members v in fishin	work	5 During the past year, how many months did [you] work in fishing?	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?
18	T 19		*If "yes," continue with the next question. Other- wise, 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, skip to Question 27.	*If "unknown," record -999.	*If "yes," continue with the next question. Otherwise, go to the next livestock/ poultry type.	*If "un- known," record -99.	*If "yes," add the persons to Table 6, and ask all questions in that table about each person.	*If "yes," continue with the next question. Otherwise, stop here [, and go to Table 11].	*List in the follo columns the lin and name of ea person who wo fishing.	e number ach	*If "unknown," record -9.	*If "unknown," record 9.	*If "un- known," record -9.
	Name		0 no 1 yes 9 un- known		0 no 1 yes 9 un- known		0 no 1 yes 9 un- known		0 no 1 yes 9 un- known		0 no 1 yes	0 no 1 yes	Line Number	Name			
F11		F14	F15a	F15	F16	F17	F18	F19	F20	F21	G1	G2	G3		G4a	G4b	G4c
1																	
2																	
3																	
4																	

House	ehold	ID:F	Province (F	Region) _	Site	City (C	ounty) _	Neigh	borhood	(Township/	/illage)	House	hold #		
TABLE	10 CON	ITINUED													
		8 What is the nature of the fishing business in which you work?	9 During the last year, did you receive money from the collective?	10 How much money did [you] receive? (yuan)	11 In the past year, did you receive fish or other goods from the collective?	How much money do [you] think these fish or goods [you] received from the collective last year are worth? (yuan)	13 Are you the household member primarily responsible for the household fishing business?	has your	15 During the past year, how many months has your household been operating a fishing business?	16 During the past year, how much money did your household receive from the fishing business? (yuan)	17 During the past year, did your house- hold keep some fish for home consump- tion?	18 If the fish kept for home consumption had been sold, how much money do you think would have been received for it? (yuan)	19 During the past year, did your household give away fish?	20 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)
3 Line Number	4 Name	continue with the next question. 1 collective 2 household	*If "yes," continue with the next question. Otherwise, skip to Question 11.	*lf "unknown," record -999.	*If "yes," continue with the next question. Otherwise, skip to Question 13.		next person. After all persons are asked, continue with Question 14.	*If "no," stop here [, and go to Table 11].	"unknown"		*If "yes," continue with the next question. Otherwise, skip to Question 19. 0 no 1 yes 9 unknown	*If "unknown," record -999.	*If "yes," then continue with the next question. Otherwise, skip to Question 21.	*If "unknown," record -999.	* If "unknown," record -999.
		G5		G7	G8	G9	G10		G10b	G11	G12	G13	G14	G15	G16

Household ID: Site City (County) Neighborhood (Township/Village) Province (Region) Household # **TABLE 12 SECTION 9 WELFARE SUBSIDIES AND RATION COUPONS** TABLE 11 SECTION 8 SMALL HANDICRAFT AND SMALL COMMERCIAL HOUSEHOLD BUSINESS AND INCOME *List in the Which 10 11 10 How many What kind of On the On the During following What was Does any household How How In the In the member of kinds of business is average. average. members the past many many past columns the past the total vour housesmall this? what are the what are the work in this year, days in hours week. line number year. value of hold operate handicraft monthly monthly small how a week. in a how and name of did you all these expenses of household a small handor small revenues of handicraft or many on the day, on many receive bonuses How much of the following subsidies did you receive last last year? icraft or small commercial this small this small commercial months averthe hours members any commercial businesses handicraft handicraft business? did you age, did did you who receive month? avercash the following bonus business does your or small or work in [you] age, work in work? subsidies. (includ-(such as household commercial commercial this did this carpentry. operate? business? business busi-[you] busiing shoe repair, (including ness? work? ness? festsalaries)? ival and house-(hours) keeping/child any care service, If more than 3 List in the 3 5 6 8 other tailoring, following bonusare named. "unknown." "unknown." Meat/ Health Haircut Book House Other hairdressing, choose the record -999. record -999. columns the subes)? grocery subsuband subelectrical subsidy three that line number sidy sidy newssidy sidy appliances generate the and name of (yuan) (yuan) (yuan) paper (yuan) (yuan) repairing. these most income. subrestaurant, members. sidv store, family Choose the (yuan) child care, first 3 persons family hotel, primarily family clinic, responsible for etc.)? each business *If "no," *If "un-*If "un-2 *If "un-*If "un-*If un-*If "un-*If "un-*If "un-*If "un-6 *If "un-*If "unstop here Line Name known," known, known, known, Line Name known," known, known, known,' known,' known,' known,' and go to 1 commerce Numrecord record record record Numrecord -99.9. record record record record record record Table 121. 2 service -9. -9. -9. -9. -9. -99. -999. ber -9. Otherwise 3 manufacturcontinue with 4 peddler and the next transporta-0 no question. 1 yes 0 no 5 construction 9 unyes 6 other known H1a H1b H2 НЗ H4 H5 H6 H7 H8 H9 111 112 113 l13a 114 118 1 $\Box\Box$ $\Box\Box$ 2 ПП ПП ПП $\Box\Box$ 3 $\Box\Box$ $\Box\Box$

Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household # TABLE 13 SECTION 10 INCOME FROM OTHER SOURCES (All the incomes below should be **TABLE 12 CONTINUED** "before tax" income. Obtain information about the entire household.) 110 J3 11 In the last month, did your household receive one-child During the past 12 months, how much money was received 0 nofrom rentals of household assets such as houses, farm cash subsidy? 1 yes *If "yes," continue with the next question. Otherwise, skip to vehicles, farm equipment, etc. (not including land)? (yuan) 9 unknown П *If "unknown," record -9999. Question 13. 110a 12 How much? (yuan) 2 During the past 12 months, how much money was received *If "unknown." record -9. from boarders and/or lodgers? (vuan) *If "unknown," record -999. 115 13 In the last month, did your household receive a gas, fuel During the past 12 months, how much money was received 0 no subsidy? from retirement pension or retirement salaries? (yuan) 1 yes *If "no" or "unknown." skip to Question 15. *If "unknown." record -999. 9 unknown l15a 14 How much? (yuan) During the past 12 months, how much money was received from poverty, disability, or welfare funds? (yuan) *If "unknown," record -99. *If "unknown." record -999. 116 15 In the last month, did your household receive a coal 5 During the past 12 months, how much money was received in 0 no subsidy? remittances from family members or friends both at home and 1 ves *If "no" or "unknown," skip to Question 17. abroad? (yuan) 9 unknown *If "unknown," record -999. I16a 16 How much? (yuan) 6 During the past 12 months, how much cash income was *If "unknown." record -99. received from other sources? (yuan) *If "unknown." record -999. (Not including relief fund for disaster.) 117 17 In the last month, did your household receive an During the past 12 months, did your household receive any 0 no0 no income in kind, such as food and clothing, from a child, a electricity subsidy? 1 ves 1 yes *If "no" or "unknown," skip to Question 19. parent, a relative, or a friend? 9 unknown *If "no." skip to Question 9. 117a 18 How much? (vuan) 8 If you had purchased these gifts, how much money would they *If "unknown." record -99. have cost? (vuan) 120 J10a In the past year, did your household receive any food gifts 9 During the past 12 months, did your household receive any 0 no 0 no or discounted food from the work unit for spring festival or money or gifts from any local enterprise (such as bonuses, but 1 ves 1 ves any other holidays? not including salary income and bonuses to a worker in the П 9 unknown 9 unknown *If "yes," then continue with the next question. Otherwise, go to enterprise)? Table 13. *If "no" or "unknown," stop here [, and go to Table 14]. 121 J10b 20 Compared with market prices, how much money was 10 What is the value of this money or gifts? saved on these food gifts? (yuan) *If "unknown," record -999.

*If "unknown," then record -99.

Household ID: **Province (Region)** Site City (County) Neighborhood (Township/Village) Household # 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 8 10 11 **During the** During the During the How much time During the past Do you still following columns In the past week How much How much How much During the How much Is there any the line number and did you buy food time did past week, time did past week. time did past week time did past week, did [you] spend week, did you remember how did you family name of each for your [you] spend [you] spend did you [you] spend did you [you] did you taking care of take care of much time you take care of the children by children for spent last week? household member household? buying food prepare and preparing wash and washing clean the spend member cook food and cooking and ironing feeding, bathing, another who is above 6 per day on iron house? cleaning taking the children? (hours) clothes? household? years of age. average? for your food per clothes per the house care of dressing, holding, or (Only ask adults (minutes) household? day on day on per day on children age 20 and Three additional average? watching them? average? average? under 6 years rows are added at (minutes) (minutes) (minutes) (hours) above.) the bottom, to be old? used when *If the person *If "no" or *If the person *If "no" or *If "no" or *If the person *If "no" or *If the 'If "no" *Non-household *Time should be *If "yes," continue *If the person doesn't appropriate. "unknown," doesn't know "unknown," doesn't know "unknown, doesn't know "unknown," person members are counted even if the with the next remember, record -99. skip to the exact skip to the exact skip to the exact go to doesn't "unknown not recorded person is doing question. know the something else while Question 5. Question 7. time, Question 9. time, Question 11 stop here here. time, *If non-household record -99. record -99. record -99. [Go to the exact time, and go If "no," skip to caring for the child, member did this, If it is done on next person. record -99. to Table Question 14. such as cooking a record in the the way to After all 14/Part meal or washing appropriate row a work or back persons are clothes. 2 the bottom. from work, asked. Line Name record 999 continue with If the person Num-Question 11 doesn't know ber the exact time, record -9. 0 no 0 no 0 no 0 no 0 no yes 0 no 0 no 1 yes 1 yes yes 1 yes yes 9 un-1 yes 9 unknown 9 unknown 9 unknown 9 unknown 9 unknown 9 unknown known K2 КЗ K5 K6 K7b K7c K7d K12 K13 K13b K13c K4 П П П П П П П П grandfather or П 77 grandmother

uncle or aunt

other relatives of

housekeeper

88

99

Hous	sehold ID:Province (Region)Site	City (Cοι	ınty)	N	eighborho	ood	(Township/Village)Household #	
TABL	E 14 PART III							
	List in the following columns on the right the line number and name of children who are under six. Then ask the following questions about each child.	16 Line			K14	20	During the past week, for how many hours was this child taken care of by people outside the household? (hours) (If doesn't know the exact time, record -99.)	□□□ □□□
18	During the past week, was this child taken care of by people outside the household? 0 no 1 yes 9 unknown				K14a	ı	(If doesn't know the exact time, record -aa.)	
	If "yes," continue with the next question. Otherwise, skip to Question 21.					21	For how many days in a typical week is this chil taken care of by people outside the household? (days) (If doesn't know the exact time, record 9.)	
19	Where did the care take place? 0 no 1 yes 9 unknown					22	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, record -9.)	□□ □□ K41
	1 in the household itself				K15			
	2 in the home of the child's paternal grandparents				K16	23	How much does your household pay per month for all child care? (yuan) (If doesn't know the exact amount of money,	□□□ к43
	3 in the home of the child's maternal grandparents				K17		record -99.)	
	4 in the home of other relatives				K18	24	For how many children's care does this payment provide?	☐ K44
	5 in the home of neighbors				K19			
	6 in a neighborhood-run or privately-run child care center				K20	25	Does your household receive a child care or nursery subsidy?	0 no
	7 in a state child care center				K21		(If "yes," continue with the next question. Otherwise, stop here [, and go to Table 15].)	9 unknown
	8 in a child care center run by a work unit				K22	26	For how many children is this subsidy	☐ K46
	9 at a pre-school managed by a primary school				K23		provided?	
	10 at a nursery school				K24	27	How much is this subsidy per month? (yuan) (If "unknown," then record -9.)	□□ K47
	11 other				K25			

TABLE 15 SECTION 12 DRINKING WATER	, ENVIRONMENTAL SANITATION, ANI	D HOUSEHOLE) A	SSETS, PART I			
1 How does your household obtain drinking water? (If more than one method, record the most important.) *If using the fourth method (other place),	1 in-house tap water 2 in-yard tap water 3 in-yard well 4 other place	L1	9	How have you gotten your apartment/ house? If rented, continue with Question 10. Otherwise, skip to Question 11.	1 from the state 2 from work unit 3 rent from a priva individual	4 own 5 stay for free ate 6 part ownership	L9
continue with the next question. Otherwise, skip to Question 3.			10	How much money per month do you pay for rent? (yuan) *If "unknown," record -99. If			L10
2 How many minutes does it take to walk to another place to get water?		L2		apartment/house is owned, is free, or is rented from state or work unit, continue with Question 11. Otherwise, skip to Question 12.			
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 other 9 unknown	L3	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)			L11
Does your household pay for this drinking water?	0 no 1 yes	L4		If "unknown," or refuse to answer, record -99.			
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, public restroom 8 other (specify) 4 no flush, outside	L5	12	During the past four years, did you move into a new apartment/house or rebuild your old apartment/house? *If "no," stop here [, and go to Table 15/Part II]. If it is a new house, continue with the next question.	0 no 1 yes		L11a
	house, public restroom	L6		How many years old is this house/apartment building?			L12
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			*If "unknown," record -9. Of what materials is the roof of this house/apartment building constructed?	1 concrete 2 straw or tree branches	4 huijiao (charcoal ash mixed with grey earth and mud)	L13
7 What kind of lighting does your household generally use?	1 electric 2 kerosene 3 oil 4 candle	L7	15		3 tile 1 concrete 2 brick 3 earth	5 other (specify) 4 wood 5 other (specify)	L14
	5 other (specify)		16		1 concrete 2 brick 3 earth	4 wood 5 other (specify)	L15
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	L8	17	What is the total usable area of your household's dwelling unit? (square meters)			L16
	5 natural gas *please fill in the two most		18	Excluding the bathroom and toilet, how many rooms does your household have?			L17
	commonly-used types.		19	How much is this house (apartment) worth? (yuan) If the respondent is not clear, or is unwilling to estimate, record -99999.			L18

Household ID: ____Province (Region) ____Site ____City (County) ____Neighborhood (Township/Village) ____Household #

Hous	ehold ID:	Provir	nce (Reg	gion)Si	ite(City (Coun	ty)Neigi	nborhood (l ownship/	Village)	House	ehold #		
TABLE	15 PART II													
Ask abo	out the followir	ng means of t	ransporta	ition:	Ask abou	ıt farm machir	nery:			Ask abo	ut household c	commercial equipmen	t:	
20 Code	21 Name	22 Does your household own any of the transportation means listed in the left column? 0 no 1 yes *If "no," go to the next type.	23 How many?	24 What is the total value in yuan? *If the respondent doesn't know, record -9999 (record -99999 for L34).	25 Code	26 Name	27 Does your household own the farm machines listed in the left column? 0 no 1 yes If "no," 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, record -9999.	30 Code	31 Name	32 Does your household have any of the equipment used in business or an occupation to make money as listed in the left column? 0 no 1 yes If "no," go to the next type.	33 During the last year, did any member of your household use this equipment for your household commercial business? 0 no 1 yes 9 unknown	34 If your household were to sell this equipment, how much money do you think you would get for it? (yuan) *If doesn't know, record -9999.
		L19	L20	L22	1	tractor, large, medium, or	L37	L38	L40	1	cooking equipment	L74	L74a	
1	tricycle			00000		small size				2	carpentry			
					2	garden	L41	L42	L44		equipment			
		L23	L24	L26] ~	tractor						L76	L76a	
2	bicycle				3	irrigation equipment	L49a	L50a	L52	3	haircut equipment			
0	motorcycle,	L27	L28	L30	4	power	-			4	sewing machine	L77	L77a	
3	including mototricycle				4	thresher	L53a	L54a	L56	5	small machine shop tools or	L78	L78a	
_		L31	L32	L34		household				3	equipment			
4	automobile				5	water pump	L57a	L58a	L60	6	other (specify)	L80	L80a	

Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household # **TABLE 15 PART III** Ask about electrical 37 38 39 40 42 43 During the past 12 months, did L145 41 appliances and other Does your How How many were Who in your household How many How much anyone in your household spend goods household or many? purchased by your decided to buy this (number) were money are all money on a wedding? (Including 0 no any household household in 1996? item? received as gifts these electrical wedding gifts for other family member own any members, relatives, and friends, (such as wedding appliances of the electrical 1 husband gifts, dowry, prizes, worth? excluding dowry or bride price.) 9 unknown 35 36 appliances and other 2 wife etc.) last year? *If "yes," continue with the next question. Code Name goods listed on the 3 husband and wife Otherwise, skip to Question 45. *If none, skip to 'If "unknown," record -999 or -9999. left? Question 41. 4 other (specify 0 no relationship) ves 90 L91 L92 L94 _94a _93 L146 radio, tape 44 How much money did you spend? (yuan) П П recorder If doesn't know or is unwilling to estimate, record -9999. L95 L96 L97 L99 L99a L98 2 **VCR** П L147 45 During the past 12 months, did anyone in 0 no L101 L102 L104 _104a L103 black/white your household spend money on a dowry or 3 bride price? (within the household only) 1 yes television If "yes," continue with the next question. 9 unknown L107 _109 105 _106 .109a 108 color Otherwise, skip to Question 47. 4 television _110 L111 L112 L114 _114a L113 L148 washing 5 machine 46 How much money did you spend? (yuan) If doesn't know or is unwilling to estimate. L115 L116 L117 l 119 L119a I 118 record -9999. 6 refrigerator L120 L121 L122 L124 _124a L123 L149 air 7 47 During the past 12 months, did anyone in 0 no conditioner your family spend money on a funeral? L125 L126 L127 L129 _129a _128 If "yes," continue with the next question. 1 yes sewing 8 Otherwise, skip to Question 49. 9 unknown П П machine 130 _131 L132 _134 _134a L133 L150 9 electric fan 48 How much money did you spend? (yuan) If doesn't know or is unwilling to estimate, _140e _141e L142e _144e _145f _143e record -9999. 10 computer 144 _140 _141 L142 _145a L143 L151 11 49 During the past 30 days, did your camera 0 no household give gifts or money to other 1 yes _141a L142a _144a _143a people? (parents and grandparents on both .140a _145b microwave 12 sides, children and grandchildren, friends 9 unknown oven and other non-family members) If "yes," continue with the next question. L142b _140b L141b _144b _145c L143b electric rice 13 [Otherwise, go to Table 16.] cooker L142c L144c _145d L143c _140c L141c L152 pressure 14 cooker 50 How much money did you spend? (yuan) ____145g If "unknown," record -9999. L141f L142f L144f L143f _140f 15 telephone

Household ID: ____Province (Region) ____Site ____City (County) ____Neighborhood (Township/Village) ____Household #

TABLE	46.056	STION 42 LIE	AL TIL AND I	AEDICAL CEDVICE	C DARTIME	DICAL INCUDANCE		•	-					
TABLE List in the following columns line number and name all house members 1 Line Number	the per e of hold	3 Right now, how would you describe your health compared to that of other people your age?	ALTH AND I 4 Do you have medical insurance? *If "no," stop interviewing this person. Otherwise, continue with the next question.	5 What kind of medical insurance do you have? *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. 1 public insurance 2 worker insurance 2 worker insurance 4 work unit insurance 5 cooperative medical insurance 6 MCH health	6 What is the annual premium for this insurance? (yuan) *If the respondent is	The reimbursable medical 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 outpatient care is covered. (Skip to Question 12) 4 Work unit distributes medical fee to individuals. If an individual is not sick, [he/she] can keep	8 What is the maximum amount of money you can get reimbursed? (yuan) *If not sure, record -999.	9 How much does a patient have to pay if the amount is over the maximum reimbursement line? (%) *If not sure, record -99. *Skip to Question 15 for all respondents.	10 What is the annual deductible amount? (yuan) *If not sure, record -99.	11 How much can be reimbursed beyond the deductible? (%) *If "unknown," record -99. *Skip to Question 15 for all respondents.		13 What percentage of the fee for inpatient care does your insurance pay (not including food expenses)? (%) *If "unknown," record -99. *Skip to Question 15 for all respondents.	14 How much money do [you] receive every year? (yuan) *If not sure, record -99.	15 Does this insurance cover prenatal and delivery services? (Ask women only.)
		4 poor 9 unknown	0 no 1 yes 9 unknown	insurance 7 planned immunization insurance 8 other (specify) 9 unknown		the fee. (Skip to Question 14) 5 Other (Skip to Question 15) 9 Unknown (Skip to Question 15)								0 no 1 yes 9 unknown
M2		M1a	M1	M3	M4	M5	M6	M7	M8	M8a □□□	M9	M10	M10a □□□	M11

Household ID: ____Province (Region) ____Site ____City (County) ____Neighborhood (Township/Village) ____Household #

TABLE	E 17 SECTION 13 HEAL	LTH AND MEDICAL SERVICES,	, PART II							
are sick doctor, other he or hosp (includi List in the each he	pers of this household or want to see a dentist, nurse, and/or ealth worker, which clinic ital can they use ng private and public)? he following columns ealth facility mentioned. It is Questions 3-11 about cility.	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) *Only count one-way time	7 How much (yuan) does the transportation cost to travel one way there? *Only count one-way expense	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)
1 Code		01 village clinic 02 township hospital 03 county hospital 04 neighborhood clinic 05 street (community) hospital 06 work unit clinic 07 work unit hospital 08 district hospital (in the city) 09 city hospital 10 army hospital 11 university affiliated, provincial, or specialty 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	0 no 1 yes 9 unknown		If "unknown," record -99. If no time is needed, record 000.	If "unknown," record -9.9. If no cost, record 00.0.	If respondent or household members have never seen a doctor at this facility, record -88. Otherwise, record 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.
M12 1		M13	M14	M15a	M15	M17	M18	M19	M20	M21 □ □ □ • □
2										
3								П		
4										
5										
6										

Household ID: ____Province (Region) ____Site ___City (County) ____Neighborhood (Township/Village) ____Household #

TABI	LE 18	SECTIO	N 13 HEALTH A		DICAL		S, PA		orty (Oddin	,,	<u> </u>	1) 200111001		•								
* List in following columns line num and nam all house member each me Question 3-23.	the g s the ober ne of ehold s. Ask ember ns	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 person.	4 What were the symptoms? *Record the three main symptoms. Refer to page 16 of working manual for codes. *If less than three symptoms, use 0 to fill in the boxes.	5 How severe was the illness or injury?	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? *If the response is "3," skip to Question 10. Ask	8 If nor doctor's diagnos is, what disease do you think you had? See page 17 of working manual for disease codes.	9 How much money did you spend for the illness or injury? (yuan) Finish interviewing this person. Record -88 if nisurance covered all expenses. Record -98 Record -9	10 At which hospital did you see a doctor? "Write the number of this facility listed in Question 1 of Table 17 (M12). If it is not included, add it to the list, and ask all the questions in Table 17. Then continue with the next question.	11 Was it an outpatient or inpatient visit? "If "inpatient," continue with the next question. Otherwise, sales outpatient outpatient outpatient outpatient."	12 For how many days were [you] or have [you] been hospitalized? "Iff "unknown," record -99.	How much did this treatment cost or has this treatment cost or has this treatment cost so far? (Including all registration fees, medicines, treatment fees, bed fees, etc.) (yuan) "If insurance covers all expenses, record -888.8. If "unknown," record -999.9.	14 What percentage of these costs was paid by insurance or may be paid by insurance? (%) "If the person doesn't have medical insurance, then record -88. If "unknown", record -99.	15 Did you seek medical care from a second health facility? "If "yes," continue with the next question. Otherwise, skip to Question 21.	16 At what facility did you seek care? *See Question 10 for instructions.	17 Was it an out- patient or inpatient visit? "If "out- patient," skip to Question 19.	18 For how many days were [you] hospitalized or have been hospitalized ? "If "unknown," record -99.	How much did the treatment at this facility cost or has the treatment at this facility cost so far? (yuan) *See Question 13 for instructions.	20 What percent- age of these costs was paid by insurance or may be paid by insur- ance? (%) *See Question 14 for instructions.	21 How much money was spent or has been spent on treating your illness or injury in addition to the costs mentioned above? (yuan) "If "unknown," record -99. "If it is more than 1000 yuan, record 999.	22 What was the doctor's diag- nosis of your illness or injury?	23 Did you visit a folk doctor last year?
1 Line Num- ber		0 no 1 yes 9 unknown		1 not severe 2 some what severe 3 quite severe		1 self care 2 saw the local health worker 3 saw a doctor (clinic, hospital) 4 didn't pay any attention 9 unknown				0 out- patient 1 inpatient				0 no 1 yes		0 out- patient 1 in- patient						0 no 1 yes 9 un- known
M22		M23	M24	M25	M26a	M26	M39a	M39	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36	M37	M38	M40	M40a
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City (County) Household ID: Province (Region) Site Neighborhood (Township/Village) Household # TABLE 19 SECTION 13 HEALTH AND MEDICAL SERVICES, PART IV *List in the 5 6 10 11 12 following columns During the past Was the How much Does this cost During the past Within the last month, What service did you At which health How much did What the line number and 12 months, did immunization money was include all vear, which did vou receive any receive? facility did you this service cost? percentage of name of all this child fee covered spent last year immunizations immunizations preventive health receive this (yuan) this cost was household receive any by on immunizafor the past did this child service (for example, a service? paid by health examination, eye members. immunizations? insurance? tions? (yuan) several years, receive? insurance, or or only those examination, well-child may be paid by Respondents who are above 12 start given during examination, blood test. insurance? with Question 8. 1996? blood pressure (%) screening, tumor Children who are screening, etc.)? 12 and below start with Question 3. If "yes," If "full Fill 5 boxes. If less * If "no," or "unknown," stop If more than one type, choose the Write the If total cost was If the person has continue with the coverage," or than 5 here, and go to the next one that had the highest cost. number of this paid by medical no insurance. next auestion. "unknown." skip immunizations, use person. If "yes," continue facility listed in insurance, record -88. Otherwise, skip to Question 7. "-" to fill in the with the next question. Question 1 of record -88.8. If "unknown," to Question 8. boxes. Table 17 (M12). If "unknown," record -99. If it is not included, record -99.9. add it to the list, BCG vaccine 2 1 and ask all the measles Line Name 2 DPT 1 general physical examination questions in Table Num-OPV 2 well-child examination 17. Then continue influenza 3 blood test 0 no ber with the next encephalitis 4 blood pressure screening 1 full auestion. 5 encephalitis B 5 tumor screening coverage hepatitis A 6 gynecological examination 0 no partial several vears 0 no hepatitis B 7 vision or hearing examination 1 yes coverage 2 one vear 1 yes 8 other examination B other -99.9 unknown 9 unknown 9 unknown 9 unknown 9 unknown 9 don't know 9 unknown M41 M42 M43 M45 M46 M47 M48 M49 M50 M51 П П ППП ПП ПΠ П ПΠ П ППП П

Household ID: ____Province (Region) ____Site ___City (County) ____Neighborhood (Township/Village) ____Household #

TABLE 20	0 SECTIO		CURRENT HEAL	•			TION 14 PAR			,				
*List in the columns below the line number and name of each person listed in Table 4 who is age 14 or older. Ask the following questions about each person.		3 Right now, how would you describe your health	4 Over the past three months have you had any difficulty in	5 For how long did you have difficulty carrying out	Questions	6-8 are for mar ages 16-49.	ried females	*List in the columns below the line number and name of each person listed in Table 4 who is age 14 or older. Ask the following questions about each person.		you suffer	4 For how many years have you had it?	5 Are you currently taking anti-	6 Has the doctor ever told you that you suffer from	7 How old were you when the doctor told you about such a situation? (years)
		compared to that of other people of your age?	carrying out your daily activities and work due to illness?	your normal daily activities and work? (weeks)	6 Are you currently pregnant?	7 How many months have you been pregnant?	8 Are you currently breast- feeding?			from high blood pressure?		hyperten- sion drugs?	diabetes?	
			*If "yes," continue with the next question. Otherwise, skip to Question 6 or go to the next person.	or "refuse to	*If "yes," continue with the next question. Otherwise, skip to Question 8.	*If "don't know" or "refuse to answer," record 0; less than 1 month, record 1.				*If "yes," continue with the next question. Otherwise, skip to Question 6.	*If "don't know" or "refuse to answer," record 99.		*If "yes," continue with the next question. Otherwise, skip to Question 15.	*If "don't know" or "refuse to answer," record 99.
		1 excellent 2 good 3 fair 4 poor	0 no 1 yes		0 no 1 yes		0 no 1 yes			0 no 1 yes		0 no 1 yes 8 refuse to	0 no 1 yes	
1 Line Number	2 Name	8 refuse to answer 9 unknown	8 refuse to answer 9 don't know		8 refuse to answer 9 don't know		8 refuse to answer 9 don't know	1 Line Number	Z Name	8 refuse to answer 9 don't know		answer 9 don't know	8 refuse to answer 9 don't know	
A1		U48a	U48	U49	U56	U57	U87	A1		U22	U23	U24	U24a	U24b

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Household ID: Province (Region) Site City (County								Nei	Neighborhood (Township/Village)Household #						
TABLE 20 SE	TABLE 20 SECTION 14 PART 2 CONTINUED														
			Did you use any of the following treatment methods? 0 no 1 yes 8 refuse to answer 9 don't know						15 Has the doctor ever given you the diagnosis of	16 How old were you when you suffered	17 Has the doctor ever given you the	18 How old were you when you suffered	19 Do you have a history of bone	How old were you when you had the	21 How many times did that happen
		8 Special diet	9 Weight control	10 Oral medicine	11 Injection of insulin	12 Chinese traditional medicine	13 Home remedies	14 Qi Gong (or spiritual treatment)	myocardial infarction?	from myocardial infarction? (years)	diagnosis of apoplexy?	from apoplexy? (years)	fracture?	first bone fracture? (years)	(including the first time)?
									*If "yes," continue with the next question. Otherwise, skip to Question 17.	*If "don't know" or "refuse to answer," record 99. If more than once, please give the most recent one.	*If "yes," continue with the next question. Otherwise, skip to Question 19.	*If "don't know" or "refuse to answer," record 99. If more than once, please give the most recent one.	*If "yes," continue with the next question. Otherwise go to the next person.	*If "don't know" or "refuse to answer," record 99.	*If "don't know" or "refuse to answer," record 99.
Line Number	Name								0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		
		U24c	U24d	U24e	U24f	U24g	U24h	U24i	U24j	U24k	U24I	U24m	U24n	U24o	U24p

Household ID: **Province (Region)** Site Neighborhood (Township/Village) Household # City (County) TABLE 20 SECTION 14 PART 3 SMOKING AND ALCOHOL DRINKING HISTORY *List in the columns below the Smoking History (Questions 3-11) Tea-Drinking History (Questions 12-14) line number and name of each person listed in 12 3 4 5 8 9 10 11 13 14 6 7 Table 4 who is age Have you Do you How old Do vou If ves. If no. how Have you How old Do vou still If ves. how Your normal tea-drinking habit How many 14 or older. Ask the ever smoked were vou still how many long ago ever were you smoke now? many liang normally in the last 30 days: cups of tea following questions when you cigarettes? when you did you of tobacco drink tea? did you smoke cigarettes do smoked a (including about each person. drink a day? started to cigaryou smoke stop pipe? started do you use hand-rolled smoke? ettes per day? smoking? smoking a in one or device-(years) (months) pipe? month? now? rolled)? (years) *If "yes," *If "don't 'If "yes," *If "don't know' *If "don't *If "yes," *If "don't *If "yes," *If "don't *If "yes," *If "don't know" or continue or "refuse to know" or continue know" or continue with know" or continue know" or continue with with the with the refuse to refuse to with the "refuse to refuse to "refuse to the next answer," the next question. answer," next record 99, then answer," next answer," question. answer," next answer," Otherwise. record 99. auestion. skip to record 999. auestion. record 99. Otherwise. record 9. auestion. record 99. skip to Oth-Question 8. Otherwise, skip to Otherwise, Question 8. skip to Question 12. skip to erwise, Question skip to Question Question 12. 15. almost every day (6-7 days per week) 2 4-5 times a week 3 2-3 times a week 4 hardly drink 0 no 0 never (no more than once a week) never 1 yes 0 no smoked 8 refuse 1 yes yes 5 2-3 times in the past 30 days 0 no 1 2 8 refuse to yes 6 only once in the past 30 days yes 8 refuse to Line Name 8 refuse to answer 8 refuse to 7 none in the past 30 days answer answer Number 9 don't 8 refuse to answer answer don't answer 9 don't 9 don't know know know 9 don't know know 9 don't know U25 U27 U28 U29 U30 U32 U33 U34 U35 U36 U26 U31 ПП П П

Neighborhood (Township/Village) Province (Region) City (County) **TABLE 20 SECTION 14 PART 3 CONTINUED** TABLE 20 SECTION 14 PART 4-1 PHYSICAL ACTIVITIES FOR Coffee-Drinking History Alcohol-Drinking History (Questions 18-22) CHILDREN UNDER SIX YEARS OLD (Questions 15-17) 15 16 17 18 19 *List in the Your coffee-Alcohol types and weekly alcohol consumption amount Usually, does Do you How many **During the** How often do columns below Each week. drinking situation vou drink? the child do how many normally cups did past year, the line number drink in the last 30 days: you drink have you and name of any physical hours does coffee? a day? drunk beer each child listed exercises he/she spend or any other in Table 4 who in any on physical 22 20 21 alcohol is under age 6. pre-school exercises? Beer (bottle) Liquor (liang) Grape wine Ask the facilities. beverage? (including various following athletic colored wines, questions about schools, or at rice wine) (liang) each child. home? *If "don't *If "yes," *If don't drink beer, *If don't drink this type, *If don't drink this type, *If "yes," *If "don't know" *If "yes," continue know" or continue with record 00: record 00: record 00: continue with or "refuse to with the "refuse to the next if "don't know" or if "don't know" or if "don't know" or answer," the next next answer," question. "refuse to answer," "refuse to answer," "refuse to answer," question. record -9. Otherwise, record -9. record -9. record -9. Otherwise, question. record -9. Otherwise go to the next skip to skip to person. Question 5. Question 18. 1 every day 2 4-5 times a week 3 2-3 times a week l almost every day 4 once a week 2 3-4 times a week 5 2-3 times in the 3 once or twice past 30 days a week 6 only once in 4 once or twice 0 no 1 yes the past 30 days 0 no a month 0 no 7 none in the past 8 refuse to 1 yes 5 no more than 2 1 yes Line Name Line 30 days 8 refuse to answer 8 refuse to once a month Number Name Number 9 don't 8 refuse to answer answer 8 refuse to answer answer know 9 don't know 9 don't know 9 don't know 9 don't know U39 U40 U41 U42 U43 U44 U91 U37 U38 A1 U90 ПП П ПΠ ПΠ

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Household ID:

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Province (Region) Household ID: Site City (County) Neighborhood (Township/Village) Household # TABLE 20 SECTION 14 PART 4-I CONTINUED TABLE 20 SECTION 14 PART 4-II PHYSICAL ACTIVITIES FOR **CHILDREN WHO ATTEND SCHOOL, AGES 6-18** *List in the During a week, how Does the child participate in columns below the line number and any coached physical many times does Activity participated in and weekly time spent (hours: minutes) name of each child exercises before or after school he/she participate in any physical exercises listed in Table 4 including relatively intense who is between physical exercises, such as before or after school? 10 6-18 years old and volleyball, soccer, badminton, Reading, Watching TV Time spent Time spent Playing video Time spent attends school. long distance running? videotapes weekly writing or weekly games, toy weekly Ask the following drawing vehicles. questions about puppets, board each child. games, and listening to the radio If "yes," *If "don't *If "yes," *If "don't *If "yes," continue *If "don't know" or *If "yes," continue with the next *If "don't know" or "refuse to continue with know" or continue with know" or with the next "refuse to answer," question. Otherwise, skip to answer," record -9. the next "refuse to the next "refuse to question. record -9:99 Question 13. Otherwise, go to question. answer," question. answer," Otherwise, record -9:99. Otherwise, record -9:99. the next person. skip to skip to Question 9. Question 7. 0 no 0 no yes 1 yes 0 no 0 no 8 refuse to 8 refuse to 1 yes yes Line 2 Name answer answer 8 refuse to answer Line 8 refuse to answer Number Name 9 don't know 9 don't know 9 don't know Number 9 don't know U92 U93 U94 U95 U96 U97 U98 U99 $\sqcap \sqcap : \sqcap \sqcap$ ΠП ПП П $\sqcap \sqcap : \sqcap \sqcap$ П ПП $\sqcap \sqcap : \sqcap \sqcap$ ΠП ПП П ПП ПΠ пп:пг

City (County) Neighborhood (Township/Village) Household # Household ID: Province (Region) Site **TABLE 20 SECTION 14 PART 4-II CONTINUED** 13 14 Activity participated in before or after school and weekly time spent (hours : minutes) Does he/she have any How many times does class of physical he/she participate in 5 12 exercise in school? physical exercises **Gymnastics** Time spent Badminton, Time spent Track and field, Time spent Other Time spent in school a week? weekly tennis, soccer, weekly swimming weekly activities weekly basketball, ping (board games, boxing, martial pong arts, etc.) *If "yes," If "don't know" *If "yes," continue | *If "don't *If "yes," *If "don't know" *If "yes," *If "don't know' *If "don't know" or "refuse to continue with or "refuse to with the next know" or continue with or "refuse to continue with or "refuse to answer," record -9. answer." answer." the next answer." auestion. "refuse to the next the next Otherwise, skip to record -9.99. question. record -9:99. answer," question. record -9:99. question. Otherwise, Question 9. record Otherwise, skip Otherwise, skip skip to -9:99. to Question 11. to Question 13. Question 7. 0 no 0 no 0 no 0 no l yes 1 yes 1 yes l yes 0 no 8 refuse to 8 refuse to 8 refuse to 3 refuse to 1 yes Line answer answer answer answer 8 refuse to answer Name Number 9 don't know U102 U104 U105 U108 U109 U100 U101 U103 U106 U107 ПП П П $\square\square:\square\square$ П П

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

	busehold ID:Province (Region)SiteCity (County)Neighborhood (Township/Village)Household #																
TABLE 2	20 SEC	SECTION 14 PART 4-II CONTINUED Activity participated in before or after school and weekly time spent															
			Activi	ty participated in	at school and	weekly time sp	ent (hours : n	ninutes)		(hours : minutes)							
		15 Gymnastics	16 Time spent weekly	17 Badminton, tennis, soccer, basketball, ping pong	18 Time spent weekly	19 Track and field, swimming	20 Time spent weekly	21 Other activities (board games, boxing, martial arts, etc.)	22 Time spent weekly	23 Watching TV, videotapes	24 Time spent weekly	25 Reading, writing or drawing	26 Time spent weekly	Playing video games, toy vehicles, puppets, board games, and listening to the radio, etc.			
		*If "yes," continue with the next question. Otherwise, skip to Question 17.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 19.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 21.	"If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 23.	*If "don't know" or " refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 25.	*If "don't know" or "refuse to answer," record -9:99.	*If "yes," continue with the next question. Otherwise, skip to Question 27.	*If "don't know" or "refuse to answer," record -9:99.	"If "yes," continue with the next question. Otherwise, skip to Question 29.	*If "don't know" or "refuse to answer," record -9:99.		
Line Number	Name	0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know		0 no 1 yes 8 refuse to answer 9 don't know			
		U110	U111	U112	U113	U114	U115	U116	U117	U118	U119	U120	U121	U122	U123		
							:-				:				:		

Household ID: **Province (Region)** Site City (County) Neighborhood (Township/Village) Household # TABLE 20 SECTION 14 PART 4-II CONTINUED TABLE 20 SECTION 14 PART 4-III PHYSICAL ACTIVITIES FOR CHILDREN WHO DO NOT ATTEND SCHOOL, AGES 6-18 *List in the Time spent Type of physical exercises the child usually columns below the line weekly on participates in How child goes to school and back and time spent number and physical (hours : minutes) name of each exercise, child listed in outdoor games 0 no 8 refuse to answer Table 4 who is (hours : 1 yes 9 don't know between 6-18 minutes) vears old and 29 30 32 34 5 does not By bike Gymnastics, Track and field, By bus, car, Time spent Time spent By foot Time spent Badminton, attend school. swimming, biking subway for a round for a round for a round dancing soccer, Ask the trip trip trip tennis. following basketball. questions about ping pong each child. *If "yes," *If "yes," *If "don't *If "don't *If "yes," *If "don't know" *If child does not continue with know" or continue with know" or continue with or "refuse to participate in these the next "refuse to the next "refuse to the next answer," activities, record question. answer," question. answer," question. record -9:99. 00:00: record -9:99 Otherwise, record -9:99. Otherwise, Otherwise, if "don't know" or record skip to -9:99. "refuse to answer." skip to go to the Question 31. Question 33. next person. Line 2 0 no 0 no 0 no Name Line Number Name 1 yes 1 yes 1 yes Number 8 refuse to 8 refuse to 8 refuse to answer answer answer 9 don't know 9 don't know 9 don't know U124 U125 U126 U127 U128 U129 U130 U131 U132 U133 ПП П П П П П П П П П П

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Neighborhood (Township/Village) Site Household ID: Province (Region) City (County) Household # **TABLE 20 SECTION 14 PART 4-III CONTINUED** TABLE 20 SECTION 14 PART 4-IV PHYSICAL ACTIVITIES FOR ADULTS **OVER 18** *List in the columns below the line Time spent on the following activities during the work day in a week Activity participated in and weekly time spent (hours : minutes) number and name of each adult listed in Table 4 who is 10 11 12 age 18 or older. Watching TV, Moderate Time spent Reading, Time spent Playing video Time spent Light or very light Heavy or very heavy Ask the videotapes writing or physical activities physical physical activities weekly weekly games, toy weekly following drawing vehicles, (e.g., sedentary job, job activities (e.g., farmer, athlete, questions about requiring some dancer, steel worker. puppets, (e.g., driver, each board games, standing and sitting, electrician) lumber worker, person. building blocks, office work, watch smith, mason, etc.) listening to the college student, counter radio, etc. sales person, lab technician) *If "yes," *If "don't *If "yes," *If "don't know" | *If "yes," continue | *If "don't know' *If "no," record 00; if "don't *If "no," record 00; *If "no," record 00; if "don't continue with know" or continue with or "refuse to with the next or "refuse to know" or "refuse to answer," if "don't know" or know" or "refuse to answer," the next "refuse to the next answer." auestion. answer." record -9. refuse to answer." record -9. record -9:99. record -9. auestion. answer." auestion. record -9:99. Otherwise. Otherwise, record -9:99. Otherwise. go to the next skip to skip to person. Question 9. Question 11. 0 no 0 no 0 no yes yes 1 yes 8 refuse to 8 refuse to 8 refuse to 2 Line Name answer answer answer Line Number Name 9 don't know 9 unknown unknown Number U142 U134 U135 U136 U137 U138 U139 Α1 U140 U141 ПП ПΠ П $\Box\Box:\Box\Box$

Household ID: **Province (Region)** Site City (County) Neighborhood (Township/Village) Household # **TABLE 20 SECTION 14 PART 4-IV CONTINUED** 6 Walking Biking time of round trip to Activity participated in over 12 times last year and average time spent in a week (hours : minutes) time of round trip work, school, shopping to work. school, (hours: 8 10 11 12 13 14 15 16 17 18 19 shopping minutes) Martial arts Time spent Jogging, Time spent Dancing. Time spent Basketball. Time spent Badminton. Time spent Other activities Time spent (hours: (Kung Fu, weekly swimming weekly acrobatics weekly volleyball, weekly tennis. weekly (board games. weekly minutes) Tai Ji, etc.) soccer ping pong etc.) If "don't If "don't If "yes," If "don't If "yes," f If "don't If "ves." If "don't If "ves." f If "don't If "yes," If "don't If "yes," f If "don't know" or know" or continue with know" or refuse to "refuse to "refuse to "refuse to the next "refuse to the next the next "refuse to the next "refuse to the next the next "refuse to answer," answer," question. question. answer," answer," question. answer," answer," answer," question. answer," question. question. record -9:99. record -9.99. Otherwise, record -9:99. Otherwise, record -9:99. Otherwise, record Otherwise, skip record -9:99 Otherwise, skip record -9:99. Otherwise, record -9:99. If "no." skip to skip to skip to -9:99. to Question 16. to Question 18. go to the record 00:00. Question 10. Question 12. Question 14. next person. 0 no 0 no 0 no 0 no 0 no 0 no 1 yes 1 yes yes 1 yes 1 yes 1 yes 8 refuse to Line answer answer answer answer answer answer Name Number 9 don't know U144 U145 U146 U147 U148 U149 U150 U151 U152 U153 U154 1155 U156 U143 **□:**□□ $\neg \sqcap : \sqcap \sqcap$ ח:רר ∃:□□ ח:רר пп:пг П П П ПΠ П П __:__ $\sqcap \sqcap : \sqcap \sqcap$ П П ПΠ П $\sqcap \sqcap : \sqcap \sqcap$ __:__ П $\sqcap \sqcap : \sqcap \sqcap$ __:__

Household ID: ____Province (Region) ____Site ___City (County) ____Neighborhood (Township/Village) ____Household #

TABLE 20 SECTION 14 PART 4-V ASK THE FOLLOWING QUESTIONS OF INTERVIEWEES OVER AGE 55. WE WANT TO UNDERSTAND VARIOUS LIFE DISRUPTIONS CAUSED BY POOR HEALTH AND PHYSICAL LIMITATIONS													
*List in the columns below the line number and name of each adult listed in Table 4 who is age 55 or older [over age 55]. Ask the following questions of each person.		3 Do you have any difficulty running a kilometer?	4 Do you have any difficulty walking a kilometer?	5 Do you have difficulty walking for 200 meters?	6 Do you have difficulty walking across a room?	7 Do you have difficulty sitting continuously for two hours?	8 Do you have difficulty standing up after sitting for a long time?	9 Do you have difficulty climbing one staircase?	10 Do you have difficulty climbing a few stairs without stopping?	11 Do you have any difficulty lifting or raising a 5-kilogram bag, such as a bag of flour, rice or other miscellaneous items?	12 Do you have any difficulty squatting down, kneeling down, or bending over?	13 Do you have any difficulty bathing yourself?	14 If you need help, who helps you?
		* If "no," skip to Question 7.	* If "no," skip to Question 7.	* If "no," skip to Question 7.				* If "no," skip to Question 11.				* If "no," skip to Question 15.	
		1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	difficulty, but can still do it 3 Need help	1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	difficulty, but can still do it 3 Need help	1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	difficulty, but can still do it 3 Need help	No difficulty Have some difficulty, but can still do it Need help	difficulty, but can still do it 3 Need help	1 No difficulty 2 Have some difficulty, but can still do it 3 Need help	1 spouse 2 other family member 3 friend, relative
1 Line Number	2 Name	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	answer	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	answer	to do it 4 Cannot do it at all 8 refuse to answer 9 don't know	or neighbor 4 health worker 5 other people 8 refuse to answer 9 don't know
A1		U157	U158	U159	U160	U161	U162	U163	U164	U165	U166	U167	U168

Household ID: Province (Region) Site City (County) Neighborhood (Township/Village) Household # **TABLE 20 SECTION 14 PART 4-V CONTINUED** 19 25 15 16 17 18 20 21 22 23 24 26 Do you If there is Do you Do you Do you have Does your Does your Does your Does your health Does your How is your In the past twelve condition or have any somebody have any have any any difficulty health health health health memory? months, how did difficulty physical strength difficulty helping difficulty using the condition or condition or condition or condition or your memory eating by you, who putting on combing toilet? physical physical physical make it difficult for physical change? yourself? strength make it strength make is the your your hair? strength strength make you to it difficult for person? clothes? difficult for you make it it difficult for manage your to do shoppina difficult for vou to use money (e.g., vou to use the (e.g., buying vou to cook public record vour telephone food, clothes, without transportation income and without etc.) without others' help? to go places others' help? expenses) others' help? where it is too without others' far to walk? help? *If "no," skip to Question No 17. difficulty No 1 spouse 2 Have 2 other some difficulty family difficulty, Have 1 No difficulty member 1 No difficulty but can some 2 Have some 3 friend, 2 Have some still do it 1 No difficulty 1 No difficulty 1 No difficulty 1 No difficulty difficulty, difficulty, 2 Have some 2 Have some No difficulty 2 Have some relative or difficulty, 3 Need but can 2 Have some but can but can neighbor help to difficulty, but difficulty, but still do it difficulty, but 2 Have some difficulty, but still do it do it can still do it can still do it 3 Need help can still do it difficulty, but can still do it 1 Very good still do it 4 health 3 Need help worker 3 Need help Cannot 3 Need help 3 Need help to do it Need help can still do it 3 Need help 2 Good 3 OK Cannot do Need help to do it 5 other to do it do it at to do it to do it to do it to do it Line 4 Cannot do people 4 Cannot do 4 Bad 1 improved it at all to do it Name Number 2 staved the same it at all 8 refuse to it at all 3 refuse to it at all it at all 3 refuse to it at all 4 Cannot do it at all 5 Verv bad 8 refuse to answer 8 refuse to 8 refuse to 8 refuse to answer 8 refuse to it at all 3 refuse to 8 refuse to deteriorated answer answer 9 don't answer don't answer answer don't answer 8 refuse to answer answer answer 8 refuse to answer 9 don't know know 9 don't know know 9 don't know 9 don't know know 9 don't know U174 U177 U180 U169 U170 U171 U172 U173 U175 U176 U178 U179 П П П П П П П ПП П ПП П П ПП П П П

Household ID: ____Province (Region) ____Site ___City (County) ____Neighborhood (Township/Village) ____Household #

TABLE	20 SEC	TION 14 PART 4-V CONTINUED				_							
		27 Now, I would like to let you participate in some memory test exercises. First of all, I will read you 10 words and then ask you to repeat all the words you can remember.	28 Please tell me what year it is.	29 Please tell me what month it is.	30 Please tell me what date today is.	31 Please count backwards from 20 to 1.	32 What do people usually use to	33 Please tell me:	34 Then	35 Then	36 Then	37 Then	38 If respondent refused to answer Question 27, stop here.
		Please listen carefully. After I finish, repeat as many words as you remember in any order: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed. Read the words slowly and in a plain tone, approximately two seconds per word. Let the respondent think before he/she repeats, but not more than two minutes. Record the words and fill in the number of correct answers in the boxes.			ioday isi		cut paper?	How much does 100 minus 7 equal?	subtract 7 from the previous result. What is the result?	subtract 7 from the previous result again. What is the result?	subtract 7 from the previous result again. What is the result?	subtract 7 from the previous result again. What is the result?	I read a list of words to you just now. (The words were: House, wood, cat, table, night, needle, steamed bread, door, bridge, bed.) Now please repeat those words again. Let the respondent think before he/she repeats, but no more than two minutes. Do not read the words again. Record the words and fill in the number of correct answers in the boxes.
Line Number		*If did not answer, record 99; if cannot remember, record 00.	*Use either Western or Chinese calendar. 0 incorrect 1 correct 8 refuse to answer 9 don't know	Chinese calendar. 0 incorrect 1 correct 8 refuse to	Western or Chinese calendar. 0 incorrect 1 correct	*If the respondent does not get it right the first time, try again. 1 correct the first time 2 correct the second time 3 incorrect both times 8 refuse to answer 9 don't know	*It is correct if answer is scissors. 0 in-correct 1 correct 8 refuse to answer 9 don't know	* If the respondent did plus 7 instead of minus 7, repeat the question. If the answer is correct (93), continue with the next question. Otherwise, skip to Question 38. 0 incorrect 1 correct (93) 8 refuse to answer 9 don't know	the next question. Otherwise, skip to Question 38. 0 incorrect 1 correct (86) 8 refuse to answer	skip to Question 38. 0 incorrect 1 correct (79) 8 refuse to answer	continue with the next question. Otherwise, skip to Question 38.	0 incorrect 1 correct (65)	*If did not answer, record 99; if cannot remember, record 00.
		U181	U182	U183	U184	U185	U186	U187	U188	U189	U190	U191	U192