

		COMPOSITION OF THE HOUSEHOLD AND CHARACTERISTICS OF ITS MEMBERS:CM											
1.1 Household composition	Names and first names of household members												
	<i>.Establish a complete list of all household members, starting with the household head and ask the following questions for each member.</i>												
CM01	Serial number	01	02	03	04	05	06	07	08	09	10		
CM02	Of which sexis (Name)? 1= Male 2= Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CM03	What is(Name)'s relationship with the household head? (SEECODES)	<input type="text" value="0_1_1"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>		
CODES for CM03 : 01 = Household head (HH) 02 = Spouse of the HH 03 = Son or daughter		04 = Son in-law or Daughter in-law 05 = Grand son/Grand daughter 06 =Father/Mother		07 =Father in-law/Mother in-law 08 = Brother/Sister 09 = Brother in-law/Sister in-law		10=Uncle/Aunt 11= Nephew/Niece 12= Other relatives		13= Adopted/Foster/Stepchild 14= House servant (live in household) 96= Other (Not related) 98=DK					
1.2 Characteristics of household members	CM04	What is (Name's) date of birth ?	D	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
		98 if day or month is unknown 9998 if year is unknown	M	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
			Y	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
	CM05	How old is (Name) ? 1=in months if age <12 months 2=in years if age ≥12 months Record age in completed years or in completed months. (95 forage ≥= 95 and 98 forDK) If age>15, go to CM06	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	Age unit <input type="text" value=""/>	
		Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	Age <input type="text" value=""/>	
	CM06a	Does (Name) usually live in this household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CM06b	Did (Name) sleep in the household last night ? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Question CM07 only concerns persons of age 5 years or above(CM05 ≥ 5)													
CM07	(Name)'s level of education. 1=Without level 3=Secondary 2=Primary 4=Higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Serial Number	01	02	03	04	05	06	07	08	09	10
Question CM08 only concerns persons of age 10 years or above (CM05≥10)											
CM08	(Name)'s marital status. (SEE CODES)	□	□	□	□	□	□	□	□	□	□
CODES for CM08 : 1=Single 2=Free union 3=Married monogamous 4=Married polygamous 5=Divorced/Separated 6=Widow/widower											
Child of aged 0 to 15 years (CM05≤15)											
CM09	Serial N° of (Name)'s natural mother. 00 if out of household 97 if dead	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□
CM10	Serial N° of the person taking care of (Name) in the household.	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□
CM11	Religion of the person taking care of (Name) (SEE CODES)	□	□	□	□	□	□	□	□	□	□
CODES for CM11 : 1=Catholic 2=Protestant 3=Other Christian 4=Muslim 5=Animist 6=Without religion 7=Other (specify) _____											
TICK HERE IF ADDITIONAL QUESTIONNAIRE USED <input type="checkbox"/>											
<p>Probe to know if there are no other members in the household. In particular, proceed as such: Just to be sure that I have a complete list,</p> <p>a) Are there other persons such as little children that were not listed? Yes <input type="checkbox"/> → Add them in the household table No <input type="checkbox"/></p> <p>b) Are there other persons who may not be members of your family such as house servants, employees, friends who usually live here with their children? Yes <input type="checkbox"/> → Add them in the household table No <input type="checkbox"/></p> <p>c) Do you have invitees or temporary visitors who are here or other persons who slept here the previous night and who were not listed? Yes <input type="checkbox"/> → Add them in the household table No <input type="checkbox"/></p> <p>□NB : Tick here if all household members were recorded <input type="checkbox"/></p>											
INFORMATION AND KNOWLEDGE OF THE VACCINATION CAMPAIGN: ICV											
ASK THESE QUESTIONS TO THE HOUSEHOLD HEAD, TO HIS/HER SPOUSE OR TO ANY ADULT PERSON REPRESENTING HIM/HER											
ICV00	Serial number of the respondent to the ICV module (ICV00, ICV01 and ICV02)										□□□
ICV01	A vaccination campaign against measles and rubella was carried out in your region from the 24 th to the 29 th November 2015, were you informed? 1=Yes, before the campaign 2=Yes, during the campaign 3=Yes, after the campaign 4=No → VI module										□
ICV02	If yes, through which channels were you informed? list the two main ones (SEE CODES)										1 st channel □□□ 2 nd channel □□□
Codes for ICV02 : 01=Public radio 03=TV 05=News papers 07=Informed by a vaccinated child 09=Mosque/Chapel 11=Schools 02=Private radio 04=Posters 06=Hospital/Health centre 08=Loud speaker/Crier 10=Community mobilizers 12=Traditional authorities 13= MINSANTE SMS 14=Neighbour/Acquaintance 96=Other (specify _00=No second channel _____											

INFANTS VACCINATIONS AGAINST MEASLES AND RUBELLA: VI

QUESTION THE MOTHER OF THE CHILD, HER SPOUSE OR ANY OTHER PERSON WHO TAKES CARE OF THE CHILD
ASK THE FOLLOWING QUESTIONS FOR ALL CHILDREN AGED 0 to 15 years

		CHILD N°1	CHILD N°2	CHILD N°3	CHILD N°4	CHILD N°5	CHILD N°6	CHILD N°7
VI00	Serial N° of the child	<input type="text"/>						
	NAMES AND FIRST NAMES OF THE CHILD							
VI00A	Serial Number of the respondent for the child	<input type="text"/>						
VI01	Was (Name) living in the household in the period of the 24th to 29th November 2015 ? 1=Yes 2=No	<input type="text"/>						
VI02	Has (Name) been brought/participated to the campaign of the 24th to 29th November 2015 ? 1=Yes 2=No → VI04	<input type="text"/>						
VI03	What motivated you to bring (Name) to this campaign /to make (Name) participate in this campaign?	<input type="text"/>						

Codes for VI03 : 1=It's good to vaccinate the child 2=proposed and accepted by the child's father/my husband 3= proposed and accepted by someone else 4=imposed by the child's father/my husband 5=imposed by someone else 6=by imitation 7=other (specify) _____

VI04	Is there a card for the vaccination campaign against measles and rubella of the 24th to 29th November 2015 for (Name)? 1=>Card seen 2=Card existing, not seen 3=No card → VI06	<input type="text"/>						
VI05	Of which type was this card? 1= Standard card (red) 2= Photocopy of the standard card 3=Hand written card (sheet of paper of white colour or of other colour) 4= Other campaign card (yellow fever, previous measles, etc.) 6= Other(specify) _____	<input type="text"/>						
VI06	Was (Name) vaccinated against measles and rubella during the campaign of the 24th to 29th November 2015 ? 1= Yes, with card seen 2= Yes, with card not seen 3= Yes, without card 4=No → RNV 8= Doesn't know → Next child or end	<input type="text"/>						
VI07	(Name)'s date of vaccination 98 if day or month unknown 9998 if year unknown	D	<input type="text"/>					
		M	<input type="text"/>					
		Y	<input type="text"/>					
VI08	Can you tell me how (Name) was vaccinated? (if 4, 5 or 8 → RNV) (See Codes)	<input type="text"/>						
VI09	Where was (Name) vaccinated? (See Codes)	<input type="text"/>						

CODES for VI08: 1=Injected in the arm/in the left forearm/right forearm 2=Injected in the thigh 3=Injected elsewhere (specify) _____ 4= Has received tablets/drops 5=Other (specify) _____ 8=Doesn't know

CODES for VI09: 1=School 2=Health facility 3=Chief's palace 4=Market 5=Other fixed post 6=In the household/at home 7=Other(specify) _____ 8=Doesn't know

FILTER: If (Name) was not vaccinated during the last campaign, skip to the RNV module (Reasons of Non Vaccination)

VI10	After administering the vaccine against measles and rubella 'during the campaign', did (Name) have side effects (signs or problems) due to this vaccine?	<input type="text"/>						
		1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end	1=Yes 2=No → Next child or end 3=DK → Next child or end
VI11	If yes, which signs was (Name) showing? (See codes) Give the two main ones	Sign1 <input type="text"/> Sign2 <input type="text"/>						

Codes for VI11 : 1=diarrhea 2=fever 3=skin rashes 4=convulsion 5=paralysis 6=vomiting 7=abscess 8=other (specify) _____

	<i>Serial N° of the child</i>							
VI12	What did you do after the appearance of these effects?							

Codes VI12 : 1=I brought him/her for consultation 2=I bathed him/her 3=I did nothing 4=automedication 5=other(specify) _____
NB: if VI12= 1, go to VI13, otherwise, move to the next child or end of questionnaire

VI13	If (Name) consulted, did he/she benefitted from any support after these side effects ?							
		1=Yes 2=No → End 3=DK → End						
VI14	If yes, from who?	→End						

Codes for VI14 : 1=From an official of the campaign 2=From a medical personnel different from the officials of the campaign 3= From a non medical personnel (parents, friend, etc.) 4=Other (specify) _____

REASONS OF NON VACCINATION AGAINST MEASLES AND RUBELLA DURING THE RECENT CAMPAIGN : RNV

FOR ALL CHILDREN NOT VACCINATED, ASK FOR THE THREE MAIN REASONS. WRITE THEM DOWN AND CODE THEM (SEE CODES)

	CHILD N°1		CHILD N°2		CHILD N°3		CHILD N°4	
	Child's serial N°							
	REASON	CODE	REASON	CODE	REASON	CODE	REASON	CODE
RNV1	_____		_____		_____		_____	
RNV2	_____		_____		_____		_____	
RNV3	_____		_____		_____		_____	

	CHILD N°5		CHILD N°6		CHILD N°7			
	Child's serial N°		Child's serial N°		Child's serial N°			
	REASON	CODE	REASON	CODE	REASON	CODE		
RNV1	_____		_____		_____			
RNV2	_____		_____		_____			
RNV3	_____		_____		_____			

CODES FOR REASONS OF NON VACCINATION

- | | |
|--|--|
| 01 Has not been informed about this campaign | 11 The time of vaccination is not convenient |
| 02 Has already been vaccinated against measles and rubella | 12 Vaccinator absent |
| 03 Absent from the city/village because of a journey | 13 Vaccine unavailable |
| 04 Did not know the place or the time of vaccination | 14 Mother/nursing mother/father/guardian too busy |
| 05 Is afraid of side effects | 15 Family problem, for example sickness of the mother/nursing mother/father/guardian |
| 06 Doesn't see the need of vaccinating the child against measles and rubella | 16 Child sick, not brought to vaccination |
| 07 Postponed until further notice | 17 Child sick, brought to vaccination but not vaccinated |
| 08 Does not trust the vaccination | 18 Waiting for long |
| 09 The vaccination can make barren later | 19 I thought it was from door to door |
| 10 The place of vaccination is very far | 20 Is afraid of injections |
| | 21 Religious beliefs |
| | 22 Other (specify) _____ |