**CGPP Household Questionnaire for Endline Assessment (July 2012)**

 Interview Number:

***Women or care takers with at least one child between 12 and 23 months old (children who have turned one year old, but not yet turned two years old)***

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| **IDENTIFICATION OF INTERVIEW** |
| **CVSFP Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| REGION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ZONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WOREDA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | KEBELE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| VILLAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PVO/NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INTERVIEWER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE REVIEWED \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |

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| Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_, and I work with CORE Group Ethiopia and the Ministry of Health. We are conducting a final evaluation survey and we would like your participation in order to learn more about the vaccination status of your children. This interview should last no more than 30 minutes. The information that you volunteer will help CORE Group and the Ministry of Health to improve vaccination services. It will be completely confidential and your information will not be shared with anyone else.  |
|  |
| Would you like to ask any questions about this interview?  |
|  |
| Do you agree to be interviewed?  |  |  |  |  |  |  |  |  |
| YES | NO |  |  |

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| **SOCIO-DEMOGRAPHIC MODULE** |
| **No.** | **Question** | **Coding** | **Go to…** |
|  | Residence: | Rural ………1Urban………2 |  |
|  | Sex of Interviewee: | Male ………1Female………2 |  |
| 1 | Have you ever attended school? | Yes……………………………..……1 | **🡪 Go to 1.1** |
| No……………………………...…….2 | **🡪 Go to 2** |
| 1.1 | What is the highest grade of school you completed? | Grade………………… |  |  |  |
|  |  |
|  |
| 2 | What is your mother tongue? | Amharic..…………………………..21Oromiffa……………………………22Somali……………………………...23Afar…………………………………24Anuak………………………………25Nuer………………………………..26Other (SPECIFY)..……...……..…96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| --- | --- | --- | --- | --- | --- |
| 3 | How old are you? | Response in years…… |  |  |  |
|  |  |
|  |
| 4 | How long have you lived continuously in *(NAME PLACE OF CURRENT RESIDENCE)*? IF ALWAYS, ENTER AGE FROM Q3IF LESS THAN A YEAR, ENTER 00 | Number in years…… |  |  |  |
|  |  |
|  |
| Visitor……………………………..998 |
| 5 | Do you work outside the home? | Yes………………………………......1 | **🡪 Go to 5.1** |
| No……………………………………2 | **🡪 Go to 6** |
| 5.1 | Where you do work/what is your means of living? | Business/shop/office………..….21Domestic work…………………22Selling in street/market..…………23Farming………………..………..…24Pastoralism………………………..25Other (SPECIFY)…………………96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6 | Who takes care of your child when you are not at home? | Respondent’s mother……..……….1Respondent’s mother-in-law……...2Husband/partner………………..….3Older children………………………4Neighbors/friends…………..………5Other………………….……………96 |  |
| 7 | What is your religion? | Coptic Christian………….………21Other Christian……….…………22Muslim……………………………23None...…………………………24Other (SPECIFY)……………….96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **IMMUNIZATION MODULE** |
| **No.** | **Question** | **Coding** | **Go to…** |
| 8 | How do you find out information about polio?**RECORD ALL MENTIONED** | Radio/TV………….…………………1Family……………………………….2Friend/Neighbor…….………………3CVSFP/CORE/Surveillance Volunteer .…………………………..4Printed materials…….……………..5HC/HP/hospital staff………..6Nowhere…………………………….7Other……………………………….96 |  |
| 9 | At what age does a baby need to receive the polio vaccine, that is, drops in the mouth, for the first time? | First two weeks……………..………1Later…………………….……..…….2Don’t know…………………….…..98 |  |
| 10 | When was the last vaccination campaign? **IF THE INTERVIEWEE APPROXIMATES THE DATE (I.E. TWO WEEKS AGO), ENTER THE CORRESPONDING DATE.**  | **RECORD DATE** \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_DD / MM / YYYYDon’t know/don’t remember……..98 |  |
| 10.1 | Was the last vaccination campaign a polio campaign? | Yes…………………………………..1 | **🡪 Go to 11** |
| No……………………………………2 | **🡪 Go to 12** |
| Don’t know………………………...98 | **🡪 Go to 12** |
| 11 | Was your family visited by vaccinators during the last vaccination campaign on..*(insert date of last polio campaign)*? | Yes………………...………………...1No…………………………………....2Don’t know/don’t remember……..98 |  |
| 12 | How did you find out about the last campaign? **RECORD ALL MENTIONED** | Radio/TV………….…………………1Family……………………………….2Friend/Neighbor…….………………3CVSFP/CORE/Surveillance Volunteer………………………....4Printed materials…….……………..5HC/HP/Hospital staff……..………..6Nowhere…………………………….7Other (Specify)……………………96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 13 | What happens if a child receives many doses of polio vaccine? | Child is more protected from polio…1Child may be harmed…………...…2Nothing/child not helped or harmed….3 |  |
| Don’t know/Not sure……..……….98 |
| 14 | Do you believe that there are some children who should not be vaccinated or might be hurt by polio vaccination?  | Yes……………..……………………1 | **🡪 Go to 14.1** |
| No…………………..………………..2 | **🡪 Go to 16** |
| Don’t know/Not sure……………...98 | **🡪 Go to 16** |
| 14.1 | Which children should not receive polio vaccination?**RECORD ALL MENTIONED** | Newborns………..………………….1Sick children………………..……....2Physically handicapped children…....3Other(SPECIFY)……………..….96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 16 | How many minutes does it take to walk to the health post where people in your community generally go to get their children vaccinated? | Less than 30 minute walk…………1 |  |
| 30 minutes – under 1 hour..………2 |
| 1 hour to under 2 hours……………3 |
| 2 hours to under 3 hours…………..4 |
| 3 or more hours…………………….5 |
| 17 | Can you tell me if people in your community think the general quality of immunization services in the community is excellent, good, acceptable, fair, or poor? | Poor………………………………….1 |  |
| Fair………………………………......2 |
| Acceptable………………………….3 |
| Good…………………………………4 |
| Excellent…………………………….5 |
| Don’t know………………………...98 |

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|  | **Ask the mother or caretaker how many children, who are at least 12 months of age, live in the house even if they are not siblings, but live in the same house. You will record vaccination information for the three youngest children who are at least 12 months of age.*** **Begin with the youngest child of at least 12 months of age.**
* **Ask for the child’s name, date of birth, and sex.**
* **Continue to ask questions about the vaccination history of the youngest child through question 25.**
* **When you have finished asking questions 18.1 to 25 about the youngest child, continue to the second child in age and repeat questions 18.1 to 25.**
 |
| **FILL OUT THE VACCINATION INFORMATION FOR THE FIRST CHILD COMPLETELY BEFORE BEGINNING TO COLLECT THE VACCINATION INFORMATION OF THE NEXT CHILD IN AGE, IF ANY EXIST.** | Youngest child in the house (of at least 12 mos.) | NEXT YOUNGEST CHILD (older than the 1st child) | THIRD YOUNGEST CHILD (older than the 2nd child) |
| 18.1 | What is the name of this child? | NAME: | NAME: | NAME: |
| 18.2 | Date of Birth | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ DD MM YYYY | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ DD MM YYYY | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ DD MM YYYY |
| 18.3 | Sex | Male…………………1Female……………...2 | Male………………………..1Female……………….........2 | Male………………………..1Female…………………….2 |
|  |
|  |  | **Go to** |  | **Go to** |  | **Go to** |
| 19 | Do you have a vaccination card for NAME? May I see it? | Yes, seen……1 | **🡪 20.1** | Yes, seen……..1 | **🡪 20.1** | Yes, seen…….1 | **🡪 20.1** |
| Yes, not seen…2 | **🡪 22** | Yes, not seen…..2 | **🡪 22** | Yes, not seen….2 | **🡪 22** |
| No card……...3 | **🡪 19.1** | No card……….3 | **🡪 19.1** | No card………3 | **🡪 19.1** |
| 19.1 | Did you ever have a vaccination card for NAME? | Yes…………..1 | **🡪 22** | Yes……………1 | **🡪 22** | Yes……………1 | **🡪 22** |
| No……………2 | **🡪 22** | No…………….2 | **🡪 22** | No…………….2 | **🡪 22** |
| Don’t know ...98 | **🡪 22** | Don’t know…..98 | **🡪 22** | Don’t know…98 | **🡪 22** |
|  |
| **20** | 1. **COPY THE VACCINATION DATE FROM THE CARD FOR EACH VACCINATION**
2. **WRITE 44 IN THE DAY COLUMN IF THE CARD INDICATES THAT A VACCINATION WAS GIVEN BUT DOES NOT INDICATE A DATE**
 |
|  |
|  |  | LAST BIRTH |  | NEXT-TO-LAST BIRTH |  | SECOND-FROM-LAST BIRTH |  |
|  |  | **Day** | **Month** | **Year** | **Day** | **Month** | **Year** | **Day** | **Month** | **Year** |
| 20.1 | BCG………………………. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.2 | OPV0……………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.3 | OPV1……………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.4 | OPV2……………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.5 | OPV3……………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.6 | Pentavalent1…………….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.7 | Pentavalent2…………….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.8 | Pentavalent3…………….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20.9 | Measles…………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NOTE: IF YOU HAVE RECORDED A DATE FOR ALL OF THE 9 VACCINATIONS IN THE GRID ABOVE FROM THE CHILD’S VACCINATION CARD, GO TO QUESTION 24.**  |
| 21 | Has NAME received any vaccinations that are not recorded on this card, **NOT** including vaccinations given during polio campaigns? | Yes……………1 | **🡪 23** | Yes…………..1 | **🡪 23** | Yes…………….1 | **🡪23** |
| No…………….2 | **🡪 23.8** | No……………2 | **🡪 23.8** | No……………..2 | **🡪 23.8** |
| Don’t know…98 | **🡪 23.8** | Don’t know…98 | **🡪 23.8** | Don’t know….98 | **🡪 23.8** |
| 22 | Did (NAME) ever receive any vaccinations, **NOT** including vaccinations given during polio campaigns? | Yes……………1 | **🡪 23** | Yes…………..1 | **🡪 23** | Yes…………….1 | **🡪 23** |
| No…………….2 | **🡪 23.8** | No……………2 | **🡪 23.8** | No……………..2 | **🡪 23.8** |
| Don’t know…98 | **🡪 23.8** | Don’t know…98 | **🡪 23.8** | Don’t know….98 | **🡪 23.8** |
| 23 | **INSTRUCTIONS FOR QUESTIONS 23.1 – 23.7:** **Ask questions 23.1 to 23.7 to collect information about vaccinations that a child received during routine immunization, but that were not recorded on a vaccination card. As you ask questions 23.1 to 23.7, write ‘66’ in the day columns of the corresponding vaccinations in the grid above (20.1 – 20.9) if the mother recalls that her child received the vaccinations. If a mother recalls that her child received a vaccination, but you have already recorded a date from the child’s vaccination card, do not record anything else. Move on to the next question.****For example, if a mother recalls in question 23.6 that her child received 3 pentavalent vaccinations, write the number 3 in the square in question 23.6. Then find questions 20.6 through 20.8 in the grid above. These questions correspond to 3 pentavalent vaccinations. Fill ‘66’ in the day columns for these 3 vaccinations unless you have already recorded dates from the child’s vaccination card.****WRITE ‘66’ IN THE CORRESPONDING DAY COLUMNS OF QUESTIONS 20.1 TO 20.9 ABOVE IF THE MOTHER REPORTS THAT THE CHILD HAS RECEIVED THE VACCINE IN QUESTIONS 23.1 TO 23.7.** |
| 23.1 | Has (NAME) received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | Yes……………………….1 | Yes………………………1 | Yes………………………..1 |
| No………………………..2 | No……………………….2 | No…………………………2 |
| Don’t know…………….98 | Don’t know…………….98 | Don’t know………………98 |
| 23.2 | Has (NAME) received polio vaccine, that is, drops in the mouth? | Yes……………1 | **🡪 23.3** | Yes…………..1 | **🡪 23.3** | Yes…………….1 | **🡪 23.3** |
| No…………….2 | **🡪 23.5** | No……………2 | **🡪 23.5** | No……………..2 | **🡪 23.5** |
| Don’t know…98 | **🡪 23.5** | Don’t know…98 | **🡪 23.5** | Don’t know….98 | **🡪 23.5** |
|  | **SPECIAL INSTRUCTIONS FOR QUESTIONS 23.3 and 23.4:** **OPV0 (question 20.2 in the grid) is defined as a polio vaccination given during the first two weeks of a child’s life. Use information from questions 23.3 and 23.4 to determine which doses of polio vaccination a child has received.** **For example: If a mother recalls that her child received a polio vaccination within two weeks of birth and her child has received 3 polio vaccinations, then fill ‘66’ in the day column of OPV0, OPV1, and OPV2. However, if a mother says that her child received the first polio vaccination after the first two weeks of life and her child has received 3 polio vaccinations, then fill ‘66’ in the day column of OPV1, OPV2, and OPV3.**  |
| 23.3 | At what age was the polio vaccine received for the first time? | First two weeks…………1 | First two weeks………...1 | First two weeks…………..1 |
| Later……………………..2 | Later…………………….2 | Later………………………2 |
| Don’t know…………….98 | Don’t know……………98 | Don’t know……………..98 |
|  |  |
| 23.4 | How many times was the polio vaccine received, **NOT** including during polio campaigns? | Number of times………… |  |  | Number of times…………. |  |  | Number of times………… |  |  |
|  |  |  |
|  |  |  |
| Don’t know…………….98 | Don’t know…………….98 | Don’t know……………...98 |
| 23.5 | Has (NAME) received pentavalent vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | Yes……………1 | **🡪 23.6** | Yes…………..1 | **🡪 23.6** | Yes…………….1 | **🡪 23.6** |
| No…………….2 | **🡪 23.7** | No……………2 | **🡪 23.7** | No……………..2 | **🡪 23.7** |
| Don’t know…98 | **🡪 23.7** | Don’t know…98 | **🡪 23.7** | Don’t know….98 | **🡪 23.7** |
| 23.6 | How many times was the pentavalent vaccination given? | Number of times………… |  |  | Number of times………. |  |  | Number of times………… |  |  |
|  |  |  |
|  |  |  |
| Don’t know…………….98 | Don’t know…………….98 | Don’t know……………...98 |
| 23.7 | Has (NAME) received a measles injection or an MMR injection – that is, a shot in the arm at the age of 9 months or older – to prevent him/her from getting measles? | Yes……………………….1 | Yes………………………1 | Yes………………………..1 |
| No………………………..2 | No……………………….2 | No…………………………2 |
| Don’t know…………….98 | Don’t know…………….98 | Don’t know………………98 |
| 23.8 | **You have now filled the vaccination grid (above) in with information from the child’s vaccination card and from the mother’s recall of the child’s vaccination history. Look again at the grid above:** * **If the child has gotten all 9 vaccinations in the grid, go to question 24.**
* **If the child has NOT gotten all 9 vaccinations in the grid, go to question 23.8.**
 |
|  | What are the reasons why (NAME) has not gotten all the recommended vaccinations?**RECORD ALL MENTIONED****DO NOT READ ANSWER CHOICES** | Unaware of need……… | 1 | Unaware of need……… | 1 | Unaware of need………... | 1 |
| Unaware of vaccination site/time………………… | 2 | Unaware of vaccination site/time………………… | 2 | Unaware of vaccination site/time………………….. | 2 |
| Vaccinators did not come to village/house… | 3 | Vaccinators did not come to village/house… | 3 | Vaccinators did not come to village/house………….. | 3 |
| Vaccination site far……. | 4 | Vaccination site far……. | 4 | Vaccination site far……… | 4 |
| No vaccine at vaccination site………… | 5 | No vaccine at vaccination site………… | 5 | No vaccine at vaccinationSite……………………….. | 5 |
| Child sick on vaccination day………... | 6 | Child sick on vaccination day………... | 6 | Child sick on vaccination day………………………... | 6 |
| Child away on vaccination day………... | 7 | Child away on vaccination day………... | 7 | Child away on vaccination day………….. | 7 |
| Vaccination harms children…………………. | 8 | Vaccination harms children…………………. | 8 | Vaccination harms children…………………… | 8 |
| Other (Specify)………… 96 |

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|  |  |  |
| --- | --- | --- |
|  | Other (Specify)………… 96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other (Specify)………….. 96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 24 | Has NAME ever received polio vaccination, that is, drops in the mouth, in a vaccination campaign? | Yes…………….1 | **🡪 24.1** | Yes……...……1 | **🡪 24.1** | Yes…….………1 | **🡪 24.1** |
| No……………2 | **🡪 25** | No…………….2 | **🡪 25** | No…….………..2 | **🡪 25** |
| Don’t know......98 | **🡪 25** | Don’t know…98 | **🡪 25** | Don’t know…..98 | **🡪 25** |
| 24.1 | Did NAME receive polio vaccination, that is, drops in the mouth, during the vaccination campaign on…*(insert date of last campaign)* | Yes…………….………1 | Yes……………….….1 | Yes……..………………1 |
| No………….…………..2 | No…………….……….2 | No……………….……..2 |
| Don’t know…………..98 | Don’t know…….……98 | Don’t know……..…....98 |
| 25 | How many times total in NAME’s life was the polio vaccine received? | Number of times………… |  |  | Number of times…………. |  |  | Number of times………… |  |  |
|  |  |  |
|  |  |  |
| Don’t know……………98 | Don’t know……………98 | Don’t know……………98 |

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| 28 | Have you heard of acute flaccid paralysis, that is, sudden paralysis in children? | Yes…………………………………..….......1 | **🡪 Go to 28.1** |
| No……………………………………….......2 | **🡪 Go to 29.1** |
| Don’t know………………….……………..98 | **🡪 Go to 29.1** |
| 28.1 | Please explain what happens to a child with paralysis. **RECORD ALL MENTIONED** | Child stops walking/crawling ……………..1 |  |
| Limp limbs………………………….…...….2 |
| Other answer (SPECIFY)………………..96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Don’t know………………………………...98 |
| 28.2 | Who would you contact besides your family if *(NAME)* had paralysis, that is, stopped being able to move his/her arm or leg?**RECORD ALL MENTIONED** | Clinic/Municipal Authority/Hospital……….1 |  |
| Traditional healer……………………..……2 |
| Herbalist………………………...…………..3 |
| CORE/Surveillance Volunteer....…………4 |
| Other (PLEASE SPECIFY).....................96\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 29.1 | How many live-born children have you (the mother of the first child) given birth to? |  |  |  |  |  |
| Number…………. |  |  |  |
|  |  |  |  |
| 29.2 | How many of those children are living? |  |  |  |  |  |
| Number…………. |  |  |  |
|  |  |  |  |
| 29.3 | How many of those children, who were alive at birth, have died?**29.3 PLUS 29.2 SHOULD EQUAL 29.1** |  |  |  |  |  |
| Number…………. |  |  |  |
|  |  |  |  |
| 30 | Have any of your children under 5 years of age needed to stay overnight in the hospital or health center in the past 6 months? | Yes…………………………………………..1  |  |
| No…………………………………………....2 |
| Don’t know………..……………………….98 |
| 31 | What is the name of the surveillance volunteer who has visited your house or neighborhood?**COMPARE THE NAME GIVEN HERE TO THE CVSFP NAME RECORDED ON PAGE 1 AFTER YOU HAVE COMPLETED THE SURVEY** | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Compare to name recorded on page 1** | **🡪** | Match……….1 |
| Not a match...2 |
| Don’t know…………………………………………………...98 |
| 32 | Do you remember being visited at your home by a surveillance volunteer at times other than the days of a vaccination campaign? | Yes…………………………………………..1 | **🡪 Go to 32.1** |
| No…………………………………………....2 | **🡪 Go to 33** |
| Don’t know………………………………...98 | **🡪 Go to 33** |
| 32.1 | What do you remember them talking about with you?**RECORD ALL MENTIONED** | Polio campaign……………………………..1 |  |
| Polio vaccination……...…………………...2 |
| Paralysis…………………………………….3 |
| Other …………...……….………………...96 |
| Nothing/Don’t remember..……………….98 |
| 33 | Have you ever attended a group health education session given by a surveillance volunteer?  | Yes…………………………………………..1 | **🡪 Go to 33.1** |
| No……………………………………………2  | **🡪 END** |
| Don’t know………………………………...98 | **🡪 END** |
| 33.1 | What was the topic of health education?**RECORD ALL MENTIONED** | Polio campaign……………………………..1  |  |
| Polio vaccination..………………………....2 |
| Paralysis……….....………………………...3 |
| Other……………………………………….96 |
| Nothing/Don’t remember………………...98 |

***Thank the mother for her participation***