AFRICAN POPULATION AND HEALTH RESEARCH CENTER (APHRC)

NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)

VACCINATION REGISTRATION FORM FOR CHILDREN (<u>ALIVE OR DEAD</u>) UNDER FIVE YEARS OF AGE

1.0 BACKGROUND

1.1. START TIME

1.2. FIELD WORKER'S CODE

1.3. DATE OF INTERVIEW (DD/MM/YYYY)

1.4 NAME OF THE CHILD ………………………………………………………………………..

1.5 CHILD'S ID

1.6 DATE OF BIRTH OF CHILD (DD/MM/YYYY)

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

1.10 RESULT OF INTERVIEW (**CODE SHEET A^7)** ………………………………………………………..

2.0 RESPONDENT PARTICULARS

2.1. What is your **full** name?……………………………………………………………………….

2.2 DOES RESPONDENT STAY IN THIS HOUSEHOLD (1=YES; 2=NO) **[IF 2, SKIP TO 2.4]**

2.3 RESPONDENTS LINE NUMBER IN HOUSEHOLD LISTING **[SKIP TO 2.5]**

2.4 RECORD ROOM ID OF RESPONDENT

2.5 What is your relationship to (NAME)? **(CODE SHEET A^2)**

3.0 VACCINATION DETAILS (For children under five and those who died before age of five)

3.1 Has/had (NAME) ever received any vaccinations from clinics to prevent him/her from getting diseases?

(1=YES; 2=NO; 8=DON'T KNOW)   **[IF 2 OR 8 SKIP TO 3.3]**

3.2 Does (NAME) have a vaccination record? (0=NO; 1=YES, CARD SEEN; 2=YES, CARD NOT SEEN;

3=YES, OTHER WRITTEN RECORDS SEEN; 4=YES, OTHER WRITTEN RECORDS NOT SEEN;

8=DON'T KNOW)

INSTRUCTIONS TO FW:

** 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 3.3-3.8.

** 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 3.3-3.8.

** 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 (3.3-3.8) 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 BCG 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.

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Vaccine	Date/Status	Main reason why vaccine was not given	Code[2] if NO

3.3 Has (NAME) ever been given BCG vaccination against Tuberculosis – That is, an injection in the left arm that caused a scar?   (1=YES; 2=NO; 8=DON'T KNOW)

| BCG[3] | | | |

3.4. IF BCG IS REPORTED/RECORDED TO HAVE BEEN GIVEN, REQUEST TO EXAMINE THE CHILD'S LEFT UPPER FORE-ARM FOR THE SCAR AND FILL IN THE APPROPRIATE RESPONSE CODE BELOW:

(11=SCAR SEEN; 22=SCAR NOT SEEN; 33=CHILD NOT CHECKED FOR SCAR)

3.5 Has (NAME) 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?
(1=YES; 2=NO; 8=DON'T KNOW)

DPT/Pentavalent 1[3]			
DPT/Pentavalent 2[3]			
DPT/Pentavalent 3[3]			

3.6 Has (NAME) ever been given any vaccination drops in the mouth to prevent him/her from getting Polio?
(1=YES; 2=NO; 8=DON'T KNOW)

OPV 0[3]			
OPV 1[3]			
OPV 2[3]			
OPV 3[3]			

3.7 Has (NAME) ever been given an injection in the arm, at the age of 9 months or older, to prevent/protect him/her from Measles?   (1=YES; 2=NO; 8=DON'T KNOW)

| Measles[3] | | | |

3.8 Has (NAME) ever been given an injection in the arm, at the age of 9 months or older, to prevent/protect him/her from Yellow Fever?   (1=YES; 2=NO; 8=DON'T KNOW)

| Yellow Fever[3] | | | |

3.9 In addition to the vaccinations given through clinics, did (NAME) receive any other vaccinations through special vaccination campaigns?   (1=YES; 2=NO; 8=DON'T KNOW)   **[IF 2 OR 8 SKIP TO 3.11]**

3.10

VACCINE NAME	DESCRIPTION OF VACCINE	NATURE OF CAMPAIGN	Date of campaign (MM/YY)
A.			
B.			
C.			
D.			

8.1 RATE THE INTERVIEW 5 (VERY GOOD) TO 1 (VERY BAD)

4.0 END TIME

9.0 OFFICE/FIELD CHECK DETAILS

9.1 TEAM LEADER'S CODE

9.2 FIELD SUPERVISOR'S CODE

9.3 DSS COORDINATOR'S CODE

9.4 DATA ENTRY CLERK'S CODE

9.5 DATA ENTRY SUPERVISOR'S CODE

[2]**Reasons for not being given the vaccine: 01**=Not important; **02**= Religious beliefs; **03**=Accessibility/transport to hospital; **04**=Sickness of child; **05**=Cost to get immunized; **06**=No reason given; **07**=No time off work\business; **08**=Card lost/damaged; **09**=Child born at home; **10**=Child weak/underweight; **11**=Mother/caretaker forgot; **12**=Mother/caretaker tired or reluctant; **13**=Mother/caretaker was sick; **14**=Vaccine/supplies N/A at clinic; **15**=Vaccine unknown to mother/caretaker; 16=Suspicion/ negative attitude towards vaccines; **96**=Other

[3]**Codes for Q3.3-Q3.8: 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).

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