

EDITOR: _____
HEALTH WORKER: _____

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2007

HEALTH MEASUREMENTS

BOOK US II

SECTION: US

Respondents to be Measured are Household Member with AR01i = 1

US21. MEASURE OF IODINE CONTENT IN HOUSEHOLD SALT	1. WHITE 3. BLUE 5. A LITTLE BLUE	US13aa. Random DBS (AR01e =1)	1. Yes 3. No
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INTERVIEW	1	2	3	LANGMAIN. Interview was entirely/mostly conducted in what language? Other:..... LANGOTHR. 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	

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

RESULT OF BOOK K INTERVIEWER	REASON	EDIT_CK. REVIEW BY EDITOR	SUP. LOCAL SUPERVISOR MONITORING	
1. Completed→EDIT_CK 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 by local supervisor	1 3
			b. Edited by local supervisor	1 3
			c. Verified by local supervisor	1 3

SECTION US II (HEALTH MEASUREMENT)

AR00.	AR01a.	US01.	US02.	US03.	AR01i.	US00.	US09a.	US09b.	US09c.
NO. OF HHM (PID)	Still living in this Household?	Sex	When were you born? DAY / MONTH / YEAR	What is your age now? (in years)	TARGET?	CAN BE MEASURED?	Lung capacity (≥9 years) 1 st MEASUREMENT	Lung capacity (≥9 years) 2 nd MEASUREMENT	Lung capacity (≥9 years) 3 rd MEASUREMENT
01	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
02	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
03	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
04	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
05	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
06	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
07	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
08	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
09	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____
10	1 2 5 11→ 0 3 ↓	1 3	____ / ____ / _____	____	1 3 ↓	1 → 3 _____ 6 7 →US18c	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____	1. ____ 6 7 3. _____

AR01a

- 0. Died
- 1. Yes
- 2. HHM returns to HH
- 3. No
- 5. New HHM
- 11. HHM returns in current wave

US01

- 1. Male
- 3. Female

US00

- 1. YES
- 3. REASON NOT MEASURED _____
- 6. NOT ABLE TO MEET
- 7. REFUSED

US09a, US09b, US09c

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

SECTION US II (HEALTH MEASUREMENT)

AR00.	US13.	US13ab.	US13a.	US10a.	US10b.	US10c.
NO. OF HHM (PID)	Hb. (AGE ≥ 1)	INTERVIEWER CHECK AR01e=1	SPRT Block - blood sample (AGE ≥ 1 years)	TOTAL CHOLESTEROL (≥40 Years)	HDL (≥40 Years)	Ratio (TC/HDL) (≥40 Years)
01	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
02	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
03	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
04	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
05	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
06	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
07	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
08	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
09	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>
10	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 3. <input type="text"/>	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. <input type="text"/>

US13
1. YES
3. REASON NOT MEASURED _____
6. < 1 YEARS
7. REFUSED

US13a
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 II (HEALTH MEASUREMENT)

AR00.	US15.	US18.	US18b.	US14.	US18c.	US16.	US17.
NO. OF HHM (PID)	IF FEMALE 15-49 YEARS: Is [FEMALE HHM NAME] being [....] : <div>YesNo</div>	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 ?	WHAT TIME IS IT NOW?	DAY / MONTH / YEAR
01	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
02	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
03	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
04	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
05	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
06	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
07	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
08	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
09	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>
10	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	<div> . </div> <div>1. Today 2. Yesterday</div>	1 2 3 4 5 6 7 8 9	A B C D E F G W	<div> . </div>	<div> / / </div>

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 II (HEALTH MEASUREMENT)

	AR01.	<div>PUT HERE</div> <div>NCR PREPRINTED</div> <div>HHM LIST / AR SECTION BOOK K - 10</div>
NO. OF HHM (PID)	NAME	
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

SECTION US II (HEALTH MEASUREMENT)

NOTES: