



**QUESTIONNAIRE FORM FOR
VACCINATION RECORDS AT HEALTH FACILITIES**
Sindh, Pakistan

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR UNDER FIVE CHILDREN must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR UNDER FIVE CHILDREN for each child.</i></p>		
HF1. Cluster number: <div style="text-align: right;">_____</div>	HF2. Household number: <div style="text-align: right;">_____</div>	
HF3. Child's name: Name _____	HF4. Child's line number: <div style="text-align: right;">_____</div>	
HF4A. Father's name: Name _____		
HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: <div style="text-align: right;">_____</div>	
HF7. Interviewer's name and number: Name _____	HF8. Day/Month/Year of facility visit: <div style="text-align: right;"> _____ / _____ / 2014 D D M M Y Y Y Y </div>	
HF9. Day, month and year of birth <i>"(From AG1 in Questionnaire for Children Under-5)"</i> <div style="text-align: right;"> _____ / _____ / 201 _____ D D M M Y Y Y Y </div>	HF10. Name of health facility: _____	

HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 96
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HF11A. Field editor's name and number: Name _____	HF11B. Main data entry operator's name and number: Name _____
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IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record		____ / ____ / <u>201</u> ____ DD MM YYYY.....								
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		Day		Month		Year				
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
PENTAVALENT / 1ST DOSE	PENTA1									
PENTAVALENT / 2ND DOSE	PENTA2									
PENTAVALENT / 3RD DOSE	PENTA3									
PNEUMOCOCCAL1	PCV1									
PNEUMOCOCCAL2	PCV2									
PNEUMOCOCCAL3	PCV3									
MEASLES1	MEASLES1									
MEASLES2	MEASLES2									