Date of the survey (DD/MM/YYYY) __________ Code __________ Vaccination round  First round [ ]  Second round[ ]

Health area________ Village _________ Cluster N°_________ Household N°_______

Respondent: [ ] Father [ ] Mother [ ] If other, specify…… verbal consent [ ] Yes [ ] No

GRID FOR DATA COLLECTION ON VACCINATION COVERAGE

| Age in years | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------|---|---|---|---|---|---|---|---|---|----|
| Sex          |   |   |   |   |   |   |   |   |   |    |
| Female = 0 ; Male = 1
| First dose taken ? | No=0 ; Yes=1
| Second dose taken ? | No=0 ; Yes=1
| First and second doses received ? | No=0 ; Yes=1
| Vaccination card | No=0 ; Yes=1
| Vaccinated with labelling | No=0 ; Yes=1

**Reason (s) for non-vaccination**
(Write down proposition(s) given in the column on the right)

- a- I was not informed on the campaign;
- b- I was not informed on vaccination schedules;
- c- I was not informed on vaccination dates/time in my village;
- d- I was not informed that i was a target;
- e- I was absent;
- f- I am afraid of vaccine;
- g- I do not believe on the fact that
| Question                                      | Options                                      |
|----------------------------------------------|----------------------------------------------|
| Vaccine can protect me                       |                                              |
| h- I am not sure to be at risk of cholera    |                                              |
| i- I do not need vaccine to be protected     |                                              |
| j- I did not receive a vaccination team      |                                              |
| k- Others (specify)                          |                                              |

| Date of vaccination (DD/MM/YY) | First round |
|--------------------------------|-------------|
| Date of vaccination (DD/MM/YY) | Second round|
| Do you or did the person have any health problem? | No=0 ; Yes=1 |

| Date of the onset of the problem (DD/MM/YY) |
|---------------------------------------------|

| If yes, which were the symptoms? (Write down proposition(s) given in the column on the right) |
|-----------------------------------------------|
| a- Diarrhea                                    |
| b- Vomiting                                    |
| c- Nausea                                      |
| d- Abdominal pain                              |
| e- Stomach gurgling                            |
| f- Indigestion                                 |
| g- Buccal ulcers                               |
| h- Dryness of the mouth                        |
| i- Cough                                       |
| j- Sore throat                                 |
| k- Fever                                       |
| l- Poor/loss appetite                          |
| m- Dizziness                                   |
| n- Fainting                                    |
| o- Excess sweating Rash                        |
| r- Rash                                        |
| p | Itching          |
| q | Weakness        |
| r | Headache       |
| s | Insomnia       |
| t | Joint pain     |
| u | Other (specify) |

**How was it treated?**

| a | I did nothing |
| b | I consulted a traditional doctor |
| c | I went to the hospital |
| d | I bought drugs in the street |
| e | Other (specify) |

**How do you/or the person feel actually**

| a | 1) Resolved 2) Improving but still continuing 3) Remains unresolved 4) Recovered but with sequelae 5) unknown 6) he is dead |
| b |  |
| c |  |
| d |  |
| e |  |
| f |  |

*Name of the surveyor __________________________ Name of the supervisor __________________________*