

SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

Please read instructions in the Interviewer's Manual.

L1	Child's date of birth	Y Y M M D D <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
L2	Child's height	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (centimeters)	→L6 →L6
L3	Child's weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kilograms)	
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.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (Kilograms) R <input type="text"/> C <input type="text"/>	
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?	<input type="text"/> <input type="text"/> <input type="text"/> Months	→END
L9	For how many months was the child breast-fed but with other drink and food also?	<input type="text"/> <input type="text"/> <input type="text"/> Months	
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)			