CHILD CORE
Section I -- IDENTIFICATION AND VERIFICATION

Check item CHILD_BEGIN: If call back for Sample Child section is not needed and call back for Immunization is needed. Goto Check item CIMCCI1(beginning of Immunization section); Else goto CID.001. If no sample child or sample child section is completed (not including immunization section), goto CIDCCI2; Else (sample child) if KNOWSC 1-3 (person knows sample child) = 2 or blank, goto KNOAVAIL, others goto CID.001.

CID.001

> **FR:** **ENTER THE NUMBER OF THE PERSON TO WHOM YOU ARE SPEAKING.**

>CURRES< _____ (1-30) Person number

> **[If the same person in CID.001 is in KNOWSC_1-3, goto CID.005; Else goto CSPEDIT.]**

CID.005 The next questions are about {Sample Child name}. Are you able to answer questions about {his/her}health at this time?

>CSRESP<   (1) Yes (CID.030)   (7) Refused (Check item CSPEDIT)
          (2) No (Check item CSPEDIT)   (9) DK (Check item CSPEDIT)

Check item CSPEDIT: Check the content from HHC.470, *Household Core*: Plug names for variables KNOWSC_1 to KNOWSC_3 in CID.010 {KNOWSC name}. If all KNOWSC for CID.010 equal 2, 7 or 9, goto Check item CSPEDIT2.

Check item CSPEDIT2: Check KNOWSC1 TO KNOWSC3, if has a valid person number, goto CID.015; If answer is 2, then goto check item CIDCCI2; If all the KNOWSC are not available, goto KNOAVAIL; If no one else in the family is available, goto CSPEDIT3.

Check item CSPEDIT3: Goto CSTAT.

CID.010 Is {KNOWSC name} available to answer some questions about {sample child name}'s health?

>CSPAVAIL< (1) Available (CID.030)   (7) Refused (Check item CSPEDIT)
          (2) Not available (Check item   (9) DK (Check itemCSPEDIT)
             CSPEDIT)

CID.015 Is there any family member available who can answer questions about {sample child name}'s health?

>KNOAVAIL< (1) Yes (CID.020)   (2) No (Check item CIDCCI2)

CID.020 Enter the person number of the respondent.

>CSRESPNO< _____ (1-30) Person number

> **FR:** **HAND CARD C1. ENTER ONLY 1.**

CID.030   What is {CSRESPNO name}'s relationship to {sample child name}?

>**CSRELTIV**< (1) Parent (Biological adoptive, or step)   (6) Legal guardian
                (2) Grandparent   (7) Foster parent
                (3) Aunt/Uncle   (8) Other non-relative
                (4) Brother/Sister   (97) Refused
                (5) Other relative   (99) DK

Check item CIDCCI1: If CSRESPNO is the household respondent/ family respondent, goto Check item
                        CIDCCI2; Else goto CID.040.

CID.040

   FR: **PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE CHILD
              BEFORE PROCEEDING**:

              (1) Yes   (2) No

>**CSPVERF1**< Gender = {male/female} Is it correct?
>**CSPVERF2**< Age = {3 digit format}   Is it correct?
>**CSPVERF3**< Birthday = {spoken word format} Is it correct?

              **[If CSPVERF1 equals 2 then goto CID.042; If CSPVERF2 equals 2 then goto CID.044; If
              CSPVERF3 equals 2 then goto CID.046; If any changes in age or birthdate have been made
              in CID.040, goto CAGECHK; If age is 18+, skip the child section and immunization section;
              Else goto Check item CIDCCI2.]**

CID.042   Is {sample child name} Male or Female?

>**NEWSEX**<   (1) Male   (2) Female
                                                                        (Goto CID.040)
CID.044   How old is {sample child name}?

>**NEWAGE**<   (00-99) 0-99 years old   (Goto CID.040)

CID.046   What is {sample child name} birthday?

              (1) January   (5) May   (9) September
              (2) February   (6) June   (10) October
              (3) March   (7) July   (11) November
              (4) April   (8) August   (12) December

>**NEWDOB_M**<MONTH: _____
>**NEWDOB_D**< DAY: _____
>**NEWDOB_Y**< YEAR: _____

Check item CAGECHK: Verify that the age and birthdate are consistent. If not, goto CID.040, re-enter age or
                        birthdate.

Check item CIDCCI2: Only non-deleted children 1-4 years old other than the sample child in each family for the
                        rest of this section.

   FR: **HAND CARD C1.**

CID.050   What is {CSRESPNO name}'s relationship to {child name}?

>**ICRELTIV**<   (1) Parent (Biological, adoptive, or step)   (6) Legal guardian
               (2) Grandparent   (7) Foster parent
               (3) Aunt/Uncle   (8) Other non-relative
               (4) Brother/Sister   (97) Refused
               (5) Other relative   (99) DK

Check item IC_CCI1:   If CSRESPNO is the household respondent and the family respondent, goto CID.070; Else goto CID.060.

CID.060

        FR: **PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD.**

          (1) Yes   (2) No

>**ICVERF_S**<   Gender   = {male/female}   Is it correct?
>**ICVERF_A**<   Age   = {3 digit format}   Is it correct?
>**ICVERF_D**<   Birthday = {spoken word format}   Is it correct?

        [If ICVERF_S equals 2 then goto CID.062; If ICVERF_A equals 2 then goto CID.064; If ICVERF_D then goto CID.068; Else goto CID.070.]

CID.062   Is {child name} Male or Female?

>**INEWSEX**<   (1) Male   (2) Female

                                                      (Goto CID.060)

CID.064   The age of {child name} is

>**INEWAGE**<   (00-99) 0-99 years old

CID.068   Date of birth of {child name} is:

         (1) January   (5) May   (9) September
         (2) February   (6) June   (10) October
         (3) March   (7) July   (11) November
         (4) April   (8) August   (12) December

>**INEWDOB1**< Month: _____
>**INEWDOB2**< Day: _____
>**INEWDOB3**< Year: _____

Check item IAGECHK: Verify that the age and birthdate are consistent, if not goto CID.060. CAPI calculate children 0-4 years old age in months and store data in ICAGEM. If child's age is 3 or 4 and birthdate is unknown, goto CID.080.

CID.080   Has {child name} had {his/her} 3rd birthday?

>**IC3BD**<   (1) Yes (IC3BD1)   (7) Refused   (IC3BD1)
                     (2) No (CID.060)   (9) DK (IC3BD1)

Check item IC3BD1:   If IC3BD = `1', ICAGEM = `88'

If IC3BD = `R', ICAGEM = `97'
If IC3BD = `D', ICAGEM = `99'

(Goto next section--Conditions, Limitations, Health Status)

Section II - CONDITIONS, LIMITATION, HEALTH STATUS

Part A -- Conditions, Limitation of Activity & Health Status

CHS.010   What was {S.C.name}'s birth weight?

>BWGT_LB<   [ ] POUNDS   _____ (1-15) pounds   (97) Refused   (99) DK
>BWGT_OZ<   [ ] OUNCES   _____ (0-15) ounces   (97) Refused   (99) DK

CHS.020   About how tall is {S.C.name} now?

>CHGHT_F<   [ ] FEET   _____ (0-7) Feet   (97) Refused   (99) DK
>CHGHT_I<   [ ] INCHES   _____ (0-36) Inches   (97) Refused   (99) DK

CHS.021   About how much does {S.C.name} weigh now? (without shoes)

>CWGHTP<   _____ (1-500) pounds   (997) Refused   (998) DK

[If age is greater than or equal to 2 goto CHS.032; If the age is less than 2 then goto CHS.031]

CHS.031   Has a doctor or health professional ever told you that {S.C.name} had:
                 (1) Yes   (7) Refused
                 (2) No   (9) DK

>ADD1_2<   Mental Retardation?
>ADD1_3<   Any other developmental delay?

                                                                              (Goto CHS.060)

CHS.032   Has a doctor or health professional ever told you that {S.C.name} had:
                 (1) Yes   (7) Refused
                 (2) No   (9) DK

>ADD_1<   Attention Deficit Disorder?
>ADD_2<   Mental Retardation?
>ADD_3<   Any other developmental delay?

FR: **HAND CARD C2.**

CHS.060   Looking at this list, has a doctor or health professional ever told you that {S.C.name} had any of
                 these conditions?

>CONDL<   (0) None   (7) Diabetes
                 (1) Down's syndrome   (8) Arthritis
                 (2) Celebral Palsy   (9) Congenital heart disease
                 (3) Muscular Dystrophy   (10) Other heart condition
                 (4) Cystic Fibrosis   (97) Refused
                 (5) Sickle cell anemia   (99) DK
                 (6) Autism

                 [ ]**>CONDL_1<**   [ ]**>CONDL_3<**   [ ]**>CONDL_5<**   [ ]**>CONDL_7<**   [ ]**>CONDL_9<**
                 [ ]**>CONDL_2<**   [ ]**>CONDL_ 4<** [ ]**>CONDL_6<**   [ ]**>CONDL_8<**   [ ]**>CONDL_10<**

CHS.070   Has {S.C.name} **EVER** had chickenpox?

>CPOX<   (1) Yes   (7) Refused
               (2) No   (9) DK

CHS.080   Has a doctor or other health professional **EVER** told you that {S.C.name} had asthma?

>CASHMEV< (1) Yes (CHS.090)   (7) Refused (Check item)
               (2) No (Check item)   (9) DK (Check item)

               **[If CHS.080 = 1 goto CHS.090. If CHS.080 equals 2, 7, or 9, and the age is greater than or
               equal to 2 then goto CHS.115; If CHS.080 equals 2, 7, 9 and the age is less than 2 then goto
               CHS.111]**

CHS.090   During the past 12 months, has {S.C.name} had an episode of asthma or an asthma attack?

>CASHYR<   (1) Yes (CHS.100)   (7) Refused (Check item)
               (2) No (Check item)   (9) DK (Check item)

               **[If CHS.090 = 1 goto CHS.100. If CHS.090 equals 2, 7, or 9, and the age is greater than or
               equal to 2 then goto CHS.115; If CHS.080 equals 2, 7,9 and the age is less than 2 then goto
               CHS.111]**

 CHS.100   During the past 12 months, did {S.C.name} have to visit an emergency room or urgent care center
               because of asthma?

>CASMERYR< (1) Yes   (7) Refused
               (2) No   (9) DK

               **[If the age is greater than or equal to 2 then goto CHS.115; If the age is less than 2 then goto
               CHS.111]**

CHS.111   During the past 12 months, has {S.C.name} had any of the following conditions?

           (1) Yes   (7) Refused
           (2) No   (9) DK

>**CCONDT11**< Hay fever?
>**CCONDT12**< Any kind of respiratory allergy?
>**CCONDT13**< Any kind of food or digestive allergy?
>**CCONDT14**< Eczema or any kind of skin allergy?
>**CCONDT15**< Frequent or repeated diarrhea or colitis?
>**CCONDT16**< Anemia?
>**CCONDT17**< Three or more ear infections?
>**CCONDT18**< Seizures?

                                                                        (Goto CHS.210)

CHS.115   During the past 12 months, has {S.C.name} had any of the following conditions?

           (1) Yes   (7) Refused
           (2) No   (9) DK

>**CCONDT01**< Hay fever?
>**CCONDT02**< Any kind of respiratory allergy?
>**CCONDT03**< Any kind of food or digestive allergy?
>**CCONDT04**< Eczema or any kind of skin allergy?
>**CCONDT05**< Frequent or repeated diarrhea or colitis?
>**CCONDT06**< Anemia?
>**CCONDT07**< Frequent or severe headaches, including migraines?
>**CCONDT08**< Three or more ear infections?
>**CCONDT09**< Seizures?
>**CCONDT10**< Stuttering or stammering?

CHS.210   Compared with 12 months ago, would you say {S.C.name}'s health is now **better, worse**, or **about the same**?

>**CHSTATYR**< (1) Better   (7) Refused
                (2) Worse   (9) DK
                (3) About the same

           [If the age is greater than 4 goto CHS.220; If age is less than or equal to 4 goto CHS.230]

CHS.220 During the past 12 months, that is, since {12-month ref. date}, about how many days did {S.C. name} miss school because of illness or injury?

>**SCHDAYR**< (000) none (997) Refused
(001-240) 1-240 Days (999) DK
(996) Did not goto school

CHS.230 These next questions are about {S.C.name}'s recent health during the 2 weeks outlined on that calendar. Did {S.C.name} have a head cold or chest cold that started during those two weeks?

>**CCOLD2W**< (1) Yes (7) Refused
(2) No (9) DK

CHS.240 Did {S.C.name} have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

>**CINTIL2W**< (1) Yes (7) Refused
(2) No (9) DK

CHS.250 Which statement best describes {S.C.name}'s hearing (without a hearing aid): **Good, a little trouble, a lot of trouble,** or **deaf?**

>**CHEARST**< (1) Good (4) Deaf
(2) Little trouble (7) Refused
(3) Lot of trouble (9) DK

CHS.260 Does {S.C.name} have any trouble seeing?

[If child's age is 2 or more add:]

Even when wearing glasses or contact lenses?

>**CVISION**< (1) Yes (CHS.270) (7) Refused (CHS.290)
(2) No (CHS.290) (9) DK (CHS.290)

CHS.270 Is {S.C.name} blind or unable to see at all?

>**CBLIND**< (1) Yes (7) Refused
(2) No (9) DK

CHS.290 Does {S.C.name} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

>**IHSPEQ**< (1) Yes (7) Refused
(2) No (9) DK

CHS.300 Does {S.C.name} have an impairment or health problem that limits {his/her} ability to (crawl), walk, run, or play?

>**IHMOB**< (1) Yes (CHS.310) (7) Refused (CHS.311)
(2) No (CHS.311) (9) DK (CHS.311)

CHS.310   Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?

>IHMOBYR<   (1) Yes   (7) Refused
                    (2) No   (9) DK

CHS.311   Does {S.C.name} **now** have a problem for which {he/she} has regularly taken prescription medication for at least three months?

>PROBRX<   (1) Yes   (7) Refused
                    (2) No   (9) DK

[If age is less than or equal to 1 goto CAU.020; If the age is equal to 2 goto CHSCCI3; If the age is greater than or equal to 3 goto CHS.312]

CHS.312   Has a representative from a school or a health professional ever told you that {S.C.name} had a learning disability?

>LEARND<   (1) Yes   (7) Refused
                    (2) No   (9) DK

Part B - Child Behavior

Check item CHSCCI3: If AGE = 2-3 & RPSEX is male, then goto CHS.321;
If AGE = 2-3 & RPSEX is female, then, goto CHS.361;
If AGE = 4-11 & RPSEX is male, then goto CHS.401;
If AGE = 4-11 & RPSEX is female, then goto CHS.441;
If AGE = 12-17 & RPSEX is male, then goto CHS.481;
If AGE = 12-17 & RPSEX is female, then goto CHS.521.

CHS.321   I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C.name} during the past 2 months.

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

HE:

>CMHAGM12< Has been uncooperative?
>CMHAGM13< Has trouble getting to sleep?
>CMHAGM14< Has speech problems?
>CMHAGM15< Has been unhappy, sad, or depressed?

(Goto CAU.020)

CHS.361   I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {C.S. name} during the past 2 months.

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

SHE:

>CMHAGF12< Has temper tantrums or a hot temper?
>CMHAGF13< Has speech problems?
>CMHAGF14< Has been nervous or high-strung?
>CMHAGF15< Has been unhappy, sad, or depressed?

(Goto CAU.020)

CHS.401   I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C.name} during the past 6 months.

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

HE:

>CMHAGM22<   Doesn't get along with other kids?
>CMHAGM23<   Can't concentrate or pay attention long?
>CMHAGM24<   Feels worthless or inferior?
>CMHAGM25<   Has been unhappy, sad, or depressed?

                        (Goto CAU.020)

CHS.441   I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE of {S.C.name} during the past 6 months.

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

SHE:

>CMHAGF22<   Can't concentrate or pay attention long?
>CMHAGF23<   Has been nervous, high strung or tense?
>CMHAGF24<   Acts too young for her age?
>CMHAGF25<   Has been unhappy, sad, or depressed?

                        (Goto CAU.020)

CHS.481   I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, that during the past 6 months, {S.C.name}:

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

HE:

>CMHAGM32<   Can't concentrate or pay attention long?
>CMHAGM33<   Lies or cheats?
>CMHAGM34<   Doesn't get along with other kids?
>CMHAGM35<   Has been unhappy, sad, or depressed?

                        (Goto CAU.020)

CHS.521 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, that during the past 6 months, {S.C.name}:

FR: **HAND CARD C3.**

(0) Not True   (7) Refused
(1) Sometimes True   (9) DK
(2) Often True

SHE:

>**CMHAGF32<** Lies or cheats?
>**CMHAGF33<** Does poorly at school work?
>**CMHAGF34<** Has trouble sleeping?
>**CMHAGF35<** Has been unhappy, sad, or depressed?

(Goto next section-Health Care Access and Utilization)

Section III -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

The next questions are about Health Care.

CAU.020   Is there a place that {S.C.name} USUALLY goes when {he/she} is sick or you need advice about {his/her} health?

>**CUSUALPL<** (1) Yes (CAU.030)   (7) Refused (CAU.037)
                (2) There is NO place (CAU.037)   (9) DK (CAU.037)
                (3) There is MORE THAN ONE
                    place (CAU.030)

CAU.030   **[If CAU.020 equal 1, then read:]**

                 What kind of place is it ...

                 [Else CAU.020 equal 3, then read:]

                 What kind of place does {S.C.name} go to most often ...
                 ... A clinic, doctor's office, emergency room, or some other place?

>**CPLKIND<**   (1) Clinic or health center (CAU.035)   (5) Some other place (CAU.035)
                (2) Doctor's office or HMO (CAU.035)   (7) Refused (CAU.037)
                (3) Hospital emergency room (CAU.035)   (9) DK (CAU.037)
                (4) Hospital outpatient department
                    (CAU.035)

CAU.035   Is that {place selected in CAU.030} the same place {S.C.name} usually goes when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?

>**CHCPLROU<** (1) Yes (CAU.040)   (7) Refused (CAU.037)
                (2) No (CAU.037)   (9) DK (CAU.037)

CAU.037   What kind of place does {S.C.name} go to when {he/she} needs routine preventive care, such as a physical examination or well baby/child check-up?

>**CHCPLKND<** (0) Doesn't get preventive care anywhere   (4) Hospital outpatient department
                (1) Clinic or health center   (5) Some other place
                (2) Doctor's office or HMO   (7) Refused
                (3) Hospital emergency room   (9) DK

Check item CAUCCI1: If CAU.020 equals 2, 7, or 9, then goto CAU.080; Else goto CAU.040.

CAU.040   At any time in the past 12 months did you CHANGE the place(s) to which {S.C.name} USUALLY goes for health care?

>**CHCCHGYR<** (1) Yes (CAU.050)   (7) Refused (CAU.080)
                (2) No (CAU.080)   (9) DK (CAU.080)

CAU.050   Was this change for a reason related to health insurance?

>**CHCCHGHI**< (1) Yes   (7) Refused
                (2) No   (9) DK

CAU.080   There are many reasons people delay getting medical care. Have you delayed getting care for
                 {S.C.name} for any of the following reasons in the past 12 months?

                 (1) Yes   (7) Refused
                 (2) No   (9) DK

>**CHCDLYR1**< You couldn't get through on the telephone.
>**CHCDLYR2**< You couldn't get an appointment for {S.C.name} soon enough.
>**CHCDLYR3**< Once you get there, {S.C.name} has to wait too long to see the doctor.
>**CHCDLYR4**< The clinic/doctor's office wasn't open when you could get there.
>**CHCDLYR5**< You didn't have transportation:

                 [If age is greater than or equal to 2 goto CAU.135; Else goto CAU.130]

CAU.130   During the past 12 months, was there any time when {S.C.name} needed any of the following, but
                 didn't get it because you couldn't afford it?
                 Prescription medicines?

>**CHCAFYR**<   (1) Yes   (7) Refused
                (2) No   (9) DK

                                                              (Goto CAU.170)

CAU.135   During the past 12 months, was there any time when {S.C.name} needed any of the following, but
                 didn't get it because you couldn't afford it:

                 (1) Yes   (7) Refused
                 (2) No   (9) DK

>**CHCAFYR1**< Prescription medicines?
>**CHCAFYR2**< Mental health care or counseling?
>**CHCAFYR3**< Dental care (including check-ups)?

Part B -- Dental Care

FR: HAND CARD T.

CAU.160   About how long has it been since {S.C.name} last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

>**CDENLONG**< (1) 6 months or less   (5) Never
                (2) More than 6 months, but not more than 1 year ago   (7) Refused
                (3) More than 1 year, but not more than 3 years ago   (9) DK
                (4) More than 3 years

[If age is greater than or equal to 2 goto CAU.175; Else goto CAU.170.]

Part C -- Health Care Provider Contacts

CAU.170   During the past 12 months, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C.name}'s health?

         (1) Yes   (7) Refused
         (2) No   (9) DK

>CHCSYR11<   An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?
>CHCSYR12<   A foot doctor?
>CHCSYR13<   A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?
>CHCSYR14<   A nurse practitioner, physician assistant or midwife?

[If female and age is greater than 14 then goto CAU.230; Else goto CAU.240]

CAU.175   During the past 12 months, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C.name}'s health?

         (1) Yes   (7) Refused
         (2) No   (9) DK

>CHCSYR1<   A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?
>CHCSYR2<   An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?
>CHCSYR3<   A foot doctor?
>CHCSYR4<   A chiropractor?
>CHCSYR5<   A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?
>CHCSYR6<   A nurse practitioner, physician assistant or midwife?

[If female and age is greater than 14 then goto CAU.230; Else goto CAU.240]

CAU.230   During the past 12 months, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about {S.C.name}'s health?

>CHCSYR7<   (1) Yes   (7) Refused
            (2) No   (9) DK

CAU.240   During the past 12 months, have you seen or talked to the following about {S.C.name}'s health?
         (1) Yes   (7) Refused
         (2) No   (9) DK

>CHCSYR81<   A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist or ophthalmologist)?
>CHCSYR82<   A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

[If CHCSYR82 = 1 goto CAU.260; Else goto CAU.270]

CAU.260   Does that doctor treat children and adults (a doctor in general practice or family medicine)?

>CHCSYR10<   (1) Yes   (7) Refused
            (2) No   (9) DK

CAU.270   During the past 12 months did {S.C.name} receive a physical examination or well baby/child check-up?

>CHPEXYR<   (1) Yes   (7) Refused
                   (2) No   (9) DK

CAU.280   During the past 12 months, **how many times** has {S.C.name} gone to a **hospital emergency room** about {his/her} health? (This includes emergency room visits that resulted in a hospital admission.)

\`   **FR:**   **HAND CARD C4.**

>CHERNOYR< (0) None   (4) 10-12
                   (1) 1   (5) 13 or more
                   (2) 2-3   (7) Refused
                   (3) 4-9   (9) DK

CAU.290   During the past 12 months, did {S.C.name} receive care **at home** from a nurse or other health care professional?

>CHCHYR<   (1) Yes (CAU.300)   (7) Refused (CAU.320)
                 (2) No (CAU.320)   (9) DK (CAU.320)

CAU.300   During how many of the past 12 months did {S.C.name} receive care at home from a health care professional?

>CHCHMOYR<(01-12) 1-12 months
                 (97)   Refused
                 (99)   DK

CAU.310   What was the total number of home visits received for {S.C.name} during that/those months?

       FR: **HAND CARD C5**

>CHCHNOYR< (1) 1   (5) 13 or more
                   (2) 2-3   (7) Refused
                   (3) 4-9   (9) DK
                   (4) 10-12

CAU.320   During the past 12 months, **how many times** has {S.C.name} seen a doctor or other health care professional about {his/her} health at **a doctor's office, a clinic, or some other place**? DO NOT INCLUDE TIMES {S.C.name} WAS HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

       FR: **HAND CARD C4**

>CHCNOYR<   (0) None   (4) 10-12
                   (1) 1   (5) 13 or more
                   (2) 2-3   (7) Refused
                   (3) 4-9   (9) DK

CAU.330   During the past 12 months has {S.C.name} had **surgery** or other surgical procedures either as an inpatient or outpatient?

>CSRGYR<   (1) Yes (CAU.340)   (7) Refused (Check item CAUCCI3)
               (2) No (Check item CAUCCI3)   (9) DK (Check item CAUCCI3)

CAU.340   Including any times you may have already told me about, **how many different times** has {S.C. name} had surgery done as an outpatient during the past 12 months?

>CSRGNOYR< (00-94) 0-94 times   (97) Refused
              (95)   95+ times   (99) DK

<u>**Check item CAUCCI3:**</u>   If sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals 1 and sample child's person number is in FAU.190, then CAU.345 equals 1 and goto next section; Else goto CAU.345.

CAU.345   About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about {S.C.name}'s health? Include doctors seen while {he/she} was a patient in a hospital.

>CMDLONG< (1) 6 months or less   (4) More than 3 years
               (2) More than 6 months, but not   (5) Never
                   more than 1 year ago   (7) Refused
               (3) More than 1 year, but not more (9) DK
                   than 3 years ago

(Goto next section -- Immunization)

Check item CIMCCI1: Ask all immunization questions (CIM.010 - CIM495) for the sample child and all 12-35 months old children. For the sample child, goto CIM.010. For other 12-35 months old child/children, goto CIM.011.

CIM.010   These questions are about immunizations that {sample child's name}may have received. It would be helpful if we could refer to{his/her} shot record.

{If additional children ages 12-35 months, read:]

We will also need to see shot records for any children 12-35 months of age in the family.

[Else continue to read:]

Are shot records available for {sample child's name}?

>SHOTRC<   (1) Yes (Check item CIM.CCI2)   (7) Refused (CIM.020)
                   (2) No (CIM.020)   (9) DK (CIM.020)

CIM.011   Are shot records available for {child's name}?

>SHOTRC2<   (1) Yes (Check itemCIMCCI2)   (7) Refused (CIM.020)
                   (2) No (CIM.020)   (9) DK (CIM.020)

CIM.020   We will need the shot record to complete this section of the interview. If I call you within the next few days, would you be able to have {Child's name}'s shot record available?

>SHOTFT<   (1) Yes   (Check item ICSTAT)   (7) Refused (CIM.290)
                   (2) No (CIM.290)   (9) DK (CIM.290)

Check item CIMCCI2: If age is greater than or equal to 7 goto CIM.060; If age is less than 7 then goto CIM.030.

     FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.030   Looking at the shot record, please tell me how many times {Child's name} has received a DTP, DtaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

>DTP<   Number of shots _____
                   (00)   None (CIM.040)   (97) Refused (CIM.040)
                   (01-08) 1-8 shots (CIM.035)   (99) DK (CIM.040)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE

CIM.035

First shot date | Fifth shot date

>DTPDT_M1< _____ (Month)   **>DTPDT_M5<** _____ (Month)
>DTPDT_D1< _____ (Day)   **>DTPDT_D5<** _____ (Day)
>DTPDT_Y1< _____ (Year)   **>DTPDT_Y5<** _____ (Year)

Second shot date | Sixth shot date

>DTPDT_M2< _____ (Month)   **>DTPDT_M6<** _____ (Month)
>DTPDT_D2< _____ (Day)   **>DTPDT_D6<** _____ (Day)
>DTPDT_Y2< _____ (Year)   **>DTPDT_Y6<** _____ (Year)

Third shot date | Seventh shot date

>DTPDT_M3< _____ (Month)   **>DTPDT_M7<** _____ (Month)
>DTPDT_D3< _____ (Day)   **>DTPDT_D7<** _____ (Day)
>DTPDT_Y3< _____ (Year)   **>DTPDT_Y7<** _____ (Year)

Fourth shot date | Eighth shot date

>DTPDT_M4< _____ (Month)   **>DTPDT_M8<** _____ (Month)
>DTPDT_D4< _____ (Day)   **>DTPDT_D8<** _____ (Day)
>DTPDT_Y4< _____ (Year)   **>DTPDT_Y8<** _____ (Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.040   Looking at the shot record, please tell me how many times {Child's name}has received a polio vaccine by mouth (pink drops) or a polio shot?

>POLIO<   Number of shots _____
(00)   None (CIM.050)   (97) Refused (CIM.050)
(01-08) 1-8 shots or doses   (99) DK (CIM.050)
        (CIM.045)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE

CIM.045

First shot or dose date | Fifth shot or dose date

>POLDT_M1< _____ (Month)   **>POLDT_M5<** _____ (Month)
>POLDT_D1< _____ (Day)   **>POLDT_D5<** _____ (Day)
>POLDT_Y1< _____ (Year)   **>POLDT_Y5<** _____ (Year)

Second shot or dose date | Sixth shot or dose date

>POLDT_M2< _____ (Month)   **>POLDT_M6<** _____ (Month)
>POLDT_D2< _____ (Day)   **>POLDT_D6<** _____ (Day)
>POLDT_Y2< _____ (Year)   **>POLDT_Y6<** _____ (Year)

Third shot or dose date | Seventh shot or dose date

>POLDT_M3< _____ (Month)   **>POLDT_M7<** _____ (Month)
>POLDT_D3< _____ (Day)   **>POLDT_D7<** _____ (Day)
>POLDT_Y3< _____ (Year)   **>POLDT_Y7<** _____ (Year)

Fourth shot or dose date | Eighth shot or dose date

>POLDT_M4< _____ (Month)   **>POLDT_M8<** _____ (Month)
>POLDT_D4< _____ (Day)   **>POLDT_D8<** _____ (Day)
>POLDT_Y4< _____ (Year)   **>POLDT_Y8<** _____ (Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.050   Looking at the shot record, please tell me how many times {Child's name} has received a HIB
                 shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI)
                  type B, Hib vaccine or H.Flu vaccine)

>HIB<   Number of shots _____
                 (00)   None (CIM.060)   (97) Refused (CIM.060)
                 (01-08) 1-8 shots (CIM.055)   (99) DK (CIM.060)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE

CIM.055
                 First shot date   Fifth shot date
>HIBDT_M1< _____ (Month)   **>HIBDT_M5<** _____ (Month)
>HIBDT_D1< _____ (Day)   **>HIBDT_D5<** _____ (Day)
>HIBDT_Y1< _____ (Year)   **>HIBDT_Y5<** _____ (Year)
                 Second shot date   Sixth shot date
>HIBDT_M2< _____ (Month)   **>HIBDT_M6<** _____ (Month)
>HIBDT_D2< _____ (Day)   **>HIBDT_D6<** _____ (Day)
>HIBDT_Y2< _____ (Year)   **>HIBDT_Y6<** _____ (Year)
                 Third shot date   Seventh shot date
>HIBDT_M<   _____ (Month)   **>HIBDT_M7<** _____ (Month)
>HIBDT_D3< _____ (Day)   **>HIBDT_D7<** _____ (Day)
>HIBDT_Y3< _____ (Year)   **>HIBDT_Y7<** _____ (Year)
                 Fourth shot date   Eighth shot date
>HIBDT_M4< _____ (Month)   **>HIBDT_M8<** _____ (Month)
>HIBDT_D4< _____ (Day)   **>HIBDT_D8<** _____ (Day)
>HIBDT_Y4< _____ (Year)   **>HIBDT_Y8<** _____ (Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.060   Looking at the shot record, please tell me how many times {Child's name} has received a measles
or MMR (Measles-Mumps-Rubella) shot?

>**MMR<**   Number of shots _____
(00)   None (CIM.070)   (97) Refused (CIM.070)
(01-04) 1-4 shots (CIM.065)   (99) DK (CIM.070)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE

CIM.065

First shot date   Third shot date
>**MMRDT_M1<** _____ (Month)   >**MMRDT_M3<** _____ (Month)
>**MMRDT_D1<** _____ (Day)   >**MMRDT_D3<** _____ (Day)
>**MMRDT_Y1<** _____ (Year)   >**MMRDT_Y3<** _____ (Year)
Was this shot: Was this shot:
>**MMRDT_T1<** (1) Measles ONLY or   >**MMRDT_T3<** (1) Measles ONLY or
             (2) MMR   (2) MMR
             (7) Refused   (7) Refused
             (9) DK   (9) DK

Second shot date   Fourth shot date
>**MMRDT_M2<** _____ (Month)   >**MMRDT_M4<** _____ (Month)
>**MMRDT_D2<** _____ (Day)   >**MMRDT_D4<** _____ (Day)
>**MMRDT_Y2<** _____ (Year)   >**MMRDT_Y4<** _____ (Year)
Was this shot: Was this shot:
>**MMRDT_T2<** (1) Measles ONLY or   >**MMRDT_T4<** (1) Measles ONLY or
             (2) MMR   (2) MMR
             (7) Refused   (7) Refused
             (9) DK   (9) DK

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.070   Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis B shot?

>HEP<   Number of shots _____
           (00)   None (CIM.080)   (97) Refused (CIM.080)
           (01-08) 1-8 shots (CIM.075)   (99) DK (CIM.080)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.075

>HEPDT<

First shot date	Fifth shot date
>HEPDT_M1< _____ (Month)	**>HEPDT_M5<** _____ (Month)
>HEPDT_D1< _____ (Day)	**>HEPDT_D5<** _____ (Day)
>HEPDT_Y1< _____ (Year)	**>HEPDT_Y5<** _____ (Year)
Second shot date	Sixth shot date
>HEPDT_M2< _____ (Month)	**>HEPDT_M6<** _____ (Month)
>HEPDT_D2< _____ (Day)	**>HEPDT_D6<** _____ (Day)
>HEPDT_Y2< _____ (Year)	**>HEPDT_Y6<** _____ (Year)
Third shot date	Seventh shot date
>HEPDT_M3< _____ (Month)	**>HEPDT_M7<** _____ (Month)
>HEPDT_D3< _____ (Day)	**>HEPDT_D7<** _____ (Day)
>HEPDT_Y3< _____ (Year)	**>HEPDT_Y7<** _____ (Year)
Fourth shot date	Eighth shot date
>HEPDT_M4< _____ (Month)	**>HEPDT_M8<** _____ (Month)
>HEPDT_D4< _____ (Day)	**>HEPDT_D8<** _____ (Day)
>HEPDT_Y4< _____ (Year)	**>HEPDT_Y8<** _____ (Year)

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.080   Looking at the shot record, please tell me how many times {Child's name} has received a chickenpox (or Varicella) shot?

>VAR<   Number of shots _____
           (00)   None (CIM.090)   (97) Refused (CIM.090)
           (01-04) 1-4 shots (CIM.085)   (99) DK (CIM.090)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.085

First shot date	Third shot date
>VARDT_M1< _____ (Month)	**>VARDT_M3<** _____ (Month)
>VARDT_D1< _____ (Day)	**>VARDT_D3<** _____ (Day)
>VARDT_Y1< _____ (Year)	**>VARDT_Y3<** _____ (Year)
Second shot date	Fourth shot date
>VARDT_M2< _____ (Month)	**>VARDT_M4<** _____ (Month)
>VARDT_D2< _____ (Day)	**>VARDT_D4<** _____ (Day)
>VARDT_Y2< _____ (Year)	**>VARDT_Y4<** _____ (Year)

[If age is greater than or equal to 7 goto CIM.090; Else goto CIM.100.]

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.090   Looking at the shot record, please tell me how many times {Child's name} has received a tetanus-diphtheria booster (Td) shot?

>TDB<   Number of shots _____
              (00)   None (CIM.100)   (97) Refused (CIM.100)
              (01-04) 1-4 shots (CIM.095)   (99) DK (CIM.100)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.

CIM.095

First shot date   Third shot date
>TDBDT_M1< _____ (Month)   **>TDBDT_M3<** _____ (Month)
>TDBDT_D1< _____ (Day)   **>TDBDT_D3<** _____ (Day)
>TDBDT_Y1< _____ (Year)   **>TDBDT_Y3<** _____ (Year)
Second shot date   Fourth shot date
>TDBDT_M2< _____ (Month)   **>TDBDT_M4<** _____ (Month)
>TDBDT_D2< _____ (Day)   **>TDBDT_D4<** _____ (Day)
>TDBDT_Y2< _____ (Year)   **>TDBDT_Y4<** _____ (Year)

CIM.100   Are there any OTHER immunizations listed on the shot record that I have NOT asked you about?

>OTHRNT<   (1) Yes (CIM.110)   (7) Refused (CIM.140)
              (2) No (CIM.140)   (9) DK (CIM.140)

CIM.110   What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?
              (1) Influenza vaccine   (2) Pneumococcal vaccine   (3) Hepatitis A vaccine

              [If less than 7 years old add:]

              (4) Tetramune   (5) ActHib

              [Else continue to read:]

              (6) Other   (7) Refused   (9) DK

              [ ] **>OTHEV_1<**   [ ] **>OTHEV_3<**   [ ]**>OTHEV_5<**
              [ ] **>OTHEV_2<**   [ ] **>OTHEV_4<**   [ ] **>OTHEV_6<**

Check item OTHREDIT: If CIM.110 equals 1 goto CIM.121, else; If CIM.110 equals 2 goto CIM.123, else;
              If CIM.110 equals 3 goto CIM.125, else; If CIM.110 equals 4 goto CIM.127, else;
              If CIM.110 equals 5 goto CIM.129, else; If CIM.110 equals 6 goto CIM.120, else;
              If CIM.110 equals 7 goto CIM.140.

CIM.120   What is the name of the vaccine not listed on the shot record?

>**OTHEVO**<   _____

          FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

 CIM.121   Looking at the shot record, please tell me how many times {Child's name} has received an
          influenza vaccine shot?

>**OTH1**<   Number of shots _____
          (00)   None   (97) Refused (OTHREDIT)
          (01-06) 1-6 times (CIM.122)   (99) DK (OTHREDIT)

          FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE**.

CIM.122
          First shot date   Fourth shot date
>**OTH1D_M1**< _____ (Month)   >**OTH1D_M4**< _____ (Month)
>**OTH1D_D1**< _____ (Day)   >**OTH1D_D4**< _____ (Day)
>**OTH1D_Y1**< _____ (Year)   >**OTH1D_Y4**< _____ (Year)
          Second shot date   Fifth shot date
>**OTH1D_M2**< _____ (Month)   >**OTH1D_M5**< _____ (Month)
>**OTH1D_D2**< _____ (Day)   >**OTH1D_D5**< _____ (Day)
>**OTH1D_Y2**< _____ (Year)   >**OTH1D_Y5**< _____ (Year)
          Third shot date   Sixth shot date
>**OTH1D_M3**< _____ (Month)   >**OTH1D_M6**< _____ (Month)
>**OTH1D_D3**< _____ (Day)   >**OTH1D_D6**< _____ (Day)
>**OTH1D_Y3**< _____ (Year)   >**OTH1D_Y6**< _____ (Year)
                                                       (Goto OTHREDIT)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.123 Looking at the shot record, please tell me how many times {Child's name} has received a Pneumococcal vaccine shot?

>OTH2< Number of shots _____
(00)   None   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.124)   (99) DK   (OTHREDIT)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.

CIM.124

First shot date

>OTH2D_M1< _____ (Month)   **>OTH2D_M4<** _____ (Month)
>OTH2D_D1< _____ (Day)   **>OTH2D_D4<** _____ (Day)
>OTH2D_Y1< _____ (Year)   **>OTH2D_Y4<** _____ (Year)

Second shot date   Fifth shot date

>OTH2D_M2< _____ (Month)   **>OTH2D_M5<** _____ (Month)
>OTH2D_D2< _____ (Day)   **>OTH2D_D5<** _____ (Day)
>OTH2D_Y2< _____ (Year)   **>OTH2D_Y5<** _____ (Year)

Third shot date   Sixth shot date

>OTH2D_M3< _____ (Month)   **>OTH2D_M6<** _____ (Month)
>OTH2D_D3< _____ (Day)   **>OTH2D_D6<** _____ (Day)
>OTH2D_Y3< _____ (Year)   **>OTH2D_Y6<** _____ (Year)
                                                        (Goto OTHREDIT)

Fourth shot date (header for right column above)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.125 Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis

>OTH3< A vaccine shot?
(00)   None   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.126)   (99) DK (OTHREDIT)

FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.

CIM.126

First shot date   Fourth shot date

>OTH3D_M1< _____ (Month)   **>OTH3D_M4<** _____ (Month)
>OTH3D_D1< _____ (Day)   **>OTH3D_D4<** _____ (Day)
>OTH3D_Y1< _____ (Year)   **>OTH3D_Y4<** _____ (Year)

Second shot date   Fifth shot date

>OTH3D_M2< _____ (Month)   **>OTH3D_M5<** _____ (Month)
>OTH3D_D2< _____ (Day)   **>OTH3D_D5<** _____ (Day)
>OTH3D_Y2< _____ (Year)   **>OTH3D_Y5<** _____ (Year)

Third shot date   Sixth shot date

>OTH3D_M3< _____ (Month)   **>OTH3D_M6<** _____ (Month)
>OTH3D_D3< _____ (Day)   **>OTH3D_D6<** _____ (Day)
>OTH3D_Y3< _____ (Year)   **>OTH3D_Y6<** _____ (Year)
                                                        (Goto OTHREDIT)

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.127   Looking at the shot record, please tell me how many times {Child's name} has received a Tetramune shot?

>OTH4<   Number of shots _____
(00)   None   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.128)   (99) DK (OTHREDIT)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.128

First shot date

>OTH4D_M1< _____ (Month)

>OTH4D_D1< _____ (Day)

>OTH4D_Y1< _____ (Year)

Second shot date

>OTH4D_M2< _____ (Month)

>OTH4D_D2< _____ (Day)

>OTH4D_Y2< _____ (Year)

Third shot date

>OTH4D_M3< _____ (Month)

>OTH4D_D3< _____ (Day)

>OTH4D_Y3< _____ (Year)

Fourth shot date

>OTH4D_M4< _____ (Month)

>OTH4D_D4< _____ (Day)

>OTH4D_Y4< _____ (Year)

Fifth shot date

>OTH4D_M5< _____ (Month)

>OTH4D_D5< _____ (Day)

>OTH4D_Y5< _____ (Year)

Sixth shot date

>OTH4D_M6< _____ (Month)

>OTH4D_D6< _____ (Day)

>OTH4D_Y6< _____ (Year)

(Goto OTHREDIT)

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.129   Looking at the shot record, please tell me how many times {Child's name} has received a ACTHib shot?

>OTH5<   Number of shots _____
(00)   None   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.130)   (99) DK (OTHREDIT)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.130

First shot date

>OTH5D_M1< _____ (Month)

>OTH5D_D1< _____ (Day)

>OTH5D_Y1< _____ (Year)

Second shot date

>OTH5D_M2< _____ (Month)

>OTH5D_D2< _____ (Day)

>OTH5D_Y2< _____ (Year)

Third shot date

>OTH5D_M3< _____ (Month)

>OTH5D_D3< _____ (Day)

>OTH5D_Y3< _____ (Year)

Fourth shot date

>OTH5D_M4< _____ (Month)

>OTH5D_D4< _____ (Day)

>OTH5D_Y4< _____ (Year)

Fifth shot date

>OTH5D_M5< _____ (Month)

>OTH5D_D5< _____ (Day)

>OTH5D_Y5< _____ (Year)

Sixth shot date

>OTH5D_M6< _____ (Month)

>OTH5D_D6< _____ (Day)

>OTH5D_Y6< _____ (Year)

(Goto OTHREDIT)

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.131   Looking at the shot record, please tell me how many times {Child's name} has received a [Fill OTHEVO] shot?

>OTH6<   Number of shots _____
(00)   None   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.132)   (99) DK (OTHREDIT)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.132

First shot date   Fourth shot date
>OTH6D_M1< _____ (Month)   **>OTH6D_M4<** _____ (Month)
>OTH6D_D1< _____ (Day)   **>OTH6D_D4<** _____ (Day)
>OTH6D_Y1< _____ (Year)   **>OTH6D_Y4<** _____ (Year)
Second shot date   Fifth shot date
>OTH6D_M2< _____ (Month)   **>OTH6D_M5<** _____ (Month)
>OTH6D_D2< _____ (Day)   **>OTH6D_D5<** _____ (Day)
>OTH6D_Y2< _____ (Year)   **>OTH6D_Y5<** _____ (Year)
Third shot date   Sixth shot date
>OTH6D_M3< _____ (Month)   **>OTH6D_M6<** _____ (Month)
>OTH6D_D3< _____ (Day)   **>OTH6D_D6<** _____ (Day)
>OTH6D_Y3< _____ (Year)   **>OTH6D_Y6<** _____ (Year)
                                                          (Goto OTHREDIT)

CIM.140   Are all the immunizations that {Child's name} ever received included on this shot record?

>SHOTA1<   (1) Yes (CIM.440)   (7) Refused (*****)
               (2) No (*)   (9) DK (*)

*NOTE: If age is greater than or equal to 7 goto CIM.210; Else goto CIM.150

CIM.150   Has {Child's name} ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

>DTPMOR<   (1) Yes (CIM.160)   (7) Refused (CIM.170)
               (2) No (CIM.170)   (9) DK (CIM.170)

CIM.160   How many additional DTP shots has {Child's name} received?

>DTPMNO<   (01-08) 1-8 Shots   (97) Refused
               (96) All   (99) DK

CIM.170   Has {Child's name} ever received additional polio vaccine by mouth (pink drops) or a polio shot?

>POLMOR<   (1) Yes (CIM.180)   (7) Refused (CIM.190)
                (2) No (CIM.190)   (9) DK (CIM.190)

CIM.180   How many additional polio vaccines has {Child's name} received?

>POLMNO<   (01-08) 1-8 Shots   (97) Refused
                (96)   All   (99) DK

CIM.190   Has {Child's name} ever received an additional Hib shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine.

>HIBMOR<   (1) Yes (CIM.200)   (7) Refused (CIM.210)
                (2) No (CIM.210)   (9) DK (CIM.210)

CIM.200   How many additional Hib shots has {Child's name} received?

>HIBMNO<   (01-08) 1-8 Shots   (97) Refused
                (96)   All   (99) DK

CIM.210   Has {Child's name} ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?

>MMRMOR<   (1) Yes (CIM.220)   (7) Refused (CIM.230)
                (2) No (CIM.230)   (9) DK (CIM.230)

CIM.220   How many additional measles or MMR shots has {Child's name} received?

>MMRMNO<   (01-04)1-4 Shots   (97) Refused
                (96)   All   (99) DK

CIM.230   Has {Child's name} ever received an additional Hepatitis B shot?

>HEPMOR<   (1) Yes (CIM.240)   (7) Refused (CIM.250)
                (2) No (CIM.250)   (9) DK (CIM.250)

CIM.240   How many additional Hepatitis B shots has {Child's name} received?

>HEPMNO<   (01-08)1-8 Shots   (97) Refused
                (96)   All   (99) DK

CIM.250   Has {Child's name} ever received an additional shot for chickenpox?

>VARMOR<   (1) Yes (CIM.260)   (7) Refused (*)
                (2) No (*)   (9) DK (*)

*NOTE: If age is less than 7, goto CIM.440; Else goto CIM.270

CIM.260   How many additional shots for chicken pox has {Child's name} received?

>VARMNO<   (01-04) 1-4 Shots   (97) Refused
                (96)   All   (99) DK

CIM.270   Has {Child's name} ever received an additional tetanus-diphtheria booster shot?

>**TDBMOR<**   (1) Yes (CIM.280)   (7) Refused (CIM.440)
               (2) No (CIM.440)   (9) DK (CIM.440)

CIM.280   How many additional tetanus-diphtheria booster shots has {Child's name} received?

>**TDBMNO<**   (01-04) 1-4 Shots   (97) Refused
               (96)   All   (99) DK

                                                                    (Goto CIM.440)

CIM.290   Has {Child's name} ever received an immunization (that is a shot or drops)?

>**SHOTAY<**   (1) Yes (*)   (7) Refused (Check item CIMCCI5)
               (2) No (Check item CIMCCI5)   (9) DK (Check item CIMCCI5)

*NOTE: If age is greater than or equal to 7 goto CIM.360; Else goto CIM.300

CIM.300   Has {Child's name} ever received a DTP/DTaP/DT shot (sometimes called a DPT shot,
               diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

>**DTPEV<**   (1) Yes (CIM.310)   (7) Refused (CIM.320)
               (2) No (CIM.320)   (9) DK (CIM.320)

CIM.310   How many DTP shots has {Child's name} ever receive?

>**DTPENO<**   (01-08) 1-8 Shots   (97) Refused
               (96)   All   (99) DK

CIM.320   Has {Child's name} ever received a polio vaccine by mouth (pink drops) or a polio shot?

>**POLEV<**   (1) Yes (CIM.330)   (7) Refused (CIM.340)
               (2) No (CIM.340)   (9) DK (CIM.340)

CIM.330   How many polio vaccines did {Child's name} ever receive?

>**POLENO<**   (01-08) 1-8 Shots or Doses   (97) Refused
               (96)   All   (99) DK

CIM.340   Has {Child's name} ever received a Hib shot? (This shot is for meningitis and called
               Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine)

>**HIBEV<**   (1) Yes (CIM.350)   (7) Refused (CIM.360)
               (2) No (CIM.360)   (9) DK (CIM.360)

CIM.350   How many Hib shots did {Child's name} ever receive?

>**HIBENO<**   (01-08) 1-8 Shots   (97) Refused
               (96)   All   (99) DK

CIM.360   Has {Child's name} ever received a measles or MMR (Measles-Mumps-Rubella) shot?

>**MMREV<**   (1) Yes (CIM.370)   (7) Refused (CIM.380)
               (2) No (CIM.380)   (9) DK (CIM.380)

CIM.370   How many measles or MMR shots did {Child's name} ever receive?

>MMRENO<   (01-04) 1-4 Shots   (97) Refused
               (96)   All   (99) DK

CIM.380   Has {Child's name} ever received a Hepatitis B shot?

>HEPEV<   (1) Yes (CIM.390)   (7) Refused (CIM.400)
               (2) No (CIM.400)   (9) DK (CIM.400)

CIM.390   How many Hepatitis B shots did {Child's name} ever receive?

>HEPENO<   (01-08) 1-8 Shots   (97) Refused
               (96)   All   (99) DK

CIM.400   Has {Child's name} ever received a shot for chickenpox?

>VAREV<   (1) Yes (CIM.410)   (7) Refused (*)
               (2) No (*)   (9) DK (*)

*NOTE: If age is less than 7 goto CIM.440; Else goto CIM.420

CIM.410   How many shots for chickenpox did {Child's name} ever receive?

>VARENO<   (01-04) 1-4 Shots   (97) Refused
               (96)   All   (99) DK

CIM.420   Has {Child's name} ever received a tetanus-diphtheria (Td) or tetanus booster shot?

>TDBEV<   (1) Yes (CIM.430)   (7) Refused (CIM.440)
               (2) No (CIM.440)   (9) DK (CIM.440)

CIM.430   How many tetanus-diphtheria booster shots did {Child's name} ever receive?

>TDBENO<   (01-04) 1-4 Shots   (97) Refused
               (96)   All   (99) DK

CIM.440   Are you the person who took {Child's name} for most {his/her} shots? (Most means at least half
               of the shots).

>SHOTPR<   (1) Yes   (7) Refused
               (2) No   (9) DK

CIM.450   In your opinion, has {Child's name} received all of the recommended shots for {his/her} age?

>SHOTA2<   (1) Yes   (7) Refused
               (2) No   (9) DK

Check item CIMCCI5: If the child is 12-35 months old, then goto Check item CIMCCI6; Else goto Check item
               CIMCCI7.

Check item CIMCCI6: If any of the items CIM.030, CIM.040, CIM.050, CIM.060, CIM.070, CIM.080, CIM.090, CIM.121, CIM.130, CIM.125, CIM.127, CIM.129, CIM.131 is less than or equal to 1, or CIM.290 equals 1, then goto CIM.460; Else goto Check item CIMCCI7.

CIM.460   Provider form

      FR: **ASK THE QUESTIONS ON THE HIS-2A IMMUNIZATION PROVIDER PERMISSION FORM TO OBTAIN THE NAMES AND ADDRESSES OF IMMUNIZATION PROVIDERS.   AFTER COMPLETING THE PROVIDER QUESTION, HAND THE HIS-2A TO THE RESPONDENT FOR COMPLETION OF THE PERMISSION ITEM ON THE BACK OF THE FORM. RECORD THE STATUS OF THE PROVIDER QUESTIONS FOR CHILD.**

>PROVID<   (1) Complete (CIM.480)   (7) Refused (CIM.480)
               (2) Other (CIM.470)   (9) DK (CIM.480)

CIM.470   Other:

>PROVNT<   Explain _____

CIM.480   Permission form

>PERMIS<   (0) Respondent not parent/legal   (2) Other   (CIM.490)
                 guardian-not signed   (ICSTAT)   (7) Refused   (ICSTAT)
                (1) Complete   (ICSTAT)   (9) DK   (ICSTAT)

CIM.490   Other:

>PERMNT<   Explain _____

Check item CIMCCI7:   If additional children are 12-35 months, goto CIM.010; Else goto next section.

Check item RCI_GOTO3: If the Recontact section is not completed, goto Recontact section;
                    Else, goto FAM_LOOP.

Check item FAM_LOOP: If sample adult is not interviewed, goto the beginning of the Adult section; Else if call back is needed for any of the Adult, Family, or Child section, goto FIN (Back section); Else goto Back section to assign OUTCOME code.