LAKANA trial

**Data collection form 03: Immunization history**

Version 0.3, 24 March 2020

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| **Section Header** | **Num.** | **Question Text** | **Question Responses** | **Required** |
| Visit information | [0] | Instructions: Complete this form for each enrolled child. | | |
|  | [1] | Date of visit: |  |  |
| Immunization record | [2] | For each vaccine listed below, indicate if <name> has received the vaccine and if so, on what date. | | |
| (Birth) | [3] | BCG: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [4] | Date of BCG: | date | Yes (if [3] = 1) |
|  | [5] | Polio 0: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [6] | Date of Polio 0: | date | Yes (if [5] = 1) |
| (EPI 1 – 6 weeks) | [7] | Polio 1: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [8] | Date of Polio 1: | date | Yes (if [7] = 1) |
| (EPI 2 – 10 weeks) | [9] | Polio 2: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [10] | Date of Polio 2: | date | Yes (if [9] = 1) |
| (EPI 3 – 14 weeks) | [11] | Polio 3: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [12] | Date of Polio 3: | date | Yes (if [11] = 1) |
| (EPI 1 – 6 weeks) | [13] | Pentavalent 1 (DPT+HiB+HBV): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [14] | Date of Pentavalent 1 (DPT+HiB+HBV): | date | Yes (if [13] = 1) |
| (EPI 2 – 10 weeks) | [15] | Pentavalent 2 (DPT+HiB+HBV): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [16] | Date of Pentavalent 2 (DPT+HiB+HBV): | date | Yes (if [15] = 1) |
| (EPI 3 – 14 weeks) | [17] | Pentavalent 3 (DPT+HiB+HBV): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [18] | Date of Pentavalent 3 (DPT+HiB+HBV): | date | Yes (if [17] = 1) |
| (EPI 1 – 6 weeks) | [19] | S. pneumococcus 1 (PCV1) vaccine dose? | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [20] | Date of S. pneumococcus 1 (PCV1): | date | Yes (if [19] = 1) |
| (EPI 2 – 10 weeks) | [21] | S. pneumococcus 2 (PCV2): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [22] | Date of S. pneumococcus 2 (PCV2): | date | Yes (if [21] = 1) |
| (EPI 3 – 14 weeks) | [23] | S. pneumococcus 3 (PCV3): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [24] | Date of S. pneumococcus 3 (PCV3): | date | Yes (if [23] = 1) |
| (EPI 1 – 6 weeks) | [25] | Rotavirus 1: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [26] | Date of Rotavirus 1: | date | Yes (if [25] = 1) |
| (EPI 2 – 10 weeks) | [27] | Rotavirus 2: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [28] | Date of Rotavirus 2: | date | Yes (if [27] = 1) |
| (EPI 3 – 14 weeks) | [29] | Rotavirus 3: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [30] | Date of Rotavirus 3: | date | Yes (if [29] = 1) |
| (Other vaccines – 9 months) | [31] | Measles: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [32] | Date of Measles: | date | Yes (if [31] = 1) |
|  | [33] | Yellow Fever: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [34] | Date of Yellow Fever: | date | Yes (if [33] = 1) |
|  | [35] | Meningococcal A: | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [36] | Date of Meningococcal A: | date | Yes (if [35] = 1) |
| (Other health interventions) | [37] | Seasonal Malaria Chemoprevention (SMC) | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [38] | Number of SMC doses (received since previous LAKANA visit): |  | Yes if ([37] = 1) |
|  | [39] | Date of SMC: | date | Repeat [39] for each SMC dose |
|  | [40] | Vitamin A (received since previous LAKANA visit): | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [41] | Date of Vitamin A: | date | Yes (if [40] = 1) |