



[name of country]

QUESTIONNAIRE FORM FOR VACCINATIONS 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 of children age 0-4 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Under Five Children 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 Under Five Children for each child.</i></p>	
HF1. Cluster number: <div style="text-align: right;">___ ___ ___</div>	HF2. Household number: <div style="text-align: right;">___ ___</div>
HF3. Child's name: Name _____	HF4. Child's line number: <div style="text-align: right;">___ ___</div>
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: <div style="text-align: right;">___ ___</div>
HF7. Interviewer name and number: Name _____ ___ ___	HF8. Day / Month / Year of facility visit: <div style="text-align: right;">___ ___ / ___ ___ / ___ ___ ___</div>
HF9. Day, month and year of birth <i>(From AG1 in Under-5 Questionnaire)</i> <div style="text-align: right;">___ ___ / ___ ___ / ___ ___ ___</div>	HF10. Name of health facility: _____
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (specify) _____ 96

IMMUNIZATION											HF	
HF12. Record day, month and year of birth as written on vaccination record			____ / ____ / ____									
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.			Date of Immunization									
			Day		Month		Year					
BCG	BCG											
POLIO AT BIRTH	OPV0											
POLIO 1	OPV1											
POLIO 2	OPV2											
POLIO 3	OPV3											
DPT1	DPT1											
DPT2	DPT2											
DPT3	DPT3											
HEPB AT BIRTH	H0											
HEPB1	H1											
HEPB2	H2											
HEPB3	H3											
MEASLES (OR MMR)	MEASLES											
YELLOW FEVER	YF											
VITAMIN A (MOST RECENT)	VITA											