

For parents of the CHild aged 5 years and up

B10 Mother and CHild Health Handbook (Pink book)

Has this CHild received additional vaccine on the following list (extra cost) apart from the ones in Mother and CHild Health Handbook (Pink book)?

<b>CH10</b>	CHickenpox Vaccine	1- Yes	3- No	5- Not sure	
<b>CH11</b>	Flu Vaccine	1- Yes	3- No	5- Not sure	
<b>CH12</b>	HIB (Vaccine against meningitis)	1- Yes	3- No	5- Not sure	

In case Mother and CHild Health Handbook (Pink book) is not available on the data collecting day, ask questions 3-3B and skip to the next part.

**CH3** Has the CHild received vaccine in the folloing lists? 1- Yes                      3- No                      5- Not sure

Copy the history of vaccine received from hospital record or CHild's health handbook (pink book)

**CH3B** Where does the data come from? 1- From CHild's health book (pink book)                      3- Primary caregiver

Table 1 B10\_table1

NVAC		CH3	CH3B	
Vaccine name		Already receive?	Pink book	Primary caregiver
1	BCG (Bacillus Calmette Guerin vaccine)		1	3
2	HBV (Hepatitis B Vaccine)		1	3
3	OPV (Oral polio vaccine)		1	3
4	DTP,DPT (Diphtheria-Tetanus-Pertussis vaccine)		1	3
5	M or MR or MMR (Measles / Measles-Rubella / Measles-Mumps-Rubella)		1	3
6	JE (Japanese encephalitis vaccine)		1	3

CHildbirth record

✓ = NA

CH13	Birth place .....	<input type="checkbox"/>	not found data in pink book
CH14	By whom <input type="checkbox"/> 1- Doctor <input type="checkbox"/> 3- Nurse <input type="checkbox"/> 5- Others (specify) <span style="background-color: #92d050;">CH14_des</span>	<input type="checkbox"/>	not found data in pink book
CH15	Gestational age ...CH15_w... Week .....CH15_d..... Day	<input type="checkbox"/>	not found data in pink book
CH16	How did you give birth? (Caesarean section or natural birth) .....	<input type="checkbox"/>	not found data in pink book
CH17	Complications at birth <input type="checkbox"/> 1- No <input type="checkbox"/> 3- Yes (specify) ..... <span style="background-color: #92d050;">CH17_des</span>	<input type="checkbox"/>	not found data in pink book
CH18	Complications after birth <input type="checkbox"/> 1- No <input type="checkbox"/> 3- Yes (specify) ..... <span style="background-color: #92d050;">CH18_des</span>	<input type="checkbox"/>	not found data in pink book

Postnatal Depression Screening Record

✓ = NA

CH19	Stressed <input type="checkbox"/> 1- yes <input type="checkbox"/> 3- no	<input type="checkbox"/>	not found data in pink book
CH20	Depressed <input type="checkbox"/> 1- yes <input type="checkbox"/> 3- no	<input type="checkbox"/>	not found data in pink book
CH21	Drinking alcohol <input type="checkbox"/> 1- yes <input type="checkbox"/> 3- no	<input type="checkbox"/>	not found data in pink book

Newborn record

✓ = NA

CH22	Date of Birth .....	<input type="checkbox"/>	not found data in pink book
CH23	Gender <input type="checkbox"/> 1- male <input type="checkbox"/> 3- female	<input type="checkbox"/>	not found data in pink book
CH24	Weight at Birth ..... Gram	<input type="checkbox"/>	not found data in pink book
CH25	Length ..... Cm	<input type="checkbox"/>	not found data in pink book
CH26	Head circumference ..... Cm	<input type="checkbox"/>	not found data in pink book
CH27	Apgar Score (1 minute) .....	<input type="checkbox"/>	not found data in pink book
CH28	Apgar Score (5 minute) .....	<input type="checkbox"/>	not found data in pink book
CH29	Congenital disorder <input type="checkbox"/> 1- Yes (specify <b>CH29_des</b> ) <input type="checkbox"/> 3- No	<input type="checkbox"/>	not found data in pink book
CH30	Newborn health <input type="checkbox"/> 1- Good <input type="checkbox"/> 3- abnormal (specify) ..... <b>CH30_des</b>	<input type="checkbox"/>	not found data in pink book
CH31	DisCHarged Date .....	<input type="checkbox"/>	not found data in pink book
CH32	Weight at disCHarged date .....	<input type="checkbox"/>	not found data in pink book
CH33	Vitamin k <input type="checkbox"/> 1- spray <input type="checkbox"/> 3- not spray	<input type="checkbox"/>	not found data in pink book
CH34	Newborn Screening <input type="checkbox"/> Date .....	<input type="checkbox"/>	not found data in pink book
CH35	- Congenital Hypothyroidism Screening <input type="checkbox"/> 1- normal <input type="checkbox"/> 3- abnormal	<input type="checkbox"/>	not found data in pink book
CH36	- PKU Screening <input type="checkbox"/> 1- normal <input type="checkbox"/> 3- abnormal	<input type="checkbox"/>	not found data in pink book

Interviewer's	<b>note</b>		<b>CH37</b>
---------------	-------------	--	-------------