



<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>HF</b>
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
<b>HF1.</b> Cluster number: _____	<b>HF2.</b> Household number: _____	
<b>HF3.</b> Child's name and line number: NAME _____	<b>HF4.</b> Mother's / Caretaker's name and line number: NAME _____	
<b>HF5.</b> Name and number of field staff recording at facility: NAME _____	<b>HF6.</b> Interviewer's name and number: NAME _____	
<b>HF7.</b> Day / Month / Year of facility visit: _____ / _____ / <u>2 0 1</u> _____	<b>HF8.</b> Record the time:	HOURS : MINUTES _____ : _____
<b>HF9.</b> 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 0 1</u> _____	<b>HF10.</b> Write the name of health facility: _____ <span style="float: right;">⇒HF11</span>	

<b>HF15.</b> 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**

<b>HF11.</b> Record day, month and year of birth as written on vaccination record/card:	___ ___ / ___ ___ / <u>2 0 1</u> ___							
<b>HF12.</b> (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	
<b>HF13.</b> For each vaccination <u>not</u> recorded enter '00' in day column.								

<b>HF14.</b> Record the time.	HOURS AND MINUTES ..... ___ : ___	⇒HF15
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**DATA COLLECTOR'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**