### SCREEN1: 1. Confirm ID

**1. Confirm ID Label**

*Instructions for interviewer:*
- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1</td>
<td>What is today's date? Please select the button to get date and time.</td>
<td>CHN_HHS</td>
</tr>
<tr>
<td>Q.2</td>
<td>Is the following information correct?</td>
<td>CHN_HHS</td>
</tr>
</tbody>
</table>

#### Q.1: Start time

If all the information above is correct, please continue to the next section by clicking the next tab on the top of your screen. If some information is incorrect, please correct the mistakes and then continue on to next section.

*Instructions to correct information above:*
1. Select 'File' in upper left corner of the screen
2. Select 'Back to dashboard'.
3. Enter the correct information.

### SCREEN2: 2. Introduction and Consent

Enable if :current.id_correct = 1

**2. Introduction and Consent Label**

*Instructions for interviewer:*
- All text highlighted in yellow are directions for you and should not be read aloud.
2. Introduction and Consent Label

*read aloud*

All text highlighted in green are observations only.

All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

---

2. Introduction and Consent Label

This section is designed to provide a brief introduction to the survey and to solicit consent from the interviewee. Please complete this section with the participant.

---

2. Introduction and Consent Label

Read aloud directly from recruitment script and direct towards the respondent: “Hello, my name is _______________ and I am contacting you on behalf of the China Center for Disease Control and Prevention which is interested in improving access to, and delivery of, services for acute cardiovascular events.

---

2. Introduction and Consent Q.1

May I ask you a few questions?”

(SELECT ONE)

(1)Yes,(0)No

---

2. Introduction and Consent Label

If respondent is not interested in participating, continue to the ‘End’ section and fill out the appropriate information.

---

2. Introduction and Consent Q.2

What is your age in completed years?

If necessary, enter the following coded responses: -1 = Don’t know

If respondent does not know their age, we will probe about date of birth and age range, below.

---

2. Introduction and Consent Q.3

Do you know your exact date of birth? (Day, month, and year must be known)

If respondent does not know their date of birth, probe for age range in the next question.

(1)Yes,(0)No

---

2. Introduction and Consent Label

Select button below to enter the respondent’s date of birth if they do not know their exact age.

SCREEN2.1: Date of Birth

Enable if :current.know_hh_dob = 1

DOB: What is your Date of Birth?

Enter the following response code if necessary: -1 = Don’t know
### Start Roster 2.1.1: Birth

#### Roster Contents:
1. **Birth Day**
   - **Day (DD):**
     - HH_DOB_DD
     - Enabled if: `current.hh_dob_dd BETWEEN 1 and 31`
   - **Month (MM):**
     - HH_DOB_MM
     - Enabled if: `current.hh_dob_mm BETWEEN 1 and 12`
   - **Year (YYYY):**
     - HH_DOB_YYYY
     - Enabled if: `current.hh_dob_mm BETWEEN 1 and 12`

### Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

### End Roster 2.1.1: Birth

### Date of Birth Label

#### 2. Introduction and Consent Q.4

- **hh_age_gr**
  - CHN_HHS
  - Enabled if: `current.know_hh_dob = 0`

#### If the respondent does not know their exact age in years or their date of birth, ask:

- **What is your age range?**
  - **SELECT ONE**

#### If the interviewee is a child (under the age of 18) they are not eligible to participate. If the interviewee is also unable to state their exact age or...
2. Introduction and Consent Label

Age range, they are not eligible to participate. If the participant does not meet the age requirements, please complete survey by selecting the 'End' tab in the upper right corner of your screen and completing all the questions in that section.

2. Introduction and Consent Q.5

All individuals above the age of 18 must provide signed consent, even if a relative or family member has already consented. Read aloud the consent form in its entirety, ensure that the participant has signed a copy. Keep one copy for your records and return one to the participant.

Did the respondent provide a signed consent form agreeing to proceed?
(1)Yes,(0)No

2. Introduction and Consent Q.6

Observe the participants sex and select the appropriate answer.
Do not ask respondent

Respondent sex
(1)Male,(2)Female,(−1)Don't know

Instruction to fill out occupation: This question is about to ask people who are employed and unemployed. For those who have multiple jobs (part-time job), the interviewer should select the one which has a relatively fixed working time-frame, and provides the main source of income. For those who is still working after retired for 1 year or more, the ones should be categorized by his/her current occupation.

1. Agriculture and forestry and fishery and animal husbandry and water conservancy industry production personnel.
2. Production, transport equipment operators and related workers: the ones who work in mineral exploration, mining personnel, product manufacturing, construction and transport equipment operators and related personnel.
3. Commercial and service personnel: the ones who work in commerce, catering, tourism and entertainment, transportation, medical assistance and social services.
4. National bureau, party organizations, enterprises and institutions responsible: People who work in the Communist Party of China Central Committee, Party organizations at all levels, and local people's congresses at all levels of the Standing Committee of the CPPCC, the People's Court, People's Procuratorate, the state administration, the democratic parties, trade unions, the Communist Youth League, women's federations and other mass organizations, mass self-organization and other community organizations and their institutions, enterprises and institutions in leadership positions and have decision-making authority in personnel management.
5. Staff and associated personnel: the ones who engaged in administrative operations in the state bureau, party organizations, enterprises, public institutions, personnel and engaged security, fire protection, telecommunications and other service personnel in administrative affairs.
6. Professional and technical personnel: The ones who engaged in scientific work, including research scientists, technology management and support staff, aircraft and ships and technical personnel, health workers, legal staff, economic management professionals, teachers, teaching assistants, arts and sports staff.
7. Soldier: the ones who are serving in the military, or armed forces.
8. Other workers: the ones whose occupation are not easy to classify
9. Student
10. Unemployed: Refers to the unemployed as well as students who have not yet find a job. This category does not include retirees.
11. Household workers: This category mainly indicate those who engaged in household chores such as laundry, cooking, etc. This category includes such as housewives, but does not include those who are laid off. The people who are laid off are classified as unemployed.
12. Retired

2. Introduction and Consent Q.7

Occupation:
(SELECT ONE)
1. Agricultural, fishery, and related laborers,
2. Plant and machine operators and assemblers,
3. Sales and services elementary occupations,
4. Legislators, senior officials and managers,
5. Office staff,
6. Technicians and associate professionals,
7. Military,
8. Students,
9. Unemployed,
10. Housewife/husband,
11. Retired,
12. Medical profession (e.g. Physician, nurse),
13. Other,
14. Don't know,
15. Decline to respond

Enable if :current.hh_consent = 1

2. Introduction and Consent Q.8

Please provide any comments you have about Section 2: Introduction and Consent.

Please provide any comments you have about Section 2: Introduction and Consent.

Important Reminder:
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2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 2: Introduction and Consent

SCREEN3: Knowledge, Attitude and Practices

Enable if :current.hh_consent = 1

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.

<table>
<thead>
<tr>
<th>Question 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>cpr_response</strong></td>
</tr>
<tr>
<td>You see that someone is lying on the floor. The person is not breathing and you suspect a heart arrest. What do you think should be done? Do not read responses aloud (SELECT ALL THAT APPLY)</td>
</tr>
<tr>
<td>1: Call 120/999, 2: Heart compressions, 3: Artificial respiration (mouth to mouth), 4: Give them CPR, 5: Give them medicine, 6: Don't take any action, 7: Other, -1: Don't know, -2: Decline to respond</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Question 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>know_cpr</strong></td>
</tr>
<tr>
<td>Do you know what CPR is?</td>
</tr>
<tr>
<td>1: Yes, 0: No</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Question 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>perform_cpr</strong></td>
</tr>
<tr>
<td>When should CPR be performed? Read responses aloud (SELECT ALL THAT APPLY)</td>
</tr>
<tr>
<td>1: If person has fainted, 2: If there's no response or heart beat, 3: Under any emergency circumstances, -1: Don't know, -2: Decline to respond</td>
</tr>
</tbody>
</table>

---

**Note:**

- **All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.**
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.
- **Say to the participant:** I would now like to ask you about your history with CPR training and general knowledge of CPR.
- **SCREEN3.1:** CPR definition
  - Enable if :current.know_cpr = 0
  - Read definition of CPR first before continuing: Cardiopulmonary Resuscitation (CPR) consists of mouth-to-mouth respiration and chest compression. CPR allows oxygenated blood to circulate to vital organs such as the brain and heart.

---

**Surveybe...**
### 3. Knowledge, Attitude and Practices Label

**Q.4** Who can perform CPR?

*Read responses aloud*  
(SELECT ALL THAT APPLY)

- (1) Anyone with CPR training
- (2) Doctors and nurses
- (3) Policeman
- (4) Fireman
- (5) Anyone
- (6) Other
- (7) Don’t know
- (8) Decline to respond

**Q.5** Have you heard of a CPR training before today?

- (1) Yes
- (0) No
- (7) Don’t know
- (8) Decline to respond

**Q.6** Have you ever received CPR training?

Enable if :current.train_cpr = 1

- (1) Yes
- (0) No
- (7) Don’t know
- (8) Decline to respond

**Q.7** When was the most recent time that you received CPR training?

Enable if :current.rec_train = 1

- (1) Within the last 6 months
- (2) 7-12 months ago
- (3) 2-4 years ago
- (4) 5-7 years ago
- (5) 8+ years ago
- (7) Don’t know
- (8) Decline to respond

**Q.8** Where did you receive CPR training for the most recent time?

Enable if :current.rec_train = 1

- (1) Workplace
- (2) Red Cross
- (3) EMS
- (4) College/University
- (5) Residential committee/community health service
- (6) Other organization
- (7) Don’t know
- (8) Decline to respond

**Q.9** What motivated you to learn CPR?

Enable if :current.rec_train = 1

- (1) Interest
- (2) Nature of work
- (3) Organizational
- (4) Professional requirement
- (5) Other
- (7) Don’t know
- (8) Decline to respond

**Q.10** Why haven’t you received CPR training?

*Do not read responses aloud*  
(SELECT ALL THAT APPLY)

- (1) Do not know where to receive training
- (2) Do not have time
- (3) Do not think it is useful
- (4) Cost of training is high
- (5) Location of training is inconvenient
- (6) Other
- (7) Don’t know
- (8) Decline to respond

**Q.11** Do you plan to become CPR trained?

Enable if :current.rec_train IN (0, -1, -2)

- (1) Yes
- (0) No
- (7) Don’t know
- (8) Decline to respond

**plan_retrain**

CHN_HHS

Do you plan to be re-trained for CPR?

(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond


**agencies_train**

CHN_HHS

Which agencies provide CPR training?

**Read responses aloud**

(SELECT ALL THAT APPLY)

(1) 120/999, (2) Hospital, (3) Red Cross, (4) College/University, (5) Other, (-1) Don’t know, (-2) Decline to respond


**comments_3**

CHN_HHS

Please provide any comments you have about Section 3: Knowledge, Attitude, and Practices.


---

**Important Reminder:**

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2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

---

**Screen 4: Scenarios Related to Implementing CPR**

Enable if :current.rec_train = 1

4. Scenarios Related to Implementing CPR Label

**Instructions for interviewer:**

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All text highlighted in green are observations only.

All questions are programmed with -1 = Don’t know, or -2 = Decline to respond as a standard response value. Never read the options Don’t know, or Decline to respond, only fill those in when indicated by the respondent.

4. Scenarios Related to Implementing CPR Label

**Say to the participant:** I would now like to ask you questions about scenarios related to implementing CPR and AED.
**4. Scenarios Related to Implementing CPR Label**

**4. Scenarios Related to Implementing CPR Q.1**

**determine_unresponsive**  
**CHN_HHS**

*How do you determine that a person is unresponsive and needs help?*

*Read responses aloud except for the options Don’t know and Decline to respond*

**(SELECT ALL THAT APPLY)**

1. They will not respond to shouts or shakes and are not breathing,
2. They make strange noises,
3. They appear to be asleep and their complexion does not look normal,
4. They are breathing heavily but say they are okay,
5. Other,
6. Don’t know,
7. Decline to respond

**4. Scenarios Related to Implementing CPR Label**

**4. Scenarios Related to Implementing CPR Q.2**

**help_person**  
**CHN_HHS**

*If someone is found unresponsive, what should an individual do first to help that person?*

**(SELECT ONE)**

1. Call 120/999,
2. Pinch philtrum (an acupuncture point at the indentation of the upper lip),
3. Heart compressions,
4. Artificial respiration (mouth to mouth),
5. Give them medicine,
6. Don’t take any action,
7. Don’t know,
8. Decline to respond

**4. Scenarios Related to Implementing CPR Label**

**4. Scenarios Related to Implementing CPR Q.3**

**rescue_breathing**  
**CHN_HHS**

*Before providing rescue breathing for an unresponsive victim, it is essential to:*

*Read responses aloud except for the Don’t know and Decline to respond options.*

**(SELECT ALL THAT APPLY)**

1. Check for broken ribs,
2. Check for breathing,
3. Check for bleeding,
4. Check for sensitivity,
5. Check for pulse,
6. Clear the airway,
7. Don’t know,
8. Decline to respond

**4. Scenarios Related to Implementing CPR Label**

**4. Scenarios Related to Implementing CPR Q.4**

**secure_airway**  
**CHN_HHS**

*Do you know what steps to take in order to secure the airway in an unresponsive victim?*

1. Yes,
2. No,
3. Don’t know,
4. Decline to respond

**4. Scenarios Related to Implementing CPR Label**

**If participant answered ‘yes’ above, click button to proceed to following question.**

**SCREEN4.1:Steps to secure airway**

Enable if :current.secure_airway = 1

**Steps to secure airway Label**

*Read the following instructions*

*What are the steps you should take to secure the airway in an unresponsive victim?*

**Put these responses in order:**

- Check for breathing
- Check for bleeding
- Check for sensitivity
- Check for pulse
**Steps to secure airway Label**

**Read the following instructions**
What are the steps you should take to secure the airway in an unresponsive victim?

**Put these responses in order:**
- Check for breathing
- Check for bleeding
- Check for sensitivity
- Check for pulse

---

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First step:</strong></td>
<td>sa_first CHN_HHS</td>
</tr>
<tr>
<td><strong>Second step:</strong></td>
<td>sa_second CHN_HHS</td>
</tr>
<tr>
<td><strong>Third step:</strong></td>
<td>sa_third CHN_HHS</td>
</tr>
<tr>
<td><strong>Fourth step:</strong></td>
<td>sa_fourth CHN_HHS</td>
</tr>
</tbody>
</table>

---

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

---

END SCREEN 4.1: Steps to secure airway

---

4. Scenarios Related to Implementing CPR Label

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Scenarios Related to Implementing CPR Q.5</strong></td>
<td>open_airway CHN_HHS</td>
</tr>
</tbody>
</table>

**How do you open the person’s airway?**
Read responses aloud except for the Don’t know and Decline to respond options

(SELECT ONE)

1. Place hands on nose and chin, pulling mouth open,
2. Place fingers in mouth to open it, then pull open,
3. Lift chin with two fingers and tilt head by pushing down on forehead,
4. Push chin down, holding head still

(-1) Don’t know, (-2) Decline to respond

---

4. Scenarios Related to Implementing CPR Label
<table>
<thead>
<tr>
<th>Question</th>
<th>Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q.6</strong> Where is the best location to check for the pulse?</td>
<td>(1) Wrist, (2) Neck (carotid artery), (3) Chest, (4) Ankle, (5) Other, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td><strong>Q.7</strong> What should you do if you cannot detect the pulse?</td>
<td>Do not read responses aloud (SELECT ALL THAT APPLY)</td>
</tr>
<tr>
<td></td>
<td>(1) Perform mouth-to-mouth resuscitation, (2) Look for obstructions in the throat, (3) Begin chest compressions and attach an AED, (4) Shake them to wake them up, (5) Other, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td><strong>Q.8</strong> What is the best site for chest compressions?</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>(1) On the left side of the chest, above the heart, (2) In the center of the chest, between the nipples, (3) On the stomach, just beneath the ribcage, (4) On the bottom of the ribcage, just above the stomach, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td><strong>Q.9</strong> Please provide any comments you have about Section 4: Scenarios related to Implementing CPR.</td>
<td></td>
</tr>
</tbody>
</table>

**Important Reminder:**
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2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” button (red circle).

END SCREEN 4: Scenarios Related to Implementing CPR

SCREENS: 5. AED
Enable if :current.hh_consent = 1

**Instructions for interviewer:**
*All text highlighted in yellow are directions for you and should not be read aloud.*
*All text highlighted in green are observations only.*
*All questions are programmed with -1= Don’t know, or -2= Decline to*
5. AED Label

**Respond as a standard response value.**
Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

5. AED Label

5. AED Label

**Say to the participant:** I would now like to ask you about your knowledge of AED systems and their proper usage.

5. AED Label

5. AED Label

5. AED Q.1

<table>
<thead>
<tr>
<th>know_defib</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you know what this is?</strong></td>
<td></td>
</tr>
<tr>
<td>Interviewer points to picture of a defibrillator</td>
<td></td>
</tr>
<tr>
<td>(SELECT ONE)</td>
<td></td>
</tr>
<tr>
<td>(1) Yes, (0) No</td>
<td></td>
</tr>
</tbody>
</table>

5. AED Q.2

<table>
<thead>
<tr>
<th>aed_used_for</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is this used for?</strong></td>
<td></td>
</tr>
<tr>
<td>Read responses aloud</td>
<td></td>
</tr>
<tr>
<td>(SELECT ONE)</td>
<td></td>
</tr>
<tr>
<td>(1) To restore the heart to its normal rhythm with an electric shock, (2) To shock the lungs to return to a normal breathing pattern, (3) To stimulate the muscles to combat paralysis, (4) To slow the heart down when it is beating too quickly with an electric shock, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

5. AED Label

5. AED Label

5. AED Label

5. AED Label

5. AED Q.3

<table>
<thead>
<tr>
<th>during_cpr_train</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During the CPR training that you received, was defibrillation explained?</strong></td>
<td></td>
</tr>
<tr>
<td>(SELECT ONE)</td>
<td></td>
</tr>
<tr>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

5. AED Label

5. AED Label

5. AED Label

5. AED Q.4

<table>
<thead>
<tr>
<th>public_space</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have you ever seen one of these in a public space?</strong></td>
<td></td>
</tr>
<tr>
<td>(SELECT ONE)</td>
<td></td>
</tr>
<tr>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

5. AED Label

5. AED Label

5. AED Label

5. AED Q.5

<table>
<thead>
<tr>
<th>allowed_defib</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who do you think is allowed to use a publicly available defibrillator?</strong></td>
<td></td>
</tr>
<tr>
<td>(SELECT ALL THAT APPLY)</td>
<td></td>
</tr>
<tr>
<td>(1) Doctors, (2) Paramedics, (3) Anyone who has received specialized training in its proper use, (4) Anyone, (5) Other, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>
### 5. AED Label

<table>
<thead>
<tr>
<th>5. AED Q.6</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>would_use_defib</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Would you use such a defibrillator in a medical emergency where a defibrillator is needed?</strong></td>
<td></td>
</tr>
<tr>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. AED Q.7</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>use_defib_family</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Would you use such a defibrillator on family members specifically?</strong></td>
<td></td>
</tr>
<tr>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. AED Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. AED Q.8</strong></td>
</tr>
<tr>
<td><strong>comments_5</strong></td>
</tr>
<tr>
<td><strong>Please provide any comments you have about Section 5: AED.</strong></td>
</tr>
</tbody>
</table>

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

---

### SCREEN 6: Acute Cardiovascular Disease

**Enable if: current.hh_consent = 1**

<table>
<thead>
<tr>
<th>6. Acute Cardiovascular Disease Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructions for interviewer:</strong></td>
</tr>
<tr>
<td>All text highlighted in yellow are directions for you and should not be read aloud.</td>
</tr>
<tr>
<td>All text highlighted in green are observations only.</td>
</tr>
<tr>
<td>All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value.</td>
</tr>
<tr>
<td>Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Acute Cardiovascular Disease Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Say to the participant:</strong> I would now like to ask you questions regarding cardiac disease, prevention, and general questions about your health and habits.</td>
</tr>
</tbody>
</table>

6. Acute Cardiovascular Disease Label
6. Acute Cardiovascular Disease Q.1

**Which of the following are symptoms of sudden cardiac arrest? Specifically, sudden cardiac arrest refers to when the heart suddenly and unexpectedly stops beating due to various causes.**

*Do not read responses aloud (SELECT ALL THAT APPLY)*


6. Acute Cardiovascular Disease Q.2

**What are the symptoms of acute myocardial infarction? A myocardial infarction (heart attack) is a condition in which there is a sudden deprivation of circulating blood to the heart muscle (myocardium) caused by a clot. This can lead to death of heart tissue.**

*Do not read responses aloud (SELECT ALL THAT APPLY)*


6. Acute Cardiovascular Disease Q.3

**What are the risk factors for cardiovascular disease? Cardiovascular disease is a general term used to refer to conditions that can lead to potential heart attacks, chest pain (angina) or stroke. Other heart conditions that also affect the heart’s muscles, valves or rhythm fall under this general term as well.**

*Do not read responses aloud (SELECT ALL THAT APPLY)*

(1) Smoking, (2) Hyperlipidemia (High cholesterol), (3) Hypertension (High blood pressure), (4) Hyperglycemia (High blood glucose), (5) Atherosclerosis (Hardening of the arteries), (6) Physical inactivities, (7) Alcoholism, (8) Overweight and obesity, (9) Other, (-1) Don't know, (-2) Decline to respond.

---

**Read the following instructions before asking the question:**

*I am going to read aloud the following statements regarding your attitude and behavior. You’ll be given a 5 point scale to represent your perspective.*

---

**For the next two questions, please respond using the following scale, 1) Very likely, 2) Somewhat likely, 3) Neither likely nor unlikely, 4) Somewhat likely, 5) Not at all likely**

---

**surveybe...**
### 6. Acute Cardiovascular Disease Q.4
**call_emergency**  
**CHN_HHS**  
**Question:** How likely is it that you would call 120/999 if you were experiencing symptoms of a heart attack?  
**Options:**  

### 6. Acute Cardiovascular Disease Q.5
**take_aspirin**  
**CHN_HHS**  
**Question:** How likely is it that you would take an aspirin if you were experiencing symptoms of a heart attack?  
**Options:**  

---

**Read the following instructions before asking the question:**

For the remaining questions in this section, please respond using the following scale, 1) Agree strongly, 2) Agree somewhat, 3) Neither agree nor disagree, 4) Disagree somewhat, 5) Strongly disagree.
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question Text</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Acute Cardiovascular Disease Q.12</td>
<td>You are overweight and this going to affect your health.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.13</td>
<td>Changing your lifestyle may help you in decreasing the risk of being affected by heart disease.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.14</td>
<td>Readily available fruit and vegetables can improve your health.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.15</td>
<td>Readily available gym equipment in your community can improve your health.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.16</td>
<td>Smoking prohibition can improve your health.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.17</td>
<td>More education regarding cardiovascular disease can improve your health.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.18</td>
<td>The more health care institutions there are detecting and treating heart disease the better.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.19</td>
<td>The more health promoting volunteers there are the better.</td>
<td>(SELECT ONE)</td>
</tr>
<tr>
<td></td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, -1) Don't know, -2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.20</td>
<td>Please provide any comments you have about Section 6: Acute Cardiovascular Disease</td>
<td>(SELECT ONE)</td>
</tr>
</tbody>
</table>

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
6. Acute Cardiovascular Disease Label

3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 6:6. Acute Cardiovascular Disease

SCREEN7:7. Health Behaviors
Enable if :current.hh_consent = 1

7. Health Behaviors Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

SCREEN7:1:Tobacco Use

Tobacco Use Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Tobacco Use Label

Tobacco Use

Select button below to answer questions about participants tobacco use.

Current Smoking
Say to the participant: I would now like to ask you questions regarding your history of tobacco usage if you have any.

Tobacco Use Q.1

Have you ever smoked in your life? (SELECT ONE)
(1)Yes,(0)No,(-1)Don’t know,(-2)Decline to respond

smoker_status_ever CHN_HHS
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Description</th>
<th>Code</th>
<th>Enable Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.2</td>
<td>Do you currently smoke tobacco on a daily basis, less than daily or not at all?</td>
<td>(SELECT ONE)</td>
<td>current.smoker_status_ever = 1</td>
</tr>
<tr>
<td></td>
<td>(1)Yes, daily,(2)Yes, less than daily,(3)Not now, but used to,(4)Don't know,(5)Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.3</td>
<td>How old were you when you first started smoking?</td>
<td>Please have interviewee respond in full years</td>
<td>current.smoker_status = 1</td>
</tr>
<tr>
<td></td>
<td>If necessary, enter the following code: -1 = Don't know or -2 = Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.4</td>
<td>On average, how many cigarettes do you smoke per day?</td>
<td></td>
<td>current.smoker_status = 1</td>
</tr>
<tr>
<td>Q.5</td>
<td>On average, how many cigarettes do you smoke per week?</td>
<td></td>
<td>current.smoker_status = 2</td>
</tr>
<tr>
<td>Q.6</td>
<td>Have you ever attempted to quit smoking?</td>
<td>(This only refers to times where you have seriously considered quitting smoking and have taken steps towards cessation)</td>
<td>current.smoker_status &lt;&gt; 3</td>
</tr>
<tr>
<td></td>
<td>(1)Yes,(0)No,-1 = Don’t know,-2 = Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.7</td>
<td>Was your last attempt to quit smoking within the past 12 months?</td>
<td></td>
<td>current.ever_attempt_quit = 1</td>
</tr>
<tr>
<td></td>
<td>(1)Yes,(0)No,-1 = Don’t know,-2 = Decline to respond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Tobacco Use Q.8**

**plan_quit_smoking**  
Enable if :current.smoker_status = 1 OR current.smoker_status = 2

Do you have any future plans to quit smoking?  
(1) Yes,(0) No,(-1) Don't know,(-2) Decline to respond

---

**Tobacco Use Q.9**

**when_quit_smoking**  
Enable if :current.plan_quit_smoking = 1

Do you plan to quit smoking within the next 12 months?  
(1) Yes,(0) No,(-1) Don't know,(-2) Decline to respond

---

**Tobacco Use Label**

**How long had it been since you stopped smoking?**

---

**START ROSTER 7.1.1: Quit Smoking**

**RosterContents : (1)**

---

**Quit Smoking Q.10**

**ss_unit**  
Enable if :select.smoker_status from CHN_HHS where smoker_status = 3

Select unit: (days/weeks/months/years):  
(1) Days,(2) Weeks,(3) Months,(4) Years,(-1) Don't know,(-2) Decline to respond

---

**Quit Smoking Q.11**

**ss_enter_amount**  
Enable if :current.ss_unit IN (1, 2, 3, 4)

Enter the amount of time (days/weeks/months/years):  

---

**END ROSTER 7.1.1: Quit Smoking**

---

**Tobacco Use Label**

**Passive Smoking**

Say to the participant: I would now like to ask you questions regarding smoking and related diseases.

---

**Tobacco Use Q.12**

**exposure_smoke**  

Generally, how many days were you exposed to second hand smoke every week? (second hand smoke means the breathe of the smoker or the smoke of the cigrarettes)  
If participant responds with 'less than once a week' answer should be considered as 'not exposed'  
(1) Everyday,(2) On average 4-6 days per week,(3) On average 1-3 days per week,(4) Or less than once a week (not exposed),(-1) Don't know,(-2) Decline to respond

---

**Tobacco Use Label**

Can smoking contribute to acquiring any of the following health conditions on this list?
### Tobacco Use Label

| Can smoking contribute to acquiring any of the following health conditions on this list? |

### START ROSTER 7.1.2: Smoking Q1

**Roster Contents:**
1. Apoplexy (stroke, cerebral thrombosis or blood clot),
2. Heart attack,
3. Lung cancer

<table>
<thead>
<tr>
<th>Smoking Q1 Q.13</th>
</tr>
</thead>
<tbody>
<tr>
<td>smoke_cause</td>
</tr>
<tr>
<td>smoking_cause</td>
</tr>
<tr>
<td>Smoking can cause...</td>
</tr>
<tr>
<td>(1) Yes, (0) No</td>
</tr>
</tbody>
</table>

### END ROSTER 7.1.2: Smoking Q1

### Tobacco Use Label

**Read the following instructions before continuing survey:**

The following questions are based on your knowledge of secondhand smoke and its side effects. Below are a list of adverse health problems that I will read aloud to you. Please respond affirmatively to any from that list which you believe can be caused by secondhand smoke.

### Tobacco Use Label

| Can secondhand smoke cause any of the following things on this list? |

### START ROSTER 7.1.3: Smoking Q2

**Roster Contents:**
1. Heart disease in adults,
2. Lung disease in children,
3. Lung cancer in adults

<table>
<thead>
<tr>
<th>Smoking Q2 Q.14</th>
</tr>
</thead>
<tbody>
<tr>
<td>can_second</td>
</tr>
<tr>
<td>second_smoking</td>
</tr>
<tr>
<td>Secondhand smoke can cause...</td>
</tr>
<tr>
<td>(1) Yes, (0) No</td>
</tr>
</tbody>
</table>

### END ROSTER 7.1.3: Smoking Q2

### Tobacco Use Label

<table>
<thead>
<tr>
<th>Do you think that low-tar cigarettes less harmful than regular cigarettes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>low_tar</td>
</tr>
<tr>
<td>CHN_HHS</td>
</tr>
<tr>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
</tbody>
</table>

### Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).
7. Health Behaviors Label

7. Health Behaviors Q.1

Have you ever consumed alcohol in your life?

(SELECT ONE)

(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond

7. Health Behaviors Label

Alcohol Consumption

Select button below to answer questions about participants alcohol consumption.

SCREEN 7.2: Alcohol Consumption

Enable if :current.alc_status_ever = 1

Alcohol Consumption Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud. All text highlighted in green are observations only. All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value. Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

Alcohol Consumption Label

Say to the participant: I would now like to ask you questions regarding your history of alcohol usage if you have any.

Alcohol Consumption Label

酒是指各类购买或自制的含有酒精成分的饮料，具体包括白酒、啤酒、红酒、葡萄酒、果酒、黄酒、糯米酒和青稞酒等，既可散装也可瓶装或罐装等；如服用含有酒精成分的以治疗疾病为目的的药物，则不算饮酒，但用中药材和酒泡制的保健酒算作饮酒。不需要限制喝酒的量，只要调查对象喝过极少的酒也记为喝过酒。

Alcohol Consumption Q.1

Have you consumed any alcohol within the past 12 months?

(SELECT ONE)

(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond

Alcohol Consumption Q.2

Have you consumed any alcohol within the past 30 days?

(SELECT ONE)

(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond
Alcohol Consumption Q.3

**drink_freq**

Enable if :current.alc_consump_12 = 1

*In the past 12 months, on average, how frequently have you had alcoholic beverages?*

**Read responses aloud except for the options Don’t know, or Decline to respond**

[SELECT ONE]

(1) Every day, (2) 5-6 days/week, (3) 3-4 days/week, (4) 1-2 days/week, (5) 1-3 days/month, (6) <1 day/month, (-1) Don’t know, (-2) Decline to respond

Alcohol Consumption Label

Alcohol Consumption Q.4

**past_drink_freq_m**

Enable if :current.alc_consump_30 = 1 AND current.hh_sex = 1

*For male: In the past 30 days, how frequently did you have any of the following or more on one occasion:*

**Read options aloud**

- 2.5 liang high alcohol white wine
- 3.5 liang low alcohol white wine
- 3 bottles of beer
- 5 cans of beer
- 7.5 liang yellow wine
- 1 jin (500g) red wine - 3 jin (500g) barley wine

*If necessary, use the following codes:*

- 1 = Don’t know or -2 = Decline to respond

(1) Every day or almost every day (more than or equal to 5 days/week), (2) 1 - 4 days a week, (3) 1 - 3 days a month, (4) Less than 1 day a month, (5) Never, (-1) Don’t know, (-2) Decline to respond

Alcohol Consumption Label

Alcohol Consumption Q.5

**past_drink_freq_f**

Enable if :current.alc_consump_30 = 1 AND current.hh_sex = 2

*For female: In the past 30 days, how frequently did you have any of the following or more on one occasion:*

**Read options aloud**

- 2 liang high alcohol white wine
- 3 liang low alcohol white wine
- 2.5 bottles of beer
- 4 cans of beer
- 6 liang yellow wine
- 1.2 jin (500g) red wine - 2.5 jin (500g) barley wine

*If necessary, use the following codes:*

- 1 = Don’t know or -2 = Decline to respond

(1) Every day or almost every day (more than or equal to 5 days/week), (2) 1 - 4 days a week, (3) 1 - 3 days a month, (4) Less than 1 day a month, (5) Never, (-1) Don’t know, (-2) Decline to respond

Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 7.2: Alcohol Consumption

7. Health Behaviors Label

7. Health Behaviors Label

Diet

Select button below to answer questions about participants diet.

SCREEN7.3: Diet

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Diet Label

Say to the participant: I would now like to ask you questions regarding your diet.
I’m going to read you a list of foods. Please indicate whether or not you have eaten this food in the past 12 months.

START ROSTER 7.3.1: Diet

RosterContents : (1) Pork, (2) Lamb and beef, (3) Poultry, (4) Aquatic products, (5) Fresh vegetables, (6) Fresh fruits

Diet Q. 1
ate_food

In the past 12 months, have you eaten this food?
(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond

Diet Q. 2
food_freq

Do you consume this food on a daily, weekly, monthly or yearly basis?
(1) Day, (2) Week, (3) Month, (4) Year, (-1) Don’t know, (-2) Decline to respond

Enable if : current.ate_food = 1

Diet Q. 3
food_amount

Times per (day/week/month/year):
Enable if : current.food_freq BETWEEN 1 AND 4

Diet Q. 4
serving_size

How many liang do you eat per serving?
Enable if : current.ate_food = 1

END ROSTER 7.3.1: Diet
Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 7.3:Diet

7. Health Behaviors Label

Physical Activity

Select button below to answer questions about participants physical activity.

SCREEN7.4:Physical Activity

Physical Activity Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Physical Activity Label

Say to the participant: I would now like to ask you questions regarding your physical activity levels.

Physical Activity Label

Physical Activity at Work

Select button below to answer questions about participants physical activity levels.

SCREEN7.4.1:Sec. 7a Physical activity at work

Sec. 7a Physical activity at work Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
Read the following instructions before proceeding to the following questions:

Now I’m going to ask you some questions about your physical activity at work.

**Vigorous-intense activity** is activity that requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate.

**Moderate-intense activity** is activity that requires a moderate amount of effort and noticeably accelerates the heart rate.

Does your work involve **vigorous-intense activity** (that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously? (SELECT ONE)

- (1)Yes,
- (0)No,
- (-1)Don’t know,
- (-2)Decline to respond

In a typical week, on how many days do you do **vigorous-intense activity** as part of your work?

Please enter the number of days
Sec. 7a Physical activity at work Label

**On a typical day that you do these activities, how much time do you spend doing vigorous-intense activity?**

**START ROSTER 7.4.1.1: Activity Q1**

**Roster Contents:** (1) Time

Activity Q1 Q.3

- **unit_spent_vig**
- **time**

Select unit: (minutes/hours)

1. Minutes, 2. Hours, (-1) Don’t know, (-2) Decline to respond

Activity Q1 Q.4

- **amount_spent_vig**
- **time**

Enter amount of time (minutes/hours):

**Enable if:** select exerc_vig_work from CHN_HHS where exerc_vig_work = 1

**END ROSTER 7.4.1.1: Activity Q1**

Sec. 7a Physical activity at work Label

If the activity causes a light increase in breathing and heart rate, it is considered moderate-intense.

Sec. 7a Physical activity at work Q.5

**exerc_mod_work**

Does your work involve moderate-intense activity that causes small increases in breathing or heart rate such as brisk walking (or carrying light loads) for at least 10 minutes continuously?

(SELECT ONE)

1. Yes, 0. No, (-1) Don’t know, (-2) Decline to respond

Sec. 7a Physical activity at work Label

"通常一周内"是指进行高强度活动的那一周，而不是一个时间段的

Sec. 7a Physical activity at work Q.6

**week_mod_work**

In a typical week, on how many days do you do moderate-intense activities as part of your work?

Please enter the number of days

Sec. 7a Physical activity at work Label

On a typical day that you do these activities at work, how much time do you spend doing moderate-intense activities?

**START ROSTER 7.4.1.2: Activity Q2**

Roster Contents: (1) Time
Activity Q2 Q.7

<table>
<thead>
<tr>
<th>unit_spent_mod</th>
<th>day_moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if : select exerc_mod_work from CHN_HHS where exerc_mod_work = 1</td>
<td></td>
</tr>
</tbody>
</table>

Select unit:

(1) Minutes, (2) Hours, (-1) Don't know, (-2) Decline to respond

Activity Q2 Q.8

<table>
<thead>
<tr>
<th>amount_spent_mod</th>
<th>day_moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if : current.unit_spent_mod IN (1, 2)</td>
<td></td>
</tr>
</tbody>
</table>

Enter amount of time (mins/hours):

END ROSTER 7.4.1.2: Activity Q2

Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 7.4.1: Sec. 7a Physical activity at work

Sec. 7a Physical activity at work Label

Physical Activity Label

Recreational Physical Activity

Select button below to answer questions about participants recreational physical activities.

SCREEN 7.4.2: Sec. 7b Physical activity during recreation

Sec. 7b Physical activity during recreation Label

Instructions for interviewer:

All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don't know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Sec. 7b Physical activity during recreation Label

Read the following instructions before proceeding to the following questions:

Now I’m going to ask you some questions about your physical activity during recreation.

Vigorous-intense activity is activity that requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate.
**Moderate-intense activity** is activity that requires a moderate amount of effort and noticeably accelerates the heart rate.

If activity causes breathing and heart rate to increase significantly, it is considered **vigorous-intense** activity. If the response is "No", proceed to section F13.

In a typical week, on how many days do you do **vigorous-intense activities** for sports, fitness or recreation? Please enter the number of days.

On typical day that you do these activities, how much time do you spend doing **vigorous-intense activities** for sports, fitness or recreation?

Select unit (minutes/hours):
- (1)Minutes
- (2)Hours
- (-1)Don’t know
- (-2)Decline to respond

Enter amount of time (minutes/hours):
- (1)Minutes
- (2)Hours
- (-1)Don’t know
- (-2)Decline to respond
Sec. 7b Physical activity during recreation Q.5

<table>
<thead>
<tr>
<th>exerc_mod_recr</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you do any moderate-intense sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate (such as brisk walking, cycling, swimming, volleyball) for at least 10 minutes continuously?</strong></td>
<td></td>
</tr>
<tr>
<td>(SELECT ONE)</td>
<td></td>
</tr>
<tr>
<td>(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

Sec. 7b Physical activity during recreation Q.6

<table>
<thead>
<tr>
<th>week_mod_recr</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In a typical week, on how many days do you do moderate-intense activities for sports, fitness or recreation? 10 minutes continuously?</strong></td>
<td></td>
</tr>
<tr>
<td>Please enter the number of days</td>
<td></td>
</tr>
</tbody>
</table>

Sec. 7b Physical activity during recreation Q.7

<table>
<thead>
<tr>
<th>unit_mod_recr</th>
<th>time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select unit (minutes/hours):</strong></td>
<td></td>
</tr>
<tr>
<td>(1)Minutes,(2)Hours,(-1)Don't know,(-2)Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

Sec. 7b Physical activity during recreation Q.8

<table>
<thead>
<tr>
<th>amount_mod_recr</th>
<th>time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter amount of time (minutes/hours):</strong></td>
<td></td>
</tr>
<tr>
<td>Enable if :current.unit_mod_recr IN (1, 2)</td>
<td></td>
</tr>
</tbody>
</table>

**START ROSTER 7.4.2.2:Activity Q4**

RosterContents : (1)Time

**Activity Q4 Q.7**

<table>
<thead>
<tr>
<th>unit_mod_recr</th>
<th>time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if :select exerc_mod_recr from CHN_HHS where exerc_mod_recr = 1</td>
<td></td>
</tr>
</tbody>
</table>

**Activity Q4 Q.8**

<table>
<thead>
<tr>
<th>amount_mod_recr</th>
<th>time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if :current.unit_mod_recr IN (1, 2)</td>
<td></td>
</tr>
</tbody>
</table>

**END ROSTER 7.4.2.2:Activity Q4**

**Important Reminder:**

1. **Select “Remove Disabled Values” button below (red X).**
2. **Select “Validate” button below (green check mark).**
3. **Select “Show Error Details” button below (bottom right button).**
4. **Fix any “Errors” below (red circle).**
### Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

### END SCREEN 7.4.2: Sec. 7b Physical activity during recreation

<table>
<thead>
<tr>
<th>Physical Activity Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Inactivity</strong></td>
</tr>
<tr>
<td>This includes sedentary activities such as sitting in your office, reading, watching TV, or using a computer etc, but this does not include sleep.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>How much time do you usually spend sitting or reclining on a typical day? (do not include time spent sleeping)</em></td>
</tr>
</tbody>
</table>

### START ROSTER 7.4.3: Activity Q5

#### Roster Contents: (1) Time

<table>
<thead>
<tr>
<th>Activity Q5 Q.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select unit (minutes/hours):</td>
</tr>
<tr>
<td>(1) Minutes, (2) Hours, (1-2) Don't know, (2) Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Q5 Q.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter amount of time (minutes/hours):</td>
</tr>
<tr>
<td>Enable if: current.unit_pi IN (1, 2)</td>
</tr>
</tbody>
</table>

### END ROSTER 7.4.3: Activity Q5

<table>
<thead>
<tr>
<th>Physical Activity Label</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel To and From Places</strong></td>
</tr>
<tr>
<td>The following questions do not refer to farming, work, or household chores.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>必须是持续至少 10 分钟的步行或骑自行车。</td>
</tr>
</tbody>
</table>

---
### Physical Activity Q.3

<table>
<thead>
<tr>
<th>walk_or_bike</th>
<th>CHN_HHS</th>
</tr>
</thead>
</table>
| **Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?**  
(SELECT ONE)  
(1)Yes,(0)No,(–1)Don’t know,(–2)Decline to respond | |

### Physical Activity Q.4

<table>
<thead>
<tr>
<th>week_walk_bike</th>
<th>CHN_HHS</th>
</tr>
</thead>
</table>
| **In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?**  
Please enter the number of days  
If not done at all in a typical week, please enter 0. | |

### Physical Activity Q.5

<table>
<thead>
<tr>
<th>unit_walk_bike</th>
<th>time</th>
</tr>
</thead>
</table>
| **Select unit:**  
(1)Minutes,(2)Hours,(–1)Don’t know,(–2)Decline to respond | |

### Physical Activity Q.6

<table>
<thead>
<tr>
<th>amount_walk_bike</th>
<th>time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter amount of time (minutes/hours):</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**Important Reminder:**

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 7.4: Physical Activity

7. Health Behaviors Label

Weight Control

Select button below to answer questions about participants weight control.

SCREEN 7.5: Weight Control

**Weight Control Label**

*Instructions for interviewer:*

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with 1 = Don’t Know, or -2 = Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

**Weight Control Label**

Say to the participant: I would now like to ask you questions regarding your weight control.

<table>
<thead>
<tr>
<th>Weight Control Q.1</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>know_height</strong></td>
<td></td>
</tr>
<tr>
<td>Do you know your height?</td>
<td><strong>(SELECT ONE)</strong></td>
</tr>
<tr>
<td>(1)Yes,(0)No,(-2)Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight Control Q.2</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>know_height_osp</strong></td>
<td></td>
</tr>
<tr>
<td>Please enter height in cm:</td>
<td></td>
</tr>
<tr>
<td>Enable if :current.know_height = 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight Control Q.3</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>know_weight</strong></td>
<td></td>
</tr>
<tr>
<td>Do you know your weight?</td>
<td><strong>(SELECT ONE)</strong></td>
</tr>
<tr>
<td>(1)Yes,(0)No,(-2)Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight Control Q.4</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>know_weight_osp</strong></td>
<td></td>
</tr>
<tr>
<td>Please enter weight in kg:</td>
<td></td>
</tr>
<tr>
<td>Enable if :current.know_weight = 1</td>
<td></td>
</tr>
</tbody>
</table>

Weight Control Label
## Weight Control Q.5

**current_weight**

*CHN_HHS*

**How do you feel about your current weight?**

*Read responses aloud except for the options Don’t know, or Decline to respond (SELECT ONE)*

(1) Slim, (2) Normal, (3) Overweight, (4) Obese, (-1) Don’t know, (-2) Decline to respond

---

## Weight Control Label

采取措施指有计划地、主动地，以控制体重为目的的一系列行为。

---

## Weight Control Q.6

**control_weight**

*CHN_HHS*

**In the past 12 months, did you take any measures to control weight?**

*Read responses aloud except for the options Don’t know and Decline to respond (SELECT ONE)*

(1) Measures to lose weight, (2) Measures to keep current weight, (3) Measures to increase weight, (0) No measures taken, (-1) Don’t know, (-2) Decline to respond

---

## Weight Control Label

控制饮食：减少碳水化合物、脂类的摄入，增加蔬果摄入，调整膳食结构等；

---

## Weight Control Q.7

**lose_weight**

*CHN_HHS*

**What measures have you taken to lose or maintain your weight?**

*SELECT ALL THAT APPLY*

(1) Control diet, (2) Exercises, (3) Medication, (4) Others, (-1) Don’t know, (-2) Decline to respond

---

## Weight Control Label

所有措施都应该是以控制体重为目的的，如果其他目的的附属行为，不能算作控制体重的方法。

---

## Weight Control Q.8

**comments_7**

*CHN_HHS*

**Please provide any comments you have about Section 7: Health Behaviors.**

---

## Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

---

END SCREEN 7.5: Weight Control
Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 7: 7. Health Behaviors

SCREEN8: 8. Medical History
Enable if :current.hh_consent = 1

8. Medical History Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Say to the participant: I would now like to ask you questions regarding your overall medical history.

Heart Condition History
Please select button below to answer questions about your history with heart disease.

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.
8a. Heart Condition History Label

**Read the following instructions before proceeding to the following questions:**
Now I’m going to ask you some questions about your heart condition history.

**8a. Heart Condition History Q.1**

**Have you ever been diagnosed with any of these conditions?**

**Read responses aloud**

(SELECT ALL THAT APPLY)

1. Heart disease,
2. Angina (chest pain from heart disease),
3. Heart attack,
4. Heart failure,
5. Myocardial infarction (MI),
6. Stroke (cerebrovascular accident or incident),
7. High blood/sugar glucose,
8. Chronic kidney disease,
9. ST-segment elevated myocardial infarction (STEMI),
10. Cardiac arrest (cardiopulmonary arrest, circulatory arrest, or sudden death. Different from a heart attack; a person experiencing cardiac arrest becomes unconscious because his/her heart stops, and needs to be revived with CPR or defibrillation paddles.),
11. Congestive heart failure (heart failure, cardiomyopathy or “weak” heart),
12. Atrial fibrillation, (irregular rhythm or “A-Fib”. Irregular heart rhythm related to abnormal electrical conduction in the heart.),
0. None,
-1. Don’t know,
-2. Decline to respond

START ROSTER 8.1.1: Medical History P.1

Roster Contents:
1. Heart disease,
2. Angina,
3. Heart attack,
4. Heart failure,
5. Myocardial infarction,
6. Stroke,
7. High blood sugar/glucose,
8. Chronic kidney disease,
9. ST-segment elevated myocardial infarction,
10. Cardiac arrest,
11. Congestive heart failure,
12. Atrial fibrillation

**Medical History P.1 Q.2**

At what age were you first diagnosed with this condition?

Round age to nearest whole number

**Medical History P.1 Q.3**

Have you taken measures to control this condition?

(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond

SCREEN8.1.1.1: What kind of measures have you taken to control this condition?

Enable if: current.control_condition=1

**What kind of measures have you taken to control this condition? Q.1**

(SELECT ALL THAT APPLY)

1. Control diet,
2. Exercises,
3. Blood pressure monitoring,
4. Blood sugar monitoring,
5. Blood lipid monitoring,
6. Insulin treatment,
7. Taking drugs as prescribed,
8. Self-medicating,
9. Other,
99. Don’t know,
98. Decline to respond

**Important Reminder:**

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
### What kind of measures have you taken to control this condition? Label

End Screen 8.1.1.1: What kind of measures have you taken to control this condition?

End Roster 8.1.1: Medical History P.1

Start Roster 8.1.2: Medical History P.2

Roster Contents:
1. Heart disease,
2. Angina,
3. Heart attack,
4. Heart failure,
5. Myocardial infarction,
6. Stroke,
7. High blood sugar/glucose,
8. Chronic kidney disease,
9. ST-segment elevated myocardial infarction,
10. Cardiac arrest,
11. Congestive heart failure,
12. Atrial fibrillation

Medical History P.2 Q.4

Have you taken any of these measures in the past two weeks?

(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond

Enable if: current.control_condition = 1

Medical History P.2 Q.5

In the past 30 days, have you taken any medication for this condition?

(1) Yes, (0) No

Enable if: current.taken_meds = 1

Screen 8.1.2.1: What medications have you taken for this condition?

Enable if: current.taken_meds = 1

What medications have you taken for this condition?

What medications have you taken for this condition? (SELECT ALL THAT APPLY)

1. Aspirin,
2. Statin,
3. Beta blockers,
4. Calcium channel blockers,
5. Tanshinone,
6. Ginkgo biloba,
7. Panax notoginseng,
8. Hirudo,
9. Erigeron breviscapus,
10. Lipid lowering agents,
11. Dipyridamole,
12. Heparin,
13. Prednisone,
14. Dexamethasone,
15. Leflunomide,
16. Other,
17. Don't know,
18. Decline to respond

End Screen 8.1.2.1: What medications have you taken for this condition?

End Roster 8.1.2: Medical History P.2

8a. Heart Condition History Label

8a. Heart Condition History Q.6

When was the last time your blood pressure was measured? This could have been anyone including yourself.

(SELECT ONE)

1. Within 7 days,
2. Within the last month,
3. 1-6 months ago,
4. 7-12 months ago,
5. 12 months ago,
6. Never had blood pressure measured,
7. Don't know,
8. Decline to respond

8a. Heart Condition History Q.7

Have you been diagnosed as hypertensive?

(1) Yes, (0) No

8a. Heart Condition History Q.8

Have you taken any measures to control your blood pressure?

(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond

Enable if: current.diag_hypertensive = 1
8a. Heart Condition History Q.9  
**what_control_bp**  
CHN_HHS
Enable if :current.control_bp = 1

*What kind of measures did you take to control your blood pressure? (SELECT ALL THAT APPLY)*

1) Take drugs according to doctor's prescription,  
2) Take drugs when symptoms present,  
3) Control diet,  
4) Exercises,  
5) Blood pressure monitoring,  
6) Other,  
7) Don't know,  
8) Decline to respond

8a. Heart Condition History Q.10  
**bp_meds**  
CHN_HHS
Enable if :array_contains(current.what_control_bp, 1) OR array_contains(current.what_control_bp, 2)

*Did you take blood pressure lowering medication in the past 2 weeks?*

1) Yes,  
0) No

8a. Heart Condition History Q.11  
**diag_diabetes**  
CHN_HHS

*Have you been diagnosed with diabetes? (not including gestational diabetes)*

1) Yes,  
0) No

8a. Heart Condition History Q.12  
**control_diabetes**  
CHN_HHS
Enable if :current.diag_diabetes = 1

*Have you taken measures to control your blood glucose levels?*

1) Yes,  
0) No,  
-1) Don't know,  
-2) Decline to respond

8a. Heart Condition History Q.13  
**what_control_diabetes**  
CHN_HHS
Enable if :current.control_diabetes = 1

*What kind of measures did you take to control your blood glucose? (SELECT ALL THAT APPLY)*

1) Take drugs according to doctor's prescription,  
2) Insulin treatment,  
3) Control diet,  
4) Exercises,  
5) Blood glucose monitoring,  
6) Other,  
7) Don't know,  
8) Decline to respond

8a. Heart Condition History Q.14  
**diag_dyslipid**  
CHN_HHS

*Have you been diagnosed with dyslipidaemia? (Dyslipidaemia is when there are abnormal amounts of lipids and lipoproteins in the blood)*

1) Yes,  
0) No

8a. Heart Condition History Q.15  
**control_dyslipid**  
CHN_HHS
Enable if :current.diag_dyslipid = 1

*Have you taken measures to control your blood lipid levels?*

1) Yes,  
0) No,  
-1) Don't know,  
-2) Decline to respond

8a. Heart Condition History Q.16  
**what_control_dyslipid**  
CHN_HHS
Enable if :current.control_dyslipid = 1

*What kind of measures did you take to control your blood lipid? (SELECT ALL THAT APPLY)*

1) Take drugs according to doctor's prescription,  
2) Control diet,  
3) Exercises,  
4) Blood lipid monitoring,  
5) Other,  
99) Don't know,  
98) Decline to respond

8a. Heart Condition History Q.17  
**taken_aspirin**  
CHN_HHS

*Have you taken aspirin in the last 30 days? (SELECT ONE)*

1) Yes,  
0) No,  
-1) Don't know,  
-2) Decline to respond

8a. Heart Condition History Q.18  
**aspirin_prevent**  
CHN_HHS
Enable if :current.taken_aspirin = 1

*Are you taking aspirin to prevent or treat heart disease? (SELECT ONE)*

1) Yes,  
0) No,  
-1) Don't know,  
-2) Decline to respond

8a. Heart Condition History Label
8a. Heart Condition History Q.19

In the past 30 days, have you taken any type of statin (Lovastatin/Simvastatin/Atorvastatin or any other statin)?

(SELECT ONE)

1. Yes, 0. No, -1. Don’t know, -2. Decline to respond.

8a. Heart Condition History Q.20

In the past 30 days, have you taken any statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) to prevent or treat heart disease?

(SELECT ONE)

1. Yes, 0. No, -1. Don’t know, -2. Decline to respond.

Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 8.1:8a. Heart Condition History

8. Medical History Label

8. Medical History Q.1

In the last 12 months, have you called 120/999?

1. Yes, 0. No, -1. Don’t know, -2. Decline to respond.

8. Medical History Q.2

In the last 12 months, how many times did you call 120/999?

If necessary, enter the following codes: -1 = Don’t know or -2 = Decline to respond.

Please select button below to answer further questions about your experience calling 120/999.

SCREEN8.2:8b. 120/999 Experience

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
8b. 120/999 Experience Label

*All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value. Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.*

---

**8b. 120/999 Experience Label**

**START ROSTER 8.2.1:120/999 Calls P.1 Each row represents one of the times the participant has called 120/999.**

Roster Contents: (1) First call, (2) Second call, (3) Third call, (4) Fourth call, (5) Fifth call

---

**120/999 Calls P.1 Each row represents one of the times the participant has called 120/999. Q.1**

Was your 120/999 call for yourself or another person?

(1) Myself, (2) Other person, (1) Don’t know, (2) Decline to respond

---

**120/999 Calls P.1 Each row represents one of the times the participant has called 120/999. Q.2**

If you called 120/999 for another person, did you accompany the patient?

(1) Yes, (0) No, (1) Don’t know, (2) Decline to respond

---

**120/999 Calls P.1 Each row represents one of the times the participant has called 120/999. Q.3**

What was the primary reason for your call?


---

**120/999 Calls P.1 Each row represents one of the times the participant has called 120/999. Q.4**

Did you/the patient receive any treatment in the ambulance?

(1) Yes, (0) No, (1) Don’t know, (2) Decline to respond

---

**120/999 Calls P.1 Each row represents one of the times the participant has called 120/999. Q.5**

Were you or the individual that you called 120/999 for transported to a facility?

(1) Yes, (0) No, (1) Don’t know, (2) Decline to respond

---

**END ROSTER 8.2.1:120/999 Calls P.1 Each row represents one of the times the participant has called 120/999.**

---

**START ROSTER 8.2.2:120/999 Calls P.2 Each row represents one of the times the participant has called 120/999.**

Roster Contents: (1) First call, (2) Second call, (3) Third call, (4) Fourth call, (5) Fifth call

---

**SCREEN8.2.2.1: Which facilities was the patient transported to?**

Enable if: current.taken_to_facility = 1

---

**Which facilities was the patient transported to? Label**

*Instructions for interviewer: All text highlighted in yellow are directions for you and should not be
Which facilities was the patient transported to?

Label

**Important Reminder:**

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 8.2.2.1: Which facilities was the patient transported to?

120/999 Calls P.2 Each row represents one of the times the participant has called 120/999. Q.6

Who decided on the facility?

(1) EMS staff on board (driver, nurse, doctor), (2) Patient, (3) Family, (4) Other, (-1) Don’t know, (-2) Decline to respond

SCREEN 8.2.2.2: Travel time to hospital

Travel time to hospital Label

About how long did it take for you to arrive at the hospital?

START ROSTER 8.2.2.1: Hospital Travel Time

RosterContents: (1) Time

Hospital Travel Time Q.1

Select unit:

(1) Minutes, (2) Hours, (-1) Don’t know, (-2) Decline to respond
Hospital Travel Time Q.2

Enter amount of time (minutes/hours):

amount_120_999  time_120_999
Enable if :current.unit_120_999 >0

Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END ROSTER 8.2.2.2.1: Hospital Travel Time

Travel time to hospital Label

START ROSTER 8.2.2.3.1: How long did the patient have to wait before receiving medical attention upon arrival at the facility?
Roster Contents : (1) Time

How long did the patient have to wait before receiving medical attention upon arrival at the facility? Q.1
unit_wait_120  time_120_999
Select unit:
(1) Minutes, (2) Hours, (3) Don’t know, (4) Decline to respond

How long did the patient have to wait before receiving medical attention upon arrival at the facility? Q.2
amount_wait_120  time_120_999
Enable if :current.unit_wait_120 >0

Enter amount of time (minutes/hours):

END ROSTER 8.2.2.3.1: How long did the patient have to wait before receiving medical attention upon arrival at the facility?

Wait before receiving medical attention Label

Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
120/999 Calls P.2 Each row represents one of the times the participant has called 120/999. Q.8

total_cost_120 call_120_999
Enable if :current.accompany_patient = 1 OR current.self_other = 1

How much was the total 120/999 service? (Includes both out of pocket costs as well as any costs paid by an insurance company)

If necessary, use the following codes: -1 Don't know or -2 Decline to respond.

120/999 Calls P.2 Each row represents one of the times the participant has called 120/999. Q.9

out_pocket_120 call_120_999
Enable if :current.accompany_patient = 1 OR current.self_other = 1

Of the total 120/999 service costs, how much of this was paid out of pocket?

If necessary, use the following codes: -1 Don't know or -2 Decline to respond.

Read the following instructions before asking the question: Please respond to each of the questions using the following scale 1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you called 120/999. How would you rate:

8b. 120/999 Experience Label

8b. 120/999 Experience Label

8b. 120/999 Experience Label

8b. 120/999 Experience Q.10 call_answered CHN_HHS

The time for the call to be answered?

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond

8b. 120/999 Experience Q.11 respect_dispatch CHN_HHS

The way in which you were respected by the dispatcher over the phone?

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond

8b. 120/999 Experience Label

8b. 120/999 Experience Q.12 dispatch_support CHN_HHS

The guidance and support of the dispatcher in regards to your specific situation?

(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
<th>Enabled Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8b. 120/999 Experience Q.13</td>
<td>The professionalism of the dispatcher in providing over the phone guidance and support for handling your situation?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>rate_dispatch_support</td>
<td>CHN_HHS</td>
<td>Enable if :current.dispatch_support = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.14</td>
<td>Was an emergency vehicle sent to your location?</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>vehicle_sent</td>
<td>CHN_HHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.15</td>
<td>The time for the vehicle to arrive?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>vehicle_arrive</td>
<td>CHN_HHS</td>
<td>Enable if :current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.16</td>
<td>The attitude of the ambulance staff?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>staff_attitude</td>
<td>CHN_HHS</td>
<td>Enable if :current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.17</td>
<td>The clarity with which the ambulance staff who treated you explained things to you/your family?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>staff_clarity</td>
<td>CHN_HHS</td>
<td>Enable if :current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.18</td>
<td>Were you at any time and for any reason inside the ambulance vehicle?</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>inside_amb</td>
<td>CHN_HHS</td>
<td>Enable if :current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.19</td>
<td>The cleanliness of the vehicles?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>clean_vehicle</td>
<td>CHN_HHS</td>
<td>Enable if :current.inside_amb = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.20</td>
<td>Were any treatments or procedures performed on you in the ambulance?</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>procedures_amb</td>
<td>CHN_HHS</td>
<td>Enable if :current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.21</td>
<td>The quality of the treatments/procedures performed in the ambulance.</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>quality_amb</td>
<td>CHN_HHS</td>
<td>Enable if :current.procedures_amb = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.22</td>
<td>Did you receive any information about the treatments/procedures performed in the ambulance?</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>info_received_amb</td>
<td>CHN_HHS</td>
<td>Enable if :current.procedures_amb = 1</td>
<td></td>
</tr>
<tr>
<td>8b. 120/999 Experience Q.23</td>
<td>The information you received about treatment/procedure performed in the ambulance?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td>quality_info_amb</td>
<td>CHN_HHS</td>
<td>Enable if :current.info_received_amb = 1</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Description and Choices</td>
<td>Enable if:</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Did the ambulance transport you to a facility?</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
<td>:current.vehicle_sent = 1</td>
<td></td>
</tr>
<tr>
<td>The freedom you had in choosing facility location?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (1) Don't know, (2) Decline to respond</td>
<td>:current.amb_transport_facility = 1</td>
<td></td>
</tr>
<tr>
<td>Read the following instructions before asking the question:</td>
<td>I am going to read aloud a statement, please respond using the following scale 1) Very trusted, 2) Trust, 3) moderate, 4) Do not trust, 5) Very mistrusted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please rate your level of trust of Emergency Medical Service?</td>
<td>(1) Very high, (2) High, (3) Moderate, (4) Low, (5) Very low, (1) Don't know, (2) Decline to respond</td>
<td>:current.amb_transport_facility = 1</td>
<td></td>
</tr>
<tr>
<td>How reasonable do you think the medical fee is?</td>
<td>(1) Very inexpensive or free, (2) Somewhat inexpensive, (3) Moderate, (4) Somewhat expensive, (5) Very expensive, (1) Don't know, (2) Decline to respond</td>
<td>:current.amb_transport_facility = 1</td>
<td></td>
</tr>
<tr>
<td>Please rate the overall quality of Emergency Medical Service from 1 being the best to 5 being the worst.</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (1) Don't know, (2) Decline to respond</td>
<td>:current.amb_transport_facility = 1</td>
<td></td>
</tr>
<tr>
<td>If any, please indicate aspects for improvement in regards to the Emergency Medical Service you received.</td>
<td>Read responses aloud (SELECT ALL THAT APPLY) (1) No area for improvement, (2) Technical level, (3) Equipment, (4) Variety of medication, (5) Patient services, (6) Service fee, (7) Price of medicine, (8) Flow and processing of services, (9) Wait time, (10) Overall environment, (11) Unnecessary diagnosis, treatment and medication, (12) Others, (1) Don't know, (2) Decline to respond</td>
<td>:current.amb_transport_facility = 1</td>
<td></td>
</tr>
</tbody>
</table>

**Important Reminder:**
8b. 120/999 Experience Label

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 8.2:8b. 120/999 Experience

8. Medical History Label

8. Medical History Label

Health Care Utilization

Select button below to answer questions about your utilization and knowledge of health care.

8. Medical History Q.3

Have you ever visited a doctor or other health professional for a routine checkup? A routine checkup is a general physical exam, not an exam for specific injury, illness, or condition. (SELECT ONE)

(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond

SCREEN8.3:8c. Health Care Utilization

Enable if :current.routine_checkup = 1

8c. Health Care Utilization Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

8c. Health Care Utilization Label

General Access
Say to the participant: I would now like to ask you questions regarding your experience with routine health care checkups.
8c. Health Care Utilization Q.1

In what year did you most recently visit a doctor or other health professional for a routine checkup?

(SELECT ONE)

If necessary, use the following codes:
-1 = Don't know or -2 = Decline to respond

1 = Don't know, 2 = Decline to respond

8c. Health Care Utilization Label

8c. Health Care Utilization Q.2

What was the type of health facility that you last visited for medical attention for routine care?

(SELECT ONE)

1 = Tertiary hospital, 2 = Secondary hospital, 3 = Town-level hospital, 4 = Private hospitals/private clinic, 5 = Other, 6 = Don't know, 7 = Decline to respond

8c. Health Care Utilization Label

8c. Health Care Utilization Q.3

Approximately how far away was the facility that you attended for a routine checkup from your home at the time?

Enter distance in km

If necessary, use the following codes:
-1 = Don't know or -2 = Decline to respond

8c. Health Care Utilization Label

How long did it take you to get there?

START ROSTER 8.3.1: Travel time

Roster Contents: (1) Time

Travel time Q.4

Select unit:
-1 = Don't know, 2 = Decline to respond

Travel time Q.5

Enter amount of time (minutes/days/hours):

Enable if :current.unit_gen > 0

END ROSTER 8.3.1: Travel time

Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).
8c. Health Care Utilization Label

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

**END SCREEN 8.3:8c. Health Care Utilization**

8. Medical History Label

**Emergency Department**
Emergency means a sudden illness or sudden onset of chronic diseases that require immediate treatment for emergency treatment or treatment situation. Within the past 12 months, look at the number of emergency room visits, excluding emergency situations when the respondent was accompanied by others.

<table>
<thead>
<tr>
<th>8. Medical History Q.4</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>visit_ed</strong></td>
<td></td>
</tr>
<tr>
<td>In the last 12 months, have you visited the emergency department? (单选)</td>
<td></td>
</tr>
<tr>
<td>(1)Yes,(0)No,(-1)Don’t know,(-2)Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Medical History Q.5</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>times_visit_ed</strong></td>
<td></td>
</tr>
<tr>
<td>Enable if:current.visit_ed = 1</td>
<td></td>
</tr>
<tr>
<td>In the last 12 months, how many times did you visit the emergency department?</td>
<td></td>
</tr>
</tbody>
</table>

8. Medical History Label

**Please select button below to answer further questions about your visits to the emergency department.**

**SCREEN8.4:8d. Emergency Department**

Enable if :current.visit_ed = 1

<table>
<thead>
<tr>
<th>8d. Emergency Department Label</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructions for interviewer:</strong></td>
<td></td>
</tr>
<tr>
<td>All text highlighted in yellow are directions for you and should not be read aloud.</td>
<td></td>
</tr>
<tr>
<td>All text highlighted in green are observations only.</td>
<td></td>
</tr>
<tr>
<td>All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value. Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.</td>
<td></td>
</tr>
</tbody>
</table>
**8d. Emergency Department Label**

Read the following before proceeding to the questions:
The following questions refer to the last time you visited the emergency department.

---

**START ROSTER 8.4.1:Emergency Department P.1** Each row represents one of the participants visits.

<table>
<thead>
<tr>
<th>transport_facility_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

How did you go to the facility?

1. Ambulance, 2. Self-arranged transportation, -1. Don't know, -2. Decline to respond

---

<table>
<thead>
<tr>
<th>self_transport_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

Why did you choose self arranged transportation?

1. Cheaper, 2. Don't want to wait for ambulance, 3. I was close to the facility, 5. Other, -1. Don't know, -2. Decline to respond

---

<table>
<thead>
<tr>
<th>primary_reason_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

What was the primary reason for your visit?


---

<table>
<thead>
<tr>
<th>facility_visited_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

Where did you go for the emergency department medical care?


---

**END ROSTER 8.4.1:Emergency Department P.1** Each row represents one of the participants visits.

---

**START ROSTER 8.4.2:Emergency Department P.2** Each row represents one of the participants visits.

<table>
<thead>
<tr>
<th>unit_ed</th>
<th>time_emc</th>
</tr>
</thead>
</table>

About how long did it take for you to arrive at the hospital? (ED) Q.1

Select unit:

1. Minutes, 2. Hours, -1. Don't know, -2. Decline to respond

---

<table>
<thead>
<tr>
<th>amount_ed</th>
<th>time_emc</th>
</tr>
</thead>
</table>

About how long did it take for you to arrive at the hospital? (ED) Q.2

Enter amount of time (minutes/hours):

---

**SCREEN 8.4.2.1:Travel time to hospital**

---

**START ROSTER 8.4.2.1:About how long did it take for you to arrive at the hospital? (ED)**

RosterContents : (1) Time

---

**SCREEN 8.4.2.1.1:About how long did it take for you to arrive at the hospital? (ED)**

<table>
<thead>
<tr>
<th>unit_ed</th>
<th>time_emc</th>
</tr>
</thead>
</table>

About how long did it take for you to arrive at the hospital? (ED) Q.1

Select unit:

1. Minutes, 2. Hours, -1. Don't know, -2. Decline to respond

---

<table>
<thead>
<tr>
<th>amount_ed</th>
<th>time_emc</th>
</tr>
</thead>
</table>

About how long did it take for you to arrive at the hospital? (ED) Q.2

Enter amount of time (minutes/hours):

---
END ROSTER 8.4.2.1: About how long did it take for you to arrive at the hospital? (ED)

END SCREEN 8.4.2.1: Travel time to hospital

<table>
<thead>
<tr>
<th>Emergency Department P.2</th>
<th>Each row represents one of the participants visits. Q.5</th>
<th>How long did it take for you to receive medical attention after arriving at the emergency department?</th>
</tr>
</thead>
<tbody>
<tr>
<td>med_atten_ed</td>
<td>times_at_ed</td>
<td>(1) Was seen immediately, (2) 0-14 minutes, (3) 15-29 minutes, (4) 30-59 minutes, (5) 60-89 minutes, (6) 90-119 minutes, (7) 120+ minutes, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Department P.2</th>
<th>Each row represents one of the participants visits. Q.6</th>
<th>How much was the total emergency medical expenses? (This includes both out of pocket cost as well as any costs paid by an insurance company)</th>
</tr>
</thead>
<tbody>
<tr>
<td>total_cost_ed</td>
<td>times_at_ed</td>
<td>If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Department P.2</th>
<th>Each row represents one of the participants visits. Q.7</th>
<th>Of the total emergency medical expenses, how much of this was paid out of pocket?</th>
</tr>
</thead>
<tbody>
<tr>
<td>out_pocket_ed</td>
<td>times_at_ed</td>
<td>If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Department P.2</th>
<th>Each row represents one of the participants visits. Q.8</th>
<th>How much was the total non-medical expenses associated with the emergency visit? (e.g. transportation, lodging, personal care etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>total_non_med_ed</td>
<td>times_at_ed</td>
<td>If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</td>
</tr>
</tbody>
</table>

END ROSTER 8.4.2: Emergency Department P.2 Each row represents one of the participants visits.

8d. Emergency Department Label

**Read the following instructions before asking the question:**

Please respond to each of the questions using the following scale: 1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you were admitted to the emergency department when self transported. How would you rate:

**8d. Emergency Department Q.9**

<table>
<thead>
<tr>
<th>wait_med_attn</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount of time you had to wait before you received professional medical attention at the emergency department.</td>
<td></td>
</tr>
<tr>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>

**8d. Emergency Department Label**

**8d. Emergency Department Q.10**

<table>
<thead>
<tr>
<th>respect_received</th>
<th>CHN_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The way in which you were treated with respect.</td>
<td></td>
</tr>
<tr>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>
### 8d. Emergency Department Q.11
**privacy_respect**
**CHN_HHS**

*The way in which your privacy was respected during the physical exams and treatment.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.12
**clarity_doctor**
**CHN_HHS**

*The clarity with which the medical professional who treated you explained things to you.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.13
**enough_interaction**
**CHN_HHS**

*The experience of having enough time to ask all of your questions about your health problem or the treatment.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.14
**add_info**
**CHN_HHS**

*The information you received about other treatments or examinations.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.15
**speak_private**
**CHN_HHS**

*The ease with which you were able to speak in private with the doctors or nurses.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.16
**choose_staff**
**CHN_HHS**

*The freedom you had in choosing the people who gave you medical attention.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.

### 8d. Emergency Department Q.17
**clean_ed**
**CHN_HHS**

*The cleanliness of the rooms in the emergency department.*

1. Very good,
2. Good,
3. Moderate,
4. Bad,
5. Very bad,
-1 Don’t know,
-2 Decline to respond.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8d. Emergency Department Q.18 <strong>ed_space_avail</strong></td>
<td>The amount of space you had.</td>
</tr>
<tr>
<td></td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Q.19 <strong>fam_visit</strong></td>
<td>The ease with which your family and friends were able to visit you.</td>
</tr>
<tr>
<td></td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Label</td>
<td><strong>Read the following instructions before asking the question:</strong></td>
</tr>
<tr>
<td></td>
<td>I am going to read aloud a statement, please respond using the following scale</td>
</tr>
<tr>
<td></td>
<td>1) Very trusted, 2) Trust, 3) moderate, 4) Do not trust, 5) Very mistrusted</td>
</tr>
<tr>
<td>8d. Emergency Department Q.20 <strong>trust_ed</strong></td>
<td>Please rate your level of trust of emergency department service.</td>
</tr>
<tr>
<td></td>
<td>(1) Very high, (2) High, (3) Moderate, (4) Low, (5) Very low, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Label</td>
<td><strong>Read the following instructions before asking the question:</strong></td>
</tr>
<tr>
<td></td>
<td>I am going to read aloud a statement, please respond using the following scale</td>
</tr>
<tr>
<td></td>
<td>1) very inexpensive or free, 2) somewhat inexpensive, 3) moderate, 4) somewhat</td>
</tr>
<tr>
<td></td>
<td>expensive, 5) very expensive</td>
</tr>
<tr>
<td>8d. Emergency Department Q.21 <strong>ed_fee_fair</strong></td>
<td>How reasonable do you think the emergency department fee is?</td>
</tr>
<tr>
<td></td>
<td>(1) Very inexpensive or free, (2) Somewhat inexpensive, (3) Moderate, (4) Somewhat</td>
</tr>
<tr>
<td></td>
<td>expensive, (5) Very expensive, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Q.22 <strong>quality_ed</strong></td>
<td>Please rate the overall quality of your emergency department visit from 1</td>
</tr>
<tr>
<td></td>
<td>being the best to 5 being the worst.</td>
</tr>
<tr>
<td></td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Q.23 <strong>chn_west_ed</strong></td>
<td>Would you prefer Chinese or Western medicine when it comes to emergency care?</td>
</tr>
<tr>
<td></td>
<td>(1) Chinese, (2) Western, (3) Both, (4) Other, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8d. Emergency Department Label</td>
<td></td>
</tr>
<tr>
<td>8d. Emergency Department Label</td>
<td></td>
</tr>
<tr>
<td>8d. Emergency Department Label</td>
<td></td>
</tr>
</tbody>
</table>
8d. Emergency Department Q.24

If any, please indicate aspects for improvement in regards to your emergency department visit.

Read responses aloud

(READ ALL THAT APPLY)

1. No area for improvement,
2. Technical level,
3. Equipment,
4. Variety of medication,
5. Patient services,
6. Service fee,
7. Price of medication,
8. Flow and processing of services,
9. Wait time,
10. Overall environment,
11. Unnecessary diagnosis, treatment and medication,
12. Others,
- Don't know,
- Decline to respond.

---

Important Reminder:

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

---

8. Medical History Q.6

In the last 12 months, did you seek outpatient healthcare? (That is, that you went to the clinic or hospital without having to be admitted for care)

(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond

8. Medical History Q.7

In the last 12 months, how many times did you seek outpatient healthcare?

Enable if :current.seek_op = 1

8. Medical History Label

Outpatient Care

Doctors at the hospital or clinic where the patient has gone have given a diagnosis or prescribed medication without hospitalization. This does not include emergency and also does not include check-up or routine hypertension, diabetes, or hyperlipidemia disease monitoring. Asked in the past 12 months, I look at the number of clinics surveyed, excluding outpatient cases accompanied by others.

8e. Outpatient Care Label

Please select button below to answer further questions about your outpatient care experience.

---

Instructions for interviewer:

All text highlighted in yellow are directions for you and should not be read aloud.
8e. Outpatient Care Label

All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

8e. Outpatient Care Label

Read the following before proceeding to the questions:
The following questions refer to the last time you received outpatient care.

START ROSTER 8.5.1:Outpatient Care P.1 Each row represents one of the participants visits.
RosterContents : (1) First visit,(2) Second visit,(3) Third visit,(4) Fourth visit,(5) Fifth visit

Outpatient Care P.1 Each row represents one of the participants visits. Q.1
transport_facility_op seek_opc

How did you go to the facility?
(1) Ambulance, (2) Self-arranged transportation, (1) Don’t know, (2) Decline to respond

Outpatient Care P.1 Each row represents one of the participants visits. Q.2
why_self_op seek_opc

Why did you choose self-arranged transportation?
(1) Cheaper, (2) Don’t want to wait for ambulance, (3) I was close to the facility, (5) Other, (1) Don’t know, (2) Decline to respond

Outpatient Care P.1 Each row represents one of the participants visits. Q.3
primary_reason_op seek_opc

What was the primary reason for seeking outpatient care?

Outpatient Care P.1 Each row represents one of the participants visits. Q.4
facility_visited_op seek_opc

Where did you go for the outpatient medical care?
(1) Tertiary hospital, (2) Secondary hospital, (3) Community clinics, (4) Private hospital, (5) Private clinic, (6) Pharmacy, (7) Other, (1) Don’t know, (2) Decline to respond

SCREEN8.5.1.1:Travel time to hospital

START ROSTER 8.5.1.1.1:About how long did it take for you to arrive at the hospital/facility? (OP)
RosterContents : (1) Time

About how long did it take for you to arrive at the hospital/facility? (OP) Q.1
unit_op time_op

Select unit:
(1) Minutes, (2) Hours, (1) Don’t know, (2) Decline to respond

About how long did it take for you to arrive at the hospital/facility? (OP) Q.2
amount_op time_op

Enter amount of time (minutes/hours):
Enable if :current.unit_op >0
**END ROSTER 8.5.1.1**: About how long did it take for you to arrive at the hospital/facility? (OP)

**END SCREEN 8.5.1.1**: Travel time to hospital

<table>
<thead>
<tr>
<th>Outpatient Care P.1 Each row represents one of the participants visits. Q.5</th>
<th>chn_med_op</th>
<th>seek_opc</th>
<th>Did you receive Chinese medicine during your outpatient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**END ROSTER 8.5.1**: Outpatient Care P.1 Each row represents one of the participants visits.

**START ROSTER 8.5.2**: Outpatient Care P.2 Each row represents one of the participants visits.  
Roster Contents: (1) First visit, (2) Second visit, (3) Third visit, (4) Fourth visit, (5) Fifth visit

<table>
<thead>
<tr>
<th>Outpatient Care P.2 Each row represents one of the participants visits. Q.6</th>
<th>med_attn_op</th>
<th>seek_opc</th>
<th>Who gave you medical attention?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Doctor, (2) Nurse, (3) Traditional medicine practitioner, (4) Dentist, (5) Physiotherapist or chiropractor, (6) Other, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCREEN 8.5.2.1**: Time waited before receiving medical attention.

**START ROSTER 8.5.2.1.1**: How long did you have to wait before receiving medical attention upon arrival at the facility? (OP)  
Roster Contents: (1) Time

<table>
<thead>
<tr>
<th>How long did you have to wait before receiving medical attention upon arrival at the facility? (OP) Q.1</th>
<th>unit_wait_op</th>
<th>time_op</th>
<th>Select unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Minutes, (2) Hours, (-1) Don’t know, (-2) Decline to respond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long did you have to wait before receiving medical attention upon arrival at the facility? (OP) Q.2</th>
<th>amount_wait_op</th>
<th>time_op</th>
<th>Enter amount of time (minutes/hours):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enable if: current.unit_wait_op &gt; 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**END ROSTER 8.5.2.1.1**: How long did you have to wait before receiving medical attention upon arrival at the facility? (OP)

**END SCREEN 8.5.2.1**: Time waited before receiving medical attention.

<table>
<thead>
<tr>
<th>Outpatient Care P.2 Each row represents one of the participants visits. Q.7</th>
<th>total_cost_op</th>
<th>seek_opc</th>
<th>How much was the total outpatient medical care expenses? (Includes both out of pocket costs as well as any costs paid by an insurance company) If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</th>
</tr>
</thead>
</table>
### Outpatient Care P.2 Each row represents one of the participants visits. Q.8

| out_pocket_op | seek_opc | Of the total outpatient medical expenses, how much of this was paid out of pocket?  
|----------------|---------| If necessary, please use the following codes:  
|                 |         | -1 Don’t know or -2 Decline to respond |

### Outpatient Care P.2 Each row represents one of the participants visits. Q.9

| total_non_med_op | seek_opc | How much was the total non-medical expenses associated with the outpatient care? (e.g. transportation, lodging, personal care etc.)  
|------------------|---------| If necessary, please use the following codes:  
|                  |         | -1 Don’t know or -2 Decline to respond |

**END ROSTER 8.5.2: Outpatient Care P.2 Each row represents one of the participants visits.**

---

<table>
<thead>
<tr>
<th>8e. Outpatient Care Label</th>
<th>Say to the participant: The following questions refer to the last time you received outpatient care.</th>
</tr>
</thead>
</table>

| 8e. Outpatient Care Q.10 | prescribed_meds | CHN_HHS | The last time you received medical attention (most recent entry into outpatient care), were you prescribed medication?  
|--------------------------|-----------------|---------| (1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond |

<table>
<thead>
<tr>
<th>8e. Outpatient Care Label</th>
<th></th>
</tr>
</thead>
</table>

| 8e. Outpatient Care Q.11 | get_meds | CHN_HHS | Where did you get the medications?  
|--------------------------|---------|---------| (1) At the hospital; (2) Community clinic; (3) Local pharmacy; (4) Other; (5) Did not purchase; (-1) Don’t know; (-2) Decline to respond |

<table>
<thead>
<tr>
<th>8e. Outpatient Care Label</th>
<th></th>
</tr>
</thead>
</table>

| 8e. Outpatient Care Q.12 | acquired_meds | CHN_HHS | Of the medications you were prescribed (most recent entry into outpatient care), how many were you able to acquire?  
|--------------------------|---------------|---------| (1) All of them; (2) Most; (3) Some; (4) Very few; (5) None; (-1) Don’t know; (-2) Decline to respond |

<table>
<thead>
<tr>
<th>8e. Outpatient Care Label</th>
<th></th>
</tr>
</thead>
</table>

| 8e. Outpatient Care Q.13 | no_meds | CHN_HHS | What was the primary reason that you didn’t obtain all of the medications?  
|--------------------------|--------|---------| (1) Could not afford; (2) Could not find all medicines; (3) Did not believe all the medications were needed; (4) Started to feel better; (5) Already had some of the medicines at home; (6) Other; (-1) Don’t know; (-2) Decline to respond |

<p>| 8e. Outpatient Care Label |  |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8e. Outpatient Care Q.14</td>
<td>Did you take the drugs as prescribed? This is considered as taking the medication exactly as prescribed by the medical professional who administered the prescription.</td>
<td>(1)Yes,(0)No,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.15</td>
<td>The way in which you were treated with respect.</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.16</td>
<td>The way in which your privacy was respected during the physical exams and treatment?</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.17</td>
<td>The clarity with which the medical professional who treated you explained things to you?</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.18</td>
<td>The experience of having enough time to ask all of your questions about your health problem or the treatment?</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.19</td>
<td>The information you received about other treatments or examinations?</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.20</td>
<td>The experience of obtaining information on the different types of treatment or tests?</td>
<td>(1)Very good,(2)Good,(3)Moderate,(4)Bad,(5)Very bad,(-1)Don’t know,(-2)Decline to respond</td>
</tr>
</tbody>
</table>
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.21 | The ease with which you were able to speak in private with the doctors or nurses? *(opc_private)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.22 | The way in which they maintained confidentiality about your personal information? *(opc_confidentiality)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.23 | The freedom you had in choosing the people who gave you medical attention? *(opc_choose_staff)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.24 | The cleanliness of the rooms and facilities, including the bathrooms? *(opc_clean)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.25 | The amount of space you had? *(opc_space_avail)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.26 | The ease with which your family and friends were able to visit you in outpatient care? *(opc_fam_visit)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
|--------------------------|-------------------------|--------------------------------------------------|
| 8e. Outpatient Care Label | 8e. Outpatient Care Q.27 | The experience of remaining in touch with the outside world while in outpatient care? *(opc_connection)*

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond |
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8e. Outpatient Care Q.28</td>
<td>Please rate your level of trust of health care providers.</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.29</td>
<td>How reasonable do you think the medical fee is?</td>
<td>(1) Very inexpensive or free, (2) Somewhat inexpensive, (3) Moderate, (4) Somewhat expensive, (5) Very expensive</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.30</td>
<td>Please rate the overall quality of your visit from 'Very good' being the best to 'Very bad' being the worst.</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.31</td>
<td>Would you prefer Chinese or Western medicine when it comes to outpatient care?</td>
<td>(1) Chinese, (2) Western, (3) Both, (4) Other, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8e. Outpatient Care Q.32</td>
<td>If any, please indicate aspects for improvement in regards to the outpatient care you received.</td>
<td>Read responses aloud (SELECT ALL THAT APPLY)</td>
</tr>
</tbody>
</table>

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).
END SCREEN 8.5:8e. Outpatient Care

8. Medical History Label

8. Medical History Label

8. Medical History Q.8 admitted_ip CHN_HHS
In the last 12 months, have you been admitted as an inpatient at any health facility?
(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond

8. Medical History Q.9 times_admitted_ip CHN_HHS
How many times were you admitted as an inpatient?
Enable if :current.admitted_ip = 1

8. Medical History Q.10 no_hospital CHN_HHS
In the last 12 months, was it ever recommended that you stay in a hospital after being diagnosed with a condition, yet you did not stay in the hospital?
(1)Yes,(0)No,(-1)Don't know,(-2)Decline to respond

8. Medical History Q.11 times_no_hospital CHN_HHS
How many times were you told to stay in the hospital but didn’t?
Enable if :current.no_hospital = 1

8. Medical History Q.12 reason_no_stay CHN_HHS
In the most recent case, what was the reason for not staying in the hospital?
(1)No effective treatment,(2)Financial difficulties,(3)Poor services,(4)No time,(5)No inpatient vacancy,(6)Other,(-1)Don't know,(-2)Decline to respond
Enable if :current.no_hospital = 1

8. Medical History Label

Please select button below to answer further questions about your inpatient care experience.

SCREEN8.6:8f. Inpatient Care
Enable if :current.admitted_ip = 1

8f. Inpatient Care Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

8f. Inpatient Care Label

Read the following instructions before proceeding to the following questions:
Now I’m going to ask you some questions about your heart condition history.
### Inpatient Care P.1

**Q.1** How did you go to the facility?

- (1) Ambulance
- (2) Self-arranged transportation
- (-1) Don't know
- (-2) Decline to respond

**Q.2** Why did you choose self-arranged transportation?

- (1) Cheaper
- (2) Don't want to wait for ambulance
- (3) I was close to the facility
- (5) Other
- (-1) Don't know
- (-2) Decline to respond

**Q.3** Where did you go for the inpatient medical care?

- (1) Tertiary hospital
- (2) Secondary hospital
- (3) Community clinics
- (4) Private hospital
- (5) Private clinic
- (6) Pharmacy
- (7) Other
- (-1) Don't know
- (-2) Decline to respond

**Q.4** What was the primary reason for seeking inpatient care?

- (1) High fever, severe diarrhea
- (2) Cough, flu, bronchitis, pneumonia
- (3) Immunization
- (4) Antenatal consultation
- (5) Childbirth
- (6) Family planning
- (7) Dental care
- (8) Arthritis
- (9) Diabetes
- (10) Cancer
- (11) Hypertension
- (12) Asthma
- (13) Heart disease
- (14) Bodily injury/accident
- (15) Minor surgery
- (16) Other
- (-1) Don't know
- (-2) Decline to respond

**SCREEN 8.6.1.1: Travel time to hospital**

**Q.1** Select unit:

- (1) Minutes
- (2) Hours
- (-1) Don't know
- (-2) Decline to respond

**Q.2** Enter amount of time (minutes/hours):

Enable if: current.unit_ip > 0

**Q.5** Did you receive Chinese medicine during your inpatient care?

- (1) Yes
- (0) No
- (-1) Don't know
- (-2) Decline to respond
### Inpatient Care P.2 Q.6

**Who gave you medical attention?**

1. Doctor,
2. Nurse,
3. Traditional medicine practitioner,
4. Dentist,
5. Physiotherapist or chiropractor,
6. Other,
7. Don’t know,
8. Decline to respond

**med_attn_ip**

### SCREEN 8.6.2.1: Wait for admission

#### START ROSTER 8.6.2.1: How long was the wait for admission? (This is regarding the wait time from finding out care is needed and receiving it)

<table>
<thead>
<tr>
<th>RosterContents</th>
<th>:{(1)Time}</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How long was the wait for admission?</strong> (This is regarding the wait time from finding out care is needed and receiving it) Q.1</td>
<td><strong>Select unit:</strong></td>
</tr>
<tr>
<td><strong>unit_adm_ip</strong></td>
<td><strong>time_ip_2</strong></td>
</tr>
<tr>
<td>Enter amount of time (mins/hours/days):</td>
<td><strong>amount_adm_ip</strong></td>
</tr>
<tr>
<td>Enable if .current.unit_adm_ip&gt;0</td>
<td></td>
</tr>
</tbody>
</table>

#### END ROSTER 8.6.2.1: How long was the wait for admission? (This is regarding the wait time from finding out care is needed and receiving it)

#### END SCREEN 8.6.2.1: Wait for admission

### Inpatient Care P.2 Q.7

**Was surgery performed?**

1. Yes,
2. No,
3. Don’t know,
4. Decline to respond

**surgery_ip**

### Inpatient Care P.2 Q.8

**Reason for discharge:**

**discharge_ip**

### END ROSTER 8.6.2: Inpatient Care P.2

### START ROSTER 8.6.3: Inpatient Care P.3

<table>
<thead>
<tr>
<th>RosterContents</th>
<th>:{(1)First visit,(2)Second visit,(3)Third visit,(4)Fourth visit,(5)Fifth visit}</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Care P.3 Q.9</strong></td>
<td><strong>Duration of stay (days):</strong></td>
</tr>
<tr>
<td><strong>stay_ip</strong></td>
<td><strong>times_admitted</strong></td>
</tr>
<tr>
<td><strong>Inpatient Care P.3 Q.10</strong></td>
<td><strong>How much was the total outpatient medical care expenses? (Includes both out of pocket costs as well as any costs paid by an insurance company)</strong></td>
</tr>
<tr>
<td><strong>total_cost_ip</strong></td>
<td><strong>times_admitted</strong></td>
</tr>
</tbody>
</table>

If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond
### Inpatient Care P.3 Q.11

<table>
<thead>
<tr>
<th>out_pocket_ip</th>
<th>times_admitted</th>
<th>Of the total outpatient medical expenses, how much of this was paid out of pocket?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</td>
</tr>
</tbody>
</table>

### Inpatient Care P.3 Q.12

<table>
<thead>
<tr>
<th>total_non_med_ip</th>
<th>times_admitted</th>
<th>How much was the total non-medical expenses associated with the emergency visit (e.g. transportation, lodging, personal care etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If necessary, please use the following codes: -1 Don’t know or -2 Decline to respond</td>
</tr>
</tbody>
</table>

**END ROSTER 8.6.3: Inpatient Care P.3**

#### 8f. Inpatient Care Label

**Read the following before proceeding to the questions:**

Please respond to each of the questions using the following scale:

1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you received inpatient care. How would you rate:

#### 8f. Inpatient Care Q.13

**ip_wait_attn**

The amount of time you had to wait before you received professional medical attention at the facility.

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond

#### 8f. Inpatient Care Q.14

**ip_respect**

The way in which you were received, greeted and treated with respect?

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond

#### 8f. Inpatient Care Q.15

**ip_privacy**

The way in which your privacy was respected during the physical exams and treatment?

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond

#### 8f. Inpatient Care Q.16

**ip_clarity**

The clarity with which the medical professional who treated you explained things to you?

(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>8f. Inpatient Care Q.17</td>
<td>The experience of having enough time to ask all of your questions about your health problem or the treatment?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.18</td>
<td>The information you received about other treatments or examinations?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.19</td>
<td>The ease with which you were able to speak in private with doctors or nurses?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.20</td>
<td>The way in which they maintained confidentiality about your personal information?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.21</td>
<td>The freedom you had in choosing the people who gave you medical attention?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.22</td>
<td>The cleanliness of the rooms and facilities, including the bathrooms?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.23</td>
<td>The amount of space you had?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>8f. Inpatient Care Q.24</td>
<td>The ease with which your family and friends were able to visit you?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Question ID</td>
<td>Label</td>
<td>Question Content</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>------------------</td>
</tr>
<tr>
<td>Q.25</td>
<td>ip_connection CHN_HHS</td>
<td>The experience of remaining in touch with the outside world? (1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.26</td>
<td>ip_trust CHN_HHS</td>
<td>Please rate your level of trust of health care providers. (1) Very high, (2) High, (3) Moderate, (4) Low, (5) Very low, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.27</td>
<td>ip_fee_fair CHN_HHS</td>
<td>How reasonable do you think the medical fee is. (1) Very inexpensive or free, (2) Somewhat inexpensive, (3) Moderate, (4) Somewhat expensive, (5) Very expensive, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.28</td>
<td>ip_quality CHN_HHS</td>
<td>Please rate the overall quality of your hospital stay. (1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.29</td>
<td>ip_improve CHN_HHS</td>
<td>If any, please indicate aspects for improvement in regards to the inpatient care you received. <strong>Read responses aloud (SELECT ALL THAT APPLY)</strong> (1) No area for improvement, (2) Technical level, (3) Equipment, (4) Variety of medication, (5) Patient services, (6) Service fee, (7) Price of medicine, (8) Flow and processing of services, (9) Wait time, (10) Overall environment, (11) Unnecessary diagnosis, treatment and medication, (12) Others, (-1) Don’t know, (-2) Decline to respond</td>
</tr>
</tbody>
</table>

**Important Reminder:**
8f. Inpatient Care Label

1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

END SCREEN 8.6:8f. Inpatient Care

8. Medical History Label

8. Medical History Label

Family History

Select button below to answer questions about your family medical history.

SCREEN 8.7:8g. Family History

8g. Family History Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

8g. Family History Label

START ROSTER 8.7.1: Family Medical History

RosterContents :(1)Hypertension (high blood pressure),(2)Heart disease,(3)Heart attack,(4)Heart failure,(5)Myocardial infarction,(6)Stroke,(7)High blood sugar,(8)Chronic kidney disease

Family Medical History Q.1

Have any of your family members ever been diagnosed with the following:

(1)Yes,(0)No,(-1)Don’t know,(-2)Decline to respond

SCREEN 8.7.1.1: Family members with condition

Enable if :current.family_diagnosed = 1

Family members with condition Q.1

Who in your family has a history of this condition?

(SELECT ALL THAT APPLY)

(1)Parent,(2)Sibling,(3)Child,(4)Grandparent,(7)Other,(99)Don’t know,(98)Decline to respond
### Family members with condition

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

**END SCREEN 8.7.1.1: Family members with condition**

**END ROSTER 8.7.1: Family Medical History**

### 8g. Family History

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

**END SCREEN 8.7.8g. Family History**

### 8. Medical History

**Please provide any comments you have about Section 8: Medical History.**

<table>
<thead>
<tr>
<th>comments_8</th>
<th>CHN_HHS</th>
</tr>
</thead>
</table>

**Important Reminder:**
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button...
### 8. Medical History Label
below (bottom right button).

### 4. Fix any “Errors” below (red circle).

**END SCREEN 8:8. Medical History**

**SCREEN 9:9. Demographics**
Enable if :current.hh_consent = 1

---

**9. Demographics Label**

*Instructions for interviewer:*
All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

**Say to the participant:** I would like to ask some questions about your general demographics such as educational level, ethnicity, and occupation.

---

**9. Demographics Q.1**

*Ethnic group:*
Choose the appropriate answer, if participant’s ethnic group is not represented in the list below, select other and proceed to specify.

(SELECT ONE)


---

**9. Demographics Q.2**

*Highest level of education.*

(1) No formal school, (2) Less than primary school, (3) Primary school, (4) Middle school, (5) High school, (6) College, (7) University, (8) Postgraduate and above, (9) Other, (1-1) Don’t know, (-2) Decline to respond
### 9. Demographics Label

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Demographics Q.4</td>
<td>Do you have any children?</td>
<td>children</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>9. Demographics Q.5</td>
<td>How many children above the age of 18?</td>
<td>children_18_up</td>
<td>Enable if: current.children = 1</td>
</tr>
<tr>
<td>9. Demographics Q.6</td>
<td>How many children under the age of 18?</td>
<td>children_under_18</td>
<td>Enable if: current.children = 1</td>
</tr>
<tr>
<td>9. Demographics Q.7</td>
<td>Have any of them received CPR training ever?</td>
<td>child_know_cpr</td>
<td>Enable if: current.children_18_up &gt; 0</td>
</tr>
<tr>
<td>9. Demographics Q.8</td>
<td>What kind of medical insurance do you have? Please read responses aloud (SELECT ALL THAT APPLY)</td>
<td>med_insurance</td>
<td>(1) Basic medical insurance, (2) Medical services at state expense, (3) Medical insurance for urban and township resident, (4) New rural cooperative medical insurance, (5) Commercial medical insurance, (6) Other, (7) No medical insurance, (99) Don't know, (98) Decline to respond</td>
</tr>
<tr>
<td>9. Demographics Q.9</td>
<td>Place of household registration.</td>
<td>hh_reg</td>
<td>(1) This village (district), (2) Other district but in the same city, (3) Other village but in the same city, (4) Other city in the same province, (5) Other province, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>9. Demographics Q.10</td>
<td>Please provide any comments you have about Section 9: Demographics.</td>
<td>comments_9</td>
<td></td>
</tr>
</tbody>
</table>
9. Demographics Label

Important Reminder:
1. Select “Remove Disabled Values” button below (red X).
2. Select “Validate” button below (green check mark).
3. Select “Show Error Details” button below (bottom right button).
4. Fix any “Errors” below (red circle).

End SCREEN 9:9. Demographics

SCREEN10:End

End Label

Complete all required sections before ending the survey.

End Label

Instructions for interviewer:
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

End Q.1

end_comment

CHN_HHS

Please leave any comments you have about this particular interview, and report any problems or difficulties that arose.

End Label

This is the end of the Household Survey. Thank you very much for your time and participation.

Interviewer must enter visit information below:

End Q.2

result_v1

CHN_HHS

Visit 1 result:
(1) Interview completed, (2) Partially completed, (3) Interview was refused, (4) Members of the household absent for extended period of time, (5) Unoccupied house, (6) Household address not found, (7) Other member of the household refused the interview, (8) Other
<table>
<thead>
<tr>
<th>End Q.3</th>
<th>Visit 1: Please select button to get date and time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>date_v1</td>
<td>CHN_HHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End Q.4</th>
<th>Visit 2 result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>result_v2</td>
<td>CHN_HHS</td>
</tr>
<tr>
<td>Enable if: current.result_v1 &lt;&gt; 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End Q.5</th>
<th>Visit 2: Please select button to get date and time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>date_v2</td>
<td>CHN_HHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End Q.6</th>
<th>Visit 3 result</th>
</tr>
</thead>
<tbody>
<tr>
<td>result_v3</td>
<td>CHN_HHS</td>
</tr>
<tr>
<td>Enable if: current.result_v2 &lt;&gt; 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End Q.7</th>
<th>Visit 3: Please select button to get date and time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>date_v3</td>
<td>CHN_HHS</td>
</tr>
</tbody>
</table>

**Important Reminder:**

1. Select "File" in upper left corner of screen
2. Select "Validate Entire Interview"
3. Fix any "Errors"

**END SCREEN 10: End**

**Validation rules**

- hh_age ineligible: If respondent is under the age of 18 they are not eligible to participate in the survey. current.hh_age BETWEEN 0 and 17
- hh_age_gr ineligible: If respondent is under the age of 18 they are not eligible to participate in the survey. current.hh_age_gr = 1

**Validation rules**

- hh_dob_yyyy ineligible: If respondent is under the age of 18 they are not eligible to participate in the survey. current.hh_dob_yyyy > 1997

**Validation rules**

- who_perform_cpr excl.: The “Decline to respond” response is mutually exclusive. array_contains(current.who_perform_cpr, -2) AND array_length(current.who_perform_cpr) > 1
- why_no_train excl.: The “Decline to respond” response is mutually exclusive. array_contains(current.why_no_train, -2) AND array_length(current.why_no_train) > 1
- agencies_train excl.: The “Decline to respond” response is mutually exclusive. array_contains(current.agencies_train, -2) AND array_length(current.agencies_train) > 1
- cpr_response excl.: The “Decline to respond” response is mutually exclusive. array_contains(current.cpr_response, 6) AND
<table>
<thead>
<tr>
<th>Formulation</th>
<th>Description</th>
<th>Validation rule</th>
</tr>
</thead>
<tbody>
<tr>
<td><code>perform_cpr excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_perform_cpr, -2) AND array_length(current_perform_cpr) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>determine_unresponsive excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_determine_unresponsive, -2) AND array_length(current_determine_unresponsive) &gt; 1</td>
</tr>
<tr>
<td><code>rescue_breathing excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_rescue_breathing, -2) AND array_length(current_rescue_breathing) &gt; 1</td>
</tr>
<tr>
<td><code>no\_pulse excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_no_pulse, -2) AND array_length(current_no_pulse) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>allowed_defib excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_allowed_defib, -2) AND array_length(current_allowed_defib) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>sym\_car\_arrest excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_sym_car_arrest, -2) AND array_length(current_sym_car_arrest) &gt; 1</td>
</tr>
<tr>
<td><code>sym\_acute\_mi excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_sym_acute_mi, -2) AND array_length(current_sym_acute_mi) &gt; 1</td>
</tr>
<tr>
<td><code>risk\_factors\_cvd excl.</code></td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td>array_contains(current_risk_factors_cvd, -2) AND array_length(current_risk_factors_cvd) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>start\_smoking excl.</code></td>
<td>0 years is not a valid response</td>
<td>current_start_smoking = 0</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>days\_ss\_amount excl.</code></td>
<td>Days should be less than 7, otherwise select weeks as unit and enter appropriate response.</td>
<td>current_ss_unit = 1 AND current_ss_enter_amount &gt; 7</td>
</tr>
<tr>
<td><code>weeks\_ss\_amount excl.</code></td>
<td>Weeks should be less than 4, otherwise select months as unit and enter appropriate response.</td>
<td>current_ss_unit = 2 AND current_ss_enter_amount &gt; 4</td>
</tr>
<tr>
<td><code>months\_ss\_amount excl.</code></td>
<td>Months should be less than 12, otherwise select years as unit and enter appropriate response.</td>
<td>current_ss_unit = 3 AND current_ss_enter_amount &gt; 12</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>minutes\_amount\_vig excl.</code></td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td>current_unit_spent_vig = 1 AND current_amount_spent_vig &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>minutes\_amount\_mod excl.</code></td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td>current_unit_spent_mod = 1 AND current_amount_spent_mod &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td><code>minutes\_vig\_recr excl.</code></td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td>current_unit_vig_recr = 1 AND current_amount_vig_recr &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>minutes_mod_recr excl.</td>
<td>current.unit_mod_recr = 1 AND current.amount_mod_recr &gt; 60</td>
<td></td>
</tr>
<tr>
<td>minutes_amount_pi excl.</td>
<td>current.unit_pi = 1 AND current.amount_pi &gt; 60</td>
<td></td>
</tr>
<tr>
<td>amount_walk_bike excl.</td>
<td>current.unit_walk_bike = 1 AND current.amount_walk_bike &gt; 60</td>
<td></td>
</tr>
<tr>
<td>lose_weight excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.lose_weight, 98) AND array_length(current.lose_weight) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what_measures excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.what_measures, 98) AND array_length(current.what_measures) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>age_diagnosed excl.</td>
<td>0 years is not a valid response</td>
<td></td>
</tr>
<tr>
<td>current.age_diagnosed = 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what_meds excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.what_meds, 98) AND array_length(current.what_meds) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what_control_bp excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.what_control_bp, -2) AND array_length(current.what_control_bp) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what_control_diabetes excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.what_control_diabetes, -2) AND array_length(current.what_control_diabetes) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what_control_dyslipid excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.what_control_dyslipid, -2) AND array_length(current.what_control_dyslipid) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>facility_visited excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.facility_visited, -2) AND array_length(current.facility_visited) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve_service excl. 1</td>
<td>The “Decline to respond” option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.improve_service, -2) AND array_length(current.improve_service) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve_service excl. 2</td>
<td>The “No area for improvement” option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>arrayContains(current.improve_service, 1) AND array_length(current.improve_service) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
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<td></td>
</tr>
<tr>
<td>time_called_ems excl.</td>
<td>0 is not valid response since participant has answered 'yes' to question above</td>
<td></td>
</tr>
<tr>
<td>current.times_called_ems = 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>minutes_amount_gen excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_gen = 1 AND current.amount_gen &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hours_amount_gen excl.</td>
<td>Hours should be less than 24, otherwise select days as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_gen = 2 AND current.amount_gen &gt; 24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_ed excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_ed = 1 AND current.amount_ed &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve_ed_emc excl. 1</td>
<td>The &quot;Decline to respond&quot; option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.improve_ed, -2) AND array_length(current.improve_ed) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve_ed_emc excl. 2</td>
<td>The &quot;No area for improvement&quot; option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.improve_ed, 1) AND array_length(current.improve_ed) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_op excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_op = 1 AND current.amount_op &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_wait_op excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_wait_op = 1 AND current.amount_wait_op &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opc_improve excl. 1</td>
<td>The &quot;Decline to respond&quot; option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.opc_improve, -2) AND array_length(current.opc_improve) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opc_improve excl. 2</td>
<td>The &quot;No area for improvement&quot; option is mutually exclusive.</td>
<td></td>
</tr>
<tr>
<td>array_contains(current.opc_improve, 1) AND array_length(current.opc_improve) &gt; 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_ip excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_ip = 1 AND current.amount_ip &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_adm_ip excl. 1</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_adm_ip = 1 AND current.amount_adm_ip &gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount_adm_ip excl. 2</td>
<td>Hours should be less than 24, otherwise select days as unit and enter appropriate response.</td>
<td></td>
</tr>
<tr>
<td>current.unit_adm_ip = 2 AND current.amount_adm_ip &gt; 24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Validation rules

### ip_improve excl. 1
- The "Decline to respond" option is mutually exclusive.
- `array_contains(current.ip_improve, -2) AND array_length(current.ip_improve) > 1`

### ip_improve excl. 2
- The "No area for improvement" option is mutually exclusive.
- `array_contains(current.ip_improve, 1) AND array_length(current.ip_improve) > 1`

### fam_mem excl.
- The "Decline to respond" option is mutually exclusive.
- `array_contains(current.fam_mem, -2) AND array_length(current.fam_mem) > 1`

### ethnicity excl.
- The "Decline to respond" option is mutually exclusive.
- `array_contains(current.ethnicity, -2) AND array_length(current.ethnicity) > 1`

### med_insurance excl.
- The "Decline to respond" option is mutually exclusive.
- `array_contains(current.med_insurance, -2) AND array_length(current.med_insurance) > 1`