

# 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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March 3, 2004—ENGLISH

**SECTION L: CHILDREN'S PHYSICAL HEALTH MEASUREMENTS**

L1	Child's date of birth	D D M M Y Y Y Y <input type="text"/> <input type="text"/>	
L2	Child's Height	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (centimeters)	
L3	Child's Weight	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (Kilograms)	
L3.1	Child's Waist	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (centimeters)	
L3.2	Child's Head Circumference	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (centimeters)	
L3.3	Does this child have a birth certificate?	YES.....1 NO .....2 YES, BUT NOT AVAILABLE.....3	
L4	Do you have a clinic card for this child? May I see it?	YES.....1 NO CARD.....2 CARD NOT AVAILABLE.....3	
L5	(Mother's/caregiver's response) Are the child's immunizations up to date?	YES.....1 NO.....2	
L6	How much did this child weigh at birth?  <b>(RECORD FROM CARD IF AVAILABLE)</b> <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?	YES.....1 NO.....2 DON'T KNOW.....999	
L7	Was this child ever breast-fed?	YES.....1 NO.....2 STILL BREASTFEEDING.....3	→L10 →L10
L8	For how many months was the child breast-fed ?	<input type="text"/> <input type="text"/> <input type="text"/> Months	
L9	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	
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?	YES.....1 NO.....2	→L13
L12	Is it half day or full day?	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?	EXCELLENT.....1 VERY GOOD .....2 GOOD .....3 FAIR .....4 POOR.....5 DON'T KNOW ..... 999	

\*COPY OF IMMUNISATION RECORD FROM ROAD TO HEALTH CHART

Immunisations	Primary Date	Booster Date
BCG	1.	2.
Polio	0.	4.
	1.	
	2.	
	3.	
DTP	1.	
	2.	
	3.	
Hepatitis B	1.	
	2.	
	3.	
Measles	1.	2.
Vit A	1.	4.
	2.	5.
	3.	
Other (specify)	1.	3.
	2.	4.

**GO TO COVER SHEET AND COMPLETE IT.**