

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center
Child Immunization Status Registration Form

(This form should be filled for the child between age of 12-23 months by asking the mother or close care giver of the child)

Do not write in this column

CI 01	Data collector's name					
CI 02	Date of Interview		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DD/MM/YYYY					
CI 03	Location ID					
CI 04	Round				<input type="text"/>	
CI 05	Observation ID				<u>Don't fill</u>	
CI 06	Name and ID of the child					
CI 07	Did the child take immunization? 1. Yes 2. No (skip to qn.12) 3. I don't remember (skip to qn.12)				<input type="checkbox"/>	
CI 08	Do the child have card ? 1. Yes 2. No				<input type="checkbox"/>	
CI 09	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			
			PCV 1			
			PCV 2			
			PCV 3			
	Rota 1					
	Rota 2					
	Rota 3					
CI 10	Where did the child get immunization? 1. At home 2. During campaign 3. The nearest health institution 4. The kebele office				<input type="checkbox"/>	
CI 11	Immunization status of the child? 1. Completed (END) 2. Not started 3. Started but not completed 4. Started				<input type="checkbox"/>	
CI 12	If the child has not started immunization or not completed; what were the reasons?		Yes	No		
		1	Mother unaware of the need	1	2	<input type="checkbox"/>
		2	Unaware to return for consequent doses	1	2	<input type="checkbox"/>
		3	Fear of side effect	1	2	<input type="checkbox"/>
		4	No faith on immunization	1	2	<input type="checkbox"/>
		5	Rumors about immunization	1	2	<input type="checkbox"/>
		6	Place of immunization too far	1	2	<input type="checkbox"/>
		7	Time of appointment inconvenient	1	2	<input type="checkbox"/>
		8	Vaccine was not available	1	2	<input type="checkbox"/>
		9	Mother was too busy	1	2	<input type="checkbox"/>
		10	Family problem	1	2	<input type="checkbox"/>
		11	Child was sick	1	2	<input type="checkbox"/>
		12	Long waiting time	1	2	<input type="checkbox"/>
		13	Child brought ill but not immunized.	1	2	<input type="checkbox"/>
99	Other reasons/specify	1	2	<input type="checkbox"/>		
CI 13	Supervisor name					

