**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE**
**NAIROBI URBAN DEMOGRAPHIC SURVEILLANCE SYSTEM**
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)?
(1=Card seen; 2=Card but not seen; 3=Seen written records; 4=None 8=Does not know) 2,4,8→Q.2.2

| VACCINE | DOSE 0 | DOSE 1 | DOSE 2 | DOSE 3 |
|---|---|---|---|---|
| BCG | | | | |
| | | | | |
| Pentavalent | | | | |
| | | | | |
| Polio | | | | |
| | | | | |
| Yellow Fever | | | | |
| Measles | | | | |

\*\*\*\* 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; 8=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, diphteria, 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)
1. Not important  2. Religious beliefs  3. Accessibility/transport to hospital  4. Sickness of child  5.No reason given
6. No time off work\business   7. Other (specify…………………………………………………………………………)

## 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

[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.