

UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and line number: NAME _____	HF4. Mother's / Caretaker's name and line number: NAME _____	
HF5. Name and number of field staff recording at facility: NAME _____	HF6. Interviewer's name and number: NAME _____	
HF7. Day / Month / Year of facility visit: _____ / _____ / <u>2</u> <u>0</u> <u>1</u> _____	HF8. Record the time:	HOURS : MINUTES _____ : _____
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE _____ / _____ / <u>2</u> <u>0</u> <u>1</u> _____	HF10. Write the name of health facility: _____	
		⇒HF11

HF15. Result of health facility visit:	<p>RECORDS AVAILABLE AT FACILITY</p> <p>COPIED..... 01</p> <p>NOT COPIED</p> <p>(specify) _____ 02</p> <p>RECORDS NOT AVAILABLE AT FACILITY</p> <p>(specify) _____ 03</p> <p>OTHER (specify) _____ 96</p>
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IMMUNIZATION											HF
HF11. Record day, month and year of birth as written on vaccination record/card:			____ / ____ / <u>2</u> <u>0</u> <u>1</u> ____								
HF12. (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				
HepB (at birth)	HepB0					2	0	1			
BCG	BCG					2	0	1			
Polio (OPV) 1	OPV1					2	0	1			
Polio (OPV) 2	OPV2					2	0	1			
Polio (OPV) 3	OPV3					2	0	1			
IPV 1	IPV 1					2	0	1			
Pentavalent (DPTHibHepB) 1	Penta1					2	0	1			
Pentavalent (DPTHibHepB) 2	Penta2					2	0	1			
Pentavalent (DPTHibHepB) 3	Penta3					2	0	1			
DTP4	DTP4					2	0	1			
MR 1	MR1					2	0	1			
MR 2	MR2					2	0	1			
HF13. For each vaccination <u>not</u> recorded enter '00' in day column.											

HF14. Record the time.	HOURS AND MINUTES__ __ : __ __	⇒HF15
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DATA COLLECTOR'S OBSERVATIONS	

SUPERVISOR'S OBSERVATIONS	