

# 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: 

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- 2a. Child code from board: 

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- 2b. Adult code from board: 

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3. Date of visit: Day 

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 Month 

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 Year 

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4. Interviewer code: 

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5. Starting time of module: Hour 

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 Minute 

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### INTERVIEWER: COMPLETE ON FINISHING THE MODULE

6. Ending time of module: Hour 

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 Minute 

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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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**FIELD VERSION DATE: January 16, 2004 SHANGAAN**

## SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS

L1	Child's date of birth Siku ra ku velekiwa ka n'wana	D D M M Y Y Y Y <input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (centimeters)	
L3	Child's Weight Ntiko wa n'wana	<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? Xana u na khadi ra nsawutiso ra n'wana loyi? Ndzi nga ri vona?	YES.....1 NO CARD.....2 CARD NOT AVAILABLE.....3	
L5	(Mother's/caregiver's response) Are the child's immunizations up to date? Xana nsivelo wa vuvabyi bya n'wana wu tshamisekile?	YES.....1 NO.....2	
L6	How much did this child weigh at birth? <b>(RECORD FROM CARD IF AVAILABLE)</b> Xana a wu ri wihi ntiko wa n'wana loyi loko a velekiwa?  <b>Indicate R if from recall or C if from card.</b>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (Kilograms) R <input type="text"/> C <input type="text"/> DON'T KNOW.....999	
L6.1	Was this child delivered at home? Xana n'wana loyi u velekeriwe ekaya?	YES.....1 NO.....2 DON'T KNOW.....999	
L7	Was this child ever breast-fed? Xana n'wana loyi u si tshama a an'wisiwa vele.	YES.....1 NO.....2 STILL BREASTFEEDING.....3	→L10 →L10
L8	For how many months was the child breast-fed with NO other drink or food except breast milk? Xana i tin'hweti tingani leti ha tona n'wana loyi A NGA mamisiwangiki xo nwa xin'wana na kumbe swakudya handle ka masi ya vele?	<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? Xana i tin'hweti tingani leti n'wana a mamisiweke kambe ku tirhisiwa na swo nwa swin'wana na ku katsa swakudya.	<input type="text"/> <input type="text"/> <input type="text"/> Months	
L10	<b>Note: Ask L11 and L12 only of children 6 or younger. Older children go directly to L13.</b>		
L11	Does this child attend a crèche or a child-minding group? Xana n'wana loyi u nghena ekhirexe kumbe eka ntlawa wo tlharihisa n'wana?	YES.....1 NO.....2	→L13
L12	Is it half day or full day? Xana i hafu ya siku kumbe siku hinkwaro?	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? Hi xitalo, xana u nga pimanyeta njhani rihanyu ra n'wana yaloye sweswi? Rinene ku tlula mpimo, rinene swinene, rinene, ri kahle ku ringanela, kumbe ri le hansi swinene.	EXCELLENT.....1 VERY GOOD.....2 GOOD.....3 FAIR.....4 POOR.....5 DON'T KNOW.....999	

## IMMUNISATION CHART

Vaccine	Did you receive this vaccine? Xana u wu kumile ntlhavelo lowu?	Date of first immunization Siku ra nsawutiso wo sungula (DD MM YYYY)	Date of second Siku ra wa vumbirhi (DD MM YYYY)	Date of third Siku ra wa vunharhu (DD MM YYYY)	Date of fourth Siku ra wa vumune (DD MM YYYY)
<b>BCG</b> e BCG	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	__ / __ / ____	XXXXXX	XXXXXX
<b>DTP and related</b> Edtp ni leswi yelanaka	<b>(CIRCLE ALL THAT APPLY)</b> DIPHTHERIA .....1 → date TETANUS .....2 → date PERTUSSIS/ WHOOPING COUGH .....3 → date NONE .....4 → next vaccine		D __ / __ / ____ T __ / __ / ____ P __ / __ / ____	D __ / __ / ____ T __ / __ / ____ P __ / __ / ____	XXXXXX
<b>INTERVIEWER CHECKPOINT: DID CHILD ALSO RECEIVE HEPATITUS B/HBV OR HIB AS PART OF DTP VACCINE? MAKE SURE TO FILL OUT APPROPRIATE VACCINE SECTIONS BELOW.</b>					
<b>Hepatitis B / HBV</b> Vuvabyi bya xivindzi	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Hib</b> Hibe	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Polio</b> pholiyo	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Measles</b> Manyokanyokana	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	XXXXXX	XXXXXX	XXXXXX
<b>Vitamin A</b> Vitamini A	YES.....1 → date NO.....2 → next vaccine	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Other (specify)</b> Xin'wana	type of vaccine: muxaka wa ntlhavelo .....	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Other (specify)</b> Xin'wana	type of vaccine: muxaka wa ntlhavelo .....	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Other (specify)</b> Xin'wana	type of vaccine: muxaka wa ntlhavelo .....	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Other (specify)</b> Xin'wana	type of vaccine: muxaka wa ntlhavelo .....	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____

