

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI URBAN DEMOGRAPHIC SURVEILLANCE SYSTEM
VACCINATION REGISTRATION FORM

1. BACKGROUND

1.1 START TIME				
1.2 FIELD WORKER'S CODE				
1.3 DATE OF INTERVIEW				
1.4 NAME OF CHILD.....				
1.5. CHILD'S ID				
1.6. DATE OF BIRTH				
1.7 SEX OF CHILD (F=Female; M=Male)				
1.8 IS THE CHILD ALIVE OR DEAD? (A=Alive; D=Dead)				
1.9. ID OF ROOM WHERE CHILD SLEEPS (USED TO SLEEP)				

2. RESPONDENT PARTICULARS

2.1 RESPONDENT'S NAME				
2.2 RESPONDENT'S ID				
2.3 RESPONDENT'S RELATIONSHIP TO CHILD (Get code from ¹) (Specify for OTH and NRL...)				

3. OFFICE/FIELD CHECK DETAILS

3.1 FS CODE & CHECK DATE				
3.2 OFFICE CODE & CHECK DATE				

4. VACCINATION DETAILS

4.1 HAS THE CHILD EVER RECEIVED ANY VACCINATIONS FROM CLINICS TO PREVENT HIM/HER FROM GETTING DISEASES? (Y=Yes; N=No, D=Don't Know) If "N" or "D" → 4.3	
4.2. DOES THE CHILD (name) HAVE A VACCINATION RECORD? (1=Card seen; 2=Card but not seen; 3=Seen written records; 4. Written records not seen; 5=None; 8=Does not know)	

**** If a vaccination card/record is available for the child, copy the dates for each immunization recorded on the card in the DATE/STATUS column in questions 4.3-4.7.**

**** If the card shows that the vaccine was given but there is no date or the date is not legible, write 44 in the first two cells of the corresponding DATE/STATUS column in questions 4.3-4.7.**

**** If the specific vaccine or dose is not recorded on the card/record or the respondent does not have a vaccination card/record, ask the respondent the corresponding question (4.3-4.7) for each vaccine. If the child received the vaccine, write 66 in the corresponding first two cells of the DATE/STATUS column.**

**** If the vaccine/dose that should have been given by the date of interview was not given, write 77 in the corresponding first two cells of the DATE/STATUS column, and ASK: **WHAT WAS THE MAIN REASON WHY (NAME OF VACCINE/DOSE) WAS NOT GIVEN TO THE CHILD?** (Record the reason and the code for the reason in the space provided.**

**** If the respondent DOES NOT KNOW whether the vaccine was given or not, record 98 in the first two cells of the DATE/STATUS column for each vaccine. If the child for whom this form is being filled is around and the respondent does not know whether the vaccine was given or not, you should ask for permission to perform a physical check to determine whether the vaccine was indeed given or not.**

**** If the child has not yet reached the age to receive a specific vaccine/dose, record 99=Not Applicable**

¹**Codes for Relationships:** AUN=Aunt; BIL=Brother-in-law; BRO= Brother; COU=Cousin; GDP = Grand parent; FOP=Foster parent; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SOL= Son/daughter-in-law; STP=step parent; UNC=Uncle; UNK = Unknown relation; OTH = Other (specify_____)

VACCINE	DATE/STATUS	MAIN REASON WHY VACCINE WAS NOT GIVEN	CO DE ²
4.3 HAS (CHILD) EVER BEEN GIVEN BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT ARM THAT CAUSED A SCAR? (Y=yes; N=No, D=Don't Know)			
BCG ³	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.4 HAS (CHILD) EVER BEEN GIVEN DPT/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? (Y=yes; N=No, D=Don't Know)			
DPT/Pentavalent 1 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
DPT/Pentavalent 2 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
DPT/Pentavalent 3 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.5 HAS (CHILD) EVER BEEN GIVEN ANY VACCINATION DROPS IN THE MOUTH TO PREVENT HIM/HER FROM GETTING POLIO? (Y=yes; N=No, D=Don't Know)			
OPV0 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
OPV1 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
OPV2 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
OPV3 ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.6 HAS (name of child) EVER BEEN GIVEN AN INJECTION IN THE ARM , AT THE AGE OF 9 MONTHS OR OLDER, TO PREVENT/PROTECT HIM/HER FROM MEASLES? (Y=yes; N=No, D=Don't Know)			
MEASLES ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.7 HAS (name of child) EVER BEEN GIVEN AN INJECTION IN THE ARM , AT THE AGE OF 9 MONTHS OR OLDER, TO PREVENT/PROTECT HIM/HER FROM YELLOW FEVER (Y=yes; N=No, D=Don't Know)			
YELLOW FEVER ⁴	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.8 IN ADDITION TO THE VACCINATIONS GIVEN THROUGH CLINICS, DID (name of child) RECEIVE ANY OTHER VACCINATIONS THROUGH SPECIAL VACCINATION CAMPAIGNS? (Y=Yes, N=No, D=Don't Know) If "N" or "D" →4.9; If "Y" fill the table below			
VACCINE NAME	DESCRIPTION OF VACCINE	NATURE OF CAMPAIGN AND DATE	
A			
B			
C			
D			
4.9 END TIME			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

²**Reasons for not being given the vaccine:** 1=Not important 2= Religious beliefs 3=Accessibility/transport to hospital 4=Sickness of child 5=Cost to get immunized 6=No reason given; 7=No time off work\business 8=Other

³**Codes for Q4.3 (BCG):** 66=Yes, scar seen; 22=child is around but you did not see the scar after the check; 33=vaccine given but child was not checked; 77=respondent says vaccine not given; 98=Don't Know; 44=Card shows vaccine but no date.

⁴**Codes for Q4.3-Q4.7:** 44 card shows vaccine given but no date; 66=Respondent says vaccine given; 77=respondent says vaccine not given; 98=Don't Know; 99=not applicable (child has not reached age for vaccine)