
Appendix:

Survey of Occupational Health Status of Migrant Workers in Small and Medium-sized Enterprises in Guangdong Province, China

Part I Demographic characteristics

1. Birthday : year of birth : _____ month of birth : _____ ;
2. Sex: 1 male 2 female
3. Where is the place of your household registration ('*hukou*')?
_____ county (district) _____ city _____ province
4. What is the highest level of education you have completed?
1 primary school or illiteracy 2 Secondary school
3 High School or equivalent 4 University/College or above
5. Were there family members who lived with you for more than six months in the host city?
1 No, I'm living alone
2 Yes and how many: _____.
6. Your monthly income from the job : _____RMB/ per month

Part II Migration

1. Length of stay in the investigated city : ___ year and ___ month
2. When you firstly migrated from your home to cities : _____ month _____ year

Part III Insurance

What kind of medical insurance do you have?

- 1 New Rural Cooperative Medical Insurance
- 2 Urban Employee Basic Medical Insurance
- 3 Urban Resident Basic Medical Insurance
- 4 Special insurance for the migrants
- 5 Employment injury insurance

- 6 Employment injury insurance
- 7 Commercial health insurance
- 8 Have one, but don't know which one is
- 9 None of those above

Part IV Health and health service utilization

1. In general, would you say your health is :

- 1 very good 2 good 3 fair 4 poor 5 very poor

2. Number of the current diseases diagnosed by a physician:

In the following list, mark your diseases or injuries for the past 12 months. Also indicated whether a physician has diagnosed or treated these disease. For each, disease, therefore, there can be 2, 1 or no alternative circled.

	Injury from accidents	Yes, physician's diagnosis	Yes, own opinion
01	back	1	2
02	arm/hand	1	2
03	leg/foot	1	2
04	other parts of the body	1	2
	where and what :		
	Musculoskeletal disease	Yes, physician's diagnosis	Yes, own opinion
05	disorder of the upper back or cervical, spine, repeated instances of pain	1	2
06	disorder of the lower back, repeated instances of pain	1	2
07	(sciatica) pain radiating from the back into the leg	1	2
08	A musculoskeletal disorder affecting the limbs (hands, feet), repeated instances of pain	1	2

09	rheumatoid arthritis	1	2
10	other musculoskeletal disorder	1	2
	what :		
	Cardiovascular diseases	Yes, physician's diagnosis	Yes, own opinion
11	hypertension (high blood pressure)	1	2
12	coronary heart disease, chest pains during exercises (angina pectoris)	1	2
13	coronary thrombosis, myocardial infarction	1	2
14	cardiac insufficiency	1	2
15	other cardiovascular diseases	1	2
	what :		
	Respiratory disease	Yes, physician's diagnosis	Yes, own opinion
16	repeated infections of the respiratory tract (also tonsillitis, acute sinusitis, acute bronchitis)	1	2
17	chronic bronchitis	1	2
18	chronic sinusitis	1	2
19	bronchial asthma	1	2
20	emphysema	1	2
21	pulmonary tuberculosis	1	2
22	other respiratory diseases	1	2
	what? :		
	Mental disorder	Yes, physician's diagnosis	Yes, own opinion
23	mental disease or severe mental health problem (for example,	1	2

	severe depression, mental disturbance)		
24	slight mental disorder or problem (for example, slight depression, tension, anxiety, insomnia)	1	2
	Neurological and sensory disease	Yes, physician's diagnosis	Yes, own opinion
29	problems or injury to hearing (for example epicophosis, tinnitus, acute or chronic otitis media, myringorupture)	1	2
30	visual disease or injury (for example glaucoma, cataract, trachoma)	1	2
31	neurological disease (for example stroke, neuralgia, migraine, epilepsy)	1	2
32	other neurological or sensory disease	1	2
	what :		
	Digestive disease	Yes, physician's diagnosis	Yes, own opinion
35	gallstones or disease	1	2
36	liver or pancreatic disease	1	2
37	gastric or duodenal ulcer	1	2
38	gastritis or duodenal irritation	1	2
39	colonic irritation, colitis	1	2
40	other digestive diseases	1	2
	what :		
	Genitourinary disease	Yes, physician's diagnosis	Yes, own opinion
41	urinary tract infection	1	2
42	kidney disease	1	2

43	genitals disease (for example fallopian tube infection in women or prostatic infection in men)	1	2
44	other genitourinary diseases	1	2
	what :		
	Skin disease	Yes, physician's diagnosis	Yes, own opinion
45	allergic rash, eczema	1	2
46	other rashes	1	2
47	what :	1	2
48	other skin diseases	1	2
	what :		
	Tumor	Yes, physician's diagnosis	Yes, own opinion
49	benign tumor	1	2
50	malignant tumor (cancer)	1	2
	what and where :		
	Endocrine and metabolic diseases	Yes, physician's diagnosis	Yes, own opinion
51	obesity	1	2
52	diabetes	1	2
53	goiter or others thyroid disease	1	2
54	other endocrine or metabolic disease	1	2
	what :		
	Blood diseases and birth defects	Yes, physician's	Yes, own

		diagnosis	opinion
55	anemia	1	2
56	other blood disorder	1	2
	what :		
57	birth defect	1	2
	what :		
58	Other disorder or disease	1	2
	what :		

3. In the past 12 months, have you seen a doctor from your practice (not included the purchase of medicine in the pharmacy)?

1 No

2 Yes



3.1 Have you seen a doctor back to your hometown?

1 No

2 Yes

4. What's the barriers you didn't go to see the doctor when you were ill:

Main barrier _____ (only one option);

Secondary barrier _____ (only one option)

1 High cost of health services

2 Lacking caregivers in the host city

3 Having no free time

4 Long distance from medical institutions

5 Don't know where to go