

EDITOR: _____ | | |
HEALTH WORKER: _____ | | |
(IDIVWR)

CONFIDENTIAL

HHID : | | | | | | | | | | | |

INDONESIA FAMILY LIFE SURVEY 2000

HEALTH MEASUREMENTS

BOOK US II

SECTION: US

All Household Members are Respondents

| CODES FOR LANGUAGE |
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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 II: (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 USII 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: _____ | Yes a. Observed by local supervisor (SUP_OBS)..... 1 b. Edited by local supervisor (SUP_EDIT)..... 1 | No 3 3 |

SECTION US (HEALTH MEASUREMENT)

| AR00 | US00. | US01. | US04. | US05. | US06. | US06a. | US06b. | US06c. | US10. | US11. | US12. |
|---------------------------|------------------------|--------|-------------------------------|-----------------------|-------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|---|--|---|
| NO. OF HHM (PID) | Can be measured? | Sex | Height (cm) | Method of Meas. | Weight (kg) | Waist circumference (≥40 years) | Hip circumference (≥40 years) | Head circumference (<15 years) | Time to rise from sitting to a standing position 5 times (≥ 15 years) | HOW MANY TIMES SIT TO STAND? (≥15 years) | IF HHM DID NOT REPEAT 5 TIMES, GIVE A REASON WHY NOT |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |
| | 0 3 _____ ↓ 6 7 1 → | 1 3 | 1. _____ . ____ 3. _____ 7 | 1 3 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ 3. _____ 7 | 1. _____ . ____ sec 6 7 3. _____ | ____ times IF=5 → US14 | A B C D F G I J E _____ |

- 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

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

- US05
- 1. Standing
 - 3. Lying down
- US04, 06, 06a, 06b, 06c
- 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 10. SICK/PREGNANT
 - 9. MISSING

- US10
- 1. YES
 - 2. DISABLED
 - 3. NO OTHER _____
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 15 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK
 - 11. PREGNANT
 - 12. RESPONDENT NOT AVAILABLE

- US12
- A. STOOD WITH HELP FROM ARMS
 - B. NOT ABLE TO STAND
 - C. TOO TIRED
 - D. STOPPED BY INTERVIEWER
 - E. OTHER _____
 - F. SICK
 - G. MOVED
 - I. TOO OLD
 - J. PREGNANT

SECTION US (HEALTH MEASUREMENT)

| AR00 | US14. | US16. | US17. | US18a. | | | US19. |
|---------------------------|--|-------------------------|-------------|------------------------------------|--------------------------|-----------------|----------|
| NO. OF HHM (PID) | 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? | WHAT TIME IS IT NOW? | DAY / MONTH | Are you taking medicine for [...]? | | | COMMENTS |
| | 1 2 3 4 5 6 7 8 9 | . | / | A. Anemia | B. High Blood Presure | C. Diabetes | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |
| | 1 2 3 4 5 6 7 8 9 | . | / | 1. Yes 3. No | 1. Yes 3. No | 1. Yes 3. No | |

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

NOTES: