# Vaccination Form

## 1. Background

### 1.1 Field Worker’s Code

### 1.2 Date of Interview

### 1.3 Name of Child

### 1.4 Survival Status of Child (A=Alive; D=Dead; U=Unknown)

### 1.5 Child ID

### 1.6 Date of Birth

### 1.7 Gender of Child (F=Female; M=Male)

### 1.8 ID of Room Where Child Sleeps (Used to Sleep)

## 2. Vaccination Information From Card

### 2.1 What Vaccination Record Is Available for (Child)?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>DOSE 0</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
<th>DOSE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pentavalent</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Polio</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Measles</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Note:** Go to Section 2.6 if you have filled the above table using a Vaccination card.

### 2.2 Has (child) ever been given BCG vaccination against tuberculosis – i.e., an injection in the left arm that caused a scar?

1. Yes, scar seen; 2. Yes, scar not seen; 3. Yes, but child is not around; 4. No; 5. Does not know

### 2.3 Has (child) ever been given Pentavalent vaccination, i.e. an injection in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough, diphtheria, Hepatitis B and H influenza type B?

- **YES** = 1
- **HOW MANY TIMES?**
- **NO** = 2
- **DON’T KNOW** = 8

### 2.4 Has (child) ever been given polio vaccination, i.e. drops in the mouth to prevent him/her from getting polio?

- **YES** = 1
- **HOW MANY TIMES?**
- **NO** = 2
- **DON’T KNOW** = 8

### 2.5 Has (child) ever been given an injection in the arm, at the age of 9 months or older, to prevent/protect him/her from Measles/Yellow Fever?

1. Yes; 2. No; 8. Does not know

### 2.6 Is/Was the child on schedule?

1. Yes; 2. No; 8. Don’t know

### 2.7 If child is/was not on Schedule: Ask reasons why the vaccinations are/were not given on schedule (You may circle more than 1)


## 3. Respondent Particulars

### 3.1 Respondent’s Name

### 3.2 Respondent’s ID

### 3.3 Respondent’s Relationship to Child (Get code from 1)

Specify for OTH and NRL

## 4. Office/Field Check Details

### 4.1 FS Code & Check Date

### 4.2 Office Code & Check Date

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1. Relationships: BRO=Brother; SIS=Sister; BIL=Brother-in-law; SIL=Sister-in-law; PAR=Parent; GDP=Grand parent; OTH=Other; NRL=Not related; UNK=Unknown Relationship.