

Haramaya University, College of Health Sciences
Kersa Demographic Surveillance and Health Research Center

Child Immunization status registration form

(This form should be filled for the child at the age of 1 and by asking the mother or close care taker of the child)

	Interviewer's name and ID					Do not write in this column	
1	Kebele name and Code						
2	Reason of filling this form: 1. Surveillance 2. Reconciliation						
3	Date of Interview DD/MM/YYYY						
4	House number (if already have number go to Q6)						
5	If new, the nearest house number						
6	Name and ID of head of family						
7	Name and ID of mother of the child						
8	Name and ID the child						
3	Date of birth of the child DD/MM/YYYY						
9	Did the child take immunization? 1. Yes 2. No (q.12) 3. I don't remember (q.12)						
10	Which of the following antigens the child took? Check to the cards and fill	Card (DD/MM/YYYY)	Oral report	Scar			
		BCG					
		Pentavalent 1					
		Pentavalent 2					
		Pentavalent 3					
		Measles					
		OPV 0					
		OPV 1					
	OPV 2						
	OPV 3						
11	Where did the child get immunization? 1. At home 2. During campaign 3. The nearest health institution 4. The kebele office						
12	Immunization status of the child? 1. Completed (END) 2. Not started 3. Started but not completed						
13	If the child has not started immunization or not completed; what were the reasons?		Yes	No			
		1	Mother unaware of the need	1	2		
		2	Unaware to return for consequent doses	1	2		
		3	Fear of side effect	1	2		
		4	No faith on immunization	1	2		
		5	Rumors about immunization	1	2		
		6	Place of immunization too far	1	2		
		7	Time of appointment inconveniet	1	2		
		8	Vaccine was not available	1	2		
		9	Mother was too busy	1	2		
		10	Family problem	1	2		
		11	Child was sick	1	2		
		12	Long waiting time	1	2		
		13	Child brought ill but not immunized.	1	2		
	14	Other reasons/specify	1	2			