

NIS Hard Copy Questionnaire

Q4/2009

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section A – Available Shot Records

Section B – No Shot Records

Section C – Demographics

Section D – Provider

Section E- Health Insurance Module

Section F - Parental Concerns Module

Section G - Universal Exit

Appendix A-Section D on-screen FAQs

Confidential Information

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

SECTION S
 Screener

Intro_1 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 children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

- CONTINUE WITH INTERVIEW1 GO TO S1
- CONFIRM BUSINESS2 GO TO SALZ
- Out of scope3 GO TO THANK_YOU_OOS
- Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
- Cell phone5 GO TO UNIVERSAL EXIT- CELL_1
- Answering machine6 GO TO MSG_Y
- R will call 800 line/verify website7 GO TO CNOTES_1_1
- R asks for letter8 GO TO UNIVERSAL EXIT M1_NAME
- Supervisor review.....9 GO TO CNOTES_1_1
- Continue the case with Language Line16 GO TO S1/N_S1

Intro_1_HUDI Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide study to prevent future outbreaks of childhood diseases.

- CONTINUE WITH INTERVIEW1 GO TO S1
- CONFIRM BUSINESS2 GO TO SALZ
- ANSWERING MACHINE4 GO TO MSG_Y

INTRO_1
(for partial
completes)

Hello, my name is _____ and I am calling on behalf of the Centers for Disease Control and Prevention. We recently spoke to (MKR / an adult in this household) and began an important nationwide immunization study regarding (child's name or initials)'s vaccinations. I'm calling to complete the interview now, may I please speak with (MKR / that adult)?

- CONTINUE WITH INTERVIEW1 GO TO S1
 - CONFIRM BUSINESS2 GO TO SALZ
 - Out of scope3 GO TO THANK_YOU_OOS
 - Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
 - Cell phone5 GO TO UNIVERSAL EXIT- CELL_1
 - Answering machine6 GO TO MSG_Y
 - R will call 800 line/verify website7 GO TO CNOTES_1_1
 - R asks for letter8 GO TO UNIVERSAL EXIT M1_NAME
 - Supervisor review.....9 GO TO CNOTES_1_1
- (Raise your hand to get permission before using this code)

INTRO_1

(Incentives_10/Address Available)

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention to follow up on a letter that was sent to your home. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [IF S_NUMB=1, THEN "child who lives" {IF S_NUMB>1, THEN "children who live"}] there. I'm calling back to continue the interview. In appreciation for your time, we will send you \$10.

- CONTINUE WITH INTERVIEW1 GO TO S1
- CONFIRM BUSINESS2 GO TO SALZ
- Out of scope3 GO TO THANK_YOU_OOS
- Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
- Cell phone5 GO TO UNIVERSAL EXIT- CELL_1
- Answering machine6 GO TO MSG_Y
- R will call 800 line/verify website7 GO TO CNOTES_1_1
- R asks for letter8 GO TO UNIVERSAL EXIT M1_NAME
- Supervisor review.....9 GO TO CNOTES_1_1

(Raise your hand to get permission before using this code)

INTRO_1

(Incentives_15/Telephone Only)

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [IF S_NUMB=1, THEN "child who lives"/IF S_NUMB>1, THEN "children who live"] there. I'm calling back to continue the interview. In appreciation for your time, we will send you \$15.

- CONTINUE WITH INTERVIEW1 GO TO S1
- CONFIRM BUSINESS2 GO TO SALZ
- Out of scope3 GO TO THANK_YOU_OOS
- Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
- Cell phone5 GO TO UNIVERSAL EXIT- CELL_1
- Answering machine6 GO TO MSG_Y
- R will call 800 line/verify website7 GO TO CNOTES_1_1
- R asks for letter8 GO TO UNIVERSAL EXIT M1_NAME
- Supervisor review.....9 GO TO CNOTES_1_1

(Raise your hand to get permission before using this code)

[IF MOST KNOWLEDGEABLE PARENT HAS NOT BEEN IDENTIFIED:

May I please speak with the parent or guardian who knows the most about the health of the child[ren] in the household?]

[IF MOST KNOWLEDGEABLE PARENT HAS BEEN DETERMINED:

May I please speak with [NAME]/the person who had started the interview?]

THANK_YOU
_OOS

We are only interviewing families living in their usual place of residence, those are all the questions I have. Thank you.

SALZ

Is this telephone number for business use only?

- Yes.....1 GO TO SALZ_BUS
- No.....2 GO TO INTRO_1
- DORM/PRISON/HOSTEL3 GO TO SALZ_BUS
- PAGING SERVICE4 GO TO SALZ_BUS

MSG_Y

Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about childhood immunization. Would you please call us toll-free at 1-866-999-3340 to let us know whether or not there are any children between 12 months and 3 years old living or staying in this household? The number again is 1-866-999-3340. Thank you.

- LEAVE MESSAGE AND TERMINATE1 GO TO SASERV
- COULD NOT LEAVE A MESSAGE2 GO TO SASERV
- ANSWERING MACHINE SAID
- “TAKE ME OFF YOUR LIST”3 GO TO SASERV
- CONTINUE INTERVIEW4 GO TO INTRO_1

MSG_INCENT

[IF INCENT_GRP=Address Available]

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention to follow up on a letter that was sent to your home. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [child who lives/children who live] there. I'm calling back to continue the interview. If you would like to participate immediately, please call our toll-free number, 1-866-999-3340. In appreciation for your time, we will send you \$10 after we speak with you. Again, our toll-free number is 1-866-999-3340. Thank you.

- LEAVE MESSAGE AND TERMINATE1 GO TO SASERV
- COULD NOT LEAVE A MESSAGE2 GO TO SASERV
- ANSWERING MACHINE SAID
- “TAKE ME OFF YOUR LIST”3 GO TO SASERV
- CONTINUE INTERVIEW4 GO TO INTRO_1

MSG_INCENT

[IF INCENT_GRP=Phone Only]

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [child who lives/children who live] there. I'm calling back to continue the interview. If you would like to participate immediately, please call our toll-free number, 1-866-999-3340. In appreciation for your time, we will send you \$15 after we speak with you. Again, our toll-free number is 1-866-999-3340. Thank you.

- LEAVE MESSAGE AND TERMINATE1 GO TO SASERV
- COULD NOT LEAVE A MESSAGE2 GO TO SASERV
- ANSWERING MACHINE SAID
- "TAKE ME OFF YOUR LIST"3 GO TO SASERV
- CONTINUE INTERVIEW4 GO TO INTRO_1

MSG_Y_APPT Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a nationwide study about childhood immunization. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1 - 866 - 999 - 3340. Also, if you have any questions, that number again is 1 - 866 - 999 - 3340. Thank you.

- LEAVE MESSAGE AND TERMINATE1 GO TO SASERV
- COULD NOT LEAVE A MESSAGE2 GO TO SASERV
- ANSWERING MACHINE SAID
- "TAKE ME OFF YOUR LIST"3 GO TO SASERV
- CONTINUE INTERVIEW4 GO TO INTRO_1

MSG_PENDING_

SCREENED

Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We recently spoke with someone in this household regarding an important nationwide survey on childhood immunizations. Your participation is very important to us, we would like to finish the interview at your earliest convenience. Please call us toll-free at 1 - 866 - 999 - 3340 to either complete the interview or to make an appointment to do so. The number again is 1 - 866 - 999 - 3340.

- LEAVE MESSAGE AND TERMINATE1 GO TO SASERV
- COULD NOT LEAVE A MESSAGE2 GO TO SASERV
- ANSWERING MACHINE SAID
- "TAKE ME OFF YOUR LIST"3 GO TO SASERV
- CONTINUE INTERVIEW4 GO TO INTRO_1

SASERV

BASED ON THE ANSWERING SERVICE, WAS THIS DEFINITELY A BUSINESS, A HOUSEHOLD, OR COULD NOT BE DETERMINED?

- BUSINESS1 TERMINATE
- HOUSEHOLD2 TERMINATE
- COULD NOT DETERMINE.....3 TERMINATE
- ANSWERING MACHINE SAID
- "TAKE ME OFF YOUR LIST"4 TERMINATE

S1 Am I speaking to someone who lives in this household who is over 17 years old?

IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD.

I AM THAT PERSON1 GO TO S_NUMB [IFINCENTIVE=1, GO TO S3_INTRO_INCENT]

THIS IS A BUSINESS.....2 GO TO SALZ

NEW PERSON COMES TO PHONE3 GO TO INTRO_1

DOESN'T LIVE IN HOUSEHOLD 8 GO TO INSTRUCTION: [ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN]

NO PERSON AT HOME WHO IS AT OVER 179 GO TO S2_B

REFUSED99 GO TO UNIVERSAL EXIT- R1

SALZ_BUS We are interviewing only private residences. Thank you very much.

[TERMINATE INTERVIEW]

S2_B Does anyone live in your household who is over 17 years old?

YES, THEY ARE COMING TO THE PHONE1 GO TO INTRO_1

YES, BUT NO ONE IS HOME, SO SET A CALLBACK2 GO TO [BLANK] SCRIPT SHOWN BELOW

NO, NO ADULTS LIVE IN THE HOUSEHOLD AT ANYTIME3 GO TO MINOR_EXIT

TEEN LINE (COLLECT ANOTHER PHONE NUMBER)4 GO TO S2_C

REFUSED99 GO TO R1

[BLANK]Thank you, we'll try back another time.

[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

MINOR_EXIT Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

[TERMINATE INTERVIEW]

S2_C Is there another telephone number that I should call? _____

GO TO INSTRUCTION: WARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X.

GO TO CB1 (APPOINTMENT SCREEN) THEN C_NOTES_1_1

S_NUMB How many children between the ages of 12 months and 3 years old are living or staying in your household?

IF THE RESPONDENT ASKS FOR A DEFINITION OF LIVING OR STAYING SAY "Would you consider the child to be living or staying in your household?"

IF ONE OR MORE,

ENTER # OF CHILDREN.....___ (ENTER 01 to 09) GO TO S3_LTR
IF NO CHILDREN ENTER 0.....00 GO TO S3_TERM
Don't Know.....77 GO TO S_NUMB_TERM
Refused.....99 GO TO S_NUMB_TERM

S_NUMB_TERM

Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you have spent answering these questions.

[TERMINATE THE INTERVIEW; GO TO R1]

SOFT

CHECK_77 ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN

CONTINUE1 GO TO S_NUMB
APPOINTMENT.....2 GO TO UNIVERSAL EXIT-CB1

S3_LTR

A letter describing the National Immunization Survey may have been sent to your home recently. Do you remember seeing the letter?

YES1 GO TO S3_INTRO
NO2 GO TO S3_INTRO
DON'T KNOW77 GO TO S3_INTRO
REFUSED99 GO TO S3_INTRO

S3_INTRO/
S3_INTRO_
INCENT

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

Continue1 GO TO S3_EVAL_R
Respondent asks for description of law1 GO TO S3_LAW

S3_EVAL_R/S3_EVAL_R_INCENT

Yes, respondent agrees to recording/listening.....1 GO TO S3_X
No, the respondent does not agree to
recording/listening.....2 GO TO S3_X

S3_LAW/S3_LAW_INCENT

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

Continue GO TO S3_EVAL_R

S3_X

So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the (FIRST) child in your household who is between 12 months and 3 years old.

AGREE1 GO TO S3_3M_X
DON'T KNOW77 GO TO YEARDK_X
REFUSED99 GO TO YEARREF_X

S3_3M/D/Y_X Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 3 years old.

REPEAT IF NECESSARY

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

MONTH	DAY	YEAR
--	--	----

DATE GO TO S3_CONF_X
 DON'T KNOW GO TO YEARDK_X
 REFUSED GO TO YEARREF_X

S3_CONF_X That would make the [ordinal # of kid derived from S_NUMB] child [age of child in months and years] old; is that correct?

YES1 IF CHILD IS ELIGIBLE GO TO S3_4_X,
 IF NOT GO TO NEXT CHILD
 NO2 GO TO INSTRUCTION: PLEASE
 CORRECT DATE OF BIRTH AND
 THEN S3_3M_X

YEARREF_X I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birthdate is to know which immunization questions to ask (IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

R STILL REFUSES1 GO TO YEARQUIT
 RETURN TO QUESTIONNAIRE2 GO TO S3_X

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

GO TO R1

YEARDK_X 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?

YES1 GO TO PERSON
 NO2 GO TO WHEN_CALL

PERSON_X May I speak with this person now?

Yes.....1 GO TO S3_3M_X
 No.....2 GO TO WHEN_CALL

WHEN_CALL When would be a good time to reach a person who knows the child's birthdate?

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 CB1
CONTINUE2 GO TO BITHD_BOX

BITHD_BOX Hi. I'm calling for the Centers for Disease Control and Prevention. We're calling about an important national study of immunization. I'd like you to know that this study is voluntary and is authorized by the U.S. Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. You may choose not to answer any question you don't want to answer or stop at any time.

CONTINUE1 GO TO S3_X

S3_4_X Is the child born [insert month and year of birth] male or female?

MALE1
FEMALE.....2
DON'T KNOW77
REFUSED99

S3_5_X So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials
ENTER "REFUSED AND "DON'T KNOW" AS NECESSARY

S3_C I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 3 years old living or staying in this household that we haven't talked about yet?

YES.1 YES - GO TO S3_C_WARNING
NO2 GO TO S3_D_1_1 ELSE IF
sample_use_code = 2 or 4: GO TO
S_UNDR18 in SLAITS Roster]

S3_TERM Those are all the questions I have. (I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.)

[TERMINATE INTERVIEW]

S3_D_1_X Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3_5].

S4 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 [FIRST NAMES/INITIALS OF ELIGIBLE CHILD(REN) FROM S3.5] (has/have) received. Are you this person?

YES1 GO TO S6_INTRO
NO2 GO TO S5

S5 May I speak with this person now?

YES1 GO TO S5_BOX
NO, NOT AT HOME.....2 GO TO MR1

S5_BOX Hi. I'm calling for the Centers for Disease Control and Prevention. We're calling about an important national study of immunization. I'd like you to know that this study is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

Continue1 GO TO S5_EVAL_R
Respondent asks for description of law1 GO TO S5_LAW

S5_LAW The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

S5_EVAL_R Yes, respondent agrees to recording listening.....1 GO TO S6_INTRO
No, the respondent does not agree to recording/ listening.....2 GO TO S6_INTRO

S6_INTRO The following questions ask about immunizations or shots for [FIRST NAMES/INITIALS OF ALL ELIGIBLE CHILDREN, FROM S3.5]. Since some of the immunizations are difficult to remember it would be helpful if you could refer to shot records.

S6_X

Do you have any shot records for [NAME OF FIRST CHILD]?

READ IF NECESSARY: I'll be happy to wait while you go get it/them.

YES.	1	IF EXP_PATH_A=0 THEN GO TO A1INTRO ELSE GO TO BINTRO
NO	2	GO TO (next child) OR S6B
DK	77	GO TO S6B
REF	99	GO TO S6B

S6B

That's fine. It is common for households not to have the shot records on hand. Let's continue with the interview. GO TO BINTRO

SECTION MR
Most Knowledgeable Respondent Callback Questions

MR1 Before we hang up, please tell me the first name of the person who knows the most about (this child's/these children's) immunizations.

First Name: _____

MR3 Would I call the same telephone number where I reached you?

YES1 GO TO MR_APP

NO2 GO TO MR4

MR4 What number should I call?
ENTER AREA CODE AND PHONE NUMBER ONLY (10 DIGITS)

MR_APP When would be a good time to call back and speak with (NAME FROM MR1)?

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 CALLBACK INTRODUCTION

APPOINTMENT1 GO TO UNIVERSAL EXIT-CB1

CONTINUE2 GO TO S5_BOX

SECTION A
Available Shot Records

AINTRO Thank you for getting the shot records. The remainder of the survey will take about [IF MOD_TYPE = 0 FILL "15" ELSE IF MOD_TYPE = 1 OR 2 FILL "20"] minutes.

ANTRO_2 The next few questions ask about shots [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] may have received.

SHOT RECORD FOR DTP

AN1_X Looking at the shot record, please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a D-T-P, D-T-A-P, or D-T shot, sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots	___	GO TO AD1X[M,D,Y]_X
NONE	0	GO TO AN2_X
DON'T KNOW	77	GO TO AN2_X
REFUSED	99	GO TO AN2_X

AD1X[M,D,Y]_X

What is the date (on the record) for the [FILL VAR: (First/Second/...Eight)] D-T-P, D-T-A-P, or D-T shot?

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

MONTH	DAY	YEAR
__	--	----

DATE	GO TO NEXT SHOT OR AN2_X
DON'T KNOW	GO TO AN2_X
REFUSED	GO TO AN2_X

SHOT RECORD FOR POLIO (DROPS OR SHOTS)

AN2_X

Looking at the shot record, please tell me how many times [FILL VAR: NAME OF FIRST, SECOND.../SIXTH CHILD, FROM S3.5] has received a polio vaccine—pink drops, sometimes called O-P-V – or a polio shot, sometimes called I-P-V.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots ____ GO TO AD2X[M,D,Y]_X
 NONE 0 GO TO AN3_X
 DON'T KNOW 77 GO TO AN3_x
 REFUSED 99 GO TO AN3_x

AD2X[M,D,Y]_X

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

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

MONTH	DAY	YEAR
--	--	----

DATE GO TO NEXT SHOT OR AN3_X
 DON'T KNOW GO TO AN3_X
 REFUSED GO TO AN3_X

SHOT RECORD FOR MEASLES/MMR (SHOTS)

AN3_X Looking at the shot record, please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a measles shot or an M-M-R shot, that is, a measles, mumps, and rubella shot.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots GO TO AD3X[M,D,Y]_X
 NONE 0 GO TO AN4_X
 DON'T KNOW 77 GO TO AN4_x
 REFUSED 99 GO TO AN4_x

AD3X[M,D,Y]_X

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

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

MONTH	DAY	YEAR
--	--	----

DATE GO TO AM3_X
 DON'T KNOW GO TO AN4_X
 REFUSED GO TO AN4_X

AM3X_X

Was that shot measles only or a full M-M-R only?

MEASLES ONLY 1 GO TO NEXT SHOT DATE OR AN4_X
 MMR ONLY 2 GO TO NEXT SHOT DATE OR AN4_X
 DON'T KNOW 77 GO TO NEXT SHOT DATE OR AN4_X
 REFUSED 99 GO TO NEXT SHOT DATE OR AN4_X

SHOT RECORD FOR HIB (shot)

AN4_X

Looking at the shot record please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD FROM S3.5] has received an H-I-B shot. (This is for meningitis and is called HA-MA-FI-LUS IN-FLU-EN-ZA, H-I-B vaccine, or H flu vaccine.)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots ____ GO TO AD4X[M,D,Y]_X
 NONE 0 GO TO AN5_X
 DON'T KNOW 77 GO TO AN5_X
 REFUSED 99 GO TO AN5_X

AD4X[M,D,Y]_X

What is the date (on the record) for the [FILL VAR: (First/Second/...Eighth)] (H-I-B) shot?

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

MONTH	DAY	YEAR
--	--	----

DATE GO TO NEXT SHOT OR AN5_X
 DON'T KNOW GO TO AN5_X
 REFUSED GO TO AN5_X

SHOT RECORD FOR HEPATITIS B

AN5_X

(Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a hepatitis B shot.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots ____ GO TO AD5X[M,D,Y]_X
 NONE 0 GO TO AN9_X
 DON'T KNOW 77 GO TO AN9_X
 REFUSED 99 GO TO AN9_X

AD5X[M,D,Y]_X

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

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

MONTH	DAY	YEAR
--	--	-----

DATE GO TO NEXT SHOT OR AN9_X
 DON'T KNOW GO TO AN9_X
 REFUSED GO TO AN9_X

SHOT RECORD FOR PNEUMOCOCCAL

AN9_X

(Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a pneumococcal shot, sometimes called a PCV or Prevnar shot.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots	___	GO TO AD9X[M,D,Y]_X
NONE	0	GO TO AN6_X
DON'T KNOW	77	GO TO AN6_X
REFUSED	99	GO TO AN6_X

AD9X[M,D,Y]_X

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

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

MONTH	DAY	YEAR
--	--	-----

DATE		GO TO NEXT SHOT OR AN6_X
DON'T KNOW		GO TO AN6_X
REFUSED		GO TO AN6_X

SHOT RECORD FOR CHICKEN POX

AN6_X

(Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a chicken pox or varicella shot.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF R MENTIONS A SHOT NOT LISTED ABOVE, RECORD IN "OTHER SHOTS" QUESTION A6".

Shots ____ GO TO AD6X[M,D,Y]_X
 NONE 0 GO TO A5_C_X
 DON'T KNOW 77 GO TO A5_C_X
 REFUSED 99 GO TO A5_C_X

AD6X[M,D,Y]_X

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

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

MONTH	DAY	YEAR
--	--	-----

DATE GO TO NEXT SHOT OR A5_C_X
 DON'T KNOW GO TO A5_C_X
 REFUSED GO TO A5_C_X

A5_C_X

I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever been ill with chicken pox or varicella?

YES 1 GO TO A5_E_X
 NO 2 IF H1N1_FLAG = 1 GO TO AH1_INTRO, ELSE GO TO AN8_X
 DON'T KNOW 77 IF H1N1_FLAG = 1 GO TO AH1_INTRO, ELSE GO TO AN8_X
 REFUSED 99 IF H1N1_FLAG = 1 GO TO AH1_INTRO, ELSE GO TO AN8_X

A5_E_X How old was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] in months,
 when he/she had chicken pox?
 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

Age in months.....	___	IF H1N1_FLAG = 1 GO TO AH1_INTRO, ELSE GO TO AN8_X
DON'T KNOW	77	GO TO A5_F_X
REFUSED	99	IF H1N1_FLAG = 1 GO TO AH1_INTRO, ELSE GO TO AN8_X

A5_F_x Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.]...

...one to six months old?.....	01
...seven to twelve months old?.....	02
...13 to18 months old?	03
...19 to24 months old?	04
...25 to30 months old?	05
...31 to35months old?	06
DON'T KNOW	77
REFUSED	99

ALL: IF H1N1_FLAG = 1, GO TO AH1_INTRO, ELSE GO TO AN8_X

SHOT RECORD FOR FLU SHOT

AH1_INTRO The next questions are about influenza vaccinations. There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 vaccine, also called swine flu or pandemic flu vaccine. First I will ask you about flu vaccinations on the shot record.

CONTINUE..... 1

AN8_X (Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] has received a flu shot or flu vaccine sprayed in [FILL VAR: HIS/HER] nose by a doctor or other health care professional. A flu shot or nasal spray is usually given in the fall and protects against influenza for the flu season.

READ IF NECESSARY: A flu shot is injected in the arm. The [IF H1N1_FLAG =1, TEXTFILL = seasonal] flu nasal spray is vaccine is called FluMist.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

Number	___	GO TO AD8X[M,D,Y]_X
DON'T KNOW	77	GO TO A8R_X
REFUSED	99	GO TO A8R_X

AD8X[M,D,Y]_X

What is the date (on the record) for the [FILL VAR: first/second/...eighth] flu vaccination?

ENTER 777/77/7777 FOR DON'T KNOW AND 999/99/9999 FOR REFUSED

MONTH	DAY	YEAR
--	--	-----

AT8X_X IF H1N1_FLAG = 0 READ: Was this a shot, the spray, or both?

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

ELSE IF H1N1_FLAG = 1 READ: Was this a shot or the spray?

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

FLU SHOT	1	IF H1N1_FLAG = 1, GO TO AH18X_X, ELSE GO TO NEXT SHOT OR A8R_X
FLU NASAL SPRAY	2	IF H1N1_FLAG = 1, GO TO AH18X_X, ELSE GO TO NEXT SHOT OR A8R_X
BOTH	3	DO NOT DISPLAY IF H1N1_FLAG = 1, GO TO NEXT SHOT OR A8R_X
DON'T KNOW	77	IF H1N1_FLAG = 1, GO TO AH18X_X, GO TO NEXT SHOT OR A8R_X
REFUSED	99	IF H1N1_FLAG = 1, GO TO AH18X_X, GO TO NEXT SHOT OR A8R_X

AH18X_X Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

SEASONAL FLU	1	GO TO NEXT SHOT OR A8R_X
H1N1 FLU OR SWINE FLU	2	GO TO NEXT SHOT OR A8R_X
DON'T KNOW	77	GO TO NEXT SHOT OR A8R_X
REFUSED	99	GO TO NEXT SHOT OR A8R_X

A8R_X Some shots may not be recorded on the shot record. Has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] had a flu shot in the past twelve months?

YES.....	1	IF H1N1_FLAG = 1 GO TO AH18RDA_X, ELSE GO TO A8RD_X
NO	2	GO TO A6_X
DON'T KNOW	77	GO TO A6_X
REFUSED	99	GO AT A6_X

AH18RDA_X First I will ask about the H1N1 or swine flu vaccine. Since this past September, how many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive an H1N1 or swine flu vaccine that is NOT listed on the shot record?

Number	___	IF 0, 77, or 99 GO TO A8RS_X, ELSE GO TO AH18RDX_X
--------------	-----	--

AH18RDX_X During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3_5] receive the [FILL VAR: first/second/...eighth] H1N1 or swine 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
--	----

AH1T8X_X Was this a shot or the spray?

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

FLU SHOT 1 GO TO NEXT SHOT OR A8RS_X
 FLU NASAL SPRAY 2 GO TO NEXT SHOT OR A8RS_X
 DON'T KNOW 77 GO TO NEXT SHOT OR A8RS_X
 REFUSED 99 GO TO NEXT SHOT OR A8RS_X

A8RS_X Next I'm going to ask you about the seasonal flu vaccine. Has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3_5] had a seasonal flu vaccine in the past twelve months that is NOT listed on the shot record?

YES..... 1 GO TO A8RDA_X
 NO 2 GO TO A6_X
 DON'T KNOW 77 GO TO A6_X
 REFUSED 99 GO TO A6_X

A8RDA_X How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive a [IF H1N1_FLAG = 1,TEXTFILL = seasonal] flu shot or flu vaccine in the past 12 months that is NOT listed on the shot record?

Number ____ IF 0, 77, or 99, GO TO A6_X,
ELSE GO TO A8RDX_X

A8RDX_X During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/...eighth] [IF H1N1_FLAG = 1,TEXTFILL = seasonal] flu vaccine that is NOT listed on the shot record?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED
IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH

MONTH	YEAR
--	----

A8RTX_X

[IF H1N1_FLAG = 0] Was this a shot, the spray, or both?

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

ELSE: Was this a shot or the spray?

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

FLU SHOT	1
FLU NASAL SPRAY	2
BOTH	3
DON'T KNOW	77
REFUSED	99

SHOT RECORD FOR OTHER SHOTS

A6_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] received any other immunizations that are listed on the shot records that I have not asked about?

- YES..... 1 GO TO A6_B_X
- NO 2 GO TO NEXT CHILD OR CWIC_INTRO
- DON'T KNOW 77 GO TO NEXT CHILD OR CWIC_INTRO
- REFUSED 99 GO TO NEXT CHILD OR CWIC_INTRO

A6_B_X_X What is the name of the [FIRST/SECOND/THIRD/FOURTH/FIFTH] other shot listed on the record?

SELECT 70-NO OTHER SHOTS' TO END THIS QUESTION.

- FOUR-IN-ONE 02 GO TO A7_NEWX_X
- BCG (TUBERCULOSIS)..... 03 GO TO A7_NEWX_X
- TYPHOID..... 04 GO TO A7_NEWX_X
- YELLOW FEVER..... 05 GO TO A7_NEWX_X
- MALARIA 06 GO TO A7_NEWX_X
- DTaP 07 GO TO A7_NEWX_X
- DTP/HiB..... 08 GO TO A7_NEWX_X
- DTP/HepB 09 GO TO A7_NEWX_X
- PNEUMOCOCCAL 10 GO TO A7_NEWX_X
- INFLUENZA..... 11 GO TO A7_NEWX_X
- HEPATITIS A 12 GO TO A7_NEWX_X
- OTHER (SPECIFY) 95 GO TO A6_B_OTHR_X
- NO OTHER SHOTS 70 GO TO NEXT CHILD OR CWIC_INTRO
- DON'T KNOW 77 GO TO NEXT SHOT, CHILD OR CWIC_INTRO
- REFUSED 99 GO TO NEXT SHOT, CHILD OR CWIC_INTRO

A6_B_OTHR_X ENTER OTHER SPECIFY

A7_NEWX_X How many times has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] received the [shot name from A6_B_X] shot?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

- Number ___ GO TO A7_MDY_X
- DON'T KNOW 77 GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTR
- REFUSED 99 GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO

A7_[M,D,Y]XX_X

What is the date (on the record) for this shot?

ENTER 777/77/7777 FOR DON'T KNOW AND 999/99/9999 FOR REFUSED

MONTH	DAY	YEAR
--	--	----

DATE

GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO

DON'T KNOW

GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO

REFUSED

GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO

SECTION B
No Shot Records

BINTRO The remainder of the survey will take about [IF MOD_TYPE = 0 FILL "10" ELSE IF MOD_TYPE = 1 OR 2 FILL "15"] minutes.

BINTRO_2 The next few questions ask about shots [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] may have received.

B1_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received an immunization that is a shot or drops?

- YES 1 GO TO B2_X
- NO 2 GO TO B6_D_X
- DON'T KNOW 77 GO TO B6_D_X
- REFUSED 99 GO TO B6_D_X

B2_X Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3_5.] ever received a D-T-P, D-T-A-P or D-T shot (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

CONFIRM ALL DON'T KNOW ANSWERS WITH "TO THE BEST OF YOUR KNOWLEDGE"

- YES. 1 GO TO B3_X
- NO 2 GO TO B3_X
- DON'T KNOW 77 GO TO B3_X
- DON'T KNOW – CHILD IS
- UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
- REFUSED 99 GO TO B3_X

B3_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received a polio vaccination by mouth, pink drops, sometimes called O-P-V, or by polio shot, sometimes called I-P-V?

- YES... 1 GO TO B4_X
- NO 2 GO TO B4_X
- DON'T KNOW 77 GO TO B4_X
- DON'T KNOW – CHILD IS
- UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
- REFUSED 99 GO TO B4_X

B4_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received a measles or M-M-R (Measles-Mumps-Rubella) shot?

- YES..... 1 GO TO B5_X
- NO 2 GO TO B5_X
- DON'T KNOW 77 GO TO B5_X
- DON'T KNOW – CHILD IS
- UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
- REFUSED. 99 GO TO B5_X

B5_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received an H-I-B shot? This shot is for meningitis and is called Haemophilus Influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI)?

YES 1 GO TO B6_X
 NO 2 GO TO B6_X
 DON'T KNOW 77 GO TO B6_X
 DON'T KNOW – CHILD IS
 UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
 REFUSED 99 GO TO B6_X

B6_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received a hepatitis B shot? This shot is for hepatitis and is often called HepB.

YES... 1 IF STATE = CA OR NY GO
 B6_BRTH_X ELSE GO TO B6_P_X
 NO 2 GO TO B6_P_X
 DON'T KNOW 77 GO TO B6_P_X
 DON'T KNOW – CHILD IS
 UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
 REFUSED 99 GO TO B6_P_X

B6_BRTH_X Do you recall if the first Hepatitis B shot was given at the facility where the child was born, prior to discharge?

YES... 1 GO TO B6_P_X
 NO 2 GO TO B6_P_X
 CHILD NOT BORN IN FACILITY 3 GO TO B6_P_X
 DON'T KNOW 77 GO TO B6_P_X
 REFUSED 99 GO TO B6_P_X

B6_P_X Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received a pneumococcal shot, sometimes called a PCV or Prevnar shot?

YES... 1 GO TO B6_B_X
 NO 2 GO TO B6_B_X
 DON'T KNOW 77 GO TO B6_B_X
 DON'T KNOW – CHILD IS
 UP TO DATE ON ALL SHOTS..... 78 GO TO B6_D_X
 REFUSED 99 GO TO B6_B_X

B6_B_x Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received a chicken pox or varicella shot?

YES 1 GO TO B6_D_X
 NO 2 GO TO B6_D_X
 DON'T KNOW 77 GO TO B6_D_X
 DON'T KNOW – CHILD IS
 UP TO DATE ON ALL SHOTS 78 GO TO B6_D_X
 REFUSED 99 GO TO B6_B_X

B6_D_x I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND... NINTH CHILD, FROM S3.5.] Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever been ill with chicken pox or varicella?

YES 1 GO TO B6_E_X
 NO 2 IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X
 DON'T KNOW 77 IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X
 REFUSED 99 IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X

B6_E_x How old was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] in months, when (he/she) had chicken pox?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

Age in months 1 IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X
 DON'T KNOW 77 GO TO B6_F_X
 REFUSED 99 IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X

B6_F_X Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.].....

...one to six months old?..... 01
 ...seven to twelve months old?..... 02
13 to 18 months old? 03
19 to 24 months old? 04
25 to 30 months old? 05
31 to 35 months old? 06
 DON'T KNOW 77
 REFUSED 99

ALL: IF H1N1_FLAG = 1, GO TO BH1_INTRO, ELSE GO TO B8_X

BH1_INTRO The next questions are about influenza vaccinations. There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

CONTINUE..... 1

BHQ2_X Since this past September, has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3_5] had an H1N1 flu vaccination, shot or spray? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist or drop in the nose.

- YES 1 GO TO BHQ2A
- NO 2 GO TO B8_X
- DON'T KNOW 77 GO TO B8_X
- REFUSED 99 GO TO B8_X

BHQ2A How many of these H1N1 vaccinations has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received ?

Number IF 0, 77, or 99, GO TO B9_X, ELSE GO TO BHQ2BX_X

BHQ2BX_X During what month [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3_5] receive the [FILL VAR: first/second/...eighth] H1N1 flu vaccine?

INTERVIEW INSTRUCTION: Enter 77 FOR DON'T KNOW AND 99 FOR REFUSED

MONTH
--

BHQ2B_CX_X That was [FILL MONTH] of [FILL YEAR], correct?

- YES 1 CONTINUE
- NO 2 GO TO BHQ2BX_X

BHQ2TX_X What this a shot or the spray?

- FLU SHOT 1 GO TO NEXT VACCINE OR B8_X
- FLU NASAL SPRAY 2 GO TO NEXT VACCINE OR B8_X
- DON'T KNOW 77 GO TO NEXT VACCINE OR B8_X
- REFUSED 99 GO TO NEXT VACCINE OR B8_X

B8_X [IF H1N1_FLAG = 1,TEXTFILL = Next, I will ask about the seasonal flu vaccine.] During the past 12 months has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] had a [IF H1N1_FLAG = 1, TEXTFILL = seasonal] flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

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

- YES..... 1 GO TO B8DMA_X
- NO..... 2 GO TO B9_X
- DON'T KNOW..... 77 GO TO B9_X
- REFUSED..... 99 GO TO B9_X

B8DMA_X How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive a [IF H1N1_FLAG = 1,TEXTFILL = seasonal]flu shot or flu vaccine in the past 12 months?

Number ____ IF 0, 77, or 99, GO TO B9_X, ELSE GO TO B8DMX_X

B8DMX_X During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/...eighth] [IF H1N1_FLAG = 1, TEXTFILL = seasonal] flu shot?

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

MONTH	YEAR
--	----

- DATE GO TO NEXT SHOT OR B9_X
- DON'T KNOW GO TO NEXT SHOT OR B9_X
- REFUSED GO TO NEXT SHOT OR B9_X

B9_X During the past 12 months has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] had a [IF H1N1_FLAG = 1,TEXTFILL = seasonal] flu vaccine sprayed in [FILL VAR: HIS/HER] nose by a doctor or other health care professional? The vaccine is usually given in the fall and protects against influenza for the flu season.

READ IF NECESSARY: This influenza vaccine is called FluMist.

- YES..... 1 GO TO B9DMA_X
- NO 2 GO TO NEXT CHILD OR CWIC_INTRO
- DON'T KNOW 77 GO TO NEXT CHILD OR CWIC_INTRO
- REFUSED 99 GO TO NEXT CHILD OR CWIC_INTRO

B9DMA_X How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive a [IF H1N1_FLAG = 1,TEXTFILL = seasonal] flu nasal spray in the past 12 months?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

Number IF 0, 77, or 99, GO TO NEXT CHILD OR CWIC_INTRO, ELSE GO TO B9DMX_X

B9DMX_X During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/...eighth] [IF H1N1_FLAG = 1, TEXTFILL seasonal] flu nasal spray?

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 GO TO NEXT VACCINE OR GO TO NEXT CHILD OR GO TO CWIC_INTRO

DON'T KNOW GO TO NEXT VACCINE OR GO TO NEXT CHILD OR GO TO CWIC_INTRO

REFUSED GO TO NEXT VACCINE OR GO TO NEXT CHILD OR GO TO CWIC_INTRO

SECTION C
Demographics

CWIC_INTRO	The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.	
CWIC_01_x	Has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever received WIC benefits?	
	YES	1
	NO	2 GO TO CBF_INTRO
	DON'T KNOW	77 GO TO CBF_INTRO
	REFUSED	99 GO TO CBF_INTRO
CWIC_02_X	Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] currently receiving WIC benefits?	
	YES	1 GO TO CBF_INTRO
	NO	2 GO TO CBF_INTRO
	DON'T KNOW	77 GO TO CBF_INTRO
	REFUSED	99 GO TO CBF_INTRO
CBF_INTRO	Now I have a couple of questions on breastfeeding.	
CBF_01_x	Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?	
	YES	1
	NO	2 GO TO CINTRO
	DON'T KNOW	77 GO TO CINTRO
	REFUSED	99 GO TO CINTRO
CBF_02L_X	How old was [FILL CHILD'S NAME] when [FILL CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?	
	ENTER 888 FOR STILL BREASTFEEDING	
	ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED	
	ENTER NUMBER.....	___ GO TO CBF_02RU_X
	STILL BREASTFEEDING	888 GO TO CBF_03_X
	DON'T KNOW	777 GO TO CBF_03_X
	REFUSED	999 GO TO CBF_03_X
CBF_02RU_X	ENTER PERIOD:	
	DAYS.....	1 GO TO CBF_03_X
	WEEKS.....	2 GO TO CBF_02RU_X
	MONTHS.....	3 GO TO CBF_03_X
	YEARS	4 GO TO CBF_03_X

CBF_03_X How old was [FILL CHILD'S NAME] when (he/she) was first fed formula?
 ENTER 888 FOR NEVER, ENTER 0 FOR AT BIRTH
 ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER.....	___	GO TO CBF_04_X
AT BIRTH	0	GO TO CBF_N_X
NEVER	888	GO TO CBF_N_X
DON'T KNOW	777	GO TO CBF_N_X
REFUSED.....	999	GO TO CBF_N_X

CBF_04_X ENTER PERIOD:

DAYS.....	1
WEEKS_.....	2
MONTHS.....	3
YEARS	4

CBF_N This next question is about the first thing that [FILL CHILD'S NAME] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL CHILD'S NAME] might have been given, even water. How old was [FILL CHILD'S NAME] when (he/she) was first fed anything other than breast milk or formula?

ENTER 0 FOR NEVER, ENTER 1 FOR AT BIRTH
 ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER.....	___	GO TO CBF_U
NEVER	888	GO TO CINTRO
AT BIRTH	0	GO TO CINTRO
DON'T KNOW	777	GO TO CINTRO
REFUSED.....	999	GO TO CINTRO

CBF_U ENTER PERIOD:

DAYS.....	1	GO TO CINTRO
WEEKS_.....	2	GO TO CINTRO
MONTHS.....	3	GO TO CINTRO
YEARS	4	GO TO CINTRO

CINTRO Now I have some questions about your entire household.

C1 Including the adults and all the children, how many people live in this household? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE ____

C1_A How many of these are adults 18 years of age or older?
 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE ____

C1_B And that means that [FILL VAR: ANSWER TO C1-ANSWER TO C1A] of these people are under 18 years of age?

YES1 GO TO C2_06Q3_X
 NO.....2 GO TO INSTUCTION "PLEASE CORRECT NUMBERS" THEN GO TO C1
 DON'T KNOW77
 REFUSED.....99

[IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1.C, OTHERWISE, SKIP TO C2,]

C1_C How many children less than 12 months old live in this household?
 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER ____

C2_06Q3_X Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

YES1 GO TO C2_A_06Q3_X
 NO.....2 GO TO C3
 DON'T KNOW77 GO TO C3
 REFUSED.....99 GO TO C3

C2_A_06Q3_X Is [child] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? CLICK ALL THAT APPLY

MEXICAN/MEXICANO1
 MEXICAN-AMERICAN2
 CENTRAL AMERICAN3
 SOUTH AMERICAN4
 PUERTO RICAN.....5
 CUBAN/CUBAN AMERICAN6
 SPANISH-CARIBBEAN.....7
 OTHER SPANISH/HISPANIC (SPECIFY).....10 GO TO C2_OTHR1_06Q3_X
 DON'T KNOW77
 REFUSED.....99

C2_OTHR1_06Q3_x

ENTER OTHER SPECIFY

C3

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.]’s race. Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? CLICK ALL THAT APPLY

- WHITE..... 1
- BLACK/AFRICAN AMERICAN 2
- AMERICAN INDIAN 3
- ALASKA NATIVE..... 4
- ASIAN 5
- NATIVE HAWAIIAN 6
- PACIFIC ISLANDER..... 7
- OTHER 8 GO TO C3_OTHR1
- DON’T KNOW 77
- REFUSED..... 99

C3_OTHR1

ENTER OTHER SPECIFY

C5

What is your relationship to [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]?

- 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

RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (RESIDENCE AT CHILD’S BIRTH):

- I. ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE
- II. TWO OR MORE CHILDREN IN HOUSEHOLD:
 - A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER (C5=01)
 - B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01)

C6_06Q3_x What is the highest grade or year of school (you have /*[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]*’s mother has) completed?
 READ IF NECESSARY

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

C7_x (*Are you/is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]*’S mother) now married, widowed, divorced, separated, or (have you/has she) never been married?

Married.....	1	GO TO C8_06Q3_X
Widowed.....	2	GO TO C8_06Q3_X
Divorced.....	3	GO TO C8_06Q3_X
Separated.....	4	GO TO C8_06Q3_X
Never married	5	GO TO C8_06Q3_X
DECEASED.....	6	GO TO C8_INTRO
DON’T KNOW	77	GO TO C8_06Q3_X
REFUSED.....	99	GO TO C8_06Q3_X

C8_INTRO The next few questions ask for some background information about (eligible child)’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.)

C8_06Q3_X

IF C7_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)?

IF C7_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

- YES 1 GO TO C8_A_06Q3
- NO 2 GO TO C9
- DON'T KNOW 77 GO TO C9
- REFUSED 99 GO TO C9

C8_A_06Q3

(Are you / Is [child]'s mother) 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 C8_OTHR1_06Q3
- DON'T KNOW 77
- REFUSED 99

C8_OTHR1_06Q3

ENTER OTHER SPECIFY

C9 Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) race. (Are you/is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother) 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 (SPECIFY)..... 8 GO TO C9_OTHR1
- DON'T KNOW 77
- REFUSED 99

C9_OTHR1 ENTER OTHER SPECIFY

[IF MORE THAN ONE ANSWER AT C9, ASK C10; OTHERWISE SKIP TO C10A.]

C10_X Which do you feel best describes (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) race?

- WHITE..... 1
- BLACK/AFRICAN AMERICAN 2
- AMERICAN INDIAN 3
- ALASKA NATIVE..... 4
- ASIAN. 5
- NATIVE HAWAIIAN..... 6
- PACIFIC ISLANDER..... 7
- C9_OTHR1 8
- OTHER (SPECIFY)..... 9
- DON'T KNOW 77
- REFUSED 99

C10AMDY_X What is (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) 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) _____ / _____ / _____

[IF MONTH=DK/REF OR YEAR=DK/REF, THEN GO TO C10B_X, IF < 13 Years or > 60 Years GO TO CHMAGE_X, OTHERWISE SKIP TO C11_X.]

C10B_X What is (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE.....

DON'T KNOW77

REFUSED99

CHMAGE_X This would make you (child's) mother (age in years) years old; is that correct?

YES01 GO TO C11_X
NO02 GO BACK TO C10AMDY_X

C11_X (Do you/Does [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother live at the same address as (you/she) did when [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] was born?

YES1 GO TO CFAMINC
NO2
DON'T KNOW77 GO TO CFAMINC
REFUSED99 GO TO CFAMINC

C11A_X In what city, county, and state did (you/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] was born?

ENTER CITY _____

ENTER COUNTY _____

ENTER STATE _____

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

C11B_X What was (your/ [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

CFAMINC

Please think about your total combined family income during 2008 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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

- \$ _____, _____, _____ GO TO CINC
- DON'T KNOW77 GO TO C12_DONT_KNOW
- REFUSED.....99 GO TO C12_REFUSED

C12 _DONT_KNOW

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

- More than \$20,000.1 GO TO C16
- \$20,000.....2 GO TO C19A
- Less than \$20,0003 GO TO C13
- DON'T KNOW77 GO TO C19A
- REFUSED.....99 GO TO C19A

C12_REFUSED

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

- More than \$20,000.1 GO TO C16
- \$20,000.....2 GO TO C19A
- Less than \$20,0003 GO TO C13
- DON'T KNOW77 GO TO C19A
- REFUSED.....99 GO TO C19A

C13

Was the total combined FAMILY income more or less than \$10,000?

- More than \$10,000.1 GO TO C15
- \$10,000.....2 GO TO C19A
- Less than \$10,0003 GO TO C14_A
- DON'T KNOW77 GO TO C19A
- REFUSED.....99 GO TO C19A

C14_A	Was it more than \$7,500?		
	YES	1	GO TO C19A
	NO		GO TO C19A
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A
C15	Was it more than \$15,000?		
	YES	1	GO TO C15_A
	NO	2	GO TO C15_B
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A
C15_A	Was it more than \$17,500?		
	YES	1	GO TO C19A
	NO	2	GO TO C19A
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A
C15_B	Was it more than \$12,500?		
	YES	1	GO TO C19A
	NO	2	GO TO C19A
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A
C16	Was the total combined FAMILY income more or less than \$40,000?		
	More than \$40,000.	1	GO TO C16_A
	\$40,000.....	2	GO TO C19A
	Less than \$40,000	3	GO TO C17
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A
C16_A	Was the total combined FAMILY income more or less than \$60,000?		
	More than \$60,000.	1	GO TO C18
	\$60,000.....	2	GO TO C19A
	Less than \$60,000	3	GO TO C16_B
	DON'T KNOW	77	GO TO C19A
	REFUSED	99	GO TO C19A

C16_B Was the total combined FAMILY income more or less than \$50,000?

More than \$50,000.....	1	GO TO C19A
\$50,000.....	2	GO TO C19A
Less than \$50,000	3	GO TO C16_C
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

C16_C Was the total combined FAMILY income more or less than \$45,000?

More than \$45,000.....	1	GO TO C19A
\$45,000.....	2	GO TO C19A
Less than \$45,000	3	GO TO C19A
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

C17 Was the total combined FAMILY income more or less than \$30,000?

More than \$30,000.....	1	GO TO C17_A
\$30,000.....	2	GO TO C19A
Less than \$30,000	3	GO TO C17_B
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

C17_A Was the total combined FAMILY income more or less than \$35,000?

More than \$35,000.....	1	GO TO C19A
\$35,000.....	2	GO TO C19A
Less than \$35,000	3	GO TO C19A
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

C17_B Was the total combined FAMILY income more or less than \$25,000?

More than \$25,000.....	1	GO TO C19A
\$25,000.....	2	GO TO C19A
Less than \$25,000	3	GO TO C19A
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

C18 Was the total combined FAMILY income more or less than \$75,000?

More than \$75,000.....	1	GO TO C19A
\$75,000	2	GO TO C19A
Less than \$75,000	3	GO TO C19A
DON'T KNOW	77	GO TO C19A
REFUSED.....	99	GO TO C19A

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

- YES..... 1 GO TO C19A
- NO..... 2 GO TO CFAMINC
- DON'T KNOW 77 GO TO CFAMINC
- REFUSED..... 99 GO TO CFAMINC

C19A What is your zip code?
ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

- — — — —
- DON'T KNOW 77777 GO TO C19
 - REFUSED..... 99999 GO TO C19

C19A_CONF To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?
YES 1 GO TO C19B
NO..... 2 GO TO C19

C19 In what city, county and state do you live?
ENTER CITY _____ [ALL GO TO C_19 COUNTY]
ENTER COUNTY _____ [ALL GO TO C_19 STATE]
ENTER STATE _____ [ALL GO TO C_19_ZIP_CONF]

C19_ZIP_CONF To confirm, I have your zip code as [FILL]. Is that correct?
YES 1 GO TO C19B
NO..... 2 GO TO C19_NEW_ZIP
DON'T KNOW 77 GO TO C19B
REFUSED..... 99 GO TO C19B

C19_NEW_ZIP What is your zip code?
ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

— — — — —

- DON'T KNOW 77777 GO TO C19B
- REFUSED..... 99999 GO TO C19B

C19B Do you live within the city limits?

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

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

C20_06Q3 The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to (XXX) XXX-XXXX? Please do not include cellular phones in your answers.

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

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

C21_06Q3 How many telephone numbers are residential numbers?

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

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

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

- YES 1 GO TO CHOWLONG1
- NO 2 GO TO C21_06Q3_CELL
- DON'T KNOW 77 GO TO C21_06Q3_CELL
- REFUSED 99 GO TO C21_06Q3_CELL

CHOWLONG1

For how long was your household without telephone service in the past 12 months?
 IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER.
 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER _____

- DON'T KNOW 77 GO TO C11Q77
- REFUSED 99 GO TO C11Q77

CHOWLONG2

ENTER PERIOD _____

- DAY(S) 1 GO TO C11Q77
- WEEK(S) 2 GO TO C11Q77
- MONTH(S) 3 GO TO C11Q77

C11Q77

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

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

C21_06Q3_CELL

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

- ONE 01
- TWO 02
- THREE OR MORE 03
- NONE 04 GO TO D5
- DON'T KNOW 77
- REFUSED 99

C_USUAL_USE_CELL

How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s *parents or guardians* usually use?

- ONE.....01
- TWO.....02
- THREE OR MORE03
- NONE.....04 GO TO D5
- DON'T KNOW77
- REFUSED99

C11Q78

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

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

- NEARLY ALL RECEIVED ON CELL PHONES.....1 GO TO D5
- NEARLY ALL RECEIVED ON REGULAR PHONES.....2 GO TO D5
- SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON REGULAR PHONES3 GO TO D5
- DON'T KNOW77 GO TO D5
- REFUSED.....99 GO TO D5

SECTION D
Provider Questions

D5 IF S6_X=1 THEN DISPLAY:

To get a complete picture of the vaccinations received by your (children/child), we would like to contact doctors or health clinics to obtain a copy of the vaccination records. These records contain only the immunizations and dates of the immunizations for your (children/child).

FAQs

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 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.

D6_X

IF STATE = CA OR NY then;

How many locations have provided vaccinations for your child names [NAME OF (FIRST/SECOND...NINTH CHILD, FROM S3_5) ELIGIBLE CHILD]? Please include the hospital or birthing center where [FILL VAR: HE/SHE] was born, and any other clinics or doctor's offices that have seen [FILL VAR: HIM/HER]].

ELSE;

How many locations have provided vaccinations for your child named [NAME OF (FIRST) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? ENTER 77 FOR DON'T KNOW AND 99 REFUSED

ENTER NUMBER.....__	IF STATE = CA OR NY GO TO D6_BF, ELSE GO TO D6A_1_X
ZERO0	GO TO D6AA_X
DON'T KNOW77	GO TO D6AA_X
REFUSED.....99	GO TO SECT_D_TERM; INS_INTRO (on callback)

D6_BF

Did you include the facility where the child was born in the number you reported?

YES1	GO TO D6A_1_X
NO.....2	RETURN TO D6_X AND CORRECT NUMBER
CHILD NOT BORN IN FACILITY.....3	GO TO D6A_1_X
DON'T KNOW77	GO TO D6A_1_X
REFUSED.....99	GO TO D6A_1

D6AA_x

How many locations have provided health care for your child? Please include the hospital or birthing center where [he/she] was born, and any other clinics or doctor's offices that have seen [him/her]. ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER. ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

ENTER NUMBER.....	GO TO D6A_1_X
ZERO0	GO TO SECT_D_TERM; INS_INTRO (on callback)
DON'T KNOW77	GO TO SECT_D_TERM; INS_INTRO (on callback)
REFUSED.....99	GO TO SECT_D_TERM; INS_INTRO (on callback)

D6 A_1_X Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

- Yes, continue on..... 1 GO TO PLU
- No, can't find, continue..... 2 GO TO PLU
- Refused..... 99 GO TO SECT_D_TERM; INS_INTRO
(on callback)

FAQs

I don't want to give you my doctor's information

--The information you've provided is very helpful and we appreciate your cooperation; however, that information is only useful in conjunction with information from your healthcare provider, who can provide and confirm the dates, specific types and dosages of each vaccination.

--Confidentiality is mandated by law and this information is not used for any purpose other than this study.

Why contact my doctor? Why give consent?

--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 addition to asking about the child's vaccination history, we also ask providers a few questions about the characteristics of their practice or clinic.

--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.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. 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 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.

My doctor is very busy, I don't want to bother them with this.

--Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

NIS 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

POST-PROVIDER LOOKUP PATHS

IF D6>1.....D8 IF D6=0(NO VACCINATION PROVIDERS), D6AA>1.....D8M

D6A_3 To be certain I have the correct information I would like to confirm the name and mailing address of your provider: [FILL from PLU fields: Last Name, First Name, Practice, Address, Suite, City State, Zip, Phone]

CP_D6A_B IF STATE = CA OR NY GO TO D6A_BF ; ELSE GO TO D8_X

D6A_BF Please tell me which of the providers you listed was the birthing facility.

D8_x [ASK IF D6_X GE 1] Thank you. In order to help the doctor or clinic locate your child's vaccination records, we need to know the child's full name - first, middle and last name

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

FAQs

I'm not comfortable with that/I don't want to give you my child's name.

-- I understand your concern (sir/ma'am). The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

Why do you need the child's name?

--In order to locate the vaccination information for the child, the medical practice or clinic needs the child's name. This is the only reason we are asking for the child's 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.

--If you would feel more comfortable, I could enter just the child's first initial and the full last name.

Continue 1 GOT TO D8A_1

Refused99 GO TO D15B

D15B (SUGGESTED SCRIPT) The only reason we need your child's full name is so that the doctor or clinic can locate the correct vaccination records for your child. Once vaccination data have been collected, all names are completely separated from the data, and we will not use your child's name again.

All information is held in strict confidence and is used for study purposes only. I assure you that any names of children, as well as any names of doctors or clinics, will not be used in any study results. We will not release any information that may identify you or your child.

Yes 1 CONTINUE TO D8_X

Respondent still refuses2 GO TO SECT_D_TERM; INS_INTRO (on callback)

(*Note: The hardcopy variable below, D8M, appears as one of the two version of D8_x in Fusion. These two versions of D8_x depend on the value of D6.)

D8M [ASK IF D6AA_X GE 1] Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have.

Continue 1 GO TO D8A_X
Refused99 GO TO D15B

D8A_X In order to help the doctor or clinic locate your child's vaccination records, what is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

FIRST NAME: *IF R REFUSES LEAVE BLANK* _____

D8B_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: *IF R REFUSES LEAVE BLANK* _____

D8C_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: *IF R REFUSES LEAVE BLANK* _____

D9 So the doctor knows we talked with you, may I have your name – first, middle, and last?

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

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.

Continue 1 GO TO D9A
Refused.....99 GO TO D15C

D15C (SUGGESTED SCRIPT) The only reason we need your full name is so that the doctor or clinic can locate the correct vaccination records for your child. Once vaccination data have been collected, all names are completely separated from the data, and we will not use your child's name again.

All information is held in strict confidence and is used for study purposes only. I assure you that any names of children, as well as any names of doctors or clinics, will not be used in any study results. We will not release any information that may identify you or your child.

Continue..... 1 GO TO D9
Respondent still refuses2 GO TO SET_D_TERM; INS_INTRO
(on callback)

D9A What is your first name?

FIRST _____

D9B What is your middle name?

MIDDLE _____

D9C What is your last name?

LAST _____

D9D_X. I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF ELIGIBLE CHILD(REN)]. Are you that person?

YES	1	GO TO D6_C
NO	2	GO TO D9D1
REFUSED	99	GO TO D9D_R

D9D_R (SUGGESTED SCRIPT) Vaccination information from doctors and clinics is often the most up-to-date and comprehensive. So, in order to obtain the most complete information possible about children’s vaccinations, we need to collect the vaccination histories from both the parents and guardians of the children and the doctors and clinics that provide the immunizations.

All information about your child and your child’s health care provider is held in strict confidence and used for study purposes only. Any names of children, as well as any names of doctors or clinics, will not be used in reporting the study results. We will never release any information that may identify you or your child

Continue	1	GO TO D9D_X
Respondent still refuses	2	GO TO SECT_D_TERM; INS_INTRO (on callback)

D6C The vaccination records collected from the provider(s) will be kept in strict confidence.

D7_ID Capture Interviewer ID upon entering question D7

D7_X

Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies (Fill Var: name of first/second/...ninth child, from S3.5), and request that information relevant to (his/her) immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?

FAQs

I'm not comfortable with that:

--I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization. Once the form is returned, all identifiable information is separated from the immunization information. Neither you nor your child will be identified as a participant in the National Immunization Survey.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

I don't want you to contact my doctor:

--In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

- YES 1 GO TO DCG [OR D7G if registry flag=1]
- NO (Only choose this when you have made all appropriate aversion attempts).....2 GO TO D7_R

D7G_X Sometimes to get a complete record of your child(ren)'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 Centers for Disease Control and Prevention or its contractors for study 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.

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

D7_R We appreciate the information you have already provided, but without your consent, we cannot contact your health care provider. We are only requesting the dates and types of vaccinations your child(ren) has received and I can assure you that no further information will be provided to us. All information collected is kept confidential under federal law and the names of you and your child(ren) will be completely separated from the data released in study results. The doctor or health clinic will receive 2 forms, one that I have signed indicating your consent to collect immunization information, and one that looks similar to a shot record with only the names of the vaccines listed and blank spaces for the dates to be filled in.

Continue 1 GO TO D7_1
Respondent still refuses 2 GO TO SECT_D_TERM

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]

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

D9A_C_X What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

FIRST NAME: *IF R REFUSES LEAVE BLANK* _____

D9B_C_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: *IF R REFUSES LEAVE BLANK* _____

D9C_C_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: *IF R REFUSES LEAVE BLANK* _____

DCG2_x The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND.../ NINTH CHILD, FROM S3.5]. Is this correct?

YES 1 GO TO DCONFDOB_X

NO 2 GO TO D8A_C_X

D8A_C_X What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

FIRST NAME: *IF R REFUSES LEAVE BLANK* _____

D8B_C_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: *IF R REFUSES LEAVE BLANK* _____

D8C_C_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: *IF R REFUSES LEAVE BLANK* _____

DCONF

DOB_x The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?

YES 1 GO TO NEXT CHILD OR INS INTRO

NO 2 GO TO DNEWDOB_1

DNEW

DOB_X What is the correct month, day and year of birth of [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE2]?

____/____/____ (mm/dd/yyyy)[IF SNUMB=1, GO TO INS INTRO,
IF SNUMB>1, GO TO DCG3]

ASK ONLY IF D9D=2

D9D1 Please give me the full name of someone who can authorize the release of these immunization records.

Continue 1 GO TO D9D1F

Refusal 2 GO TO SECT_D_TERM; INS_INTRO
(on callback)

D9D1F What is the first name?

FIRST _____

D9D1M What is the middle name?

..MIDDLE_____

D9D1L What is the last name?

.LAST_____

D9DREL_x What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND.../ NINTH CHLD, FROM S3.5]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
- GUARDIAN 01
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
- GUARDIAN 02
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)..... 03
- IN-LAW OF ANY TYPE 04
- AUNT/UNCLE 05
- GRANDPARENT 06
- OTHER FAMILY MEMBER..... 07
- FRIEND 08

D9D1A May I speak with that person now?

- YES 1 GO TO D9D1NEW
- NO..... 2 GO TO D9D2

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 2GO TO D9D1NEW

SECT_D_

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

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

D9D1NEW Hello, my name is _____. Am I speaking with [NAME LISTED IN D9D1, WHO CAN AUTHORIZE RELEASE OF SHOT RECORDS]?

YES1 GO TO D9D2ANEW
NO.....2 GO TO D9D2

D9D2ANEW I'm calling on behalf of the Centers for Disease Control and Prevention. We talked with [FILL: NAME FROM D9A] and collected immunization and provider information for [NAME OF ELIGIBLE CHILD(REN)]. We understand that you could authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN)]. 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 wish 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.

D9D_1 I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF (FIRST) ELIGIBLE CHILD]. Are you that person?

YES1 GO TO D6C
NO.....2 RETURN TO D9D1
REFUSED.....99 GO TO D9D_R

SECTION E
HEALTH INSURANCE MODULE

[IF S_NUMB IS > 1, THEN REPEAT NEXT SENTENCE AND INS-1 THROUGH INS-16 IN A LOOP FOR EACH AGE-ELIGIBLE CHILD.]

INS INTRO Next I'm going to ask you a few questions about (CHILD)'s health insurance.

INS_1_X At this time, is (CHILD) 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 INS_1A_X
- No 2 GO TO INS_2_X
- Don't Know 77 GO TO INS_2_X
- Refused 99 GO TO INS_2_X

INS_1A_X Does this health insurance help pay for both doctor visits and hospital stays?

- Yes 1 GO TO INS_2_X
- No 2 GO TO INS_2_X
- Don't Know..... 77 GO TO INS_2_X
- Refused..... 99 GO TO INS_2_X

INS_2_X

[IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN SKIP TO INS_3A_X]

At this time, is (CHILD) 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 INS_3_X
- No 2 GO TO GO TO INS_3_X
- Don't Know 77 GO TO GO TO INS_3_X
- Refused 99 GO TO GO TO INS_3_X

INS_3_X

At this time, is (CHILD) 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 INS_4_X
- No 2 GO TO GO TO INS_4_X
- Don't Know 77 GO TO GO TO INS_4_X
- Refused 99 GO TO GO TO INS_4_X

INS_3A_X At this time, is (CHILD) 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

INS_4_X At this time, is (CHILD) covered by the Indian Health Service?

- Yes 1
- No 2
- Don’t Know..... 77
- Refused..... 99

INS_5_X At this time, is (CHILD) 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

INS_6_X Besides what you have already told me about, is (CHILD) covered by any other health insurance or health care plan?

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

Yes 1
No 2 GO TO INS_7_X
Don't Know..... 77 GO TO INS_7_X
Refused..... 99 GO TO INS_7_X

INS_6A_X Does this health insurance help pay for both doctor visits and hospital stays?

Yes 1
No 2 GO TO INS_7_X
Don't Know..... 77 GO TO INS_7_X
Refused..... 99 GO TO INS_7_X

INS_6B_X Is this health insurance provided through an employer or union?

Yes 1 GO TO INS_11_X
No..... 2
Don't Know..... 77
Refused..... 99

INS_6C_X Is this health insurance purchased directly from an insurance company?

Yes 1 GO TO INS_11_X
No 2
Don't Know..... 77
Refused..... 99

INS_6D_X I recorded that (CHILD) 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 INS_6D_X
DON'T KNOW 77 GO TO INS_11_X
REFUSED..... 99 GO TO INS_11_X

INS-6D-1Record verbatim response #1 _____
INS-6D-2Record verbatim response #2 _____

NEXT SECTION: ASK INS-7 THROUGH INS-10 IF UNINSURED:

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

INS_7_X It appears that (CHILD) 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 INS_8_X
No	2	
Don't Know.....	77	GO TO INS_11_X
Refused.....	99	GO TO INS_11_X

INS_7A_X At this time, what kind of health coverage does (CHILD) have? Any other kind?
[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

Medicaid [state Name]	1
Medicare.....	2
S-CHIP [state name]	3
Medigap	4
Military.....	5
INDIAN HEALTH SERVICE	6
Private INSURANCE	7
Single service plan (dental, vision, prescriptions, etc)	8
Other	9
DON'T KNOW	77
REFUSED.....	99

IF only (8) is selected, skip to INS-8
ELSE if ins-7a = 1, 3, 5, or 6, skip to ins-11

ELSE IF INS-7A = 2, 4, 7, or 9 THEN ASK:

INS-7B_X Does this health insurance help pay for both doctor visits and hospital stays?

Yes	1	GO TO INS-11
No	2	
Don't Know	77	GO TO INS-11
Refused	99	GO TO INS-11

UNINSURED SUB SECTION

INS_8_X Since (CHILD)'s birth, has (CHILD) always been uninsured?

Yes 1 GO TO INS-14

No 2

Don't Know 77 GO TO INS-14

Refused 99 GO TO INS-14

INS_9_X How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH]

UNINSURED AT BIRTH 44 GO TO INS-10

Don't Know 77 GO TO INS-10

Refused 99 GO TO INS-10

INS_9A_X ENTER PERIOD:

MONTH(S) 1

YEAR(S) 2

INS_10_X During the months when (CHILD) DID have health coverage, what kinds of health coverage did (CHILD) have? Medicaid, Medicare, S-CHIP, Medigap, Military, Indian Health Service, Private Health Insurance, or another insurance type?

Medicaid [Fill state program name, if applicable] 1

Medicare..... 2

S-CHIP [Fill state program name, if applicable]..... 3

Medigap 4

Military..... 5

Indian Health Service..... 6

Private Health Insurance 7

Other Insurance Type..... 8

DON'T KNOW 77

REFUSED 99

SKIP TO LAST SECTION (INS-14) IF INS-10 WAS ASKED

NEXT SECTION: ASK INS-11 THROUGH INS-13 FOR CHILDREN WHO CAN EITHER BE ASCERTAINED AS BEING CURRENTLY INSURED OR OF UNKNOWN CURRENT INSURANCE STATUS

INS_11_X Since (CHILD)'s birth was there any time when (CHILD) was not covered by any health insurance for any reason?

Yes 1

No 2 GO TO INS-13

Don't Know 77 GO TO INS-13

Refused 99 GO TO INS-13

INS_12_X How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH]

UNINSURED AT BIRTH44 GO TO INS-13
Don't Know77 GO TO INS-13
Refused99 GO TO INS-13

INS_12A_X ENTER PERIOD:

MONTH(S) 1
YEAR(S) 2

[DO NOT ASK INS-13 IF CHILD IS CURRENTLY INSURED BY MEDICAID OR S-CHIP: IF
INS-2 = 1 or INS-3 = 1 OR INS-3A = 1]

INS_13_X Has (CHILD) ever been covered by any Medicaid plan or the State Children's Health Insurance Program? [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

Yes 1
No 2
Don't Know 77
Refused 99

INS_14_X Did cost of vaccinations ever cause you to delay or not get a vaccination for (CHILD)?

Yes 1
No 2
Don't Know 77
Refused 99

ASK INS-15 to INS-16 IF: [S6_X = 1 or B1_X = 1 or (if D6_X ≠ 0, 77, or 99)]
THESE QUESTIONS ARE ONLY FOR CHILDREN WHO EITHER HAVE A
HOUSEHOLD REPORT OF VACCINE DOSES HAVING BEEN ADMINISTERED OR
HAVE A HOUSEHOLD REPORT OF HAVING VACCINE PROVIDERS

[IF ALWAYS UNINSURED (INS-8=1), THEN TERMINATE; ELSE ASK INS-15]

INS_15_X When (CHILD) received (his/her) 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 SES
- Some of the cost..... 2
- None of the cost 3
- DON'T KNOW 77
- REFUSED 99

INS_16_X 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 GO TO SES 21
- Some of the cost..... 2 GO TO SES 21
- None of the cost 3 GO TO SES 21
- DON'T KNOW 77 GO TO SES 21
- REFUSED 99 GO TO SES 21

D16 Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the study's toll-free number, 1-866-999-3340. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

[Note: Any Health Insurance Module paths that terminate will go to D16]

SECTION F
PARENTAL CONCERNS MODULE

Section A: PARENT'S PERCEPTIONS

INTRO_A Now I'd like to ask your opinion about vaccines for infants and toddlers.

PC_A1 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:

Vaccines are necessary to protect the health of children.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A2 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:

Children receive too many vaccines.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A3 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:

Vaccines do a good job in preventing the diseases they are intended to prevent.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A4

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:

Too many vaccines can overwhelm a child’s immune system.

READ IF NECESSARY: Overwhelm means present the immune system with so much that it can’t handle it all.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON’T KNOW
(99) REFUSED

PC_A5

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:

Vaccines are safe.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON’T KNOW
(99) REFUSED

PC_A6

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 have a good relationship with my child’s health care provider.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON’T KNOW
(99) REFUSED

PC_A7

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 make a point to read and watch stories about health.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON’T KNOW
(99) REFUSED

PC_A8

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:

In general medical professionals in charge of vaccinations have my child's best interest at heart.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A9

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:

If I vaccinate my child, he/she may have serious side effects.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A10

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:

If I do not vaccinate my child he/she may get a disease such as measles and cause other children or adults also to get the disease.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

PC_A11

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:

Vaccination should be delayed if a child has a minor illness.

STRONGLY DISAGREE ----- STRONGLY AGREE
0 1 2 3 4 5 6 7 8 9 10

(77) DON'T KNOW
(99) REFUSED

Section B: PARENT SATISFACTION

[IF MORE THAN ONE CHILD, SELECT YOUNGEST CHILD. IF MORE THAN ONE CHILD HAS THE SAME BIRTHDAY, USE THE NAME OF THE CHILD ROSTERED FIRST. IF B1_X =2 FOR THE SELECTED CHILD, SKIP TO PC SECTION C.]

INTRO_B I'd like to ask you some questions about the visits to the place where you most often took [CHILD NAME] to be vaccinated.

PC_B1At visits you made for [CHILD NAME]'s vaccinations, did you talk to a...

PC_B1A Doctor?

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

PC_B1B Nurse

DOES NOT INCLUDE NURSE PRACTITIONERS

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

PC_B1C Another health professional other than a doctor or nurse?

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

(IF Y TO PC_B1C, ASK PC_B1D. ELSE SKIP TO PC_B2)

PC_B1D (READ IF NECESSARY: At visits you made for (INSERT CHILD'S NAME)'s vaccinations, did you talk to another health care professional other than a doctor or nurse?)

- (1)MEDICAL ASSISTANT
- (2)NURSE PRACTITONER
- (3)PHYSICIAN'S ASSISTANT
- (4)OTHER

(SEE CODEBOOK FOR ADDITIONAL CATEGORIES)

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

OTHER: IF THE ANSWER GIVEN IS NOT A HEALTHCARE WORKER, PROBE WITH "This question is asking only about health care workers. Is ___ a health care worker?"

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

PC_B2 At visits you made for [CHILD NAME]'s vaccinations, were you told about the benefits of childhood vaccinations?

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

PC_B3 Were you told about the possible side-effects of childhood vaccinations?

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

PC_B4 Did you feel you were given enough time to discuss issues that concerned you about the vaccinations?

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

PC_B5 On a scale of 0 to 10 with 0 being very dissatisfied and 10 being very satisfied, how satisfied were you with the information you received about vaccines at those visits?

VERY DISSATISFIED -----VERY SATISFIED
0 1 2 3 4 5 6 7 8 9 10

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

PC_B6 On a scale of 0 to 10 with 0 being very dissatisfied and 10 being very satisfied, how satisfied were you with all aspects of [CHILD NAME]'s visits for vaccinations?

VERY DISSATISFIED -----VERY SATISFIED
0 1 2 3 4 5 6 7 8 9 10

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

Section C: INFLUENCES ON PARENTS' DECISION ABOUT VACCINES

INTRO_C Now I'd like to ask you about different people who may have influenced your decision about vaccinations for [CHILD NAME].

PC_C1 Did a doctor influence your decision about vaccinating [CHILD NAME]?

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

PC_C2 Did a nurse influence your decision about vaccinating [CHILD NAME]?

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

PC_C3 Did another health care worker other than a doctor or nurse influence your decision about vaccinating [CHILD NAME]?

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

PC_C3AIf "Y" then:

And who was that?

(SEE CODEBOOK FOR CATEGORIES)

IF THE ANSWER GIVEN IS NOT A HEALTH CARE WORKER, PROBE WITH, "This question is asking only about health care workers. Is _____ a health care worker?"

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

PC_C4 Did a chiropractor influence your decision about vaccinating [CHILD NAME]?

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

PC_C5 Naturopathy is an approach to health care that emphasizes preventive measures to maintain health, patient education, and noninterference with the body's natural healing process. It uses diet, herbs, and other natural methods and substances to cure illness without the use of drugs.

Did a naturopath influence your decision about vaccinating [CHILD NAME]?

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

PC_C6 Homeopathy is a method of treating disease that uses small doses of plants, minerals, and other substances to stimulate the body's natural defense system. Large amounts of the same substances would cause the disease symptoms in healthy people. Did a homeopath influence your decision about vaccinating [CHILD NAME]?

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

PC_C7 Did anyone else influence your decision about vaccinating [CHILD NAME]?

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

PC_C7A If C7 is "Y" then:

And who was that?

- (1)CHILD'S OTHER PARENT
- (2)ANOTHER FAMILY MEMBER
- (3)FRIENDS
- (4)(PC_C7A_OTHER) OTHER (SPECIFY) _____

(SEE CODEBOOK FOR ADDITIONAL CATEGORIES)

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

Section D: DELAY & REFUSAL

- INTRO_D Now I'd like to ask you about times when you decided not to get a vaccination for [CHILD NAME], and then about times when you delayed getting a vaccination for [CHILD NAME].
- PC_D1 Has there ever been a time when you refused or decided not to get a vaccination for [CHILD NAME]?
- (1) YES
 - (2) NO > GO TO PC_D4
 - (77) DON'T KNOW > GO TO PC_D4
 - (99) REFUSED > GO TO PC_D4
- PC_D2 I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:
- [RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR PC_D2 AND PC_D5]
- PC_D2A (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)
- D-T-P, D-T-A-P or D-T (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED
- PC_D2B (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)
- A polio vaccine (by mouth, pink drops, sometimes called O-P-V, or a polio shot, sometimes called I-P-V)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED

PC_D2C (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Measles or M-M-R (Measles-Mumps-Rubella)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2D (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

HIB (sometimes called Haemophilus Influenzae of H flu)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2E (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Hepatitis B (sometimes called Hep B)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2F (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Chicken Pox/Varicella

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2G (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Influenza (flu shot or flu nasal spray, also called "FluMist®")

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2H (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Hepatitis A (sometimes called Hep A)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2I (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Pneumococcal (Pneumococcal Shot/Pneumococcal Conjugate/Prevnar)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2J (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Rotavirus (diarrhea vaccine)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D2K (READ IF NECESSARY: I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:)

Any other?

- (1) YES
- (2) NO > GO TO PC_D3
- (77) DON'T KNOW > GO TO PC_D3
- (99) REFUSED > GO TO PC_D3

PC_D2K_AOther – specify:

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

[IF AT LEAST ONE RESPONSE IN PC_D2 = 1 (YES) THEN CONTINUE TO PC_D3; ELSE SKIP TO PC_D4]

PC_D3 Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...

[RANDOMIZE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR PC_D3 AND PC_D6]

PC_D3A (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

Your child was ill at the time

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

PC_D3B (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You have safety or side-effect concerns

- (1) YES
- (2) NO > GO TO PC_D3C
- (77) DON'T KNOW > GO TO PC_D3C
- (99) REFUSED > GO TO PC_D3C

PC_D3B_A1(First reason) &
PC_D3B_A2 (Second reason)What were those safety or side-effect concerns?

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

PC_D3C (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You heard or read bad things through the media

- (1) YES
- (2) NO > GO TO PC_D3D
- (77) DON'T KNOW > GO TO PC_D3D
- (99) REFUSED > GO TO PC_D3D

PC_D3C_A1 (First reason) &
PC_D3C_A2 (Second reason)What did you hear or read about through the media?

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

PC_D3D (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You missed or couldn't get an appointment

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

PC_D3E (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You feel that there are too many shots

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

PC_D3F (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You wonder about the effectiveness of the vaccine

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

PC_D3G (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You have concerns about cost

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

PC_D3H (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You have transportation problems

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

PC_D3I (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

Not convenient

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

PC_D3J (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

You have concerns about autism

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

PC_D3K (READ IF NECESSARY: Please tell me all the reasons why you refused or decided not to get the [VACCINE] vaccines. Was it because...)

Any other reason?

- (1) YES
- (2) NO > GO TO PC_D4
- (77) DON'T KNOW > GO TO PC_D4
- (99) REFUSED > GO TO PC_D4

PC_D3K_A1 (First reason) &
PC_D3K_A2 (Second reason) Other – specify

(SEE CODEBOOK FOR CATEGORIES)

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

PC_D4 Now, has there ever been a time when you delayed or put off getting a vaccination for [CHILD NAME]?

- (1) YES
- (2) NO > GO TO END
- (77) DON'T KNOW > GO TO END
- (99) REFUSED > GO TO END

PC_D5 I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:

[RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR PC_D2 AND PC_D5]

PC_D5A (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

D-T-P, D-T-A-P or D-T (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

- PC_D5B (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)
- A polio vaccine (by mouth, pink drops, sometimes called O-P-V, or a polio shot, sometimes called I-P-V)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED
- PC_D5C (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)
- Measles or M-M-R (Measles-Mumps-Rubella)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED
- PC_D5D (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)
- HIB (sometimes called Haemophilus Influenzae of H flu)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED
- PC_D5E (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)
- Hepatitis B (sometimes called Hep B)
- (1) YES
 - (2) NO
 - (3) NOT OFFERED
 - (4) NEVER HEARD OF
 - (77) DON'T KNOW
 - (99) REFUSED

PC_D5F READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Chicken Pox/Varicella

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D5G (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Influenza (flu shot or flu nasal spray, also called "FluMist®")

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D5H (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Hepatitis A (sometimes called Hep A)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D5I (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Pneumococcal (Pneumococcal Shot/Pneumococcal Conjugate/Prevnar)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D5J (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Rotavirus (diarrhea vaccine)

- (1) YES
- (2) NO
- (3) NOT OFFERED
- (4) NEVER HEARD OF
- (77) DON'T KNOW
- (99) REFUSED

PC_D5K (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

Any other?

- (1) YES
- (2) NO > GO TO PC_D6
- (77) DON'T KNOW > GO TO PC_D6
- (99) REFUSED > GO TO PC_D6

PC_D5K_A1Other – specify

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

[If at least one response in PC_D5 = 1 (Yes) then continue to PC_D6; else end]

PC_D6 Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...

[RANDOMIZE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR PC_D3 AND PC_D6]

PC_D6A (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

Your child was ill at the time

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

PC_D6B (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

You have safety or side-effect concerns

- (1) YES
- (2) NO > GO TO PC_D6C
- (77) DON'T KNOW > GO TO PC_D6C
- (99) REFUSED > GO TO PC_D6C

PC_D6B_A1 (First reason) &
PC_D6B_A2 (Second reason) What were those safety or side-effect concerns?

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

PC_D6C (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

You heard or read bad things through the media

- (1) YES
- (2) NO > GO TO PC_D6D
- (77) DON'T KNOW > GO TO PC_D6D
- (99) REFUSED > GO TO PC_D6D

PC_D6C_A1 (First reason) through
PC_D6C_A5 (Fifth reason) What did you hear or read about through the media?

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

PC_D6D (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

You missed or couldn't get an appointment

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

PC_D6E (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

You feel that there are too many shots

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

- PC_D6F (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)
- You wonder about the effectiveness of the vaccine
- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
- PC_D6G (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)
- You have concerns about cost
- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
- PC_D6H (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)
- You have transportation problems
- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
- PC_D6I (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)
- Not convenient
- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
- PC_D6J (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)
- You have concerns about autism
- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

PC_D6K (READ IF NECESSARY: Please tell me all the reasons why you delayed or put off getting the [VACCINES] vaccine? Was it because...)

Any other reason?

- (1) YES
- (2) NO > GO TO END
- (77) DON'T KNOW > GO TO END
- (99) REFUSED > GO TO END

PC_D6K_A1Other – specify

(SEE CODEBOOK FOR CATEGORIES)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

**SECTION G
UNIVERSAL EXIT**

NO_CONTACT

CONTINUE	1	GO TO INTRO_1
ANSWERING MACHINE	2	IF MESSAGE IS TO BE LEFT GO TO SASSERV ELSE HANG UP
.....		
OTHER TECHNOLOGICAL CIRCUMSTANCES	3	GO TO CNOTES_1_1
DISCONNECTED/NUMBER NOT ASSIGNED/	4	GO TO CNOTES_1_1
CALL CAN'T BE COMPLETED		
FAX/MODEM/DATA LINE.	5	TERMINATE
CELL PHONE/MOBILE/GPS PHONE	6	TERMINATE
PRIVACY MANAGER/NO INCOMING CALLS/ CALL IS BLOCKED OR NOT ACCEPTED	7	GO TO UNIVERSAL EXIT-P1
FAST BUSY	8	TERMINATE
NUMBER CHANGED	9	TERMINATE
ENGAGED/BUSY/ALL CIRCUITS ARE BUSY	10	TERMINATE
NO REPLY/RING NO ANSWER	11	TERMINATE
SUPERVISOR REVIEW	12	GO TO CNOTES_1_1
RESPONDENT CALLED INTO 800 LINE	13	GO TO INTRO_1
NEUSTAR	14	TERMINATE
TEST SAMPLE	15	USE ONLY IF RESPONDENT INSTRUCTS THAT THIS CALL WAS A TEST

M1_NAME In order to send you a letter, I will need to collect your name and mailing address. The letter will contain a toll-free number that you may call to complete the interview at your convenience. (Read if necessary: If you feel uncomfortable giving me your name, I can send the letter to "Resident".)

Continue	1	GO TO UNIVERSAL EXIT-M2
Refused to give information.....	2	GO TO UNIVERSAL EXIT-M3

M2 You will be receiving the letter in the next week or two. It will contain a toll free number that you may call at any time to complete the interview. Thank you very much on behalf of the Centers for Disease Control and Prevention.

M3 Thank you very much on behalf of the Centers for Disease Control and Prevention.

T1	Did the respondent agree to a call back or say something to indicate he/she was too busy to participate? (Or do you need to code this case as a callback?)	
	Yes.....1	GO TO UNIVERSAL EXIT-CB1
	No.....2	GO TO UNIVERSAL EXIT-T2
	Needs Spanish interviewer.....3	GO TO UNIVERSAL EXIT-CB1
	Needs other language interviewer4	GO TO UNIVERSAL EXIT-L1
	R requested letter5	GO TO UNIVERSAL EXIT-M1_NAME
	R will call 800 Line/Verify website.....6	GO TO UNIVERSAL EXIT-VERIFY_INFO
	R confirmed number was a cell phone.....7	TERMINATE
	Take Me Off Your List8	GO TO CNOTES_1_1
	Out of Scope.....9	GO TO CNOTES_1_1
	R not over 17/R does not live in HH.....10	GO TO CNOTES_1_1
	Return to INTRO_111	GO TO INTRO_1
T2	Did the respondent say anything other than hello before he/she hung up? (Not asked if past S_NUMB)	
	Yes1	GO TO UNIVERSAL EXIT-T3
	No2	TERMINATE
T3	Did a household member convey that they had no children in range before hanging up? (If necessary refer to the NIS reference guide for ways in which a respondent may convey that they have no child in range.)	
	Yes, No one under 18 lives in HH1	TERMINATE
	Yes, No children under 4, possibly children under 18.....2	TERMINATE (if NIS_only sample; GOTO SUNDR_18)
	No, did not say3	GO TO UNIVERSAL EXIT-T4
T4	Did the respondent say this number was for a nationally recognized business, an academic, health, or government institution, or a home business that is not used for personal calls?	
	Yes-Business.....1	TERMINATE
	Yes-Dorm/Prison/Hostel2	TERMINATE
	No.....3	GO TO UNIVERSAL EXIT-T5
T5	Did the respondent say something to indicate that he/she refused to participate? (Or did they just hang up?)	
	Yes1	GO TO UNIVERSAL EXIT-R1
	No.....2	GO TO UNIVERSAL EXIT-T6

T6	CODE AS GENERAL CALL BACK OR SUPERVISOR REVIEW		
	GENERAL CALL BACK	1	GO TO CNOTES_1_1 & TERMINATE
	SUPERVISOR REVIEW	2	GO TO CNOTES_1_1 & TERMINATE
	FOSTER PARENT	3	GO TO CNOTES_1_1 & TERMINATE
	31	4	GO TO CNOTES_1_1 & TERMINATE
CB1	Is there ...		
	A specific time to call back	1	GO TO APPT SCREEN
	A range of time to call back	2	GO TO APPT SCREEN
	Someone else gave a time to call back	3	GO TO APPT SCREEN
	No specific time to call back, said they were too busy ...	4	TERMINATE
CELL_1	I have called (FILL: PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or has this number been forwarded to your cell phone?		
	Cell Phone	1	GO TO CELL_EXIT
	Number forwarded	2	GO TO UNIVERSAL EXIT-CB1
	Respondent hung up before confirmation	3	TERMINATE
	Go back to Intro_1	4	GO TO INTRO_1
CELL_EXIT	We are interviewing only private residences. Thank you very much.		
VERIFY_			
INFO	REFER TO FAQ/JOB AID TO ANSWER RESPONDENT QUESTIONS		
	Terminate the Interview (Hang up)	1	GO TO CNOTES_1_1
	Continue Interview	2	GO TO INTRO_1
R1	Was respondent male or female?		
	Male	1	
	Female	2	
	Could not be determined	3	

R2 What was the reason for refusing? (Multiple responses possible)

Too busy/Doing something else right now	1
Interview will take too long	2
Not interested	3
No solicitation wanted/Don't need anything/ Don't want to buy anything.....	4
Requested not to be called back.....	5
Concerned about confidentiality	6
Won't give information over the phone	7
Negative about government	8
Negative about surveys	9
Against vaccines	10
Teen line.....	11
On National Do Not Call List	12
Refused-Foster Parent	13
No reason given	14
None of the above	15

R3 What questions did the respondent ask? (multiple response possible)

The study purpose	1
NORC	2
Who is sponsoring the study (NCHS, DHHS, CDC, NIP)	3
Source of name and address on letter.....	4
Questioned legitimacy of study.....	5
The use of the data	6
The confidentiality of the data	7
Access to study results.	8
How did you get my phone number?	9
Where are you calling from?.....	10
No questions.....	11
None of the above	12

R4 Did the respondent threaten legal or governmental action or use hostile words or a hostile tone? These are refusals that are so strong that we don't want to call them back.

Yes	1	GO TO CNOTES_1_1
No.....	2	GO TO CNOTES_1_1

L1	Did you confirm the language?		
	Arabic.....	1	GO TO CNOTES_1_1
	Cantonese.....	2	GO TO CNOTES_1_1
	French.....	3	GO TO CNOTES_1_1
	Haitian Creole.....	4	GO TO CNOTES_1_1
	Japanese.....	5	GO TO CNOTES_1_1
	Korean.....	6	GO TO CNOTES_1_1
	Mandarin.....	7	GO TO CNOTES_1_1
	Polish.....	8	GO TO CNOTES_1_1
	Portuguese.....	9	GO TO CNOTES_1_1
	Russian.....	10	GO TO CNOTES_1_1
	Vietnamese.....	11	GO TO CNOTES_1_1
	TTY.....	12	GO TO CNOTES_1_1
	Language Unknown.....	13	GO TO CNOTES_1_1
	Other Specify.....	14	GO TO L1_OTHER

L2	Did the respondent give a time to call back?		
	Yes.....	1	GO TO UNIVERSAL EXIT-CB1
	No.....	2	TERMINATE

P1	[BLANK]		
	IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, SAY “On behalf of the Centers for Disease Control and Prevention.”		
	IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE CALLING FROM, ENTER THE NIS TOLL FREE NUMBER (866-999-3340).		
	Continue Interview.....	1	GO TO INTRO_1
	Answering Machine.....	2	IF MESSAGE IS TO BE LEFT GO TO SASSERV ELSE HANG UP
	Ring no answer.....	3	GO TO SASERV
	Refused/ Number is invalid.....	4	GO TO SASERV
	Take Me Off Your List.....	5	TERMINATE

Address Confirmation fields for all Token callbacks

[Pre-filled from sample preload file and confirmed (or edited) with respondent]

Those are all the questions I have. Thank you for participating in the National Immunization Survey. In appreciation of your time we would like to send you [IF INCENT_GRP=1, THEN "10 dollars"/IF INCENT_GRP=2, THEN "15 dollars"]. Can you please [IF INCENT_GRP=1, THEN "confirm"/IF INCENT_GRP=2, THEN "give me") your name and mailing address?

AC_NAME _____
AC_STREET _____
AC_CITY _____
AC_STATE _____
AC_ZIP _____

AC_Refused [BLANK]

Address correct and confirmed01 GO TO AC2

Refused to give/confirm address.....99 GO TO AC2

AC2 Thank you very much. If you have any questions, please call the toll-free telephone number 1-866-999-3340.

Appendix A

Section D On-screen FAQs

D6_x & D6AA_X

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**, we need to contact your healthcare provider. They will be able to confirm the **dates** and **specific types** of each vaccination.

- The National Immunization Survey 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.
- The National Immunization Survey is the **primary** source of vaccination data about preschool aged children in our country. 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 disease, 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 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.
 - The Childhood Immunization Initiative is one of many federal, state and local programs that work to raise vaccination levels for young children. The National Immunization Survey helps us to see if these goals are being met.

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 the characteristics of their practice or clinic, so we can accept only immunization history forms filled out by health care professionals.
- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

D8_x

Why do you need my child's name?

I understand and respect your concern about giving out the child's name. The **only** reason I am asking for a name is so your health care provider can locate your child's vaccination record.

- The U.S. Public Health Service Act requires that identifying information (such as names) can **not** be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and 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.
- If you would feel more comfortable, I could enter just the child's first initial and the full last name.

D7_x

What am I consenting to? What is going to happen if I say ‘yes’ to this?

With your permission, we’ll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

- We don’t collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.
- Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.
- In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).
- We hope that you will choose to participate. Because of the scientific process to select telephone numbers for the survey, your household represents many others in your area and cannot be replaced.

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**, we need to contact your healthcare provider. They will be able to confirm the **dates and specific types** of each vaccination.

- The National Immunization Survey 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.
- The National Immunization Survey is the **primary** source of vaccination data about preschool aged children in our country. 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 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.
 - 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.
 - The Childhood Immunization Initiative is one of many federal, state and local programs that work to raise vaccination levels for young children. The National Immunization Survey helps us to see if these goals are being met.