

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Year/Month/Day of facility visit: 2016/ ____ / ____	
HF9. Year/Month/Day of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> 20 ____ / ____ / ____	HF10. Name of health facility: _____	

HF11. Result of health facility visit	Vaccination record seen	01
	Vaccination record not seen	02
	Other (<i>specify</i>) _____	96

IMMUNIZATION

HF

HF13.
 (a) Copy dates for each vaccination from the card or mother and child's health book.
 (b) Write '4444' in day column if card shows that vaccination was given but no date recorded.

Date of Immunization

Year

Month

Day

BCG	BCG								
POLIO AT BIRTH	OPV0								
POLIO 1	OPV1								
POLIO 2	OPV2								
POLIO 3	OPV3								
Pentavalent 1	PENTA1								
Pentavalent 2	PENTA2								
Pentavalent 3	PENTA3								
HEPB	HEP								
MEASLES(OR MMR OR MR) 1	MEASLES 1								
MEASLES (OR MMR OR MR) 2	MEASLES 2								
VITAMIN A (FIRST DOSE)	VITA1								
VITAMIN A (SECOND DOSE)	VITA2								
VITAMIN A (THIRD DOSE)	VITA3								