

**SECTION Y. IMMUNIZATION MODULE**

Y01	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE <INSERT>. ASK THE QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM THE MOST RECENT BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE THE LAST COLUMN OF AN ADDITIONAL QUESTIONNAIRE FORM).						
Y02	BIRTH HISTORY NUMBER FROM <INSERT QUESTION #> IN BIRTH HISTORY	LAST (MOST RECENT) BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>			NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
Y03	FROM <INSERT>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> GO TO Y04			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> GO TO Y04		
		GO TO Y03 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO <INSERT>			GO TO Y03 IN LAST COLUMN OF ADDITIONAL FORM; OR, IF NO MORE BIRTHS, GO TO <INSERT>		
Y04	Do you have a home-based record where (NAME'S) vaccination history is written down?  IF "YES": May I see it please?  IMPORTANT TO GIVE THE CAREGIVER TIME TO LOCATE AND RETRIEVE THE HOME-BASED RECORD.	YES, SEEN ..... 1 (SKIP TO Y07)	YES, NOT SEEN ..... 2 (SKIP TO Y07A_H)	NO HOME-BASED RECORD ..... 3	YES, SEEN ..... 1 (SKIP TO Y07)	YES, NOT SEEN ..... 2 (SKIP TO Y07A_H)	NO HOME-BASED RECORD ..... 3
Y05	Did you ever have a home-based record for (NAME)?	YES ..... 1 (SKIP TO Y07A_H)	NO ..... 2		YES ..... 1 (SKIP TO Y07A_H)	NO ..... 2	
Y06	Did (NAME) ever receive any vaccinations to protect him/her from getting diseases, including vaccinations received during a immunization / child health day or week or during a immunization campaign?	YES ..... 1 (SKIP TO Y07A_H)	NO ..... 2 (SKIP TO <INSERT>)		YES ..... 1 (SKIP TO Y07A_H)	NO ..... 2 (SKIP TO <INSERT>)	
Y07	(1) REVIEW THE HOME-BASED RECORD IF AVAILABLE AND COPY THE VACCINATION DATE FROM THE DOCUMENT. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.						
Y07A_C	BCG VACCINE	DAY	MONTH	YEAR	DAY	MONTH	YEAR
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:						
Y07A_H	Did (NAME) receive a BCG vaccination – that is an injection in the upper arm to protect against tuberculosis that often leaves a mark or scar?	YES, SCAR SEEN ..... 1	YES, NO SCAR SEEN ..... 2	NO (SKIP TO Y07B_C) ..... 3	YES, SCAR SEEN ..... 1	YES, NO SCAR SEEN ..... 2	NO (SKIP TO Y07B_C) ..... 3
		DON'T KNOW ..... 8			DON'T KNOW ..... 8		
Y07A_W	<b>QUESTION FOR CONSIDERATION</b>  Where did (NAME) receive his/her BCG vaccination?	HEALTH FACILITY ..... 1	HOME ..... 2	OTHER PLACE ..... 3	HEALTH FACILITY ..... 1	HOME ..... 2	OTHER PLACE ..... 3

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
Y07B_C	HEPATITIS B BIRTH DOSE	DAY	MONTH	YEAR	DAY	MONTH	YEAR
	(3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:						
Y07B_H	Did (NAME) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS..... 1	YES, WITHIN 24 HOURS ..... 1	YES, BUT NOT WITHIN 24 HOURS ..... 2	YES, BUT NOT WITHIN 24 HOURS ..... 2	NO (SKIP TO Y07C_C) ..... 3	NO (SKIP TO Y07C_C) ..... 3
		DON'T KNOW ..... 8	DON'T KNOW ..... 8				
Y07B_W	<b>QUESTION FOR CONSIDERATION</b> Where did (NAME) receive his/her Hepatitis B birth dose vaccination?	HEALTH FACILITY ..... 1	HEALTH FACILITY ..... 1	HOME ..... 2	HOME ..... 2	OTHER PLACE ..... 3	OTHER PLACE ..... 3
Y07C_C	POLIO VACCINE, BIRTH DOSE	DAY	MONTH	YEAR	DAY	MONTH	YEAR
	POLIO VACCINE, 1ST DOSE						
	POLIO VACCINE, 2ND DOSE						
	POLIO VACCINE, 3RD DOSE						
	POLIO VACCINE, IPV DOSE						
	(3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:						
Y07C_H	Did (NAME) receive oral polio vaccine – that is drops of pink or white liquid in the mouth to protect against polio disease? <b>The oral polio vaccine bottle looks like this: SHOW VIAL</b>	YES ..... 1	YES ..... 1	NO (SKIP TO Y07C_IPV) ..... 2	NO (SKIP TO Y07C_IPV) ..... 2	DON'T KNOW ..... 8	DON'T KNOW ..... 8
Y07C_B	Was the first oral polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ..... 1	FIRST 2 WEEKS ..... 1	LATER ..... 2	LATER ..... 2	DON'T KNOW ..... 8	DON'T KNOW ..... 8
Y07C_N	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>				
Y07C_IPV	Did (NAME) receive an <b>injection</b> of polio vaccine or IPV – that is an injection in the upper thigh to protect against polio disease?	YES ..... 1	YES ..... 1	NO (SKIP TO Y07D_C) ..... 2	NO (SKIP TO Y07D_C) ..... 2	DON'T KNOW ..... 8	DON'T KNOW ..... 8
Y07D_C	DTP-HEPB-HIB VACCINE, 1 <sup>ST</sup> DOSE	DAY	MONTH	YEAR	DAY	MONTH	YEAR
	DTP-HEPB-HIB VACCINE, 2 <sup>ND</sup> DOSE						
	DTP-HEPB-HIB VACCINE, 3 <sup>RD</sup> DOSE						
	(3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:						
Y07D_H	Did (NAME) receive DTP-HEPB-HIB or Pentavalent vaccine – that is an injection in the upper thigh to protect against diphtheria, tetanus, whooping cough, Hepatitis B and Hib disease – sometimes given at the same time with polio drops?	YES ..... 1	YES ..... 1	NO (SKIP TO Y07E_C) ..... 2	NO (SKIP TO Y07E_C) ..... 2	DON'T KNOW ..... 8	DON'T KNOW ..... 8
Y07D_N	How many times did (NAME) receive the DTP-HEPB-HIB or Pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>				

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH																															
		NAME _____			NAME _____																															
Y07E_C	PNEUMOCOCCAL CONJ, 1 <sup>ST</sup> DOSE  PNEUMOCOCCAL CONJ, 2 <sup>ND</sup> DOSE  PNEUMOCOCCAL CONJ, 3 <sup>RD</sup> DOSE  (3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:	<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR			
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Y07E_H	Did (NAME) receive pneumococcal conjugate vaccine – that is an injection in the upper thigh to protect against pneumococcal disease – sometimes given at the same time as the DTP-HEPB-HIB vaccine and polio drops?	YES ..... 1 NO (SKIP TO Y07F_C) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO (SKIP TO Y07F_C) ..... 2 DON'T KNOW ..... 8																																	
Y07E_N	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>																																	
Y07F_C	ROTAVIRUS VACCINE, 1ST DOSE  ROTAVIRUS VACCINE, 2ND DOSE  <b>INCLUDE AS APPROPRIATE:            ROTAVIRUS VACCINE, 3RD DOSE</b>  (3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:	<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR			
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Y07F_H	Did (NAME) receive rotavirus vaccine or 'rota' – that is drops in the mouth to protect against rotavirus? <b>The rotavirus vaccine bottle looks like this: SHOW VIAL</b>	YES ..... 1 NO (SKIP TO Y07G_C) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO (SKIP TO Y07G_C) ..... 2 DON'T KNOW ..... 8																																	
Y07F_N	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>																																	
Y07G_C	MEASLES VACCINE, 1ST DOSE  <b>INCLUDE AS APPROPRIATE:            MEASLES VACCINE, 2ND DOSE</b>  (3) IF THERE IS NO HOME-BASED RECORD AVAILABLE, WRITE '66' IN THE CORRESPONDING DAY COLUMN AND ASK:	<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR				<table border="1"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>	DAY	MONTH	YEAR			
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Y07G_H	Did (NAME) receive measles containing vaccine – that is an injection in the upper arm to protect him/her against measles?	YES ..... 1 NO (SKIP TO Y08A) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO (SKIP TO Y08A) ..... 2 DON'T KNOW ..... 8																																	
Y07G_N	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>																																	
Y08A	<b>QUESTION FOR CONSIDERATION</b>  Did (NAME) receive any measles vaccine in national immunization days or child health weeks?	YES ..... 1 NO (SKIP TO <INSERT>) ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO (SKIP TO <INSERT>) ..... 2 DON'T KNOW ..... 8																																	
Y08B	At which national immunization days or child health weeks did (NAME) receive measles vaccination?  RECORD ALL CAMPAIGNS MENTIONED.	NATIONAL IMMUNIZATION DAY 1 MARCH/APRIL 20xx                      A  NATIONAL IMMUNIZATION DAY 2 JULY/AUGUST 20xx                      B  NATIONAL IMMUNIZATION DAY 3 OCTOBER 20xx                              C  CHILD HEALTH WEEK 1 MAY 20xx                                      D	NATIONAL IMMUNIZATION DAY 1 MARCH/APRIL 20xx                      A  NATIONAL IMMUNIZATION DAY 2 JULY/AUGUST 20xx                      B  NATIONAL IMMUNIZATION DAY 3 OCTOBER 20xx                              C  CHILD HEALTH WEEK 1 MAY 20xx                                      D																																	

ADDITIONAL ITEMS AND QUESTION BANK TO CONSIDER FOR DEVELOPMENT

(1) AT PRESENT IT IS UNCLEAR WHETHER THE INTRODUCTION OF A VISUAL PROBE WOULD BE USEFUL FOR THE DIFFERENTIATION OF ORALLY ADMINISTERED VACCINES AND SUPPLEMENTS DURING THE FIRST YEAR OF LIFE; NAMELY, ORAL POLIO VACCINE, ROTAVIRUS VACCINE, AND VITAMIN A.

THEREFORE, THERE IS A NEED TO EXPLORE THE UTILITY OF INTRODUCING SUCH VISUAL PROBES INTO THE FIELD SURVEY PROCESS. IT MAY OR MAY NOT BE A WORTHWHILE EXERCISE.

(2) AT PRESENT, THERE IS INSUFFICIENT UNDERSTANDING OF HOW TO BEST ENQUIRE FROM CAREGIVERS AROUND PRIVATE VS PUBLIC SECTOR UTILIZATION FOR THE MAJORITY (MOST) OF THE IMMUNIZATION SERVICES FOR THEIR CHILDREN.

ONE OPTION IS TO ASK ABOUT THE SOURCE / TYPE OF FACILITY VISITED AFTER EACH VACCINE IN THE MODULE. THIS IS SOMEWHAT HOW THE CLASSIC WHO EPI COVERAGE SURVEY FORM HAS COLLECTED INFORMATION. HOWEVER, IT IS UNCLEAR HOW WELL A CAREGIVER WILL CORRECTLY RECALL WHERE S/HE TOOK THE CHILD (IF IN FACT ONE INDIVIDUAL TOOK THE CHILD) TO RECEIVE EACH VACCINATION SERVICES.

TO ADDRESS THE ISSUE OF RECALL FOR LOCATION OR TYPE OF FACILITY, OTHER SURVEYS HAVE TAKEN THE APPROACH TO ENQUIRE ABOUT THE FIRST AND LAST (OR MOST RECENT) VISIT TO A HEALTH FACILITY, OR TO ENQUIRE ABOUT THE LAST (OR MOST RECENT) VISIT ONLY.

THE QUESTION BELOW ARE AN EXAMPLE FOR CONSIDERATION MODELED AFTER SIMILAR QUESTIONS USED IN THE STANDARD DHS QUESTIONNAIRE.

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
Y000	<p>Where did (NAME) receive his/her <u>first</u> vaccination after birth?</p> <p>PROBE TO IDENTIFY SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">Name of place</p>	<p>HOME</p> <p>HOME ..... A</p> <p>PUBLIC SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p> <p>PRIVATE SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p>	<p>HOME</p> <p>HOME ..... A</p> <p>PUBLIC SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p> <p>PRIVATE SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p>
Y000	<p>Where did (NAME) receive his/her <u>most recent</u> vaccination?</p> <p>PROBE TO IDENTIFY SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">Name of place</p>	<p>HOME</p> <p>HOME ..... A</p> <p>PUBLIC SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p> <p>PRIVATE SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p>	<p>HOME</p> <p>HOME ..... A</p> <p>PUBLIC SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p> <p>PRIVATE SECTOR</p> <p>OPTION 1 ..... B</p> <p>OPTION 2 ..... C</p> <p>OPTION 3 ..... D</p>