

EDITOR : \_\_\_\_\_ [ ][ ][ ][ ]  
 HEALTH WORKER : \_\_\_\_\_ [ ][ ][ ][ ]

**CONFIDENTIAL**

HHID : [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ][ ]

# INDONESIA FAMILY LIFE SURVEY EAST 2012

# HEALTH MEASUREMENTS

# BOOK US

SECTION: US

Respondents to be Measured are Household Member

INTERVIEW LANGUAGE CODES
00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
96. NONE
95. Other _____

US21. MEASURE OF IODINE CONTENT IN HOUSEHOLD SALT	1. WHITE 3. BLUE 5. A LITTLE BLUE
---	---

INTERVIEW	1	2	3	CK1. Interview was entirely/mostly conducted in what language?
DATE:	[ ][ ]/[ ][ ]/[ ][ ][ ][ ] DAY/MONTH/YEAR	[ ][ ]/[ ][ ]/[ ][ ][ ][ ] DAY/MONTH/YEAR	[ ][ ]/[ ][ ]/[ ][ ][ ][ ] DAY/MONTH/YEAR	[ ][ ] Other: _____  CK2. Other language used (if any):  [ ][ ] Other: _____
TIME STARTED:	[ ][ ]/[ ][ ] HOUR/MINUTE	[ ][ ]/[ ][ ] HOUR/MINUTE	[ ][ ]/[ ][ ] HOUR/MINUTE	
TIME END:	[ ][ ]/[ ][ ] HOUR/MINUTE	[ ][ ]/[ ][ ] HOUR/MINUTE	[ ][ ]/[ ][ ] HOUR/MINUTE	

C1. RESULT OF BOOK K INTERVIEWER	C2. CODE REASON FOR ANSWER "3"/"2" ON C1	C3. REVIEW BY EDITOR	C4. SUPERVISOR MONITORING												
1. Completed → C3 2. Partially completed 3. Not completed	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Verified.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed.....	1	3	b. Edited.....	1	3	c. Verified.....	1	3
	Yes	No													
a. Observed.....	1	3													
b. Edited.....	1	3													
c. Verified.....	1	3													

**SECTION US (HEALTH MEASUREMENT)**

AR00.	US01.	US02.	US03.	US00.	US07a.	US07b.	US07c.
NO. OF HHM (PID)	Sex	When were you born? DAY / MONTH / YEAR	What is your age now? (in years)	CAN BE MEASURED?	Blood Pressure (HHM age (≥15 years) 1 <sup>st</sup> MEASUREMENT	Blood Pressure (HHM age (≥15 years) 2 <sup>nd</sup> MEASUREMENT	Blood Pressure (HHM age (≥15 years) 3 <sup>rd</sup> MEASUREMENT
01	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
02	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
03	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
04	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
05	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
06	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
07	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
08	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
09	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7
10	1 3	___/___/_____	_____	1 → 3 ___ 6 7 →US18c	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7	1. _____ / _____ P _____ 3. _____ 6 7

**US01**  
1. Male  
3. Female

**US00**  
1. YES  
3. REASON NOT MEASURED \_\_\_\_\_  
6. NOT ABLE TO MEET  
7. REFUSED

**US07a, US07b, US07c**  
1. MEASURED  
3. REASON NOT MEASURED \_\_\_\_\_  
6. AGE < 15 YEARS  
7. REFUSED

**SECTION US (HEALTH MEASUREMENT)**

AR00. NO. OF HHM (PID)	US06. Weight (Kg)	US04. Height (Cm)	US05. Method of Measurin g	US05a. Knee Height ( age ≥ 40 years) (Cm)	US05b. Left or right Knee ?	US05c. Upper Arm length ( age ≥ 40 years) (Cm)	US05d. Left or right arm?	US06a. Waist circumference (≥40 years) (Cm)	US06b. Hip circumference (≥40 years) (Cm)
01	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
02	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
03	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
04	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
05	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
06	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
07	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
08	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
09	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6
10	1. _____, □ 7 3. _____	1. _____, □ 7 3. _____	1 3	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1.Right 3.Left 6. NA	1. _____, □ 7 3. _____ 6	1. _____, □ 7 3. _____ 6

**US04, US06**

- 1. Measured
- 3. Reason not measured \_\_\_\_\_
- 7. Refused

**US05**

- 1. Standing
- 3. Lying down

**INTERVIEWER NOTE: US04  
IF HHM WAS BORN LESS THAN 2  
YEARS AGO, MEASURE LYING  
DOWN**

**US05a,US05c, US06a, US06b**

- 1. MEASURED
- 3. REASONS NOT MEASURED
- 6. < 40 YEARS
- 7. REFUSED

**SECTION US (HEALTH MEASUREMENT)**

AR00.	US09a. Lung capacity (≥9 years) 1 <sup>st</sup> MEASUREMENT	US09b. Lung capacity (≥9 years) 2 <sup>nd</sup> MEASUREMENT	US09c. Lung capacity (≥9 years) 3 <sup>rd</sup> MEASUREMENT	US13. Hb. (AGE ≥ 1)	US10a. TOTAL CHOLESTEROL (≥40 Years)	US10b. HDL (≥40 Years)	US10c. Ratio (TC/HDL) (≥40 Years)
01	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
02	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
03	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
04	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
05	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
06	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
07	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
08	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
09	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____
10	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____, _____ 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____ mg/dL 6 7 3. _____	1. _____, _____ 6 7 5. DISAPPEARED 3. ____

**US09a, US09b, US09c**

- 1. YES
- 3. REASON NOT MEASURED \_\_\_\_\_
- 6. < 9 YEARS
- 7. REFUSED

**US13**

- 1. YES
- 3. REASON NOT MEASURED \_\_\_\_\_
- 6. < 1 YEARS
- 7. REFUSED

**US10a, US10b**

- 1. YES
- 3. REASON NOT MEASURED \_\_\_\_\_
- 6. < 40 YEARS
- 7. REFUSED

**US10c**

- 1. YES
- 3. REASON NOT MEASURED \_\_\_\_\_
- 5. DISAPPEARED VALUES BECAUSE THE RATIO IS TOO LITTLE
- 6. < 40 YEARS
- 7. REFUSED

**SECTION US (HEALTH MEASUREMENT)**

AR00.	US15.	US18.	US18b.	US14.	US18c.
NO. OF HHM (PID)	IF FEMALE 15-49 YEARS: Is [FEMALE HHM NAME] being [ .... ] : Yes No	Are you fasting today?	Time of [HHM NAME] last eating ? (Hour/Minute)	ACCORDING TO THE INTERVIEWER, HOW DOES THE HEALTH OF THIS PERSON COMPARE, IN GENERAL, TO THE HEALTH STATUS OF OTHER PEOPLE OF THE SAME AGE AND SEX?	INTERVIEWER OBSERVATION: Does [HHM NAME] have physical disability ?
01	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
02	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
03	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
04	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
05	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
06	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
07	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
08	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
09	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W
10	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W

**US15**  
1. Yes  
3. No  
6. Male or Female <15 years or Female > 49 years

US14								
Much worse			About the same			Very good		
1	2	3	4	5	6	7	8	9

**US18c**  
A. Right hand  
B. Left hand  
C. Right leg  
D. Left leg  
E. Blind  
F. Deaf  
G. Mute  
W. NO PHYSICAL DISABILITY

**SECTION US (HEALTH MEASUREMENT)**

AR00. NO. OF HHM (PID)	US18a.				US19.	US16.	US17.
	Are you taking medicine for [...]?				COMMENTS WRITE THE OBSERVATION ON RESPONDENT'S SICKNESS (Cough, Flu, Skin infection, Wound, etc.)	WHAT TIME IS IT NOW?	DAY / MONTH / YEAR
A. Anemia	B. High Blood Pressure	C. Diabetes	D. Cholesterol				
01	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
02	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
03	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
04	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
05	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
06	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
07	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
08	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
09	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████
10	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No		███ . ███	███/███/█████



