



[name of country]

QUESTIONNAIRE FORM FOR VACCINATIONS AT HEALTH FACILITY

UNDER-FIVE CHILD INFORMATION PANEL	HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations of children age 0-4 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Under Five Children must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the Questionnaire for Under Five Children for each child.</i></p>	
HF1. Cluster number: <div style="text-align: right;">___ ___ ___</div>	HF2. Household number: <div style="text-align: right;">___ ___</div>
HF3. Child's name: Name _____	HF4. Child's line number: <div style="text-align: right;">___ ___</div>
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: <div style="text-align: right;">___ ___</div>
HF7. Interviewer name and number: Name _____ ___ ___	HF8. Day / Month / Year of facility visit: <div style="text-align: right;">___ ___ / ___ ___ / ___ ___ ___</div>
HF9. Day, month and year of birth <i>(From AG1 in Under-5 Questionnaire)</i> <div style="text-align: right;">___ ___ / ___ ___ / ___ ___ ___</div>	HF10. Name of health facility: _____
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (specify) _____ 96

IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record		____ / ____ / _____								
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		Day		Month		Year				
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
MEASLES (OR MMR)	MEASLES									
YELLOW FEVER	YF									
VITAMIN A (MOST RECENT)	VITA									