

IMMUNIZATION		IM			
If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 will only be asked if a card is not available.					
IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>		Yes, seen1 Yes, not seen2 No card.....3		1⇒IM3 2⇒IM6	
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (<i>name</i>)?		Yes1 No.....2		1⇒IM6 2⇒IM6	
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization			
		Day	Month	Year	
BCG	BCG				
POLIO AT BIRTH	OPV0				
POLIO 1	OPV1				
POLIO 2	OPV2				
POLIO 3	OPV3				
DPT 1	DPT1				
DPT 2	DPT2				
DPT 3	DPT3				
HEPB AT BIRTH	HEP0				
HEPB 1	HEP1				
HEPB 2	HEP2				
HEPB 3	HEP3				
HIB 1	HIB1				
HIB 2	HIB2				
HIB 3	HIB3				
MEASLES (OR MMR OR MR)	MEASLES				
YELLOW FEVER	YF				
VITAMIN A (FIRST DOSE)	VITA1				
VITAMIN A (SECOND DOSE)	VITA2				
IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19. <input type="checkbox"/> No ⇒ Continue with IM5.					

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. When finished, skip to IM19.</p> <p><input type="checkbox"/> No/DK ⇒ Go to IM19.</p>		
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒IM15A</p> <p>8⇒IM15A</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times _</p>	
<p>IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>

IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times __	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No..... 2 DK 8	
IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine.</i>	Yes 1 No..... 2 DK 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] <i>Insert date/type of campaign A, antigens</i> [B] <i>Insert date/type of campaign B, antigens</i> [C] <i>Insert date/type of campaign C, antigens</i>	<p style="text-align: right;">Y N DK</p> <p>Campaign A 1 2 8</p> <p>Campaign B 1 2 8</p> <p>Campaign C 1 2 8</p>	
IM20. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire and go to Next Module.		