

# NIS-TEEN Hard Copy Questionnaire Q4/2009

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## Confidential Information

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by NORC and CDC, will be used only for purposes states in this study, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act . (42 U.S.C. 242.m)

# SECTION S

## Screener

- Instruction1**
- (1) IF ANY S3\_3M/D/Y\_x=77 OR 99 GO TO INSRUCTION2
  - (2) ELSE IF (S\_NUMB=C\_TMP AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND SAMPLE\_USE\_CODE=1 THEN FILL TIS\_UNDER18 AND GO TO TIS\_S1AQT
  - (3) ELSE IF (S\_NUMB=C\_TMP AND >=1 YAGE\_x = 13, 14, 15, 16 OR 17) THEN GO TO CP\_TISMULTIAGE.
  - (4) ELSE GO TO INSTRUCTION2

- Instruction2**
- (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW, THEN FILL TIS\_UNDER18 WITH C\_TMP AND GO TO TIS\_C2Q0A
  - (2) ELSE SKIP TO TIS\_UNDER18

**TIS\_Under18** How many people less than 18 years old live in this household?

IF ONE OR MORE,

ENTER # OF CHILDREN —— (ENTER 01 to 76)

- (1) IF S\_NUMB > TIS\_UNDER18, THEN GO TO TIS\_UNDER18\_CONF
- (2) IF TIS\_UNDER18 = 0 AND SAMPLE\_USE\_CODE=1, 4 THEN GO TO TIS\_S1AQT
- (3) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS\_ELIG\_X<>0), THEN GO TO TIS\_C2Q0A
- (4) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS\_ELIG\_X=0) OR S\_NUMB = 0, THEN GO TO TIS\_S3AGE\_x
- (5) IF TIS\_UNDER18=1-76 AND S3\_INTRO=null, THEN GO TO TIS\_S3AGE\_x
- (6) IF TIS\_UNDER18=77, THEN GO TO TIS\_S1ADK
- (7) IF TIS\_UNDER18=99, THEN GO TO TIS\_S1AREF
- (8) IF TIS\_UNDER18=1-76 AND TIS\_UNDER18<=S\_NUMB, THEN GO TO TIS\_AGE\_CONFIRM

IF NO CHILDREN

ENTER 0 ..... 00 GO TO TIS\_S1AQT

DON'T KNOW ..... 77 GO TO TIS\_S1ADK

REFUSED..... 99 GO TO TIS\_S1AREF

**TIS\_Under18\_Conf**

The total number of children in the household is less than the number of children entered for NIS. Please confirm the value you just entered is correct.

YES..... 1 Continue with TIS\_Under 18 skip logic

NO ..... 2 GO TO TIS\_Under18

**TIS\_C2Q0A** You have already given me (NAME OF NIS-ELIGIBLE CHILD OR CHILDREN from S3\_5\_x)'s birth date(s). Now, would you please tell me the age(s) of your other (IF C\_TMP - S\_NUMB = 1; INSERT 'child'/ IF C\_TMP - S\_NUMB > 1; INSERT 'children') under the age of 18?

- YES..... 1 GO TO TIS\_S3AGE\_X
- WRONG # OF CHILDREN ..... 2 GO TO TIS\_UNDER18 AND IF TIS\_UNDER18=1-76, THEN RETURN TO TIS\_C2Q0A

**TIS\_S1ADK** Is there anyone in your household who knows how many people in this household who are less than 18 years old?

- NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_UNDER18
- NO ..... 2 GO TO TIS\_S1TERM

**TIS\_S1TERM** Thank you, we'll try back another time.

**TIS\_S1AREF** The only reason we need to know how many children in this household are in this age group is to determine if you're eligible to participate in this study.

- CONTINUE..... 1 GO TO TIS\_Under18
- R STILL REFUSES..... 2 GO TO TIS\_REFKID

**TIS\_REFKID** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_REFKID]  
Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you have spent answering these questions.

**TIS\_S3AGE\_X** What is the age of the [FILL1] child under 18?

- ENTER AGE ..... GO TO TIS\_S3AGE1\_X
- DON'T KNOW ..... 77 GO TO TIS\_AGEDK
- REFUSED..... 99 GO TO TIS\_AGEREF

**TIS\_S3AGE1\_X**

- MONTHS ..... 1 GO TO TIS\_AGE\_CONFIRM
- YEARS ..... 2 GO TO TIS\_AGE\_CONFIRM

**TIS\_AGEREF** I understand you may be uncomfortable, however, all information is confidential under Federal Law.

- RETURN TO QUESTIONNAIRE ..... 1 GO TO TIS\_S3AGE\_X
- R STILL REFUSES..... 99 GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS\_AGEQUIT

**TIS\_AGEQUIT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_AGEQUIT]  
 Since we need an age in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

**TIS\_AGEDK** Is there anyone available who would know the child's age?  
 NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_S3AGE\_X  
 NO ..... 2 GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS\_S1TERM

**TIS\_AGE\_CONFIRM**  
 So, you have a (FILL) [IF Count DK/REF Ages >=1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?  
 YES..... 1 GO TO CP\_TISMULTIAGE  
 NO, WRONG AGES OF CHILDREN..... 2 GO TO TIS\_S3AGE\_X  
 NO, WRONG # OF CHILDREN ..... 3 GO TO TIS\_UNDER18  
 DON'T KNOW ..... 77 GO TO CP\_TISMULTIAGE  
 REFUSED..... 99 GO TO CP\_TISMULTIAGE

**CP\_TISMULTIAGE**  
 (1) IF THERE ARE CHILDREN WITH THE SAME AGE AND ALL TIS\_S3AGE\_x NOT IN (13, 14, 15, 16, 17) AND SUC = 1, GO TO TIS\_S1AQT  
 (2) ELSE IF THERE ARE CHILDREN WITH THE SAME AGE AND SUC <> 1, GO TO TIS\_MULTIAG  
 (3) ELSEIF ALL TIS\_S3AGE\_x = 77 and/or 99 AND SUM(ELIG\_X = 1 FROM NIS) > 0, GO TO INSTRUCTION1  
 (4) ELSE GO TO TIS\_SELECTION\_INSTRUCTIONS1

**TIS\_MULTIAGE**  
 Since you have more than one child who is [FILL DUPLICATE AGES], I need a way to refer to each of them during the interview.  
 CONTINUE..... 1 RECORD NAMES IN TIS\_NAME\_1 – TIS\_NAME\_9]

**TIS\_NAME\_X** What is the (other) [FILL AGE] year old child's name or initials?  
 CONTINUE..... 1 RECORD NAMES IN TIS\_NAME\_1 – TIS\_NAME\_9]

**TIS\_SELECTION\_INSTRUCTIONS1**

- (1) IF YAGE\_x >12 months and < 3 years THEN GO TO TIS\_S2Q02A before going to S3\_INTRO in NIS
- (2) ELSEIF ANY YAGE\_x >12 and <18, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 TO BE THE SELECTED CHILD FOR THE TEEN SURVEY AND GO TO TIS\_S3INTRO
- (3) ELSE GO TO INSTRUCTION1

**TIS\_S2Q02A** Based on the ages you have given me, I now have some questions about your [FILL YAGE] old.  
 CONTINUE..... 1 GO TO S3\_INTRO in NIS

**TIS\_S3INELG** The child who was selected is [FILL YAGE] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.  
 CONTINUE..... 1 GO TO TIS\_S3INTRO

**TIS\_S3INTRO** [If TIS\_UNDER18 > 1, then "The computer randomly chose the child for the interview who is [FILL YAGE] years old."] Most of the remaining questions will be about immunizations or shots [If TIS\_UNDER18>1 then "he/she", ELSE Fill YAGE] may have received.  
 CONTINUE..... 1 GO TO CP\_INTRO

**CP\_INTRO** (1) IF TIS\_S3INELG HAS BEEN READ, GO TO TIS\_S3  
 (2) ELSEIF NIS INFORMED CONSENT (S3\_INTRO) HAS BEEN READ, GO TO TIS\_INTRO2  
 (3) ELSE NIS INFORMED CONSENT (S3\_INTRO) HAS NOT BEEN READ, GO TO TIS\_INTRO1

**TIS\_INTRO1** Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.  
 CONTINUE..... 1 GO TO TIS\_S3\_EVAL\_R  
 R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S3\_LAW

**TIS\_S3\_EVAL\_R**  
 YES, R AGREES TO RECORDING/LISTENING .....1 GO TO TIS\_S3  
 NO, R DOES NOT AGREE TO RECORDING/LISTENING.....2 GO TO TIS\_S3

**TIS\_S3\_LAW** The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

**IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:**

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics and its collaborating agency and contractor, specifically the National Center for Immunization and Respiratory Diseases and the National Opinion Research Center, and their agents and contractors who work on this survey, has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE..... GO TO TIS\_S3\_EVAL\_R

**TIS\_INTRO2** As we said earlier, you may choose not to answer any question you don't want to answer or stop at any time. I'd like to continue now unless you have any questions.

CONTINUE..... 1 GO TO TIS\_S3

**TIS\_S3** So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [FILL] is.

MONTH	DAY	YEAR

DATE..... GO TO TIS3CONF

DON'T KNOW ..... 77 GO TO TISYRDK

REFUSED..... 99 GO TO TISYRREF

**TIS3CONF** That would make this child [FILL YAGE] years old; is that correct?

YES..... 1

(1) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD = 13, 14, 15, 16, or 17), THEN GO TO TIS\_S4

(2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS\_S3INELG

(3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS\_SELECTION\_INSTRUCTION

NO ..... 2 GO TO TIS\_S3

**TIS\_S1AQT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_S1AQT (using rules below)]

**[IF NIS INTERVIEW COMPLETED, READ]**

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the study's toll-free number, 1-866-999-3340. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

**[ELSE READ]**

Those are all the questions I have. This survey is collecting information on the health of children 19 months to 35 months old and teenagers 13 to 17 years old. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

**TISYRREF** I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birth date is to know which immunization questions to ask.

**(READ IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.)**

RETURN TO QUESTIONNAIRE..... 1 GO TO TIS\_S3  
R STILL REFUSES..... 2 GO TO TISYRQUIT

**TISYRDK** The reason we need your child's birth date is to know which immunization questions to ask. Is there anyone available who would know the child's month, day, and year of birth?

NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_S3  
RETURN TO QUESTIONNAIRE..... 2 GO TO TIS\_S1TERM

**TISYRQUIT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TISYRQUIT]

Since we need a birth date in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

**TIS\_S4** Is the child born [insert month and year of birth] male or female?

Male ..... 1 GO TO CP\_TISS5  
Female..... 2 GO TO CP\_TISS5  
DON'T KNOW ..... 77 GO TO CP\_TISS5  
REFUSED..... 99 GO TO CP\_TISS5

**CP\_TISS5** (1) IF TIS\_NAME IS NOT FILLED, GO TO TIS\_S5  
(2) ELSEIF TIS\_NAME IS FILLED, GO TO TIS\_S4A

**TIS\_S5** So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials  
\_\_\_\_\_GO TO TIS\_S4A

**TIS\_S4A** Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [TEEN] has received. Are you this person?  
YES..... 1 GO TO TIS\_SR1  
NO ..... 2 GO TO TIS\_S5A

**TIS\_S5A** May I speak with this person now?  
YES..... 1 GO TO TIS\_S5BOX  
NO ..... 2 GO TO CB1

**TIS\_S5BOX** Hi. I'm calling for the Centers for Disease Control and Prevention. We're calling about an important national study of immunization. I'd like you to know that this study is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.  
CONTINUE..... 1 GO TO TIS\_S5EVAL\_BOX  
R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S5LAW\_BOX

**TIS\_S5LAW\_BOX**

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

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**TIS\_S5EVAL\_BOX**

YES, R AGREES TO RECORDING/LISTENING .....1 GO TO TIS\_SR1  
NO, R DOES NOT AGREE TO RECORDING/LISTENING.....2 GO TO TIS\_SR1

**TIS\_SR1**

Because the Centers for Disease Control and Prevention needs accurate information on immunizations children receive, we would like you to refer to shot records. Do you have any shot records for [TEEN]?

YES..... 1 GO TO TIS\_SR2  
NO ..... 2 GO TO TIS\_BINTR0  
DON'T KNOW ..... 1 GO TO TIS\_SR2  
REFUSED..... 2 GO TO TIS\_SR2

**TIS\_SR2**

Some children receive many shots, and the names and dates of those shots can be difficult to remember. It would be helpful if you could bring TEEN]'s shot record(s) to the phone. (READ IF NECESSARY: I'll be happy to wait while you go get it/them)

HAS SHOT RECORDS ..... 1 GO TO TIS\_SR3  
CAN'T/WON'T GET SHOT RECORDS ..... 2 GO TO TIS\_BINTR0

**TIS\_SR3**

Does the shot record include all the immunizations that [TEEN] has received?

YES..... 1 GO TO TIS\_AINTRO  
NO ..... 2 GO TO TIS\_AINTRO  
DON'T KNOW ..... 77 GO TO TIS\_AINTRO  
REFUSED..... 99 GO TO TIS\_AINTRO

# SECTION A

## Available Shot Records

**TIS\_AINTRO** Thank you for getting the shot records. The remainder of the survey will take about 20 minutes.

## SHOT RECORD FOR MEASLES/MMR

**TIS\_AMMR** Looking at the shot record, please tell me how many times [TEEN] has received a measles shot or an M-M-R shot, that is, a measles, mumps, and rubella shot.

SHOTS..... \_\_\_\_ GO TO TIS\_AMMR\_DATE\_X  
NONE..... 0 GO TO TIS\_AMMR\_RECALL  
DON'T KNOW..... 77 GO TO TIS\_AMMR\_RECALL  
REFUSED..... 99 GO TO TIS\_AMMR\_RECALL

### TIS\_AMMR\_DATE\_X

What is the date (on the record) for the [FILL VAR: (First/Second/...)] measles shot or M-M-R shot?

MONTH	DAY	YEAR

DATE..... \_/\_/\_\_\_\_

DON'T KNOW .....

REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)

PROVIDED SKIP TO TIS\_AMMR\_RECALL

(2) ELSE SKIP TO TIS\_AHEPB

### TIS\_AMMR\_RECALL

Did [TEEN] ever receive a measles or MMR shot that is not on the shot record?

YES..... 1 GO TO TIS\_AMMR\_DOSE

NO..... 2 GO TO TIS\_AHEPB

DON'T KNOW..... 77 GO TO TIS\_AHEPB

REFUSED..... 99 GO TO TIS\_AHEPB

### TIS\_AMMR\_DOSE

How many measles or MMR shots did [TEEN] receive that are not on the shot record?

SHOTS..... \_\_\_\_ GO TO TIS\_AHEPB

ALL SHOTS..... 50 GO TO TIS\_AHEPB

DON'T KNOW..... 77 GO TO TIS\_AHEPB

REFUSED..... 99 GO TO TIS\_AHEPB

**SHOT RECORD FOR HEPATITIS B**

**TIS\_AHEPB** Looking at the shot record, please tell me how many times [TEEN] has received a Hepatitis B shot?

- SHOTS..... \_\_\_\_ GO TO TIS\_AHEPB\_DATE\_X
- NONE..... 0 GO TO TIS\_AHEPB\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AHEPB\_RECALL
- REFUSED..... 99 GO TO TIS\_AHEPB\_RECALL

**TIS\_AHEPB\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Hepatitis B shot?

MONTH	DAY	YEAR

- DATE..... \_/\_/\_\_\_\_
- DON'T KNOW .....
- REFUSED.....

- (1) IF FEWER THAN 3 DATES (INCLUDING DON'T KNOW OR REFUSED) PROVIDED SKIP TO TIS\_AHEPB\_RECALL
- (2) ELSE SKIP TO TIS\_AHEPB\_MAN

**TIS\_AHEPB\_RECALL**

Did [TEEN] ever receive a Hepatitis B shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AHEPB\_DOSE
- NO..... 2

- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA

DON'T KNOW..... 77

- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA

REFUSED..... 99

- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA

**TIS\_AHEPB\_DOSE**

How many Hepatitis B shots did [TEEN] receive that are not on the shot record?

SHOTS..... \_\_\_\_ GO TO TIS\_AHEPB\_MAN

ALL SHOTS..... 50 GO TO TIS\_AHEPB\_MAN

DON'T KNOW..... 77

(1) IF 0, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN

(2) ELSE SKIP TO TIS\_AHEPA

REFUSED..... 99

(1) IF 0, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN

(2) ELSE SKIP TO TIS\_AHEPA

**TIS\_AHEPB\_MAN**

Did [TEEN] receive Hepatitis B shots because of a school requirement?

YES..... 1 GO TO TIS\_AHEPA

NO ..... 2 GO TO TIS\_AHEPA

DON'T KNOW ..... 77 GO TO TIS\_AHEPA

REFUSED..... 99 GO TO TIS\_AHEPA

**SHOT RECORD FOR HEPATITIS A**

**TIS\_AHEPA** Looking at the shot record, please tell me how many times [TEEN] has received a Hepatitis A shot?

SHOTS..... \_\_\_\_ GO TO TIS\_AHEPA\_DATE\_X

NONE..... 0 GO TO TIS\_AHEPA\_RECALL

DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECALL

REFUSED..... 99 GO TO TIS\_AHEPA\_RECALL

**TIS\_AHEPA\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Hepatitis A shot?

MONTH	DAY	YEAR

DATE..... \_/\_/\_\_\_\_

DON'T KNOW .....

REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)

PROVIDED SKIP TO TIS\_AHEPA\_RECALL

(2) ELSE SKIP TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_RECALL**

Did [TEEN] ever receive a Hepatitis A shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AHEPA\_DOSE
- NO..... 2 GO TO TIS\_AHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_DOSE**

How many Hepatitis A shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AHEPA\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_AHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive Hepatitis A shots?

- YES..... 1 GO TO TIS\_AVAR
- NO ..... 2 GO TO TIS\_AVAR
- DON'T KNOW ..... 77 GO TO TIS\_AVAR
- REFUSED..... 99 GO TO TIS\_AVAR

*SHOT RECORD FOR VARICELLA/ CHICKEN POX*

**TIS\_AVAR**

Looking at the shot record, please tell me how many times [TEEN] has received a varicella shot, or chicken pox shot?

- SHOTS..... \_\_\_\_ GO TO TIS\_AVAR\_DATE\_X
- NONE..... 0 GO TO TIS\_AVAR\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AVAR\_RECALL
- REFUSED..... 99 GO TO TIS\_AVAR\_RECALL

**TIS\_AVAR\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Varicella or Chicken Pox shot?

MONTH	DAY	YEAR

- DATE..... \_/\_/\_\_\_\_
- DON'T KNOW .....
- REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)  
 PROVIDED SKIP TO TIS\_AVAR\_RECALL

(2) ELSE SKIP TO TIS\_AINFLU

**TIS\_AVAR\_RECALL**

Did [TEEN] ever receive varicella or chicken pox shots that are not on the shot record?

- YES..... 1 GO TO TIS\_AVAR\_DOSE
- NO..... 2 GO TO TIS\_AINFLU
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

**TIS\_AVAR\_DOSE**

How many varicella or chicken pox shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AINFLU
- ALL SHOTS..... 50 GO TO TIS\_AINFLU
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

*SHOT RECORD FOR INFLUENZA (SHOT or SPRAY)*

**TIS\_AINFLU\_INTRO**

The next questions are about influenza vaccination.

ASK ONLY IF H1N1 Flag=1 There are currently two kinds of flu vaccine available, the seasonal flu vaccine, and the 2009-H1N1 flu vaccine, which is sometimes called swine flu or pandemic flu vaccine. First I will ask you about H1N1 flu vaccinations on the shot record.

**IF H1N1 FLAG=1 ASK TIS\_AINFLU\_H1 THROUGH TIS\_AINFLU\_H1\_TYPE\_X, ELSE SKIP TO TIS\_AINFLU**

**TIS\_AINFLU\_H1**

Looking at the shot record, since September 2009, has [TEEN] had an H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES..... 1 GO TO TIS\_AINFLU\_H1\_NUM
- NO..... 2 GO TO TIS\_AINFLU
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

**TIS\_AINFLU\_H1\_NUM**

How many of these H1N1 vaccinations has [TEEN] received?

- NUMBER..... \_\_\_\_ GO TO TIS\_AINFLU\_H1\_DATE\_X
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

**REPEAT TIS\_AINFLU\_H1\_DATE, TIS\_AINFLU\_H1\_TYPE FOR NUMBER OF DOSES IN TIS\_AINFLU\_H1\_NUM**

**TIS\_AINFLU\_H1\_DATE\_X**

During what month did [TEEN] receive the [FILL VAR: first/second] H1N1 or swine flu vaccine that is listed on the shot record?

**ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED**

	YEAR:
MONTH	FILL
_ _	_

If month July through December then fill YEAR=2009; if month=1,2,3,4,5,6 then fill YEAR=2010

**TIS\_AINFLU\_H1\_DATE\_C\_X.**

That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**CHECK IF DATE FOR DOSE X IS LATER THAN DATE FOR DOSE X-1**

**TIS\_AINFLU\_H1\_TYPE\_X**

Was this a shot or a spray in the nose?

- FLU SHOT ..... 1
- FLU NASAL SPRAY or "Flumist" ..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_AINFLU\_H1\_PLACE\_X**

At what kind of place did [S.C.] get [his/her] most recent H1N1 flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

**TIS\_AINFLU** ASK IF H1N1 FLAG=1: Next I'm going to ask you about the seasonal flu vaccine.

Looking at the shot record, during the past 12 months has [TEEN] had a seasonal flu shot or a flu vaccine sprayed in [GENDER2] nose by a doctor or other health professional? A flu shot or nasal spray is usually given in the fall and protects against influenza for the flu season.

**READ IF NECESSARY: A flu shot is injected in the arm. The seasonal flu nasal spray vaccine is called Flumist®.**

- YES..... 1 GO TO TIS\_AINFLU\_DATE
- NO ..... 2 GO TO TIS\_AINFLU\_H1\_NUM\_REC
- DON'T KNOW ..... 77 GO TO TIS\_AINFLU\_H1\_NUM\_REC
- REFUSED..... 99 GO TO TIS\_AINFLU\_H1\_NUM\_REC

**TIS\_AINFLU\_DATE**

What was the date of that flu shot or flu nasal spray?

MONTH	DAY	YEAR
_ _	_	_ _

- DATE..... \_/\_/\_\_\_ GO TO TIS\_AINFLU\_TYPE
- DON'T KNOW ..... 77 GO TO TIS\_AINFLU\_TYPE
- REFUSED..... 99 GO TO TIS\_AINFLU\_TYPE

**TIS\_AINFLU\_TYPE**

Which type of seasonal flu vaccine did [TEEN] receive?

**READ IF NECESSARY: If "LAIV," "Flumist," or "Medimmune" is recorded, it is a spray. If "TIV" or "other" is recorded, it is a shot.**

- Flu Shot..... 1
- Flu Nasal Spray..... 2
- DON'T KNOW.....77
- REFUSED..... 99

**IF H1N1FLAG=1ASK TIS\_AINFLU\_H1\_NUM\_REC THROUGH TIS\_AINFLU\_H1\_REC\_PLACE\_X, ELSE SKIP TO TIS\_AINFLU\_REC**



**TIS\_AINFLU\_H1\_NUM\_REC**

Since September, 2009, how many times did [TEEN] receive an H1N1 or swine flu vaccine that is NOT listed on the shot record?

- NUMBER..... if >=1, GO TO  
TIS\_AINFLU\_H1\_REC\_DATE; if “zero”  
or “none” go to TIS\_AINFLU\_REC
- DON’T KNOW ..... 77 GO TO TIS\_AINFLU\_REC
- REFUSED..... 99 GO TO TIS\_AINFLU\_REC

**REPEAT TIS\_AINFLU\_H1\_REC\_DATE, TIS\_AINFLU\_H1\_REC\_TYPE FOR NUMBER OF DOSES IN TIS\_AINFLU\_H1\_NUM\_REC**

**TIS\_AINFLU\_H1\_REC\_DATE\_X**

During what month did [TEEN] receive the [FILL VAR: first/second] H1N1 or swine flu vaccine that is NOT listed on the shot record?

**ENTER 77 FOR DON’T KNOW AND 99 FOR REFUSED**

YEAR:	
MONTH	FILL

**If month July through December then fill YEAR=2009; if month=1,2,3,4,5,6 then fill YEAR=2010**

**TIS\_AINFLU\_H1\_DATE\_C\_X.**

That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**CHECK IF DATE FOR DOSE X IS LATER THAN DATE FOR DOSE X-1**

**TIS\_AINFLU\_H1\_REC\_TYPE\_X**

Was this a shot or the spray in the nose?

- FLU SHOT ..... 1 GO TO TIS\_AINFLU\_REC\_PLACE\_X
- FLU NASAL SPRAY or “Flumist” ..... 2 GO TO TIS\_AINFLU\_REC\_PLACE\_X
- DON’T KNOW ..... 77 GO TO TIS\_AINFLU\_REC\_PLACE\_X
- REFUSED..... 99 GO TO TIS\_AINFLU\_REC\_PLACE\_X

**TIS\_AINFLU\_H1\_REC\_PLACE\_X**

At what kind of place did [S.C.] get [his/her] most recent H1N1 flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR’S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON’T KNOW
- (99) REFUSED

**TIS\_AINFLU\_REC**

Did [TEEN] receive a seasonal flu vaccine in the past 12 months that is NOT listed on the shot record?

- YES..... 1 GO TO TIS\_AINFLU\_REC\_DATE
- NO ..... 2 GO TO TIS\_AFLUPLACE
- DON’T KNOW ..... 77 GO TO TIS\_AFLUPLACE
- REFUSED..... 99 GO TO TIS\_AFLUPLACE

**TIS\_AINFLU\_REC\_DATE**

During what month and year did [TEEN] receive the seasonal flu vaccine that is NOT listed on the shot record?

**ENTER 77/7777 FOR DON’T KNOW AND 99/9999 FOR REFUSED**

**IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON’T KNOW (77) FOR MONTH**

MONTH      YEAR:

--	--

**TIS\_AINFLU\_REC\_TYPE**

Was this a shot or the spray in the nose?

- FLU SHOT ..... 1 GO TO TIS\_AFLUPLACE
- FLU NASAL SPRAY..... 2 GO TO TIS\_AFLUPLACE
- DON'T KNOW ..... 77 GO TO TIS\_AFLUPLACE
- REFUSED..... 99 GO TO TIS\_AFLUPLACE

**IF TIS\_AINFLU=2 AND TIS\_AINFLU\_REC=2, GO TO TIS\_ATET. ELSE GO TO TIS\_AFLUPLACE.**

**TIS\_AFLUPLACE**

At what kind of place did [TEEN] get [GENDER2] most recent seasonal flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

*SHOT RECORD FOR TETANUS*

**TIS\_ATET**

Looking at the shot record, please tell me how many times [TEEN] has received a tetanus booster shot. There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

- SHOTS..... \_\_\_\_ GO TO TIS\_ATET\_DATE\_X
- NONE..... 0 GO TO TIS\_ATET\_RECALL
- DON'T KNOW.... 77 GO TO TIS\_ATET\_RECALL
- REFUSED..... 99 GO TO TIS\_ATET\_RECALL

**TIS\_ATET\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...Eighth)] tetanus booster?

MONTH	DAY	YEAR

- DATE..... \_/ \_/ \_\_\_\_ GO TO TIS\_ATET\_TYPE\_X
- DON'T KNOW ..... GO TO TIS\_ATET\_TYPE\_X
- REFUSED..... GO TO TIS\_ATET\_TYPE\_X

**TIS\_ATET\_TYPE\_X**

Which type of tetanus booster shot did [TEEN] receive?

- Td Only..... 1 GO TO CP\_ATET\_RECOM
- Tdap Only..... 2 GO TO CP\_ATET\_RECOM
- DON'T KNOW.... 77 GO TO CP\_ATET\_RECOM
- REFUSED..... 99 GO TO CP\_ATET\_RECOM

**TIS\_ATET\_RECALL**

Did [TEEN] ever receive a tetanus booster shot, also called Td or Tdap shot that is not on the shot record?

- YES..... 1 GO TO TIS\_ATET\_AGE
- NO..... 2 GO TO TIS\_ATET\_REASON
- DON'T KNOW.... 77 GO TO TIS\_ATET\_RECOM
- REFUSED..... 99 GO TO TIS\_ATET\_RECOM

**TIS\_ATET\_AGE**

At what age did [TEEN] receive the last tetanus booster shot? The first booster shot is usually given around 11 or 12 years of age.

- YEARS..... \_\_\_\_ GO TO CP\_ATET\_TYPE
- DON'T KNOW.... 77 GO TO CP\_ATET\_TYPE
- REFUSED..... 99 GO TO CP\_ATET\_TYPE

**CP\_ATET\_RECOM**

- (1) IF ANY AGE (TIS\_ATET\_DATE\_X) OF VACCINATIONS ARE BEFORE AGE 6 [SKIP TO TIS\_ATET\_CONF]
- (2) ELSE [SKIP TO TIS\_ATET\_RECOM]

**CP\_ATET\_TYPE**

- (1) IF AGE (TIS\_ATET\_AGE) OF VACCINATIONS ARE AFTER OR ON AGE 6 [SKIP TO TIS\_ATET\_TYPE]
- (2) IF AGE (TIS\_ATET\_AGE) OF VACCINATIONS ARE BEFORE AGE 6 [SKIP TO TIS\_ATET\_CONF]

**TIS\_ATET\_CONF**

Are you sure these are tetanus booster shots? The first tetanus booster is usually given at 11 - 12 years of age.

- YES..... 1
- NO..... 2 GO TO TIS\_ATET
- DON'T KNOW..... 77
- REFUSED..... 99

- (1) IF RESPONSE IN (1, 77, 99) AND TIS\_ATET = 1-9 GO TO TIS\_ATET\_RECOM
- (3) IF RESPONSE IN (1, 77, 99) AND TIS\_ATET <> 1-9 GO TO TIS\_ATET\_TYPE

**TIS\_ATET\_TYPE**

Which type of tetanus booster shot did [TEEN] receive?

- Td Only..... 1 GO TO CP\_ATET\_RECOM
- Tdap Only..... 2 GO TO CP\_ATET\_RECOM
- Don't Know..... 77 GO TO CP\_ATET\_RECOM
- REFUSED..... 99 GO TO CP\_ATET\_RECOM

**TIS\_ATET\_REASON**

What is the MAIN reason [TEEN] did not receive tetanus booster shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- DOES NOT HAVE DOCTOR OR DOCTOR'S VISIT SCHEDULED ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER- SPECIFY:..... 7
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_ATET\_OTHER
- (2) ELSEIF Response includes 1 THEN GO TO TIS\_AMEN
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_ATET\_RECOM

**TIS\_ATET\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_ATET\_REASON includes 1 Then [SKIP TO TIS\_AMEN]
- (2) ELSEIF TIS\_ATET\_REASON does not include 1 Then [SKIP TO TIS\_ATET\_RECOM]

**TIS\_ATET\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive tetanus booster shots?

- YES..... 1 GO TO CP\_TIS\_ATETPLACE
- NO..... 2 GO TO CP\_TIS\_ATETPLACE
- DON'T KNOW..... 77 GO TO CP\_TIS\_ATETPLACE
- REFUSED..... 99 GO TO CP\_TIS\_ATETPLACE

**CP\_TIS\_ATETPLACE**

- (1) IF (TIS\_ATET=1 to 76) or (TIS\_ATET\_RECALL=1) GO TO TIS\_ATETPLACE
- (2) ELSE GO TO TIS\_AMEN

**TIS\_ATETPLACE**

After the age of 7 years, at what kind of place(s) did [TEEN] ever get a Td or Tdap booster shot?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL
- (06) OTHER MEDICALLY-RELATED PLACE
- (07) PHARMACY OR DRUG STORE
- (08) WORKPLACE
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

*SHOT RECORD FOR MENINGITIS*

**TIS\_AMEN** Looking at the shot record, please tell me how many times [TEEN] has received a meningitis shot, sometimes called MENACTRA or MENOMUNE? It is sometimes abbreviated as MCV4 or MPSV4.

- SHOTS..... \_\_\_\_ GO TO TIS\_AMEN\_DATE\_X
- NONE..... 0 GO TO TIS\_AMEN\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECALL
- REFUSED..... 99 GO TO TIS\_AMEN\_RECALL

**TIS\_AMEN\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...)] meningitis shot?

MONTH	DAY	YEAR

- DATE..... \_\_/\_\_/\_\_\_\_ GO TO TIS\_AMEN\_RECOM
- DON'T KNOW ..... GO TO TIS\_AMEN\_RECOM
- REFUSED..... GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_RECALL**

Did [TEEN] ever receive a meningitis shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AMEN\_DOSE
- NO..... 2 GO TO TIS\_AMEN\_REASON
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_DOSE**

How many meningitis shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AMEN\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_AMEN\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_REASON**

What is the MAIN reason [TEEN] did not receive meningitis shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- SCHOOL REQUIREMENT ..... 4
- VACCINE NOT AVAILABLE IN PROVIDER’S OFFICE ..... 5
- CHILD NOT APPROPRIATE AGE ..... 6
- OTHER- SPECIFY: ..... 7
- DON’T KNOW ..... 77
- REFUSED ..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_AMEN\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_AHPV
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_AMEN\_REASON includes 1 THEN GO TO TIS\_AHPV
- (2) ELSE IF TIS\_AMEN\_REASON does not include 1 THEN GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive meningitis shots?

- YES ..... 1 GO TO TIS\_AHPV
- NO ..... 2 GO TO TIS\_AHPV
- DON’T KNOW ..... 77 GO TO TIS\_AHPV
- REFUSED ..... 99 GO TO TIS\_AHPV



**SHOT RECORD FOR HPV SHOT**

**TIS\_AHPV** Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which you may have heard of.

YES..... 1 GO TO TIS\_AHPV\_KNOWLEDGE  
 NO..... 2 GO TO TIS\_AHPV\_KNOWLEDGE  
 DON'T KNOW..... 77 GO TO TIS\_AHPV\_KNOWLEDGE  
 REFUSED..... 99 GO TO TIS\_AHPV\_KNOWLEDGE

**TIS\_AHPV\_KNOWLEDGE**

The human papillomavirus is a common virus known to cause genital warts and some cancers, such as cervical cancer in women. A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine, HPV shot, or GARDASIL.

Before today, have you ever heard of the cervical cancer vaccine, HPV shot, or Gardasil?

YES..... 1  
 NO..... 2  
 DON'T KNOW..... 77  
 REFUSED..... 99

- (1) IF TIS\_S4 = FEMALE AND Response = 1 CONTINUE TO TIS\_AHPV2
- (2) ELSEIF TIS\_S4 = FEMALE AND Response = 2 GO TO TIS\_AHPV\_INTENT
- (3) ELSEIF TIS\_S4 = FEMALE AND Response = 77 or 99 GO TO TIS\_AHPV\_INTENT
- (4) ELSE TIS\_S4 = MALE SKIP TO TIS\_HEALTH\_VAR

**TIS\_AHPV2** Looking at the shot record, please tell me how many times [TEEN] has received HPV shots?

SHOTS..... GO TO TIS\_AHPV\_DATE\_X  
 NONE..... 0 GO TO TIS\_AHPV\_RECALL  
 DON'T KNOW..... 77 GO TO TIS\_AHPV\_RECALL  
 REFUSED..... 99 GO TO TIS\_AHPV\_RECALL

**TIS\_AHPV\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...)] HPV shot?

MONTH	DAY	YEAR

DATE..... \_/\_/\_\_\_\_  
 DON'T KNOW .....  
 REFUSED.....

- (1) IF FEWER THAN 3 DATES (INCLUDING DON'T KNOW OR REFUSED) PROVIDED SKIP TO TIS\_AHPV\_RECALL
- (2) ELSE SKIP TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_RECALL**

Did [TEEN] ever receive an HPV shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AHPV\_DOSE
- NO..... 2 GO TO TIS\_AHPV\_INTENT
- DON'T KNOW..... 77 GO TO TIS\_AHPV\_INTENT
- REFUSED.....99 GO TO TIS\_AHPV\_INTENT

**TIS\_AHPV\_DOSE**

How many HPV shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AHPV\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_AHPV\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AHPV\_RECOM
- REFUSED..... 99 GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_INTENT**

How likely is it that [TEEN] will receive HPV shots in the next 12 months?

- Very Likely..... 1 GO TO TIS\_AHPV\_RECOM
- Somewhat Likely..... 2 GO TO TIS\_AHPV\_RECOM
- Not too likely..... 3 GO TO TIS\_AHPV\_REASON
- Not likely at all..... 4 GO TO TIS\_AHPV\_REASON
- Not Sure/ Don't Know..... 77 GO TO TIS\_AHPV\_REASON
- REFUSED..... 99 GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_REASON**

What is the MAIN reason [TEEN] will not receive HPV shots in the next 12 months?  
[MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- VACCINE NOT NEEDED OR  
NOT NECESSARY ..... 2
- KNOWLEDGE – DID NOT KNOW MUCH  
ABOUT HPV OR HPV VACCINE... ..... 3
- NOT SEXUALLY ACTIVE ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER: SPECIFY ..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 9 THEN GO TO TIS\_AHPV\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_HEALTH\_VAR
- (3) ELSE (Response does not include 1 and/or 9) THEN GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_OTHER**

Other Reason: \_\_\_\_\_

(1) IF TIS\_AHPV\_REASON includes 1 THEN GO TO TIS\_HEALTH\_VAR

(2) ELSE IF TIS\_AHPV\_REASON does not include 1 THEN GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

YES..... 1 GO TO TIS\_HEALTH\_VAR

NO..... 2 GO TO TIS\_HEALTH\_VAR

DON'T KNOW.... 77 GO TO TIS\_HEALTH\_VAR

REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

# SECTION B

## *No Shot Records*

**TIS\_BINTRO** That's fine. It is common for households not to have the shot records on hand. Let's continue with the interview. The remainder of the survey will take about 10 minutes.

**TIS\_B1** Has [TEEN] ever received an immunization that is a shot or drops?

YES..... 1 GO TO TIS\_BMMR  
NO ..... 2 GO TO TIS\_HEALTH\_VAR  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_VAR  
REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

**TIS\_BMMR** Has [TEEN] ever received a measles shot or MMR (measles-mumps-rubella) shot?

YES..... 1 GO TO TIS\_BMMR\_DOSE  
NO ..... 2 GO TO TIS\_BHEPB  
DON'T KNOW ..... 77 GO TO TIS\_BHEPB  
REFUSED..... 99 GO TO TIS\_BHEPB

**TIS\_BMMR\_DOSE** How many measles or MMR shots did [TEEN] ever receive?

SHOTS..... \_\_\_\_ GO TO TIS\_BHEPB  
ALL SHOTS..... 50 GO TO TIS\_BHEPB  
DON'T KNOW..... 77 GO TO TIS\_BHEPB  
REFUSED..... 99 GO TO TIS\_BHEPB

**TIS\_BHEPB** Has [TEEN] ever received a Hepatitis B shot?

YES..... 1 GO TO TIS\_BHEPB\_DOSE  
NO..... 2 GO TO TIS\_BHEPA  
DON'T KNOW..... 77 GO TO TIS\_BHEPA  
REFUSED..... 99 GO TO TIS\_BHEPA

**TIS\_BHEPB\_DOSE** How many Hepatitis B shots did [TEEN] receive?

SHOTS..... \_\_\_\_ GO TO TIS\_BHEPB\_MAN  
ALL SHOTS..... 50 GO TO TIS\_BHEPB\_MAN  
DON'T KNOW..... 77 GO TO TIS\_BHEPA  
REFUSED..... 99 GO TO TIS\_BHEPA

**TIS\_BHEPB\_MAN**

Did [TEEN] receive Hepatitis B shots because of a school requirement?

- YES..... 1 GO TO TIS\_BHEPA
- NO ..... 2 GO TO TIS\_BHEPA
- DON'T KNOW ..... 77 GO TO TIS\_BHEPA
- REFUSED..... 99 GO TO TIS\_BHEPA

**TIS\_BHEPA** Has [TEEN] ever received a Hepatitis A shot?

- YES..... 1 GO TO TIS\_BHEPA\_DOSE
- NO..... 2 GO TO TIS\_BHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_BHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_BHEPA\_RECOM

**TIS\_BHEPA\_DOSE**

How many Hepatitis A shots did [TEEN] ever receive?

- SHOTS..... \_\_\_ GO TO TIS\_BHEPA\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_BHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_BHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_BHEPA\_RECOM

**TIS\_BHEPA\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive Hepatitis A shots?

- YES..... 1 GO TO TIS\_BVAR
- NO ..... 2 GO TO TIS\_BVAR
- DON'T KNOW ..... 77 GO TO TIS\_BVAR
- REFUSED..... 99 GO TO TIS\_BVAR

**TIS\_BVAR** Has [TEEN] ever received a varicella shot, or chicken pox shot?

- SHOTS..... \_\_\_ GO TO TIS\_BVAR\_DOSE
- NONE..... 0 GO TO TIS\_BINFLU
- DON'T KNOW..... 77 GO TO TIS\_BINFLU
- REFUSED..... 99 GO TO TIS\_BINFLU

**TIS\_BVAR\_DOSE**

How many varicella or chicken pox shots did [TEEN] ever receive?

- SHOTS..... \_\_\_ GO TO TIS\_BINFLU
- ALL SHOTS..... 50 GO TO TIS\_BINFLU
- DON'T KNOW..... 77 GO TO TIS\_BINFLU
- REFUSED..... 99 GO TO TIS\_BINFLU

**TIS\_BINFLU\_INTRO**

The next questions are about influenza vaccination.

**IF H1N1 FLAG=1 ASK:**

There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009-H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu, or pandemic flu.

**IF H1N1FLAG=1 ASK TIS\_BINFLU\_H1 THROUGH TIS\_BINFLU\_H1\_PLACE\_X,  
ELSE GO TO TIS\_BINFLU**

**TIS\_BINFLU\_H1**

Since September, 2009, has [TEEN] had an H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES..... 1 GO TO TIS\_BINFLU\_H1\_NUM
- NO..... 2 GO TO TIS\_BINFLU
- DON'T KNOW..... 77 GO TO TIS\_BINFLU
- REFUSED..... 99 GO TO TIS\_BINFLU

**TIS\_BINFLU\_H1\_NUM**

How many of these H1N1 vaccinations has [TEEN] received?

- NUMBER ..... \_\_\_\_ GO TO TIS\_BINFLU\_H1\_DATE
- DON'T KNOW ..... 77 GO TO TIS\_BINFLU
- REFUSED..... 99 GO TO TIS\_BINFLU

**REPEAT TIS\_BINFLU\_H1\_DATE\_X, TIS\_BINFLU\_H1\_TYPE\_X,  
TIS\_BINFLU\_H1\_DATE\_C\_X. FOR NUMBER OF DOSES IN TIS\_BINFLU\_H1\_NUM**

**TIS\_BINFLU\_H1\_DATE\_X**

During what month did [TEEN] receive the [first/second] H1N1 flu vaccine?

YEAR:

MONTH	FILL

**If month July through December then fill YEAR=2009; if month=1,2,3,4,5,6 then fill  
YEAR=2010**

**TIS\_BINFLU\_H1\_DATE\_C\_X.**

That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**CHECK IF DATE FOR DOSE X IS LATER THAN DATE FOR DOSE X-1**

**TIS\_BINFLU\_H1\_TYPE\_X**

Was this a shot or the spray in the nose?

- FLU SHOT ..... 1
- FLU NASAL SPRAY or Flumist ..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99 GO TO TIS\_BINFLU

**TIS\_BINFLU\_H1\_PLACE\_X**

At what kind of place did [S.C.] get [his/her] most recent H1N1 flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

**TIS\_BINFLU** IF H1N1 FLAG=1 ASK: Next I'm going to ask you about the seasonal flu vaccine.

During the past 12 months has (FILL) had a seasonal flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

**READ IF NECESSARY: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.**

- YES..... 1 GO TO TIS\_BINFLU\_DATE
- NO..... 2 GO TO TIS\_BINFLUSPRAY
- DON'T KNOW.... 77 GO TO TIS\_BINFLUSPRAY
- REFUSED..... 99 GO TO TIS\_BINFLUSPRAY

**TIS\_BINFLU\_DATE**

During what month and year did [TEEN] receive the most recent seasonal flu shot?

MONTH	YEAR

- DATE..... \_\_/\_\_\_\_ GO TO TIS\_BFLUPLACE
- DON'T KNOW ..... GO TO TIS\_BFLUPLACE
- REFUSED..... GO TO TIS\_BFLUPLACE

**TIS\_BINFLUSPRAY**

During the past 12 months has [TEEN] had a seasonal flu vaccine sprayed in [GENDER2] nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

**READ IF NECESSARY:**

This influenza vaccine is called FluMist®

- YES..... 1 GO TO TIS\_BINFLUSPRAY\_DATE
- NO..... 2 GO TO TIS\_BTET
- DON'T KNOW.... 77 GO TO TIS\_BTET
- REFUSED..... 99 GO TO TIS\_BTET

**TIS\_BINFLUSPRAY\_DATE**

During what month and year did [TEEN] receive the most recent seasonal flu nasal spray?

MONTH	YEAR

- DATE..... \_\_/\_\_\_ GO TO TIS\_BFLUPLACE
- DON'T KNOW ..... GO TO TIS\_BFLUPLACE
- REFUSED..... GO TO TIS\_BFLUPLACE

**TIS\_BFLUPLACE**

At what kind of place did [TEEN] get [GENDER2] most recent seasonal flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED



**TIS\_BTET** Has [TEEN] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

YES..... 1 GO TO TIS\_BTET\_AGE  
 NO..... 2 GO TO TIS\_BTET\_REASON  
 DON'T KNOW..... 77 GO TO TIS\_BTET\_RECOM  
 REFUSED..... 99 GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_AGE** At what age did [TEEN] receive the last tetanus booster shot? The first booster shot is usually given around 11 or 12 years of age.

YEARS..... \_\_\_\_  
 (1) IF YEARS < 6 GO TO TIS\_BTET\_CONF  
 (2) ELSE YEARS >= 6 GO TO TIS\_BTET\_TYPE  
 DON'T KNOW..... 77 GO TO TIS\_BTET\_TYPE  
 REFUSED..... 99 GO TO TIS\_BTET\_TYPE

**TIS\_BTET\_CONF** Are you sure these are tetanus booster shots? The first tetanus booster is usually given at 11 - 12 years of age.

YES..... 1 GO TO TIS\_BTET\_TYPE  
 NO..... 2 GO TO TIS\_BTET  
 DON'T KNOW..... 77 GO TO TIS\_BTET\_RECOM  
 REFUSED..... 99 GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_TYPE** Which type of tetanus booster shot did [TEEN] receive?

Td Only..... 1 GO TO CP\_BTET\_RECOM  
 Tdap Only..... 2 GO TO CP\_BTET\_RECOM  
 Don't Know..... 77 GO TO CP\_BTET\_RECOM  
 REFUSED..... 99 GO TO CP\_BTET\_RECOM

**TIS\_BTET\_REASON**

What is the MAIN reason [TEEN] did not receive tetanus booster shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ THAT MY CHILD NEEDED IT... ..... 2
- VACCINE IS NOT NEEDED OR NOT NECESSARY ..... 3
- DOES NOT HAVE DOCTOR OR DOCTOR’S VISIT SCHEDULED ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER: SPECIFY ..... 7
- DON’T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_BTET\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_BMEN
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_OTHER**

Other Reason:\_\_\_\_\_

- (1) IF TIS\_BTET\_REASON includes 1 GO TO TIS\_BMEN
- (2) ELSEIF TIS\_BTET\_REASON does not include 1 GO TO TIS\_BTET\_RECOM]

**TIS\_BTET\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive tetanus booster shots?

- YES..... 1 GO TO CP\_TIS\_BTETPLACE
- NO..... 2 GO TO CP\_TIS\_BTETPLACE
- DON’T KNOW.... 77 GO TO CP\_TIS\_BTETPLACE
- REFUSED..... 99 GO TO CP\_TIS\_BTETPLACE

**CP\_BTETPLACE**

- 1) IF TIS\_BTET=1 GO TO TIS\_BTETPLACE
- (2) ELSE GO TO TIS\_BMEN

**TIS\_BTETPLACE**

After the age of 7 years, at what kind of place(s) did [TEEN] ever get a Td or Tdap booster shot?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR’S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL
- (06) OTHER MEDICALLY-RELATED PLACE
- (07) PHARMACY OR DRUG STORE
- (08) WORKPLACE
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON’T KNOW
- (99) REFUSED

**TIS\_BMEN**

Has [TEEN] ever received a meningitis shot, sometimes called MENACTRA or MENOMUNE?

- SHOTS..... \_\_\_\_ GO TO TIS\_BMEN\_DOSE
- NONE..... 0 GO TO TIS\_BMEN\_REASON
- DON’T KNOW..... 77 GO TO TIS\_BMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_DOSE**

How many meningitis shots did [TEEN] ever receive?

- SHOTS..... \_\_\_\_ GO TO TIS\_BMEN\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_BMEN\_RECOM
- DON’T KNOW..... 77 GO TO TIS\_BMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_REASON**

What is the MAIN reason [TEEN] did not receive meningitis shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- SCHOOL REQUIREMENT ..... 4
- VACCINE NOT AVAILABLE IN PROVIDER’S OFFICE ..... 5
- CHILD NOT APPROPRIATE AGE ..... 6
- OTHER- SPECIFY: ..... 7
- DON’T KNOW ..... 77
- REFUSED ..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_BMEN\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_BHPV
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_BMEN\_REASON includes 1 THEN GO TO TIS\_BHPV
- (2) ELSE IF TIS\_BMEN\_REASON does not include 1 THEN GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive meningitis shots?

- YES ..... 1 GO TO TIS\_BHPV
- NO ..... 2 GO TO TIS\_BHPV
- DON’T KNOW ..... 77 GO TO TIS\_BHPV
- REFUSED ..... 99 GO TO TIS\_BHPV

**TIS\_BHPV** Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which you may have heard of.

YES..... 1 GO TO TIS\_BHPV\_KNOWLEDGE  
NO..... 2 GO TO TIS\_BHPV\_KNOWLEDGE  
DON'T KNOW.... 77 GO TO TIS\_BHPV\_KNOWLEDGE  
REFUSED..... 99 GO TO TIS\_BHPV\_KNOWLEDGE

**TIS\_BHPV\_KNOWLEDGE**

The human papillomavirus is a common virus known to cause genital warts and some cancers, such as cervical cancer in women. A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine, HPV shot, or GARDASIL.

Before today, have you ever heard of the cervical cancer vaccine, HPV shot, or Gardasil?

YES..... 1  
NO..... 2  
DON'T KNOW.... 77  
REFUSED..... 99

- (1) IF TIS\_S4 = FEMALE AND Response = 1 CONTINUE TO TIS\_BHPV2
- (2) ELSE IF TIS\_S4 = FEMALE AND Response = 2 GO TO TIS\_BHPV\_INTENT
- (3) ELSE IF TIS\_S4 = FEMALE AND Response = 77 or 99 GO TO TIS\_BHPV\_INTENT
- (4) ELSE TIS\_S4 = MALE SKIP TO TIS\_HEALTH\_VAR

**TIS\_BHPV2** Has [TEEN] ever received HPV shots?

YES..... 1 GO TO TIS\_BHPV\_DOSE  
NO..... 2 GO TO TIS\_BHPV\_INTENT  
DON'T KNOW.... 77 GO TO TIS\_BHPV\_INTENT  
REFUSED..... 99 GO TO TIS\_BHPV\_INTENT

**TIS\_BHPV\_DOSE**

How many HPV shots did [TEEN] ever receive?

SHOTS..... \_\_\_\_

- (1) IF (0, 1, 2) GO TO TIS\_BHPV\_INTENT
- (2) ELSE IF (3-9) GO TO TIS\_BHPV\_RECOM

ALL SHOTS..... 50 GO TO TIS\_BHPV\_RECOM  
DON'T KNOW.... 77 GO TO TIS\_BHPV\_RECOM  
REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_INTENT**

How likely is it that [TEEN] will receive HPV shots in the next 12 months?

- Very Likely..... 1 GO TO TIS\_BHPV\_RECOM
- Somewhat Likely..... 2 GO TO TIS\_BHPV\_RECOM
- Not too likely..... 3 GO TO TIS\_BHPV\_REASON
- Not likely at all..... 4 GO TO TIS\_BHPV\_REASON
- Not Sure/ Don't Know..... 77 GO TO TIS\_BHPV\_REASON
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_REASON**

What is the MAIN reason [TEEN] will not receive HPV shots in the next 12 months?  
[MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- VACCINE NOT NEEDED OR NOT NECESSARY ..... 2
- KNOWLEDGE – DID NOT KNOW MUCH ABOUT HPV OR HPV VACCINE... ..... 3
- NOT SEXUALLY ACTIVE ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER: SPECIFY ..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 9 THEN GO TO TIS\_BHPV\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_HEALTH\_VAR
- (3) ELSE (Response does not include 1 and/or 9) THEN GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_OTHER**

Other Reason:\_\_\_\_\_

- (1) IF TIS\_BHPV\_REASON includes 1 THEN GO TO TIS\_HEALTH\_VAR
- (2) ELSE IF TIS\_BHPV\_REASON does not include 1 THEN GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

- YES..... 1 GO TO TIS\_HEALTH\_VAR
- NO..... 2 GO TO TIS\_HEALTH\_VAR
- DON'T KNOW..... 77 GO TO TIS\_HEALTH\_VAR
- REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

# SECTION C

## Demographics

### TIS\_HEALTH\_VAR

I've been asking about shots received by [TEEN]. Now I would like to ask, has [TEEN] ever had chicken pox or varicella?

YES..... 1 GO TO TIS\_HEALTH\_VAR\_AGE  
NO ..... 2 GO TO TIS\_HEALTH\_CHECKUPA  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA  
REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_VAR\_AGE

How old was [TEEN], in years, when (GENDER3) had chicken pox?

AGE: \_\_\_\_\_

(1) IF TIS\_Health\_Var\_Age > TIS\_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS\_Health\_CHECKUPA  
(2) IF TIS\_HEALTH\_VAR\_AGE=77, THEN GO TO TIS\_Health\_Var\_Age2  
(3) IF TIS\_HEALTH\_VAR\_AGE=99, THEN GO TO TIS\_Health\_CHECKUPA  
(4) ELSE GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_VAR\_AGE2

Was [TEEN]...

...less than one year old?..... 1 GO TO TIS\_HEALTH\_CHECKUPA  
...one to five years old?..... 2 GO TO TIS\_HEALTH\_CHECKUPA  
...five to ten years old?..... 3 GO TO TIS\_HEALTH\_CHECKUPA  
...over ten years old?..... 4 GO TO TIS\_HEALTH\_CHECKUPA  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA  
REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_CHECKUPA

How old was [TEEN] at the time of [GENDER2] last check-up? Please do not include visits for medical treatment or illness.

AGE: \_\_\_\_\_

(1) IF <=10 YEARS, GO TO TIS\_HEALTH\_VISITS  
(2) IF 11-12 YEARS, GO TO TIS\_HEALTH\_VISITS  
(3) IF 13-[YAGE\_x], GO TO CHECKUP2A  
(4) IF >[YAGE\_x], THEN DISPLAY WARNING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN  
(5) IF 77 OR 99, GOTO TIS\_Health\_CHECKUP2A

**TIS\_HEALTH\_CHECKUP2A**

Did [TEEN] have an 11-12 year old well child exam or check-up?

- YES..... 1 GO TO TIS\_HEALTH\_VISITS
- NO ..... 2 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUP3A
- REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUP3A

**TIS\_HEALTH\_CHECKUP3A**

Was [TEEN]'s last check-up more than [FILL1] years ago or less than [FILL1] years ago?

- MORE THAN [YAGE\_x minus 12] YEARS AGO..... 1 GO TO TIS\_HEALTH\_VISITS
- EXACTLY [YAGE\_x minus 12] YEARS AGO..... 2 GO TO TIS\_HEALTH\_VISITS
- LESS THAN [YAGE\_x minus 12] YEARS AGO..... 3 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_VISITS
- REFUSED..... 99 GO TO TIS\_HEALTH\_VISITS

**TIS\_HEALTH\_VISITS**

During the past 12 months, how many times has [TEEN] seen a doctor or other health care professional about [GENDER2] health at a doctor's office, a clinic, or some other place? Do not include times [TEEN] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

- NONE ..... 1 GO TO TIS\_HEALTHASTHMA\_A
- 1 ..... 2 GO TO TIS\_HEALTHASTHMA\_A
- 2-3 ..... 3 GO TO TIS\_HEALTHASTHMA\_A
- 4-5 ..... 4 GO TO TIS\_HEALTHASTHMA\_A
- 6-7 ..... 5 GO TO TIS\_HEALTHASTHMA\_A
- 8-9 ..... 6 GO TO TIS\_HEALTHASTHMA\_A
- 10-12 ..... 7 GO TO TIS\_HEALTHASTHMA\_A
- 13-15 ..... 8 GO TO TIS\_HEALTHASTHMA\_A
- 16+ ..... 9 GO TO TIS\_HEALTHASTHMA\_A
- DON'T KNOW ..... 77 GO TO TIS\_HEALTHASTHMA\_A
- REFUSED..... 99 GO TO TIS\_HEALTHASTHMA\_A



**TIS\_HEALTHASTHMA\_A**

Has [TEEN] ever been told by a doctor or other health professional that [GENDER3] has asthma?

- YES..... 1 GO TO TIS\_HIRISK
- NO ..... 2 GO TO TIS\_HIRISK
- DON'T KNOW ..... 77 GO TO TIS\_HIRISK
- REFUSED..... 99 GO TO TIS\_HIRISK

**TIS\_HIRISK**

Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [TEEN] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [TEEN] had had any of the listed conditions.

**[INTERVIEWER INSTRUCTION:**

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRALVALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

**[READ IF NECESSARY]:**

BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL.]

**[READ IF RESPONDENT SAYS DK, OR NOT SURE]:**

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?

- YES..... 1 GO TO TIS\_HIRISK\_NOW
- NO ..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED..... 4 GO TO TIS\_HIRISK\_ANY

**TIS\_HIRISK\_NOW**

Does [TEEN] still have any of these conditions?

- YES..... 1 GO TO TIS\_HIRISK\_ANY
- NO ..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED..... 4 GO TO TIS\_HIRISK\_ANY

**TIS\_HIRISK\_ANY**

Do any other members of [TEEN]’s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

**INTERVIEWER INSTRUCTION:**

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE PROLAPSE AS THE ONLY CONDITION, CODE AS ‘NO’]

**[READ IF RESPONDENT SAYS DK, OR NOT SURE:**

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?]

- YES..... 1 GO TO TIS\_NOSCHOOL
- NO ..... 2 GO TO TIS\_NOSCHOOL
- DON’T KNOW ..... 3 GO TO TIS\_NOSCHOOL
- REFUSED..... 4 GO TO TIS\_NOSCHOOL

**TIS\_NOSCHOOL**

During the past 12 months, that is, since [FILL1], about howmany days did [TEEN] miss school because of illness or injury?

- NUMBER OF DAYS ..... \_\_\_ GO TO TIS\_GRADE
- NONE ..... 000 GO TO TIS\_GRADE
- CHILD DID NOT GO TO SCHOOL..... 996 GO TO TIS\_GRADE
- DON’T KNOW ..... 777 GO TO TIS\_GRADE
- REFUSED..... 999 GO TO TIS\_GRADE

**TIS\_GRADE**

What is [TEEN]'s current grade level in school?

- 6TH GRADE ..... 6 GO TO TIS\_CINTRO
- 7TH GRADE ..... 7 GO TO TIS\_CINTRO
- 8TH GRADE ..... 8 GO TO TIS\_CINTRO
- 9TH GRADE ..... 9 GO TO TIS\_CINTRO
- 10TH GRADE ..... 10 GO TO TIS\_CINTRO
- 11TH GRADE ..... 11 GO TO TIS\_CINTRO
- 12TH GRADE ..... 12 GO TO TIS\_CINTRO
- GRADUATED FROM HS ..... 13 GO TO TIS\_CINTRO
- ENROLLED IN GED PROGRAM ..... 14 GO TO TIS\_CINTRO
- COMPLETED GED PROGRAM ..... 15 GO TO TIS\_CINTRO
- NOT IN SCHOOL ..... 16 GO TO TIS\_CINTRO
- OTHER ..... 17 GO TO TIS\_GRADE\_SPECIFY
- DON'T KNOW ..... 77 GO TO TIS\_CINTRO
- REFUSED..... 99 GO TO TIS\_CINTRO

**TIS\_GRADE\_SPECIFY**

ENTER [TEEN]'S CURRENT GRADE IN SCHOOL

TIS\_GRADE\_OTH\_\_\_\_\_

**TIS\_CINTRO**

The next few questions ask for some background information about [TEEN]. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

**TIS\_C1**

Including the adults and all the children, how many people live in this household? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE\_\_\_\_\_

**TIS\_C2**

Is [TEEN] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

- YES..... 1 GO TO TIS\_C3
- NO ..... 2 GO TO TIS\_C4
- DON'T KNOW ..... 77 GO TO TIS\_C4
- REFUSED..... 99 GO TO TIS\_C4

**TIS\_C3** Is [TEEN] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean?

**CLICK ALL THAT APPLY**

- Mexican/Mexicano ..... 1
- Mexican American..... 2
- Central American..... 3
- South American ..... 4
- Puerto Rican..... 5
- Cuban/Cuban American..... 6
- Spanish-Caribbean ..... 7
- Other Spanish/Hispanic (Specify) ..... 10 GO TO TIS\_C3\_OTHR
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_C3\_OTHR**

ENTER OTHER SPECIFY \_\_\_\_\_

**TIS\_C4** Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [TEEN]'s race. Is [TEEN] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

**CLICK ALL THAT APPLY**

- White..... 1
- Black/African American ..... 2
- American Indian ..... 3
- Alaska Native..... 4
- Asian ..... 5
- Native Hawaiian ..... 6
- Pacific Islander ..... 7
- OTHER ..... 8 GO TO TIS\_C4\_OTHER
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF 8, GO TO TIS\_C4\_OTHR

(2) ELSEIF 1 THRU 7 OR 77 OR 99, THEN GO TO TIS\_C5

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

**TIS\_C4\_OTHER**

ENTER OTHER SPECIFY \_\_\_\_\_

**TIS\_C5**

What is your relationship to [TEEN]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN ..... 1
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN..... 2
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE) ..... 3
- IN-LAW OF ANY TYPE ..... 4
- AUNT/UNCLE..... 5
- GRANDPARENT..... 6
- OTHER FAMILY MEMBER ..... 7
- FRIEND..... 8
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF C5\_x (IN NIS) FILLED, THEN GO TO TIS\_C5A

(2) ELSE GO TO TIS\_C6

**TIS\_C5A**

IF TIS\_C5=01, THEN ASK: Are you also [FILL1]'s mother?

IF TIS\_C5 NE 01, THEN ASK: Is [TEEN]'s mother the same as [FILL1]'s mother?

- YES..... 1
- NO ..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF COMPLETED THE NIS INTERVIEW AND TIS\_C5A=1, FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5

(2) ELSE GO TO TIS\_C6

**TIS\_C6** What is the highest grade or year of school [FILL] completed?

- 8th GRADE OR LESS..... 1
- 9th-12th GRADE NO DIPLOMA ..... 2
- HIGH SCHOOL GRADUATE OR  
GED COMPLETED ..... 3
- COMPLETED A VOCATIONAL, TRADE,  
OR BUSINESS SCHOOL PROGRAM ..... 4
- SOME COLLEGE CREDIT BUT  
NO DEGREE..... 5
- ASSOCIATE DEGREE (AA, AS) ..... 6
- BACHELOR’S DEGREE (BA, BS, AB)..... 7
- MASTER’S DEGREE  
(MA, MS, MSW, MBA)..... 8
- DOCTORATE (PhD, EdD) or  
PROFESSIONAL DEGREE  
(MD, DDS, DVM, JD) ..... 9
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_C7** [FILL1] now married, widowed, divorced, separated, or [FILL2] never been married?

- Married ..... 1 GO TO TIS\_C8
- Widowed..... 2 GO TO TIS\_C8
- Divorced ..... 3 GO TO TIS\_C8
- Separated..... 4 GO TO TIS\_C8
- Never married ..... 5 GO TO TIS\_C8
- DECEASED ..... 6 GO TO C8\_INTRO
- DON’T KNOW ..... 77 GO TO TIS\_C8
- REFUSED..... 99 GO TO TIS\_C8

**TIS\_C8\_INTRO**

The next few questions ask for some background information about [TEEN]’s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they’re important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

**TIS\_C8**

**[IF TIS\_C7\_X= 6, THEN DISPLAY:**

Was [TEEN]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)?

**ELSE DISPLAY**

[FILL1] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

- YES..... 1 GO TO TIS\_C8\_A
- NO ..... 2 GO TO TIS\_C9
- DON'T KNOW ..... 77 GO TO TIS\_C9
- REFUSED..... 99 GO TO TIS\_C9

**TIS\_C8\_A**

[FILL] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? **CLICK ALL THAT APPLY**

- Mexican/Mexicano ..... 1
- Mexican American..... 2
- Central American..... 3
- South American ..... 4
- Puerto Rican..... 5
- Cuban/Cuban American..... 6
- Spanish-Caribbean ..... 7
- Other Spanish/Hispanic (Specify) ..... 10 GO TO TIS\_C8\_OTHR1
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF TIS\_C8\_A=10, THEN GO TO TIS\_C8\_OTHR1
- (2) ELSE GO TO TIS\_C9

**[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 10, BUT 77 AND 99 MUST BE SELECTED ALONE]**

**TIS\_C8\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

**TIS\_C9**

Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

- White..... 1
- Black/African American ..... 2
- American Indian ..... 3
- Alaska Native..... 4
- Asian ..... 5
- Native Hawaiian ..... 6
- Pacific Islander ..... 7
- OTHER ..... 8 GO TO TIS\_C9\_OTHR1
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF TIS\_C9=8, THEN GO TO TIS\_C9\_OTHR1
- (2) ELSEIF MORE THAN ONE ANSWER AT TIS\_C9 GO TO TIS\_C10
- (3) ELSE ONLY ONE ANSWER GO TO TIS\_C10A

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

**TIS\_C9\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

[IF MORE THAN ONE ANSWER AT TIS\_C9, ASK TIS\_C10; OTHERWISE SKIP TO TIS\_C10A.]

**TIS\_C10**

Which do you feel best describes [FILL] race?

- WHITE ..... 1
- BLACK/AFRICAN AMERICAN ..... 2
- AMERICAN INDIAN..... 3
- ALASKA NATIVE ..... 4
- ASIAN..... 5
- NATIVE HAWAIIAN..... 6
- PACIFIC ISLANDER ..... 7
- [TIS\_C9\_OTHR1] ..... 8
- OTHER(SPECIFY)..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF TIS\_C10=9, THEN GO TO TIS\_C10\_OTHR1
- (2) ELSE GO TO TIS\_C10A



**TIS\_C10\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

**TIS\_C10A**

What is [FILL] month, day, and year of birth?

ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR REFUSED

ENTER BIRTH DATE (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- (1) IF Any part of Date is DK or REF --> skip to C10B
- (2) ELSE IF year < 1940, GO TO C10\_check
- (3) ELSE IF TIS\_C7=6, THEN GO TO TIS\_C11A
- (4) ELSE GO TO TIS\_C11

**TIS\_C10B**

What is [FILL] current age?

AGE \_\_\_\_\_

DON'T KNOW ..... 77

REFUSED..... 99

- (1) IF TIS\_C7=6, THEN GO TO TIS\_C11A
- (2) ELSE GO TO TIS\_C11

**IF TIS\_C10B < 14 years of age, DISPLAY WARNING: "Mother must be 14 or older."**

**TIS\_C10\_check**

This would make [FILL1] [FILL2] years old; is that correct?

YES..... 1

- 1. IF TIS\_C7=6, THEN GO TO TIS\_C11A
- 2. ELSE GO TO TIS\_C11

NO ..... 2 GO TO TIS\_C10A

**TIS\_C11**

[FILL1] live at the same address as [FILL2] was born?

YES..... 1 GO TO TIS\_CFAMINC

NO ..... 2 GO TO TIS\_C11A

DON'T KNOW ..... 77 GO TO TIS\_CFAMINC

REFUSED..... 99 GO TO TIS\_CFAMINC

**TIS\_C11A**

In what city, county, and state did [FILL2] live when [FILL1] was born?

ENTER CITY. \_\_\_\_\_

ENTER COUNTY. \_\_\_\_\_

ENTER STATE \_\_\_\_\_ .

IF CHILD IS FOREIGN BORN, SELECT 'FC' (Foreign Country)

**TIS\_C11B**

What was [FILL] zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_

(1) IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5  
(2) ELSE GO TO TIS\_CFAMINC

**TIS\_CFAMINC**

Please think about your total combined family income during 2008 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

**IF RESPONDENT GIVES INCOME RANGE READ: What amount would you like me to enter?**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ GO TO TIS\_CINC  
DON'T KNOW ..... 77 GO TO TIS\_C12\_DONT\_KNOW  
REFUSED..... 99 GO TO TIS\_C12\_REFUSED

**TIS\_C12\_DONT\_KNOW**

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2008 more or less than \$20,000?

More than \$20,000..... 1 GO TO TIS\_C16  
\$20,000 ..... 2 GO TO TIS\_C19A  
Less than \$20,000 ..... 3 GO TO TIS\_C13  
DON'T KNOW ..... 77 GO TO TIS\_C19A  
REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C12\_REFUSED**

Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2008 more or less than \$20,000?

More than \$20,000..... 1 GO TO TIS\_C16  
\$20,000 ..... 2 GO TO TIS\_C19A  
Less than \$20,000 ..... 3 GO TO TIS\_C13  
DON'T KNOW ..... 77 GO TO TIS\_C19A  
REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C13** Was the total combined FAMILY income more or less than \$10,000?  
 More than \$10,000..... 1 GO TO TIS\_C15  
 \$10,000 ..... 2 GO TO TIS\_C19A  
 Less than \$10,000 ..... 3 GO TO TIS\_C14\_A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C14A** Was it more than \$7,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO..... 2 GO TO TIS\_C19A  
 DON'T KNOW..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15** Was it more than \$15,000?  
 YES..... 1 GO TO TIS\_C15\_A  
 NO. .... 2 GO TO TIS\_C15\_B  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15A** Was it more than \$17,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO ..... 2 GO TO TIS\_C19A  
 DON'T KNOW. .... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15B** Was it more than \$12,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO ..... 2 GO TO TIS\_C19A  
 DON'T KNOW. .... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C16** Was the total combined FAMILY income more or less than \$40,000?  
 More than \$40,000..... 1 GO TO TIS\_C16\_A  
 \$40,000 ..... 2 GO TO TIS\_C19A  
 Less than \$40,000 ..... 3 GO TO TIS\_C17  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C16\_A** Was the total combined FAMILY income more or less than \$60,000?  
 More than \$60,000..... 1 GO TO TIS\_C18  
 \$60,000 ..... 2 GO TO TIS\_C19A  
 Less than \$60,000 ..... 3 GO TO TIS\_C16\_B  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C16\_B** Was the total combined FAMILY income more or less than \$50,000?  
 More than \$50,000..... 1 GO TO TIS\_C19A  
 \$50,000 ..... 2 GO TO TIS\_C19A  
 Less than \$50,000 ..... 3 GO TO TIS\_C16\_C  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C16\_C** Was the total combined FAMILY income more or less than \$45,000?  
 More than \$45,000..... 1 GO TO TIS\_C19A  
 \$45,000 ..... 2 GO TO TIS\_C19A  
 Less than \$45,000 ..... 3 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C17** Was the total combined FAMILY income more or less than \$30,000?  
 More than \$30,000..... 1 GO TO TIS\_C17\_A  
 \$30,000 ..... 2 GO TO TIS\_C19A  
 Less than \$30,000 ..... 3 GO TO TIS\_C17\_B  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C17\_A** Was the total combined FAMILY income more or less than \$35,000?  
 More than \$35,000..... 1 GO TO TIS\_C19A  
 \$35,000 ..... 2 GO TO TIS\_C19A  
 Less than \$35,000 ..... 3 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C17\_B** Was the total combined FAMILY income more or less than \$25,000?  
 More than \$25,000..... 1 GO TO TIS\_C19A  
 \$25,000 ..... 2 GO TO TIS\_C19A  
 Less than \$25,000 ..... 3 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C18** Was the total combined FAMILY income more or less than \$75,000?

More than \$75,000..... 1 GO TO TIS\_C19A  
 \$75,000 ..... 2 GO TO TIS\_C19A  
 Less than \$75,000 ..... 3 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C19C** Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, TIS\_CFAMINC]?

YES..... 1  
 NO ..... 2 GO TO TIS\_CFAMINC  
 DON'T KNOW ..... 77 GO TO TIS\_CFAMINC  
 REFUSED..... 99 GO TO TIS\_CFAMINC

**TIS\_C19A** What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

DON'T KNOW ..... 77777 GO TO TIS\_C19  
 REFUSED..... 99999 GO TO TIS\_C19

**TIS\_C19A\_CONF**

To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES..... 1 GO TO TIS\_C19B  
 NO ..... 2 GO TO TIS\_C19

**TIS\_C19** In what city, county and state do you live?

ENTER CITY \_\_\_\_\_ [ALL GO TO TIS\_C19 COUNTY]  
 ENTER COUNTY \_\_\_\_\_ [ALL GO TO TIS\_C19 STATE]  
 ENTER STATE \_\_\_\_\_ [ALL GO TO TIS\_C19\_ZIP\_CONF]

**TIS\_C19\_ZIP\_CONF**

To confirm, I have your zip code as [FILL]. Is that correct?

YES..... 1 GO TO TIS\_C19B  
 NO ..... 2 GO TO TIS\_C19\_NEW\_ZIP  
 DON'T KNOW ..... 77 GO TO TIS\_C19\_B  
 REFUSED..... 99 GO TO TIS\_C19B

**TIS\_C19\_NEW\_ZIP**

What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_ \_

- DON'T KNOW ..... 77777 GO TO TIS\_C19B
- REFUSED..... 99999 GO TO TIS\_C19B

**TIS\_C19B**

Do you live within the city limits?

- YES..... 1
- NO ..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_C19C**

Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you?

- Owned or being bought..... 1
- Rented ..... 2
- Other arrangement ..... 3
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_C20**

The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to (XXX) XXX-XXXX? Please do not include cellular phones in your answers.

**INTERVIEWER INSTRUCTION: COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.**

- YES..... 1
- NO ..... 2 GO TO TIS\_CNOSERV
- DON'T KNOW ..... 77 GO TO TIS\_CNOSERV
- REFUSED..... 99 GO TO TIS\_CNOSERV

**TIS\_C21**

How many telephone numbers are residential numbers?

THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED).

- ONE..... 1
- TWO ..... 2
- THREE OR MORE ..... 3
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_CNOSERV**

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer. Do not include interruptions of phone service due to weather or natural disasters.

- YES..... 1 GO TO TIS\_CHOWLONG1
- NO ..... 2 GO TO TIS\_C21\_06Q3\_CELL
- DON'T KNOW ..... 77 GO TO TIS\_C21\_06Q3\_CELL
- REFUSED..... 99 GO TO TIS\_C21\_06Q3\_CELL

**TIS\_CHOWLONG1**

For how long was your household without telephone service in the past 12 months?

IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER \_\_\_\_\_

- DON'T KNOW ..... 77 GO TO TIS\_C11Q77
- REFUSED..... 99 GO TO TIS\_C11Q77

**TIS\_CHOWLONG2**

ENTER PERIOD \_\_\_\_\_

- DAY(S)..... 1 GO TO TIS\_C11Q77
- WEEK(S)..... 2 GO TO TIS\_C11Q77
- MONTH(S)..... 3 GO TO TIS\_C11Q77

**TIS\_C11Q77**

When your household was without telephone service, did someone in your household have a working cell phone?

- YES..... 1 GO TO TIS\_C21\_06Q3\_CELL
- NO ..... 2 GO TO TIS\_C21\_06Q3\_CELL
- DON'T KNOW ..... 77 GO TO TIS\_C21\_06Q3\_CELL
- REFUSED..... 99 GO TO TIS\_C21\_06Q3\_CELL

**TIS\_C21\_06Q3\_CELL**

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

- ONE..... 1 GO TO TIS\_C\_USUAL\_USE\_CELL
- TWO ..... 2 GO TO TIS\_C\_USUAL\_USE\_CELL
- THREE OR MORE ..... 3 GO TO TIS\_C\_USUAL\_USE\_CELL
- NONE ..... 4 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_C\_USUAL\_USE\_CELL
- REFUSED..... 99 GO TO TIS\_C\_USUAL\_USE\_CELL

**TIS\_C\_USUAL\_USE\_CELL**

How many [of these] cell phones do [TEEN]'s parents and guardians usually use?

- ONE..... 1 GO TO TIS\_C11Q78
- TWO ..... 2 GO TO TIS\_C11Q78
- THREE OR MORE ..... 3 GO TO TIS\_C11Q78
- NONE ..... 4 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_C11Q78
- REFUSED..... 99 GO TO TIS\_C11Q78

**TIS\_C11Q78**

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

- NEARLY ALL RECEIVED ON  
CELL PHONES..... .1 GO TO TIS\_D5
- NEARLY ALL RECEIVED ON  
REGULAR PHONES..... 2 GO TO TIS\_D5
- SOME RECEIVED ON CELL PHONES  
AND SOME RECEIVED  
ON REGULAR PHONES ..... .3 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_D5
- REFUSED..... 99 GO TO TIS\_D5



# SECTION D

## *Provider Questions*

**TIS\_D5** To get a complete picture of the vaccinations received by your child, we would like to contact doctors, health clinics, or any other place where your child received vaccinations to obtain a copy of the vaccination records. These records contain only the types and dates of the immunizations for your child.

**READ IF NECESSARY:**

Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. You and your provider's participation will help the CDC prevent many serious childhood diseases.

**TIS\_D6\_X** How many locations have provided vaccinations for your child named [TEEN] whose birth date is [FILL1]?

**ENTER 77 FOR DON'T KNOW AND 99 REFUSED**

ENTER NUMBER ..... \_\_\_\_ GO TO TIS\_D6A\_1  
ZERO..... 0 GO TO TIS\_D6AA  
DON'T KNOW ..... 77 GO TO TIS\_D6AA  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

**TIS\_D6AA\_X** How many locations have provided health care for your child? Please include the hospital and any other clinics or doctor's offices that have seen [GENDER1].

**ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR OTHER HEALTH CARE PROVIDER.**

**ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED**

ENTER NUMBER ..... \_\_\_\_ GO TO D6A\_1\_X  
ZERO..... 0 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)  
DON'T KNOW ..... 77 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)  
REFUSED..... 99 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)

**TIS\_D6 A\_1\_X**

Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

YES, CONTINUE ON..... 1 GO TO PLU

NO, CAN'T FIND, CONTINUE..... 2 GO TO PLU

REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

<p style="text-align: center;"><i>NIS-TEEN PROVIDER LOOKUP</i> <i>Provider Search Information Screen</i></p>
--

Please locate the (first/second/...) provider for (child name)

In order to help me accurately record the information for your child's health care provider, I will need to try and find that provider in a "lookup" database. The most efficient search is typically the doctor's last name in combination with the city and state where the office is located. Do you have that information?

**READ IF R DOESN'T HAVE THE LAST NAME: Do you have the clinic or office name?**

**What is the last name of the (first/next) doctor?** [variable: D6B1]

**Please tell me the name of the office or the clinic.** [variable: D6B3]

**What is the street address of the office or the clinic?** [variable: D6B4]

**Is there a suite, floor or room number?** [variable: D6B5]

**What is the zip code?** [variable: D6B8]

**What city is that in?** [variable: D6B6]

**What state is that in?** [variable: D6B7]

**What is their telephone number?** [variable: D6B9]

**Do you know the doctor's first name?** [variable: D6B2]

SEARCH

DK

REF

***Search Results Screen***

**READ IF NECESSARY:**

Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action

- DK
- REF
- MODIFY SEARCH
- ADD NEW PROVIDER

***Provider Details Screen***

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

- DK ..... GO TO PLU FINISHED
- REF ..... GO TO PLU FINISHED
- MODIFY ..... GO TO MODIFY PROVIDER
- MODIFY SEARCH ..... GO TO PROVIDER SEARCH SCREEN
- CANCEL ..... GO TO SEARCH RESULTS
- EXACT MATCH (MATCH=A) ..... GO TO PLU FINISHED
- UPDATE ADDRESS (MATCH=B) ..... GO TO MODIFY PROVIDER
- UPDATE PROVIDER NAME (MATCH=C).. GO TO MODIFY PROVIDER
- ADD NEW PROVIDER (MATCH=D) ..... GO TO MODIFY PROVIDER

***Modify Provider Screen:***

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

- First Name
- Last Name
- Practice
- Address
- Suite
- City
- State
- Zip
- Phone

**New Provider Screen:**

I'm still unable to find an exact match in the data base for your child's health care provider. This happens occasionally, but I can add it now. Please give me the name, address and telephone number of that provider.

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

- First Name  
*LEAVE BLANK IF UNKNOWN*
- Last Name  
*LEAVE BLANK IF UNKNOWN*
- Practice  
*LEAVE BLANK IF UNKNOWN*
- Address  
*LEAVE BLANK IF UNKNOWN*
- Suite  
*LEAVE BLANK IF UNKNOWN*
- City  
*LEAVE BLANK IF UNKNOWN*
- State  
*LEAVE BLANK IF UNKNOWN*
- Zip  
*LEAVE BLANK IF UNKNOWN*
- Phone  
*LEAVE BLANK IF UNKNOWN*

**TIS\_D8** In order to help the doctor or clinic locate your child's vaccination records, what is [TEEN]'s full name - first, middle, and last name?

**IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.**

Continue..... 1 GOT TO TIS\_D8A  
REFUSED ..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

**TIS\_D8A** What is [TEEN]'s full name - first, middle, and last name?  
FIRST NAME: IF R REFUSES LEAVE BLANK\_\_\_\_\_

**TIS\_D8B** (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D8C** (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)  
 LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D9** Could I know...what is your full name – first, middle, and last?  
 IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.  
 CONTINUE..... 1 GO TO TIS\_D9A  
 REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
 TIS\_INS\_INTRO

**TIS\_D9A** What is your first name?  
 FIRST\_\_\_\_\_

**TIS\_D9B** What is your middle name?  
 MIDDLE\_\_\_\_\_

**TIS\_D9C** What is your last name?  
 LAST\_\_\_\_\_

**TIS\_D9D.** I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?  
 YES..... 1 GO TO TIS\_D6C  
 NO ..... 2 GO TO TIS\_D9D1  
 REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
 TIS\_INS\_INTRO

**TIS\_D6C** The vaccination records collected from the provider(s) will be kept in strict confidence.

**TIS\_D7\_ID** Capture Interviewer ID upon entering question D7

**TIS\_D7** Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?  
 YES..... 1 GO TO TIS\_DCG  
 NO (Only choose this when you have made all appropriate aversion attempts)..... 2 GO TO TIS\_SECT\_D\_TERM/  
 TIS\_INS\_INTRO

**D7\_DATE** Capture date at the time the answer to D7 is given

**D7\_TIME** Capture time at the time the answer to D7 is given

**TIS\_DCG** I would like to confirm that I have the correct information for you and the children in this household.

**[INTERVIEWER: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]**

**TIS\_DCG1** I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

YES..... 1 GO TO DCG2\_X

NO ..... 2 GO TO D9A\_C\_X

**TIS\_D9A\_C** What is your full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**D9B\_C** (What is your full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**D9C\_C** (What is your full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**DCG2** The name I have for [TEEN] is [FILL1]. Is this correct?

YES..... 1 GO TO TIS\_DCONFDOB\_X

NO ..... 2 GO TO TIS\_DA\_1\_C

**TIS\_A\_1\_C** What is [TEEN]'s full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_B\_1\_C** (What is [TEEN]'s full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_C\_1\_C** (What is [TEEN]'s full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_DCONFDOB**

The birth date I have for [TEEN] is [FILL1]. Is this correct?

YES..... 1 GO TO TIS\_INS INTRO

NO ..... 2 GO TO TIS\_DNEWDOB

**TIS\_DNEWDOB\_X**

What is the correct month, day and year of birth of [TEEN]?

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**ASK ONLY IF D9D=2**

**TIS\_D9D1** Please give me the full name of someone who can authorize the release of these immunization records.

Continue..... 1 GO TO TIS\_D9D1F

Refusal ..... 2 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

**TIS\_D9D1F** What is the first name?

FIRST \_\_\_\_\_

**TIS\_D9D1M** What is the middle name?

MIDDLE \_\_\_\_\_

**TIS\_D9D1L** What is the last name?

LAST \_\_\_\_\_

**TIS\_D9DREL** What is this person's relationship to [TEEN]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE

GUARDIAN ..... 1

FATHER (STEP, FOSTER, ADOPTIVE)

OR MALE GUARDIAN ..... 2

SISTER OR BROTHER

(STEP/FOSTER/HALF/ADOPTIVE)..... 3

IN-LAW OF ANY TYPE ..... 4

AUNT/UNCLE..... 5

GRANDPARENT..... 6

OTHER FAMILY MEMBER ..... 7

FRIEND..... 8

**TIS\_D9D1A** May I speak with that person now?

YES..... 1 GO TO TIS\_D9D1NEW

NO ..... 2 GO TO TIS\_D9D2

**TIS\_D9D2** When would be a good time to call this person?

**SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN**

**IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION**

APPOINTMENT ..... 1 GO TO  
UNIVERSAL EXIT-CB1  
CONTINUE..... 2 GO TO TIS\_D9D1NEW

**TIS\_SECT\_D\_TERM**

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the study's toll-free number, 1-866-999-3340. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

*READ WHEN NEW PERSON COMES TO THE PHONE  
OR FOR Authorized Consent Respondent CALLBACK INTRODUCTION*

**TIS\_D9D1NEW** Hello, my name is \_\_\_\_\_. Am I speaking with [FILL]?

YES..... 1 GO TO TIS\_D9D2ANEW  
NO..... 2 GO TO TIS\_D9D2

**TIS\_D9D2ANEW**

I'm calling on behalf of the Centers for Disease Control and Prevention. We talked with [FILL1] and collected immunization and provider information for [TEEN].

We understand that you could authorize the release of immunization information for [TEEN]. This study is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only.

**TIS\_D9D\_1** I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?

YES..... 1 GO TO TIS\_D6C  
NO ..... 2 RETURN TO TIS\_D9D1  
REFUSED..... 99 GO TO TIS\_SECTTERM



# SECTION E

## HEALTH INSURANCE MODULE

### TIS\_INS INTRO

Next I'm going to ask you a few questions about [TEEN]'s health insurance..

### TIS\_INS\_1

At this time, is (TEEN) covered by health insurance that is provided through an employer or union?

#### READ ONLY IF NECESSARY:

These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES ..... 1 GO TO TIS\_INS\_1A  
NO ..... 2  
DON'T KNOW ..... 77  
REFUSED ..... 99

### TIS\_INS\_1A

Does this health insurance help pay for both doctor visits and hospital stays?

YES..... 1  
NO ..... 2  
DON'T KNOW ..... 77  
REFUSED..... 99

**TIS\_INS\_2**

[IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN SKIP TO TIS\_INS\_3A else read TIS\_INS\_2]

At this time, is (TEEN) covered by any Medicaid plan? Medicaid is a health insurance program for persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

**READ IF NECESSARY:**

Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

**IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):**

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES..... 1 GO TO GO TO TIS\_INS\_3
- NO ..... 2 GO TO GO TO TIS\_INS\_3
- DON'T KNOW ..... 77 GO TO GO TO TIS\_INS\_3
- REFUSED..... 99 GO TO GO TO TIS\_INS\_3

**TIS\_INS\_3**

At this time, is (TEEN) covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

**READ IF NECESSARY:**

The State Children's Health Insurance Program (S-CHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

**IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):**

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES..... 1 GO TO GO TO TIS\_INS\_4
- NO ..... 2 GO TO GO TO TIS\_INS\_4
- DON'T KNOW ..... 77 GO TO GO TO TIS\_INS\_4
- REFUSED..... 99 GO TO GO TO TIS\_INS\_4

**TIS\_INS\_3A** At this time, is (TEEN) covered by any Medicaid plan or the State Children’s Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM “TEXT FILLS” SPREADSHEET].

**READ IF NECESSARY:**

Medicaid and S-CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

**IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):**

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES..... 1
- NO ..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_INS\_4** At this time, is (TEEN) covered by the Indian Health Service?

- YES..... 1
- NO ..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_INS\_5** At this time, is (TEEN) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

**READ IF NECESSARY:**

CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

- YES..... 1
- NO ..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_INS\_6** Besides what you have already told me about, is (TEEN) covered by any other health insurance or health care plan?

**[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK 'NO'.]**

YES..... 1 GO TO TIS\_INS\_6A  
NO ..... 2 GO TO TIS\_INS\_7  
DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
REFUSED..... 99 GO TO TIS\_INS\_7

**TIS\_INS\_6A** Does this health insurance help pay for both doctor visits and hospital stays?

YES..... 1  
NO ..... 2 GO TO TIS\_INS\_7  
DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
REFUSED..... 99 GO TO TIS\_INS\_7

**TIS\_INS\_6B** Is this health insurance provided through an employer or union?

YES..... 1 GO TO TIS\_INS\_11  
NO ..... 2  
DON'T KNOW ..... 77  
REFUSED..... 99

**TIS\_INS\_6C** Is this health insurance purchased directly from an insurance company?

YES..... 1 GO TO TIS\_INS\_11  
NO ..... 2  
DON'T KNOW ..... 77  
REFUSED..... 99

**TIS\_INS\_6D** I recorded that (TEEN) was covered by some other health insurance. What is the name of the plan? ENTER 77 FOR DON'T KNOW OR 99 FOR REFUSED

CONTINUE..... 1 GO TO TIS\_INS\_6D  
DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
REFUSED..... 99 GO TO TIS\_INS\_11

**TIS\_INS-6D-1** Record verbatim response #1 \_\_\_\_\_

**TIS\_INS-6D-2** Record verbatim response #2 \_\_\_\_\_

**NEXT SECTION: ASK TIS\_INS-7 THROUGH TIS\_INS-10 IF UNINSURED:**

IF TIS\_INS-1A, TIS\_INS-2, TIS\_INS-3, TIS\_INS-3A, TIS\_INS-4, TIS\_INS-5, or TIS\_INS-6A = 1, THEN SKIP TO TIS\_INS-11

**TIS\_INS\_7** It appears that (TEEN) does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

- YES..... 1 GO TO TIS\_INS\_8
- NO ..... 2
- DON'T KNOW ..... 77 GO TO TIS\_INS\_11
- REFUSED..... 99 GO TO TIS\_INS\_11

**TIS\_INS\_7A** At this time, what kind of health coverage does (TEEN) have? Any other kind?

**[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]**

- (1) MEDICAID [STATE NAME]
- (2) MEDICARE
- (3) S-CHIP [STATE NAME]
- (4) MEDIGAP
- (5) MILITARY
- (6) INDIAN HEALTH SERVICE
- (7) PRIVATE INSURANCE
- (8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
- (9) OTHER
- (77) DON'T KNOW
- (99) REFUSED

- (1) IF TIS\_INS\_7A = 1, 3, 5, OR 6 [SKIP TO INS-11]
- (2) ELSE IF TIS\_INS\_7A = 2, 4, 7, OR 9 [SKIP TO TIS\_INS\_7B]
- (3) ELSE IF ONLY (8) IS SELECTED [SKIP TO TIS\_INS\_8]
- (4) ELSE (77 or 99) [SKIP TO TIS\_INS\_8]

**TIS\_INS\_7B** Does this health insurance help pay for both doctor visits and hospital stays?

- YES..... 1 GO TO TIS\_INS-11
- NO ..... 2
- DON'T KNOW ..... 77 GO TO TIS\_INS-11
- REFUSED ..... 99 GO TO TIS\_INS-11

**UNINSURED SUB SECTION**

**TIS\_INS\_8** Since [TEEN] was 11 years old, has [TEEN] always been uninsured?

- YES..... 1 GO TO TIS\_INS-14
- NO ..... 2
- DON'T KNOW ..... 77 GO TO TIS\_INS-14
- REFUSED ..... 99 GO TO TIS\_INS-14

**TIS\_INS\_9** How old was (TEEN) THE FIRST TIME (TEEN) became uninsured?  
 YEARS ..... \_\_\_\_ GO TO TIS\_INS-10  
 DON'T KNOW ..... 77 GO TO TIS\_INS-10  
 REFUSED ..... 99 GO TO TIS\_INS-10

**TIS\_INS\_10** During the years when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] have? Medicaid, Medicare, S-CHIP, Medigap, Military, Indian Health Service, Private Health Insurance, or another insurance type?

Medicaid [Fill state program name, if applicable] ..... 1  
 Medicare ..... 2  
 S-CHIP [Fill state program name, if applicable] ..... 3  
 Medigap ..... 4  
 Military ..... 5  
 Indian Health Service ..... 6  
 Private Health Insurance ..... 7  
 Other Insurance Type ..... 8  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

**SKIP TO LAST SECTION (TIS\_INS-14) IF TIS\_INS-10 WAS ASKED**

**TIS\_INS\_11** Since age 11 was there any time when [TEEN] was not covered by any health insurance for any reason?

YES ..... 1  
 NO ..... 2 GO TO TIS\_INS-13  
 DON'T KNOW ..... 77 GO TO TIS\_INS-13  
 REFUSED ..... 99 GO TO TIS\_INS-13

**TIS\_INS\_12** How old was [TEEN] THE FIRST TIME [TEEN] became uninsured?

YEARS ..... \_\_\_\_ GO TO TIS\_INS-12  
 UNINSURED AT BIRTH ..... 44 GO TO TIS\_INS-13  
 DON'T KNOW ..... 77 GO TO TIS\_INS-13  
 REFUSED ..... 99 GO TO TIS\_INS-13

**TIS\_INS\_13** [IF TIS\_INS\_2 = 1 or TIS\_INS\_3 = 1 OR TIS\_INS\_3A = 1 [SKIP TO TIS\_INS\_14]

Since age 11, has [TEEN] ever been covered by any Medicaid plan or the State Children's Health Insurance Program? [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

**TIS\_INS\_14** Did cost of vaccinations ever cause you to delay or not get a vaccination for (TEEN)?

YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... 77  
 REFUSED..... 99

(1) IF TIS\_SR1=1 or TIS\_B1=1 or (if D6\_X ≠ 0, 77, or 99), THEN GO TO TIS\_INS\_15  
 (2) ELSE CP\_TISEND

**TIS\_INS\_15** [IF TIS\_INS\_8=1 SKIP TO CP\_TISEND]

When [TEEN] received (GENDER2) most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

All of the cost..... 1  
 Some of the cost..... 2  
 None of the cost ..... 3  
 DON'T KNOW ..... 77  
 REFUSED..... 99

**TIS\_INS\_16** How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

All of the cost..... 1  
 Some of the cost..... 2  
 None of the cost ..... 3  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

**TIS\_D16** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_D16]

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the study's toll-free number, 1-866-999-3340. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.