# VITAMIN A & IMMUNIZATION COVERAGE STUDY
## HOUSEHOLD QUESTIONNAIRE

### Study no.
- [ ] Cluster
- [ ] Household
- [ ] Family
- Telephone no.

### Address

### Date of first visit:
- dd
- mm
- yyyy
- Time: hh
- mm

### Comment:

### Date of second visit:
- dd
- mm
- yyyy
- Time: hh
- mm

### Comment:

Are there any children younger than 6 years that live in this household?
- [ ] Yes
- [ ] No

If yes, list their names here:

<table>
<thead>
<tr>
<th>Name &amp; Surname</th>
<th>Age yrs</th>
<th>mnth</th>
<th>No.</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If any of these children are younger than 6 months mark the block at the end of the table. These are not included in the study.

If there are no children in this home in the age group 6 months to 6 years, no further information is required.

Who is the respondent?
- [ ] Parent
- [ ] Relative
- [ ] Other Caretaker
- Name of respondent

How many people sleep in this home most of the week?

Type of home:
- [ ] Formal
- [ ] Traditional home
- [ ] Informal

How many rooms are in this house?
- (Excl. toilets & bathrooms)
- Yes
- No
- Don't know

Is there an electricity supply to the home?

Where do you get your water from?
- River/Dam
- Borehole
- Tap
- Other

Where does the water come to?
- Communal
- To the plot
- In the house

Is there a working fridge in the home?

Is there a working television set in the home?

What is the highest education attained by the mother of the children?
- Less than Std. 5
- Std. 5
- Std. 8
- Std. 10
- Tertiary education

Is she currently employed?
- Yes
- No
- Don't know

What is her occupation?

Does the father of the children live here most of the week?
- Yes
- No
- Don't know
VITAMIN A & IMMUNIZATION COVERAGE STUDY
INDIVIDUAL CHILD QUESTIONNAIRE

Date of interview: 
Name of interviewer: 
Team No.:
Checked by: 
Field worker signature: 
Supervisor signature:

Child's surname: 
Child's name: 

Does the child have an immunization card or Road-to-Health chart? 
If yes, can I see it? Yes No If no, can I see a birth certificate for this child? Yes No
If the immunization card or Road-to-Health chart is not here, is it kept at another place? Yes No
If yes, where is it kept? 

When was this child born? / / OR Age: yrs. mnth

Is the birth date or age documented? Yes No
Sex: M F

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
<th>DOSE 3</th>
<th>DOSE 4</th>
<th>DOSE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>MonoV. Polio</td>
<td>Date</td>
<td>RR</td>
<td>S</td>
<td>Date</td>
<td>RR</td>
</tr>
<tr>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DTP</td>
<td></td>
<td></td>
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<tr>
<td>Trivalent Polio</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Measles</td>
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</table>

KEY:
- Date: enter the date on the immunization card, if available.
- RR: Respondent recall.
- S: Source.

Do all the shaded areas above have either a date or a ✓?
Yes No

Was this child breastfed? Yes No
If yes, for how long? yrs. months

Does the child have difficulty in seeing / finding things in the dark? Yes No Don't know

Eye examination:
- Normal
- Corneal xerosis
- Bitot's spots
- Keratomalacia
- Blindness

Does the child have a visible goitre? Yes No Unsure

Is a BCG scar visible? Yes No Unsure

Weight:  kg.  kg.  Height:  cm.  cm.

Was blood taken from this child? None Vit A A₂
**ON ALL CHILDREN WHERE BLOOD IS TO BE TAKEN, ASK THE FOLLOWING QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the parent or legal guardian: May I take blood from this child?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the child's forehead hot to touch?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, what is the child's temperature?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this child received high dose Vitamin A supplementation?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, give the date of last dose.</td>
<td></td>
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<td></td>
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</tbody>
</table>

If the child's temperature is ≥ 38 °C, or if the parent or legal guardian does not give consent to the taking of blood or if this child has received high dosage Vitamin A supplementation in the last six months, no blood should be taken from this child!

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you consider this child to be a healthy child?</td>
<td></td>
<td></td>
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<tr>
<td>Has the child been ill in the last 48 hours?</td>
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<tr>
<td>If yes,</td>
<td></td>
<td></td>
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<tr>
<td>Did he/she have diarrhoea?</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Did he/she have a cough?</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Did he/she have a fever?</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Has the child been taken to a doctor / clinic / traditional healer in the last month for any illness?</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Has the child been hospitalized in the last month?</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for hospitalization:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of hospital:</td>
<td></td>
<td></td>
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</tbody>
</table>