

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
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INTERVIEW	1	2	3	CK1. Interview was entirely/mostly conducted in what language?  Other: _____  CK2. Other language used (if any):  Other: _____
DATE:	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR	
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: _____	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.	US06.	US04.	US05.	US05a.	US05b.	US05c.	US05d.	US06a.	US06b.
NO. OF HHM (PID)	Weight (Kg)	Height (Cm)	Method of Measurin g	Knee Height ( age ≥ 40 years) (Cm)	Left or right Knee ?	Upper Arm length ( age ≥ 40 years) (Cm)	Left or right arm?	Waist circumference (≥40 years) (Cm)	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.	US09b.	US09c.	US13.	US10a.	US10b.	US10c.
NO. OF HHM (PID)	Lung capacity ( ≥9 years) 1 <sup>st</sup> MEASUREMENT	Lung capacity ( ≥9 years) 2 <sup>nd</sup> MEASUREMENT	Lung capacity ( ≥9 years) 3 <sup>rd</sup> MEASUREMENT	Hb.  (AGE ≥ 1)	TOTAL CHOLESTEROL ( ≥40 Years)	HDL ( ≥40 Years)	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

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

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

SECTION US (HEALTH MEASUREMENT)

AR00.	US18a.				US19.	US16.	US17.
NO. OF HHM (PID)	Are you taking medicine for [...]?				COMMENTS WRITE THE OBSERVATION ON RESPONDENT'S SICKNESS (Cough, Flu, Skin infection, Wound, etc.)		
	A. Anemia	B. High Blood Pressure	C. Diabetes	D. Cholesterol		WHAT TIME IS IT NOW?	DAY / MONTH / YEAR
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		___ . ___	___ / ___ / _____

SECTION US (HEALTH MEASUREMENT)

	AR01.	
NO. OF HHM (PID)	NAME	

## SECTION US (HEALTH MEASUREMENT)

**NOTES:**

[illegible]