**CHILD IMMUNIZATION FROM HEALTH CENTER REGISTRY**

| R 501 | NAME OF HEAD OF HOUSEHOLD _____ <br><br> PSU NUMBER ☐☐☐  HOUSEHOLD NUMBER ☐☐ <br><br> MOTHER'S NAME AND LINE NUMBER _____ ☐☐ | |
|---|---|---|
| R 502 | CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS BETWEEN 2012-2015? <br> YES ☐    NO ☐ | → **END** |
| R 503 | CHECK 216 FOR LAST CHILD'S SURVIVAL STATUS: <br> LIVING ☐    DEAD ☐ | |
| R 504 | NAME OF LAST CHILD AND LINE Nº IN Q 212 _____ ☐☐ <br><br> CHILD'S LAST NAME _____ <br><br> FATHER'S NAME _____ | |
| R 505 | CHILD'S DATE OF BIRTH ACCORDING TO Q215 OF WOMAN OR Q503 OF HOUSEHOLD QUESTIONNAIRE ☐☐ ☐☐ ☐☐☐☐ | |
| R 506 | CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS BETWEEN 2012-2015? <br> YES ☐    NO ☐ | → R510 |
| R 507 | CHECK 216 FOR NEXT-TO-LAST CHILD'S SURVIVAL STATUS: <br> LIVING ☐    DEAD ☐ | |
| R 508 | NAME OF NEXT-TO-LAST CHILD AND LINE Nº IN Q 212 _____ ☐☐ <br><br> CHILD'S LAST NAME _____ <br><br> FATHER'S NAME _____ | |
| R 509 | CHILD'S DATE OF BIRTH ACCORDING TO Q215 OF WOMAN, Q503 OF HOUSEHOLD QUESTIONNAIRE OR REPORTED BY RESPONSIBLE ADULT ☐☐ ☐☐ ☐☐☐☐ | |
| R 510 | CHECK R502 - R507: ANY CHILDREN BORN SINCE 2012 AND STILL ALIVE? <br> YES ☐    NO ☐ | → **END** |

**HEALTH CENTER REGISTRY**

REQUEST TO SEE THE VACCINATION RECORD OF EACH OF THE CHILDREN LISTED ABOVE AND STILL ALIVE. USE THE FULL NAME AND DATE OF BIRTH TO FIND THE CHILD IN THE VACCINATION RECORD. IF THE VACCINATION RECORD IS FOUND FOR THE CHILD, RECORD THE DATE OF BIRTH AND DATE OF EACH VACCINATION.

| R 511 | VACCINATION RECORD FOR LAST CHILD WAS FOUND AND SEEN AT THE HEALTH CENTER | |
|---|---|---|
| | YES ☐        NO ☐ | → R515 |
| R 512 | WRITE NAME OF LAST CHILD AS WRITTEN ON VACCINATION RECORD _____ | |
| R 513 | RECORD THE LAST CHILD'S DATE OF BIRTH AS WRITTEN IN THE VACCINATION RECORD ☐☐ ☐☐ ☐☐☐☐ | |

| R 514 | (1) COPY DATES FOR EACH VACCINE FROM THE HEALTH CENTER REGISTRY | |
|---|---|---|
| | (2) WRITE '44' IIN DAY COLUMN IF THE REGISTRY SHOWS THAT THE VACCINE WAS GIVEN BUT THE DATE IS NOT RECORDED | |

|  | DAY | | MONTH | | YEAR | | | |
|---|---|---|---|---|---|---|---|---|
| BCG | | | | | | | | |
| HepB -0 | | | | | | | | |
| DTP-HepB-Hib - 1 | | | | | | | | |
| OPV -1 or  IPV-1 | | | | | | | | |
| PCV-1 | | | | | | | | |
| DTP-HepB-Hib - 2 | | | | | | | | |
| OPV -2 or IPV-2 | | | | | | | | |
| PCV-2 | | | | | | | | |
| DTP-HepB-Hib - 3 | | | | | | | | |
| OPV -3 | | | | | | | | |
| PCV-3 | | | | | | | | |
| MMR - 1 | | | | | | | | |
| DTP - R1 | | | | | | | | |
| OPV-R1 | | | | | | | | |
| MMR - R1 | | | | | | | | |

| R 515 | CHECK R502 - R507: ANY OTHER CHILDREN BORN SINCE 2012 AND STILL ALIVE? | |
|---|---|---|
| | YES ☐        NO ☐ | → END |

| R 516 | VACCINATION RECORD FOR LAST CHILD WAS FOUND AND SEEN AT THE HEALTH CENTER<br><br>YES ☐ ↓      NO ☐ → **END** | |
|---|---|---|
| R 517 | WRITE NAME OF NEXT-TO-LAST CHILD AS _____<br>WRITTEN ON VACCINATION RECORD | |
| R 518 | RECORD THE NEXT-TO-LAST CHILD'S DATE OF BIRTH AS WRITTEN IN THE VACCINATION   ☐☐ ☐☐ ☐☐☐☐ | |

**R 519**

(1) COPY DATES FOR EACH VACCINE FROM THE HEALTH CENTER REGISTRY

(2) WRITE '44' IIN DAY COLUMN IF THE REGISTRY SHOWS THAT THE VACCINE WAS GIVEN BUT THE DATE IS NOT RECORDED

| | DAY | MONTH | YEAR |
|---|---|---|---|
| BCG | ☐☐ | ☐☐ | ☐☐☐☐ |
| HepB -0 | ☐☐ | ☐☐ | ☐☐☐☐ |
| DTP-HepB-Hib - 1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| OPV -1 or IPV-1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| PCV-1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| DTP-HepB-Hib - 2 | ☐☐ | ☐☐ | ☐☐☐☐ |
| OPV -2 or IPV-2 | ☐☐ | ☐☐ | ☐☐☐☐ |
| PCV-2 | ☐☐ | ☐☐ | ☐☐☐☐ |
| DTP-HepB-Hib - 3 | ☐☐ | ☐☐ | ☐☐☐☐ |
| OPV -3 | ☐☐ | ☐☐ | ☐☐☐☐ |
| PCV-3 | ☐☐ | ☐☐ | ☐☐☐☐ |
| MMR - 1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| DTP - R1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| OPV-R1 | ☐☐ | ☐☐ | ☐☐☐☐ |
| MMR - R1 | ☐☐ | ☐☐ | ☐☐☐☐ |