

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:

SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

| | | | | | | | | | | | | | | | |
|----------------------|---|--|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| L1 | Child's date of birth Masiku yo velekiwa ka n'wana | <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> | Y | Y | M | M | D | D | <input type="text"/> | |
| 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 Ku leha ka n'wana | <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td>•</td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table> (centimeters) | <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| L3 | Child's Weight Nfiko wa n'wana | <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td>•</td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table> (Kilograms) | <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| L4 | Do you have an immunization card for this child? may I see it? Xana u na khadi ra le xikalwini ra n'wana? Ndzi kombela ku ri vona. | YES.....1 NO CARD.....2 NO YOU MAY NOT/CANNOT SEE IT.....3 | | | | | | | | | | | | | |
| L5 | (Mother's/caregiver's response) Are the child's immunizations up to date? Xana n'wana l sawutisiwile hinkwawo mavabyi. (RECORD FROM CARD IF AVAILABLE)* | YES.....1 NO.....2 | | | | | | | | | | | | | |
| L6 | How much did this child weigh at birth? Xana nwana loyi a tika yini loko a velekiwa? (RECORD FROM CARD IF AVAILABLE) Indicate R if from recall or C if from card. | <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td>•</td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>R</td><td><input type="text"/></td><td>C</td><td><input type="text"/></td><td></td><td></td> </tr> </table> (Kilograms) | <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | R | <input type="text"/> | C | <input type="text"/> | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | • | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| R | <input type="text"/> | C | <input type="text"/> | | | | | | | | | | | | |
| L7 | Was this child ever breast-fed? Xana n'wana loyi l mamile vele ra manana? | YES.....1 NO.....2 | →L10 | | | | | | | | | | | | |
| L8 | For how many months was the child breast-fed with NO other drink or food except breast milk? Xana n'wana u mamile vele nkarhi wo fika kwihi a nga se dyisiwa swin'wana? | <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> Months | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | |
| L9 | For how many months was the child breast-fed but with other drink and food also? Xana n'wana u mamile vele nkarhi wo fika kwihi a karhi a dya swin'wana swakudya.? | <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> Months | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | |
| L10 | Note: Ask L11 and L12 only of children 6 or younger. | | | | | | | | | | | | | | |
| L11 | Does this child attend a crèche or a child-minding group? Xana n'wana u ya creche kumbe ku sala la ku hlayisiwaka vana? | YES.....1 NO.....2 | | | | | | | | | | | | | |
| L12 | Is it half day or full day? Xana l ku fika na nhlikanhi kumbe l swa siku hinkwaro? | 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) | | | |