

Haramaya University, College of Health and Medical Sciences  
Kersa Demographic Surveillance and Health Research Center  
**Child Immunization Status Registration Form**

*(This form should be filled for the child between age of 12-23 months by asking the mother or close care giver of the child)*

Do not write in this column

CI 01	Data collector's name					
CI 02	Date of Interview		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DD/MM/YYYY					
CI 03	Location ID					
CI 04	Round				<input type="text"/>	
CI 05	Observation ID				<u>Don't fill</u>	
CI 06	Name and ID of the child					
CI 07	Did the child take immunization? 1. Yes 2. No (skip to qn.12) 3. I don't remember (skip to qn.12)				<input type="checkbox"/>	
CI 08	Do the child have card ? 1. Yes 2. No				<input type="checkbox"/>	
CI 09	Which of the following antigens the child took?  Check to the cards and fill		Card (DD/MM/YYYY)	Oral report	Scar	
			BCG			
			Pentavalent 1			
			Pentavalent 2			
			Pentavalent 3			
			Measles			
			OPV 0			
			OPV 1			
			OPV 2			
			OPV 3			
			PCV 1			
			PCV 2			
			PCV 3			
			Rota 1			
	Rota 2					
	Rota 3					
CI 10	Where did the child get immunization? 1. At home 2. During campaign 3. The nearest health institution 4. The kebele office				<input type="checkbox"/>	
CI 11	Immunization status of the child? 1. Completed (END) 2. Not started 3. Started but not completed 4. Started				<input type="checkbox"/>	
CI 12	If the child has not started immunization or not completed; what were the reasons?		Yes	No		
		1	Mother unaware of the need	1	2	<input type="checkbox"/>
		2	Unaware to return for consequent doses	1	2	<input type="checkbox"/>
		3	Fear of side effect	1	2	<input type="checkbox"/>
		4	No faith on immunization	1	2	<input type="checkbox"/>
		5	Rumors about immunization	1	2	<input type="checkbox"/>
		6	Place of immunization too far	1	2	<input type="checkbox"/>
		7	Time of appointment inconvenient	1	2	<input type="checkbox"/>
		8	Vaccine was not available	1	2	<input type="checkbox"/>
		9	Mother was too busy	1	2	<input type="checkbox"/>
		10	Family problem	1	2	<input type="checkbox"/>
		11	Child was sick	1	2	<input type="checkbox"/>
		12	Long waiting time	1	2	<input type="checkbox"/>
		13	Child brought ill but not immunized.	1	2	<input type="checkbox"/>
99	Other reasons/specify	1	2	<input type="checkbox"/>		
CI 13	Supervisor name					

