

NIS-TEEN Hard Copy Questionnaire

Q4 2013

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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 stated 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=1,7 AND ASK_FLU = 0 THEN FILL TIS_UNDER18 AND GO TO TIS_S1AQT
 - (3) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND SAMPLE_USE_CODE=1,7 AND ASK_FLU = 1 AND LONG_FLU_FLAG = 1 THEN FILL TIS_UNDER18 AND GO TO LF_CP_SELECTION
 - (4) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND SAMPLE_USE_CODE=4,8 THEN FILL TIS_UNDER18 AND GO TO LL_TYPE IN NSCH
 - (5) ELSE IF (S_NUMB=C_TMP AND >=1 YAGE_x = 13, 14, 15, 16 OR 17) THEN GO TO CP_TISMULTIAGE.
 - (6) 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=1,4,7,8 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, PR SAMPLE_USE_CODE =7,8 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_Under18 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_DKINTRO
- NO..... 2 GO TO TIS_S1TERM

TIS_DKINTRO

[LANDLINE SAMPLE] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study. This call will be recorded or monitored.

[CELL SAMPLE] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING 0

CONTINUE WITH INTERVIEW and RECORDING 1

ALL GO TO TIS_UNDER18

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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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 the age of 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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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_DKAGEINTRO
NO..... 2 GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS_S1TERM

TIS_DKAGEINTRO [LANDLINE SAMPLE] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study. This call will be recorded or monitored.

[CELL SAMPLE] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING 0

CONTINUE WITH INTERVIEW and RECORDING 1

ALL GO TO TIS_S3AGE_X

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 [Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD,
- NO, WRONG # OF CHILDREN 3 GO TO TIS_UNDER18 Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD
- 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 = 1,7, 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 with no impact on benefits you may receive. 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 I'd like to continue now unless you have any questions.
CONTINUE..... 1 GO TO TIS_S3
R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS_S3_LAW

TIS_S3_LAW The Public Health Service Act is Title 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 N-O-R-C at the University of Chicago, 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].

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 SAMPLE_USE_CODE=4,7,8 AND S_NUMB=0 AND TIS_UNDER18=0 GO TO NO_CHILD. ELSE READ 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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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, 1-877-267-8154. 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 IF SAMPLE USE CODE=7, READ:] Those are all the questions I have. This survey is collecting information on the health of teenagers 13 to 17 years old. I'd like to thank you on behalf of the [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention for the time you spent answering these questions.

[ELSE READ]

Those are all the questions I have. This survey is collecting information on the health of children [IF PA_INFANT_FLAG=1 and RDD_NCELL_CCELL = 1 THEN DISPLAY "7" ELSE "19"] months to 35 months old and teenagers 13 to 17 years old. I'd like to thank you on behalf of the [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention for the time you spent answering these questions.

NO_CHILD [IF INCENTIVE > 0 THEN GO TO ADDRESS_COLLECTION, THEN READ NO_CHILD]
Those are all the questions I have. We are only interviewing in households with children. I'd like to thank you on behalf of the [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention for the time and effort you've 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 TYRDKINT
RETURN TO QUESTIONNAIRE 2 GO TO TIS_S1TERM

TYRDKINT Hi. I'm calling for the [If IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention. We're calling about an important [IF IAP NOT 105, DISPLAY '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 with no impact on benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING
(01) CONTINUE WITH INTERVIEW AND RECORDING

ALL GO TO TIS_S3

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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention. We're calling about an important [IF IAP NOT 105 FILL: '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 with no impact on benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. This call will be recorded or monitored. 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 Title 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?

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, the National Center for Immunization and Respiratory Diseases, and its agent, N-O-R-C at the University of Chicago, who works 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.

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 [IF IAP=105 DISPLAY: ‘Department of Public Health and Social Services and 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]?

IF IAP=105, DISPLAY:
INTERVIEWER NOTE: THIS IS OFTEN A YELLOW IMMUNIZATION CARD

- YES..... 1 GO TO TIS_SR2
- NO..... 2 GO TO TIS_B1
- DON’T KNOW 77 GO TO TIS_SR2
- REFUSED..... 99 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_B1

TIS_SR3

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

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

SECTION A

AVAILABLE SHOT RECORDS

SHOT RECORD FOR MEASLES/MMR

TIS_AMMR Thank you for getting the shot records. The remainder of the survey will take about 20 minutes. 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 [IF IAP=105 DISPLAY: 'or Hep 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 [IF IAP=105 DISPLAY: 'or Hep 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

<i>SHOT RECORD FOR INFLUENZA</i>

TIS_AINFLU The next questions are about influenza [IF IAP=105 DISPLAY: 'or flu'] vaccination. Looking at the shot record, during the past 12 months, please tell me how many times [TEEN] has had a flu shot or a flu vaccine sprayed in [GENDER2] nose by a doctor or other health professional? A flu shot or nasal [IF IAP NOT 105 DISPLAY: '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 flu nasal spray vaccine is called Flumist®.

NUMBER..... GO TO TIS_AINFLU_DATE_X
 ZERO..... 0 GO TO TIS_AINFLU_REC
 DON'T KNOW 77 GO TO TIS_AINFLU_REC
 REFUSED..... 99 GO TO TIS_AINFLU_REC

[BEGIN LOOP FOR NUMBER OF SHOTS ON THE SHOT RECORD]

TIS_AINFLU_DATE_X

What was the date of the [FILL VAR: (First/Second/...)] flu shot or flu nasal spray?

MONTH	DAY	YEAR
_ _	_	_

DATE..... _/ _/ _
 DON'T KNOW 77
 REFUSED..... 99

IF DATE IS NOT IN THE PAST 12 MONTHS, DISPLAY HARD CHECK, "Not within the last year."

TIS_AINFLU_TYPE_X

Which type of flu vaccine did [TEEN] receive?

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

Flu Shot..... 1 GO TO TIS_AINFLU_REC
 Flu Nasal Spray..... 2 GO TO TIS_AINFLU_REC
 DON'T KNOW..... 77 GO TO TIS_AINFLU_REC
 REFUSED..... 99 GO TO TIS_AINFLU_REC

[END LOOP FOR NUMBER OF SHOTS ON THE SHOT RECORD]

TIS_AINFLU_REC

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

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

(1) If TIS_AINFLU_REC = (2, 77 or 99) and TIS_AINFLU <> 1 then [GO TO TIS_ANEXTFLU].

(2) ELSE IF TIS_AINFLU_REC = (2, 77 or 99) and TIS_AINFLU = 1 then [GO TO TIS_AFLUPLACE].

TIS_AINFLU_REC_NUM

Please tell me how many flu shots or vaccines [TEEN] has received that are NOT listed on the shot record.

- NUMBER..... GO TO TIS_AINFLU_REC_DATE_X
- ZERO..... 0 GO TO TIS_AINFLU_REC
- DON'T KNOW 77
- REFUSED..... 99

(1) IF TIS_AINFLU_REC_NUM = 77 or 99 AND TIS_AINFLU <>1-9, GO TO CP_ANEXTFLU

(2) ELSE IF TIS_AINFLU_REC_NUM=77 OR 99 AND TIS_AINFLU IN 1-9, GO TO TIS_AFLUPLACE

[BEGIN LOOP FOR NUMBER OF SHOTS NOT ON SHOT RECORD]

TIS_AINFLU_REC_DATE_X

During what month and year did [TEEN] receive the [FILL VAR: (First/Second/...)] 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:

--	--

- DATE..... _/ _/ _
- DON'T KNOW 77
- REFUSED..... 99

IF DATE IS NOT IN THE PAST 12 MONTHS, DISPLAY HARD CHECK, "Not within the last year."

TIS_AINFLU_REC_TYPE_X

Was this a shot or the spray in the nose?

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

[END LOOP FOR NUMBER OF SHOTS NOT ON SHOT RECORD]

TIS_AFLUPLACE

At what kind of place did [TEEN] get [GENDER2] most recent 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 [GO TO TIS_AFLUPLACE_OTHER]
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE [GO TO TIS_AFLUPLACE_OTHER]
- (10) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (11) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]
- (77) DON'T KNOW
- (99) REFUSED

[ALL ELSE GO TO CP_ANEXTFLU]

TIS_AFLUPLACE_OTHER

OTHER LOCATION: _____

GO TO CP_ANEXTFLU

CP_ANEXTFLU

IF TIS_AINFLU_DATE_X >= 07/01/2013 or TIS_AINFLU_REC_DATE_X >= 07/01/2013, GO TO TIS_ATET. ELSE GO TO TIS_ANEXTFLU.

TIS_ANEXTFLU

How likely is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of June, 2014? Would you say [FILL VAR: he/she]:

- Will definitely get one 1
- Will probably get one..... 2
- Will probably not get one, or 3
- Will definitely not get one 4
- DON'T KNOW 77
- REFUSED 99

<i>SHOT RECORD FOR TETANUS</i>

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.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Dtap, DT, or DTP shots, which children usually receive before age six.)

- SHOTS..... IF 3 TO 9 GO TO
THIS_ATET_CONF_NUM, ELSE 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_CONF_NUM

Are you sure these are tetanus booster shots, either Td or Tdap? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

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

- (1) If TIS_ATET_CONF_NUM= (1,77, 99) begin loop at TIS_ATET_DATE_X.
- (2) Else if TIS_ATET_CONF_NUM=2, go back to TIS_ATET.

TIS_ATET_TYPE_X

Which type of tetanus booster shot did [TEEN] receive, Td or Tdap?

- 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 Td or Tdap 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 Td or Tdap shots? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

- 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 or Tdap?

- 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 Td or Tdap shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (3) VACCINE IS NOT NEEDED OR NECESSARY
- (4) SCHOOL DOES NOT REQUIRE
- (5) SAFETY CONCERNS
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (8) SHOT COULD BE PAINFUL
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
- (12) OTHER- SPECIFY

- (77) DON'T KNOW
- (99) REFUSED

IF TIS_ATET_REASON=1, GO TO TIS_AMEN. ELSE IF TIS_AMEN_REASON=12, GO TO TIS_ATET_OTHER. ELSE GO TO TIS_ATET_RECOM.

TIS_ATET_OTHER

Other Reason: _____

GO TO TIS_ATET_RECOM

TIS_ATET_RECOM

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

- YES..... 1 GO TO TIS_ATET_RECOM_AGE
- NO..... 2 GO TO CP_TIS_ATETPLACE
- DON'T KNOW..... 77 GO TO CP_TIS_ATETPLACE
- REFUSED..... 99 GO TO CP_TIS_ATETPLACE

TIS_ATET_RECOM_AGE

At what age did the doctor or health care professional recommend that [TEEN] should receive the Td or Tdap shots?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

ALL 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-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE – GO TO TIS_ATETPLACE_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_ATETPLACE_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]
- (77) DON'T KNOW
- (99) REFUSED

TIS_ATETPLACE_OTHER

Other place: _____

ALL GO TO TIS_AMEN

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, MENVEO, 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?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND GO TO TIS_AHPV_RECOM
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASE/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (3) VACCINE IS NOT NEEDED OR NECESSARY
- (4) SCHOOL DOES NOT REQUIRE
- (5) SAFETY CONCERNS
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (8) SHOT COULD BE PAINFUL
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
- (12) OTHER- SPECIFY: GO TO TIS_AMEN_OTHER

- (77) DON'T KNOW
- (99) REFUSED

IF NOT 1 OR 12, GO TO TIS_AMEN_RECOM

TIS_AMEN_OTHER

Other Reason: _____

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_AMEN_RECOM_AGE
- NO..... 2 GO TO TIS_CP_MCV_LOCATION
- DON'T KNOW..... 77 GO TO TIS_CP_MCV_LOCATION
- REFUSED..... 99 GO TO TIS_CP_MCV_LOCATION

TIS_AMEN_RECOM_AGE

At what age did the doctor or health care professional recommend that [TEEN] should start receiving shots to prevent meningitis?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

CP_MCV_LOCATION

IF TIS_AMEN \geq 1 OR TIS_AMEN_DOSE \geq 1, 50, 77, 99 GO TO TIS_AMCV_LOCATION; ELSE GO TO TIS_AHPV_RECOM

TIS_AMCV_LOCATION

At what kind of place(s) did [TEEN] ever get [his/her] MOST RECENT meningitis shot?

[READ ONLY IF NECESSARY]

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE – GO TO TIS_AMCV_LOCATION_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_AMCV_LOCATION_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]
- (77) DON'T KNOW
- (99) REFUSED

TIS_AMCV_LOCATION_OTHER

Other place: _____

ALL GO TO TIS_AHPV_RECOM

SHOT RECORD FOR HPV SHOT

TIS_AHPV_RECOM

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

- YES..... 1 GO TO TIS_AHPV_AGE
- NO..... 2 GO TO TIS_AHPV2
- DON'T KNOW..... 77 GO TO TIS_AHPV2
- REFUSED..... 99 GO TO TIS_AHPV2

TIS_AHPV_AGE

At what age did the doctor or health care professional recommend that [TEEN] should start receiving the HPV shots?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

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 TIS_S4=02, 77, 99 GO TO TIS_AHPV_WHICH
- (2) ELSE IF TIS_S4=01 AND TIS_AHPV2<3 GO TO TIS_AHPV_RECALL
- (3) ELSE IF TIS_S4=01 AND TIS_AHPV2>=3 GO TO TIS_AHPV_LOCATION

TIS_AHPV_WHICH

Which of the two HPV vaccines did your child receive?

Gardasil-The vaccine that protects against most cervical cancers, genital warts, and some other less common cancers1

Cervarix--The vaccine that protects against most cervical cancers.....2

BOTH GARDASIL AND CERVARIX.....3

DON'T KNOW.....77

REFUSED..... .99

- (1) IF TIS_AHPV_WHICH IN (01,02,03,77,99) AND TIS_AHPV2 < 3 GO TO TIS_AHPV_RECALL.
- (2) ELSE IF TIS_AHPV_WHICH IN (01,02,03,77,99) AND TIS_AHPV2 >=3 GO TO TIS_AHPV_LOCATION.

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 F TIS_AHPV2 = (1-9, 50, 77, 99), GO TO TIS_AHPV_LOCATION; ELSE IF TIS_AHPV2 = 0, GO TO TIS_AHPV_INTENT.
- DON'T KNOW..... 77 IF TIS_AHPV2 = (1-9, 50, 77, 99), GO TO TIS_AHPV_LOCATION; ELSE IF TIS_AHPV2 = 0, GO TO TIS_AHPV_INTENT.
- REFUSED..... 99 IF TIS_AHPV2 = (1-9, 50, 77, 99), GO TO TIS_AHPV_LOCATION; ELSE IF TIS_AHPV2 = 0, GO TO TIS_AHPV_INTENT.

TIS_AHPV_DOSE

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

SHOTS.....	_____
ALL SHOTS.....	50
DON'T KNOW.....	77
REFUSED.....	99

IF TIS_S4 = 02, 77, 99, THEN DO:

IF TIS_AHPV_DOSE=0 AND TIS_AHPV2 = (1-9, 50, 77, 99), GO TO
TIS_AHPV_LOCATION; ELSE IF TIS_AHPV2 = 0, go to TIS_AHPV_INTENT
IF TIS_AHPV_DOSE IN (1-9, 50, 77, 99), GO TO TIS_AHPV_REC_WHICH

IF TIS_S4=01, THEN DO:

IF TIS_AHPV_DOSE=0 AND TIS_AHPV2 = (1-9, 50, 77, 99), GO TO
TIS_AHPV_LOCATION; ELSE IF TIS_AHPV2 = 0, go to TIS_AHPV_INTENT
IF TIS_AHPV_DOSE IN (1-9, 50, 77, 99), GO TO TIS_AHPV_LOCATION

TIS_AHPV_REC_WHICH

Which of the two HPV vaccines did your child receive?

Gardasil-The vaccine that protects against most cervical cancers, genital warts, and some other less common cancers	1	GO TO
		TIS_AHPV_LOCATION
Cervarix--The vaccine that protects against most cervical cancers.....	2	GO TO
		TIS_AHPV_LOCATION
BOTH GARDASIL AND CERVARIX.....	3	
DON'T KNOW.....	77	GO TO TIS_AHPV_LOCATION
REFUSED.....	99	GO TO TIS_AHPV_LOCATION

TIS_AHPV_LOCATION

At what kind of place(s) did [TEEN] get [FILL: his/her] first HPV shot?

[READ ONLY IF NECESSARY]

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE – GO TO TIS_AHPV_LOC_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_HPVC_LOC_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]

- (77) DON'T KNOW
- (99) REFUSED

TIS_AHPV_LOC_OTHER

Other location: _____

- (1) IF TIS_AHPV2 + TIS_AHPV_DOSE > 1, THEN GO TO TIS_AHPV_LOCATION2.
- (2) IF TIS_AHPV2 + TIS_AHPV_DOSE ≤ 1, GO TO TIS_AHPV_INTENT.

TIS_AHPV_LOCATION2

Did [TEEN] receive all doses at the same location?

- (1) YES IF TIS_AHPV2 + TIS_AHPV_DOSE ≥ 3, GO TO TIS_AHPV_SAFE. IF <3, GO TO TIS_AHPV_INTENT
- (2) NO GO TO TIS_AHPV_LOCATION3
- (77) DON'T KNOW IF TIS_AHPV2 + TIS_AHPV_DOSE = ≥3, GO TO TIS_AHPV_SAFE. IF <3, GO TO TIS_AHPV_INTENT
- (99) REFUSED IF TIS_AHPV2 + TIS_AHPV_DOSE ≥ 3, GO TO TIS_AHPV_SAFE. IF <3, GO TO TIS_AHPV_INTENT

TIS_AHPV_LOCATION3

At what kind of place(s) did [TEEN] get [FILL his/her] second and third HPV shot(s)?
[MAY GIVE MULTIPLE RESPONSES]

[READ ONLY IF NECESSARY.]

- (01) DOCTOR’S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE GO TO
TIS_AHPV_LOC3_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE GO TO
TIS_AHPV_LOC3_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]

- (77) DON’T KNOW
- (99) REFUSED

TIS_AHPV_LOC3_OTHER

Other location: _____

IF TIS_AHPV2 + TIS_AHPV_DOSE \geq 3 THEN GO TO TIS_AHPV_SAFE; ELSE
GO TO TIS_AHPV_INTENT.

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_WHEN
- Somewhat Likely..... 2 GO TO TIS_AHPV_WHEN
- Not too likely..... 3 GO TO TIS_AHPV_REASON
- Not likely at all..... 4 GO TO TIS_AHPV_REASON
- Not Sure/ Don’t Know..... 5 GO TO TIS_AHPV_REASON
- REFUSED..... 99 GO TO TIS_AHPV_WHEN

TIS_AHPV_REASON

What is the MAIN reason [TEEN] will not receive [FILL: IF TIS_AHPV2 + TIS_AHPV_DOSE = 0, THEN READ: “any” / ELSE READ “all”] HPV shots in the next 12 months?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND GO TO TIS_AHPV_WHEN
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASE/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN GO TO TIS_AHPV_RECOM_AGE
- (3) VACCINE IS NOT NEEDED OR NECESSARY GO TO TIS_AHPV_RECOM_AGE
- (4) SCHOOL DOES NOT REQUIRE GO TO TIS_AHPV_RECOM_AGE
- (5) SAFETY CONCERNS GO TO TIS_AHPV_RECOM_AGE
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE GO TO TIS_AHPV_RECOM_AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES) GO TO TIS_AHPV_RECOM_AGE
- (8) SHOT COULD BE PAINFUL GO TO TIS_AHPV_RECOM_AGE
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED GO TO TIS_AHPV_RECOM_AGE
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE GO TO TIS_AHPV_RECOM_AGE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS GO TO TIS_AHPV_RECOM_AGE
- (12) CONCERN ABOUT INCREASING SEXUAL ACTIVITY IF RECEIVE SHOT GO TO TIS_AHPV_RECOM_AGE
- (13) TEEN IS NOT SEXUALLY ACTIVE GO TO TIS_AHPV_RECOM_AGE
- (14) OTHER- SPECIFY: GO TO TIS_AHPV_OTHER

- (77) DON'T KNOW GO TO TIS_AHPV_RECOM_AGE
- (99) REFUSED GO TO TIS_AHPV_RECOM_AGE

TIS_AHPV_OTHER

Other Reason: _____
GO TO TIS_AHPV_RECOM_AGE

TIS_AHPV_RECOM_AGE

At what age do you plan to have [TEEN] receive the HPV shots?

_____ **YEARS**

- (1) NEVER/NO AGE GO TO TIS_AHPV_KNOWLEDGE
- (2) IT WILL BE MY CHILD'S DECISION IN THE FUTURE
- (77) DON'T KNOW
- (99) REFUSED

TIS_AHPV_WHEN

What is the MOST important factor that [FILL determined/will determine] WHEN [TEEN] [received/receives] the HPV shots?

- (1) DOCTOR RECOMMENDATION
- (2) BECOMES COMMON PRACTICE/BEEN STANDARD FOR YEARS/COMFORTABLE WITH RECOMMENDATION
- (3) WHEN I KNOW ENOUGH ABOUT HPV DISEASE AND THE VACCINE
- (4) MY TEEN ABOUT TO BECOME SEXUALLY ACTIVE
- (5) TEEN DECIDES AND WILLING TO RECEIVE VACCINE
- (6) TEEN AND I DECIDE TOGETHER TO GET VACCINE
- (7) INSURANCE COVERS THE COST/ NO COST CONCERNS
- (8) ENOUGH INFORMATION ABOUT VACCINE SAFETY
- (9) CONVENIENT TO GO GET VACCINE/FIND TIME TO DO SO
- (10) SCHOOL REQUIREMENT
- (11) TEEN WILL NOT GET HPV VACCINE IN FUTURE
- (12) TEEN WILL NOT GET ANY VACCINES IN FUTURE
- (13) ALREADY SCHEDULED APPOINTMENT/ALREADY PLANNED
- (14) OTHER GO TO TIS_AHPV_WHEN_OTHER
- (77) DON'T KNOW
- (99) REFUSED

TIS_AHPV_WHEN_OTHER

GO TO TIS_AHPV_KNOWLEDGE

TIS_AHPV_KNOWLEDGE

Do you know how many HPV shots are included in the HPV series?

- (1) YESGO TO TIS_AHPV_NUMBER
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF TIS_AHPV_KNOWLEDGE = 2, 77, OR 99, THEN:
 IF TIS_AHPV_INTENT = 4 AND TIS_RECOM_AGE = 1, GO TO TIS_AHPV_SAFE;
 IF TIS_AHPV2 + TIS_AHPV_DOSE = 0 OR 3-9, GO TO TIS_AHPV_SAFE;
 ELSE GO TO TIS_AHPV_PLAN

TIS_AHPV_NUMBER

To the best of your knowledge, please tell me how many shots are included in the HPV series.

- _____ SHOTS
- (77)DON'T KNOW
- (99)REFUSED

IF TIS_AHPV2 + TIS_AHPV_DOSE = 0 OR >=3, GO TO TIS_AHPV_SAFE
 ELSE IF TIS_AHPV2 + TIS_AHPV_DOSE = 1 OR 2, GO TO TIS_AHPV_PLAN

IF TIS_AHPV_INTENT = 4 AND TIS_AHPV_RECOM_AGE = 1, THEN GO TO
 TIS_AHPV_SAFE

TIS_AHPV_PLAN

The HPV vaccination series consists of three shots. Some families may not have gotten all three shots. We would like to understand more about why children do not receive all three shots.

Do you plan to have [TEEN] receive all three shots of the HPV series?

- (1) YES..... GO TO
TIS_AHPV_WILLPLAN
- (2) NOGO TO TIS_AHPV_NOPLAN
- (77) DON'T KNOW.....GO TO TIS_AHPV_WILLPLAN
- (99) REFUSED.....GO TO TIS_AHPV_WILLPLAN

TIS_AHPV_WILLPLAN

Why has [TEEN] not gotten all three shots yet?

[MULTIPLE RESPONSES ALLOWED]

- (1) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (2) TEEN HAD SIDE EFFECT FROM PREVIOUS VACCINATIONS
- (3) PREVIOUS SHOT TOO PAINFUL FOR TEEN
- (4) VACCINE SAFETY CONCERNS
- (5) TEEN REFUSES ADDITIONAL DOSES
- (6) PROVIDER DID NOT RECOMMEND/DID NOT KNOW ADDITIONAL SHOTS NEEDED
- (7) DIFFICULTY MAKING/GETTING TO APPOINTMENTS/TRANSPORTATION PROBLEMS
- (8) FORGOT TO RETURN FOR ADDITIONAL SHOTS
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) OTHER – SPECIFY GO TO TIS_AHPV_WILLPLAN_OTH

TIS_AHPV_WILLPLAN_OTH

OTHER REASON: _____

ALL GO TO TIS_AHPV_SAFE

TIS_AHPV_NOPLAN

What are the reasons why you will not have your [TEEN] receive all three shots of the HPV series?

[MULTIPLE RESPONSES ALLOWED.]

- (1) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (2) TEEN HAD SIDE EFFECT FROM PREVIOUS VACCINATIONS
- (3) PREVIOUS SHOT TOO PAINFUL FOR TEEN
- (4) VACCINE SAFETY CONCERNS
- (5) TEEN REFUSES ADDITIONAL DOSES
- (6) PROVIDER DID NOT RECOMMEND/DID NOT KNOW ADDITIONAL SHOTS NEEDED
- (7) DIFFICULTY MAKING/GETTING TO APPOINTMENTS/TRANSPORTATION PROBLEMS
- (8) FORGOT TO RETURN FOR ADDITIONAL SHOTS
- (9) INTENT TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) OTHER: SPECIFY GO TO TIS_AHPV_NOPLAN_OTH

TIS_AHPV_NOPLAN_OTH

OTHER REASON: _____

ALL GO TO TIS_AHPV_SAFE

TIS_AHPV_SAFE

Next I'm going to read you a series of statements about the HPV vaccine. On a scale of 0 to 10, with "0" being "strongly disagree" and 10 being "strongly agree," please tell much how much you disagree or agree with the following statements.

The HPV vaccine is safe.

_____ NUMBER
 (77) DON'T KNOW
 (99) REFUSED

TIS_AHPV_INFECTION

On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?

The HPV vaccine prevents HPV infection.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_AHPV_WARTS

On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?

The HPV vaccine prevents genital warts.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_AHPV_CANCERC

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents cervical cancer

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_AHPV_CANCERA

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents anal cancer.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_AHPV_CANCERT

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents cancers of the throat?

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_AHPV_GENDER

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

I think it is more important for girls to get the vaccine than for boys to get it.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

SECTION B

NO SHOT RECORDS

TIS_B1 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 15 minutes. We will start with vaccinations that children usually receive during early childhood, including the measles shot or MMR (measles-mumps-rubella), hepatitis B shot, and the varicella, or chicken pox shot.

Has [TEEN] ever received an immunization that is a shot or drops?

- YES..... 1 GO TO TIS_BMMR
- NO..... 2 GO TO TIS_BINFLU_INTRO
- DON'T KNOW 77 GO TO TIS_BINFLU_INTRO
- REFUSED..... 99 GO TO TIS_BINFLU_INTRO

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
- DON'T KNOW – TEEN IS UP TO DATE
ON ALL CHILDHOOD SHOTS..... 78 GO TO TIS_BHEPA
- 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 [IF IAP=105 DISPLAY: 'or hep B'] shot?

- YES..... 1 GO TO TIS_BHEPB_DOSE
- NO..... 2 GO TO TIS_BVAR
- DON'T KNOW..... 77 GO TO TIS_BVAR
- DON'T KNOW – TEEN IS UP TO DATE
ON ALL CHILDHOOD SHOTS..... 78 GO TO TIS_BHEPA
- REFUSED..... 99 GO TO TIS_BVAR

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_BVAR
- REFUSED..... 99 GO TO TIS_BVAR

TIS_BHEPB_MAN

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

- 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?

- YES..... 1 GO TO TIS_BVAR_DOSE
- NO..... 2 GO TO TIS_BHEPA
- DON'T KNOW..... 77 GO TO TIS_BHEPA
- DON'T KNOW – TEEN IS UP TO DATE
ON ALL CHILDHOOD SHOTS.....78 GO TO TIS_BHEPA
- REFUSED..... 99 GO TO TIS_BHEPA

TIS_BVAR_DOSE

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

- SHOTS..... ____
- ALL SHOTS..... 50
- DON'T KNOW..... 77
- REFUSED..... 99

TIS_BHEPA

Now, I will ask more specifically about shots that are usually given to teenagers.

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

NO SHOT RECORD FOR INFLUENZA

TIS_BINFLU [IF TIS_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu. ELSE: The next questions are about influenza [IF IAP=105 DISPLAY 'or flu] vaccination.

Since July 1, 2013 has [FILL] had a flu vaccination?

READ IF NECESSARY: There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES..... 1 GO TO TIS_BINFLU_NUM
- NO..... 2 GO TO TIS_BNEXTFLU
- DON'T KNOW..... 77 GO TO TIS_BNEXTFLU
- REFUSED..... 99 GO TO TIS_BNEXTFLU

TIS_BINFLU_NUM

How many flu vaccinations has [TEEN] received since July 1, 2013?

- ONE VACCINATION OR DOSE..... 1 GO TO TIS_BINFLU_DATE_X
- TWO VACCINATIONS OR DOSES..... 2 GO TO TIS_BINFLU_DATE_X
- DON'T KNOW..... 77 GO TO TIS_BINFLU_DATE_X
- REFUSED..... 99 GO TO TIS_BINFLU_DATE_X

TIS_BINFLU_DATE_X

During what month and year did [TEEN] receive [his/her] first dose of flu vaccine since July 1, 2013?

MONTH	YEAR

DATE..... _/___ GO TO TIS_B8D_TYPE.

ANSWER MUST BE AFTER 07/2013 AND NOT AFTER INTERVIEW DATE

TIS_B8D_TYPE

Was this a shot or a spray in the nose?

- FLU SHOT..... 1
- FLU NASAL SPRAY OR “FLU MIST” 2
- DON’T KNOW 77
- REFUSED 99

IF TIS_BINFLU_NUM=2 GO TO TIS_B9DM_X. ELSE GO TO TIS_BFLUPLACE.

TIS_B9DM_X

During what month did [TEEN] receive [his/her] second dose of flu vaccine since July 1, 2013?

MONTH	YEAR

DATE..... _/___ GO TO TIS_B9D_TYPE.

.....
ANSWER MUST BE AFTER 07/2013 AND NOT AFTER INTERVIEW DATE

TIS_B9D_TYPE

Was this a shot or a spray in the nose?

- FLU SHOT..... 1
- FLU NASAL SPRAY OR “FLU MIST” 2
- DON’T KNOW 77
- REFUSED 99

TIS_BFLUPLACE

At what kind of place did [TEEN] get [GENDER2] most recent 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 [GO TO TIS_BFLUPLACE_OTHER]
 - (06) PHARMACY OR DRUG STORE
 - (07) WORKPLACE
 - (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
 - (09) OTHER NONMEDICALLY-RELATED PLACE [GO TO TIS_BFLUPLACE_OTHER]
 - (10) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
 - (11) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]
 - (77) DON’T KNOW
 - (99) REFUSED
- [ALL GO TO CP_BNEXTFLU]

TIS_BFLUPLACE_OTHER

OTHER LOCATION: _____
GO TO CP_BNEXTFLU

CP_BNEXTFLU

IF TIS_BINFLU_DATE_X >=07/01/2013 or TIS_B9DM_X >=07/01/2013, THEN DO:
IF TIS_B1 = 2, 77, OR 99 GO TO TIS_HEALTH_VAR.
ELSE IF TIS_B1=1 GO TO TIS_BTET.
ELSE GO TO TIS_BNEXTFLU.

TIS_BNEXTFLU

How likely is [TEEN] to get a flu vaccination between now and the end of June, 2014? Would you say [FILL VAR: he/she]:

- Will definitely get one 1
- Will probably get one..... 2
- Will probably not get one, or 3
- Will definitely not get one 4
- DON’T KNOW 77
- REFUSED..... 99

[IF TIS_B1 = 2, 77, OR 99 GO TO TIS_HEALTH_VAR, ELSE GO TO TIS_BTET]

NO SHOT RECORD FOR TETANUS

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.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Dtap, DT, or DTP shots, which children usually receive before age six.)

- 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, either Td or Tdap? 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, either Td or Tdap? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

- 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 or Tdap?

- 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?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND GO TO TIS_BMEN
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (3) VACCINE IS NOT NEEDED OR NECESSARY
- (4) SCHOOL DOES NOT REQUIRE
- (5) SAFETY CONCERNS
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (8) SHOT COULD BE PAINFUL
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
- (12) OTHER- SPECIFY: GO TO TIS_BTET_OTHER

- (77) DON'T KNOW
- (99) REFUSED

IF NOT 1, GO TO TIS_BTET_RECOM

TIS_BTET_OTHER

Other Reason: _____

GO TO TIS_BTET_RECOM

TIS_BTET_RECOM

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

- YES..... 1 GO TO TIS_BTET_RECOM_AGE
- NO..... 2 GO TO CP_TIS_BTETPLACE
- DON'T KNOW..... 77 GO TO CP_TIS_BTETPLACE
- REFUSED..... 99 GO TO CP_TIS_BTETPLACE

TIS_BTET_RECOM_AGE

At what age did the doctor or health care professional recommend that [TEEN] should receive the Td or Tdap shots?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

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 GO TO TIS_BMEN
- (02) EMERGENCY ROOM GO TO TIS_BMEN
- (03) HEALTH DEPARTMENT GO TO TIS_BMEN
- (04) CLINIC OR HEALTH CENTER GO TO TIS_BMEN
- (05) HOSPITAL-BASED CLINIC GO TO TIS_BMEN
- (06) WHILE HOSPITALIZED GO TO TIS_BMEN
- (07) OTHER MEDICALLY-RELATED PLACE GO TO TIS_BTETPLACE_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY GO TO TIS_BMEN
- (09) WORKPLACE GO TO TIS_BMEN
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL GO TO TIS_BMEN
- (11) OTHER NONMEDICALLY-RELATED PLACE GO TO TIS_BTETPLACE_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]
- (77) DON'T KNOW GO TO TIS_BMEN
- (99) REFUSED GO TO TIS_BMEN

TIS_BTETPLACE_OTHER Other place: _____

GO TO TIS_BMEN

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

- YES..... 1 GO TO TIS_BMEN_DOSE
- NO..... 2 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?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND GO TO TIS_BHPV_RECOM
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (3) VACCINE IS NOT NEEDED OR NECESSARY
- (4) SCHOOL DOES NOT REQUIRE
- (5) SAFETY CONCERNS
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (8) SHOT COULD BE PAINFUL
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
- (12) OTHER- SPECIFY: GO TO TIS_BMEN_OTHER

- (77) DON'T KNOW
- (99) REFUSED

IF NOT 1, GO TO TIS_BMEN_RECOM

TIS_BMEN_OTHER

Other Reason: _____
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_BMEN_RECOM_AGE
- NO..... 2 GO TO TIS_CP_BMCV_LOCATION
- DON'T KNOW..... 77 GO TO TIS_CP_BMCV_LOCATION
- REFUSED..... 99 GO TO TIS_CP_BMCV_LOCATION

TIS_BMEN_RECOM_AGE

At what age did the doctor or health care professional recommend that [TEEN] should start receiving shots to prevent meningitis?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

CP_BMCV_LOCATION

IF TIS_BMEN_DOSE >= 1, 50, 77, 99 GO TO TIS_BMCV_LOCATION; ELSE GO TO TIS_BHPV_RECOM

TIS_BMCV_LOCATION

At what kind of place(s) did [TEEN] ever get [his/her] MOST RECENT meningitis shot?

[READ ONLY IF NECESSARY]

- (01) DOCTOR’S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE – [GO TO TIS_BMCV_LOCATION_OTHER]
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE – [GO TO TIS_BMCV_LOCATION_OTHER]
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]

- (77) DON’T KNOW
- (99) REFUSED

TIS_BMCV_LOCATION_OTHER

Other place: _____

ALL GO TO TIS_BHPV_RECOM

NO SHOT RECORD FOR HPV

TIS_BHPV_RECOM

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

- YES..... 1 GO TO TIS_BHPV_AGE
- NO..... 2 GO TO TIS_BHPV2
- DON’T KNOW..... 77 GO TO TIS_BHPV2
- REFUSED..... 99 GO TO TIS_BHPV2

TIS_BHPV_AGE

At what age did the doctor or health care professional recommend that [TEEN] should start receiving the HPV shots?

- (01) BEFORE AGE 11
- (02) 11 OR 12 YEARS OF AGE
- (03) 13 OR 14 YEARS OF AGE
- (04) 15 OR 16 YEARS OF AGE
- (05) 17 OR 18 YEARS OF AGE
- (06) AFTER 18 YEARS OF AGE
- (07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
- (77) DON'T KNOW
- (99) REFUSED

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..... _____
- ALL SHOTS..... 50
- DON'T KNOW..... 77
- REFUSED..... 99

- (1) IF TIS_S4=02,77,99, THEN DO:
 - IF TIS_BHPV_DOSE=0, GO TO TIS_BHPV_INTENT
 - IF TIS_BHPV_DOSE IN (1-9, 50, 77,99), GO TO TIS_BHPV_WHICH
- (2)ELSE IF TIS_S4=01 THEN DO:
 - IF TIS_BHPV_DOSE = 0, GO TO TIS_BHPV_INTENT
 - IF TIS_BHPV_DOSE IN (1-9, 50, 77,99), GO TO TIS_BHPV_LOCATION

TIS_BHPV_WHICH

Which of the two HPV vaccines did your child receive?

Gardasil-The vaccine that protects against most cervical cancers, genital warts, and some other less common cancers1

Cervarix--The vaccine that protects against most cervical cancers.....2

BOTH GARDASIL AND CERVARIX.....3

DON'T KNOW.....77

REFUSED.....99

ALL GO TO TIS_BHPV_LOCATION

TIS_BHPV_LOCATION

At what kind of place(s) did [TEEN] get [FILL: his/her] first HPV shot?

[READ ONLY IF NECESSARY]

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE – GO TO TIS_BHPV_LOC_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_BHPV_LOC_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]

- (77) DON'T KNOW
- (99) REFUSED

TIS_BHPV_LOC_OTHER

Other location: _____

IF TIS_BHPV_DOSE > 1, THEN GO TO TIS_BHPV_LOCATION2.
 IF TIS_BHPV_DOSE ≤ 1, GO TO TIS_BHPV_INTENT

TIS_BHPV_LOCATION2

Did [TEEN] receive all doses at the same location?

- (1) YES IF TIS_BHPV_DOSE \geq 3, GO TO TIS_BHPV_SAFE. IF $<$ 3, GO TO TIS_BHPV_INTENT
- (2) NO GO TO TIS_BHPV_LOCATION3
- (77) DON'T KNOW IF TIS_BHPV_DOSE \geq 3, GO TO TIS_BHPV_SAFE. IF $<$ 3, GO TO TIS_BHPV_INTENT
- (99) REFUSED IF TIS_BHPV_DOSE \geq 3, GO TO TIS_BHPV_SAFE. IF $<$ 3, GO TO TIS_BHPV_INTENT

TIS_BHPV_LOCATION3

At what kind of place(s) did [TEEN] get [FILL his/her] second and third HPV shot(s)? [**MAY GIVE MULTIPLE RESPONSES**]

[**READ ONLY IF NECESSARY.**]

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL-BASED CLINIC
- (06) WHILE HOSPITALIZED
- (07) OTHER MEDICALLY-RELATED PLACE GO TO TIS_BHPV_LOC3_OTHER
- (08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
- (09) WORKPLACE
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (11) OTHER NONMEDICALLY-RELATED PLACE GO TO TIS_BHPV_LOC3_OTHER
- (12) MALL OUTREACH [DISPLAY ONLY IF IAP=105]
- (13) VILLAGE OUTREACH [DISPLAY ONLY IF IAP=105]

- (77) DON'T KNOW
- (99) REFUSED

TIS_BHPV_LOC3_OTHER

Other location: _____

IF TIS_BHPV_DOSE \geq 3 THEN GO TO TIS_BHPV_SAFE; ELSE GO TO TIS_BHPV_INTENT.

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_WHEN
- Somewhat Likely..... 2 GO TO TIS_BHPV_WHEN
- Not too likely..... 3 GO TO TIS_BHPV_REASON
- Not likely at all..... 4 GO TO TIS_BHPV_REASON
- Not Sure/ Don't Know..... 5 GO TO TIS_BHPV_REASON
- REFUSED..... 99 GO TO TIS_BHPV_WHEN

TIS_BHPV_REASON

What is the MAIN reason [TEEN] will not receive [FILL: IF TIS_BHPV_DOSE = 0, THEN READ: "any" / ELSE READ "all"] HPV shots in the next 12 months?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- (1) PROVIDER DID NOT RECOMMEND GO TO TIS_BHPV_WHEN
- (2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASE/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (3) VACCINE IS NOT NEEDED OR NECESSARY
- (4) SCHOOL DOES NOT REQUIRE
- (5) SAFETY CONCERNS
- (6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
- (7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (8) SHOT COULD BE PAINFUL
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY
- (10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
- (11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
- (12) CONCERN ABOUT INCREASING SEXUAL ACTIVITY IF RECEIVE SHOT
- (13) TEEN IS NOT SEXUALLY ACTIVE
- (14) OTHER- SPECIFY: GO TO TIS_BHPV_OTHER

- (77) DON'T KNOW
- (99) REFUSED

[IF NOT 1 OR 14, GO TO TIS_BHPV_PLAN_AGE]

TIS_BHPV_OTHER

Other Reason: _____

GO TO TIS_BHPV_PLAN_AGE

TIS_BHPV_KNOWLEDGE. Do you know how many HPV shots are included in the HPV series?

- (1) YESGO TO TIS_BHPV_NUMBER
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF TIS_BHPV_KNOWLEDGE = 2, 77, OR 99, THEN:

IF TIS_BHPV_INTENT = 4 AND TIS_BHPV_PLAN_AGE = 1, GO TO TIS_BHPV_SAFE;

ELSE IF TIS_BHPV2 = 2 OR TIS_BHPV_DOSE = 0 GO TO TIS_BHPV_SAFE;
ELSE GO TO TIS_BHPV_PLAN

TIS_BHPV_NUMBER

To the best of your knowledge, please tell me how many shots are included in the HPV series.

- _____ SHOTS
- (77)DON'T KNOW
 - (99)REFUSED

IF TIS_BHPV2 = 2 OR TIS_BHPV_DOSE = 0, GO TO TIS_BHPV_SAFE;
ELSE IF TIS_BHPV_INTENT = 4 AND TIS_BHPV_PLAN_AGE = 1, THEN GO TO TIS_BHPV_SAFE

ELSE IF TIS_BHPV_DOSE = 1 OR 2, GO TO TIS_BHPV_PLAN;

TIS_BHPV_PLAN

The HPV vaccination series consists of three shots. Some families may not have gotten all three shots. We would like to understand more about why children do not receive all three shots.

Do you plan to have [TEEN] receive all three shots of the HPV series?

- (1) YES..... GO TO TIS_BHPV_WILLPLAN
- (2) NOGO TO TIS_BHPV_NOPLAN
- (77) DON'T KNOWGO TO TIS_BHPV_WILLPLAN
- (99) REFUSED.....GO TO TIS_BHPV_WILLPLAN

TIS_BHPV_WILLPLAN

Why has [TEEN] not gotten all three shots yet?

[MULTIPLE RESPONSES ALLOWED]

- (1) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (2) TEEN HAD SIDE EFFECT FROM PREVIOUS VACCINATIONS
- (3) PREVIOUS SHOT TOO PAINFUL FOR TEEN
- (4) VACCINE SAFETY CONCERNS
- (5) TEEN REFUSES ADDITIONAL DOSES
- (6) PROVIDER DID NOT RECOMMEND/DID NOT KNOW ADDITIONAL SHOTS NEEDED
- (7) DIFFICULTY MAKING/GETTING TO APPOINTMENTS/TRANSPORTATION PROBLEMS
- (8) FORGOT TO RETURN FOR ADDITIONAL SHOTS
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) OTHER – SPECIFY GO TO TIS_BHPV_WILLPLAN_OTH

TIS_BHPV_WILLPLAN_OTH

OTHER REASON: _____

ALL GO TO TIS_BHPV_SAFE

TIS_BHPV_NOPLAN

What are the reasons why you will not have your [TEEN] receive all three shots of the HPV series?

[MULTIPLE RESPONSES ALLOWED.]

- (1) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINISTRATION FEES/OFFICE VISIT CHARGES)
- (2) TEEN HAD SIDE EFFECT FROM PREVIOUS VACCINATIONS
- (3) PREVIOUS SHOT TOO PAINFUL FOR TEEN
- (4) VACCINE SAFETY CONCERNS
- (5) TEEN REFUSES ADDITIONAL DOSES
- (6) PROVIDER DID NOT RECOMMEND/DID NOT KNOW ADDITIONAL SHOTS NEEDED
- (7) DIFFICULTY MAKING/GETTING TO APPOINTMENTS/TRANSPORTATION PROBLEMS
- (8) FORGOT TO RETURN FOR ADDITIONAL SHOTS
- (9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
- (10) OTHER – SPECIFY GO TO TIS_BHPV_NOPLAN_OTH

TIS_BHPV_NOPLAN_OTH

OTHER REASON: _____

ALL GO TO TIS_BHPV_SAFE

TIS_BHPV_SAFE

Next I'm going to read you a series of statements about the HPV vaccine. On a scale of 0 to 10, with "0" being "strongly disagree" and 10 being "strongly agree," please tell much how much you disagree or agree with the following statements.

The HPV vaccine is safe.

- _____ NUMBER
- (77) DON'T KNOW
- (99) REFUSED

TIS_BHPV_INFECTION

On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?

The HPV vaccine prevents HPV infection.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_BHPV_WARTS

On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?

The HPV vaccine prevents genital warts.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_BHPV_CANCERC

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents cervical cancer

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_BHPV_CANCERA

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents anal cancer.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_BHPV_CANCERT

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

The HPV vaccine prevents cancers of the throat?

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

TIS_BHPV_GENDER

[READ IF NECESSARY: On a scale of 0 to 10 with “0” being strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement?]

I think it is more important for girls to get the vaccine than for boys to get it.

_____ NUMBER
(77) DON'T KNOW
(99) REFUSED

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_C1

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.)

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

[IF NIS INTERVIEW CONDUCTED, READ:] 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.)

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
- Dominican (shown only if IAP=095) 11
- 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
- DON'T KNOW 77
- REFUSED..... 99

- (1) IF 8 SELECTED, GO TO TIS_C4_OTHER
- (2) ELSE IF 8 NOT SELECTED AND IAP= 105 AND 5 OR 7 SELECTED, GO TO TIS_C4_ASIAN .
- (3) ELSE IF IAP NOT=105 AND 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

IF IAP=105 AND TIS_C4 CONTAINS 05 OR 07, GO TO TIS_C4_A. ELSE GO TO TIS_C5

TIS_C4_ASIAN

Is [TEEN] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai? READ IF NECESSARY.
READ IF NECESSARY "Please choose the one category that describes [TEEN] best."

- CHAMORRO..... 01
- FILIPINO 02
- CHUUKESE 03
- POHNPEIAN 04
- PALAUAN..... 05
- YAPESE..... 06
- KOSRAEAN..... 07
- MARSHALLESE..... 08
- JAPANESE 09
- KOREAN 10
- CHINESE 11
- VIETNAMESE 12
- THAI 13
- OTHER 14 GO TO TIS_C4_ASIAN_OTH
- DON'T KNOW 77
- REFUSED 99

..... EXCEPT 14, ALL GO TO TIS_C5

TIS_C4_ASIAN_OTH

.....OTHER(SPECIFY) _____ GO TO TIS_C5

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_C_AWAY 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
- Dominican (shown only if IAP=095) 11
- 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
- DON'T KNOW 77
- REFUSED..... 99

- (1) IF 8 IS SELECTED, GO TO TIS_C9_OTHR1.
- (2) ELSE IF ONLY ONE RESPONSE AND RESPONSE=5 OR 7, GO TO TIS_C9_API.
- (3) ELSE IF ONLY ONE RESPONSE SELECTED AND 8 NOT SELECTED AND IAP NOT 105 GO TO TIS_C10A
- (4) ELSE IF MORE THAN ONE RESPONSE SELECTED, GO TO TIS_C10

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 IF IAP=105 AND TIS_C9 CONTAINS 5 OR 7, GO TO TIS_C9_API.
- (3) ELSE GO TO TIS_C10A

TIS_C10_OTHR1

ENTER OTHER SPECIFY

TIS_C9_API Is [FILL2] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?
 READ IF NECESSARY “Please choose the one category that describes [FILL1] best.”

CHAMORRO.....	01
FILIPINO	02
CHUUKESE	03
POHNPEIAN	04
PALAUAN.....	05
YAPESE.....	06
KOSRAEAN.....	07
MARSHALLESE.....	08
JAPANESE	09
KOREAN	10
CHINESE.....	11
VIETNAMESE	12
THAI.....	13
OTHER	14
DON'T KNOW	77
REFUSED.....	99

IF 14, GO TO TIS_C9_API_OTH. ELSE GO TO TIS_C10A

TIS_C9_API_OTH

OTHER (SPECIFY) _____ GO TO TIS_C10_A

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 TIS_C7=6, THEN GO TO TIS_C11A
- (2) ELSE IF Any part of Date is DK or REF --> skip to C10B
- (3) ELSE IF year < 1940, GO TO C10_check
- (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 [IF IAP=105 FILL: 'house or apartment' ELSE FILL: 'address'] as [FILL2] was born?
YES..... 1 GO TO TIS_CFAMINC
NO..... 2 IF IAP=105 GO TO TIS_C11C ELSE GO TO TIS_C11A
DON'T KNOW 77 GO TO TIS_CFAMINC
REFUSED..... 99 GO TO TIS_CFAMINC

TIS_C11C Did [FILL1] live on Guam when [FILL2] was born?
YES 01 (GO TO TIS_C11D)
NO 02 (GO TO TIS_C11A)
DON'T KNOW 77 (GO TO TIS_CFAMINC)
REFUSED 99 (GO TO TIS_CFAMINC)

TIS_C11D In what village did (TEEN's mother) live when [TEEN] was born?

READ IF NECESSARY

- (1) AGANA HEIGHTS
- (2) AGAT
- (3) ASAN
- (4) BARRIGADA
- (5) CHALAN PAGO
- (6) DEDEDO
- (7) HAGATNA/AGANA
- (8) INARAJAN
- (9) MAINA
- (10) MAITE
- (11) MANGILAO
- (12) MERIZO
- (13) MONGMONG
- (14) ORDOT
- (15) PITI
- (16) SANTA RITA
- (17) SINAJANA
- (18) TALOFOFO
- (19) TAMUNING-TUMON
- (20) TOTO
- (21) UMATAC
- (22) YIGO
- (23) YONA
- (77) DON'T KNOW
- (99) REFUSED

ALL GO TO TIS_C11B

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 2012 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 2012 more or less than \$20,000?

- More than \$20,000..... 1 GO TO TIS_C16
- \$20,000 2 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- Less than \$20,000 3 GO TO TIS_C13
- DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE 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 2012 more or less than \$20,000?

- More than \$20,000..... 1 GO TO TIS_C16
- \$20,000 2 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- Less than \$20,000 3 GO TO TIS_C13
- DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE 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 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- Less than \$10,000 3 GO TO TIS_C14_A
- DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

TIS_C14A

Was it more than \$7,500?

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

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE 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 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A
 REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A

TIS_C15A Was it more than \$17,500?

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

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE GO TO TIS_C19A.

TIS_C15B Was it more than \$12,500?

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

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE 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 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A
 Less than \$40,000 3 GO TO TIS_C17
 DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A
 REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE 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 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

Less than \$60,000 3 GO TO TIS_C16_B

DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

TIS_C16_B Was the total combined FAMILY income more or less than \$50,000?

More than \$50,000..... 1 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

\$50,000 2 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

Less than \$50,000 3 GO TO TIS_C16_C

DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A

TIS_C16_C Was the total combined FAMILY income more or less than \$45,000?

More than \$45,000..... 1

\$45,000 2

Less than \$45,000 3

DON'T KNOW 77

REFUSED..... 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE 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 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A
 Less than \$30,000 3 GO TO TIS_C17_B
 DON'T KNOW 77 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A
 REFUSED..... 99 IF IAP=095 GO TO TIS_C_ISLAND,
 ELSE IF IAP=105 GO TO TIS_C19VIL,
 ELSE GO TO TIS_C19A

TIS_C17_A Was the total combined FAMILY income more or less than \$35,000?

More than \$35,000..... 1
 \$35,000 2
 Less than \$35,000 3
 DON'T KNOW 77
 REFUSED..... 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE
 GO TO TIS_C19A.

TIS_C17_B Was the total combined FAMILY income more or less than \$25,000?

More than \$25,000..... 1
 \$25,000 2
 Less than \$25,000 3
 DON'T KNOW 77
 REFUSED..... 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE
 GO TO TIS_C19A.

TIS_C18 Was the total combined FAMILY income more or less than \$75,000?

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

IF IAP=095 GO TO TIS_C_ISLAND, ELSE IF IAP=105 GO TO TIS_C19VIL, ELSE
 GO TO TIS_C19A.

TIS_CINC Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, TIS_CFAMINC]?

- YES..... 1 IF IAP=095 GO TO TIS_C_ISLAND,
ELSE IF IAP=105 GO TO TIS_C19VIL,
ELSE GO TO TIS_C19A
- NO..... 2 GO TO TIS_CFAMINC
- DON'T KNOW 77 GO TO TIS_CFAMINC
- REFUSED..... 99 GO TO TIS_CFAMINC

TIS_C19VIL In which village do you live?

READ IF NECESSARY

- (1) AGANA HEIGHTS
- (2) AGAT
- (3) ASAN
- (4) BARRIGADA
- (5) CHALAN PAGO
- (6) DEDEDO
- (7) HAGATNA/AGANA
- (8) INARAJAN
- (9) MAINA
- (10) MAITE
- (11) MANGILAO
- (12) MERIZO
- (13) MONGMONG
- (14) ORDOT
- (15) PITI
- (16) SANTA RITA
- (17) SINAJANA
- (18) TALOFOFO
- (19) TAMUNING-TUMON
- (20) TOTO
- (21) UMATAC
- (22) YIGO
- (23) YONAGO TO TIS_C11B
- (77) DON'T KNOW
- (99) REFUSED

GO TO TIS_C19A

TIS_C19A

What is your zip code?
ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

IF IAP=105, GO TO TIS_C19C.
ELSE: IF A PROPER ZIP CODE
IS ENTERED, THEN FILL CITY,
COUNTY AND STATE FROM
THE LOOK UP TABLE AND GO
TO TIS_C19A_CONF, ELSE GO
TO TIS_C19

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_C_ISLAND

On what island do you live?

SAINT CROIX 1 GO TO TIS_C19C
SAINT THOMAS 2 GO TO TIS_C19C
SAINT JOHN..... 3 GO TO TIS_C19C
WATER ISLAND 4 GO TO TIS_C19C
DON'T KNOW 77 GO TO TIS_C19C
REFUSED 99 GO TO TIS_C19C

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_C19B
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

IF RDD_NCCELL_CCELL = 1 OR, GO TO TIS_C20, ELSE IF RDD_CCELL_NCCELL = 2 OR 3, GO TO TIS_C_LANDLINE

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. [IF RDD_NCCELL_CCELL = 2 or 3 DISPLAY: This should include only landline telephone numbers. If the household does not have a landline, enter 'NO'.]

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

TIS_C_LANDLINE

The next few questions are about the telephones in your household. Do you have a landline telephone in your household?

YES.....	1 GO TO TIS_C21
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

How many [if RDD_NCCELL_CCELL = 2 OR 3 and TIS_C_LANDLINE=-1, display "landline"] 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

[IF LANDLINE IN (2,77,99) OR C_LANDLINE IN (2,77,99) GO TO TIS_C21_06Q3_CELL. ELSE GO TO TIS_CNOSERV]

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

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.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=0 then display: "and please include the number we called." ELSE IF RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display: and please include [OLD_NUMBER].?]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.?"

- 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 IF NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE 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?

[If RDD_NCCCELL_CELL=2,3 then display: "Please include the number we called.
INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE.""]

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

TIS_C_CELLUSE

IF RDD_NCCCELL_CCELL = 2 OR 3 AND TIS_C_LANDLINE = 01, SKIP TO TIS_C11Q78,
ELSE IF LANDLINE = 2, 77, OR 99 OR TIS_C_LANDLINE = 2, 77, OR 99 AND
NIS_CELL_AWAY = 1, SKIP TO TIS_C_AWAY, ELSE IF TIS_LANDLINE = 2, 77, OR 99
OR TIS_C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 0 SKIP TO TIS_D5,
ELSE:

Thinking just about the landline home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

- Extremely likely..... 1
- Somewhat likely 2
- Somewhat unlikely 3
- Not at all likely 4
- DON'T KNOW 77
- REFUSED..... 99

IF LANDLINE = 2, 77, OR 99 OR TIS_C_LANDLINE = 2, 77, OR 99 AND
NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE IF LANDLINE = 2, 77, OR 99 AND
NIS_CELL_AWAY = 0 GO TO TIS_D5

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
- NEARLY ALL RECEIVED ON REGULAR PHONES..... 2
- SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON REGULAR PHONES 3
- DON'T KNOW 77
- REFUSED..... 99

ALL RESPONSES: IF NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE GO TO TIS_D5

TIS_C_AWAY Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

- AWAY FROM HOME..... 1
- AT HOME..... 2
- DON'T KNOW 77
- REFUSED..... 99

ALL RESPONSES 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, pharmacies or drug stores, 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.

FAQ HELP: I've already given you the shot dates/Why do you need to contact my doctor?

--Information from the medical providers are used in the primary scientific analyses for this study. Information from families like yours provide valuable information that support what is received by the medical community.

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

That's too personal:

--I understand your concern. Confidentiality is mandated by law and I can assure you that the information is reported only in summary form and neither you nor the child will be identified.

-- The National Immunization Survey has been conducted for nearly 15 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

-- Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

--Information we collect is used to summarize childhood immunization rates in your community and to study vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

-- The [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

TIS_D6_X

How many locations have provided vaccinations for your child named [TEEN] whose birth date is [FILL1]? Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics or doctor's offices that have provided vaccinations for [GENDER1].

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)

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - The [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

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 THEIR 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)

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

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-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

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Why can't I just get the information from my doctor and send it to you?

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

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?)

READ IF NECESSARY: If a non-medical location (e.g. mall, thrift store, school) is given, ask the respondent for information about the third party (e.g. clinic, health department, organization giving vaccinations) that gave the vaccination to the child. If third party is unknown, collect the non-medical location.

YES, CONTINUE ON CLINIC NAME FIRST 1 GO TO PLU
YES, CONTINUE ON LAST NAME FIRST .. 2 GO TO PLU
NO, CAN'T FIND, CONTINUE..... 3 GO TO PLU
REFUSED..... 99 GO TO TIS_SECT_D_TERM;
TIS_INS_INTRO (on
callback)

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - The [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

NIS-TEEN PROVIDER LOOKUP

PROVIDER SEARCH INFORMATION SCREEN

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

FAQ HELP:

Why do you need my name?

Before they can fill out the form, medical practices and clinics need the name of the person authorizing the release of the information. This is the only reason we are asking for your name.

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention or its contractors for study purposes only?

YES..... 1 GO TO TIS_D7G

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_D7G Sometimes to get a complete record of your child's vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] Centers for Disease Control and Prevention or its contractors for research purposes only?

YES..... 1

NO..... 2

DON'T KNOW 77

REFUSED..... 99

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

WHAT IS A REGISTRY?

Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

WHY DO YOU NEED TO CONTACT A REGISTRY?

Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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, 1-877-267-8154. 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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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. This call will be recorded or monitored.

- (00) CONTINUE WITH INTERVIEW WITHOUT RECORDING
- (01) CONTINUE WITH INTERVIEW AND RECORDING

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_1 Next I'm going to ask you a few questions about [TEEN]'s health insurance. 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 IF IAP=095 OR 105 GO TO TIS_INS_5,
ELSE GO TO TIS_INS_2
DON'T KNOW 77 IF IAP=095 OR 105 GO TO TIS_INS_5,
ELSE GO TO TIS_INS_2
REFUSED 99 IF IAP=095 OR 105 GO TO TIS_INS_5,
ELSE GO TO TIS_INS_2

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

IF IAP=095 OR 105 ALL GO TO TIS_INS_5, ELSE ALL GO TO TIS_INS_2

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, VI, 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] (show only if IAP not 095 or 105)
- (4) MEDIGAP (show only if IAP not 095 or 105)
- (5) MILITARY
- (6) INDIAN HEALTH SERVICE (show only if IAP not 095 or 105)
- (7) PRIVATE INSURANCE
- (8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
- (9) OTHER
- (10) MIP/GOVGUAM (show only if IAP 105)(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, [IF IAP NOT 105 DISPLAY:S-CHIP, Medigap,] Military, [IF IAP NOT 105 DISPLAY: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 DO NOT DISPLAY IF IAP=105
 Medigap 4 DO NOT DISPLAY IF IAP=105
 Military 5
 Indian Health Service..... 6 DO NOT DISPLAY IF IAP=105
 Private Health Insurance 7
 Other Insurance Type..... 8
 MIP/GOVGUAM 9 DISPLAY ONLY IF IAP=105
 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]
 IF IAP=105 THEN DISPLAY: Has (TEEN) ever been covered by any Medicaid plan?

ELSE DISPLAY: Since age 11, has [TEEN] ever been covered by any Medicaid plan? or the State Children's Health Insurance Program? [IF STATE AK, AR, CT, DC, HI, IL, IN, KS, KY, MA, ME, MN, MO, MT, NE, NJ, NM, OH, OK, OR, RI, SC, VA, VI, WA, 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 VFC_KNOWLEDGE_1

TIS_INS_15 [IF TIS_INS_8=1 SKIP TO VFC_KNOWLEDGE_1]

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
 GO TO VFC_KNOWLEDGE_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

GO TO VFC_KNOWLEDGE_1

VFC_KNOWLEDGE_1

Have you heard of a program that makes it possible for eligible children less than 19 years of age to get shots at no cost at places like doctor’s offices and local health departments?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

- YES..... 1 GO TO VFC_KNOWLEDGE_2
- NO..... 2 GO TO CP_TISEND
- DON’T KNOW 77 GO TO CP_TISEND
- REFUSED 99 GO TO CP_TISEND

VFC_KNOWLEDGE_2

Has [TEEN] ever received vaccines at no cost through this program?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

- YES..... 1 GO TO VFC_KNOWLEDGE_3
- NO..... 2 IF
VFC_KNOWLEDGE_1 = 1, THEN GO TO VFC_KNOWLEDGE_4; ELSE GO TO
CP_TISEND
- DON’T KNOW 77 GO TO CP_TISEND
- REFUSED 99 GO TO CP_TISEND

VFC_KNOWLEDGE_3

Has [TEEN] received vaccines through this program since [his/her] 9th birthday?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

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

VFC_KNOWLEDGE_4

To the best of your knowledge, has [TEEN] been eligible for this program since [his/her] 9th birthday?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

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

CP_TISEND

- (1) IF SUC=1,7 AND ASK_FLU = 0 GO TO TIS_D16
- (2) IF SUC=1,7 AND ASK_FLU = 1 AND LONG_FLU_FLAG = 1
GO TO LF_CP_SELECTION
- (3) IF SUC=4,8 GO TO TIS_ENDTEEN

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 [IF IAP=105 DISPLAY: 'Department of Public Health and Social Services and 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, 1-877-267-8154. 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.