

DO NOT fill in (for encoding purpose only)

Rec :

**Evaluation of missed vaccination opportunities: child questionnaire**District: ..... Team: ..... N° child: 

Center: ..... Date: ..... / ..... / ..... Age of the child: ..... years ..... months

1) Do you have a vaccination card or a health book for the child?

 No  Yes → Did you bring it today?  No  Yes2) What was the **main** purpose of your visit to the health center today? (One answer only)

<input type="checkbox"/>	Curative consultation	<input type="checkbox"/>	Vaccination
<input type="checkbox"/>	MCH consultation	<input type="checkbox"/>	Feeding program
<input type="checkbox"/>	Accompanying an adult	<input type="checkbox"/>	Other: .....

3) Vaccination status:

Write the **dates** (dd/mm/yy) mentioned in the health book **and circle it** if vaccine given today.If the history of vaccination is only confirmed orally by the caretaker, write **H**.**Cross** the box (X) for the missing dose of vaccine that could have been given today.

	Dose 0	Dose 1	Dose 2	Dose 3
BCG				
HepB birth dose				
Polio				
DTP - HepB - Hib				
PCV 13				
Rota				
Measles				
Yellow fever				

4) Was the child eligible for a vaccine today?

 No → Do you know the date of your next vaccination?  No  Yes → **END** Yes → Did the child present with a true contra-indication to the vaccination today? No  Yes → **GO TO QUESTION 6**5) Did the child receive **all** vaccines required today? Yes(If X in box)  No → Would you have accepted the vaccination today if proposed? Yes  No → Why? .....

→ Reason(s) for not receiving all vaccines today? (One answer only)

<input type="checkbox"/>	Out of stock	<input type="checkbox"/>	No vaccinator
<input type="checkbox"/>	Waiting time too long	<input type="checkbox"/>	Not enough information
<input type="checkbox"/>	Don't know the reason	<input type="checkbox"/>	Other: .....

6) Did you get an appointment for your next vaccination?  No  Yes**THANK YOU FOR YOUR PARTICIPATION!**

Missed Immunization Opportunity – Child questionnaire