

House to House Monitoring Format for Routine Immunization

State

Block/Planning Unit

Village/Area

District

Sub Centre of Area

HRA: Yes No ASHA identified: Yes No AWW identified: Yes No

Whether session held in this area in last 3 months: Yes No Not Known

Monitor: Organization: Date: dd / mm / yy

Sr.	Particulars / Questions	Child-1	Child-2	Child-3	Child-4	Child-5	Child-6	Child-7	Child-8	Child-9	Child-10
1	House marking by Polio team during last SIA round										
2	Total no. of 0-23 month's children in the household										
3	Name of the Child										
4	Sex (M/F)										
5	Name of the Father										
6	Religion (H / M / O)										
7	Date of Birth										
8	Age in months (0 to 23 months)										
9	Was Immunization Card provided to family? (Y/N)										
10	Is Immunization Card available? (Y/N)										
11	Who visits the house to inform about RI? (1) ANM (2) ASHA (3) AWW (4) Others (5) None <i>Mention code(s)</i>										
12	Immunization Status of the Child <i>[If RI card is available mention 'Date' for each vaccine received. If RI card is not available, ask parents. Write 'Y' for Yes and 'N' for No]</i>	BCG									
		OPV-0									
		DPT 1									
		OPV 1									
		DPT 2									
		OPV 2									
		DPT 3									
		OPV 3									
		Measles									
DPT Booster											
OPV Booster											
13	Whether child received all the due vaccines? (Y, N)										
14	*If 'No', reason for not vaccinating with the last due vaccine. {Write code(s) mentioned below}										

* **Codes for Reason (Q-14):** 1 – Not aware of need, 2- Unaware of session site, 3-Non cooperative health worker, 4- Session not held in last 3 months, 5-Non availability of vaccine and logistics, 6- Child was sick on the session day, 7 – Fear of AEFI, 8 – Child was out of village on the session day, 9 – Parents busy with occupation, 10- Other

Age for due vaccines (Q-13): BCG-after birth; OPV 0-after birth; DPT 1/OPV 1 – after age of 1^{1/2} months; DPT 2/OPV 2 – one month after DPT 1/OPV 1; DPT 3/OPV 3-one month after DPT 2/OPV 2; Measles-After 9 months; DPT/OPV booster dose –after 16 months