

6.0	VACCINATION HISTORY																																																																																																																																																																																																																																																																																																
Now I would like to ask you about (NAME)'s vaccination																																																																																																																																																																																																																																																																																																	
6.1	Does/ Did (NAME) have a vaccination card that looks like this? FW: SHOW A COPY OF A VACCINATION CARD IF YES: May I see it please? FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT CIRCLE THE APPROPRIATE RESPONSE	Yes, card/ book seen..... 1 Yes, card not seen..... 2 No card/Never had a card..... 3 Don't Know..... 4	→ 6.3 → 6.5																																																																																																																																																																																																																																																																																														
6.2a	Please tell me the main reason why (NAME) has no vaccination card	Mother too weak to visit HF..... 1 Costs..... 2 No cards/supplies at clinic 3 Card lost..... 4 Don't Know..... 98 Other 96 Specify	} 6.5																																																																																																																																																																																																																																																																																														
6.3a	FW: COPY THE CARD SERIAL NO, THE HEALTH FACILITY NUMBER, THE NAME OF THE HEALTH FACILITY WHERE THE CARD WAS ISSUED AND THE NAME OF THE FACILITY WHERE THE MOTHER GOES FOR THE VACCINATION SERVICES IF DIFFERENT FROM ISSUING FACILITY Card Serial Number <input style="width:50px;" type="text"/> Card clinic Number <input style="width:50px;" type="text"/> Name of the HF where card was issued HF Code <input style="width:40px;" type="text"/> Location Name of the HF where the mother goes for vaccination service HF Code <input style="width:40px;" type="text"/> Location																																																																																																																																																																																																																																																																																																
6.3	FW: FOR QUESTION 6.3 COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT DATE IS NOT LEGIBLE If the vaccine/dose that should have been given by the date of interview was not given, write '77' in 'day' 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 (CODE SHEET A⁹) for the reason in the space provided.																																																																																																																																																																																																																																																																																																
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6.17	BCG Scar FW: COPY DATE CHECKED FROM THE CARD. CIRCLE 1 IF SCAR WAS PRESENT AND 2 IF SCAR WAS ABSENT. IF NO INFORMATION, CIRCLE 3	D D M M Y Y Y Y <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Scar Present 1 Scar Absent 2 No Information..... 3								
6.18	FW: CHECK FROM THE CARD IF BCG WAS REDONE,	Yes..... 1 No 2 → 6.20								
6.19	IF YES, COPY THE DATE FROM THE CARD	D D M M Y Y Y Y <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								
6.20	FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE CHECK IF CHILD HAS BEEN GIVEN BCG ASK: Would you mind if I check (NAME) to see if there is an immunization scar? INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:	Scar Present..... 1 Scar absent 2 Child is dead..... 3 Child not examined..... 4								
IF YOU HAVE RECORDED INFORMATION FROM THE CARD SKIP TO 6.21 ON CAMPAIGNS										
FW: NB: IF YOU DID NOT SEE A VACCINATION CARD, ASK QUESTIONS 6.5 UP TO 6.12										
PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:										
6.5	A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes..... 1 No 2 Don't Know..... 8								
6.6	FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE CHECK Q6.5: IF CHILD HAS BEEN GIVEN BCG ASK: ELSE GO TO Q6.7 Would you mind if I check (NAME) to see if there is an immunization scar? INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR: IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 4.	Scar Present..... 1 Scar absent 2 Child is dead..... 3 Child not examined..... 4								
6.7	Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, diphtheria and hepatitis often given at the same time as polio vaccine?	Yes..... 1 No 2 Don't Know..... 8								
6.8	How many such injections has (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	Number of injections..... <input type="text"/> Don't Know..... 8								
6.9	Two or three Vaccine drops in the mouth to protect him/her from getting polio?	Yes..... 1 No 2 Don't Know..... 8								
6.10	How many times has s/he been given these drops? RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	Number of times drops given... <input type="text"/> Don't Know..... 8								
6.11	When was the first polio vaccine received? Was it just after birth (that is within two weeks after birth) or later? CIRCLE THE APPROPRIATE RESPONSE	Just after Birth..... 1 Later..... 2 Don't Know..... 8								
6.26	Has (NAME) ever been given the new vaccine injection – that is, a shot in the right thigh – to prevent him or her from getting Pneumonia/Meningitis?	Yes..... 1 No 2 Don't Know..... 8								

6.27	How many such injections has (NAME) had? RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	Number of times drops given... <input type="checkbox"/> Don't Know..... 8																																									
6.12	Has (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more – to prevent him or her from getting measles?	Yes..... 1 No 2 Not yet 9 months..... 3 Don't Know..... 8																																									
6.28	Je, (JINA LA MTOTO) ameshawahi kupokea Vitamini A ya ziada tangu kuzaliwa?	Yes..... 1 No 2 Not yet 6 months..... 3 Don't Know..... 8	} 6.21																																								
6.29	Alipata Vitamin A mara ngapi tangu kuzaliwa/tangu utafiti uliopita? FW: ENQUIRE WHEN THE VITAMIN A SUPPLEMENT WERE GIVEN AND TICK THE APPROPRIATE BOXES 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 mths <input type="checkbox"/> 30 months <input type="checkbox"/> 36 months <input type="checkbox"/>																																										
CAMPAIGN HISTORY																																											
6.21	Has NAME participated in any national immunisation day/ immunisation campaign since birth?	Yes..... 1 No 2 Don't Know..... 8	} 6.15																																								
POLIO																																											
6.22	Has (NAME) received any POLIO vaccinations during national immunisation day / immunisation campaign? PROBE FOR DATE WHEN THE POLIO CAMPAIGN VACCINATION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	POLIO 1 POLIO 2 POLIO 3 POLIO 4 POLIO 5	<table border="1"> <thead> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	D	D	M	M	Y	Y	Y	Y																																
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6.23	Has (NAME) received any Measles vaccinations during national immunisation day / immunisation campaign? PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	VAS 1 VAS 2	<table border="1"> <thead> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	D	D	M	M	Y	Y	Y	Y																																
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VITAMIN A SUPPLEMENTATION																																											
6.24	Has (NAME) received any Vitamin A supplements during national immunisation day / immunisation campaign? PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.	VAS 1 VAS 2 VAS 3 VAS 4 VAS 5	<table border="1"> <thead> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	D	D	M	M	Y	Y	Y	Y																																
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6.25	Has (NAME) received any Other vaccination during national immunisation day / immunisation campaign? PROBE FOR DATE WHEN THE VACCINATION/INTERVENTION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.		<table border="1"> <thead> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	D	D	M	M	Y	Y	Y	Y																																
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6.15	FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?	Yes..... 1 No 2 Don't Know..... 8	→7.0 →7.0
6.16	Please tell me the main reason why (NAME) has never been/ was never given any immunisation ? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak..... 01 Not important/ignorance..... 02 Away/No time off work/ business..... 03 Mother/carer forgot..... 04 Mother/ carer sick/ died..... 05 Religious beliefs..... 06 Suspicion towards vaccines..... 07 Hospital/ clinic to far..... 08 Cost of vaccine..... 09 No vaccine/supplies at clinic..... 10 No reason..... 11 Don't Know..... 98 Other (specify)..... 96	
FW: IF CHILD IS DEAD SKIP TO QUESTION 7.19 {CHILD HOSPITALISATION}			