

SOUTH AFRICAN INTEGRATED FAMILY SURVEY

CHILD HEALTH MEASUREMENTS MODULE

TO BE COMPLETED FOR EACH CHILD IN THE HOUSEHOLD AGE 12
OR YOUNGER WITH THE AID OF AN ADULT IN HOUSEHOLD

INTERVIEWER: COMPLETE BEFORE BEGINNING THE MODULE

1. Household ID number:
- 2a. Child code from board:
- 2b. Adult code from board:
3. Date of visit: Day Month Year
4. Interviewer code:
5. Starting time of module: Hour Minute

INTERVIEWER: COMPLETE ON FINISHING THE MODULE

6. Ending time of module: Hour Minute
7. Co-operation level of respondent:

Excellent	1
Good	2
Average	3
Poor	4
Very Poor	5
8. Additional comments about health measurements:

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March 3, 2004—ENGLISH

SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

L1	Child's date of birth	<div style="display: flex; justify-content: space-around;"> <div>D D</div> <div>M M</div> <div>Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	
L2	Child's Height	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>•</div> <div><input type="text"/><input type="text"/></div> <div>(centimeters)</div> </div>	
L3	Child's Weight	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>•</div> <div><input type="text"/><input type="text"/></div> <div>(Kilograms)</div> </div>	
L3.1	Child's Waist	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>•</div> <div><input type="text"/><input type="text"/></div> <div>(centimeters)</div> </div>	
L3.2	Child's Head Circumference	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/></div> <div>•</div> <div><input type="text"/><input type="text"/></div> <div>(centimeters)</div> </div>	
L3.3	Does this child have a birth certificate?	YES.....1 NO2 YES, BUT NOT AVAILABLE.....3	
L4	Do you have a clinic card for this child? May I see it?	YES.....1 NO CARD.....2 CARD NOT AVAILABLE.....3	
L5	(Mother's/caregiver's response) Are the child's immunizations up to date?	YES.....1 NO.....2	
L6	How much did this child weigh at birth? (RECORD FROM CARD IF AVAILABLE) Indicate R if from recall or C if from card.	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>•</div> <div><input type="text"/><input type="text"/></div> <div>(Kilograms)</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> R <input type="text"/> C <input type="text"/> </div> DON'T KNOW.....999	
L6.1	Was this child delivered at home?	YES.....1 NO.....2 DON'T KNOW.....999	
L7	Was this child ever breast-fed?	YES.....1 NO.....2 STILL BREASTFEEDING.....3	→L10 →L10
L8	For how many months was the child breast-fed ?	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>Months</div> </div>	
L9	For how many months was the child breast-fed with NO other drink or food except breast milk?	<div style="display: flex; align-items: center;"> <div><input type="text"/><input type="text"/><input type="text"/></div> <div>Months</div> </div>	
L10	Note: Ask L11 and L12 only of children 6 or younger. Older children go directly to L13.		
L11	Does this child attend a crèche or a child-minding group?	YES.....1 NO.....2	→L13
L12	Is it half day or full day?	HALF DAY.....1 FULL DAY.....2 CAN'T REMEMBER.....3	
L13	In general, how would you rate the health of this child at present? Would you say it is excellent, very good, good, fair, or poor?	EXCELLENT.....1 VERY GOOD2 GOOD3 FAIR4 POOR.....5 DON'T KNOW999	

*COPY OF IMMUNISATION RECORD FROM ROAD TO HEALTH CHART

Immunisations	Primary Date	Booster Date
BCG	1.	2.
Polio	0.	4.
	1.	
	2.	
	3.	
DTP	1.	
	2.	
	3.	
Hepatitis B	1.	
	2.	
	3.	
Measles	1.	2.
Vit A	1.	4.
	2.	5.
	3.	
Other (specify)	1.	3.
	2.	4.

GO TO COVER SHEET AND COMPLETE IT.