

SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003
QUESTIONNAIRE FOR CHILDREN YOUNGER THAN SIX YEARS OLD WHOSE
BIOLOGICAL MOTHER DOES NOT LIVE IN THE HOUSEHOLD

IDENTIFICATION																			
PROVINCE* _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																		
DISTRICT _____																			
EA NUMBER.....																			
EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4).....																			
SADHS CLUSTER NUMBER.....																			
STAND NUMBER.....																			
HOUSEHOLD NUMBER.....																			
NAME OF HOUSEHOLD HEAD _____																			
NAME AND LINE NUMBER OF CHILD _____																			
NAME AND LINE NUMBER OF GUARDIAN/FOSTER PARENT/OTHER _____																			
INTERVIEWER VISITS																			
	1	2	3	FINAL VISIT															
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> INT.CODE RESULT	2	0	0												
2	0	0																	
INTERVIEWER'S NAME	_____	_____	_____																
RESULT**	_____	_____	_____																
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS															
TIME	_____	_____		<table border="1" style="width: 20px; height: 20px;"></table>															
** RESULT CODES: <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;">7 OTHER _____ (SPECIFY)</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td></td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____ (SPECIFY)	2 NOT AT HOME	5 PARTLY COMPLETED		3 POSTPONED	6 INCAPACITATED							
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LANGUAGE OF QUESTIONNAIRE: ENGLISH				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	0	1													
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LANGUAGE OF INTERVIEW *** _____																			
HOME LANGUAGE OF RESPONDENT*** _____																			
WAS A TRANSLATOR USED? (YES=1, NO=2)																			
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																
NAME _____ DATE _____	NAME _____ DATE _____	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>																

*PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

SECTION 1: BACKGROUND INFORMATION OF THE CHILD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	RECORD LINE NUMBER AND NAME FROM COVER PAGE OF THIS QUESTIONNAIRE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	In what month and year was (NAME from Q.102) born?	MONTH <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR..... 9998	
104	How old was (NAME) at his/her last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105	Is (NAME) a boy or a girl?	MALE 1 FEMALE 2	
106	Which population group does (NAME) belong to?	BLACK/AFRICAN 1 COLOURED 2 WHITE 3 ASIAN/INDIAN..... 4 OTHER _____ 6 (SPECIFY)	
107	What is your relationship to (NAME)?	BIOLOGICAL FATHER 11 ADOPTIVE PARENT 12 FOSTER PARENT 13 STEP PARENT 14 GRANDPARENT 15 SISTER/BROTHER 16 OTHER FAMILY (e.g. aunt, etc.)..... 17 UNRELATED CAREGIVER/ GUARDIAN..... 18 OTHER _____ 96 (SPECIFY)	
108	Why is (NAME)'s biological mother not living with the child?	MOTHER DIED 1 MOTHER LEFT TO SEEK EMPLOYMENT/WORK ELSEWHERE 2 MOTHER SENT CHILD HERE FOR CARE (LIVES ELSEWHERE)..... 3 MOTHER IN HOSPITAL..... 4 OTHER _____ 6 (SPECIFY)	

SECTION 2: IMMUNIZATION, HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES/SKIP																																																								
201	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE.	YES 1 NO 2 DON'T KNOW 8																																																								
202	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 204) ◀ YES, NOT SEEN 2 (SKIP TO 206) ◀ NO CARD 3																																																								
203	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 206) ◀ NO 2																																																								
204	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 Hep. B 1 Hep. B 2 Hep. B 3 MEASLES VITAMIN A (MOST RECENT)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">DAY</th> <th style="width: 15%;">MONTH</th> <th style="width: 15%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>VIT. A</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				P0				P1				P2				P3				D1				D2				D3				H1				H2				H3				MEA				VIT. A			
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205	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP 1-3, MEASLES VACCINE(S) AND/OR VITAMIN A.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN Q 204) (SKIP TO 208) ◀ NO 2 (SKIP TO 208) ◀ DON'T KNOW 8																																																								
206	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 209) ◀ DON'T KNOW 8																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES/SKIP
207	Please tell me if (NAME) received any of the following vaccinations:	
207A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES..... 1 NO..... 2 DON'T KNOW..... 8
207B	Polio vaccine, that is, drops in the mouth?	YES..... 1 NO..... 2 (SKIP TO 207E) ← DON'T KNOW..... 8
207C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2
207D	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="text"/>
207E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES..... 1 NO..... 2 (SKIP TO 207G) ← DON'T KNOW..... 8
207F	How many times?	NUMBER OF TIMES..... <input type="text"/>
207G	A Hepatitis B vaccination, that is, an injection given in the arm or shoulders, sometimes at the same time as polio drops?	YES..... 1 NO..... 2 (SKIP TO 207I) ← DON'T KNOW..... 8
207H	How many times?	NUMBER OF TIMES..... <input type="text"/>
207I	An injection to prevent measles?	YES..... 1 NO..... 2 DON'T KNOW..... 8
207J	A Vitamin A dose in an ampule, capsule, tablet, or syrup?	YES..... 1 NO..... 2 DON'T KNOW..... 8
208	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES..... 1 NO..... 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW..... 8
209	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 DON'T KNOW..... 8
210	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 212) ← DON'T KNOW..... 8
211	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES..... 1 NO..... 2 DON'T KNOW..... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES/SKIP
212	CHECK 209 AND 210: FEVER OR COUGH? "YES" IN 209 OR 210 <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> ↓ (SKIP TO 218)
213	Did you seek advice or treatment for the fever/cough?	YES..... 1 NO..... 2 (SKIP TO 215) ←
214	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTRE..... B MOBILE CLINIC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR..... H MOBILE CLINIC I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP..... K TRADITIONAL. PRACTITIONER L OTHER _____ X (SPECIFY)
215	CHECK 209: HAD FEVER? "YES" IN 209 <input type="checkbox"/> ↓	"NO" OR "DON'T KNOW" <input type="checkbox"/> ↓ (SKIP TO 218)
216	Did (NAME) take any drugs for the fever?	YES..... 1 NO..... 2 (SKIP TO 218) ←
217	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIAL DRUGS TO RESPONDENT.	COARTEM..... A ARSUMAX B FANSIDAR..... C ORAL QUININE D UNKNOWN DRUG/ E OTHER _____ X (SPECIFY) DON'T KNOW Z
218	Has (NAME) had diarrhoea in the last 2 weeks?	YES..... 1 NO..... 2 (END) ← DON'T KNOW 8
219	Now I would like to know how much (NAME) was offered to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW..... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES/SKIP				
220	<p>When (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>				
221	<p>Was he/she given any of the following to drink:</p> <p>a A fluid made from a special packet called SORAL? b A homemade fluid containing salt sugar and water prepared according to recommendations from health personnel?</p>	<p style="text-align: right;">YES NO DK</p> <p>FLUID FROM SORAL PKT 1 2 8 HOMEMADE FLUID 1 2 8</p>				
222	<p>Was anything (else) given to treat the diarrhoea?</p>	<p>YES 1 NO 2 (SKIP TO 224) ← DON'T KNOW 8</p>				
223	<p>What (else) was given to treat the diarrhoea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS MENTIONED.</p>	<p>PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)</p>				
224	<p>Did you seek advice or treatment for the diarrhoea?</p>	<p>YES 1 NO 2 (END) ←</p>				
225	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTRE B MOBILE CLINIC C OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR H MOBILE CLINIC I OTHER PRIVATE MEDICAL _____ J (SPECIFY)</p> <p>OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L OTHER _____ X (SPECIFY)</p>				
226	<p>RECORD THE TIME</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>				