

Online Supplementary Document

Wu et al. Monitoring and evaluating the adherence to a complementary food supplement (Ying Yang Bao) among young children in rural Qinghai, China: a mixed methods evaluation study

J Glob Health 2017;7:011101

Appendix S1. Questionnaire.

1. Identification (ID)

ID.1a	County: _____	ID.1an <input type="checkbox"/> <input type="checkbox"/>
ID.1b	Township: _____	ID.1bn <input type="checkbox"/> <input type="checkbox"/>
ID.1c	Village: _____	ID.1cn <input type="checkbox"/> <input type="checkbox"/>
ID.2	interviewee: _____	ID.2a <input type="checkbox"/> <input type="checkbox"/>
ID.3	The relationship between the interviewee and the child:	ID.3 <input type="checkbox"/>
	1.Mother 2.father 3.Grandparets 8.others: _____	
ID.4	Main caregiver or not? 1.Yes 2.No	ID.4 <input type="checkbox"/>
ID.5	Child name _____	ID.5
ID.6	Sex of the child: 1.Boy 2.Girl	ID.6 <input type="checkbox"/>
ID.7	Birthday of the child: ____year__month__day	ID.7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ID.8	Birth weight: _____ g (8888.Don't konw)	ID.8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ID.9	Birth height: _____cm (88.8.Don't konw)	ID.9 <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
ID.10	How many children has mother given birth before this child? __ (If ≥ 7 , then fill "7", 8. Don't konw)	ID.10 <input type="checkbox"/>
ID.11	Was mother anemic during the pregnancy?	ID.11 <input type="checkbox"/>
	1.Yes 2.No 8.Don't know	
ID.12	What was the gestational age of the child? ____weeks (88.Don't konw)	ID.12 <input type="checkbox"/> <input type="checkbox"/>
ID.13	What type of Hukou does the child have? 1.Urban 2.Rural	ID.13 <input type="checkbox"/>
ID.14	Interviewer: _____	ID.14 <input type="checkbox"/> <input type="checkbox"/>

ID.15	Survey date: __ __ __ __year__ __month__ __day	ID.15 □□□□/□□/□□
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2. Breastfeeding and Nutrition (BN)

I now want to ask you about how young children should be fed. This refers to children younger than 2 years in general, not seocifically to your child.		
BN.1	Can you tell me until what age a baby should receive only breastmilk, that is , no other food, water or teas? __ __ months [less than 1 month = 00, Don't know =88]	BN.1 <input type="checkbox"/> <input type="checkbox"/>
BN.2	Call you tell me at what age a baby should start receiving foods such as porridge, mashed or solid foods?? __ __ months [less than 1 month = 00, Don't know =88]	BN.2 <input type="checkbox"/> <input type="checkbox"/>
BN.3	Can you tell until what age a child should be breastfed? __ __ age in months [less than 1 month = 00] 90. When the milk dries out 91. when the child no longer wants the breast 88. Don' know	BN.3 <input type="checkbox"/> <input type="checkbox"/>
BN.4.	Can you tell me until what age a child should be fed lean meat or liver? __ __ months, [less than 1 month = 00, Don't know =88]	BN.4.f <input type="checkbox"/> <input type="checkbox"/>

Now I want to ask you about how your child is being fed.		
BN.5	Has the child ever been breastfed? 1. Yes 2. No ———> BN.6a	BN.5 <input type="checkbox"/>
BN.6	Was the child breastfed yesterday? 1. Yes——> __ __ times in last 24 hours[Don't know=88.] 2. No, my child hasn't been weaning, but did not be breastfed yesterday. 3. No. My child has been weaning——>At what age did the child be weaning? __ __ 月[Don't know=88.] 8. Don't know	BN.6 <input type="checkbox"/> BN.6.1 <input type="checkbox"/> <input type="checkbox"/> BN.6.3 <input type="checkbox"/> <input type="checkbox"/>

BN.7	Next I would like to ask you about some liquids that the child may have had yesterday during the day or at night. Did the child have any (item from list)? Read the List of Liquids.'	
	Vitamin/medicine/liquid	During the last 24 hours ?
	1. Vitamin/mineral supplements or drugs	1. Yes 2. No 8. Don't know BN.7.1 <input type="checkbox"/>
	2. ORS	1. Yes 2. No 8. Don't know BN.7.2 <input type="checkbox"/>
	3. Plain water/bottle water/suger water/tea	1. Yes 2. No 8. Don't know BN.7.3 <input type="checkbox"/>
	4. Infant formula	1. Yes __ __ times (88. Don't know) 2. No 8. Don't know BN.7.4 <input type="checkbox"/> BN.7.4.1 <input type="checkbox"/> <input type="checkbox"/>
	5. Milk such as tinned, powdered, or fresh animal milk	1. Yes __ __ times (88. Don't know) 2. No 8. Don't know BN.7.5 <input type="checkbox"/> BN.7.5.1 <input type="checkbox"/> <input type="checkbox"/>
	6. Juice or juice drinks	1. Yes 2. No 8. Don't know BN.7.6 <input type="checkbox"/>
	7. Clear broth	1. Yes 2. No 8. Don't know BN.7.7 <input type="checkbox"/>
	8. Yogurt	1. Yes __ __ times (88. Don't know) 2. No 8. Don't know BN.7.8 <input type="checkbox"/> BN.7.8.1 <input type="checkbox"/> <input type="checkbox"/>
	9. Thin porridge	1. Yes 2. No 8. Don't know BN.7.9 <input type="checkbox"/>
	10. Lactic-acid drink	1. Yes 2. No 8. Don't know BN.7.10 <input type="checkbox"/>
	11. Others: _____	1. Yes 2. No 8. Don't know BN.7.11 <input type="checkbox"/>

BN.8	Please describe everything that the child ate yesterday during the day or night, whether at home or outside the home. Yesterday during the day or night, did your child drink/eat any (food group items)?	
	Food group items	Coding categories
	1. Porridge, bread, rice, noodles, or other foods made from grains	1. Yes 2. No 8. Don't know BN.8.1 <input type="checkbox"/>
	2. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	1. Yes 2. No 8. Don't know BN.8.2 <input type="checkbox"/>
	3. White potatoes, white yams, manioc, cassava, or any other foods made from roots	1. Yes 2. No 8. Don't know BN.8.3 <input type="checkbox"/>
	4. Any dark green leafy vegetables	1. Yes 2. No 8. Don't know BN.8.4 <input type="checkbox"/>
	5. Ripe mangoes, ripe papayas, or (insert other local vitamin a-rich fruits)	1. Yes 2. No 8. Don't know BN.8.5 <input type="checkbox"/>
	6. Any other fruits or vegetables	1. Yes 2. No 8. Don't know BN.8.6 <input type="checkbox"/>
	7. Liver, kidney, heart, or other organ meats	1. Yes 2. No 8. Don't know BN.8.7 <input type="checkbox"/>
	8. any lean meat, such as beef, pork, lamb, goat, chicken, or duck	1. Yes 2. No 8. Don't know BN.8.8 <input type="checkbox"/>
	9. Any fat meat	1. Yes 2. No 8. Don't know BN.8.9 <input type="checkbox"/>
	10. Eggs	1. Yes 2. No 8. Don't know BN.8.10 <input type="checkbox"/>
	11. Fresh or dried fish, shellfish, or seafood	1. Yes 2. No 8. Don't know BN.8.11 <input type="checkbox"/>
	12. Any foods made from beans, peas, lentils, nuts, or seeds	1. Yes 2. No 8. Don't know BN.8.12 <input type="checkbox"/>
	13. Cheese, yogurt, or other milk products	1. Yes 2. No 8. Don't know BN.8.13 <input type="checkbox"/>
	14. Any oil, fats, or butter, or foods made with any of these	1. Yes 2. No 8. Don't know BN.8.14 <input type="checkbox"/>
	15. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	1. Yes 2. No 8. Don't know BN.8.15 <input type="checkbox"/>
	16. Condiments for flavor, such as chilies, spices, herbs, or fish powder	1. Yes 2. No 8. Don't know BN.8.16 <input type="checkbox"/>
	17. Sausage	1. Yes 2. No 8. Don't know BN.8.17 <input type="checkbox"/>
Others:		
BN.9	Did the child eat any solid, semi-solid, or soft foods yesterday during the day or at night?	BN.9 <input type="checkbox"/> <input type="checkbox"/>
	1. Yes, At what aged the child started eating __ __ months (Less than one month = 00, 88. Don't know/remember)	BN.9.1 <input type="checkbox"/> <input type="checkbox"/>
	2. No → BN.12a	
BN.10	How many times did the child eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?	BN.10 <input type="checkbox"/>
	__ times [If ≥ 7, fill "7" ; 8 = Don't know]	
Now I would like to ask you about some particular foods (NAME) may eat. I am interested in whether your child had the item even if it was combined with other foods.		
BN.12.a	Yesterday, during the day or night, did (NAME) consume any [list iron fortified solid, semisolid or soft foods designed specifically for infants and young children available in the local setting]?	BN.12.a <input type="checkbox"/>
	1. Yes 2. No 8. Don't know	
BN.12.b	Yesterday, during the day or night, did (NAME) consume any [list lipid based nutrient supplement (Ins) available in the local setting]?	BN.12.b <input type="checkbox"/>
	1. Yes 2. No 8. Don't know	

3. YingYangBao (YYB)

YYB.1	Have you ever received YYB? 1. Yes —→ YYB.2 2. No 8. Don't know —→ YYB.12	YYB.1 <input type="checkbox"/>
YYB.1a	Why didn't you receive YYB? —→ YYB.12 1. Dno't want 2. Not at home when distribution 3. Didn't know YYB distribution 4. This were no YYB left in the village clinics 5. Others,specify _____ 8. Don't know	YYB.1.a <input type="checkbox"/>
YYB.2	How old was your child when you started receiving YYB? __ __months (88.Don't know)	YYB.2 <input type="checkbox"/> <input type="checkbox"/>
YYB.3	Until now, how many boxes of YYB have you ever received since you started receiving YYB? __ __ boxes (30sachets/box) ? ("Less than one box", fill"00", 88.Don't know)	YYB.3 <input type="checkbox"/> <input type="checkbox"/>
YYB.4	Has your child ever conusmed YYB? 1. Yes —→ YYB.5 2. No 8. Don't know —→ YYB.12	YYB.4 <input type="checkbox"/>
YYB.4a	Why didn't you feed your child YYB? —→ YYB.12 1. My child dislike taking 2. busy and have no time to feed 3. YYB was useless, and did not want to feed to my child 4. Didn't think YYB is a good thing as it was free 5. Adverse affects after taking, such as dierrhea 6. My child was too young to eat 7. Others,specify _____ 8. Don't know	YYB.4a <input type="checkbox"/>
YYB.2.a	How old was your child when he/she started consuming YYB? __ __months (88.Don't know)	YYB.2.a <input type="checkbox"/> <input type="checkbox"/>
YYB.13	Until now, how many boxes of YYB have you ever consumed since you started receiving YYB? __ __ boxes (30sachets/box) ? ("Less than one box", fill"00", 88.Don't know)	YYB.13 <input type="checkbox"/> <input type="checkbox"/>
YYB.5.a	Does your chid stop consuming YYB now? 1.No —→ YYB.5.c 2.Yes 8.Don't know —→ YYB.12	YYB.5.a <input type="checkbox"/> <input type="checkbox"/>
YYB.5.b	Why did your child stop consuming YYB? —→ YYB.12 1. My child dislike taking 2. busy and have no time to feed 3. YYB was useless, and did not want to feed to my child 4. Didn't think YYB is a good thing as it was free 5. Adverse affects after taking, such as dierrhea	YYB.5.b <input type="checkbox"/> <input type="checkbox"/>

	6. The taste of YYB was not good 7. Others,specify_____		
	8. Don't know		
YYB.5.c	Did your child consume YYB yesterday?	YYB.5.c <input type="checkbox"/>	
	1. Yes 2. No 8. Don't know		
YYB.5.d	How many sachets of YYB did your child consumed during the previous week?" ___sachets ("Less than one sachets", fill"00", 88.Don't know)	YYB.5.d <input type="checkbox"/> <input type="checkbox"/>	
YYB.6	In which situations you won't feed YYB to your child? (Mutiple-choice)		
	1. Diarrhea	1. Refer 2. Not refer	YYB.6.1 <input type="checkbox"/>
	2. Got cold	1. Refer 2. Not refer	YYB.6.2 <input type="checkbox"/>
	3. Forget	1. Refer 2. Not refer	YYB.6.3 <input type="checkbox"/>
	4. Suspect adverse affects	1. Refer 2. Not refer	YYB.6.4 <input type="checkbox"/>
	5. Don't konw wether YYB is good or bad to my child	1. Refer 2. Not refer	YYB.6.5 <input type="checkbox"/>
	6. Others, specify_____	1. Refer 2. Not refer	YYB.6.6 <input type="checkbox"/>
	7. My child dislike consuming	1. Refer 2. Not refer	YYB.6.7 <input type="checkbox"/>
8. Don't know	1. Refer 2. Not refer	YYB.6.8 <input type="checkbox"/>	
YYB.7	How do you think your child like taking YYB?	YYB.7 <input type="checkbox"/>	
	1. Like very much		
	2. Liked		
	3. Neutral		
	4. Disliked at the beginning, but liked after a while		
	5. Disliked, reasons for dislike _____		
8. Don't know.			
YYB.8	Do you think YYB is a meal which can play as complementary food?	YYB.8	
	1. Yes 2. No 8. Don't know		
YYB.9	What changes do you think your child have after taking YYB? (Mutiple-choice)		
	1. No changes observed	1. Refer 2. Not refer	YYB.9.1 <input type="checkbox"/>
	2. Positive weight gains	1. Refer 2. Not refer	YYB.9.2 <input type="checkbox"/>
	3. Positive height gains	1. Refer 2. Not refer	YYB.9.3 <input type="checkbox"/>
	4. Increased appetite	1. Refer 2. Not refer	YYB.9.4 <input type="checkbox"/>
	5. Prevented diseases	1. Refer 2. Not refer	YYB.9.5 <input type="checkbox"/>
	6. Increased cognitive ability, more smart	1. Refer 2. Not refer	YYB.9.6 <input type="checkbox"/>
	7. Others, specify_____	1. Refer 2. Not refer	YYB.9.7 <input type="checkbox"/>
	8. Don't know	1. Refer 2. Not refer	YYB.9.8 <input type="checkbox"/>
YYB.10	Did your child have any adverse reaction when he/she start taking YYB?	YYB.10 <input type="checkbox"/>	
	1. Yes, specify_____		
	2. No 8. Don't know		
YYB.11	Would you insist feeding YYB to your child everyday?	YYB.11 <input type="checkbox"/>	
	1. Yes——> YYB.12		
	2. NO 8. Don't know ——> YYB.12		
YYB.11a	Why wouldn't you be able to feed your child YYB everyday?	YYB.11a <input type="checkbox"/>	

	<ol style="list-style-type: none"> 1. My child dislike taking 2. Forget 3. There is other things at home 4. Busy 5. Didn't think YYB is a good thing as it was free 6. YYB is no effect 7. Did not receive 8. Don't know 9. Others, specify _____ 		
YYB.12	Have you ever received infamation on YYB, such as what is YYB, how and Why to feed YYB to your child?	YYB.12 <input type="checkbox"/>	
	<ol style="list-style-type: none"> 1. Yes 2. No 8 Don't konw 		
YYB.12a	Where did you receive information on YYB? (Mutiple-choice)		
	1.Information on YYB boxes	1. Refer 2. No refer	YYB.12a.1 <input type="checkbox"/>
	2.the leaflets which called "A letter to caregivers"	1. Refer 2. No refer	YYB.12a.2 <input type="checkbox"/>
	3.Village doctors	1. Refer 2. No refer	YYB.12a.3 <input type="checkbox"/>
	4.TV	1. Refer 2. No refer	YYB.12a.4 <input type="checkbox"/>
	5.Banners	1. Refer 2. No refer	YYB.12a.5 <input type="checkbox"/>
	6.Neighbor	1. Refer 2. No refer	YYB.12a.6 <input type="checkbox"/>
	7.Others, specify _____	1. Refer 2. No refer	YYB.12a.7 <input type="checkbox"/>
	8.Don't know	1. Refer 2. No refer	YYB.12a.8 <input type="checkbox"/>
9.Short text message	1. Refer 2. No refer	YYB.12a.9 <input type="checkbox"/>	

4. Cough and fever (CO)

CO.1	Has the child been ill with a fever at any time in the last two weeks?	CO.1 <input type="checkbox"/>
	1. Yes 2. No 8. Don't know	
CO.2	Has the child had an illness with a cough at any time in the last two weeks?	CO.2 <input type="checkbox"/>
	1. Yes 2. NO → CO.3 8. Don't know → CO.3	
CO.2.a	When the child had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	CO.2.a <input type="checkbox"/>
	1. Yes 2. No → CO.3 check 8. Don't know → CO.3 check	
CO.2.b	Were the symptoms due to a problem in the chest or a blocked nose?	CO.2.b <input type="checkbox"/>
	1. Chest 2. Blocked nose 3. Both 4. Others: _____ 8. Don't know	
CO.3	Check: CO.1 or CO.2 1. There is "1.yes" answer in CO.1 or CO.2 → CO.4; 2. There is no "1.yes" in both CO.1 and CO.2 → DI.1	CO.3 <input type="checkbox"/>
CO.4	Did you seek advice or treatment for the fever/cough outside home?	CO.4 <input type="checkbox"/>
	1. Yes 2. No → CO.5 8. Don't know → CO.5	
CO.4.a	Where did you seek advice or treatment? [<i>Record all sources mentioned. Prompt "Anywhere else?"</i>]	
	1. Family member/ friend	
	11 Family member	1. Yes 2. No CO. 4.a.11 <input type="checkbox"/>
	12 Friends/ Neighbour	1. Yes 2. No CO. 4.a.12 <input type="checkbox"/>
	2. Public Health Sector	
	21 Hospital of county or above	1. Yes 2. No
	22 MCH hospital	1. Yes 2. No
	23 Community health center	1. Yes 2. No
	24 Township hospital	1. Yes 2. No
	25 Community health station	1. Yes 2. No
	26 Village clinic	1. Yes 2. No

	3. Private Health Sector 31 Hospital 32 Private clinic 33 Pharmacy	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	
	4. Community 41 Birth attendant 42 Family planning staff	1. Yes 2. No 1. Yes 2. No	
	51. Others, specify _____	1. Yes 2. No	
CO.5	Was the child given medicine for fever or cough?		CO.5 <input type="checkbox"/>
	1. Yes 2. No 8. Don't know		
CO.6	How long did it last from onset to recover fully? __ __ Day (If ≥ 87 , fill "87", Don't know =88, Not recover=90)		CO.6 <input type="checkbox"/> <input type="checkbox"/>

5. Diarrhea (DI)

DI.1	Has the child had diarrhea in the last 2 weeks?		DI.1 <input type="checkbox"/>
	1. Yes 2. No ——> HH.1 8. Don't know ——> HH.1		
DI.2	Did the child have blood in the stools?		DI.2 <input type="checkbox"/>
	1. Yes 2. No 8. Don't know		
DI.3	During this last episode of diarrhea, did the child drink any of the following: <i>(Read each item aloud and record response before proceeding to the next)</i>		
	1. ORS	1. Yes 2. No 8. don't know	DI.3.1 <input type="checkbox"/>
	2. ORT (Plain water/bottle water, porridge)	1. Yes 2. No 8. don't know	DI.3.2 <input type="checkbox"/>
	3. Other homemade fluids (eg, Tea, soft drink) _____	1. Yes 2. No 8. don't know	DI.3.3 <input type="checkbox"/>
DI.3a	During the child illness, did he/she drink much less, about the same, or more than usual? (If less, porbe: Was he/she offered much less than usual to drink or somewhat less?)		DI.3a <input type="checkbox"/>
	1. Much less or none 2. Somewhat less 3. About the same 4. More 8. Don't know		
DI.3b	When the child had diarrhea, did he/she eat less, about the same, or more food than usual? (If less, porbe: much less or a little less?)		DI.3b <input type="checkbox"/>
	1. Much less or none 2. Somewhat less 3. About the same 4. More 5. Child never received solid or semi-solid foods 8. Don't know		
DI.4	Did you seek advice or treatment for the diarrhea outside home?		DI.4 <input type="checkbox"/>
	1. Yes 2. No ——> DI.5 8. Don't know ——> DI.5		
DI.4.a	Where did you seek advice or treatment? [Record all sources mentioned. Prompt "Anywhere else? "]		
	1. Family member/ friend		
	11 Family member 12 Friends/ Neighbour	1. Yes 2. No 1. Yes 2. No	DI.4.a.11 <input type="checkbox"/> DI.4.a.12 <input type="checkbox"/>

	2. Public Health Sector 21 Hospital of county or above 22 MCH hospital 23 Community health center 24 Township hospital 25 Community health station 26 Village clinic	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	DI_4.a.21 <input type="checkbox"/> DI. 4.a.22 <input type="checkbox"/> DI. 4.a.23 <input type="checkbox"/> DI. 4.a.24 <input type="checkbox"/> DI. 4.a.25 <input type="checkbox"/> DI. 4.a.26 <input type="checkbox"/>
	3. Private Health Sector 31 Hospital 32 Private clinic 33 Pharmacy	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	DI. 4.a.31 <input type="checkbox"/> DI. 4.a.32 <input type="checkbox"/> DI. 4.a.33 <input type="checkbox"/>
	4. Community 41 Birth attendant 42 Family planning staff	1. Yes 2. No 1. Yes 2. No	DI. 4.a.41 <input type="checkbox"/> DI. 4.a.42 <input type="checkbox"/>
	51. Others, specify _____	1. Yes 2. No	DI. 4.a.51 <input type="checkbox"/>
DI.5	How did it last from onset to recover fully? __ __ Day (If ≥ 87 , fill "87", Don't know =88, Not recover=90)		DI.5 <input type="checkbox"/> <input type="checkbox"/>

6. Household information

HH.1	Household size? __ __	HH.1 <input type="checkbox"/> <input type="checkbox"/>
HH.2	How many adults (>16 years) in your family? __	HH.2 <input type="checkbox"/>
HH.3	How many under five children in your family? __	HH.3 <input type="checkbox"/>
HH.4	Age of the mother: __ __years	HH.4 <input type="checkbox"/> <input type="checkbox"/>
HH.5	Enthic of the mohter	HH.5 <input type="checkbox"/>
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1. Han 2. Hui 3. Tu 4. Tibetan </td> <td style="width: 50%; border: none;"> 5. Sala 6. Mongolia 7. Others _____ </td> </tr> </table>	
1. Han 2. Hui 3. Tu 4. Tibetan	5. Sala 6. Mongolia 7. Others _____	
HH.6	Education of the mother?	HH.6 <input type="checkbox"/>
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1.Never go to school 2.Primary school 3.Middle school 4.High school </td> <td style="width: 50%; border: none;"> 5. technical secondary school 6. Junior collge 7. Collge or above 8. Don't know </td> </tr> </table>	
1.Never go to school 2.Primary school 3.Middle school 4.High school	5. technical secondary school 6. Junior collge 7. Collge or above 8. Don't know	
HH.7	How long has the mother been at school?	HH.7 <input type="checkbox"/> <input type="checkbox"/>
	__ __ years (00.Never, 88. Don't know)	
HH.8	Mother's work	HH.8 <input type="checkbox"/> <input type="checkbox"/>
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 01.Household work 02. Manager in enterprise or 03. Professionals 04. General clerk 05. Business services personne 06. individual business </td> <td style="width: 50%; border: none;"> 07. Engaged in non-agricultural labor of farmers 08. worker 09. famers 10. Soldier 11.Other _____ 88.Don't know </td> </tr> </table>	
01.Household work 02. Manager in enterprise or 03. Professionals 04. General clerk 05. Business services personne 06. individual business	07. Engaged in non-agricultural labor of farmers 08. worker 09. famers 10. Soldier 11.Other _____ 88.Don't know	
HH.9	During the previous year, did the mother work outside home/hometown?	HH.9 <input type="checkbox"/>
	1. Yes 2. No ——> HH10a	
HH.9a	How old was the child when his/her mother go out for worker?__ __months (“less than one month” fill “00”. “Don't know” fill “88”)	HH.9a <input type="checkbox"/> <input type="checkbox"/>
HH.9b	How long did the mother work outside work during the previous year: __ __ months (“less than one month” fill “00”. “Don't know” fill “88”)	HH.9b <input type="checkbox"/> <input type="checkbox"/>
HH.10	Age of the father: __ __years	HH.10 <input type="checkbox"/> <input type="checkbox"/>
HH.11	Enthic of the fahter	HH.11 <input type="checkbox"/>
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1. Han 2. Hui 3. Tu 4. Tibetan </td> <td style="width: 50%; border: none;"> 5. Sala 6. Mongolia 7. Others _____ </td> </tr> </table>	
1. Han 2. Hui 3. Tu 4. Tibetan	5. Sala 6. Mongolia 7. Others _____	
HH.12	Education of the father?	HH.12 <input type="checkbox"/>
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1.Never go to school 2.Primary school 3.Middle school 4.High school </td> <td style="width: 50%; border: none;"> 5. technical secondary school 6. Junior collge 7. Collge or above 8. Don't know </td> </tr> </table>	
1.Never go to school 2.Primary school 3.Middle school 4.High school	5. technical secondary school 6. Junior collge 7. Collge or above 8. Don't know	
HH.12a	How long has the father been at school?	HH.12a <input type="checkbox"/> <input type="checkbox"/>

	__ __ year (00.Never, 88. Don't know)	
HH.13	Father's work	HH.13 <input type="checkbox"/> <input type="checkbox"/>
	01. Household work 02. Manager in enterprise or 03. Professionals 04. General clerk 05. Business services personne 06. individual business	
HH.14	During the previous year, did the father work outside home/hometown?	HH.14 <input type="checkbox"/>
	1. Yes 2. No → HH10a	
HH.14a	How old was the child when his/her father go out for worker? __ __ months ("less than one month" fill "00". "Don't know" fill "88")	HH.14a <input type="checkbox"/> <input type="checkbox"/>
HH.14b	How long did the father work outside work during the previous year: __ __ months ("less than one month" fill "00". "Don't know" fill "88")	HH.14b <input type="checkbox"/> <input type="checkbox"/>
HH.16	Who is the main caregivers of the child?	HH.16 <input type="checkbox"/>
	1. Mother → HH.17 2. Father → HH.17 3. Grandparents 4. Others _____	
HH.16a	Age of the main caregiver of the child: __ __ years	HH.16a <input type="checkbox"/> <input type="checkbox"/>
HH.16b	Education of the main caregiver?	HH.16b <input type="checkbox"/>
	1. Never go to school 2. Primary school 3. Middle school 4. High school	
HH.16c	How long has the main caregiver been at school?	HH.16c <input type="checkbox"/> <input type="checkbox"/>
	__ __ year (00.Never, 88. Don't know)	

HH.16d	Father's work	HH.16d <input type="checkbox"/> <input type="checkbox"/>
	01. Household work 02. Manager in enterprise or 03. Professionals 04. General clerk 05. Business services personne 06. individual business	
HH.17	Main income source of family?	HH.17 <input type="checkbox"/>
	1. Grain planting 2. Vegetable planting 3. Animal Husbandry 4. forestry	