



QUESTIONNAIRE FOR CHILDREN UNDER 5

| UNDER-FIVE CHILD INFORMATION PANEL | | UF |
|---|--|----|
| <p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p> | | |
| UF1. Cluster number: _____ | UF2. Household number: _____ | |
| UF3. Child's Name: _____ | UF4. Child's Line Number: _____ | |
| UF5. Mother's/Caretaker's Name: _____ | UF6. Mother's/Caretaker's Line Number: _____ | |
| UF7. Interviewer name and number: _____ | UF8. Day/Month/Year of interview: _____/_____/_____ | |
| UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.) | Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Other (specify) _____ 6 | |

Repeat greeting if not already read to this respondent:

WE ARE FROM NIS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

| | | |
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| UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (<i>name</i>). IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i> | Date of birth: Day DK day 98 Month Year..... | |
| UF11. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i> | Age in completed years | |

| BIRTH REGISTRATION AND EARLY LEARNING MODULE | | BR |
|---|---|---|
| BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT? | Yes, seen 1 Yes, not seen 2 No..... 3 DK 8 | 1⇒BR5 |
| BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE ZAGS? | Yes 1 No..... 2 DK 8 | 1⇒BR5 8⇒BR4 |
| BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED? | Must travel too far 2 Did not know it should be registered..... 3 Does not know where to register 5 Other (<i>specify</i>) _____ 6 DK 8 | |
| BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH? | Yes 1 No..... 2 | |
| BR5. Check age of child in UF11: Child is 3 or 4 years old? | | |
| <input type="checkbox"/> Yes. ⇒ Continue with BR6 | | |
| <input type="checkbox"/> No. ⇒ Go to BR8 | | |
| BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE? | Yes 1 No..... 2 DK 8 | 2⇒BR8 8⇒BR8 |
| BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND? | No. of hours _ _ | |
| BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i> | | |
| BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ? | Books | Mother Father Other No one A B X Y |
| BR8B. TELL STORIES TO <i>(name)</i> ? | Stories | A B X Y |
| BR8C. SING SONGS WITH <i>(name)</i> ? | Songs | A B X Y |
| BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Take outside | A B X Y |
| BR8E. PLAY WITH <i>(name)</i> ? | Play with | A B X Y |
| BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS? | Spend time with | A B X Y |

CHILD DEVELOPMENT

CE

Question CE1 is to be administered only once to each caretaker

| | | |
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| <p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p><i>If 'none' enter 00</i></p> | <p>Number of non-children's books 0__</p> <p>Ten or more non-children's books 10</p> | |
| <p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p><i>If 'none' enter 00</i></p> | <p>Number of children's books 0__</p> <p>Ten or more books 10</p> | |
| <p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p><i>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</i></p> <p><i>Code Y if child does not play with any of the items mentioned.</i></p> | <p>Household objects (bowls, plates, cups, pots) A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store D</p> <p>No playthings mentioned Y</p> | |
| <p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p><i>If 'none' enter 00</i></p> | <p>Number of times..... __ __</p> | |
| <p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p><i>If 'none' enter 00</i></p> | <p>Number of times..... __ __</p> | |

| BREASTFEEDING MODULE | | BF |
|--|---|--------------------|
| BF1. HAS (<i>name</i>) EVER BEEN BREASTFED? | Yes 1 No..... 2 DK 8 | 2⇒BF3 8⇒BF3 |
| BF2. IS HE/SHE STILL BEING BREASTFED? | Yes 1 No..... 2 DK 8 | |
| BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i> | | |
| | | Y N DK |
| BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? | A. Vitamin supplements 1 2 8 | |
| BF3B. PLAIN WATER? | B. Plain water 1 2 8 | |
| BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? | C. Sweetened water or juice 1 2 8 | |
| BF3D. ORAL REHYDRATION SOLUTION (ORS)? | D. ORS..... 1 2 8 | |
| BF3E. INFANT FORMULA? | E. Infant formula..... 1 2 8 | |
| BF3F. TINNED, POWDERED OR FRESH MILK? | F. Milk..... 1 2 8 | |
| BF3G. ANY OTHER LIQUIDS? | G. Other liquids 1 2 8 | |
| BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD? | H. Solid or semi-solid food 1 2 8 | |
| BF4. Check BF3H: Child received solid or semi-solid (mushy) food? | | |
| <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to Next Module | | |
| BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i> | No. of times ____ Don't know 8 | |

| CARE OF ILLNESS MODULE | | CA |
|---|--|-------------------------|
| <p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p> | <p>Yes 1 No..... 2 DK 8</p> | <p>2⇒CA5 8⇒CA5</p> |
| <p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> | | |
| <p>CA2A. A FLUID MADE FROM A SPECIAL ORS PACKET CALLED REHYDRON OR APECTRAL?</p> | <p>A. Fluid from ORS packet 1 2 8</p> | |
| <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p> | <p>B. Fluids recommended by the Ministry of Health and Medical Industry 1 2 8</p> | |
| <p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p> | <p>Much less or none..... 1 About the same (or somewhat less) 2 More 3 DK 8</p> | |
| <p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i></p> | <p>None..... 1 Much less..... 2 Somewhat less..... 3 About the same..... 4 More..... 5 DK 8</p> | |
| <p>CA4A. Check CA2A: ORS packet used? <input type="checkbox"/> Yes. ⇒ Continue with CA4B <input type="checkbox"/> No. ⇒ Go to CA5</p> | | |
| <p>CA4B. WHERE DID YOU GET THE REHYDRON OR APECTRAL?</p> | <p>Public sector Govt. pharmacy..... 10 Govt. hospital 11 Govt. health centre..... 12 Govt. health post..... 13 Village health worker..... 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16</p> <p>Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26</p> <p>Other source Relative or friend..... 31 Shop 32 Traditional practitioner 33</p> <p>Other (<i>specify</i>) 96 DK 98</p> | |

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| CA4C. HOW MUCH DID YOU PAY FOR THE REHYDRON OR APECTRAL? | Thousand manats _ _ _ _ Free 9996 DK 9998 | |
| CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST? | Yes 1 No 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING? | Yes 1 No 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE? | Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8 | 2⇒CA12 6⇒CA12 |
| CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME? | Yes 1 No 2 DK 8 | 2⇒CA10 8⇒CA10 |
| CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ (<i>Name of place</i>) | Public sector Govt. hospital A Govt. health centre B Govt. health post C Village health worker D Mobile/outreach clinic E pharmacy F Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative or friend P Shop Q Traditional practitioner R Religious leader S Other (<i>specify</i>) X | |
| CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS? | Yes 1 No 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given.</i> | Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z | |

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|---|---|
| <p>CA11A. <i>Check CA11: Antibiotic given?</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Continue with CA11B</i></p> <p><input type="checkbox"/> <i>No. ⇒ Go to CA12</i></p> | |
| <p>CA11B. WHERE DID YOU GET THE ANTIBIOTIC?</p> | <p>Public sector</p> <p>Govt. pharmacy..... 10</p> <p>Govt. hospital 11</p> <p>Govt. health centre..... 12</p> <p>Govt. health post..... 13</p> <p>Village health worker..... 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital/clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative or friend..... 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK 98</p> |
| <p>CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?</p> | <p>Thousand manats _____</p> <p>Free..... 9996</p> <p>DK 9998</p> |
| <p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i></p> | <p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker..... B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing..... E</p> <p>Child has blood in stool..... F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p> |

IMMUNIZATION MODULE

IM

If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

| | | | |
|--|---|--------------------|------|
| IM1. IS THERE A VACCINATION CARD FOR (name)? | Yes, seen 1 Yes, not seen 2 No..... 3 | 2⇒IM10 3⇒IM10 | |
| (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 |
| IM2. BCG | BCG | | |
| IM3A. POLIO AT BIRTH | OPV 0 | | |
| IM3B. POLIO 1 | PV 1 | | |
| IM3C. POLIO 2 | PV 2 | | |
| IM3D. POLIO 3 | OPV 3 | | |
| IM3E. POLIO 4 | OPV 4 | | |
| IM4A. DPT1 | DPT1 | | |
| IM4B. DPT2 | DPT2 | | |
| IM4C. DPT3 | DPT3 | | |
| IM4D. DPT4 | DPT4 | | |
| IM5A. HEPB1 | HEPB1 | | |
| IM5B. HEPB2 | HEPB2 | | |
| IM5C. HEPB3 | HEPB3 | | |
| IM6. MEASLES (OR MMR) | MEASLES | | |
| IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY? | Yes 1 No..... 2 DK 8 | 2⇒IM20A 8⇒IM20A | |
| IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER? | Yes 1 No..... 2 DK 8 | | |
| IM12. HAS (name) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO? | Yes 1 No..... 2 DK 8 | 2⇒IM15 8⇒IM15 | |
| IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER? | Just after birth (within two weeks)..... 1 Later 2 | | |

| | | |
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| IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS? | No. of times _ _ | |
| IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO) | Yes 1 No..... 2 DK 8 | 2⇒IM16A 8⇒IM16A |
| IM16. HOW MANY TIMES? | No. of times _ _ | |
| IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HEPB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS DPT AND POLIO) | Yes 1 No..... 2 DK 8 | 2⇒IM17 8⇒IM17 |
| IM16B. HOW MANY TIMES? | No. of times _ _ | |
| IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES? | Yes 1 No..... 2 DK 8 | |
| <p>IM20 Obtain all information needed to identify the child’s individual card in the healthcare facility. After interview visit the healthcare facility and complete the Immunization Module by healthcare data.</p> <p>Full name of child: Address:</p> <p>Address of the healthcare facility which keeps the child’s individual card, including immunization records</p> <p>.....</p> | | |
| <p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</p> | | |

ANTHROPOMETRY MODULE

AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

| | | |
|---|---|--|
| AN1. Child's weight. | Kilograms (kg) _ _ . _ | |
| AN2. Child's length or height. <i>Check age of child in UF11:</i> <input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i> <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i> | Length (cm) Lying down 1 _ _ . _ Height (cm) Standing up 2 _ _ . _ | |
| AN2A. MEASURE OF UPPER ARM CIRCUMFERERENCE (MUAC). | MUAC (sm) _ _ . _ | |
| AN3. Measurer's identification code. | Measurer code _ _ | |
| AN4. Result of measurement. | Measured 1 Not present 2 Refused..... 3 Other (<i>specify</i>) 6 | |

AN5. *Is there another child in the household who is eligible for measurement?*

Yes. ⇒ Record measurements for next child.

No. ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

| IMMUNIZATION MODULE BY HEALTHCARE FACILITY DATA | | | | | | | IMF | |
|---|----------------------|-------|------|--|--|--|---------|--|
| IMF1A. Check IM20A. <i>Information of the immunization record-keeping healthcare facility obtained?</i> | Yes | 1 | | | | | 2⇒IMF7 | |
| | No | 2 | | | | | | |
| IMF1B. Healthcare facility visited? | Yes | 1 | | | | | 2⇒IMF7 | |
| | No | 2 | | | | | | |
| IMF1c. Healthcare facility keeps immunization records for (name)? | Yes | 1 | | | | | 2⇒IM F7 | |
| | No | 2 | | | | | | |
| (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded. | Date of Immunization | | | | | | | |
| | DAY | MONTH | YEAR | | | | | |
| IMF2. BCG | BCG | | | | | | | |
| IMF3A. POLIO AT BIRTH | OPV 0 | | | | | | | |
| IMF3B. POLIO 1 | PV 1 | | | | | | | |
| IMF3C. POLIO 2 | PV 2 | | | | | | | |
| IMF3D. POLIO 3 | OPV 3 | | | | | | | |
| IMF3E. POLIO 4 | OPV 4 | | | | | | | |
| IMF4A. DPT1 | DPT1 | | | | | | | |
| IMF4B. DPT2 | DPT2 | | | | | | | |
| IMF4C. DPT3 | DPT3 | | | | | | | |
| IMF4D. DPT4 | DPT4 | | | | | | | |
| IMF5A. HEPB1 | HEPB1 | | | | | | | |
| IMF5B. HEPB2 | HEPB2 | | | | | | | |
| IMF5C. HEPB3 | HEPB3 | | | | | | | |
| IMF6. MEASLES (OR MMR) | MEASLES | | | | | | | |