Vaccination Coverage Surveys –   
Forms & Variable Lists (FVL)   
Structured for Compatibility with VCQI

Draft Version 1.2

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## Introduction

This document is a modified version of Annex H from the 2015 draft WHO EPI vaccination coverage cluster survey reference manual. The document provides the following eight sample survey forms:

1. Form HH – Sample Questions for a Household Listing Form
2. Form HM – Sample Questions for a Household Members Listing Form
3. Form RI – Sample Questions for a Routine Immunization Form (12-23 months)
4. Form TT – Sample Questions for a Maternal Tetanus Immunization Form
5. Form SIA – Sample Questions for a Post Campaign Survey Form
6. Form RIHC – Sample Questions for a Routine Immunization Health Centre Form
7. Form TTHC – Sample Questions for a Maternal Tetanus Health Centre Form
8. Form CM – Cluster Metadata

These correspond to test datasets that will be used to develop and test the Vaccination Coverage Quality Indicators (VCQI) software, which is known informally as “Vicki”.

This document uses the word “form” loosely – it does not provide field-ready questionnaire forms, but rather lists of suggested questions and ways to code the responses to those questions. The questions listed here could be reformatted into field-ready questionnaire forms.

It may be helpful to think of each so-called form in this document as providing the basis for a survey dataset. The answers to questions from Form HH might be collected and provided in a dataset named HH. The variables could be named after the question numbers (HH01, HH02, HH03, etc.) The answers to questions from Form HM might be provided in a dataset named HM and have variables named after those questions (HM01, HM02, etc.). This approach is what is required for compatibility with VCQI.

Each sample form lists suggested questions and guidance on what type of responses and skip patterns might be appropriate. Each sample survey form is divided into three sections: (1) a suggested header with information for field staff to fill in before they begin the data collection, (2) the main body of the form comprising of suggested questions, and (3) a footer with information for field staff to fill after the work in the household or cluster is complete.

The header should include several fields identifying the stratum and cluster from which the data are being collected. If possible, these fields should either be pre-printed on the forms, or pre-printed on weather-proof stickers to be applied to the forms, so that stratum ID and cluster ID will be correct, easy for data entry clerks to read, and recorded in a uniform fashion across the entire survey.

The main body of the form includes questions that will be repeated many times with one entry per household or one entry per respondent. Paper forms should be laid out in a manner that provides enough room to fill in each entry, so it may work best to use two or three rows per entry on the form, instead of one small cramped row. In some cases it may be appropriate to use a separate paper form for each respondent. In other cases forms may be designed to accommodate responses from several respondents on one sheet of paper.

The footer includes fields to document when the work in the household or cluster is finished as well as spaces for comments so field staff can note information that may be helpful later when interpreting the survey data. On paper forms, be sure to leave large spaces for clearly-written comments, and be sure to have data entry clerks enter those comments into the database so they are available to analysts later.

For compatibility with the VCQI software, each date should be split into three variables: one containing the month, one containing the day of the month, and one containing the 4-digit year. For brevity, this document simply lists the name of a parent question or variable for each date, (e.g., HH09), but before passing datasets to VCQI, each date variable should be split into three variables with \_m, \_d, and \_y suffixes. See the section entitled **Breaking Dates Into Month, Day and Year Components** for additional details.

Please do not hesitate to send corrections and suggestions to [Dale.Rhoda@biostatglobal.com](mailto:Dale.Rhoda@biostatglobal.com).

## Form HH – Sample Questions for a Household Listing Form

| **Item** | **Question** | **Responses** |
| --- | --- | --- |
| *Header, to be printed at the top of the form* | | |
| HH01 | Stratum ID number\* | Number |
| HH02 | Stratum name\* | Free text |
| HH03 | Cluster ID number\* | Number |
| HH04 | Cluster name\* | Free text |
| HH05 | Enumerator Number | Number |
| HH06 | Enumerator Name | Free text |
| HH07 | Supervisor number | Number |
| HH08 | Supervisor name | Free text |
| HH09 | Start date of enumeration | Date |
| HH10 | Start time of enumeration | Time |
| *\* Pre-print on the form, if possible* | | |
|  | | |
| *Main body of the form, one entry per household* | | |
| HH11 | Structure ID | Number |
| HH12 | Occupied: Does this structure contain any households?  *[If No, move on to the next structure and the next row of the form.]* | 1. Yes 2. No |
| HH13 | Household (HH) Serial Number in the structure | Number |
| HH14 | Household ID | Structure Number - HH Serial Number (e.g., 44-3) |
| HH15 | Address or Description | Free text |
| HH16 | Latitude | ##.#### |
| HH17 | Longitude | ##.#### |
| HH18 | Is the data from a resident, or a neighbor? | 1. Resident 2. Neighbor  3. Unable to Enumerate |
| HH19 | Name of Head of Household | Free text |
| HH20 | Phone number to coordinate visit time | Free text |
| HH21 | Second phone number | Free text |
| HH22 | Total number of HH residents | Number |
| HH23 | # of Eligible Respondents: 12-23 Months | Number |
| HH24 | # of Eligible Respondents: Gave Live Birth in Last 12 Months | Number |
| HH25 | # of Eligible Respondents: Post-Campaign Survey | Number |
| HH26 | Comment | Free text |
| HH27 | OFFICE USE ONLY: Serial # of Occupied HH in Cluster | Leave Blank |
| HH28 | OFFICE USE ONLY: Household is selected to participate in the survey | 1. Yes 2. No |
|  | | |
| *Footer, to be printed at the bottom of the form* | | |
| HH29 | End date of enumeration | Date |
| HH30 | End time of enumeration | Time |
| HH31 | Where there households you couldn’t enumerate? | 1. Yes 2. No |
| HH32 | If yes, how many? | Free text |
| HH33 | What prevented you from doing it? | Free text |
| HH34 | Other comments | Free text |
| HH35 | Supervisor’s comments | Free text |

## Form HM – Sample Questions for a Household Members Listing Form

| **Item** | **Question** | **Responses** |
| --- | --- | --- |
| *Header, to be printed at the top of the form* | | |
| HM01 | Stratum ID number\* | Number |
| HM02 | Stratum name\* | Free text |
| HM03 | Cluster ID number\* | Number |
| HM04 | Cluster name\* | Free text |
| HM05 | Interviewer number | Number |
| HM06 | Interviewer name | Free text |
| HM07 | Supervisor number | Number |
| HM08 | Supervisor name | Free text |
| HM09 | Household ID | Copy number from HH list form |
| HM10 | Name of head of household | Free text (may be copied from HH list form) |
| HM11 | Latitude | ##.#### |
| HM12 | Longitude | ##.#### |
| HM13 | Start Date of Interview at Visit 1 | Date |
| HM14 | Start Time of Interview at Visit 1 | Time |
| HM15 | Start Date of Interview at Visit 2 | Date |
| HM16 | Start time of Interview at Visit 2 | Time |
| HM17 | Start Date of Interview at Visit 3 | Date |
| HM18 | Start time of Interview at Visit 3 | Time |
| HM19 | Disposition Code: Visit 1 | 1. Return later; no one home (fill in # of eligible respondents if you learn it from a neighbor) 2. Come back later; interview started but could not complete  3. Refused; someone is home but refused to participate 4. Complete; collected all necessary information |
| HM20 | Disposition Code: Visit 2 | 1. Return later; no one home (fill in # of eligible respondents if you learn it from a neighbor) 2. Come back later; interview started but could not complete  3. Refused; someone is home but refused to participate 4. Complete; collected all necessary information |
| HM21 | Disposition Code: Visit 3 | 1. Return later; no one home (fill in # of eligible respondents if you learn it from a neighbor) 2. Come back later; interview started but could not complete  3. Refused; someone is home but refused to participate 4. Complete; collected all necessary information |
| *\* Pre-print on the form, if possible* | | |
|  | | |
| *Main body of the form, one entry per household member* | | |
| HM22 | Individual Number | Number |
| HM23 | Name | Free text |
| HM24 | Did the individual sleep here last night? | 1. Yes 2. No |
| HM25 | How long has the individual lived in this household? | Time (years) |
| HM26 | How long has the individual lived in this household? | Time (months) |
| HM27 | Sex | 1. M 2. F |
| HM28 | Date of birth (DOB) | Birthday (DD/MM/YYYY) |
| HM29 | Age (completed years) | Number: Age (years) |
| HM30 | Age (completed months) | Number: Age (months) |
| HM31 | Eligible for RI Coverage Survey | 1. Yes 2. No |
| HM32 | Selected for RI Coverage Survey | 1. Yes or blank |
| HM33 | Disposition code for RI Survey: Visit 1 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM34 | Disposition code for RI Survey: Visit 2 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM35 | Disposition code for RI Survey: Visit 3 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM36 | Eligible for TT Survey | 1. Yes 2. No |
| HM37 | Selected for TT Survey | Yes or blank |
| HM38 | Disposition code for TT Survey: Visit 1 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM39 | Disposition code for TT Survey: Visit 2 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM40 | Disposition code for TT Survey: Visit 3 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM41 | Eligible for Post-SIA Survey | 1. Yes 2. No |
| HM42 | Selected for Post-SIA Survey | Yes or blank |
| HM43 | Disposition code for Post-SIA Survey: Visit 1 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM44 | Disposition code for Post-SIA Survey: Visit 2 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
| HM45 | Disposition code for Post-SIA Survey: Visit 3 | 2. Come back later; caregiver not available 3. Refused interview for this respondent  4. Completed interview |
|  | | |
| *Footer, to be printed at the bottom of the form* | | |
| HM46 | End date of interview | Date |
| HM47 | End time of interview | Time |
| HM48 | Finished with household (check box) | 1. Yes 2. No |
| HM49 | Interviewer’s comments | Free text |
| HM50 | Supervisor’s comments | Free text |

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## Form RI – Sample Questions for a Routine Immunization Form (12-23 months)

| **Item** | **Question** | **SubQuestion** | **Responses** | **Skip** |
| --- | --- | --- | --- | --- |
| *Header, to be printed at the top of the form* | | | | |
| RI01 | Stratum ID number\* |  | Number |  |
| RI02 | Stratum name\* |  | Free text |  |
| RI03 | Cluster ID number\* |  | Number |  |
| RI04 | Cluster name\* |  | Free text |  |
| RI05 | Interviewer number |  | Number |  |
| RI06 | Interviewer name |  | Free text |  |
| RI07 | Supervisor number |  | Number |  |
| RI08 | Supervisor name |  | Free text |  |
| RI09 | Start date of interview |  | Date |  |
| RI10 | Start time of interview |  | Time |  |
| *\* Pre-print on the form, if possible* | | | | |
|  |  |  |  |  |
| *Main body of the form, one entry per child* | | | | |
| RI11 | Household ID |  | Copy number from Form HM |  |
| RI12 | Individual number of child (from form HM) |  | Copy number from Form HM |  |
| RI13 | Individual number being surveyed (from form HM) |  | Copy number from Form HM |  |
| RI14 | Individual number of primary caregiver (from form HM) |  | Copy number from Form HM |  |
| RI15 | Latitude |  | ##.#### |  |
| RI16 | Longitude |  | ##.#### |  |
| RI17 | Name of child (full name) |  | Free text |  |
| RI18 | Name of child's father |  | Free text |  |
| RI19 | Name of child's mother |  | Free text |  |
| RI20 | Sex of child |  | 1. M 2. F |  |
| RI21 | Birth date of child | Day | Number 99. Don't know | 99 : RI24 |
| RI22 | Birth date of child | Month | Number 99. Don't know |  |
| RI23 | Birth date of child | Year | Number 99. Don't know |  |
| RI24 | Age of child (if birthdate not known) | Years | Number |  |
| RI25 | Age of child (if birthdate not known) | Months | Number |  |
| Home Based Record or Vaccination Card | | | | |
| RI26 | Did you ever receive or were given a vaccination card or a family folder for (name)? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI70 |
| RI27 | May I see it please? |  | 1. Yes, Card Seen 2. No, Card Not Seen | 1 : RI30 |
| RI28 | Why do you no longer have the vaccination card? |  | 1. Lost card 2. Destroyed 3. Other (Specify below) | Anything but 3: RI70 |
| RI29 | Other, please specify |  | Free text | Skip to RI70 |
| RI30 | Is the card the original that you received or a replacement/copy? |  | 1. Original 2. Replacement/ Copy 99. Do Not Know | Anything but 2 : Skip next |
| RI31 | Did you have to pay for the replacement card? |  | 1. Yes 2. No 99. Do Not Know |  |
| RI32 | Date of birth (as recorded on card) |  | Date |  |
| *Note: The following vaccines and doses are listed as an example. You will update this list to reflect the information (and order) on the vaccination cards in the country where you are doing the survey.* | | | | |
| RI33 | BCG |  | Date | If date recorded on card: Skip next |
| RI34 | BCG - Tick mark on card |  | 1. Yes 2. No |  |
| RI35 | Hepatitis B (birth dose) |  | Date | If date recorded on card: Skip next |
| RI36 | Hepatitis B (birth dose) - Tick mark on card |  | 1. Yes 2. No |  |
| RI37 | Polio at birth (OPV0) |  | Date | If date recorded on card: Skip next |
| RI38 | Polio at birth (OPV0) - Tick mark on card |  | 1. Yes 2. No |  |
| RI39 | Penta/DPT-Hib-Hep 1 |  | Date | If date recorded on card: Skip next |
| RI40 | Penta/DPT-Hib-Hep 1- Tick mark on card |  | 1. Yes 2. No |  |
| RI41 | Pneumococcal 1 (PCV-1) |  | Date | If date recorded on card: Skip next |
| RI42 | Pneumococcal 1 (PCV-1)- Tick mark on card |  | 1. Yes 2. No |  |
| RI43 | Polio 1 (OPV1) |  | Date | If date recorded on card: Skip next |
| RI44 | Polio 1 (OPV1) - Tick mark on card |  | 1. Yes 2. No |  |
| RI45 | Rotavirus 1 |  | Date | If date recorded on card: Skip next |
| RI46 | Rotavirus 1 - Tick mark on card |  | 1. Yes 2. No |  |
| RI47 | Penta/DPT-Hib-Hep 2 |  | Date | If date recorded on card: Skip next |
| RI48 | Penta/DPT-Hib-Hep 2 - Tick mark on card |  | 1. Yes 2. No |  |
| RI49 | Pneumococcal 2 (PCV-2) |  | Date | If date recorded on card: Skip next |
| RI50 | Pneumococcal 2 (PCV-2)- Tick mark on card |  | 1. Yes 2. No |  |
| RI51 | Polio 2 (OPV2) |  | Date | If date recorded on card: Skip next |
| RI52 | Polio 2 (OPV2) - Tick mark on card |  | 1. Yes 2. No |  |
| RI53 | Rotavirus 2 |  | Date | If date recorded on card: Skip next |
| RI54 | Rotavirus 2- Tick mark on card |  | 1. Yes 2. No |  |
| RI55 | Penta/DPT-Hib-Hep 3 |  | Date | If date recorded on card: Skip next |
| RI56 | Penta/DPT-Hib-Hep 3 - Tick mark on card |  | 1. Yes 2. No |  |
| RI57 | Pneumococcal 3 (PCV-3) |  | Date | If date recorded on card: Skip next |
| RI58 | Pneumococcal 3 (PCV-3)- Tick mark on card |  | 1. Yes 2. No |  |
| RI59 | Polio 3 (OPV3) |  | Date | If date recorded on card: Skip next |
| RI60 | Polio 3 (OPV3) - Tick mark on card |  | 1. Yes 2. No |  |
| RI61 | Rotavirus 3 |  | Date | If date recorded on card: Skip next |
| RI62 | Rotavirus 3 - Tick mark on card |  | 1. Yes 2. No |  |
| RI63 | Polio (IPV) |  | Date | If date recorded on card: Skip next |
| RI64 | Polio (IPV) - Tick mark on card |  | 1. Yes 2. No |  |
| RI65 | Measles (1st) |  | Date | If date recorded on card: Skip next |
| RI66 | Measles (1st) - Tick mark on card |  | 1. Yes 2. No |  |
| RI67 | Yellow Fever |  | Date | If date recorded on card: Skip next |
| RI68 | Yellow Fever - Tick mark on card |  | 1. Yes 2. No |  |
| Caretaker Recall or History  *Again, the vaccines and doses listed here are an example that will likely need to be updated when you design your questionnaire so the list corresponds to the vaccines delivered in your country.* | | | | |
| RI69 | *Has the child received every vaccine in this survey?* |  | 1. Yes 2. No | 1 : RI103 |
| RI70 | Has *the child* ever received any vaccinations, drops or injectionsin the past*?* |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI89 |
| RI71 | Has the child ever received an injection in the right upper arm or shoulder that usually causes a scar?  – that is, BCG vaccination (against tuberculosis) |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : Skip next |
| RI72 | If the child is present, check for evidence of a scar and record |  | 1. Scar Present 2. No Scar Present 3. Child not available to check |  |
| RI73 | Has the child ever received any “vaccination drops in the mouth” – that is, polio? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI76 |
| RI74 | How many times was the polio vaccine received at a health facility? |  | Number  99. Do Not Know |  |
| RI75 | How many times was Polio vaccine received during a large campaign, usually involving a large group of children (up to five years of age), and perhaps vaccinating at your house? |  | Number  99. Do Not Know |  |
| RI76 | Has the child ever received an injection on the upper outer thigh?  – that is a penta (dpt -hep b- hib) vaccination to prevent him/her from getting tetanus, whooping cough, or diphtheria, influenza & hepatitis |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI78 |
| RI77 | How many times? |  | Number  99. Do Not Know |  |
| RI78 | Has the child ever received Pneumococcal (PCV) vaccine? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI80 |
| RI79 | How many times? |  | Number  99. Do Not Know |  |
| RI80 | Has the child ever received an injection on the left upper arm?  -that is measles injection at the age of 9 months or older - to prevent him/her from getting measles |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI83 |
| RI81 | How many times was measles vaccine given at a health facility? |  | Number  99. Do Not Know |  |
| RI82 | How many times was measles vaccine given during a large campaign, normally involving a large group of children? (The campaign can be up to five or up to fifteen years of age) |  | Number  99. Do Not Know |  |
| RI83 | Has the child ever received Yellow Fever vaccine? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI86 |
| RI84 | How many times did the child receive it at a health facility? |  | Number  99. Do Not Know |  |
| RI85 | How many times did the child receive it during a large campaign, usually involving a large group of children (up to five years of age), and perhaps vaccinating at your house? |  | Number  99. Do Not Know |  |
| RI86 | Has the child ever received Rotavirus vaccine? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : Skip next |
| RI87 | How many times? |  | Number  99. Do Not Know |  |
| RI88 | Do you think your child has received all the vaccines that are recommended? |  | 1. Yes 2. No 99. Do Not Know | 1: RI103 |
| RI89 | Why hasn't the child had all recommended vaccines?  *(Without probing, record all reasons mentioned)* | 1. Place Of Immunization Too Far | 1. Mentioned  2. Not Mentioned |  |
| RI90 | Why hasn't the child had all recommended vaccines? | 2. Time Of Immunization Inconvenient | 1. Mentioned  2. Not Mentioned |  |
| RI91 | Why hasn't the child had all recommended vaccines? | 3. Mother Too Busy | 1. Mentioned  2. Not Mentioned |  |
| RI92 | Why hasn't the child had all recommended vaccines? | 4. Family Problem, Including Illness Of Mother | 1. Mentioned  2. Not Mentioned |  |
| RI93 | Why hasn't the child had all recommended vaccines? | 5. Child Ill- Not Brought | 1. Mentioned  2. Not Mentioned |  |
| RI94 | Why hasn't the child had all recommended vaccines? | 6. Child Ill- Brought But Not Given Immunization | 1. Mentioned  2. Not Mentioned |  |
| RI95 | Why hasn't the child had all recommended vaccines? | 7. Long Wait | 1. Mentioned  2. Not Mentioned |  |
| RI96 | Why hasn't the child had all recommended vaccines? | 8. Rumors | 1. Mentioned  2. Not Mentioned |  |
| RI97 | Why hasn't the child had all recommended vaccines? | 9. No Faith In Immunization | 1. Mentioned  2. Not Mentioned |  |
| RI98 | Why hasn't the child had all recommended vaccines? | 10. Fear Of Side Reactions | 1. Mentioned  2. Not Mentioned |  |
| RI99 | Why hasn't the child had all recommended vaccines? | 11. Place And/Or Time Of Immunization Unknown | 1. Mentioned  2. Not Mentioned |  |
| RI100 | Why hasn't the child had all recommended vaccines? | 12. Other (Specify Below) | 1. Mentioned  2. Not Mentioned |  |
| RI101 | Why hasn't the child had all recommended vaccines? | Other, please specify | Free text |  |
| RI102 | Which reason above is the MOST IMPORTANT reason? |  | 1-12 |  |
| RI103 | Where does your child usually receive vaccinations? |  | 1. Local Government Health Clinic 2. Local Private Doctor's Office 3. Local Other  4. Outside Government Health Clinic 5. Outside Private Doctor's Office 6. Outside Other |  |
| RI104 | Write the name of the clinic or facility. |  | Free text |  |
| RI105 | Does the child usually receive vaccinations at one of the facilities on your list? (where the team will go to search for records) |  | 1. Yes 2. No |  |
| RI106 | Where did your child receive his/her most recent vaccination? |  | 1. Local Government Health Clinic 2. Local Private Doctor's Office 3. Local Other  4. Outside Government Health Clinic 5. Outside Private Doctor's Office 6. Outside Other |  |
| RI107 | Have you taken a child to a health facility for vaccination and the child was not vaccinated? |  | 1. Yes 2. No 99. Do Not Remember | 2 or 99 : RI118 |
| RI108 | Why was the child not vaccinated? (W*ithout probing record all reasons mentioned)* | 1. No Vaccine | 1. Mentioned  2. Not Mentioned |  |
| RI109 | Why was the child not vaccinated? | 2. No Vaccinator (Not Closed) | 1. Mentioned  2. Not Mentioned |  |
| RI110 | Why was the child not vaccinated? | 3. Health Facility Closed When I Went | 1. Mentioned  2. Not Mentioned |  |
| RI111 | Why was the child not vaccinated? | 4. Child Was Sick | 1. Mentioned  2. Not Mentioned |  |
| RI112 | Why was the child not vaccinated? | 5. Not Enough Children Present To Open A Vial of Vaccine | 1. Mentioned  2. Not Mentioned |  |
| RI113 | Why was the child not vaccinated? | 6. The Visit Was Not On The Vaccination Day | 1. Mentioned  2. Not Mentioned |  |
| RI114 | Why was the child not vaccinated? | 7. Wait was too long | 1. Mentioned  2. Not Mentioned |  |
| RI115 | Why was the child not vaccinated? | 8. Others (Specify Below) | 1. Mentioned  2. Not Mentioned |  |
| RI116 | Why was the child not vaccinated? | 9. Do Not Know | 1. Mentioned  2. Not Mentioned |  |
| RI117 | Other, please specify |  | Free text |  |
| RI118 | Do you know of any child (own or neighbor, etc) who had an abscess after a vaccination? |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : RI123 |
| RI119 | Who was the child? |  | 1. Own Child 2. Neighbor’s Child 3. Friend's Child 4. Family Member's Child 5. Classmate/Friend of Own Child 6. Other (Specify Below) | Anything but 6 : Skip next |
| RI120 | Other, please specify |  | Free text |  |
| RI121 | Where was the abscess located? |  | 1. Arm 2. Thigh 3. Other (Specify Below)  99. Do Not Know | Anything but 3: Skip next |
| RI122 | Other, please specify |  | Free text |  |
| RI123 | If your child was due for a vaccination and was showing symptoms of a fever, would you take them to be vaccinated? |  | 1. Yes 2. No 99. Do Not Know |  |
| RI124 | If they had a cough? |  | 1. Yes 2. No 99. Unsure |  |
| RI125 | If they had a rash? |  | 1. Yes 2. No 99. Unsure |  |
| RI126 | If they had diarrhea? |  | 1. Yes 2. No 99. Unsure |  |
| RI127 | What messages have you heard about immunizations? | 1. About Campaigns (E.G. Dates, Target Group) | 1. Mentioned  2. Not Mentioned |  |
| RI128 | What messages have you heard about immunizations? | 2. Importance Of Routine Vaccination | 1. Mentioned  2. Not Mentioned |  |
| RI129 | What messages have you heard about immunizations? | 3. Where To Get Routine Vaccination | 1. Mentioned  2. Not Mentioned |  |
| RI130 | What messages have you heard about immunizations? | 4. Age To Get Routine Vaccination | 1. Mentioned  2. Not Mentioned |  |
| RI131 | What messages have you heard about immunizations? | 5. Return For The Next Doses Of The Routine Vaccination | 1. Mentioned  2. Not Mentioned |  |
| RI132 | What messages have you heard about immunizations? | 6. About New Vaccines (Pneumococcal/Rotavirus Vaccine) | 1. Mentioned  2. Not Mentioned |  |
| RI133 | What messages have you heard about immunizations? | 7. Other (Specify Below) | 1. Mentioned  2. Not Mentioned |  |
| RI134 | What messages have you heard about immunizations? | 99. Do Not Know | 1. Mentioned  2. Not Mentioned |  |
| RI135 | Other, please specify |  | Free text |  |
| Mobility Questions  *The following questions may help identify families that are mobile or where caretakers travel for part of the year. If a substantial portion of families are somewhat mobile for cultural or economic reasons, it may be worthwhile to include these questions and to perform a hypothesis test to see if coverage levels differ between mobile and immobile households.* | | | | |
| RI136 | In the last year, have any members of this household gone to live or work somewhere else for part of the year? (Sleeping away from home for more than one month) |  | 1. Yes 2. No 99. Do Not Know | 2 or 99 : Skip to RI142 |
| RI137 | If yes, how many times? |  | 1. Once 2. 2-3 Times 3. 4 or More Times 99. Do Not Know |  |
| RI138 | If yes, what was the duration of the longest trip? |  | 1. 1-2 Months 2. 3-6 Months 3. More Than 6 Months 99. Do Not Know |  |
| RI139 | Who went? |  | 1. Everyone in the Household 2. One Adult Only 3. Two or more Adults 4. Children Only 5. A Mix of Adults and Children 99. Do Not Know |  |
| RI140 | What was the purpose of the trip? |  | 1. To Work 2. To Visit Family 3. For Leisure Or Holiday Or Vacation 4. Other, Specify Below 99. Do Not Know | Anything but 4 : Skip next |
| RI141 | Other, please specify |  | Free text |  |
|  |  |  |  |  |
| *Footer, to be printed at the bottom of the form* | | | | |
| RI142 | End date of interview |  | Date |  |
| RI143 | End time of interview |  | Time |  |
| RI144 | Finished with household (check box) |  | 1. Yes 2. No |  |
| RI145 | Interviewer’s comments |  | Free text |  |
| RI146 | Supervisor’s comments |  | Free text |  |

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## Form TT – Sample Questions for a Maternal Tetanus Immunization Form (Women who gave birth to a live baby in the last 12 months)

| **Item** | **Question** | **Responses** | **Skip** |
| --- | --- | --- | --- |
| *Header, to be printed at the top of the form* | | | |
| TT01 | Stratum ID number\* | Number |  |
| TT02 | Stratum name\* | Free text |  |
| TT03 | Cluster ID number\* | Number |  |
| TT04 | Cluster name\* | Free text |  |
| TT05 | Interviewer number | Number |  |
| TT06 | Interviewer name | Free text |  |
| TT07 | Supervisor number | Number |  |
| TT08 | Supervisor name | Free text |  |
| TT09 | Start date of interview | Date |  |
| TT10 | Start time of interview | Time |  |
| *\* Pre-print on the form, if possible* | | | |
|  |  |  |  |
| *Main body of the form; one entry per respondent* | | | |
| TT11 | Household ID | Number |  |
| TT12 | Individual number of mother being surveyed (from form HM) | Copy number from Form HM |  |
| TT13 | Individual number of child (from form HM) | Copy number from Form HM |  |
| TT14 | Latitude | ##.#### |  |
| TT15 | Longitude | ##.#### |  |
| TT16 | Age of the mother (years) | Number |  |
| TT17 | Date of birth of the child aged 0-11 months | Date |  |
| TT18 | Did you see anyone for pregnancy care during your pregnancy with (name) to check your pregnancy? | 1: Yes 2: No 99: Do Not Remember | 2 or 99 : TT22 |
| TT19 | Whom did you see? | 1. Doctor 2. Health Officer 3. Nurse/Midwife 4. Health Extension Worker 5. Traditional Birth Attendant 6. Community Health Worker 7. Other (Specify Below) 8. Do Not Know | Anything but 7 : Skip next |
| TT20 | Other, please specify | Free text |  |
| TT21 | How many visits did you have? | Number |  |
| TT22 | Where did you deliver the baby? | 1. Home  2. Relative/Neighbor’s Home 3. Health Post 4. Health Center/Hospital  5. Private Or Ngo Facility  6. Other (Specify Below) | Anything but 6 : Skip next |
| TT23 | Other, please specify | Free text |  |
| TT24 | Who attended the delivery of the child? | 1. Doctor  2. Health Officer  3. Nurse  4. Midwife  5. Health Extension Worker  6. Traditional Birth Attendant  7. Community Health Worker  8. Relative/Friend  9. Other Person (Specify Below) 10. Do Not Know | Anything but 10 : Skip next |
| TT25 | Other, please specify | Free text |  |
| TT26 | Did you ever receive a vaccination card for your own immunizations? | 1. Yes 2. No 99. Do Not Know | 2 or 99 : TT36 |
| TT27 | Do you have a card or other documents with your own immunizations listed? May I see it? | 1. Yes, Card Seen 2. Yes, Card Not Seen 3. No Card | 3 : TT36 |
| TT28 | Is the card the original that you received or a replacement/copy? | 1. Original 2. Replacement/ Copy 3. Do Not Know | 1 or 3 : Skip next |
| TT29 | Did you have to pay for a replacement? | 1. Yes 2. No |  |
| If card is available, copy dates for TT1-TT6 | | | |
| TT30 | TT1 | Date |  |
| TT31 | TT2 | Date |  |
| TT32 | TT3 | Date |  |
| TT33 | TT4 | Date |  |
| TT34 | TT5 | Date |  |
| TT35 | TT6 | Date |  |
| If no card is available, or if the card does not have a date recorded for  at least five doses, ask the following history questions. | | | |
| TT36 | When you were pregnant with (*name*), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus after birth? | 1. Yes 2. No  99. Do Not Remember | 2 or 99 : Skip next |
| TT37 | How many times did you receive this injection in the arm (tetanus vaccine) during your pregnancy with (*name of baby born live in last 12 months*)?  [Please list the total number, even if some of them are also listed on your card.] | Number of times 3. If ≥3 99. Do Not Know |  |
| TT38 | During a previous pregnancy (previous to the pregnancy with (name)), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus after birth? | 1. Yes 2. No  99. Do Not Remember | 2 or 99 : Skip next |
| TT39 | How many times did you receive this injection in the arm (tetanus vaccination) during your pregnancies previous to the pregnancy with (*name*)? [Please list the total number, even if some of them are also listed on your card.] | Number 99. Do Not Know |  |
| TT40 | Did you receive any tetanus vaccination (an injection in the arm) at any time when you were not pregnant, other than injections given for contraception (Depo-Provera)? | 1. Yes 2. No  99. Do Not Know | 2 or 99 skip next |
| TT41 | How many times did you receive a tetanus vaccination when you were not pregnant during routine or outreach immunizations or during large campaign many women attended? [Please list the total number, even if some of them are also listed on your card.] | Number of times  7. If ≥7  99. Do Not Know |  |
| TT42 | When did you receive your last tetanus vaccination (How many years ago)? | 0. If <1 year enter 0 Years ago \_\_\_\_\_\_\_\_\_\_ 98. Never Had One  99. Do Not Know |  |
| TT43 | If the mother has received 0 or 1 lifetime vaccine doses against tetanus, why?  (Ask the question first, after the person has answered, go through the list of answers to find the main reason) | A. The Mother Did Not Perceive The Importance Of The Second Dose At Least Two Weeks Before Delivery B. The Mother Ignores Need For Immunization C. The Mother Ignores The Place And Time Of The Session D. She Is Afraid Of Side Reactions E. She Made No Antenatal Visits F. She Deferred To A Later Date G. Does Not Trust Vaccination H. Rumors I. Location Of Setting Too Far Away J. Hours Unsuitable K. Missing Vaccinator L. Vaccine Not Available M. Mother Too Busy N. Family Problem (Disease)  O. Mother Not Brought Because She Was Sick P. Sick Mother Brought But Was Not Vaccinated Q. Price Vaccination Card R. Syringes Too Expensive S. Wait Too Long T. Other (Specify Below) | Anything but T : Skip next |
| TT44 | Other, please specify | Free text |  |
|  | | | |
| *Footer, to be printed at the bottom of the form* | | | |
| TT45 | End date of interview | Date |  |
| TT46 | End time of interview | Time |  |
| TT47 | Interviewer’s comments | Free text |  |
| TT48 | Supervisor’s comments | Free text |  |

## Form SIA – Sample Questions for a Post Campaign Survey Form

| **Item** | **Question** | **Responses** | **Skip** |
| --- | --- | --- | --- |
| *Header, to be printed at the top of the form* | | | |
| SIA01 | Stratum ID number\* | Number |  |
| SIA02 | Stratum name\* | Free text |  |
| SIA03 | Cluster ID number\* | Number |  |
| SIA04 | Cluster name\* | Free text |  |
| SIA05 | Interviewer number | Number |  |
| SIA06 | Interviewer name | Free text |  |
| SIA07 | Supervisor number | Number |  |
| SIA08 | Supervisor name | Free text |  |
| SIA09 | Start date of interview | Date |  |
| SIA10 | Start time of interview | Time |  |
| *\*Preprinted on the forms, if possible* | | | |
|  | | | |
| *Main body of form; one entry per respondent* | | | |
| SIA11 | Household ID | Number |  |
| SIA12 | Individual number of child (from form HM) | Copy number from Form HM |  |
| SIA13 | Individual number being surveyed (from form HM) | Copy number from Form HM |  |
| SIA14 | Individual number (from form HM) of primary caregiver of child identified in question SIA12 | Copy number from Form HM |  |
| SIA15 | Latitude | ##.#### |  |
| SIA16 | Longitude | ##.#### |  |
| SIA17 | Was the child living here during the campaign?  (mention the campaign dates) | 1. Yes 2. No  99. Do Not Know |  |
| SIA18 | What was the primary source of information about the occurrence of the campaign?   (Ask the question first, after the person has answered, go through the list of answers to select the primary source.) | A. Not Informed B. Radio C. Television D. Internet E. Criers / Mobilisers F. Community Health Workers G. School H. Family I. Neighbor/ Friend J. Village Chief K. Religious Leader L. Other (Specify Below) | Anything but L: Skip next |
| SIA19 | Other, please specify | Free text |  |
| SIA20 | Did the child receive the measles/rubella vaccine during the recent campaign (name campaign dates here as a reminder)? | 1. Yes, Card Seen 2. Yes, Card Not Seen 3. No  99. Do Not Know | 3 or 99 : SIA25 |
| SIA21 | Did the child receive a vaccination card after receiving the measles/rubella vaccination during the campaign? | 1. Yes, Card Seen 2. Yes, Card Not Seen 3. No Card  99. Do Not Know |  |
| SIA22 | Was the finger of the child marked with a pen after receiving the measles/rubella vaccine during the campaign? | 1. Yes, Saw Mark on Child 2. Yes, Child Not Available to Check 3. No 99. Do Not Know |  |
| SIA23 | Did the child develop a reaction in the months following the vaccination? | 1. Yes 2. No  99. Do Not Know |  |
| SIA24 | If so what is/was the problem? | Free text |  |
| SIA25 | If the child did not receive the measles/rubella vaccine during the campaign, why?   (Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.) | A. Didn’t Know About The Campaign B. Confused With Other Vaccines (Believed That The Child Had Already Been Vaccinated. C. Subject Or Parent / Guardian Were Missing D. Injections Fear E. Lack Of Confidence In The Vaccine F. Fear Of Side Effects G. Site Of Vaccination Was Not Known H. Hours Vaccination Unsuitable I. Waited Too Long At The Vaccination Site J. Site Of Vaccination Too Far K. Vaccine Not Available At The Vaccination Site L. Missing Vaccinator At The Site M. Not Authorized By Head Of The Household N. Religious Beliefs O. Speaker At The Time Of Vaccination P. Sick At Time Of Vaccination Q. Absent or Travelling During The Period Of The Campaign R. Too Busy To Take Child S. Child Ill T. Mother Ill U. Child Already Received Measles Vaccine  V. Other (Specify Below) | Anything but V : Skip next |
| SIA26 | Other, please specify | Free text |  |
| SIA27 | Before the campaign, had the child already received the measles/rubella vaccine? | 1. Yes, Date(s) On Card 2. Yes, Recall/History 3. No 99. Do Not Know |  |
| SIA28 | If the vaccination record (routine) is available, record the dates of vaccination: 1st Measles Vaccination | Date | If date: skip next |
| SIA29 | If the vaccination record (routine) is available, is 1st Measles vaccination recorded with a tick mark instead of a date? | 1=Yes, by tick mark |  |
| SIA30 | If the vaccination record (routine) is available, record the dates of vaccination: 2nd Measles Vaccination | Date | If date: skip next |
| SIA31 | If the vaccination record (routine) is available, is 2nd Measles vaccination recorded with a tick mark instead of a date? | 1=Yes, by tick mark |  |
| SIA32 | If the vaccination record (previous campaign) is available, record the dates of vaccination: 1st Measles campaign vaccination | Date |  |
| SIA33 | If the vaccination record (previous campaign) is available, record the dates of vaccination: 2nd measles vaccination | Date |  |
|  | | | |
| *Footer, to be printed at the bottom of the form* | | | |
| SIA34 | End date of interview | Date |  |
| SIA35 | End time of interview | Time |  |
| SIA36 | Interviewer’s comments | Free text |  |
| SIA37 | Supervisor’s comments | Free text |  |

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## Form RIHC – Sample Questions for a Routine Immunization Health Centre Form

| **Item** | **Question** | **Responses** | **Skip** |
| --- | --- | --- | --- |
| *Header, to be printed at the top of the form* | | | |
| RIHC01 | Stratum ID number\* | Number |  |
| RIHC02 | Stratum name\* | Free text |  |
| RIHC03 | Cluster ID number\* | Number |  |
| RIHC04 | Cluster name\* | Free text |  |
| RIHC05 | Interviewer number | Number |  |
| RIHC06 | Interviewer name | Free text |  |
| RIHC07 | Supervisor number | Number |  |
| RIHC08 | Supervisor name | Free text |  |
| RIHC09 | Name of health facility | Free text |  |
| RIHC10 | Latitude | ##.#### |  |
| RIHC11 | Longitude | ##.#### |  |
| RIHC12 | Arrival date at health facility | Date |  |
| RIHC13 | Start time of records review | Time |  |
| *\* Pre-printed on the form, if possible* | | | |
|  | | | |
| *Main body of form; one entry per respondent* | | | |
| RIHC14 | Household ID | Number |  |
| RIHC15 | Individual number of child (from form HM) | Number |  |
| RIHC16 | Name of child (full name) | Free text |  |
| RIHC17 | Name of child's father | Free text |  |
| RIHC18 | Name of child's mother | Free text |  |
| RIHC19 | Sex of child | 1. M 2. F |  |
| RIHC20 | Name of head of household | Free text |  |
| RIHC21 | Date of birth (according to card seen in home (preferred) or caregiver recall on HH listing) | Date |  |
| RIHC22 | Date of birth (according to register) | Date |  |
| *(Note: The specific vaccines and doses, as well as the order in which they appear may vary from survey to survey, so the following section may be adapted to correspond closely to Form RI for your survey.)* | | | |
| RIHC23 | BCG | Date | If date recorded on card : Skip next |
| RIHC24 | BCG - Tick mark on card | 1. Yes 2. No |  |
| RIHC25 | Hepatitis B (birth dose) | Date | If date recorded on card : Skip next |
| RIHC26 | Hepatitis B (birth dose) - Tick mark on card | 1. Yes 2. No |  |
| RIHC27 | Polio at birth (OPV0) | Date | If date recorded on card : Skip next |
| RIHC28 | Polio at birth (OPV0) - Tick mark on card | 1. Yes 2. No |  |
| RIHC29 | Penta/DPT-Hib-Hep 1 | Date | If date recorded on card : Skip next |
| RIHC30 | Penta/DPT-Hib-Hep 1- Tick mark on card | 1. Yes 2. No |  |
| RIHC31 | Pneumococcal 1 (PCV-1) | Date | If date recorded on card : Skip next |
| RIHC32 | Pneumococcal 1 (PCV-1)- Tick mark on card | 1. Yes 2. No |  |
| RIHC33 | Polio 1 (OPV1) | Date | If date recorded on card : Skip next |
| RIHC34 | Polio 1 (OPV1) - Tick mark on card | 1. Yes 2. No |  |
| RIHC35 | Rotavirus 1 | Date | If date recorded on card : Skip next |
| RIHC36 | Rotavirus 1 - Tick mark on card | 1. Yes 2. No |  |
| RIHC37 | Penta/DPT-Hib-Hep 2 | Date | If date recorded on card : Skip next |
| RIHC38 | Penta/DPT-Hib-Hep 2 - Tick mark on card | 1. Yes 2. No |  |
| RIHC39 | Pneumococcal 2 (PCV-2) | Date | If date recorded on card : Skip next |
| RIHC40 | Pneumococcal 2 (PCV-2)- Tick mark on card | 1. Yes 2. No |  |
| RIHC41 | Polio 2 (OPV2) | Date | If date recorded on card : Skip next |
| RIHC42 | Polio 2 (OPV2) - Tick mark on card | 1. Yes 2. No |  |
| RIHC43 | Rotavirus 2 | Date | If date recorded on card : Skip next |
| RIHC44 | Rotavirus 2- Tick mark on card | 1. Yes 2. No |  |
| RIHC45 | Penta/DPT-Hib-Hep 3 | Date | If date recorded on card : Skip next |
| RIHC46 | Penta/DPT-Hib-Hep 3 - Tick mark on card | 1. Yes 2. No |  |
| RIHC47 | Pneumococcal 3 (PCV-3) | Date | If date recorded on card : Skip next |
| RIHC48 | Pneumococcal 3 (PCV-3)- Tick mark on card | 1. Yes 2. No |  |
| RIHC49 | Polio 3 (OPV3) | Date | If date recorded on card : Skip next |
| RIHC50 | Polio 3 (OPV3) - Tick mark on card | 1. Yes 2. No |  |
| RIHC51 | Rotavirus 3 | Date | If date recorded on card : Skip next |
| RIHC52 | Rotavirus 3 - Tick mark on card | 1. Yes 2. No |  |
| RIHC53 | Polio (IPV) | Date | If date recorded on card : Skip next |
| RIHC54 | Polio (IPV) - Tick mark on card | 1. Yes 2. No |  |
| RIHC55 | Measles (1st) | Date | If date recorded on card : Skip next |
| RIHC56 | Measles (1st) - Tick mark on card | 1. Yes 2. No |  |
| RIHC57 | Yellow Fever | Date | If date recorded on card : Skip next |
| RIHC58 | Yellow Fever - Tick mark on card | 1. Yes 2. No |  |
| RIHC59 | Photo file name(s) of digital photo(s) or scan(s) of the EPI register | Free text |  |
|  | | | |
| *Footer, to be printed at the bottom of the form* | | | |
| RIHC60 | End date of interview | Date |  |
| RIHC61 | End time of interview | Time |  |
| RIHC62 | Interviewer’s comments | Free text |  |
| RIHC63 | Supervisor’s comments | Free text |  |

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## Form TTHC – Sample Questions for a Maternal Tetanus Health Centre Form

|  |  |  |
| --- | --- | --- |
| **Item** | **Question** | **Responses** |
| *Header, to be printed at the top of the form* | | |
| TTHC01 | Stratum ID number\* | Number |
| TTHC02 | Stratum name\* | Free text |
| TTHC03 | Cluster ID number\* | Number |
| TTHC04 | Cluster name\* | Free text |
| TTHC05 | Interviewer number | Number |
| TTHC06 | Interviewer name | Free text |
| TTHC07 | Supervisor number | Number |
| TTHC08 | Supervisor name | Free text |
| TTHC09 | Name of health facility | Free text |
| TTHC10 | Latitude | ##.#### |
| TTHC11 | Longitude | ##.#### |
| TTHC12 | Start date of record check | Date |
| TTHC13 | Start time of record check | Time |
| *\*Pre-printed on the forms, if possible* | | |
|  | | |
| *Main body of the form, one entry per respondent* | | |
| TTHC14 | Household ID | Number |
| TTHC15 | Individual number of mother (from form HM) | Number |
| TTHC16 | Individual number of child (from form HM) | Number |
| TTHC17 | Name of mother (full name) | Free text |
| TTHC18 | Name of head of household | Free text |
| TTHC19 | Mother's date of birth (according to HH listing) | Date |
| TTHC20 | Mother’s date of birth (according to register) | Date |
| TTHC21 | TT1 (according to register) | Date |
| TTHC22 | TT2 (according to register) | Date |
| TTHC23 | TT3 (according to register) | Date |
| TTHC24 | TT4 (according to register) | Date |
| TTHC25 | TT5 (according to register) | Date |
| TTHC26 | TT6 (according to register) | Date |
| TTHC27 | Photo file name(s) of digital photos or scans of the register record | Free text |
|  | | |
| *Footer, to be printed at the bottom of the form* | | |
| TTHC28 | End date of interview | Date |
| TTHC29 | End time of interview | Time |
| TTHC30 | Interviewer’s comments | Free text |
| TTHC31 | Supervisor’s comments | Free text |

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## Cluster-level Metadata

VCQI requires a dataset with metadata about the individual clusters. This “Cluster-level Metadata” or “CM” dataset should include the following variables. For some projects it might include additional variables.

|  |  |  |
| --- | --- | --- |
| **Variable** | **Label** | **Responses** |
| HH01 | Stratum ID number | Number |
| HH02 | Stratum name | Free text |
| HH03 | Cluster ID number | Number |
| HH04 | Cluster name | Free text |
| province\_id | Province ID number  (VCQI will later rename this level2id) | Number |
| expected\_hh\_to\_visit | Number of HH survey team expects to visit in cluster  (or cluster segment) | Number |
| urban\_cluster | Is the cluster urban? | 1=yes; 0 = no  Or we might say:  1=Urban  0=Rural |
| psweight\_1year | Post-stratified sampling weight for one-year cohorts (RI & TT) | Number |
| psweight\_sia | Post-stratified sampling weight for SIA cohort | Number |

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## Breaking Dates Into Month, Day and Year Components

This document lists dates as single questions (or items or variables; e.g., RI32 is the date of birth as recorded from a child’s home-based routine immunization card). But in most cases dates will be collected using the individual month, day, and year fields and the datasets will provide each component in a separate variable. VCQI expects to see datasets where the components are separate.

For doses recorded by caregiver recall, or “history”, VCQI expects to find a yes/no variable named <dose>\_history where 1 = yes and 2 = no.

For doses recorded from the home-based record, or “card”, VCQI expects to find four variables per dose:

* If the dose was recorded with a date, then <dose>\_date\_card\_m, <dose>\_date\_card\_d and <dose>\_date\_card\_y
* If the dose was recorded with a tick, then <dose>\_tick\_card (coded 1=yes and 2 or missing = no)

For doses recorded at the health center or health facility, from the EPI register, VCQI expects to find four variables per dose:

* If the dose was recorded with a date, then <dose>\_date\_register\_m, <dose>\_date\_register\_d and <dose>\_date\_register\_y
* If the dose was recorded with a tick, then <dose>\_tick\_register (coded 1=yes and 2 or missing = no)

For date of birth, VCQI expects to find the following:

* If a household interview was completed, VCQI expects to see: dob\_date\_history\_m, dob\_date\_history\_d and dob\_date\_history\_y
* If a card was seend, then VCQI expects to see: dob\_date\_card\_m, dob\_date\_card\_d and dob\_date\_card\_y
* If a register was seen then VCQI expects to see: dob\_date\_register\_m, dob\_date\_register\_d and dob\_date\_register\_y

The following two Stata programs are intended to serve as examples of how to break dates into their components (if needed) and name the date of birth and dose-related variables in a manner that is consistent with VCQI requirements.

/\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Program Name: RI\_PP1\_FORMAT\_CARD\_DATES.do

Date Created: 9/30/2015

Date Modified:

Comments: Break dates into separate fields for day, month, year

Author: Mary Kay Trimner

Stata version: 14.0

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*/

use "${VCQI\_RI\_DATA\_FOLDER}/${VCQI\_RI\_DATASET}", clear

set more off

\*create new variables to separate dates into month, day, year

foreach v in RI09 RI142 RI32 RI33 RI35 RI37 RI39 RI41 RI43 ///

RI45 RI47 RI49 RI51 RI53 RI55 RI57 RI59 RI61 RI63 RI65 RI67 {

gen `v'm = month(`v')

label variable `v'm "`: var label `v'' - month"

gen `v'd = day(`v')

label variable `v'd "`: var label `v'' - day"

gen `v'y = year(`v')

label variable `v'y "`: var label `v'' - year"

order `v'm `v'd `v'y, after(`v')

drop `v'

}

rename RI32d dob\_date\_card\_d

rename RI32m dob\_date\_card\_m

rename RI32y dob\_date\_card\_y

rename RI21 dob\_date\_history\_d

rename RI22 dob\_date\_history\_m

rename RI23 dob\_date\_history\_y

rename RI33d bcg\_date\_card\_d

rename RI33m bcg\_date\_card\_m

rename RI33y bcg\_date\_card\_y

rename RI34 bcg\_tick\_card

rename RI35d hepb\_date\_card\_d

rename RI35m hepb\_date\_card\_m

rename RI35y hepb\_date\_card\_y

rename RI36 hepb\_tick\_card

rename RI37d opv0\_date\_card\_d

rename RI37m opv0\_date\_card\_m

rename RI37y opv0\_date\_card\_y

rename RI38 opv0\_tick\_card

rename RI39d penta1\_date\_card\_d

rename RI39m penta1\_date\_card\_m

rename RI39y penta1\_date\_card\_y

rename RI40 penta1\_tick\_card

rename RI41d pcv1\_date\_card\_d

rename RI41m pcv1\_date\_card\_m

rename RI41y pcv1\_date\_card\_y

rename RI42 pcv1\_tick\_card

rename RI43d opv1\_date\_card\_d

rename RI43m opv1\_date\_card\_m

rename RI43y opv1\_date\_card\_y

rename RI44 opv1\_tick\_card

rename RI45d rota1\_date\_card\_d

rename RI45m rota1\_date\_card\_m

rename RI45y rota1\_date\_card\_y

rename RI46 rota1\_tick\_card

rename RI47d penta2\_date\_card\_d

rename RI47m penta2\_date\_card\_m

rename RI47y penta2\_date\_card\_y

rename RI48 penta2\_tick\_card

rename RI49d pcv2\_date\_card\_d

rename RI49m pcv2\_date\_card\_m

rename RI49y pcv2\_date\_card\_y

rename RI50 pcv2\_tick\_card

rename RI51d opv2\_date\_card\_d

rename RI51m opv2\_date\_card\_m

rename RI51y opv2\_date\_card\_y

rename RI52 opv2\_tick\_card

rename RI53d rota2\_date\_card\_d

rename RI53m rota2\_date\_card\_m

rename RI53y rota2\_date\_card\_y

rename RI54 rota2\_tick\_card

rename RI55d penta3\_date\_card\_d

rename RI55m penta3\_date\_card\_m

rename RI55y penta3\_date\_card\_y

rename RI56 penta3\_tick\_card

rename RI57d pcv3\_date\_card\_d

rename RI57m pcv3\_date\_card\_m

rename RI57y pcv3\_date\_card\_y

rename RI58 pcv3\_tick\_card

rename RI59d opv3\_date\_card\_d

rename RI59m opv3\_date\_card\_m

rename RI59y opv3\_date\_card\_y

rename RI60 opv3\_tick\_card

rename RI61d rota3\_date\_card\_d

rename RI61m rota3\_date\_card\_m

rename RI61y rota3\_date\_card\_y

rename RI62 rota3\_tick\_card

rename RI63d ipv\_date\_card\_d

rename RI63m ipv\_date\_card\_m

rename RI63y ipv\_date\_card\_y

rename RI64 ipv\_tick\_card

rename RI65d mcv1\_date\_card\_d

rename RI65m mcv1\_date\_card\_m

rename RI65y mcv1\_date\_card\_y

rename RI66 mcv1\_tick\_card

rename RI67d yf\_date\_card\_d

rename RI67m yf\_date\_card\_m

rename RI67y yf\_date\_card\_y

rename RI68 yf\_tick\_card

rename RI71 bcg\_history

rename RI72 bcg\_scar\_history

gen opvtotal = RI74 + RI75 if RI73 == 1 & RI74 != 99 & RI75 != 99

replace opvtotal = RI74 if RI73 == 1 & RI75 == 99 & RI74 != 99

replace opvtotal = RI75 if RI73 == 1 & RI74 == 99 & RI75 != 99

gen opv1\_history = opvtotal >= 1 & !missing(opvtotal)

gen opv2\_history = opvtotal >= 2 & !missing(opvtotal)

gen opv3\_history = opvtotal >= 3 & !missing(opvtotal)

drop opvtotal

gen penta1\_history = RI77 >= 1 & !missing(RI77) & RI77 != 99

gen penta2\_history = RI77 >= 2 & !missing(RI77) & RI77 != 99

gen penta3\_history = RI77 >= 3 & !missing(RI77) & RI77 != 99

gen mcv1\_history = RI80 == 1

gen yf\_history = RI83 == 1

gen rota1\_history = RI87 >= 1 & !missing(RI87) & RI87 != 99

gen rota2\_history = RI87 >= 2 & !missing(RI87) & RI87 != 99

gen rota3\_history = RI87 >= 3 & !missing(RI87) & RI87 != 99

gen pcv1\_history = RI79 >= 1 & !missing(RI79) & RI79 != 99

gen pcv2\_history = RI79 >= 2 & !missing(RI79) & RI79 != 99

gen pcv3\_history = RI79 >= 3 & !missing(RI79) & RI79 != 99

\* the current survey doesn't have questions to assess

\* these three vaccines by history

gen hepb\_history = 0

gen opv0\_history = 0

gen ipv\_history = 0

\* put these outcomes on the 1=yes 2=no scale, to correspond to what might

\* have come from the questionnaire

\* The only thing the DV code cares about is the value 1, but the DQ code

\* checks for valid values and it expects to see a 2 instead of a 0.

foreach d in opv1 opv2 opv3 penta1 penta2 penta3 mcv1 yf rota1 ///

rota2 rota3 pcv1 pcv2 pcv3 hepb opv0 ipv {

replace `d'\_history = 2 if `d'\_history == 0

}

compress

save "${VCQI\_OUTPUT\_FOLDER}/RI\_mdy", replace

/\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Program Name: RI\_PP2\_FORMAT\_REGISTER\_DATES.do

Date Created: 9/30/2015

Date Modified:

Comments: Break dates into separate fields for day, month, year

Author: Mary Kay Trimner

Stata version: 14.0

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*/

use "${VCQI\_RI\_DATA\_FOLDER}/${VCQI\_RIHC\_DATASET}", clear

set more off

\*create new variables to separate dates into month, day, year

foreach v in RIHC12 RIHC21 RIHC22 RIHC23 RIHC25 ///

RIHC27 RIHC29 RIHC31 RIHC33 RIHC35 RIHC37 RIHC39 ///

RIHC41 RIHC43 RIHC45 RIHC47 RIHC49 RIHC51 RIHC53 ///

RIHC55 RIHC57 RIHC60 {

gen `v'm = month(`v')

label variable `v'm "`: var label `v'' - month"

gen `v'd = day(`v')

label variable `v'd "`: var label `v'' - day"

gen `v'y = year(`v')

label variable `v'y "`: var label `v'' - year"

order `v'm `v'd `v'y, after(`v')

drop `v'

}

rename RIHC22d dob\_date\_register\_d

rename RIHC22m dob\_date\_register\_m

rename RIHC22y dob\_date\_register\_y

rename RIHC23d bcg\_date\_register\_d

rename RIHC23m bcg\_date\_register\_m

rename RIHC23y bcg\_date\_register\_y

rename RIHC24 bcg\_tick\_register

rename RIHC25d hepb\_date\_register\_d

rename RIHC25m hepb\_date\_register\_m

rename RIHC25y hepb\_date\_register\_y

rename RIHC26 hepb\_tick\_register

rename RIHC27d opv0\_date\_register\_d

rename RIHC27m opv0\_date\_register\_m

rename RIHC27y opv0\_date\_register\_y

rename RIHC28 opv0\_tick\_register

rename RIHC29d penta1\_date\_register\_d

rename RIHC29m penta1\_date\_register\_m

rename RIHC29y penta1\_date\_register\_y

rename RIHC30 penta1\_tick\_register

rename RIHC31d pcv1\_date\_register\_d

rename RIHC31m pcv1\_date\_register\_m

rename RIHC31y pcv1\_date\_register\_y

rename RIHC32 pcv1\_tick\_register

rename RIHC33d opv1\_date\_register\_d

rename RIHC33m opv1\_date\_register\_m

rename RIHC33y opv1\_date\_register\_y

rename RIHC34 opv1\_tick\_register

rename RIHC35d rota1\_date\_register\_d

rename RIHC35m rota1\_date\_register\_m

rename RIHC35y rota1\_date\_register\_y

rename RIHC36 rota1\_tick\_register

rename RIHC37d penta2\_date\_register\_d

rename RIHC37m penta2\_date\_register\_m

rename RIHC37y penta2\_date\_register\_y

rename RIHC38 penta2\_tick\_register

rename RIHC39d pcv2\_date\_register\_d

rename RIHC39m pcv2\_date\_register\_m

rename RIHC39y pcv2\_date\_register\_y

rename RIHC40 pcv2\_tick\_register

rename RIHC41d opv2\_date\_register\_d

rename RIHC41m opv2\_date\_register\_m

rename RIHC41y opv2\_date\_register\_y

rename RIHC42 opv2\_tick\_register

rename RIHC43d rota2\_date\_register\_d

rename RIHC43m rota2\_date\_register\_m

rename RIHC43y rota2\_date\_register\_y

rename RIHC44 rota2\_tick\_register

rename RIHC45d penta3\_date\_register\_d

rename RIHC45m penta3\_date\_register\_m

rename RIHC45y penta3\_date\_register\_y

rename RIHC46 penta3\_tick\_register

rename RIHC47d pcv3\_date\_register\_d

rename RIHC47m pcv3\_date\_register\_m

rename RIHC47y pcv3\_date\_register\_y

rename RIHC48 pcv3\_tick\_register

rename RIHC49d opv3\_date\_register\_d

rename RIHC49m opv3\_date\_register\_m

rename RIHC49y opv3\_date\_register\_y

rename RIHC50 opv3\_tick\_register

rename RIHC51d rota3\_date\_register\_d

rename RIHC51m rota3\_date\_register\_m

rename RIHC51y rota3\_date\_register\_y

rename RIHC52 rota3\_tick\_register

rename RIHC53d ipv\_date\_register\_d

rename RIHC53m ipv\_date\_register\_m

rename RIHC53y ipv\_date\_register\_y

rename RIHC54 ipv\_tick\_register

rename RIHC55d mcv1\_date\_register\_d

rename RIHC55m mcv1\_date\_register\_m

rename RIHC55y mcv1\_date\_register\_y

rename RIHC56 mcv1\_tick\_register

rename RIHC57d yf\_date\_register\_d

rename RIHC57m yf\_date\_register\_m

rename RIHC57y yf\_date\_register\_y

rename RIHC58 yf\_tick\_register

compress

save "${VCQI\_OUTPUT\_FOLDER}/RIHC\_mdy", replace