




CAPE AREA PANEL STUDY

Child Cover Page

Wave 4 2006

A.1 Q ID		A.2.1 Young Adult Name (Mother)				A.2.2 Young Adult Q ID (Mother)				A.3 Child Section F Column # <i>chnum</i>																	
50028		Ziyanda Dlamini				30785				01																	
A.4 Child's Name						A.5 Child's sex <i>w4c_sex</i>		A.6 Child's date of birth																			
LULAMA						1 M		DAY (01-31)		MONTH (e.g. jan)		YEAR															
										2		2000															
A.7.1 HH Q ID		A.7.2 HH Q ID correct?				A.7.3 New HH Q ID				A.7.4 Line number of child in HH <i>pcode</i>																	
10170		Yes		1		No		2																			
A.8.1 Original EA		A.8.2 Still at original address?				A.8.3 Area				A.8.4 Community																	
1066298		1 Yes				Khayelitsha				Harare																	
A.9 Fieldwork conducted by						A.10 Respondent																					
UCT		1		Citizen Surveys		2		Mother		1		Primary care-giver in Cape Town		2		No interview (deceased, living outside Cape Town)		3									
Interviewer: ONLY COMPLETE THIS SECTION IF THE CHILD LIVES IN CAPE TOWN BUT DOES NOT LIVE IN THE SAME HOUSEHOLD AS THEIR MOTHER. Write down the contact details of the child's primary care-giver below. The interview must be conducted with this primary care-giver. At the time of the interview complete all the information in the table below.																											
A.11		Full Name of primary care-giver																									
A.12		Gender																									
A.13		Pop. Group																									
A.14		Current Address																									
A.15		Community/Suburb																									
A.16		Postal Code																									
A.17		Work phone																									
A.18		Home phone																									
A.19		Cell phone																									
A.20		Email																									
A.21		Preferred Lang(s)																									
A.22 How old are you now?				A.23 What is your date of birth?																							
				DAY (1-31)								MONTH (e.g. jan, feb)								YEAR (e.g. 1985,1987)							
A.24 Date of interview						A.25 Interview start time						A.26 Interview end time															
Day <i>w4c_intvday</i>				month <i>w4c_intvmth</i>				h		h		m		m		h		h		m		m					
A.27 Interviewer name												A.28 Interviewer code <i>w4c_intvcd</i>															
A.29 Final result code <i>w4c_finalresult</i>						A.30.1 Questionnaire QC code						A.30.2 Bundle QC code															
A.30.3 Back-checked						A.30.4 QC Result code						A.31 Data capturer code															

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 <p>University of Cape Town</p>  <p>University of Michigan</p>  <p>Princeton University</p>	<h1>Cape Area Panel Study</h1> <h2>Wave 4 (2006)</h2> <h3>Child's Guardian Consent Form</h3>
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The Cape Area Panel Study is a study of young adults' schooling, health and well-being in South Africa. It is run by researchers at the University of Cape Town together with colleagues at the University of Michigan and Princeton University in the United States. The purpose of this study is to learn more about the challenges and opportunities facing young people in South Africa.

In the 2006 wave of the study we are collecting information about the children of the young adults who have been participating in the study since it began in 2002. As the parent or guardian of one of these children, we want your permission to measure the child's height and weight and collect information about their health and immunization history.

We want to make sure that you, as the parent or guardian of this child, understand the following information about the study.

- The participation of your child (or person under your guardianship) is entirely voluntary. You or your child may refuse to take part in the study. You or the child may also refuse to take part in any particular part of the examination.
- We expect that the examination and collection of information will take approximately 15 minutes.
- All information collected for this study will be kept strictly confidential. Individual responses to our questions will never be made public, and no information which could identify you, the child, or your household will ever be released.
- You and the child have the right to ask questions at any point before the interview, during the interview, or after the interview is completed.

We may want to follow up with another examination or interview of this child in the future. But we will ask for permission again at that time. Agreeing to participate now does not mean your child has to participate the next time around.

By signing below, you signify that you agree that your child (or person under your guardianship) may participate in the Cape Area Panel Study.

Name of child to be examined: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

If you have questions about this interview or the CAPS project contact Viki Elliott (Tel 021-650-5785 fax 021-650-5697 or Email: veliott@commerce.uct.ac.za).

This study has been reviewed and approved by the ethical review committees of The University of Cape Town (contact: Gita Valodia, Senate Officer, Bremner Building, University of Cape Town; Email: gvalodia@bremner.uct.ac.za, Phone: 021- 650 2193) and the University of Michigan (contact: Kate M. Keever; Email irbhsbs@umich.edu) and Princeton University.



University of
Cape Town



University of
Michigan



Princeton
University

Cape Area Panel Study

A study of the changing lives of young people in Cape Town

Wave 4 (2006)

Child Questionnaire

B.1	Child's Height	_____ • _____ centimetres			
B.2	Child's Weight	_____ • _____ kilograms			
B.3	Child's Waist	_____ • _____ centimetres			
B.4	Child's Head Circumference	_____ • _____ centimetres			
B.5	Does this child have a birth certificate?	Yes	1		
		No	2		
		Yes, but not available	3		
		Don't know	9		
B.6	Do you have a clinic card for this child? Interviewer: If yes, ask: May I see it?	Yes	1		
		No	2		
		Yes, but not available	3		
		Don't know	9		
B.7	Are the child's immunizations up to date? Interviewer: Mother's/caregiver's response	Yes	1		
		No	2		
		Don't know	9		
B.8	Child's date of birth Interviewer: Write date from Card if available.	Day (DD)			
		Month (MM) w4c_bmrh			
		Year (YYYY) w4c_byr			
B.9	How much did this child weigh at birth? Interviewer: Record from Card if available. Indicate R if from recall or C if from card.	B.9.1a	_____ grams		
		B.9.1b	_____ • _____ kgs		
		B.9.2	Card	1	
			Recall	2	
			Don't know	9	
B.10	What was this child's head circumference at birth? Interviewer: Indicate No Card if Card not available.	B.10.1	_____ • _____ centimetres		
		B.10.2	No Card	1	
B.11	Was this child delivered at home?	Yes	1		
		No	2		
		Don't know	9		

COPY OF IMMUNISATION RECORD AND WEIGHT FROM ROAD TO HEALTH CHART

IMMUNISATIONS						WEIGHT FROM GROWTH CHART	
Vaccine (_yn)		Yes	No	Can't read	Date Given Day/month/year (_day/_mth/_yr)	Age in months (0–60) <i>w4c_age*</i>	Weight (in Kg's) <i>w4c_weight*</i>
P R I M A R Y S C H E D U L E	BCG (<i>w4c_bcg</i>)	1	2	3			
	Polio 0 (<i>w4c_polio0</i>)	1	2	3			
	Polio 1 (<i>w4c_polio1</i>)	1	2	3			
	DTP 1 (<i>w4c_dtp1</i>)	1	2	3			
	Hib 1 (<i>w4c_hib1</i>)	1	2	3			
	Hep B 1 (<i>w4c_hep1</i>)	1	2	3			
	Polio 2 (<i>w4c_polio2</i>)	1	2	3			
	DTP 2 (<i>w4c_dtp2</i>)	1	2	3			
	Hib 2 (<i>w4c_hib2</i>)	1	2	3			
	Hep B 2 (<i>w4c_hep2</i>)	1	2	3			
	Polio 3 (<i>w4c_polio3</i>)	1	2	3			
	DTP 3 (<i>w4c_dtp3</i>)	1	2	3			
	Hib 3 (<i>w4c_hib3</i>)	1	2	3			
	Hep B 3 (<i>w4c_hep3</i>)	1	2	3			
Measles 1 (<i>w4c_msles1</i>)	1	2	3				
B O O S T E R S	Polio 4 (<i>w4c_polio4</i>)	1	2	3			
	DTP 4 (<i>w4c_dtp4</i>)	1	2	3			
	Measles 2 (<i>w4c_msles2</i>)	1	2	3			
	Polio 5 (<i>w4c_polio5</i>)	1	2	3			
	DT 1 (<i>w4c_dt1</i>)	1	2	3			
BCG Repeat (<i>w4c_bcgrepeat</i>)		1	2	3			
Other: (<i>w4c_other1</i>) (_____)		1	2	3			
Other: (<i>w4c_other2</i>) (_____)		1	2	3			

Vitamin A	
Date Given	Date Given
1. (w4c_vita1)	3.(w4c_vita3)
2. (w4c_vita2)	4.(w4c_vita4)

