

EDITOR: _____
HEALTH WORKER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000

HEALTH MEASUREMENTS

BOOK US I

SECTION: US

All Household Members are Respondents

CODES FOR LANGUAGE
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. No other
91. Other _____

INTERVIEW SESSIONS OF BOOK US I: _____ (NUMVIS)

INTERVIEW	1	2	3	LANGMAIN. Interview was entirely/mostly conducted in what language? ____ Other: _____ LANGOTHR. Other language used (if any): ____ Other: _____
DATE:	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH	
TIME STARTED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	
TIME FINISHED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	

RESULT OF BOOK USI INTERVIEWER	REASON	EDIT_CHK. REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	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: _____	a. Observed by local supervisor (SUP_OBS) 1 b. Edited by local supervisor (SUP_EDIT)..... 1	Yes No 3 3

SECTION US (HEALTH MEASUREMENT)

AR00	US00.	US01.	US02.	US03.	US07.	US08.	US09a.	US09b.	US09c.
NO. OF HHM (PID)	Can be measured?	Sex	When were you born? DAY / MONTH / YEAR	What is your age now? (in years)	Blood Pressure (HHM age (≥15 years)	Pulse (≥15 years)	Lung capacity (≥9 years) 1ST MEASUREMENT	Lung capacity (≥9 years) 2ND MEASUREMENT	Lung capacity (≥9 years) 3RD MEASUREMENT
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____

- US00**

 - 1. Yes
 - 2. Disabled
 - 3. No other _____
 - 5. Too old
 - 6. Move/dead/HH not contacted
 - 7. Refused
 - 8. Supplies/equipment problem
 - 9. Not panel/target
 - 10. Sick/pregnant
- US01**

 - 1. Male
 - 3. Female
- US03**

 - 1. US00=1 →
 - 3. US00=3,6,7↓
- US07, 08**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 15 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE
- US09a, US09b, US09c**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 9 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE

SECTION US (HEALTH MEASUREMENT)

AR00	US13.	US13a.	US15.	US16.	US17.	US18.
NO. OF HHM (PID)	Hb. (AGE ≥ 1)	SPRT Block-sample ≥ 1 year	IF FEMALE 15-49 YEARS Y N	WHAT TIME IS IT NOW?	DAY / MONTH	IF RAMADAN: Are you fasting today?
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No

- US13**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
- US13a**

 - 6. AGE < 1 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE
- US15**

 - 1. MEASURED
 - 3. OTHER REASON NOT MEASURED
 - 6. AGE < 1 YEAR
 - 7. REFUSED
 - 10. SICK/PREGNANT
- US15**

 - 1. Yes
 - 3. No
 - 6. Male/Not married/age <15 years or >49

SECTION US (HEALTH MEASUREMENT)

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