

EDITOR: _____
HEALTH WORKER: _____

CONFIDENTIAL

HHID : _____

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_CHK. REVIEW BY EDITOR	SUP. LOCAL SUPERVISOR MONITORING	
1. Completed→EDIT_CHK 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: _____	a. Observed by local supervisor..... b. Edited by local supervisor c. Verified by local supervisor	Yes No 1 3 1 3 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"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
02	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
03	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
04	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
05	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
06	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
07	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
08	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
09	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6
10	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> P <input type="text"/> <input type="text"/> 3. <input type="text"/> 6 7	1. <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. <input type="text"/> 6 7 →US06a	<input type="text"/> times IF = 5 →US06a	A B C D V.....	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 6	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 7 3. <input type="text"/> 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. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
02	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
03	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
04	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
05	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
06	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
07	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
08	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
09	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /
10	1. Left 2. Right 3. No dominant hand 6.	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1. Kg 6 7 3. 	1 2 6	.	/ /

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.	US18a.				US19.
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	
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)

	AR01.	<div>PUT HERE</div> <div>NCR PREPRINTED</div> <div>HHM LIST / ROSTER SECTION AR BOOK K - 10</div>
NO. OF HHM (PID)	NAME	

NOTES: