

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**

<b>US00a</b>	<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> <p><input type="checkbox"/> physical examination</p> <p><input type="checkbox"/> blood hemoglobin test</p> <p><b>[if DBS RESPONDENT]</b></p> <p><input type="checkbox"/> take dried blood spot</p> <p><input type="checkbox"/> store the DBS for future analysis of c-reactive protein and HbA1c</p>
<b>US00.</b>	<b>CAN BE MEASURED?</b>	<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>

<p>REFER TO BOOK K</p> <p>NAME OF RESPONDENT: _____</p> <p style="text-align: right;">PID _____</p>	<p><b>US13aa. DBS SAMPLE :</b></p> <p>YES .....1</p> <p>NO .....3</p>
<p><b>US01.</b> Sex: Male .....1</p> <p>Female .....3</p> <p><b>US02.</b> Date of birth _____</p> <p style="text-align: center;">DAY MONTH YEAR</p> <p><b>US03.</b> Age: ..... years</p>	

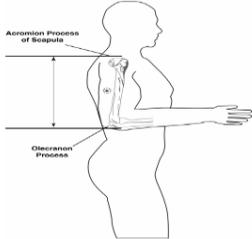
**SECTION US (HEALTH MEASUREMENT)**

<p><b>BLOOD PRESSURE</b></p> <p><b>INTERVIEWER INSTRUCTION:</b> DESCRIBE HOW THE BLOOD PRESSURE MEASUREMENT WILL 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.</p>	
<p><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?"</p>	<p>1. Yes → ONLY DO MEASUREMENT ON THE ARM THAT IS NOT AFFECTED</p> <p>3. No</p> <p>6. AGE &lt; 15 YEARS</p>
<p><b>US07a.</b> Blood Pressure(HHM age ≥15 years) <b>1<sup>st</sup> MEASUREMENT ON LEFT ARM IF POSSIBLE</b></p>	<p>1. <input type="text"/> / <input type="text"/> P <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>6. AGE &lt; 15 YEARS</p> <p>7. REFUSED</p>
<p><b>US07a1.</b> Left or right arm?</p>	<p>1. LEFT</p> <p>3. RIGHT</p> <p>6. NA</p>
<p><b>US07b.</b> Blood Pressure(HHM age ≥15 years) <b>2<sup>nd</sup> MEASUREMENT ON RIGHT ARM IF POSSIBLE</b></p>	<p>1. <input type="text"/> / <input type="text"/> P <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>6. AGE &lt; 15 YEARS</p> <p>7. REFUSED</p>
<p><b>US07b1.</b> Left or right arm?</p>	<p>1. LEFT</p> <p>3. RIGHT</p> <p>6. NA</p>
<p><b>US07c.</b> Blood Pressure(HHM age ≥15 years) <b>3<sup>rd</sup> MEASUREMENT ON LEFT ARM IF POSSIBLE</b></p>	<p>1. <input type="text"/> / <input type="text"/> P <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>6. AGE &lt; 15 YEARS</p> <p>7. REFUSED</p>
<p><b>US07c1.</b> Left or right arm?</p>	<p>1. LEFT</p> <p>3. RIGHT</p> <p>6. NA</p>
<p><b>WEIGHT AND HEIGHT</b></p> <p><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.</p>	
<p><b>US06.</b> Weight(Kg)</p>	<p>1. <input type="text"/> , <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>7. REFUSED</p>

<p><b>US04.</b> Height (Cm)</p>	<p>1. <input type="text"/> , <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>→US05a</p> <p>7. REFUSED →US05a</p>
<p><b>US05.</b> Method of measuring <b>INTERVIEWER NOTE: US04 IF HHM WAS BORN LESS THAN 2 YEARS AGO, MEASURE LYING DOWN</b></p>	<p>1. Standing</p> <p>3. Lying down</p>
<p><b>KNEE HEIGHT</b></p> <p><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.</p>	
<p><b>US05a.</b> Height of knee (age ≥ 40 years old)(Cm) <b>(RIGHT KNEE IF POSSIBLE)</b></p> 	<p>1. <input type="text"/> , <input type="text"/></p> <p>3. NOT MEASURED, REASON (CODE): <input type="text"/></p> <p>6. AGE &lt; 40YEARS</p> <p>7. REFUSED</p>
<p><b>US05b.</b> Left or right knee?</p>	<p>1. LEFT</p> <p>3. RIGHT</p> <p>6. NA</p>

<p><b>CODE FOR REASON NOT MEASURED:</b></p> <p>1. RESPONDENT FELT IT WOULD NOT BE SAFE</p> <p>2. INTERVIEWER FELT IT WOULD NOT BE SAFE</p> <p>3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST</p> <p>4. RESPONDENT DID NOT UNDERSTAND THE INSTRUCTIONS</p> <p>5. RESPONDENT'S HEALTH CONDITION PREVENT MEASUREMENT</p> <p>6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c)</p> <p>7. RESPONDENT'S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c)</p> <p>8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p)</p> <p>9. NO SUITABLE SPACE</p> <p>10. PROBLEM WITH EQUIPMENT OR SUPPLIES</p>
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**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"/> 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"/> 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"/> 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"/> seconds→US12 2. LESS THAN 5 TIMES IN <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"/> 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"/> 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"/> Kg 3. NOT MEASURED, REASON (CODE): <input type="text"/> 6. Age< 15 years 7. Refused

**SECTION US (HEALTH MEASUREMENT)**

<b>US20d.</b> Right hand ( $\geq 15$ years) 2 <sup>nd</sup> MEASUREMENT	1. <input type="checkbox"/> <input type="checkbox"/> Kg 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> 6. Age < 15 years 7. Refused
<b>US23.</b> Method of measuring	1. Standing 2. Sitting 6. Both hands not functioning or age < 15 years
<b>US23a.</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>US18aA.</b> Are you taking medicine for Anemia?	1. Yes 3. No
<b>US18aB.</b> Are you taking medicine for High Blood Pressure?	1. Yes 3. No
<b>US18aC.</b> Are you taking medicine for Diabetes?	1. Yes 3. No
<b>US18aD.</b> Are you taking medicine for Cholesterol?	1. Yes 3. No
<b>US19.</b> WRITE THE COMMENTS OBSERVATION ON RESPONDENT'S SICKNESS [Cough, Flu, Skin Infection, Fever, Wound, etc]	_____ _____ _____

<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. 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

<b>US19a.</b> CAPI CHECK: AGE $\geq 45$ ?	3. No $\rightarrow$ US09a (LUNG CAPACITY) 1. Yes
<b>BALANCING TEST</b> <b>INTERVIEWER INSTRUCTION:</b> 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	
<b>US19b.</b> BALANCING TEST: SEMI-TANDEM ( $\geq 45$ years 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): <input type="checkbox"/> $\rightarrow$ US19i (SIDE-BY-SIDE) 7. Refused $\rightarrow$ US19i (SIDE-BY-SIDE)
	
<b>US19c.</b> 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: <input type="checkbox"/> seconds 4. Tried but was unable $\rightarrow$ US19i (SIDE-BY-SIDE)
<b>US19d.</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>US19e.</b> CAPI CHECK: US19c = 1? (able to hold semi-tandem stand)	3. No $\rightarrow$ US19i (SIDE-BY-SIDE) 1. Yes
<b>US19f.</b> CAPI CHECK: AGE $\geq 70$ ?	3. No $\rightarrow$ US19h (45 $\leq$ AGE < 70) 1. Yes
<b>US19g.</b> BALANCING TEST: FULL -TANDEM ( $\geq 70$ years 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 $\rightarrow$ US19i 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> $\rightarrow$ US19p (WALKING SPEED) 7. Refuse $\rightarrow$ US19p (WALKING SPEED)
	

**SECTION US (HEALTH MEASUREMENT)**

<p><b>US19h. 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></p> 	<p>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></p>	
<p><b>US19i.</b> Did respondent hold full-tandem stand for full <b>[30/60]</b> seconds without stepping out of place or grabbing anything?</p>	<p>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></p>	
<p><b>US19j.</b> Did respondent use any compensatory movement of his/her trunk, arms or legs to steady himself during the stand?</p>	<p>1. Yes 3. No</p>	
<p><b>US19k.</b> Record the type of floor surface the balance measure was conducted on: →<b>US19p (WALKING SPEED)</b></p>	<p>1. Linoleum/tile/wood 2. Carpet 3. Clay</p>	<p>4. Concrete 9. Other</p>
<p><b>US19l. BALANCING TEST: SIDE-BY-SIDE</b> <b>Instruction:</b> Stand with your feet together, side-by-side for about <b>10 seconds.</b></p> 	<p>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></p>	
<p><b>US19m.</b> Did respondent hold side-by-side stand for full <b>10</b> seconds without stepping out of place or grabbing anything?</p>	<p>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></p>	
<p><b>US19n.</b> Did respondent use any compensatory movement of his/her trunk, arms or legs to steady himself during the stand?</p>	<p>1. Yes 3. No</p>	
<p><b>US19o.</b> Record the type of floor surface the balance measure was conducted on:</p>	<p>1. Linoleum/tile/wood 2. Carpet 3. Clay</p>	<p>4. Concrete 9. Other</p>

**TIMED WALK (≥ 60 )**

<p><b>INTERVIEWER INSTRUCTION: 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></p>		
<p><b>Us19p.</b> Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking</p>	<p>1. Yes → DISCUSS WITH RESPONDENT WHETHER RESPONDENT WOULD ATTEMPT TO DO THE MEASUREMENT 3. No 6. AGE &lt; 60 YEARS →<b>US09a.</b></p>	
<p><b>US19q. TIMED WALK (≥ 60 years)</b> <b>FIRST WALK</b></p>	<p>1. <input type="text"/> seconds 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> →<b>US09a.(LUNG CAPACITY)</b> 6. &lt; 60 yearsold→<b>US09a.(LUNG CAPACITY)</b> 7. Refused→<b>US09a.(LUNG CAPACITY)</b></p>	
<p><b>US19r. SECOND WALK</b></p>	<p>1. <input type="text"/> seconds 3. NOT MEASURED, REASON (CODE): <input type="checkbox"/> 7. Refused</p>	
<p><b>US19s.</b> Record floor type</p>	<p>1. Linoleum/tile/wood 2. Carpet 3. Clay</p>	<p>3. Concrete 9. Other</p>
<p><b>US19t.</b> Record walking aid</p>	<p>1. None 2. Walking stick 3. Elbow crutches</p>	<p>4. Walking frame 9. Other</p>

<p><b>CODE FOR REASON NOT MEASURED:</b></p>
<p>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</p>

<p><b>LUNG CAPACITY</b> <b>INTERVIEWER INSTRUCTION: DESCRIBE HOW THE MEASUREMENT WILL BE TAKEN. SHOW THE</b></p>
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**SECTION US (HEALTH MEASUREMENT)**

EQUIPMENT AND DEMONSTRATE HOW THE MEASUREMENT WILL BE CONDUCTED. FOLLOW THE PROTOCOL EXACTLY AS WRITTEN IN THE HEALTH MEASUREMENT MANUAL.	
<b>US09a.</b> Lung capacity(≥9 years) <b>1<sup>st</sup> MEASUREMENT</b>	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. REASON NOT MEASURED (CODE): <input type="checkbox"/> 6. AGE < 9YEARS 7. REFUSED
<b>US09b.</b> Lung capacity(≥9 years) <b>2<sup>nd</sup> MEASUREMENT</b>	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. REASON NOT MEASURED (CODE): <input type="checkbox"/> 6. AGE < 9YEARS 7. REFUSED
<b>US09c.</b> Lung capacity(≥9 years) <b>3<sup>rd</sup> MEASUREMENT</b>	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. REASON NOT MEASURED (CODE): <input type="checkbox"/> 6. AGE < 9YEARS 7. REFUSED
<b>US09d.</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.

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| <ol style="list-style-type: none"> <li>1. RESPONDENT FELT IT WOULD NOT BE SAFE</li> <li>2. INTERVIEWER FELT IT WOULD NOT BE SAFE</li> <li>3. RESPONDENT TRIED BUT WAS UNABLE TO COMPLETE THE MEASUREMENT/TEST</li> <li>4. RESPONDENT DID NOT UNDERSTAND THE INSTRUCTIONS</li> <li>5. RESPONDENT'S HEALTH CONDITION PREVENT MEASUREMENT</li> <li>6. RESPONDENT HAS RASH, A CAST, EDEMA, OPEN SORES IN ARM (FOR US07a, US07b, US07c)</li> <li>7. RESPONDENT'S HAND HAD SURGERY, SWELLING, INFLAMMATION, SEVERE PAIN, SEVERE PAIN, OR INJURY IN LAST 6 MONTHS (US20a, US20b, US20c)</li> <li>8. RESPONDENT RECENTLY HAD SURGERY OR IS INJURED OR IN CONDITIONS THAT PREVENT HIM/HER FROM WALKING (US19p)</li> <li>9. NO SUITABLE SPACE</li> <li>10. PROBLEM WITH EQUIPMENT OR SUPPLIES</li> </ol> |
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<b>HB LEVEL, CHOLESTEROL, AND DBS SAMPLE</b>	
<b>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.</b>	
<b>US13.</b> HB (≥1 years)	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. REASON NOT MEASURED (CODE): <input type="checkbox"/> 6. AGE < 1YEARS 7. REFUSED MENOLAK
<b>US13ab.</b> CAPI CHECK: NEED DBS TEST?	3. NO → <b>US10a</b> 1. YES
<b>US13a.</b> DBS Block-Blood sample(≥ 1 years)	1. <input type="checkbox"/> <b>Spot</b> 3. REASON NOT MEASURED (CODE): <input type="checkbox"/> 6. AGE < 1YEARS 7. REFUSED MENOLAK

<b>CODE FOR REASON NOT MEASURED:</b>
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**SECTION US (HEALTH MEASUREMENT)**

<p><b>US15a. CAPI CHEK: IF FEMALE 15-49 YEARS:</b> Are you pregnant?</p>	<p>1. Yes 3. No 6. Male or female &lt;15 years or female &gt;49 years</p>
<p><b>US15b. CAPI CHEK: IF FEMALE 15-49 YEARS:</b> Are you having your period?</p>	<p>1. Yes 3. No 6. Male or female &lt;15 years or female &gt;49 years Tidak</p>
<p><b>US15c. CAPI CHEK: IF FEMALE 15-49 YEARS:</b> Are you breastfeeding?</p>	<p>1. Yes 3. No 6. Male or female &lt;15 years or female &gt;49 years</p>
<p><b>US18.</b> Are you fasting today?</p>	<p>1. Yes 3. No</p>
<p><b>US18b.</b> When did the last time you eat? (Hour/Minute)</p>	<p>    :    1. Today</p>
<p><b>US14.</b> 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?</p>	<p><b>Much worse      About the same      Very good</b> 1 2</p>
<p><b>US18c. INTERVIEWER OBSERVATION:</b> Does [HMM NAME] have physical disability?</p>	<p>A. Right hand B. Left hand C. Right leg D. Left leg E. Blind F. Deaf G. Mute W. NO PHYSICAL DISABILITY</p>

