

EDITOR: _____

CONFIDENTIAL

HHID : _____

HEALTH WORKER: _____

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
----------------------------------------------------------	-----------------------------------------	---------------------------------------	-----------------

INTERVIEW	1	2	3	
DATE:	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR	LANGMAIN. Interview was entirely/mostly conducted in what language? <input type="checkbox"/> Other:..... LANGOTHR. Other language used (if any): <input type="checkbox"/> Other:.....
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: _____	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed by local supervisor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited by local supervisor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Verified by local supervisor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed by local supervisor	1	3	b. Edited by local supervisor	1	3	c. Verified by local supervisor	1	3
	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. Hb. (AGE ≥ 1)	US13ab. INTERVIEWER CHECK AR01e=1	US13a. SPRT Block - blood sample (AGE ≥ 1 years)	US10a. TOTAL CHOLESTEROL (≥40 Years)	US10b. HDL (≥40 Years)	US10c. Ratio (TC/HDL) (≥40 Years)
01	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
02	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
03	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
04	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
05	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
06	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
07	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
08	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
09	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____
10	1. <input type="text"/> , <input type="text"/> 6 7 3. _____	3. No → US10a 1. Yes	1. <input type="text"/> Spot 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> mg/dL 6 7 3. _____	1. <input type="text"/> , <input type="text"/> 6 7 5. DISAPPEARED 3. _____

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 [....]: Yes No	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	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
02	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
03	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
04	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
05	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
06	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
07	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
08	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
09	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____
10	1. Pregnant 1 3 2. Menstruation 1 3 3. Breastfeeding 1 3 6.	1. Yes 3. No	____.____ 1. Today 2. Yesterday	1 2 3 4 5 6 7 8 9	A B C D E F G W	____.____	____/____/____

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)

NO. OF HHM (PID)	AR01. NAME	
01		<p style="text-align: center;">PUT HERE</p> <p style="text-align: center;">NCR PREPRINTED</p> <p style="text-align: center;">HHM LIST / AR SECTION BOOK K - 10</p>
02		
03		
04		
05		
06		
07		
08		
09		
10		

SECTION US II (HEALTH MEASUREMENT)

NOTES:
