

HOUSEHOLD ROSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS

HM21 SN	HM22 NAME OF HOUSEHOLD MEMBER	HM23 RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	HM24 SEX OF CHILD 1 MALE 2 FEMALE	HM25 DID THE HOUSEHOLD MEMBER SLEEP HERE LAST NIGHT?	HM26 DATE OF BIRTH (DD, MM, YYYY)	HM27 AGE AT TIME OF CAMPAIGN – NOVEMBER 2017 (COMPLETED YEARS)	HM28 AGE AT TIME OF CAMPAIGN – NOVEMBER 2017 (COMPLETED MONTHS FOR ALL CHILDREN LESS THAN 6 YEARS)	HM29 DID THE CHILD LIVE HERE DURING THE CAMPAIGN? (COMPLETE ONLY FOR CHILDREN 9–59 MONTHS)	HM30 CHECK ELIGIBLE FOR POST-CAMPAIGN SURVEY? (9–59 MONTHS)
1		01	1 2	Y N	__/__/__			Y N	Y N
2		__ __	1 2	Y N	__/__/__			Y N	Y N
3		__ __	1 2	Y N	__/__/__			Y N	Y N
4		__ __	1 2	Y N	__/__/__			Y N	Y N
5		__ __	1 2	Y N	__/__/__			Y N	Y N
6		__ __	1 2	Y N	__/__/__			Y N	Y N
7		__ __	1 2	Y N	__/__/__			Y N	Y N

* Codes for HM23: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	98 Don't know
	02 Spouse / Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	96 Other (Not related)	
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

Complete; collected all necessary information 4 <i>If response is not 4, plan to make a second visit</i>	Complete; collected all necessary information 4 <i>If response is not 4, plan to make a third visit</i>	Complete; collected all necessary information 4 <i>If response is not 4, select 1 and move to next household</i>
<i>Repeat greeting if not already read to this respondent:</i> WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'s. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY, I START NOW?		<i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i> NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from household listing</i>)'S RECEIPT OF VACCINATION DURING THE RECENT MEASLES VACCINATION CAMPAIGN. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

DEMOGRAPHIC INFORMATION		AG
<p>D1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day __ __</p> <p>DK day 98</p> <p>Month __ __</p> <p>Year 201 __</p>	
<p>D2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed months.</i></p> <p><i>Record '0' if less than 1 month.</i></p>	<p>Age (in completed months) ____</p> <p><i>If age is <9 months or ≥60 months go to next child, otherwise end interview</i></p>	

<i>Compare and correct AG1 and/or AG2 if inconsistent.</i>		
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IMMUNIZATION		IIIM
SIA17. WAS THE CHILD LIVING HERE DURING THE CAMPAIGN? (MEASLES VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2017)?	Yes 1 No..... 2	
SIA18. WHAT WAS THE PRIMARY SOURCE OF INFORMATION ABOUT THE OCCURRENCE OF THE CAMPAIGN? <i>(Ask the question first, after the person has answered, go through the list of answers to select the primary source.)</i>	Not informed 1 Radio 2 Television 3 Internet 4 Criers 5 Community health workers 6 School 7 Family 8 Neighbour, friend 9 Village chief 10 Religious leader 11 Community mobilisers 12 Other (specify below) 66	66 => SIA19
SIA19. IF OTHER IN 18, PLEASE SPECIFY	<hr/>	
SIA20. DID THE CHILD RECEIVE THE MEASLES VACCINE DURING THE RECENT CAMPAIGN (MEASLES VACCINATION CAMPAIGN IN NOVEMBER/DECEMBER 2017)?	Yes 1 No..... 3 Don't know..... 9	1 => SIA21 3 => SIA25 9 => SIA27
SIA21. DID THE CHILD RECEIVE A VACCINATION CARD AFTER RECEIVING THE MEASLES VACCINE DURING THE RECENT CAMPAIGN?	Yes, card seen 1 Yes, card not seen..... 2 No card..... 3 Don't know..... 9	
SIA22. WAS THE FINGER OF THE CHILD MARKED WITH A PEN AFTER RECEIVING THE MEASLES VACCINE DURING THE CAMPAIGN?	Yes, mark seen on the child 1 Yes, child not available to check 2 No..... 3 Don't know..... 9	
SIA23. DID THE CHILD DEVELOP A REACTION AFTER THE VACCINATION?	Yes 1 No..... 2	01 => SIA24 02 => SIA25

<p>SIA24. IF YES, WHAT WAS THE PROBLEM(S)?</p>	<p>Fever between 7 and 12 days following vaccination?A</p> <p>General rash between 7 and 10 days following vaccination?B</p> <p>Pain at the site of injection?..... C</p> <p>Problems with hearing or vision?..... D</p> <p>Extreme drowsiness, fainting?.....E</p> <p>Fussiness, irritability, crying for an hour or longer? F</p> <p>Early bruising or bleeding, unusual weakness?. G</p> <p>Difficulty in breathing or swallowing? H</p> <p>Itching, especially of feet or hands? I</p> <p>Hives (other itching or irritation)?..... J</p> <p>Seizure (black-out or convulsions); or High fever (within a few hours or a few days after the vaccine)?.....K</p> <p>Pain or tiredness of eyes, swelling, or a lump where the shot was given? L</p> <p>Headache (severe or continuing)? M</p> <p>Confusion or dizziness? N</p> <p>low fever; joint or muscle pain? O</p> <p>Other (<i>specify</i>)P</p>	<p>P => SIA24A</p>
<p>SIA24A. IF 'OTHER' TO SIA24, SPECIFY</p>	<p>_____</p>	

<p>SIA25. IF THE CHILD DID NOT RECEIVE THE MEASLES VACCINE DURING THE CAMPAIGN, WHY?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.)</i></p>	<p>Didn't Know about the campaign 01</p> <p>Confused with other vaccines (believes that child has already been vaccinated) 02</p> <p>Subject or parent / guardian were missing 03</p> <p>Fear of injection 04</p> <p>Lack of confidence in vaccine..... 05</p> <p>Fear of side effects 06</p> <p>Site of vaccination not known 07</p> <p>Site of vaccination too far 08</p> <p>Time of vaccination unsuitable 09</p> <p>Waited too long at vaccination site 10</p> <p>Missing vaccinator at the site 11</p> <p>Not authorised by head of household 12</p> <p>Religious beliefs 13</p> <p>Sick at time of vaccination 14</p> <p>Absent during time of campaign 15</p> <p>Too busy to take child..... 16</p> <p>Child ill..... 17</p> <p>Mother ill..... 18</p> <p>Child already received measles vaccine..... 19</p> <p>Other (<i>specify</i>) 66</p>	<p>T => SIA26</p>
<p>SIA26. IF 'OTHER' TO SIA25, PLEASE SPECIFY</p>	<p>_____</p>	

<p>SIA27. BEFORE THE CAMPAIGN, HAD THE CHILD ALREADY RECEIVED THE MEASLES VACCINE?</p>	<p>Yes, dates on card 1</p> <p>Yes, recall /history2</p> <p>No3</p> <p>Don't know9</p>	<p>§</p>
<p>SIA27A: REQUEST TO BE SHOWN VACCINATION CARD FOR (NAME)</p>	<p>Yes, card seen 1</p> <p>No, card not seen2</p>	<p>1 => SIA28</p> <p>2 => SIA35</p>
<p>SIA28. IF THE HOME-BASED VACCINATION RECORD (ROUTINE) IS AVAILABLE, RECORD THE DATES OF VACCINATION: 1ST MEASLES VACCINATION</p> <p>[WRITE 44 IN THE DD FIELD IF THE VACCINATION IS MARKED ON THE CARD, BUT THERE IS NOT A CLEAR DATE]</p>	<p>___ ___ / ___ ___ / 201___</p> <p>(DD / MM / YYYY)</p>	
<p>SIA35. Record the end time.</p>	<p>HOUR AND MINUTES : ..</p>	