

**ZA5136**

**Urban Sinosurvey - China 2005**

**Questionnaire**

# China Urban Survey – 2005

Questionnaire Serial No.:

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Please enter all resident household members above the age of 15 and resident in the household at least 6 of the last 12 months. (Start counting with the oldest male. After having numbered the youngest male, continue with next number for oldest female and then end with the youngest female). Refer to Kish grid

Interviewer ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<div>Decreasing Age</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div> <div>▼</div>		Name	Age	Selection ✓
City: (please circle)	1. Beijing	4. Shenyang	7. Tianjin		1.			<input type="checkbox"/>
	2. Shanghai	5. Nanjing	8. Chongqing		2.			<input type="checkbox"/>
	3. Chengdu	6. Guangzhou	9. Xian		3.			<input type="checkbox"/>
			10. Kunming	4.			<input type="checkbox"/>	
District:	..... <input type="text"/> <input type="text"/> <input type="text"/>			5.			<input type="checkbox"/>	
Sub-district:	..... <input type="text"/> <input type="text"/> <input type="text"/>			6.			<input type="checkbox"/>	
Resident's committee/ settlements	..... <input type="text"/> <input type="text"/> <input type="text"/>			7.			<input type="checkbox"/>	
Sampling Point Number	..... <input type="text"/> <input type="text"/> <input type="text"/>			8.			<input type="checkbox"/>	
Number of call-backs	1 <input type="checkbox"/> <sub>1</sub> 2 <input type="checkbox"/> <sub>2</sub> 3 <input type="checkbox"/> <sub>3</sub>			9.			<input type="checkbox"/>	
Respondent's Address:	.....			10.			<input type="checkbox"/>	
Telephone No. (if any)	.....			11.			<input type="checkbox"/>	
Accompanied by Supervisor:	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>			12.			<input type="checkbox"/>	

Date of interview

Please write in

Day

Month

Timing of interview

Write in

Start :

Finish :

Interview was conducted and edited strictly according to guidelines

Interviewer's name:.....

Signed:.....

Supervisor's name:.....

Signed:.....

This questionnaire has been checked by (Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_

The respondent was re-contacted: ☐<sub>1</sub> Yes ☐<sub>2</sub> No If yes, date: \_\_\_\_\_

Additional comments:



## China – Urban Survey 2005

[Do not ask, just record]

### Q15. Gender

Man	<input type="checkbox"/> <sub>1</sub>
Woman	<input type="checkbox"/> <sub>2</sub>

Please tick ✓ one only. Do not ask, just record

[Ask all]

### Q16. What is your exact date of birth?

Day:	Month:	Year:
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please enter day and month in 2 digits, and year in 4 digits, e.g. 6 August 1963 = 06 08 1963

[Ask all]

### Q17. What is your present family status?

Single	<input type="checkbox"/> <sub>1</sub>
Living separately after marriage	<input type="checkbox"/> <sub>2</sub>
Married (first time, i.e. married once and still with spouse)	<input type="checkbox"/> <sub>3</sub>
Married (second time, third time etc.)	<input type="checkbox"/> <sub>4</sub>
Divorced/separated	<input type="checkbox"/> <sub>5</sub>
Widowed	<input type="checkbox"/> <sub>6</sub>

Please read out answers and tick ✓ one only



[Ask all]

**Q18A. What is the highest level of education which you have achieved?**

Please tick ✓ one only in column Q18A

[Ask all]

**Q18B. Now thinking about the chief income earner in your household, what is the highest level of education which he/she has achieved?**

Please tick ✓ one only in column Q18B

	Q18A Respondent	Q18B Chief income earner
Never went to school	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Four-year elementary school	<input type="checkbox"/> _2	<input type="checkbox"/> _2
Six-year elementary school	<input type="checkbox"/> _3	<input type="checkbox"/> _3
Junior high school	<input type="checkbox"/> _4	<input type="checkbox"/> _4
Senior high school	<input type="checkbox"/> _5	<input type="checkbox"/> _5
Vocational school	<input type="checkbox"/> _6	<input type="checkbox"/> _6
Technical school	<input type="checkbox"/> _7	<input type="checkbox"/> _7
Attended various vocational training programmes (Further adult education after the Cultural Revolution)	<input type="checkbox"/> _8	<input type="checkbox"/> _8
Three year college	<input type="checkbox"/> _9	<input type="checkbox"/> _9
Formal college (four/five year undergraduate education)	<input type="checkbox"/> _10	<input type="checkbox"/> _10
Graduate	<input type="checkbox"/> _11	<input type="checkbox"/> _11
Do not know/NA [Do not read out]	<input type="checkbox"/> _99	<input type="checkbox"/> _99

[Ask all]

**Q19A. How would you describe your working status?**

Please read out and tick ✓ one only in column Q19A

[Ask all]

**Q19B. Now thinking about the chief income earner, how would you describe his/her working status?**

Please read out and tick ✓ one only in column Q19B

	Q19A Respondent	Q19B Chief income earner
Working – Full time (35+ hours per week)	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Working – Part time (20-34 hours per week)	<input type="checkbox"/> _2	<input type="checkbox"/> _2
Working – Part time (under 20 hours per week)	<input type="checkbox"/> _3	<input type="checkbox"/> _3
Student/Pupil	<input type="checkbox"/> _4	<input type="checkbox"/> _4
Housewife	<input type="checkbox"/> _5	<input type="checkbox"/> _5
On maternity leave/look after children	<input type="checkbox"/> _6	<input type="checkbox"/> _6
Pensioner/Disabled	<input type="checkbox"/> _7	<input type="checkbox"/> _7
Unemployed	<input type="checkbox"/> _8	<input type="checkbox"/> _8
Refuse [Do not read out]	<input type="checkbox"/> _9	<input type="checkbox"/> _9



[Ask all those who work – Q19A, codes 1-3]

**Q20A. What is your occupation?**

Please read out and tick ✓ one only in column Q20A. If the occupation is not in the grid, please tick ✓ 'Other' and record

[Ask all those whose chief income earner works – Q19B, codes 1-3]

**Q20B. Now thinking about the chief income earner, what is his/her occupation?**

Please read out and tick ✓ one only in column Q20B. If the occupation is not in the grid, please tick ✓ 'Other' and record

	Q20A Respondent	Q20B Chief income earner
Owner/Director/top management of the enterprise/organisation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Director/qualified specialist of the industry or transport (communications) – requires high level of education	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Chief of department/professor/scientific worker/teacher/medical doctor	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Highly qualified specialist	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
Proprietor/Business owner	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
Office Manager/Junior Manager	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
Employee	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
Master/Foreman	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
Skilled worker	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
Unskilled worker	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
Agricultural worker	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
Military man	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
Other [Please specify]	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>
Refuse [Do not read out]	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>99</sub>

[Ask all]

**Q21A. What is your mother tongue?**

Please tick ✓ one only in the column for Q21A. If language not listed, please tick ✓ 'Other' and record

[Ask all]

**Q21B. Which other languages are you able to understand well enough to listen to a radio broadcast or watch a TV programme without subtitles?**

Please read out and tick ✓✓ all that apply in the column for Q21B. If language not listed, please tick ✓ 'Other' and record

	Q21A Mother tongue	Q21B Other languages understood
Mandarin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Cantonese	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
Other Chinese dialect	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>
Mongolian	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>
Japanese	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>1</sub>
Russian	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>
Vietnamese	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>
English	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>1</sub>
Korean	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>1</sub>
Other [Please specify]	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>1</sub>



[Ask all who mention English – Q21B]

**Q21C. So which of the following best describes your understanding of spoken English?**

Fluent	<input type="checkbox"/> 1
Good	<input type="checkbox"/> 2
Basic	<input type="checkbox"/> 3
I cannot understand spoken English	<input type="checkbox"/> 4
Don't know [Do not read out]	<input type="checkbox"/> 9

Please read out tick ✓ one only

[Ask all]

**Q22. So, what is your monthly net household income? (How much money do you actually receive each month?)**

**By net household income I mean all the cash incomes of your household, i.e. the income achieved by all members of this household after taxes, social security and health insurance payments have been deducted.**

Yuan (full amount) →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Don't know [Do not read out]	<input type="checkbox"/> 8
Refused [Do not read out]	<input type="checkbox"/> 9

Please enter amount in Yuan

[Ask all]

**Q23. Which ones of these facilities, if any, does your house have?**

1. Electricity by public grid	<input type="checkbox"/> 1
2. Electricity by individual generator	<input type="checkbox"/> 1
3. Running water	<input type="checkbox"/> 1
4. Hot water	<input type="checkbox"/> 1
5. Storage for water from well/stream	<input type="checkbox"/> 1
6. Indoor toilet	<input type="checkbox"/> 1
7. Outdoor/communal toilet	<input type="checkbox"/> 1
8. Gas for cooking/heating	<input type="checkbox"/> 1
9. Telephone (landline)	<input type="checkbox"/> 1
10. TV	<input type="checkbox"/> 1
11. Radio	<input type="checkbox"/> 1
12. PC (desktop and/or laptop)	<input type="checkbox"/> 1
13. Internet access	<input type="checkbox"/> 1

Please tick ✓✓ all that apply