



QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY

name of survey

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: <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's name and number: Name _____	HF8. Day / Month / Year of facility visit: <div style="text-align: right;">_____ / _____ / 2 0 1 _____</div>	
HF9. Day, month and year of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> <div style="text-align: right;">_____ / _____ / 2 0 1 _____</div>	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
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HF11A. Field editor's name and number: Name _____	HF11B. Main data entry clerk's name and number: Name _____
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IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record					___ / ___ / 201 ___					
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									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
MEASLES (OR MMR OR MR)	MEASLES									
YELLOW FEVER	YF									
VITAMIN A (FIRST DOSE)	VITA1									
VITAMIN A (SECOND DOSE)	VITA2									