

1. Name of head of household: _____

ID Numbers: County:

□

Township:□□

Village:□□

Household:□□

NCMS Number: □□□□□□□□□□□□□□

Telephone: _____

2. Number of registered people in the household: _____

In the past six months, the number of people regularly living in the household (including registered residents): _____

3. Family address: _____ County, _____ Township, _____ Village

4. Interviewer's name: _____ Interviewer's ID #: _____

4. Supervisor's name: _____ Supervisor's ID #: _____

5. Time household was entered. Date (yyyy/mm/dd): ____/____/____ Time: ____

Time questionnaire was filled out. Date (yyyy/mm/dd): ____/____/____ Time: ____ Interviewer signature:

Time form was double-checked. Date (yyyy/mm/dd): ____/____/____ Time: ____ Checker signature:

Interviewer's introductory speech upon entering household:

Hello! We are conducting a survey for the project "Enhancing TB Control through Alignment of Health System Incentives". The purpose of this survey is to understand people's health and health service utilization habits, which will provide information for the design of this area's health insurance system. We hope we can obtain your cooperation. The contents of this survey will only be used for research analysis. You and your family's answers will be kept confidential according to the requirements of the People's Republic of China's confidentiality laws for data collection. We hope you will answer the following questions honestly. Thank you very much for your cooperation!

Respondent's number (01 for the head of household, others according to the order in which they were interviewed)		01	02	03	04	05	06	07
A. Individual's basic information (A1-A10 answered only by the head of household or knowledgeable person)								
A1	Household member's name (Household member includes both registered members and individuals who have lived there over the past six months. Fill in the name of the head of household for 01.)							
A2	Relationship to head of household: (1) Head of household (2) Spouse (3) Son or daughter (4) Grandchild (5) Parent (6) Grandparent (7) Sibling (8) Other							
A3	Gender: (1) Male (2) Female							
A4	Ethnicity: (1) Han (2) Meng (3) Hui (4) Zang (5) Wei (6) Miao (7) Other							
A5	Age (based on full years of life) (Note: Interviewer should use birth date to verify. If using the hukou booklet, first fill in the complete year and month of birth.)							
A6	Marital status (1) unmarried (2) married (3) divorced (4) widow/widower (5) other							
A7	Level of education: (1) Never attended school (2) Elementary school (3) Middle school (4) High school or more							
A8	Main occupation: (1) Farmer (2) Laborer (unskilled) (3) Village cadre (4) Village doctor (5) Tradesperson (6) Teacher (7) Student (8) Business owner (9) Unemployed (10) Other (list)							

A9	In the past year since this survey, have you left town to work as a migrant? (1) Yes (2) No (Skip to A10)							
A9.1	In the past year approximately how many months total did you spend working out of town as a migrant? (unit: months)							
A10	What type of health insurance do you currently have? (can select more than one) (1) NCMS (2) Urban residents health insurance schemes (3) Urban workers basic health insurance (4) Private insurance (5) Other (6) None (if yes to (1), answer A10.2-A10.3.3; otherwise skip to A11)							
A14	Which member of your household is most familiar with the medical information of the family? (can choose 1-2 people, age 18 or above) This person needs to answer a few related questions about medical service quality. Please record the person's ID number.							
	The following questions (A15-16) only require the individual most familiar with medical information to respond (selected based on A14).							
A15	Outpatient service quality							
A15.1	We would like to ask for your rating of the village clinic outpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A15.1.1	Waiting time (If you feel the waiting time was too long, score 1; Very short, 5)							
A15.1.2	Environment (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A15.1.3	Physician politeness and consideration of patients (Impolite and inconsiderate, 1; very polite and considerate, 5)							

A15.1.4	Physician description of illness, causes, and treatment plan (No explanation, 1; very good level of detail, 5)							
A15.1.5	Drug availability (Incomplete drug availability, 1; complete availability, 5)							
A15.1.6	Equipment sophistication (Very unsophisticated, 1; very sophisticated, 5)							
A15.1.7	Physician ability to diagnose and treat illness (If you have no confidence in physician ability to correctly identify and treat your illness, score 1; very confident, 5)							
A15.1.8	Overall (Very poor, 1; very good, 5)							
A15.2	We would like to ask for your rating of the township health center outpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A15.2.1	Waiting time (If you feel the waiting time was too long, score 1; Very short, 5)							
A15.2.2	Environment (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A15.2.3	Physician politeness and consideration of patients							
A15.2.4	Physician description of illness, causes, and treatment plan							
A15.2.5	Drug availability							
A15.2.6	Equipment sophistication							
A15.2.7	Physician ability to diagnose and treat illness							
A15.2.8	Overall							
A15.3	We would like to ask for your rating of the county hospital outpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A15.3.1	Waiting time (If you feel the waiting time was too long, score 1; Very short 5)							

A15.3.2	Environment (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A15.3.3	Physician politeness and consideration of patients							
A15.3.4	Physician description of illness, causes, and treatment plan							
A15.3.5	Drug availability							
A15.3.6	Equipment sophistication							
A15.3.7	Physician ability to diagnose and treat illness							
A15.3.8	Overall							
A16	Inpatient service quality							
A16.1	We would like to ask for your rating of the township health center outpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A16.1.1	Waiting time (If you feel the waiting time was too long, score 1; Very short, 5)							
A16.1.2	Environment (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A16.1.3	Physician politeness and consideration of patients							
A16.1.4	Physician description of illness, causes, and treatment plan							
A16.1.5	Drug availability							
A16.1.6	Equipment sophistication							
A16.1.7	Physician ability to diagnose and treat illness							
A16.1.8	Overall							

A16.2	We would like to ask for your rating of the county hospital inpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A16.2.1	Waiting time (If you feel the waiting time was too long, score 1; Very short, 5)							
A16.2.2	Environment (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A16.2.3	Physician politeness and consideration of patients							
A16.2.3	Physician description of illness, causes, and treatment plan							
A16.2.3	Drug availability							
A16.2.3	Equipment sophistication							
A16.2.7	Physician ability to diagnose and treat illness							
A16.2.8	Overall							
A16.3	We would like to ask for your rating of the above county hospital inpatient service quality. Your answer can be based on your subjective impressions, what friends/relatives have told you, or media reports. 5 represents very good, 1 represents very poor.							
A16.3.1	Waiting time (If you feel the waiting time was too long, score 1; Very short, 5)							
A16.3.2	Environmentm (Waiting room, treatment room, bathroom) cleanliness and comfort level (If you feel the environment was very poor and uncomfortable, score 1; very good and comfortable, 5)							
A16.3.3	Physician politeness and consideration of patients							
A16.3.4	Physician description of illness, causes, and treatment plan							
A16.3.5	Drug availability							
A16.3.6	Equipment sophistication							

A16.3.7	Physician ability to diagnose and treat illness								
A16.3.8	Overall								
A11	Who will be answering the following survey questions (section B,C,D)? (Interviewer fill in) (1) The individual him or herself (2) Someone else								
A11.1	Reasons for proxy: (1)working as a migrant (2)Too young (3)Mentally impaired (4)Unwilling (5)Temporary absence (6)Other								
A12	How would you assess your health compares with that of others your age? (1) Very good (2) Good (3) Average (4) Poor (5) Very poor (6) Refuse to answer (7) Don't know								
B. Illness, injury, and outpatient visits over the past 14 days									
B1	In the past 14 days, have you been ill? (1)Yes (2)No (Skip to part C)								
B3.1	What illness or injury did you suffer? (fill in the name of the illness—if multiple, please list all)								
B3.2	(fill in disease code—use National Health Services Survey Code)								
B3.3	In the 14 days before this survey, have you had any coughing symptoms? (1)Yes (2)No (Skip to B4)								
B3.4	Has the cough continued for 2 weeks or more? (1)Yes (2)No								
B3.5	Is the cough accompanied by any of the following symptoms (choose many) (1)Continuous coughing, phlegm (2)Coughing up blood (3)Fever, sweating (4)Chest pain (5)Weakness (6)Other								

B3.6	<p>Do any of the members of your household, family, friends or neighbors have similar symptoms?</p> <p>(1) Yes (Specify the number of people_____)</p> <p>(2) No (Write 0)</p>							
B4	<p>In the 14 days before this survey, how many days were you bedridden because you were ill? (unit: days)? (if no, write 0)</p>							
B5	<p>If you are a worker or employee, how many days did you take off of work because you were ill? (unit: days) (if no, write 0)</p>							
B6	<p>If you are a student, how many days did you take off from your studies because you were ill? (unit: days)? (if no, write 0)</p>							
B7	<p>After you got sick, did you undergo treatment? (including self-treatment)?</p> <p>(1) Yes (Skip to B8) (2) No</p>							
B7.1	<p>What is your primary reason for not undergoing treatment?</p> <p>(After answering, skip to Part C.)</p> <p>(1) Felt it was not serious (2) Economic difficulties (3) No time</p> <p>(4) Transportation is inconvenient (5) No effective measures (6) Other</p>							
B8	<p>How did you treat the illness?</p> <p>(1) Within two weeks went to see a doctor <i>and also</i> self-treated</p> <p>(2) Within two weeks went to see a doctor (Skip to B11)</p> <p>(3) Only self-treated</p>							
B10	<p>If you self-treated, the source of your medicine was: (can select a maximum of three)</p> <p>(1) Already in the home (Skip to B11) (2) Purchased at pharmacy (Ask B10.11-14)</p> <p>(3) Purchased at health facility but did not visit doctor (Ask B10.21-26)</p> <p>(4) Someone gave it to me (Skip to B11) (5) Other (Skip to B11)</p>							

B10.11	<p>Why did you choose to buy drugs from the pharmacy rather than going to see a physician?</p> <p>(1) More complete selection at the pharmacy (2) I felt the disease was not serious/did not require a doctor (3) Cheaper at the pharmacy (4) Didn't have time to visit the doctor (5)Transportation to the doctor is inconvenient (6)Services provided by the doctor are poor (7)Other</p>							
B10.12	If the medicine was purchased at the pharmacy, how much did you spend on pharmaceutical products in the past fourteen days? (unit: RMB)							
B10.13	(In the past 14 days) How many types of medicine did you buy at the pharmacy?							
B10.14	Of those, how many types were treating cough? (types) (If none, write 0)							
B10.21	<p>Why did you choose to buy drugs at the health facility rather than seeing a doctor?</p> <p>(1) I am clear about my condition and know which drugs would be most effective (2) Self-medication according to physician's instructions (3) I felt the disease was not serious/did not require a doctor (4) Other</p>							
B10.22	If the medicine was purchased at the health facility, how much did you spend on pharmaceutical products in the past fourteen days? (unit: RMB)							
B10.23	<p>Did you receive reimbursement from NCMS?</p> <p>(1) Received (2) Did not receive (Skip to B10.25)</p>							
B10.24	After reimbursement, how much did you actually pay out of pocket? (RMB)							
B10.25	(In the past 14 days) How many types of medicine did you buy at the health facility?							
B10.26	Of those, how many types were treating cough? (types) If none, write 0							
<p>The following questions ask about visits to the doctor in the past two weeks. If you did not see a doctor in the past two weeks (B8=3), then part B is finished—Skip to section C.</p>								

B11	In the past 14 days, how many times did you go to see a doctor? (unit: times)							
The following questions are about your first visit to the doctor (according to the individual or a knowledgeable representative)								
B12	Where did you go for your first visit to the doctor? (Please write the full, detailed name of the facility, even for private clinics)							
B12.1	The primary reason for selecting the above facility was: (1) It is nearby/convenient (2) The price is reasonable (3) The technical capacity is high. (4) Its facilities and equipment are good. (5) It has a variety of drugs. (6) The service attitude is good. (7) It is a designated reimbursable hospital (8) Someone I know works there. (9) It has a dependable doctor. (10) I was referred (11) Other							
B12.3	Was this visit for the purpose of treating cough or cough-related symptoms? (1)Yes (2)No (Skip to B13)							
B12.4	Had you been coughing 2 weeks or more? (1)Yes (2)No							
B13	At this visit, did you have any of the following treatments?							
B13.1	Injection (1)Yes (2)No							
B13.2	Intravenous drip (1)Yes (2)No							
B13.3	Oral medicine (1)Yes (2)No (Skip to B13.4)							
B13.3.1	The medicine you took was: (1) Traditional Chinese medicine (2) Western medicine (3) A combination of Chinese and Western medicine (4) Don't know							
B13.3.2	Where did the medicine you took primarily come from: (can select up to 3) (1)Purchased at the health facility (2)Already had it at home (3)Purchased at the pharmacy (4)Given by someone else (5)Other							

B.13.4	On this visit to the doctor, did you accept any diagnostic investigations? (1)Yes (2)No (Skip to B13.5)								
B13.4.1	What type of inspections did you have? (1) X-ray (2) Sputum smear (3)Ultrasound (4) CT (5) Routine blood test (6)Other blood test (7) Urine test (8)Clinical examination (9)Other (Please fill in precise name)								
B13.5	Were you referred from this visit to a higher level facility? (1)Yes (2)No (Skip to B13.6)								
B13.5.1	What level facility were you referred to? (1)Township (2)County (3)Above-county general hospital (4) TB outpatient care in CDC Center (Preventive Care) (5)Other								
B13.6	Was this visit the result of a referral from another facility? (1)Yes (2)No (Skip to B14)								
B13.6.1	Before you were transferred, what level facility had you visited? (1)Village (2)Township (3) County (4) CDC Center (5) Above-county facility (6) Other								
B14	On this visit to the doctor how much was the total cost?								
B14.1	How much of that was paid in cash by you?								
B14.1.1	Did you receive NCMS reimbursement (recorded on your NCMS record book)? (1)Received (Skip to B16) (2) Did not receive								

B14.1.2	<p>Why didn't you receive reimbursement?</p> <p>(1) I forgot to bring my record book to the visit</p> <p>(2) Reimbursement process requires too much time</p> <p>(3) Reimbursement process is very complicated</p> <p>(4) I was told that the services/drugs I needed were not covered</p> <p>(5)The cost of drugs was so low, it wasn't worth it (6)Other</p>							
B16	<p>How would you evaluate this visit to the doctor</p> <p>(1)Very satisfied (2)Satisfied (3)Neither satisfied nor unsatisfied</p> <p>(4)Unsatisfied (5)Very unsatisfied (If you chose, 1, 2, or 3—skip to B17)</p>							
B16.1	<p>What were you most unsatisfied with during this visit? (May choose up to 3)</p> <p>(1) Nothing (2) Low technical capacity (3) Poor facilities</p> <p>(4) Limited selection of drugs (5) Poor service</p> <p>(6) They offered unnecessary services (including drugs and exams)</p> <p>(7) Price was unreasonable (8) Fee was too high</p> <p>(9) Tedious administrative procedures (10) Long waiting time (11) Other</p>							
The following questions are about your second visit to the doctor (according to the individual or a knowledgeable representative)								
B17	<p>Where did you go for your second visit to the doctor?</p> <p>(Please write the full, detailed name of the facility, even for private clinics)</p>							

B17.1	The primary reason for selecting the above facility was: (1) It is nearby/convenient (2) The price is reasonable (3) The technical capacity is high. (4) Its facilities and equipment are good. (5) It has a variety of drugs. (6) The service attitude is good. (7) It is a designated reimbursable hospital. (8) Someone I know works there. (9) It has a dependable doctor. (10) I was referred (11) Other							
B17.3	Was this visit for the purpose of treating cough or cough-related symptoms? (1)Yes (2)No (Skip to B13)							
B17.4	Had you been coughing 2 weeks or more? (1)Yes (2)No							
B18	At this visit, did you have any of the following treatments?							
B18.1	Injection (1)Yes (2)No							
B18.2	Intravenous drip (1)Yes (2)No							
B18.3	Oral medicine (1)Yes (2)No (Skip to B18.4)							
B18.3.1	The medicine you took was: (1) Traditional Chinese medicine (2) Western medicine (3) A combination of Chinese and Western medicine (4) Don't know							
B18.3.2	Where did the medicine you took primarily come from: (can select up to 3) (1) Purchased at the health facility (2) Already had it at home (3) Purchased at the pharmacy (4) Given by someone else (5) Other							
B.18.4	On this visit to the doctor, did you accept any diagnostic investigations? (1)Yes (2)No (Skip to B18.5)							

B18.4.1	<p>What type of inspections did you have?</p> <p>(1) X-ray (2) Sputum smear (3)Ultrasound (4) CT (5) Routine blood test (6)Other blood test (7) Urine test (8)Clinical examination (9)Other (Please fill in precise name)</p>							
B18.5	<p>Were you referred from this visit to a higher level facility?</p> <p>(1)Yes (2)No (Skip to B18.6)</p>							
B18.5.1	<p>What level facility were you referred to?</p> <p>(1)Township (2)County (3)County-above general hospital (4)CDC Center (Preventive Care) TB outpatient care (5)Other</p>							
B18.6	<p>Was this visit the result of a referral from another facility?</p> <p>(1)Yes (2)No (Skip to B20)</p>							
B18.6.1	<p>Before you were transferred, what level facility had you visited?</p> <p>(1)Village (2)Township (3) County (4) CDC Center (5) Above-county facility (6) Other</p>							
B20	<p>On this visit to the doctor how much was the total cost?</p>							
B20.1	<p>How much of that was paid in cash by you?</p>							
B20.1.1	<p>Did you receive NCMS reimbursement (recorded on your NCMS record book)?</p> <p>(1)Received (Skip to B22) (2) Did not receive</p>							
B20.1.2	<p>Why didn't you receive reimbursement?</p> <p>(1) I forgot to bring my record book to the visit (2) Reimbursement process requires too much time (3) Reimbursement process is very complicated (4) I was told that the services/drugs I needed were not covered (5)The cost of drugs was so low, it wasn't worth it (6)Other</p>							

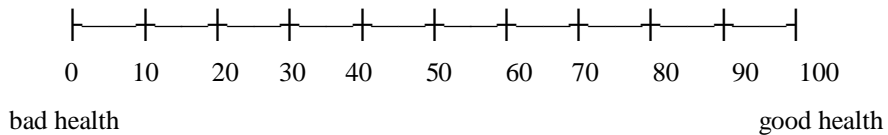
B22	How would you evaluate this visit to the doctor: (1) Very satisfied (2) Satisfied (3) Neither satisfied nor unsatisfied (4) Unsatisfied (5) Very unsatisfied (If you chose, 1, 2, or 3—skip to section C)							
B22.1	What were you most unsatisfied with during this visit? (May choose up to 3) (1) Nothing (2) Low technical capacity (3) Poor facilities (4) Limited selection of drugs (5) Poor service (6) They offered unnecessary services (including drugs and exams) (7) Price was unreasonable (8) Fee was too high (9) Tedious administrative procedures (10) Long waiting time (11) Other							
C. Hospitalizations within the past year								
C1	In the past year, has a doctor advised you that you need to be hospitalized? (1)Yes (2)No (Skip to Part D)							
C1.1	How many times in the past year?							
C2	In the past year, how many times did a doctor advise you that you need to be hospitalized but you did not go to the hospital? (Fill in the exact number of times. If never, write “0” and skip to C3)							
C2.1	Your primary reason for not being hospitalized was: (1)Unnecessary (2)No time (3)Economic troubles (4)Poor service (5)Price too high (6)No beds (7)Other							
C3	In the past year, how many times were you hospitalized? (Fill in the exact number. If none, write “0” and skip to Part D.)							
Most recent hospitalization in the past year								

C4	What is the name of the illness (injury, poison, etc.) for which you were hospitalized? (During the survey write the name of the ailment, during the cross-check fill in the code for the ailment)							
C4.1	When did you enter the hospital? (year)							
C4.1.1	(month)							
C4.2	What is the name of the institution where you were hospitalized? (Please write full, complete name)							
C4.2.1	Where did you hospitalized? (1)within-county health facility (2) above-county level health facility							
C4.2.2	Why did you choose to go to an above-county level hospital for this hospitalization? (1)Environment is good (2)High technical capacity (3)Serious illness (4)Equipment is good (5)Better selection of drugs (6)Physician recommendation (7)Close to home (8)Other							
C4.3	Were you referred to the hospital this time? (1)Yes (2)No (Skip to C4.4)							
C4.3.1	If you were referred, from where were you referred? (1) Township health center (2) County (district) hospital (3) Municipal hospital (4) Provincial hospital (5) Military hospital (6) County-level Chinese Medicine Hospital (7) Municipal-level or above Chinese Medicine Hospital (8) Private hospital (9) Other							
C4.4	For how many days were you hospitalized this time? (days)							
C4.5	During this hospitalization, did you undergo surgery? (1) Yes (2) No							
C4.6	If you work, how many days did you take off due to your hospitalization this time? (including days in the hospital, if none write “0”.)							

C4.6.1	If you are a student, how many how many days did you take off due to your hospitalization this time? (including days in the hospital, if none write “0”).							
C4.6.2	For how many days before or after your hospitalization were you bedridden? (Does not include days in the hospital. If none write “0”).							
C4.7	Why did you check out of the hospital this time? (1) Fully recovered, doctor advised that you check out (2) Not fully recovered, but doctor still advised that you check out (3) Against doctor’s orders (4) Other (If you selected 3 continue on to C4.7.1, all other selections skip to C4.8)							
C4.7.1	If you checked out of the hospital against doctor’s orders, the reason was: (1) Illness hadn’t been cured after a long time (2) Economic difficulties (3) Limited hospital resources (4) Poor service attitude (5) Other							
C4.8	In the past year, were you enrolled in the New Cooperative Medical System? (1) Yes (2) No (Skip to C4.10)							
C4.8.1	If you were enrolled in NCMS, how were you reimbursed for this hospitalization? (1) Paid the entirety up front, then went to the NCMS Office to apply for reimbursement. (2) Hospital directly lowered the hospitalization fee. (Skip to C4.10)							
C4.9	During this hospitalization, how much did you spend up front? (Does not include transportation costs, personal nurse, bribes)							
C4.9.1	How much did the NCMS Office reimburse you for this hospitalization? (RMB) (Skip to C4.11)							
C4.10	During this hospitalization, how much did you spend out of pocket? (Does not include transportation costs, personal nurse, bribes)							

C4.11	During this hospitalization, how much did you spend on transportation, vitamins, food, and/or a personal nurse? (RMB) (If none write “0”)							
C4.12	While you were hospitalized, did you or your family members give gifts or money to hospital employees? (1) Gave money (2) Gave gifts (3) Both gifts and money (4) Neither gifts nor money (5) Other (eg. taking them out to dinner, etc.)							
C4.12.1	If yes, how much did you spend?							
C4.13	How would you evaluate this hospitalization: (1) Very satisfied (2) Satisfied (3) Neither satisfied nor unsatisfied (4) Unsatisfied (5) Very unsatisfied (If you chose, 1, 2, or 3—skip to C5)							
C4.13.1	What were you most unsatisfied with during this hospitalization? (May choose up to 3) (1) Nothing (2) Low technical capacity (3) Poor facilities (4) Limited selection of drugs (5) Poor service (6) They offered unnecessary services (including drugs and exams) (7) Price was unreasonable (8) Fee was too high (9) Tedious administrative procedures (10) Long waiting time (11) Treatment environment is poor (12) Inadequate treatment or effect not noticeable (13) Other							
Your second most recent visit to the hospital in the past year (If you had two or more hospitalizations in the past year. Otherwise, skip to part D)								
C5	What is the name of the illness (injury, poison, etc.) for which you were hospitalized? (During the survey write the name of the ailment, during the cross-check fill in the code for the ailment)							
C5.1	When did you enter the hospital? (year)							

C5.1.1	(month)							
C5.2	What is the name of the institution where you were hospitalized? (Please write full, complete name)							
D. Chronic disease patients								
D1	In the past six months, have you suffered from a chronic disease that was formally diagnosed by a doctor? (1) Yes (2) No (Skip to part E)							
D1.1	If yes, which disease(s)? (If more than three, please fill in the names of the three most severe.) (According to the National Health Services Survey Code)							
D2	In the past three months, how many times have you seen a doctor about these diseases? (If never, write "0" and skip to Part E.)							
D3.1	In the past three months, the main type of facility at which you've seen a doctor for this disease has been: (1) Village clinic (2) Township health center (3) County hospital (4) Private clinic (5) Other							
D3.2	Have you already obtained an NCMS Chronic Disease card? (1) Yes (2) No (Skip to D3.4)							
D3.2.1	If you were enrolled in NCMS, how were you reimbursed for treatment? (1) Paid the entirety up front, then went to the NCMS Office to apply for reimbursement. (2) Facility directly lowered the hospitalization fee. (If selected (2), skip to D3.4)							
D3.3	In the past three months, how much did you spend on these diseases up front? (Does not include transportation costs, personal nurse, bribes)							
D3.3.2	In the past three months, how much did the NCMS Office reimburse you for these diseases? (If none, skip to D3.5)							

D3.4	In the past 3 months, how much did you spend out of pocket? (Does not include transportation costs, personal nurse, bribes)								
D3.5	In the past three months, how much did you spend at the pharmacy because of this disease? (RMB) (if none, write "0")								
E. Health and behavior of adults aged 15 and over									
E1	Today, in terms of your mobility: (1)Can move in four directions without any difficulty (2)Movement is a little difficult (3)Bedridden								
E2	Today, in terms of your ability to take care of yourself (wash hands and face, get dressed): (1)No problems at all (2)Some problems (3)Unable to wash or dress oneself								
E3	Today, in terms of your ability to carry out regular daily activities (work, read, or household chores): (1)Can carry out daily activities without any problem (2)Some problems (3)Unable to carry out daily activities								
E4	Today, in terms of pain or discomfort: (1)No pain or discomfort (2)Moderate pain or discomfort (3)Extreme pain or discomfort								
E5	Today, in terms of your level of worry or depression: (1)No worry or depression (2)Moderate worry or depression (3)Extreme worry or depression								
E6	On this ruler, please indicate the point that best represents your health today. 								

E7	Generally speaking, your health is: (1)Extremely good (2)Good (3)Fine (4)Average (5)Poor							
E8	Compared with one year ago, how would you describe your health? (1)Much better than 1 year ago (2)A little better than 1 year ago (3)About the same as 1 year ago (4)A little worse than 1 year ago (5)Much worse than 1 year ago							
F. Survey of already married 15-49 year old women (including married, divorced, and widowed women)								
F1	In the past year, have you had a gynecological exam? (breast exam, pap smear, etc.) (1) Yes (2) No							
F2	Have you given birth since February 1, 2009 ? (1) Yes (2) No (Skip to G1)							
F3	For your most recent birth, how many pre-natal exams did you have? (unit: exams)? (If none, write "0" and skip to F4.)							
F3.1	At how many weeks of pregnancy did you have your first pre-natal exam? (unit: weeks)							
F3.2	Where did you have your pre-natal exam(s)? (Can select up to three) (1) County/district-level hospital or above (2) County/district-level or above TCM hospital (3) Maternal and child health facility (4) Township health center (5) Community health center (6) Family planning center (7) Village Clinic (8) Other							
F3.3	During your pre-natal exam, did the doctor perform any of the following exams?							
F3.3.1	Weigh you: (1) Yes (2) No							
F3.3.2	Draw blood for blood test: (1) Yes (2) No							
F3.3.3	Measure blood pressure: (1) Yes (2) No							

F3.3.4	Routine urine exam: (1) Yes (2) No								
F3.3.5	Ultrasound: (1) Yes (2) No								
F4	Location of birth: (1) County/district-level hospital or above (2) County/district-level or above TCM hospital (3) Maternal and child health facility (4) Township health center (5) Community health center (6) Family planning center (7) Village Clinic (8) Other								
F4.1	If you gave birth at home, your primary reason for not going to the hospital was: (1) No need to go to hospital (2) Didn't make it on time (fast birth) (3) Economic difficulties (4) Transportation inconvenient (5) Other								
F4.2	If you gave birth at home, who delivered the baby? (1) Doctor from the township-level or above (2) Village doctor (3) Licensed midwife (4) Unlicensed midwife (5) Family member (6) Other								
F4.3	This birth was: (1)Natural (2)C-section (3)Other_____								
F5	If you are enrolled in the New Cooperative Medical Scheme, how were you reimbursed for this time giving birth? (1) Paid the entirety up front, then went to the NCMS Office for reimbursement. (2) Facility directly lowered the fee. (3) All from out-of-pocket								
F5.4	How much did this birth-related hospitalization cost in total? (not including transportation, personal nurse, bribes)								
F5.4.1	How much reimbursement was provided through the rural pregnancy subsidy (None, write 0; don't know, write 99999999)								

F5.5	How much was reimbursed by NCMS? (RMB) (None, write 0; don't know, write 99999999)								
F5.6	How much of the costs incurred by this birth did you pay? (not including transportation costs, personal nurse, or bribes) (None, write 0; don't know, write 99999999)								
F6	In the 42 days after the birth, how many home visits did you accept from doctors or health staff? (visits) (None, write 0; don't know, write 99999999)								
G. Survey of children 7 years and younger									
G1	Survey ID number of child's mother (If the mother was not surveyed, write "0")								
G2	In the past 12 months, how many times did the child have a routine check-up? (times) (not including an exam to treat an illness)								
G3	Does the child have a planned immunization/inoculation card or booklet? (1) Yes (2) No (3) Don't know								
G4	Has s/he received the BCG vaccine? (1) Yes (2) No								
G4.1	How many times did s/he have DPT shots? (times)								
G4.2	How many doses of the polio vaccine? (times)								
G4.3	Did s/he have the measles vaccine? (1) Yes (2) No								
G4.4	How many times did s/he have the Hepatitis B vaccine? (times)								
G4.4.1	When was his/her first time having the Hepatitis B vaccine? (1) Within 24 hours of birth (2) Within a week of birth (3) Within a month of birth (4) More than a month after birth (5) Not sure								
G4.5	Has s/he received the meningitis vaccine? (1) Yes (2) No								
G4.6	Has s/he received the Japanese encephalitis vaccine? (1) Yes (2) No								
G4.7	Has s/he received the Hepatitis A vaccine? (1) Yes (2) No								

G4.8	Has s/he received the MMR vaccine? (1) Yes (2) No								
G5	Where do you typically go for immunizations? (1)CDC center (2)Township hospital (3)Community health center (4)Village clinic (5)Other								
G6	In the past 2 weeks has this child had diarrhea? (1) Yes (2) No (Skip to H1)								
G7	While suffering from diarrhea, did he/she take any of the following? (1) ORS powder (powder-like objects in water to drink) (2) oral rehydration salt solution (open direct consumption) (3) homemade oral rehydration salt solution (salt or sugar in the liquid food)								
G7.1	Other than these, did s/he take any medicines? (1) Yes (2) No (Skip to H)								
G7.2	Did s/he take any anti-inflammatory drugs? (1) Yes (2) No (3)Don't know								
H. Survey of elderly individuals aged 55 and above									
H1	Is walking 2 <i>li</i> (1 km) difficult for you? (1) No difficulty (skip to H4) (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know								
H2	Is walking 1 <i>li</i> (500 meters) difficult for you? (1) No difficulty (skip to H4) (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know								
H3	Is walking around a room difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know								
H4	Is sitting continuously for 2 hours difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know								

H5	Is standing up after sitting for a long time difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
H6	Is climbing a flight of stairs difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
H7	Is lifting a 5 kg object such as a bag of rice or flour difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
H8	Is squatting difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
H9	Is dressing yourself difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
H10	Is going to the bathroom by yourself difficult for you? (1) No difficulty (2) A little difficult, but can still do it (3) Need help (4) Can't do it (5) Refuse to answer (6) Don't know							
I. Health behavior and knowledge								
I1	Smoking							
I1.1	Do you smoke? (1) I've never smoked (skip to I2) (2) Occasionally (3) Often (4) I've already quit (skip to I1.5)							
I1.2	How old were you when you started to smoke? (age)							

I1.3	On average, how many cigarettes a day do you smoke? (fill in the exact number)							
I1.4	Approximately how much do you spend each month on smoking? (skip to I2)							
I1.5	For how long have you quit smoking?							
I1.5.1	What was your main reason(s) for quitting smoking? (can make multiple selections) (1) Already sick (2) To prevent disease (3) Economic difficulties (4) Family opposed it (5) Environmental restrictions (6) Set an example (7) Educational campaign (8) Doctor's advice (9) Other (10) Don't know							
I2	Tuberculosis							
I2.1	Do you think TB is a serious disease? (select one) (1) Very serious (2) Somewhat serious (3) Not very serious (4) Don't know							
I2.2	How did you first learn about TB? (can make multiple selections) (1) Newspaper or periodical (2) Radio (3) TV (4) Public service announcement (5) Educational pamphlet, poster, or other printed material (6) Health worker (7) Family, friend, neighbor, or coworker (8) Religious leader (9) Teacher (10) Other (please specify) (11) Don't know							
I2.3	What are the symptoms of TB? (can make multiple selections) (1) Rash (2) Cough (3) Cough lasting 3 weeks or longer (4) Coughing up blood (5) Severe headache (6) Nausea (7) Emaciation (8) Fever (9) Unexplained fever lasting 7 days or more (10) Chest pain (11) Shortness of breath (12) Continued weakening (13) Other (14) Don't know							
I2.4	How can you get TB? (can make multiple selections) (1) Shaking hands (2) From the spray of a TB patient's cough or sneeze (3) Sharing food (4) Sharing kitchen utensils (5) Touching public objects (doors, public buses, etc.) (6) Other (please explain) (7) Don't know							

I2.5	<p>How can TB be prevented? (can make multiple selections)</p> <p>(1) Don't shake hands (2) Cover your nose and mouth when you sneeze or cough</p> <p>(3) Avoid eating with others (4) Wash hands after touching public surfaces</p> <p>(5) Close the windows at home (6) Good nutrition (7) Prayer</p> <p>(8) Don't know (9) Other (Please explain)</p>							
I2.6	<p>Who do you think is susceptible to TB? (can make multiple selections)</p> <p>(1) Anyone (2) Only poor people (3) Only homeless people (4) Only drunkards</p> <p>(5) Only drug addicts (6) Only HIV/AIDS patients (7) Only prisoners</p> <p>(8) Other (Please explain)</p>							
I2.7	<p>Can TB be treated? (1) Yes (2) No</p>							
I2.8	<p>How should TB patients be treated? (can make multiple selections)</p> <p>(1) Herbal Chinese medicine (2) Rest at home, no need for treatment (3) Pray</p> <p>(4) The specific medication given by health facilities (5) DOTS strategy</p> <p>(6) Don't know (7) Other</p>							
I2.9	<p>If you thought you had TB, would you seek treatment? (1) Yes (2) No (skip to I2.9.2)</p>							
I2.9.1	<p>If yes, where would you choose to go to seek treatment? (can make multiple selections)</p> <p>(1) Go to the village clinic (2) Go to the township health center</p> <p>(3) Go to the county or above level hospital (4) Go to the TB control center</p> <p>(5) Go to the pharmacy to buy drugs</p> <p>(6) Traditional treatment (such as visit a practitioner of Chinese medicine)</p> <p>(7) Self treat (such as herbal medicine, etc.) (8) Other</p>							

I2.9.2	<p>What would be your reason for not going to a health facility? (can make multiple selections)</p> <p>(1) Don't know where to go (2) Too expensive</p> <p>(3) Transportation is inconvenient/Too far away (4) Don't trust health workers</p> <p>(5) Poor attitude of health workers</p> <p>(6) Can't leave work (Time conflict between work and health facility hours)</p> <p>(7) Don't want to hear bad news (8) Other (Please explain)</p>							
I2.10	<p>What do you think of China's TB diagnosis and treatment costs? (select one)</p> <p>(1) Should be free (2) Price is reasonable (3) Price is a little high</p> <p>(4) Price is very high (5) Don't know</p>							
I2.11	<p>How do you hope to obtain information and news about TB prevention and treatment? (Select the three most effective sources)</p> <p>(1) Newspaper or periodical (2) Radio (3) TV (4) Public service announcement</p> <p>(5) Educational pamphlet, poster, or other printed material (6) Health worker</p> <p>(7) Family, friend, neighbor, or coworker (8) Religious leader (9) Teacher</p> <p>(10) Other (please specify)</p>							
I3	Hypertension							
I3.1	Is hypertension related to eating and drinking? (1) Yes (2) No (3) Don't know							
I3.1.1	Does salt intake affect hypertension? (1) Yes (2) No (3) Don't know							
I3.2	Is hypertension related to smoking? (1) Yes (2) No (3) Don't know							
I3.3	Is hypertension related to being overweight? (1) Yes (2) No (3) Don't know							
I3.4	Is hypertension related to drinking alcohol? (1) Yes (2) No (3) Don't know							
I3.5	<p>If a hypertensive patient is unable to control his or her blood pressure, which of the following diseases could result? (can select more than one)</p> <p>(1) Paralysis (stroke) (2) Coronary heart disease (angina)</p> <p>(3) Tumor (4) None (99) Don't know</p>							

I3.6	How should a hypertensive patient control his or her blood pressure? (can select more than one)							
	(1) Take medicine recommended by doctor							
	(2) Make doctor-recommended diet changes to control salt intake							
	(3) Limit consumption of meat, eggs, etc. with high fat and cholesterol content							
	(4) Maintain a stable mood							
	(5) Do appropriate activities							
	(6) Control body weight							
	(7) Don't need to control blood pressure (99) Don't know							

J. Family revenues and expenditure	
Please record the ID of respondent	
Basic household situation	
J1 Does your family own any of the following possessions? (1)Yes (please indicate quantity) (2)No (write 0)	
J1.1 Watch/Alarm clock	
J1.2 Bicycle	
J1.3 Radio	
J1.4 Black & white TV	
J1.5 Color TV	
J1.6 Sewing machine	
J1.7 Motorbike	
J1.8 Car	
J1.9 Electric refrigerator	
J1.10 Washing machine	

J1.11 Telephone (including cell phone)	
J1.12 Farming machine	
J1.13 VCD、 DVD、 sound system、 TV receiver, etc.	
J1.14 Camera, video camera, etc. _____	
J1.15 Air conditioning	
J1.16 Cow	
J1.17 Sheep	
J1.18 Horse, donkey, mule	
J1.19 Pig	
J1.20 Irrigated land	
J1.21 Fields on a mountain	
J2 What type of house does your family live in? (1)Brick, earth, and mud (2)Wooden blocks (3)Earth and wood (4)All brick (5) Cave dwelling (6) Other	
J2.1 What material is the floor of your house made of? (1) Dirt (2) Brick (3) Ceramic tile (4) Wooden planks (5) Laminate (6) Other	
J2.2 In which year was your house built?	
J2.3 What is the area of your house? (unit: square meters)	
J3 The primary source of your family's drinking water is: (1)Tap water (2)Spring water (3)Hand-drawn well water (4)Cellar water (5)Well water (6)River or lake water (7)Ditch water (8)Other	
J4 What type of toilet does your family have (1) Flush toilet (2-6) have toilet but not flush toilet (7) No toilet (8) Other <i>[note: (2)(3)(4)(5)(6) were not translated as they do not have an English equivalent]</i>	
J5 What type of fuel does your family typically use for cooking? (can select up to two): (1)Coal (2)Electric (3)Kerosene (4)Natural gas (5)Wood/hay/etc. (6)Charcoal (7)Other	

J6. Are your living space and kitchen separated? (1) Yes (2) No	
J7. Do people and animals live in the same room? (1) Yes (2) No	
J8. Distance between your home and the nearest health facility.	
J8.1 Distance to the nearest village clinic	
J8.1.1 distance (unit: <i>li</i> , 1 <i>li</i> =0.5 kilometer)	
J8.1.2 Usual method of transportation: (1) Walk (2) Public bus (3) Bicycle (4) Motorbike (5) Other	
J8.1.3 Time needed to get there using typical means of transportation: (minutes)	
J8.2 Distance to the nearest township health center	
J8.2.1 distance (unit: <i>li</i> , 1 <i>li</i> =0.5 kilometer)	
J8.2.2 Usual method of transportation: (1) Walk (2) Public bus (3) Bicycle (4) Motorbike (5) Other	
J8.2.3 Time needed to get there using typical means of transportation: (minutes)	
J8.3 Distance to the nearest county hospital	
J8.3.1 distance (unit: <i>li</i> , 1 <i>li</i> =0.5 kilometer)	
J8.3.2 Usual method of transportation: (1) Walk (2) Public bus (3) Bicycle (4) Motorbike (5) Other	
J8.3.3 Time needed to get there using typical means of transportation: (minutes)	
J9 Was your family identified as a local or national impoverished or subsistence household? (1) No (skip to J10) (2) Yes	
J9.1 When you enrolled in the New Cooperative Medical Scheme, did your family receive any financial assistance? (1)Yes (2)No (3)Not sure	
Household Loans	
J10 Does your family have any outstanding loans? (1)Yes (2)No (skip to J11) (3)Not sure	
J10.1 If your family has loans, what was the main reason for taking out the loan? (1)Purchase food (2)Build or fix a house (3)See the doctor (4)Send the children to school (5)Pay taxes (6)Wedding or funeral expenses (7)Agricultural production (8) Other (list)	
J10.1.1 What is the total amount of the loan?	

J11.3.2 What is the interest on the loan? (unit: RMB)	
J11 Does your family currently have any money lent out to others? (1)Yes (2)No (skip to J12) (3)Not sure	
J11.1 What is the total amount of money lent out?	
Production expenditure	
J12 What were your family's necessary production expenses last year? (eg. Raising cattle, fertilizer, seeds, farming machinery, etc.)	
Consumption expenditure	
<i>J13 Average monthly expenditure on the following products</i>	
J13.1 Grains, meat, fruit, vegetables, etc.	
J13.2 Oil, salt, soy sauce, vinegar, tea, seasoning, etc.	
J13.3 Daily commodities, such as soap, paper, pens, newspaper, etc.	
J13.4 Utilities, such as electric, water, heating, cooking fuel, etc.	
J13.5 Rent	
J13.6 Cigarettes, alcohol, etc.	
J13.7 Transportation, phone, postage, etc.	
J13.8 Cultural and entertainment activities	
<i>J14 Expenditure on the following commodities over the past year (12 months)</i>	
J14.1 Clothing	
J14.2 Education: tuition, books, school supplies (including living expenses for students not living at home)	
J14.3 New Cooperative Medical Scheme premium	
J14.4 Medicine, medical expenses, etc. (only includes what you personally paid for health services and medicine)	
J14.5 Gifts, such as a dowry, wedding gifts, New Year's gifts, funeral expenses, gifts to friends and family	
J14.6 Entertainment, gambling, etc.	
J14.7 Taxes, etc.	
J14.8 Insurance expenditure (not including NCMS)	

J14.9 Non-durable goods, such as TV, radio, fan, bicycle, motorbike, car, etc.	
J14.10 Building and/or repairing buildings	
J14.11 Other (expenditure not included in the above monthly and yearly expenditure categories)	
Savings	
J15 Over the past year was your family's income sufficient? How much were you able to save? (RMB) (If none write "0".)	

J16 Home-produced goods

The value of total household consumption of home-produced items over the past year.

Note1: If the respondent can answer questions about the quantity, then the total value will be calculated by interviewers afterwards using the market price; whereas if the respondent cannot answer questions about the quantity, ask instead for financial value of the goods.

Note 2: The unit of three quantity variables -total, sold and consumed- is jin (1 jin=0.5 kilo).

Home produced good	Total quantity produced	Quantity sold	Quantity consumed	Market price	Total value
J16.1 Wheat					
J16.2 Corn					
J16.3 Vegetables					
J16.4 Meat					
J16.5 Eggs					
J16.6 Fruit					
J16.7 Buckwheat					
J16.8 Flax					
J16.9 Potatoes					
J16.10 Other (not included in the above categories)					

Household income					
J17 In the past year, total household income (RMB) (including money sent home by family members working out of town as migrants)					
J17.1 Total amount of remittances sent home by family members working out of town as migrants (RMB)					

-----**THE END**-----