

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/>	NO BIRTHS IN 2012-2015 <input type="checkbox"/> → 601			
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015. NAME OF LAST BIRTH <u>THABO</u>	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>	0	3	
0	3				
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> → 501B			
504A	Do you have a booklet or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 → 507A YES, HAS ONLY AN OTHER DOCUMENT 2 → 507A YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4			
505A	Did you ever have a vaccination booklet for (NAME)?	YES 1 NO 2			
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/> → 511A			
507A	May I see the booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4 → 511A			

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	NAME OF LAST BIRTH <u>THABO</u>	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">3</td></tr></table>	0	3	
0	3				

508A

COPY DATES FROM THE BOOKLET
WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	DAY	MONTH	YEAR	YEAR	YEAR	YEAR
BCG						
OPV-0 (BIRTH DOSE)						
DPT-HEP.B-HIB/PENTAVALENT 1						
OPV 1						
PT-HEP.B-HIB/PENTAVALENT 2						
OPV 2						
DPT-HEP.B-HIB/PENTAVALENT 3						
OPV 3						
MEASLES 1						
MEASLES 2						
VITAMIN A (MOST RECENT)						

509A

CHECK 508A: 'BCG' TO 'MEASLES 2' ALL RECORDED?

NO

YES

→ 526A

510A

In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

YES 1
(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A)

(THEN SKIP TO 526A)

NO 2
DON'T KNOW 8

→ 526A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH THABO	BIRTH HISTORY NUMBER 0 3	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 526A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 523A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 526A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH <u>PALESA</u> BIRTH HISTORY NUMBER 0 2		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B	Do you have a booklet or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A BOOKLET 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS BOOKLET AND OTHER DOCUMENT 3 NO, NO BOOKLET AND NO OTHER DOCUMENT 4	→ 507B → 507B
505B	Did you ever have a vaccination booklet for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the booklet or other document where (NAME)'s vaccinations are written down?	YES, ONLY BOOKLET SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET AND OTHER DOCUMENT SEEN 3 NO BOOKLET AND NO OTHER DOCUMENT SEEN 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	NAME OF NEXT-TO-LAST BIRTH <u>PALESA</u>	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td></tr></table>	0	2	
0	2				

508B

COPY DATES FROM THE BOOKLET.
WRITE '44' IN 'DAY' COLUMN IF BOOKLET SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	DAY	MONTH	YEAR	YEAR	YEAR	YEAR
BCG						
OPV-0 (BIRTH DOSE)						
DPT-HEP.B-HIB/PENTAVALENT 1						
OPV 1						
PT-HEP.B-HIB/PENTAVALENT 2						
OPV 2						
DPT-HEP.B-HIB/PENTAVALENT 3						
OPV 3						
MEASLES 1						
MEASLES 2						
VITAMIN A (MOST RECENT)						

509B

CHECK 508B: 'BCG' TO 'MEASLES 2' ALL RECORDED?

NO

YES

→ 526B

510B

In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

YES 1
(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B)

(THEN SKIP TO 526B)

NO 2
DON'T KNOW 8

→ 526B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH <u>PALESA</u>	BIRTH HISTORY NUMBER <input type="text" value="0"/> <input type="text" value="2"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 523B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> → 601		