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	D D M M Y Y Y Y ☐☐ ☐☐ ☐☐☐☐	
L2	Child's Height	☐☐☐.☐☐ (centimeters)	
L3	Child's Weight	☐☐☐.☐☐ (Kilograms)	
L3.1	Child's Waist	☐☐☐.☐☐ (centimeters)	
L3.2	Child's Head Circumference	☐☐.☐☐ (centimeters)	
L3.3	Does this child have a birth certificate? Ingaba lo mntwana unaso isiqinisekiso sokuzalwa?	YES……………………………………..1 NO ....…………………………………2 YES, BUT NOT AVAILABLE…………3	
L4	Do you have a clinic card for this child? May I see it? Ingaba unalo ikhadi lasekliniki lalo mntwana? Ndicela ukulibona.	YES……………………………………..1 NO CARD………………………………2 CARD NOT AVAILABLE...…………..3	
L5	(Mother's/caregiver's response) Are the child's immunizations up to date? Ingaba ugonyo lomntwana lusemgaqweni olungileyo?	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.**	☐☐☐.☐☐ (Kilograms) R ☐ C ☐ DON'T KNOW…………………………...999	
L6.1	Was this child delivered at home? Ingaba lo mntwana wabelekelwa ekhaya?	YES……………………………………..1 NO………………………………………2 DON'T KNOW…………………………...999	

L7	Was this child ever breast-fed? Wayekhe wancanciswa?	YES……………………………………1 NO…………………………………….2 STILL BREASTFEEDING....................3	→L10 →L10
L8	For how many months was the child breast-fed ? Wancanciswa iinyanga ezingaphi lo mntwana?	☐☐☐ Months	
L9	For how many months was the child breast-fed with NO other drink or food except breast milk? Wancanciswa iinyanga ezingaphi lo mntwana ibele lodwa engaseliswa okanye etyiswa enye into ?	☐☐☐ Months	
L10	**Note: Ask L11 and L12 only of children 6 or younger. Older children go directly to L13.**		
L11	Does this child attend a crèche or a child-minding group? Lomntnwa uyaya ekhrishi okanye kwindawo zogcino bantwana?	YES……………………………………1 NO…………………………………….2	→L13
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	

*COPY OF IMMUNISATION RECORD FROM ROAD TO HEALTH CHART

Immunisations	Primary Date	Booster Date
BCG [BCG]	1.	2.
Polio [Ipoliyo]	0.	4.
	1.	
	2.	
	3.	
DTP [DTP]	1.	
	2.	
	3.	
Hepatitis B [Ihephathaythisi]	1.	
	2.	
	3.	
Measles [Imizilzi]	1.	2.
Vit A [Ivithamini A]	1.	4.
	2.	5.
	3.	
Other (specify) [Enye (Cacisa)]	1.	3.
	2.	4.

GO TO COVER SHEET AND COMPLETE IT.