

HEALTH WORKER : \_\_\_\_\_

CONFIDENTIAL

HHID : \_\_\_\_\_

PID: \_\_\_\_\_

INDONESIA FAMILY LIFE SURVEY 2014

HEALTH MEASUREMENTS

BOOK US

SECTION: US

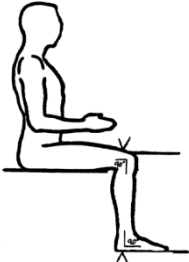
Respondents to be Measured are Household Member with AR01i = 1

US00a	<p>As we have informed you earlier, we will give you a physical examination to better understand your true health conditions. The measurements include height, weight, waist circumference, blood pressure, peak meter flow lung capacity, grip strength, balance, timed walk, and timed sit to stand.</p> <p>We will also do a finger prick to measure your blood hemoglobin level. [ <b>ONLY FOR DBS RESPONDENT:</b> and to collect blood spot on a filter paper which we will store and use in the lab for analysis of C-reactive Protein that can be used to measure inflammation and the risk to cardiovascular diseases and HbA1c that can be used to measure risk of diabetes]</p>	<p><b>Do you agree to participate in</b></p> <div><input type="checkbox"/> physical examination</div> <div><input type="checkbox"/> blood hemoglobin test</div> <p><b>[if DBS RESPONDENT]</b></p> <div><input type="checkbox"/> take dried blood spot</div> <div><input type="checkbox"/> store the DBS for future analysis of c-reactive protein and HbA1c</div>
US00.	CAN BE MEASURED?	<p>3. REASON NOT MEASURED: → C1</p> <p>6. NOT ABLE TO MEET → C1</p> <p>7. REFUSED → C1</p> <p>1. YES, MEASURED</p>

REFER TO BOOK K		PID
NAME OF RESPONDENT: _____		_____
US01.	Sex:	Male .....1 Female .....3
US02.	Date of birth	____ / ____ / _____ DAY MONTH YEAR
US03.	Age:	_____ years
		US13aa. DBS SAMPLE : YES .....1 NO .....3

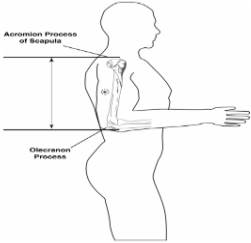
SECTION US (HEALTH MEASUREMENT)

<b>BLOOD PRESSURE</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE BLOOD PRESSURE MEASUREMENT WIL BE DONE. SHOW THE RESPONDENT THE EQUIPMENT AND DEMONSTRATE HOW THE CUFF IS PLACED AROUND THE ARM. MAKE SURE RESPONDENT IS RELAXED AND REMAIN SEATED DURING THE MEASUREMENT. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
<b>US07aa.</b> Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?"	1. Yes ➔ ONLY DO MEASUREMENT ON THE ARM THAT IS NOT AFFECTED  3. No 6. AGE < 15 YEARS
<b>US07a.</b> Blood Pressure(HHM age ≥15 years) <b>1<sup>st</sup> MEASUREMENTON LEFT ARM IF POSSIBLE</b>	1.   /    P 3. NOT MEASURED, REASON (CODE): 6. AGE < 15 YEARS 7. REFUSED
<b>US07a1.</b> Left or right arm?	1. LEFT 3. RIGHT 6. NA
<b>US07b.</b> Blood Pressure(HHM age ≥15 years) <b>2<sup>nd</sup> MEASUREMENT ON RIGHT ARM IF POSSIBLE</b>	1.   /    P 3. NOT MEASURED, REASON (CODE): 6. AGE < 15 YEARS 7. REFUSED
<b>US07b1.</b> Left or right arm?	1. LEFT 3. RIGHT 6. NA
<b>US07c.</b> Blood Pressure(HHM age ≥15 years) <b>3<sup>rd</sup> MEASUREMENT ON LEFT ARM IF POSSIBLE</b>	1.   /    P 3. NOT MEASURED, REASON (CODE): 6. AGE < 15 YEARS 7. REFUSED
<b>US07c1.</b> Left or right arm?	1. LEFT 3. RIGHT 6. NA
<b>WEIGHT AND HEIGHT</b> <b>INTERVIEWER INSTRUCTION:</b> FOR THESE MEASUREMENTS, ASK RESPONDENTS TO TAKE OFF HIS/HER SHOES. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
<b>US06.</b> Weight(Kg)	1.   , 3. NOT MEASURED, REASON (CODE): 7. REFUSED

<b>US04.</b> Height (Cm)	1.   , 3. NOT MEASURED, REASON (CODE): ➔US05a 7. REFUSED ➔US05a
<b>US05.</b> Method of measuring <b>INTERVIEWER NOTE: US04 IF HHM WAS BORN LESS THAN 2 YEARS AGO, MEASURE LYING DOWN</b>	1. Standing 3. Lying down
<b>KNEE HEIGHT</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE MEASUREMENT WILL BE DONE. MEASURE THE HEIGHT OF THE RIGHT KNEE IF POSSIBLE. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
<b>US05a.</b> Height of knee (age≥ 40 years old)(Cm) (RIGHT KNEE IF POSSIBLE) 	1.   , 3. NOT MEASURED, REASON (CODE): 6. AGE < 40YEARS 7. REFUSED
<b>US05b.</b> Left or right knee?	1. LEFT 3. RIGHT 6. NA

<b>CODE FOR REASON NOT MEASURED:</b>
1. RESPONDENT FELT IT WOULD NOT BE SAFE 2. INTERVIEWER FELT IT WOULD NOT BE SAFE 3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST 4. RESPONDEND DID NOT UNDERSTAND THE INSTRUCTIONS 5. RESPONDENT'S HEALTH CONDITION PREVENT MEASUREMENT 6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c) 7. RESPONDENT'S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PLAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c) 8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p) 9. NO SUITABLE SPACE 10. PROBLEM WITH EQUIPMENT OR SUPPLIES

SECTION US (HEALTH MEASUREMENT)

<b>UPPER ARM LENGTH</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE MEASUREMENT WILL BE DONE. MEASURE THE LENGTH OF THE RIGHT UPPER ARM IF POSSIBLE. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL	
<b>US05c.</b> Length of upper arm (Age≥ 40 years old ) (Cm) (RIGHT ARM IF POSSIBLE) 	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. AGE < 40YEARS 7. REFUSED
<b>US05d.</b> Left or right upper arm?	1. LEFT 3. RIGHT 6. NA

<b>WAIST AND HIP CIRCUMFERENCE</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE MEASUREMENT WILL BE DONE. MAKE SURE RESPONDENT DOES NOT WEAR THICK CLOTHING. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL	
<b>US06a.</b> Waist circumference (≥40 years)(Cm)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. AGE < 40YEARS 7. REFUSED
<b>US06b.</b> Hip circumference(≥40 years)(Cm)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. AGE < 40YEARS 7. REFUSED
<b>REPEATED CHAIR STANDS</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE MEASUREMENT WILL BE DONE. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT	
<b>US10a.</b> Did you recently had surgery or injury or in condition that may prevent you from doing this measurement?	1. Yes → DISCUSS WITH RESPONDENT WHETHER RESPONDENT WOULD ATTEMPT TO DO THE MEASUREMENT  3. No  6. AGE <15YEARS→US20aa



<b>US10. REPEATED CHAIR STANDS</b> Time to rise from sitting to a standing position 5 times (≥15 years)	1. 5 TIMES IN <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> seconds→US12 2. LESS THAN 5 TIMES IN <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> seconds 3. NOT MEASURED, REASON (CODE): <input type="text"/> →US20aa 7. REFUSED→US20aa
<b>US11.</b> How many times sit to stand?	<input type="text"/> Times
<b>US12.</b> Did respondent use his/her trunk arms during repeated chair stands?	1. Yes 3. No
<b>US12a.</b> Did respondent give full effort to this test?	1. Yes 2. No because of pain, illness or other discomfort. 3. No, but no obvious reason for this.
<b>GRIP STRENGTH</b> <b>INTERVIEWER INSTRUCTION:</b> SHOW THE DYANOMETER TO THE RESPONDENT AND DESCRIBE HOW THE MEASUREMENT WILL BE DONE. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL	
<b>US20aa.</b> Did you recently had surgery, swelling, inflammation, severe pain or injury in one or both hands in the last 6 months?	1. Yes, both hands →CAPI: US20a, US20b, US20c, US20d = 3 (NOT MEASURED), REASON = 7 2. Yes, left hand → CAPI: US20a, US20c = 3 (NOT MEASURED), REASON = 7 3. Yes, right hand → CAPI: US20b, US20d = 3 (NOT MEASURED), REASON = 7 4. No 6. Both hands not functioning or age < 15 years
<b>US20.</b> More dominant hand? (≥15 years)	1. Left 2. Right 3. No dominant hand 6. Both hands not functioning or age < 15 years
<b>US20a.</b> Left hand( ≥ 15 years) 1 <sup>st</sup> MEASUREMENT	1. <input type="text"/> <input type="text"/> <input type="text"/> Kg 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. Age< 15 years 7. Refused
<b>US20b.</b> Right hand ( ≥ 15 years) 1 <sup>st</sup> MEASUREMENT	1. <input type="text"/> <input type="text"/> <input type="text"/> Kg 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. Age< 15 years 7. Refused
<b>US20c.</b> Left hand ( ≥ 15 years) 2 <sup>nd</sup> MEASUREMENT	1. <input type="text"/> <input type="text"/> <input type="text"/> Kg 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. Age< 15 years 7. Refused

SECTION US (HEALTH MEASUREMENT)



US20d. Right hand ( ≥ 15 years) 2 <sup>nd</sup> MEASUREMENT	1.    Kg 3. NOT MEASURED, REASON (CODE): 6. Age< 15 years 7. Refused
US23. Method of measuring	1. Standing 2. Sitting 6. Both hands not functioning or age < 15 years
US23a. Did respondent give full effort to this test?	1. Yes 2. No because of pain, illness or other discomfort. 3. No, but no obvious reason for this.

US18aA. Are you taking medicine for Anemia?	1. Yes 3. No
US18aB. Are you taking medicine for High Blood Pressure?	1. Yes 3. No
US18aC. Are you taking medicine for Diabetes?	1. Yes 3. No
US18aD. Are you taking medicine for Cholesterol?	1. Yes 3. No
US19. WRITE THE COMMENTS OBSERVATION ON RESPONDENT’S SICKNESS [Cough, Flu, Skin Infection, Fever, Wound, etc]	   

CODE FOR REASON NOT MEASURED:
1. RESPONDENT FELT IT WOULD NOT BE SAFE 2. INTERVIEWER FELT IT WOULD NOT BE SAFE 3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST 4. RESPONDENT DID NOT UNDERSTAND THE INSTRUCTIONS 5. RESPONDENT’S HEALTH CONDITION PREVENT MEASUREMENT 6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c) 7. RESPONDENT’S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c) 8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p) 9. NO SUITABLE SPACE 10. PROBLEM WITH EQUIPMENT OR SUPPLIES

US19a. CAPI CHECK: AGE ≥45?	3. No→US09a (LUNG CAPACITY) 1. Yes
BALANCING TEST INTERVIEWER INSTRUCTION: DESCRIBE HOW THE TEST WILL BE CONDUCTED. FIND A ROOM WITH ADEQUATE SPACE TO CONDUCT THE TEST. AVOID CARPETING. RESPONDENT NEED TO TAKE OFF FOOTWEAR. DURING THE TEST, STAND CLOSE TO THE RESPONDENT JUST IN CASE THE RESPONDENT LOSES HIS/HER BALANCE. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL	
US19b. BALANCING TEST: SEMI-TANDEM(≥45years old) Instruction: Stand with the side of the heel of one foot touching the big toe of the other foot for 10 seconds	1. ABLE TO DO THE TEST 3. NOT MEASURED, REASON (CODE): →US19i (SIDE-BY-SIDE) 7. Refused→US19i (SIDE-BY-SIDE)
	
US19c. Did respondent hold semi-tandem stand for full 10 seconds without stepping out of place or grabbing anything?	1. Yes 3. No, enter time respondent was able to stand semi-tandem: seconds 4. Tried but was unable →US19i (SIDE-BY-SIDE)
US19d. Did respondent use any compensatory movement of his/her trunk, arms or legs to steady himself during the stand?	1. Yes 3. No
US19e. CAPI CHECK: US19c =1? (able to hold semi-tandem stand)	3. No →US19i (SIDE-BY-SIDE) 1. Yes
US19f. CAPI CHECK: AGE≥70 ?	3. No →US19h( 45 ≤ AGE < 70) 1. Yes
US19g. BALANCING TEST: FULL –TANDEM (≥70years old) Instruction: Stand with the heel of one foot in front of and touching the toes of the other foot for about 30 seconds	1. ABLE TO DO THE TEST→US19i 3. NOT MEASURED, REASON (CODE): →US19p (WALKING SPEED) 7. Refuse→US19p (WALKING SPEED)
	

SECTION US (HEALTH MEASUREMENT)

<b>US19h.</b>	<b>BALANCING TEST: FULL –TANDEM (45 ≤ AGE &lt;70)</b> <b>Instruction:</b> Stand with the heel of one foot in front of and touching the toes of the other foot for <b>about 60 seconds</b>		1. ABLE TO DO THE TEST 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> → <b>US19p (WALKING SPEED)</b> 7. Refused→ <b>US19p(WALKING SPEED)</b>
<b>US19i.</b>	Did respondent hold full-tandem stand for full <b>[30/60]</b> seconds without stepping out of place or grabbing anything?		1. Yes 3. No, enter time respondent was able to stand full-tandem: <input type="text"/> seconds 4. Tried but was unable → <b>US19p (WALKING SPEED)</b>
<b>US19j.</b>	Did respondent use any compensatory movement of his/her trunk, arms or legs to steady himself during the stand?		1. Yes 3. No
<b>US19k.</b>	Record the type of floor surface the balance measure was conducted on: → <b>US19p (WALKING SPEED)</b>	1. Linoleum/tile/wood 2. Carpet 3. Clay	4. Concrete 9. Other
<b>US19l.</b>	<b>BALANCING TEST: SIDE-BY-SIDE</b> <b>Instruction:</b> Stand with your feet together, side-by-side for about <b>10 seconds</b> .		1. Able to do it 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> → <b>US19p(WALKING SPEED)</b> 7.Refused → <b>US19p(WALKING SPEED)</b>
<b>US19m.</b>	Did respondent hold side-by-side stand for full <b>10</b> seconds without stepping out of place or grabbing anything?		1. Yes 3. No, enter time respondent was able to stand full-tandem: <input type="text"/> seconds 4. Tried but was unable → <b>US19p (WALKING SPEED)</b>
<b>US19n.</b>	Did respondent use any compensatory movement of his/her trunk, arms or legs to steady himself during the stand?		1. Yes 3. No
<b>US19o.</b>	Record the type of floor surface the balance measure was conducted on:	1. Linoleum/tile/wood 2. Carpet 3. Clay	4. Concrete 9. Other

TIMED WALK (≥ 60 )

<b>INTERVIEWER INSTRUCTION:</b> FIND A CLEAR SPACE IN NON-CARPETED AREA ABOUT 4 M LONG. SET UP THE COURSE (2.5 M LONG) WITH MASKING TAPE MARKING THE START AND FINISH LINES. EXPLAIN HOW THE TEST WILL BE CONDUCTED. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.			
<b>Us19p.</b>	Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking	1. Yes → DISCUSS WITH RESPONDENT WHETHER RESPONDENT WOULD ATTEMPT TO DO THE MEASUREMENT  3. No 6. AGE < 60 YEARS → <b>US09a.</b>	
<b>US19q.</b>	<b>TIMED WALK (≥ 60 years)</b>  <b>FIRST WALK</b>	1. <input type="text"/> seconds 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> → <b>US09a.(LUNG CAPACITY)</b> 6. < 60 yearsold→ <b>US09a.(LUNG CAPACITY)</b> 7. Refused→ <b>US09a.(LUNG CAPACITY)</b>	
<b>US19r.</b>	<b>SECOND WALK</b>	1. <input type="text"/> seconds 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> 7. Refused	
<b>US19s.</b>	Record floor type	1. Linoleum/tile/wood 2. Carpet 3. Clay	3. Concrete 9. Other
<b>US19t.</b>	Record walking aid	1. None 2. Walking stick 3. Elbow crutches	4. Walking frame 9. Other

<b>CODE FOR REASON NOT MEASURED:</b>
1. RESPONDENT FELT IT WOULD NOT BE SAFE 2. INTERVIEWER FELT IT WOULD NOT BE SAFE 3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST 4. RESPONDEND DID NOT UNDERSTAND THE INSTRUCTIONS 5. RESPONDENT'S HEALTH CONDITION PREVENT MEASUREMENT 6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c) 7. RESPONDENT'S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PLAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c) 8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p) 9. NO SUITABLE SPACE 10. PROBLEM WITH EQUIPMENT OR SUPPLIES

<b>LUNG CAPACITY</b> <b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE MEASUREMENT WILL BE TAKEN. SHOW THE
--

SECTION US (HEALTH MEASUREMENT)

EQUIPMENT AND DEMONSTRATE HOW THE MEASUREMENT WILL BE CONDUCTED. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
US09a. Lung capacity(≥9 years) 1 <sup>st</sup> MEASUREMENT	1. <input type="text"/> 3. REASON NOT MEASURED (CODE): <input type="text"/> 6. AGE < 9YEARS 7. REFUSED
US09b. Lung capacity(≥9 years) 2 <sup>nd</sup> MEASUREMENT	1. <input type="text"/> 3. REASON NOT MEASURED (CODE): <input type="text"/> 6. AGE < 9YEARS 7. REFUSED
US09c. Lung capacity(≥9 years) 3 <sup>rd</sup> MEASUREMENT	1. <input type="text"/> 3. REASON NOT MEASURED (CODE): <input type="text"/> 6. AGE < 9YEARS 7. REFUSED
US09d. Did respondent give full effort to this test?	1. Yes 2. No because of pain, illness or other discomfort. 3. No, but no obvious reason for this.

HB LEVEL, CHOLESTEROL, AND DBS SAMPLE  INTERVIEWER INSTRUCTION: DESCRIBE THE MEASUREMENT AND THE PROCEDURE. SHOW THE EQUIPMENT AND EXPLAIN HOW THE MEASUREMENT WILL BE CONDUCTED. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
US13. HB (≥1 years)	1. <input type="text"/> 3. REASON NOT MEASURED (CODE): <input type="text"/> 6. AGE < 1YEARS 7. REFUSED MENOLAK
US13ab. CAPI CHECK: NEED DBS TEST?	3. NO➔US10a 1. YES
US13a. DBS Block-Blood sample(≥ 1 years)	1. <input type="text"/> Spot 3. REASON NOT MEASURED (CODE): <input type="text"/> 6. AGE < 1YEARS 7. REFUSED MENOLAK

CODE FOR REASON NOT MEASURED:
-------------------------------

1. RESPONDENT FELT IT WOULD NOT BE SAFE
2. INTERVIEWER FELT IT WOULD NOT BE SAFE
3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST
4. RESPONDEND DID NOT UNDERSTAND THE INSTRUCTIONS
5. RESPONDENT'S HEALTH CONDITION PREVENT MEASUREMENT
6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c)
7. RESPONDENT'S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PLAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c)
8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p)
9. NO SUITABLE SPACE
10. PROBLEM WITH EQUIPMENT OR SUPPLIES

SECTION US (HEALTH MEASUREMENT)

US15a.	CAPI CHEK: IF FEMALE 15-49 YEARS: Are youpregnant?	1. Yes 3. No 6. Male or female <15 yearsorfemale>49years
US15b.	CAPI CHEK: IF FEMALE 15-49 YEARS: Are youhavingyourperiod?	1. Yes 3. No 6. Male or female <15 yearsorfemale>49years Tidak
US15c.	CAPI CHEK: IF FEMALE 15-49 YEARS: Are youbreastfeeding?	1. Yes 3. No 6. Male or female <15 yearsorfemale>49years
US18.	Are youfastingtoday?	1. Yes 3. No
US18b.	When did the last time you eat? (Hour/Minute)	<div>    :    </div> 1. Today
US14.	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?	<div>Much worseAbout the sameVery good</div> <div>1 2</div>
US18c.	INTERVIEWER OBSERVATION:Does [HHM NAME] have physical disability?	A. Right hand B. Left hand C. Right leg D. Left leg E. Blind F. Deaf G. Mute W. NO PHYSICAL DISABILITY

## SECTION CP (INTERVIEW SESSION NOTES)

<b>LANGMAIN.</b> Interview was entirely/mostly conducted in what language?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____		
<b>LANGOTHR.</b> Other language used (if any):			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____		
<b>CODES FOR LANGUAGE:</b>					
00. Indonesian	04. Batak	08. Sasak	12. Makassar	16. Toraja	20. Lampung
01. Javanese	05. Bugis	09. Minang	13. Nias	17. Lahat	95. Other, _____
02. Sundanese	06. Chinese	10. Banjar	14. Palembang	18. Other South Sumatera	96. NO OTHER
03. Balinese	07. Maduranese	11. Bima	15. Sumbawa	19. Betawi	

C1. RESULT OF INTERVIEW OF BOOK IV	C2. REASON	C4. LOCAL SUPERVISOR MONITORING	
1. Completed → C3	1. Respondent was not at home/not available	Yes	No
2. Partially completed	2. Respondent was seriously ill	a. Observed by local supervisor .....	1 3
3. Not completed	3. Respondent refused (to be interviewed)	b. Edited by local supervisor .....	1 3
	5. Other: _____	c. Verified by local supervisor.....	1 3

**NOTES:**

---

---

---

---

---

---

---

---

---

---