

**SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A (1)	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO BIRTHS IN 2012-2015 <input type="checkbox"/>	→ 601	
502A (1)	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015.  NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD:  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 501B	
504A (2)	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A (2)	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506A	CHECK 504A:  CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>	→ 511A	
507A (2)	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A



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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
511A (10)	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517A
515A (4)	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517A (5) (11)	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519A
518A (5)	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>																	
519A (11)	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521A																
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>																	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523A																
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>																	
523A (7)	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525A																
524A (7) (12)	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES ..... <input type="text"/>																	
525A	In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) [POWDER] .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) [PLUMPY'NUT] .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) [PLUMPY'DOZ] .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) [POWDER] .....	1	2	8	b) [PLUMPY'NUT] .....	1	2	8	c) [PLUMPY'DOZ] .....	1	2	8	
	YES	NO	DK																
a) [POWDER] .....	1	2	8																
b) [PLUMPY'NUT] .....	1	2	8																
c) [PLUMPY'DOZ] .....	1	2	8																
526A	CONTINUE WITH 501B.																		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B (1)	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/>		→ 601
502B (1)	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B (2)	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B (2)	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B (2)	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B



**SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
511B (10)	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517B
515B (4)	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517B (5) (11)	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519B
518B (5)	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	

**SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
519B (11)	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523B (7)	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525B
524B (7) (12)	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
525B	In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	YES NO DK a) [POWDER] ..... 1 2 8 b) [PLUMPY'NUT] ..... 1 2 8 c) [PLUMPY'DOZ] ..... 1 2 8	
526B (1)	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015?  MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> →	601



#### SECTION 5A AND 5B. FOOTNOTES

- (1) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016, all references to calendar years should be increased by one; for example, 2009 should be changed to 2010, 2010 should be changed to 2011, 2011 should be changed to 2012, and similarly for all years throughout the questionnaire.
- (2) Replace the word 'card' with the term used locally to refer to the official vaccination record for the child, such as 'mother and child booklet'.
- (3) The questionnaire should look like the vaccination card in the country. Obtain current or recent vaccination cards from the national immunization program. Add yellow fever, rubella, inactivated polio vaccine (IPV), or any other vaccine recommended in the country for children under age 3. Delete any of these vaccinations that are not included in the country's vaccination schedule. Consult with the EPI program in the country to verify the questionnaire reflects the correct vaccination card.
- (4) Delete in countries where polio 0 (polio at birth) is not part of the immunization schedule.
- (5) Adapt question locally to follow national immunization schedule. If DPT, Hep. B and Hib are given separately, provide separate entries for the recommended number of doses of each.
- (6) If vaccination schedule only uses two doses of vaccine, remove 3rd entry.
- (7) Adapt question locally to use the name of the measles containing vaccination (MCV) used in the country: measles, MMR, or MR.
- (8) If vaccination schedule only uses one dose of vaccine, remove 2nd entry.
- (9) Filter should reflect the vaccination list on the card (excluding vitamin A, which is not a vaccination).
- (10) Change the wording of this question to match the names used for supplemental immunization activities in the country.
- (11) Adapt question locally after determining the most common injection site. For example, pentavalent may be given in the left outer thigh, and pneumococcal in the right outer thigh.
- (12) Delete this question in countries where the vaccination schedule includes only one dose of measles containing vaccination.