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| MICS logo ALLQUESTIONNAIRE form For  VACCINATION recordS AT HEALTH FACILITY  **name of survey** | |
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| under-five child information panel Hf | |
| 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.  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.  This questionnaire form must be appended to the Questionnaire for Children Under Five for each child. | |
| **HF1**. Cluster number: | **HF2**. Household number: |
| \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| **HF3**. Child’s name: | **HF4**. Child’s line number: |
| Name | \_\_\_ \_\_\_ |
| **HF5**. Mother’s / Caretaker’s name: | **HF6**. Mother’s / Caretaker’s line number: |
| Name | \_\_\_ \_\_\_ |
| **HF7**. Interviewer’s name and number: | **HF8**. Day / Month / Year of facility visit: |
| Name \_\_\_ \_\_\_ | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 1 \_\_\_ |
| **HF9**. Day, month and year of birth  *(From AG1 in Questionnaire for Children Under-5)* | **HF10**. Name of health facility: |
| \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 1 \_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **HF11**. Result of health facility visit | Vaccination record seen 01  Vaccination record not seen 02  Other (*specify*) 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* | | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | | | | | | |  |
| **HF13**.   1. Copy dates for each vaccination from the card. 2. 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** |  |  |  |  |  |  |  |  |