

INSTRUCTIONS: Important to note the use of following symbols in dropdown response options

- Means chose one only
- Means select all that are applicable

NB: This module is only for resident household members aged 6 years and below. Where a HDSS Node implements Individual Health Surveillance, the Child Health Module must be allocated to the child caregiver if eligible. For a HDS Node not implementing Individual Health Surveillance or when child caregiver is not eligible for Individual Health Surveillance, the Child Health Module must be allocated to CAPI household and updated with household proxy respondent.

Section 1: Road to Health Card Details

- 1.1. [Fieldworker] Have you seen a card where [NAME]'s vaccinations are written down?
- Yes [enable scanning of photo of the vaccination and growth curve pages only]
 - No

1.1. [IF YES CARD SEEN] Record Road Health Card Date of Birth YYYY-MM-DD

1.2. IF YES CARD SEEN] Record Road Birth weight (in grams) _ _ _ _ _

1.3. Has [NAME] ever been vaccinated?

- Yes
 - No
 - Don't know
-

Section 2: Vaccination History

2.1. At Birth:

2.1.1. Did the child receive **BCG** [an injection against TB, in the right arm or shoulder that leaves a scar]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.1.2. Did the child receive **OPV (Polio) 0** [drops of liquid into the mouth]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.1.3. [IF Answered **NO** to any of the vaccines **AT Birth**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- No one offered the child a vaccine
- Birth was out of hospital
- Mother refused the vaccine
- Father refused the vaccine
- Child was ill- birth complications
- Other (specify)

2.2. At 6 Weeks:

2.2.1. Did the child receive **OPV (Polio) 1** [drops of liquid into the mouth]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.2.2. Did the child receive **Rotavirus 1** [oral drops]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.2.3. Did the child receive **PCV (Pneumococcal) 1** [injection]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.2.4. Did the child receive **Hexavalant (DTaP-IPV-Hib-HBV) 1** [an injection into the left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.2.5. [IF Answered **NO** to any of the vaccines **AT 6 Weeks**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.3. At 10 Weeks:

2.3.1. Did the child receive **Hexavalant (DTaP-IPV-Hib-HBV)2** [An injection to left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.3.2. [IF Answered **NO** to any of the vaccines **AT 10 Weeks**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.4. At 14 Weeks:

2.4.1. Did the child receive **Rotavirus 2** [oral drops]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.4.2. Did the child receive **PCV (Pneumococcal) 2** [injection]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.4.3. Did the child receive **Hexavalant (DTaP-IPV-Hib-HBV) 3** [an injection into the left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.4.4. [IF Answered **NO** to any of the vaccines **AT 14 Weeks**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination

- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.5. At 6 months:

2.5.1. Did the child receive **Measles 1** [An injection to left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know
-

2.5.2. [IF Answered **NO** to any of the vaccines **AT 6 Months**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.6. At 9 Months:

2.6.1. Did the child receive **PCV (Pneumococcal) 3** [Injection]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.6.2. [IF Answered **NO** to any of the vaccines **AT 9 Months**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available

- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.7. At 12 Months:

2.7.1. Did the child receive **Measles 2** [An injection to left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.7.2. [IF Answered **NO** to any of the vaccines **AT 12 Months**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.8. At 18 Months:

2.8.1. Did the child receive **Hexavalent (DTaP-IPV-Hib-HBV) 4** [an injection into the left thigh]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.8.2. [IF Answered **NO** to any of the vaccines **AT 18 Months**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.9. At 6 Years:

2.9.1. Did the child receive **Td** [An injection to left arm]?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know
-

2.9.2. [IF Answered **NO** to any of the vaccines **AT 6 Years**] Why was [NAME] not given vaccine dose? [Mark all that apply by probing respondent to get reasons for missed doses]

- Vaccine was out of stock
- Primary caregiver didn't know that child must be vaccinated
- Health facility is too far (distance)
- Parents refused the vaccine
- Child was ill and not taken to health facility
- Child was ill and taken to health facility was not given vaccine
- Religious reasons
- Primary caregiver forgot that child had to be vaccinated
- There was no one to take the child for vaccination
- Went to health facility and found them closed
- Went to health facility and was told vaccinator was not available
- Primary caregiver was sick
- Primary caregiver was at work
- Other (specify)

2.10. Any other vaccinations?

2.10.1. Did child receive any additional vaccinations not listed above?

- Yes [record date received YYYY-MM-DD]
- No
- Don't know

2.10.2. [IF YES] Specify the vaccine name and record date received YYYY-MM-DD [repeat until all additional vaccines have been recorded