

## MEASURE Service Provision Assessment

### EXIT INTERVIEW FOR CARETAKER OF SICK CHILD

#### FACILITY IDENTIFICATION

|  |   |
|--|---|
| QTYPE OF _____<br><br>Name of the facility _____<br><br>Facility Location _____<br><br>Governorate _____<br><br>District _____<br><br>Code of the facility _____<br><br>Type of Health Facility and Operating Authority<br>Governmental:<br>11 = General Hospital                      21=MCH Center<br>12=District Hospital                      22=Rural health unit<br>13= Fever Hospital                      23=Urban health unit<br>14= Complimentary                      24=Health Office<br>25=Mobile Unit<br>26=Other<br><br>Non-Governmental:<br>31 =CSI                      32= EFPA                      33=other non-governmental | QTYPE ..... XSC<br><br><br><br><br><br><br><br><br><br>GOV ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>DISTRICT..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>FACILITY CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br><br>FACILITY TYPE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>AND OPERATING AUTHORITY |
|--|---|

#### INFORMATION ABOUT INTERVIEW

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| Date: _____<br><br><br><br><br><br>Name of the interviewer _____<br><br>Time interview started: _____<br><br><br><br><br>Client Code _____<br><br>SEX OF CARETAKER<br>(1 =..... MALE      2 =..... FEMALE) | DAY ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>MONTH..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>YEAR ..... <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> </tr> </table><br>INTERVIEWER CODE . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>HOUR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>MINUTES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>CLIENT CODE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>SEX OF CARETAKER <input style="width: 20px; height: 20px;" type="text"/> | 2 | 0 | 0 | 4 |
| 2  | 0  | 0 | 4 |   |   |

### Section 1. Visit Information

| NO.  | QUESTIONS  | CODING CLASSIFICATION  | GO TO          |
|------|--|--|----------------|
| 100  | <p><b>INTERVIEWER: INTRODUCE YOURSELF TO THE CLIENT</b></p> <p>Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.</p> <p>Do you have any questions for me at this time? Do I have your agreement to participate?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <p>_____<br/>INTERVIEWER'S SIGNATURE<br/>(Indicates respondent's willingness to participate)</p> </div> <div style="width: 35%; text-align: center;"> <p>_____<br/>DATE</p> </div> </div> |  |                |
| 100A | May I begin the interview?   | CLIENT AGREES ..... 1<br>CLIENT REFUSES ..... 2  | → STOP         |
| 101  | What is the name of the sick child?  | NAME _____   |                |
| 102  | In what month and year was (NAME) born?  | MONTH ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div><br>DON'T KNOW YEAR ..... 9998 | → 104          |
| 103  | IF CARETAKER DOES NOT KNOW (NAME)'S COMPLETE BIRTH DATE, PROBE:<br><br>How old is (NAME) in <u>completed</u> months?   | AGE IN MONTHS ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>  |                |
| 104  | Can you tell me what were main symptoms or problems for which you brought (NAME) to see the doctor today.<br><br>DETERMINE WHICH MAJOR CATEGORY THE REASON FOR THE VISIT FALLS IN. CIRCLE ALL THAT APPLY.  | RESPIRATORY ..... A<br>DIFFICULT BREATHING ..... A<br>DIARRHEA/DYSENTERY ..... B<br>FEVER/BODY HOTNESS ..... C<br>SORE THROAT ..... D<br>COUGH ..... E<br>EAR PROBLEM ..... F<br>EYE PROBLEMS ..... G<br>SKIN INFECTION ..... H<br>INJURY ..... I<br>OTHER _____ ..... X<br>(SPECIFY)  |                |
| 105  | Has (NAME) been brought to this facility before for this same episode of sickness?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 107<br>→ 107 |
| 106  | HOW LONG AGO WAS THIS?   | WITHIN THE PAST WEEK ..... 1<br>WITHIN THE PAST MONTH ..... 2<br>MORE THAN ONE MONTH AGO ..... 3<br>DON'T KNOW ..... 8   |                |

| NO. | QUESTIONS   | CODING CLASSIFICATION   | GO TO                |
|-----|---|---|----------------------|
| 107 | How many days ago did the problem which you brought (NAME) here begin? RECORD 00 IF LESS THAN ONE DAY   | DAYS AGO..... <input type="text"/> <input type="text"/><br>DON'T KNOW .....98   |                      |
| 108 | Did the Provider tell you what illness (NAME) has?  | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |                      |
| 109 | Were you told about any signs or symptoms for which you must immediately bring the child back? IF NECESSARY, PROBE "were there any serious or danger signs or symptoms for which you were told to Immediately bring (NAME) back? CIRCLE THE SYMPTOM MENTIONED BY THE CARETAKER. | FEVER ..... A<br>DIFFICULT BREATHING ..... B<br>POOR/NOT EATING ..... C<br>POOR/NOT DRINKING..... D<br>BECOMES SICKER ..... E<br>BLOOD IN STOOL .....F<br>OTHER.....X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW .....Z |                      |
| 110 | Were you told anything about returning to the facility with (NAME) for follow-up?   | YES..... 1<br>NO .....2<br>CHILD REFERRED<br>OR ADMITTED .....3<br>DON'T KNOW .....8  | →112<br>→112<br>→112 |
| 111 | What were you told about returning for follow-up? CIRCLE ALL RESPONSES MENTIONED BY THE CARETAKER   | GAVE A TIME TO RETURN..... A<br>RETURN FOR MORE<br>MEDICATIONS..... B<br>RETURN IF CHILD DOES NOT<br>BECOME BETTER..... C<br>OTHER.....X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW .....Z                              |                      |
| 112 | Did the Provider give or prescribe any medicines for (NAME)?  | YES,GAVE MEDS ..... 1<br>YES, GAVE PRESCRIPTION .....2<br>GAVE MEDS AND<br>PRESCRIPTION.....3<br>NO .....4  | →119                 |
| 113 | ASK TO SEE ALL MEDICATIONS WHICH WERE RECEIVED AND ANY PRESCRIPTIONS WHICH HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS/PRESCRIPTIONS SEEN.   | HAS ALL MEDS ..... 1<br>HAS SOME MEDS, SOME<br>UNFILLED PRESCRIPTIONS.....2<br>NO MEDICATIONS SEEN, HAS<br>PRESCRIPTIONS ONLY .....3  |                      |
| 114 | INDICATE IF ANY OF THE PRESCRIPTIONS ARE FOR THERAPEUTIC INJECTIONS.  | YES..... 1<br>NO .....2<br>DON'T KNOW.....8   |                      |
| 115 | Did someone at the facility explain to you how to give those medicines to (NAME) at home?   | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |                      |
| 116 | Do you feel comfortable that you know how much of each medication to give (NAME) and how often to give it each day?   | YES..... 1<br>NO .....2<br>NOT SURE .....8  |                      |
| 117 | Was (NAME) given a dose of any of these medications [THIS REFERS TO THE MEDICATIONS THE CARETAKER WILL PROVIDE AT HOME] here at the facility already? SPECIFICALLY CHECK FOR ANY ANTIBIOTIC.  | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |                      |

| NO. | QUESTIONS   | CODING CLASSIFICATION   | GO TO        |
|-----|---|---|--------------|
| 118 | Was (NAME) given an injection here at the facility for treating the sickness?   | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |              |
| 119 | What will you do if (NAME) still has this problem or it becomes worse over the next few days?   | RETURN TO FACILITY.....1<br>GO TO OTHER FACILITY.....2<br>GO TO OTHER HEALTH<br>WORKER/HEALER/<br>PHARMACY .....3<br>WAIT .....4<br>DON'T KNOW .....8   |              |
| 120 | Since becoming ill, has the way that (NAME) eats/drinks changed from normal? IF YES, CLARIFY IF THE CHILD IS TAKING MORE OR LESS THAN NORMAL  | MORE THAN NORMAL.....1<br>SAME AS NORMAL .....2<br>LESS THAN NORMAL .....3<br>NOT EATING/DRINKING .....4<br>DON'T KNOW .....8   |              |
| 121 | What did the Provider tell you about feeding solid food (NAME) during this illness?   | GIVE LESS THAN USUAL..... 1<br>GIVE SAME AS USUAL .....2<br>GIVE MORE THAN USUAL .....3<br>GIVE NOTHING/NOT FEED .....4<br>DIDN'T DISCUSS.....6<br>DON'T KNOW .....8  |              |
| 122 | What did the Provider tell you about giving fluids (or breast milk, if breast fed or formula if formula fed) to (NAME) during this illness?   | GIVE LESS THAN USUAL..... 1<br>GIVE SAME AS USUAL .....2<br>GIVE MORE THAN USUAL .....3<br>GIVE NOTHING/NOT FEED .....4<br>DIDN'T DISCUSS.....6<br>DON'T KNOW .....8  |              |
| 123 | Did any Provider today ask you about the types of foods and amounts that you normally feed (NAME) when not sick?  | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |              |
| 124 | Did anyone at the health facility weight (NAME) today?  | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |              |
| 125 | Did anyone talk to you about (NAME'S) weight and how s/he is growing?   | YES.....1<br>NO .....2<br>DON'T KNOW .....8   |              |
| 126 | CHECK QUESTION 102-103. IS THE CHILD 24 MONTHS OLD OR YOUNGER?  | YES.....1<br>NO .....2  | →201         |
| 127 | Now I want to ask you some questions about (NAME). When (NAME) is not sick, does (NAME) take breastmilk? IF YES, do you normally give other fluids or foods along with the breastmilk?  | ONLY BREASTMILK.....1<br>BREASTMILK AND LIQUIDS.....2<br>BREASTMILK AND OTHER<br>FOODS AND LIQUIDS.....3<br>NO BREASTMILK .....4<br>DON'T KNOW .....8   | →129<br>→129 |
| 128 | Did any provider today discuss anything specifically about breast feeding, such as how often you should breastfeed (NAME) or what else you should give [NAME]? IF YES, What advise did the provider give you? PROBE TO DETERMINE IF THE CARETAKER RECALLS BEING ADVISED HOW MANY TIMES IN A DAY BREASTMILK SHOULD BE PROVIDED AND WHETHER OTHER OTHER FLUIDS SHOULD BE PROVIDED OR NOT. | EXCLUSIVE BREASTFEED ..... A<br>BREASTFEED AT LEAST 8<br>TIMES W/I 24 HR..... B<br>ADD OTHER FLUIDS WITH<br>BREASTMILK..... C<br>OTHER ..... X<br>(SPECIFY)<br>NO ADVISE ABOUT BREAST-<br>FEEDING..... Y<br>DON'T KNOW .....Z |              |
| 129 | Was (NAME) given a vaccination today?   | YES..... 1<br>NO .....2<br>DON'T KNOW .....8  |              |

| NO.                   | QUESTIONS  | CODING CLASSIFICATION  | GO TO                |                      |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|-----------------------|--|--|----------------------|----------------------|--|------|--|--|--|--|-----|-------|------|-----------------------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 130                   | Do you have the (NAME)'S vaccination card with you?  | YES..... 1<br>NO .....2                                      | →201                 |                      |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| 131                   | ASK TO SEE THE CHILD'S VACCINATION CARD AND CHECK IF THE CHILD RECEIVE A VACCINATION TODAY?  | YES, VACCINATED TODAY ..... 1<br>NOT VACCINATED TODAY .....2 |                      |                      |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| 132                   | <p>COMPLETE THE TABLE BELOW USING THE INFORMATION FROM THE CARD. RECORD IN COLUMN 1 WHETHER THE CHILD HAS EVER RECEIVED ANY OF THE FOLLOWING VACCINATIONS. RECORD THE DATE IN COLUMN 2. IF NO DATE IS RECORDED ON THE CARD, ENTER "66" FOR THE DAY AND MONTH AND "6666" FOR THE YEAR.</p> <table border="1"> <thead> <tr> <th></th> <th>CHILD <b>EVER</b><br/>RECEIVED<br/>VACCINATION</th> <th colspan="3">DATE</th> </tr> <tr> <th></th> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td rowspan="2">POLIO-0<br/>(AT BIRTH)</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">BCG</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">POLIO-1</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">DPT-1</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">HEP-1</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">DPT-HEP<br/>1</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">POLIO-2</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">DPT-2</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">HEP-2</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">DPT-HEP 2</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">POLIO-3</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">DPT-3</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td rowspan="2">HEP-3</td> <td>YES ..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>NO/NO RECORD ..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> |  |                      |                      | CHILD <b>EVER</b><br>RECEIVED<br>VACCINATION | DATE |  |  |  |  | DAY | MONTH | YEAR | POLIO-0<br>(AT BIRTH) | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | BCG | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO-1 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT-1 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | HEP-1 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT-HEP<br>1 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO-2 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT-2 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | HEP-2 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT-HEP 2 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO-3 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT-3 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | HEP-3 | YES ..... 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | NO/NO RECORD ..... 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                       | CHILD <b>EVER</b><br>RECEIVED<br>VACCINATION   | DATE   |                      |                      |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       |  | DAY  | MONTH                | YEAR                 |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| POLIO-0<br>(AT BIRTH) | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| BCG                   | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| POLIO-1               | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| DPT-1                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| HEP-1                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| DPT-HEP<br>1          | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| POLIO-2               | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| DPT-2                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| HEP-2                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| DPT-HEP 2             | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| POLIO-3               | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| DPT-3                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
| HEP-3                 | YES ..... 1  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |
|                       | NO/NO RECORD ..... 2   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |  |      |  |  |  |  |     |       |      |                       |             |                      |                      |                      |                      |                      |                      |                      |     |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |              |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |           |             |                      |                      |                      |                      |                      |                      |                      |         |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |       |             |                      |                      |                      |                      |                      |                      |                      |

|                                    |                   |   |                      |                      |                      |                      |                      |
|------------------------------------|-------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| DPT-HEP<br>3                       | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POLIO 4                            | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MEASLES<br>(9<br>MONTHS)           | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MMR<br>(18 MONTHS)                 | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POLIO<br>BOOSTER<br>(18<br>MONTHS) | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DPT<br>BOOSTER                     | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| VITAMIN A<br>_1 (9m)               | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| VITAMIN A<br>_2 (18m)              | YES .....         | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                    | NO/NO RECORD..... | 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Section 2. Client Satisfaction

| NO. | QUESTIONS   | CODING CLASSIFICATION   | GO TO |
|-----|---|---|-------|
|     | Now I am going to ask you some questions about the services today. I would like to have your honest opinion about the things that we will talk about. This will help us to improve the child health services.   |   |       |
| 201 | How long did you wait between the time you first arrived at this facility and the time a Provider saw (NAME) for the consultation?  | MINUTES..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span><br><br>SAW PROVIDER<br>IMMEDIATELY ..... 000<br>DON'T KNOW..... 998 |       |
| 202 | Often people can identify particular issues that they either don't like or feel are problems that may affect whether they are satisfied with the health services they receive. Can you name any issues that you think were problems with your experience here at this facility today? FOR EACH ISSUE THE RESPONDENT IDENTIFIES ASK: Do you consider this a big problem or a minor problem? WHEN THE RESPONDENT CAN NO LONGER NAME ISSUES, PROBE FOR EACH ISSUE LISTED BELOW THAT WAS NOT MENTIONED. Now I want to ask you about a few other issues that other clients have identified. As I mention each one, please tell me if any of these were problems for you today, and if so, if they were big or small problems |   |       |
|     |   | SPONTANEOUS<br>BIG    SMALL    BIG    SMALL    NO    DK/NA  |       |
| 1   | Time you waited?  | 1    2    3    4    5    8  |       |
| 2   | Time it takes to complete all parts of the consultation once initially seen?  | 1    2    3    4    5    8  |       |
| 3   | Time it takes to receive results from tests?  | 1    2    3    4    5    8  |       |
| 4   | Ability to discuss problems or concerns about your child's health with the health worker?   | 1    2    3    4    5    8  |       |
| 5   | Amount of explanation you were given about the problem or treatment?  | 1    2    3    4    5    8  |       |
| 6   | Quality of the examination and treatment provided?  | 1    2    3    4    5    8  |       |
| 7   | Privacy from others seeing exam?  | 1    2    3    4    5    8  |       |
| 8   | Privacy from others hearing discussion?   | 1    2    3    4    5    8  |       |
| 9   | Availability of medicines at the facility?  | 1    2    3    4    5    8  |       |
| 10  | The hours/days of services?   | 1    2    3    4    5    8  |       |
| 11  | Cleanliness of facility?  | 1    2    3    4    5    8  |       |
| 12  | How staff treated you?  | 1    2    3    4    5    8  |       |
| 13  | Cost of services?   | 1    2    3    4    5    8  |       |
| 14  | Other _____<br>(SPECIFY)  | 1    2 <span style="background-color: #cccccc; display: inline-block; width: 40px; height: 20px;"></span> 5 <span style="background-color: #cccccc; display: inline-block; width: 40px; height: 20px;"></span>  |       |

| No. | QUESTIONS  | CODING CLASSIFICATION  | GO TO |
|-----|--|--|-------|
| 203 | Do you participate in any pre-pay plan such as insurance, or other program or an institutional arrangement that provides some of the payment for services at this facility? This includes if you prepay for a package of services or if you received a discounted price or an exemption from paying. IF YES, what type of program do you participate in? | YES, HIO/SHIP ..... A<br>YES, OTHER SYSTEM ..... B<br>YES, PREPAY AT FACILITY FOR PACKAGE OF SERVICES ..... C<br>YES, DISCOUNT/EXEMPT STATUS ..... D<br>OTHER ..... X<br>(SPECIFY)<br>NO ..... Y<br>DON'T KNOW ..... Z   |       |
| 204 | What is the total amount for all staff, services, or treatments which you paid for (NAMEs) consultation today?<br><br>Please include any money you paid for staff services, laboratory tests, or medicines you received.   | 1) LAB L.E Piaster<br>PAID NO MONEY ..... 00000<br>NOT APPLICABLE ..... 99995<br>DON'T KNOW ..... 99998<br>2) MEDICINE OR METHOD L.E Piaster<br>PAID NO MONEY ..... 00000<br>NOT APPLICABLE ..... 99995<br>DON'T KNOW ..... 99998<br>3) CONSULT OR PROCEDURE L.E Piaster<br>PAID NO MONEY ..... 00000<br>NOT APPLICABLE ..... 99995<br>DON'T KNOW ..... 99998<br>4) OTHER L.E Piaster<br>PAID NO MONEY ..... 00000<br>NOT APPLICABLE ..... 99995<br>DON'T KNOW ..... 99998<br>5) TOTAL AMOUNT L.E Piaster<br>PAID NO MONEY ..... 00000<br>NOT APPLICABLE ..... 99995<br>DON'T KNOW ..... 99998 |       |
| 205 | Have you ever visited this facility before? (either as a patient or visiting or accompanying a patient?)   | YES ..... 1<br>NO ..... 2  |       |
| 206 | There are many reasons people choose different health facilities for services. Can you mention some of the reasons you selected this facility for the services you sought today?   | FEMALE PHYSICIAN ..... A<br>EFFICIENCY OF THE PHYSICIANS ..... B<br>AVAILABILITY OF ALL SPECIALITIES ..... C<br>AVAILABILITY OF THE SERVICE ..... D<br>CLIENTS ARE WELL TREATED ..... E<br>HAS THE GOLD STAR ..... F<br>A NEAR BY FACILITY ..... G<br>GOOD REPUTATION ..... H<br>OTHER ..... X<br>(SPECIFY)  |       |



| Section 3. Personal Characteristics of Client |   |  |   |
|---|---|--|---|
| No.   | QUESTIONS   | CODING CLASSIFICATION  | GO TO                                     |
| 300   | What is your relationship to (NAME)?  | MOTHER ..... 1<br>FATHER ..... 2<br>SIBLING ..... 3<br>AUNT/UNCLE ..... 4<br>GRAND FATHER/MOTHER ..... 5<br>OTHER: ..... 6<br>(SPECIFY)                  |   |
| 301   | Could you tell me how old are you?  | AGE IN YEARS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  |   |
| 302   | Have you ever attended school?  | YES ..... 1<br>NO ..... 2  | → 304                                     |
| 303   | What is the highest level of school (certificate) you have successfully completed?          | NONE ..... 1<br>PRIMARY ..... 2<br>PREPARATORY ..... 3<br>SECONDARY ..... 4<br>ABOVE SECONDARY ..... 5<br>UNIVERSITY ..... 6<br>ABOVE UNIVERSITY ..... 7 | → 306<br>→ 306<br>→ 306<br>→ 306<br>→ 306 |
| 304   | Have you ever attended any literacy classes?  | YES ..... 1<br>NO ..... 2  |   |
| 305   | Can you read or write?  | YES, READ ONLY ..... 1<br>YES, READ AND WRITE ..... 2<br>NO ..... 3  |   |
| 306   | Are you currently employed?   | YES ..... 1<br>NO ..... 2  | → 309                                     |
| 307   | Do you work for a member of your family, for someone else, or are you self-employed?        | FOR FAMILY MEMBER ..... 1<br>FOR SOMEONE ELSE ..... 2<br>FOR HERSELF ..... 3   |   |
| 308   | Do you earn your wage or salary in the form of cash or kind or both, or you don't take any? | CASH ..... 1<br>BOTH ..... 2<br>KIND ..... 3<br>NOTHING ..... 4  |   |
| 309   | Do you live in a city or a village?   | CITY ..... 1<br>VILLAGE ..... 2  |   |
| 310   | Which governorate do you live in?   | <input type="text"/> <input type="text"/>  |   |
| 311   | TIME INTERVIEW ENDED.   | HOUR ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |   |
| 312   | INTERVIEWER COMMENTS  |  |   |