

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:
- 2.a Name of Child: Code:
- 2.b Name of Adult: Code:
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
-
-
-

SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

Please read instructions in the Interviewer's Manual.

L1	Child's date of birth	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> YYMMDD </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
L2	Child's height	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">(centimeters)</div>	→L6 →L6
L3	Child's weight	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">(kilograms)</div>	
L4	Do you have an immunization card for this child? May I see it?	YES 1 NO CARD 2 NO YOU MAY NOT /CANNOT SEE IT.....3	
L5	(Mother's /caregivers response) Are the child's immunizations up to date? (RECORD FROM CARD IF AVAILABLE)*	YES 1 NO 2	→L10
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 style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">(Kilograms)</div> R <div style="border: 1px solid black; width: 20px; height: 20px;"></div> C <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
L7	Was this child ever breast-fed?	YES 1 NO 2	
L8	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 style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">Months</div>	→END
L9	For how many months was the child breast-fed but with other drink and food also?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">Months</div>	
Note:	Ask L10 and L11 only of children 6 or younger.		
L10	Does this child attend a crèche or a child-minding group?	YES 1 NO 2	
L11	Is it half day or full day?	HALF DAY..... 1 FULL DAY.....2 CAN'T REMEMBER..... 3	

* See next page for Immunisation Chart

*COPY OF IMMUNISATION RECORD FROM ROAD TO HEALTH CHART

Immunisations (Tick)		Primary Date	Booster Date
BCG			
Polio	1.		
	2.		
	3.		
DTP	1.		
	2.		
	3.		
Hepatitis B	1.		
	2.		
	3.		
Measels			
Other (specify)			