

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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SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

L1	Child's date of birth Umhla wokuzalwa komntwana	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 Mde kangakanani	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (centimeters)	
L3	Child's Weight Utyebe kangakanani (esikalini)	<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? Unalo ikhadi logonyo lomntwana? Ndingalibona?	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? Ingaba ugonyo lomntwana lusemgaqweni olungileyo? (RECORD FROM CARD IF AVAILABLE)*	YES.....1 NO.....2	
L6	How much did this child weigh at birth? Wayengakanani umntwana esikalini mhla wayezalwa? (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? Wayekhe wancanciswa?	YES.....1 NO.....2	→L10
L8	For how many months was the child breast-fed with NO other drink or food except breast milk? Wancanciswa iinyanga ezingaphi umntwana ngaphandle kokunikwa into eselwayo okanye etyiwayo ngaphandle kobisi lwebele?	<input type="text"/> <input type="text"/> <input type="text"/> Months	
L9	For how many months was the child breast-fed but with other drink and food also? Wancanciswa iinyanga ezingaphi umntwana ekwaseliswa kwaye etyiswa?	<input type="text"/> <input type="text"/> <input type="text"/> Months	
L10	Note: Ask L11 and L12 only of children 6 or younger.		
L11	Does this child attend a crèche or a child-minding group? Lomntwana uyaya ekhrishi okanye kwindawo zogcino bantwana?	YES.....1 NO.....2	
L12	Is it half day or full day? Usiwa ihafu yosuku okanye imini yonke?	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? Xa ucinga, ungathi impilo yalo mntwana injani xa kunamhlanje? Ungathi intle ngendlela engummangaliso, intle kakhulu, intle, intlana, okanye isesimeni esibi?	EXCELLENT.....1 VERY GOOD.....2 GOOD.....3 FAIR.....4 POOR.....5 DON'T KNOW.....999	

***See next page for Immunization Chart**

*COPY OF IMMUNISATION RECORD FROM ROAD TO HEALTH CHART

Immunisations (Tick)		Primary Date	Booster Date
Ugonyo			
BCG			
BCG			
Polio Ipoliyo	1.		
	2.		
	3.		
DTP DTP	1.		
	2.		
	3.		
Hepatitis B Ihephathaythisi	1.		
	2.		
	3.		
Measels Imizilzi			
Other (specify) Enye (Cacisa)			