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 RESULT OF INTERVIEW [1]					

1.5 NAME OF CHILD...………………………………………………………………………………..……..

1.6. CHILD'S ID															
1.7. DATE OF BIRTH															
1.8 SEX OF CHILD (F=Female; M=Male)															
1.9 IS THE CHILD ALIVE OR DEAD? (A=Alive; D=Dead)															
1.10. 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 [2]) (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**=Yes, Card seen; **2**=Yes, Card but not seen; **3**=Yes, Other written records seen; **4**=Yes, Other written records but not seen; **5**=No; **8**=Don't 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 Respondent says 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[2] 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 in the first two cells of the DATE/STATUS column for the vaccine/dose.

[1]**Result of interview:** 1=completed; 2=no competent respondent; 3=entire HH absent for an extended period; 4=refused; 8=other (specify)………………………………………………………….]

[2]**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; STA=Step parent; UNC=Uncle; UNK = Unknown relation; OTH = Other

VACCINE	DATE/STATUS	MAIN REASON WHY VACCINE WAS NOT GIVEN	CODE[2] If 'N'
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; **D**=Don't Know ; **N**=No			
BCG [3]			
4.3.1 IF BCG IS REPORTED/RECORDED TO HAVE BEEN GIVEN, REQUEST TO EXAMINE THE CHILD'S LEFT UPPER FORE-ARM FOR THE SCAR AND CIRCLE THE APPRIPRIATE RESPONSE CODE BELOW; **11** = SCAR SEEN **22** = SCAR NOT SEEN **33** = CHILD NOT CHECKED FOR SCAR			
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; **D**=Don't Know ; **N**=No			
DPT/Pentavalent 1[3]			
DPT/Pentavalent 2[3]			
DPT/Pentavalent 3[3]			
4.5 HAS (CHILD) EVER BEEN GIVEN ANY VACCINATION DROPS IN THE MOUTH TO PREVENT HIM/HER FROM GETTING POLIO? **Y**=Yes; **D**=Don't Know ; **N**=No			
OPV0[3]			
OPV1[3]			
OPV2[3]			
OPV3[3]			
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; **D**=Don't Know ; **N**=No			
MEASLES[3]			
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; **D**=Don't Know; **N**=No			
YELLOW FEVER[3]			
4.8 IN ADDITION TO THE VACCINATIONS GIVEN THROUGH CLINICS, DID (name of child) RECEIVE ANY OTHER VACCINATIONS THROUGH SPECIAL VACCINATION CAMPAIGNS? **Y**=Yes; **D**=Don't Know ; **N**=No (If "N" or "D" →4.9; If "Y" fill the table below)			
VACCCINE NAME	DESCRIPTION OF VACCINE	NATURE OF CAMPAIGN AND DATE	
A			
B			
C			
4.9 END TIME			

[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**=Card lost/damaged **9**=Child born at home **10**=Child weak/underweight **11**=Mother/caretaker forgot **12**=Mother/caretaker tired or lazy **13**=Mother/caretaker was sick **14**=Vaccine/supplies N/A at clinic **15**=Vaccine unknown to mother/caretaker **96**=Other

[3]**Codes for Q4.3-Q4.7:**   **44** card shows vaccine given but no date; **66**=Respondent says vaccine given;