

EDITOR: _____ [][][]

CONFIDENTIAL

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

HEALTH WORKER: _____ [][][]

INDONESIA FAMILY LIFE SURVEY 2007
HEALTH MEASUREMENTS
BOOK US I
SECTION: US

Respondents to be Measured are Household Member with AR01i = 1

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

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	

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 I (HEALTH MEASUREMENT)

AR00.	AR01a.	US01.	US02.	US03.	AR01i.	US00.	US07a.	US07b.	US06.
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?	Blood Pressure (HHM age ≥ 15 years) 1 st MEASUREMENT	Blood Pressure (HHM age ≥ 15 years) 2 nd MEASUREMENT	Weight (Kg)
01	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
02	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
03	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
04	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
05	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
06	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
07	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
08	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
09	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7
10	1 2 5 11→ 0 3↓	1 3	____/____/____	____	1 3↓	1→ 3_____6 7→US18a	1.____/____ P____ 3._____6 7	1.____/____ P____ 3._____6 7	1.____, ____ 3._____7

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

US07a, US07b

- 1. MEASURED
- 3. REASON NOT MEASURED _____
- 6. AGE < 15 YEARS
- 7. REFUSED

US06.

- 1. YES
- 3. REASON NOT MEASURED _____
- 7. REFUSED

SECTION US I (HEALTH MEASUREMENT)

AR00.	US04.	US05.	US10a.	US07c.	US10.	US11.	US12.	US06a.	US06b.
NO. OF HHM (PID)	Height (Cm)	Method of Measuring	Sitting height (≥40 years) (Cm)	Blood Pressure (HHM age (≥15 years) 3 rd MEASUREMENT	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	Waist circumference (≥40 years) (Cm)	Hip circumference (≥40 years) (Cm)
01	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
02	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
03	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
04	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
05	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
06	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
07	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
08	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
09	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6
10	1. <input type="text"/> , <input type="text"/> 7 3. _____	1 3	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> / <input type="text"/> P <input type="text"/> 3. _____ 6 7	1. <input type="text"/> , <input type="text"/> seconds 3. _____ 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6	1. <input type="text"/> , <input type="text"/> 7 3. _____ 6

US04

- 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**

US10a

- 1. MEASURED
- 3. REASON NOT MEASURED
- 6. AGE < 40
- 7. REFUSED

US10

- 1. Measured
- 3. Reason not measured _____ or reason US11 < 5 _____
- 6. Age < 15
- 7. Refused

US12

- A. Stood with help from arms
- B. Not able to stand
- C. Too tired
- D. Stopped by interviewer
- E. Other

US06a, US06b

- 1. MEASURED
- 3. REASON NOT MEASURED
- 6. AGE < 40
- 7. REFUSED

US07c

- 1. MEASURED
- 3. REASON NOT MEASURED
- 6. AGE < 15
- 7. REFUSED

SECTION US I (HEALTH MEASUREMENT)

AR00.	US20.	US20a.	US20b.	US21a.	US21b.	US22a.	US22b.	US23.	US16.	US17.
NO. OF HHM (PID)	More dominant hand ? (≥ 15 years)	Left hand #1 (≥15 years)	Right hand #1 (≥ 15 years)	Left hand #2 (≥ 15 years)	Right hand #2 (≥ 15 years)	Left hand #3 (≥ 15 years)	Right hand #3 (≥ 15 years)	Method of Measuring	WHAT TIME IS IT NOW?	DAY / MONTH / YEAR
01	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	1. Left 2. Right 3. No dominant hand 6.	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1. <input type="checkbox"/> Kg 6 7 3. <input type="checkbox"/>	1 2 6	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

US20

6. Both hand not functioning or Age < 15

US20a-US22b

- 1. Measured
- 3. Reason not measured:
 - 1. Has Injured
 - 2. Had hand surgery recently
 - 5. Others
- 6. < 15 Years
- 7. Refused

US23

- 1. Standing
- 2. Sitting
- 6. Both hand not functioning or Age < 15

SECTION US I (HEALTH MEASUREMENT)

AR00. NO. OF HHM (PID)	US18a.				US19.
	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		
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 I (HEALTH MEASUREMENT)

NO. OF HHM (PID)	AR01. NAME	<p style="text-align: center;">PUT HERE</p> <p style="text-align: center;">NCR PREPRINTED</p> <p style="text-align: center;">HHM LIST / ROSTER SECTION AR BOOK K - 10</p>

SECTION US I (HEALTH MEASUREMENT)

NOTES:
