

Registration and Data Sheet

1. ID		2. Village	
3. Name		(Given name)	(Family name) (Other)
4. Name of Household Head			
5. Date of Birth		(Year)	(Month) (Day)
7. Place of Birth		(Province)	(Town/village)
9. Father's place of Birth		(Province)	(Town/village)
10. Mother's place of Birth		(Province)	(Town/village)
10. Mother Language			
11. Gender		<input type="checkbox"/> Female → (If female) Are you pregnant? <input type="checkbox"/> Yes () months / <input type="checkbox"/> No <input type="checkbox"/> Male Are you giving susu? <input type="checkbox"/> Yes / <input type="checkbox"/> No	

If other member(s) from your household already replied the following items 12-18, please write the ID of that member(s) and skip to item 19.		ID of your household member, who already answered the following questions: if any.	
Do you/your household members make a garden (are you a farmer)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have enough food to eat from your garden?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you/your household members do fishing (including any methods)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have enough food to eat from fishing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you/your household members employed by company/government/others?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you/your household members run a business (e.g., store manager)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have enough money to meet your needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. What is your housing type? Choose ONE from the following list:		(Answer)	
(A) Traditional leaf house, (B) Western style house, (C) Traditional-Western-mix house (D) Temporary house (e.g., tent), (E) Others (specify)			
18. Please check <input checked="" type="checkbox"/> all items that you or your household members own:			
<input type="checkbox"/> Outboard motors/car/truck, <input type="checkbox"/> Chainsaw, <input type="checkbox"/> Mobile phone, <input type="checkbox"/> Radio/Stereo, <input type="checkbox"/> Video/DVD, <input type="checkbox"/> Rainwater tank			

19. Body temperature		°C	20. Do you feel ill now?		<input type="checkbox"/> Yes (how) / <input type="checkbox"/> No
21. Did you take any medicine (including local herbal) over the last week?		<input type="checkbox"/> Yes →	What? ()		
		<input type="checkbox"/> No	When? ()		
22. Have you ever diagnosed as diabetes by a doctor?		<input type="checkbox"/> Yes (when) / <input type="checkbox"/> No			
Do you take a drug/local herbal medicine for diabetes?		<input type="checkbox"/> Yes (what when) / <input type="checkbox"/> No			
23. Have you ever diagnosed as hypertension by a doctor?		<input type="checkbox"/> Yes (when) / <input type="checkbox"/> No			
Do you take a drug/local herbal medicine for hypertension?		<input type="checkbox"/> Yes (what when) / <input type="checkbox"/> No			

Blood Pressure	SBP1	(mmHg)	SBP2	(mmHg)	SBP3	(mmHg)
	DBP1	(mmHg)	DBP2	(mmHg)	DBP3	(mmHg)

Height	(cm)	Weight	(kg)	Arm Circumference	(cm)
Triceps skinfold	(mm)	Subscapular skinfold	(mm)		

Malaria ICT	<input type="checkbox"/> Pf+ <input type="checkbox"/> Pv+ <input type="checkbox"/> Nil	HbA1C	(%)	CRP	(mg/dL)
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Do you want to know the results of Health Check-Ups? ☐ Yes / ☐ No