

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 / Caregiver's name and line number: NAME _____	
HF5. Interviewer's name and number: NAME _____	HF6. Write the name of health facility: NAME _____	
HF7A. Child's year, month, day of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE 2 0 _____ / _____ / _____	HF7B. Child's year, month, day of birth: Copy from IM5A in the IMMUNISATION Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE. Leave blank if IM5A is blank. 2 0 _____ / _____ / _____	

HF8. Name and number of field staff recording at facility: NAME _____	HF9. Year / Month / Day of facility visit: 2 0 _____ / _____ / _____
HF10. Record the time:	HOURS : MINUTES _____ : _____
⇒HF11	

HF15. Result of health facility visit:	RECORDS AVAILABLE AT FACILITY COPIED 1 NOT COPIED (specify) 2 RECORDS NOT AVAILABLE AT FACILITY (specify) 3 OTHER (specify) 6
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FACILITY BASED RECORDS OF VACCINATIONS										HF
HF11. Record year, month, day of birth as written on vaccination record/card in facility:			2 0 ___ ___ / ___ ___ / ___ ___							
HF12. (a) Copy dates for each vaccination from the card. (b) Write '4444' in year column if card shows that vaccination was given but no date recorded.			DATE OF IMMUNIZATION							
			YEAR				MONTH		DAY	
BCG	BCG	2	0							
HepB (at birth)	HepB0	2	0							
Polio (OPV) (at birth)	OPV0	2	0							
Polio (OPV) 1	OPV1	2	0							
Polio (OPV) 2	OPV2	2	0							
Polio (OPV) 3	OPV3	2	0							
Polio (IPV) 1	IPV1	2	0							
Pentavalent (DPTHibHepB) 1	Penta1	2	0							
Pentavalent (DPTHibHepB) 2	Penta2	2	0							
Pentavalent (DPTHibHepB) 3	Penta3	2	0							
Pneumococcal (Conjugate) 1	PCV1	2	0							
Pneumococcal (Conjugate) 2	PCV2	2	0							
Pneumococcal (Conjugate) 3	PCV3	2	0							
MMR/MR 1	MMR/MR1	2	0							
MMR/MR 2	MMR/MR2	2	0							
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	