

## **NIS-Child Hard Copy Questionnaire**

**Q4/2011**

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

### **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)

Key to Preload Variables

Variable Name	Response Definition
RDD_NCCELL_CCELL	1 = RDD (random digit dial of a landline phone number) 2 = Non-consented cell (consent to dial cellular number not received prior to dialing) 3 = Consented cell (consent to dial cellular number received prior to dialing)
INCENT_GRP	1 - Address known, offer \$10 2 - Address unknown, offer \$15
sample_use_code	1 = NIS AND TEEN 2 = NIS-NSCH 3 = NSCH-only 4 = NIS-TEEN-NSCH 5 = NIS STALLED CASES 6 = NIS-TEEN STALLED CASES
ASK_TEEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview

**SECTION S**

*Screener*

INTRO\_1

[IF RDD\_NCCELL\_CCELL = 1 DISPLAY] 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.

ELSE IF RDD\_NCCELL\_CCELL = 2 DISPLAY

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random.

ELSE IF RDD\_NCCELL\_CCELL = 3 DISPLAY

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations.

CONTINUE WITH INTERVIEW .....	1	IF RDD_NCCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCCELL_CCELL=2, 3, GO TO S_WARM
CONFIRM BUSINESS .....	2	GO TO SALZ
OUT OF SCOPE, NOT A PERMANENT RESIDENCE .....	3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW .....	4	GO TO T1
SEE SKIP INSTRUCTIONS .....	5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1, ELSE IF RDD_NCCELL_CCELL=2,3 DISPLAY (5) LANDLINE =>GO TO LANDLINE EXIT, SET ITS 88
ANSWERING MACHINE .....	6	GO TO SASERV IF MESSAGE TO BE LEFT ELSE HANG UP
R WILL CALL 800 LINE/VERIFY WEBSITE .....	7	GO TO CNOTES_1_1
R ASKS FOR LETTER.....	8	GO TO M1_NAME
SUPERVISOR REVIEW .....	9	GO TO CNOTES_1_1
CONTINUE CASE WITH LANGUAGE LINE .....	16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL.....	17	GO TO CNOTES_1_1, SET ITS=81

S\_CELL            Am I speaking to you on your cell phone?

YES ..... 1    GO TO S\_WARM

NO..... 2    GO TO S1 AND SET  
RDD\_NCCELL\_CCELL = 1

S\_WARM            If you are currently driving a car or doing anything that requires your full attention I need to call you  
back at a later time.

[If RDD\_NCCELL\_CCELL=2,3 and NEWPHONE\_FLAG=1 display "INTERVIEWER NOTE:  
THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS  
CALL. THE ORIGINAL NUMBER IS [OLD\_NUMBER].

CONTINUE..... 1    GO TO S1

R UNABLE TO CONTINUE..... 2    GO TO S\_ATT

NOT A CELL PHONE..... 3    GO TO LANDLINE\_EXIT AND SET  
RDD\_NCCELL\_CCELL = 1

S\_ATT            For your safety, we will call you back at another time.

INTERVIEWER INSTRUCTION: EVEN IF THE RESPONDENT IS USING A HANDS-FREE  
DEVICE WHILE DRIVING, YOU MUST END THE CALL.

CALL BACK AT ANOTHER TIME..... 1    GO TO CB1

CALL BACK AT ANOTHER NUMBER  
REQUESTED ..... 2    GO TO CB1N\_WARNING

WRONG TIME ZONE FOR CELL PHONE..... 3    GO TO CELL\_TZ\_1

GO BACK TO S\_WARM ..... 4    GO TO S\_WARM

CELL\_TZ\_1        In what time zone would you like to be called back?

ATLANTIC TIME..... 1    SET TZ TO 58 AND GO TO CB1

EASTERN STANDARD TIME ..... 2    SET TZ TO 62 AND GO TO CB1

CENTRAL STANDARD TIME ..... 3    SET TZ TO 65 AND GO TO CB1

STANDARD MOUNTAIN TIME ..... 4    SET TZ TO 69 AND GO TO CB1

US STANDARD MOUNTAIN TIME (AZ) ..... 5    SET TZ TO 68 AND GO TO CB1

PACIFIC STANDARD TIME..... 6    SET TZ TO 70 AND GO TO CB1

ALASKAN STANDARD TIME..... 7    SET TZ TO 71 AND GO TO CB1

HAWAIIAN STANDARD TIME ..... 8    SET TZ TO 72 AND GO TO CB1

RETURN TO INTRO\_1 ..... 10    GO TO INTRO\_1 ELSE GO TO  
N\_INTRO1

RESPONDENT DOESN'T KNOW/KEEP OLD  
TIME ZONE ..... 12    GO TO CB1

REFUSED TO CONTINUE/HUNG UP ..... 99    TERMINATE, SET ITS=41

CELL\_1 I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or has this number been forwarded to your cell phone?

INTERVIEWER INSTRUCTION: DO NOT USE THE HAND ON THIS SCREEN, IF YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

CELL PHONE ..... 1 GO TO CELL\_EXIT  
NUMBER FORWARDED TO CELL PHONE ..... 2 GO TO CB1  
RESPONDENT HUNG UP BEFORE  
CONFIRMATION..... 3 TERMINATE, SET ITS=41  
GO BACK TO INTRO\_1 ..... 4 GO TO INTRO\_1

CELL\_EXIT We are not interviewing cell telephone numbers at the moment, sorry for the interruption. Thank you very much

NO CALL NOTES, SET ITS=88

LANDLINE\_EXIT We are not interviewing landline households at this time, sorry for the interruption. Thank you very much.

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

GO TO INTRO\_1

SALZ Is this telephone number for business use only?

Yes..... 1 GO TO SALZ\_BUS  
No ..... 2 GO TO INTRO\_1  
DORM/PRISON/HOSTEL ..... 3 GO TO SALZ\_BUS  
PAGING SERVICE ..... 4 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 4 years old living or staying in this household? The number again is 1-866-999-3340. Thank you.

INTERVIEWER INSTRUCTION: IF THE AM SAYS THAT YOU CAN PRESS '0' TO SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO THAT YOU CAN LEAVE A MESSAGE.

LEAVE MESSAGE AND TERMINATE..... 1 GO TO SASERV  
COULD NOT LEAVE A MESSAGE..... 2 GO TO SASERV  
ANSWERING MACHINE SAID  
"TAKE ME OFF YOUR LIST" ..... 3 GO TO SASERV  
CONTINUE INTERVIEW ..... 4 GO TO INTRO\_1

SASERV

WAS THIS A BUSINESS, [IF RDD\_NCCELL\_CCELL = 1 DISPLAY "CELL PHONE"] [IF RDD\_NCCELL\_CCELL = 2 OR 3 DISPLAY "LANDLINE / HOUSEHOLD"], OR COULD NOT BE DETERMINED?

IF THE AM SAYS THAT YOU CAN PRESS '0' TO SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO THAT YOU CAN LEAVE A MESSAGE. BUSINESS1 TERMINATE

BUSINESS .....	1	TERMINATE
SEE SKIP LOGIC .....	3	IF RDD_NCCELL_CCELL = 1 DISPLAY (3) HOUSEHOLD - SET TO CALL BACK - ITS 36 ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (3) LANDLINE - SET ITS 37 AND SET RDD_NCCELL_CCELL = 1
COULD NOT DETERMINE .....	4	TERMINATE, SET AS CALL BACK ITS=37
ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST" .....	5	TERMINATE
SEE SKIP LOGIC .....	9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) CELL PHONE ELSE IF RDD_NCCELL_CCELL = 2 OR 3 DO NOT DISPLAY

S1 READ: Am I speaking to someone [IF RDD\_NCCELL\_CCELL=1 "who lives in this household"] who is over 17 years old?

IF RDD\_NCCELL\_CCELL = 1 then display: IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD.

I AM THAT PERSON ..... 1 GO TO S\_NUMB

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

NEW PERSON COMES TO PHONE ..... 3 GO TO INTRO\_1

SEE SKIP LOGIC ..... 8 IF RDD\_NCCELL\_CCELL = 1  
 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE SET ITS 27, 28, OR 29  
 ELSE IF RDD\_NCCELL\_CCELL = 2, 3  
 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE - SET ITS 27, 28, or 29

SEE SKIP LOGIC ..... 9 IF RDD\_NCCELL\_CCELL = 1  
 DISPLAY (9) NO PERSON AT HOME WHO IS OVER 17 => GO TO S2\_B  
 ELSE IF RDD\_NCCELL\_CCELL = 2, 3  
 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2\_B

REFUSED ..... 99 GO TO R1

LANDLINE Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES..... 1 GO TO CELLUSE

NO..... 2 GO TO CP\_CELLUSE

DON'T KNOW..... 77 GO TO CP\_CELLUSE

REFUSED..... 99 GO TO CP\_CELLUSE

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

- EXTREMELY LIKELY ..... 1 GO TO LANDLINE\_EXIT
- SOMEWHAT LIKELY ..... 2 GO TO LANDLINE\_EXIT
- SOMEWHAT UNLIKELY ..... 3 GO TO CP\_CELLUSE
- NOT AT ALL LIKELY..... 4 GO TO CP\_CELLUSE
- DON'T KNOW..... 77 GO TO LANDLINE\_EXIT
- REFUSED..... 99 GO TO LANDLINE\_EXIT

CP\_CELLUSE IF SUC = 1, 2, OR 4 GO TO S\_NUMB, ELSE IF SUC = 3, 5, OR 6 GO TO SLAITS SCREENER

SALZ\_BUS [IF RDD\_NCCELL\_CCELL = 1 READ] We are interviewing only private residences. Thank you very much.

[ELSE IF RDD\_NCCELL\_CCELL = 2 OR 3 READ] We are interviewing only persons on their personal cell phones. Thank you very much.

**[TERMINATE INTERVIEW]**

S2\_B Does anyone [IF RDD\_NCCELL\_CCELL = 1 live in your household / IF RDD\_NCCELL\_CCELL = 2, 3 use this cell phone] who is over 17 years old?

IF THE RESPONDENT SAYS NO, READ "Just to clarify, no one is 18 years of age or older lives in this household?"

- YES, THEY ARE COMING TO THE PHONE ..... 1 GO TO INTRO\_1
- YES, BUT NO ONE IS HOME, SO SET A
- CALLBACK ..... 2 GO TO S2\_B\_1\_WARNING\_TEXT
- NO, NO ADULTS [IF RDD\_NCCELL\_CCELL = 1 LIVE IN THE HOUSEHOLD AT ANY TIME / IF RDD\_NCCELL\_CCELL = 2, 3 USE THIS CELL PHONE] ..... 3 GO TO MINOR\_EXIT
- IF RDD\_NCCELL\_CCELL = 1, DISPLAY: TEEN LINE (COLLECT ANOTHER PHONE NUMBER)..... 4 GO TO S2\_C
- REFUSED ..... 99 GO TO R1

S2B\_B\_1\_WARNING\_TEXT

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: S2\_CWARNING: 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 4 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 CP_S3_LTR
IF NO CHILDREN ENTER 0 .....	00	IF SAMPLE_USE_CODE=1 AND ASK_TEEN=0 THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 THEN GO TO S_UNDR18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18
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 UE/R1]

CP\_S3\_LTR IF IAP = 095 or RDD\_NCCELL\_CCELL = 2 or 3 GO TO S3\_INTRO, ELSE GO TO S3\_LTR

S3\_LTR A letter describing the National Immunization Survey may have been sent to your home recently. Do you remember seeing the letter?

YES .....	1	GO TO S3_INTRO
NO .....	2	GO TO S3_INTRO
DON'T KNOW .....	77	GO TO S3_INTRO
REFUSED .....	99	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 with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE ..... 1 IF RDD\_NCCELL\_CCELL = 2 GO TO  
S3\_EVAL\_R AND SET  
RDD\_NCCELL\_CCELL = 3

RESPONDENT ASKS FOR DESCRIPTION

OF LAW ..... 2 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 NORC at the University of Chicago, and their agents and contractors who work on this survey, has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE ..... GO TO 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 4 years old.

AGREE..... 1 GO TO S3\_3M\_X  
DON'T KNOW ..... 77 GO TO YEARDK\_X  
REFUSED ..... 99 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 4 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, IF S\_NUMB=2  
 AND 1 DOB IS INELIGIBLE AND  
 EITHER S3\_X OR S3\_3\_X=77 THEN  
 GO TO YEARKDK\_X  
 DON'T KNOW ..... GO TO YEARDK\_X  
 REFUSED ..... GO TO YEARREF\_X

S3\_CONF\_X That would make the [original # of kids derived from S\_NUMB] child [age of child in months and years] old; is that correct?

YES ..... 1 IF CHILD IS ELIGIBLE GO TO  
 S3\_4\_X, IF NOT GO TO NEXT CHILD  
 NO ..... 2 GO TO S3\_CONF\_WARNING

S3\_CONF\_WARNING

Please correct the date of birth for this child.  
 GO TO S3.3, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TO THIS SCREEN.

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 REFUSES ..... 1 GO TO YEARQUIT  
 RETURN TO QUESTIONNAIRE..... 2 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, SET ITS = 21, 22, 23, 24 OR 25 IF A REFUSAL AND 27 OR 28 IF APPOINTMENT OR CALL BACK

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?

YES ..... 1 GO TO PERSON  
NO ..... 2 GO TO WHEN\_CALL

PERSON\_X May I speak with this person now?

YES ..... 1 GO TO S3\_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  
CONTINUE ..... 2 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 with no impact on the benefits you may receive.

CONTINUE ..... 1 GO TO S3\_X

S3\_4\_X Is the child born [insert month and year of birth] male or female?

MALE ..... 1 GO TO S3\_5\_X  
FEMALE ..... 2 GO TO S3\_5\_X  
DON'T KNOW ..... 77 GO TO S3\_5\_X  
REFUSED ..... 99 GO TO S3\_5\_X

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

\_\_\_\_\_ GO TO S3\_C

DON'T KNOW ..... 77 GO TO S3\_C

REFUSED ..... 99 GO TO S3\_C

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 4 years old living or staying in this household that we haven't talked about yet?

YES. .... 1 GO TO S3\_C\_WARNING

NO ..... 2 IF SAMPLE\_USE\_CODE = 2 OR 4  
 AND ASK\_TEEN = 0 GO TO  
 S\_UNDR18 ELSE IF  
 SAMPLE\_USE\_CODE = 4 AND  
 ASK\_TEEN = 1 GO TO TIS\_UNDR18  
 ELSE GO TO S3\_D\_1\_1

S3\_TERM      Those are all the questions I have. This survey is collecting information on the health of children 17 to 37 months old only. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

**[TERMINATE INTERVIEW – IF CELLUSE=1, 2, 77, OR 99, THEN TERMINATE SET ITS = 86 (FINALIZE CASE AS 386), ELSE SKIP TO R1]**

S3\_D\_1\_X      Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3\_5].

GO TO S4

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?

YES ..... 1 GO TO  
 S6\_INTRO

NO ..... 2 GO TO S5

S5      May I speak with this person now?

YES ..... 1 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 with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE ..... 1 GO TO S5\_EVAL\_R  
 RESPONDENT ASKS FOR DESCRIPTION  
 OF LAW ..... 2 GO TO S5\_LAW

S5\_LAW The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

GO TO S5\_EVAL\_R

S5\_EVAL\_R YES, RESPONDENT AGREES TO  
 RECORDING/LISTENING..... 1 IF RDD\_NCELL\_CCELL =1 GO TO  
 PC\_INTRO\_A, ELSE GO TO  
 S6\_INTRO  
 NO, THE RESPONDENT DOES NOT AGREE TO  
 RECORDING/LISTENING..... 2 IF RDD\_NCELL\_CCELL =1 GO TO  
 PC\_INTRO\_A, ELSE 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.

GO TO S6\_X

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	GO TO NEXT CHILD OR A1INTRO
NO .....	2	GO TO NEXT CHILD OR S6B
DONT KNOW .....	77	GO TO S6B
REFUSED .....	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: \_\_\_\_\_ GO TO MR3

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

YES ..... 1 GO TO MR\_APP

NO ..... 2 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

APPOINTMENT ..... 1 GO TO CB1

CONTINUE..... 2 GO TO S5\_BOX

**SECTION A**  
*Available Shot Records*

AIINTRO Thank you for getting the shot records. The remainder of the survey will take about 20 minutes.

AIINTRO\_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 (SHOT)**

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 AD1QM_X
NONE .....	0	GO TO AN2_X
DON'T KNOW .....	77	GO TO AN2_X
REFUSED .....	99	GO TO AN2_X

AD1Q[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 .....	IF LAST SHOT GO TO AN2_X, ELSE GO TO AD1QM_X
DON'T KNOW .....	IF LAST SHOT GO TO AN2, ELSE GO TO AD1QM_X
REFUSED .....	IF LAST SHOT GO TO AN2, ELSE GO TO AD1QM_X

**SHOT RECORD FOR POLIO (SHOT OR DROPS)**

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 AD2QM\_X  
 NONE ..... 0 GO TO AN3\_X  
 DON'T KNOW ..... 77 GO TO AN3\_X  
 REFUSED ..... 99 GO TO AN3\_X

AD2Q[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
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DATE..... IF LAST SHOT GO TO AN3\_X,  
 ELSE GO TO AD2QM\_X  
 DON'T KNOW..... IF LAST SHOT GO TO AN3, ELSE  
 GO TO AD2QM\_X  
 REFUSED..... IF LAST SHOT GO TO AN3, ELSE  
 GO TO AD2QM\_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 AD3QM\_X  
 NONE ..... 0 GO TO AN4\_X  
 DON'T KNOW ..... 77 GO TO AN4\_X  
 REFUSED ..... 99 GO TO AN4\_X

AD3Q[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
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DATE ..... GO TO AM3Q\_X  
 DON'T KNOW ..... GO TO AN4\_X  
 REFUSED ..... GO TO AN4\_X

AM3Q\_X

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

MEASLES ONLY ..... 1 IF LAST SHOT GO TO AN4\_X, ELSE GO TO AD3QM\_X  
 MMR ONLY ..... 2 IF LAST SHOT GO TO AN4\_X, ELSE GO TO AD3QM\_X  
 DON'T KNOW ..... 77 IF LAST SHOT GO TO AN4\_X, ELSE GO TO AD3QM\_X  
 REFUSED ..... 99 IF LAST SHOT GO TO AN4\_X, ELSE GO TO AD3QM\_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 AD4QM\_X  
 NONE ..... 0 GO TO AN5\_X  
 DON'T KNOW ..... 77 GO TO AN5\_X  
 REFUSED ..... 99 GO TO AN5\_X

AD4Q[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
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DATE ..... IF LAST SHOT GO TO AN5\_X, ELSE  
GO TO AD4QM\_X  
 DON'T KNOW ..... IF LAST SHOT GO TO AN5\_X, ELSE  
GO TO AD4QM\_X  
 REFUSED ..... IF LAST SHOT GO TO AN5\_X, ELSE  
GO TO AD4QM\_X

**SHOT RECORD FOR HEPATITIS B (SHOT)**

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 AD5QM\_X  
 NONE ..... 0 GO TO AN9\_X  
 DON'T KNOW ..... 77 GO TO AN9\_X  
 REFUSED ..... 99 GO TO AN9\_X

AD5Q[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
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DATE ..... IF LAST SHOT GO TO AN9\_X, ELSE  
GO TO AD5QM\_X  
 DON'T KNOW ..... IF LAST SHOT GO TO AN9\_X, ELSE  
GO TO AD5QM\_X  
 REFUSED ..... IF LAST SHOT GO TO AN9\_X, ELSE  
GO TO AD5QM\_X

**SHOT RECORD FOR PNEUMOCOCCAL (SHOT)**

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 AD9QM\_X
- NONE ..... 0 GO TO AN6\_X
- DON'T KNOW ..... 77 GO TO AN6\_X
- REFUSED ..... 99 GO TO AN6\_X

AD9Q[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
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- DATE ..... IF LAST SHOT GO TO AN6\_X, ELSE GO TO AD9QM\_X
- DON'T KNOW ..... IF LAST SHOT GO TO AN6\_X, ELSE GO TO AD9QM\_X
- REFUSED ..... IF LAST SHOT GO TO AN6\_X, ELSE GO TO AD9QM\_X

**SHOT RECORD FOR CHICKEN POX (SHOT)**

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 AD6QM\_X  
 NONE ..... 0 GO TO A5C\_X  
 DON'T KNOW ..... 77 GO TO A5C\_X  
 REFUSED ..... 99 GO TO A5C\_X

AD6Q[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
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DATE ..... GO TO IF LAST SHOT GO TO A5\_C,  
 ELSE GO TO AD6QM\_X  
 DON'T KNOW ..... GO TO IF LAST SHOT GO TO A5\_C,  
 ELSE GO TO AD6QM\_X  
 REFUSED ..... GO TO IF LAST SHOT GO TO A5\_C,  
 ELSE GO TO AD6QM\_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 GO TO AH1\_INTRO  
 DON'T KNOW ..... 77 GO TO AH1\_INTRO  
 REFUSED ..... 99 GO TO AH1\_INTRO

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..... GO TO AH1\_INTRO  
 DON'T KNOW ..... 77 GO TO A5\_F\_X  
 REFUSED ..... 99 GO TO AH1\_INTRO

A5\_F\_x Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.]...

...one to six months old? ..... 01 GO TO AH1\_INTRO  
 ...seven to twelve months old? ..... 02 GO TO AH1\_INTRO  
 ...13 to18 months old? ..... 03 GO TO AH1\_INTRO  
 ...19 to24 months old? ..... 04 GO TO AH1\_INTRO  
 ...25 to30 months old? ..... 05 GO TO AH1\_INTRO  
 ...31 to38 months old? ..... 06 GO TO AH1\_INTRO  
 DON'T KNOW ..... 77 GO TO AH1\_INTRO  
 REFUSED ..... 99 GO TO AH1\_INTRO

**SHOT RECORD FOR FLU SHOT (SHOT OR DROPS)**

AH1\_INTRO     The next questions are about influenza vaccinations. 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 seasonal flu nasal spray is vaccine is called FluMist.

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

Number .....	___	GO TO AD8QM_X
NONE .....	00	GO TO A8R_X
DON'T KNOW .....	77	GO TO A8R_X
REFUSED .....	99	GO TO A8R_X

AD8Q[M,D,Y]\_X

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

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

MONTH	DAY	YEAR
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IF MM = 77 OR 99 AND YYY > CURRENT YEAR, DISPLAY HARD CHECK "DATE GIVEN CANNOT BE AFTER DATE OF INTERVIEW")

IF MM = 77 OR 99 AND YYYY = 2010 GO TO AD8U\_X

ALL OTHER RESPONSES GO TO AT8Q\_X

AD8U\_X I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

YES..... 1 GO TO AT8Q\_X  
NO ..... 2 GO TO AT8Q\_X  
DON'T KNOW ..... 77 GO TO AT8Q\_X  
REFUSED ..... 99 GO TO AT8Q\_X

AT8Q\_X 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.

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 CP\_AH18  
FLU NASAL SPRAY ..... 2 GO TO CP\_AH18  
BOTH ..... 3 GO TO CP\_AH18  
DON'T KNOW ..... 77 GO TO CP\_AH18  
REFUSED ..... 99 GO TO CP\_AH18

CP\_AH18 IF (AD8X <= 9/1/2009 OR AD8X >= 7/31/2010) GO TO A8R\_X IF AD8\_X, M=77, 99 AND YYYY = 2011, GO TO A8R\_X IF AD8U\_X=2, 77, 99 GO TO A8R\_X

AH18Q\_X Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: During the 2009-2010 flu season, there were 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 IF LAST SHOT GO TO A8R\_X, ELSE  
GO TO AD8QM\_X  
H1N1 FLU OR SWINE FLU ..... 2 IF LAST SHOT GO TO A8R\_X, ELSE  
GO TO AD8QM\_X  
DON'T KNOW ..... 77 IF LAST SHOT GO TO A8R\_X, ELSE  
GO TO AD8QM\_X  
REFUSED ..... 99 IF LAST SHOT GO TO A8R\_X, ELSE  
GO TO AD8QM\_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 GO TO A8RDA\_X  
 NO ..... 2 GO TO CP\_ALOCATION  
 DON'T KNOW ..... 77 GO TO CP\_ALOCATION  
 REFUSED ..... 99 GO AT CP\_ALOCATION

A8RDA\_X How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive a flu shot or flu vaccine in the past 12 months that is NOT listed on the shot record?

Number ..... GO TO A8RDQM\_X  
 NONE ..... 0 GO TO CP\_ALOCATION  
 DON'T KNOW ..... 77 GO TO CP\_ALOCATION  
 REFUSED ..... 99 GO TO CP\_ALOCATION

A8RDQ [M,D,Y]\_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] ] 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
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IF A8RD\_X = 77 OR 99 GO TO A8RDU\_X, ELSE GO TO A8RH1\_X

IF MM=77 OR 99 AND YYYY=2009, GO TO A8RH1\_X

IF MM=77 or 99 AND YYYY=2010 or 7777 or 99999 GO TO A8RDU\_X

IF MM = 77 or 99 AND YYYY=2011 GO TO A8RTX\_X

IF MM=77 or 99 AND YYYY < CURRENT YEAR - 1 (DISPLAY HARD CHECK "NOT WITHIN LAST YEAR...")

IF MM=77 or 99 AND YEAR > CURRENT YEAR (DISPLAY HARD CHECK "DATE GIVEN CANNOT BE...AFTER DATE OF INTERVIEW)

ELSE ALL OTHER RESPONSES GO TO CP\_A8RH1

A8RDU\_X I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

YES..... 1 GO TO A8RH1\_X  
 NO ..... 2 GO TO A8RTX\_X  
 DON'T KNOW ..... 77 GO TO A8RTX\_X  
 REFUSED ..... 99 GO TO A8RTX\_X

CP\_A8RH1 IF A8RD\_X <= 9/1/2009 OR A8RD\_X >= 7/31/2010 OR A8RDU\_X = 2, 77, OR 99 GO TO A8RTX\_X, ELSE GO TO A8RH1\_x

A8RH1\_X Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: During the 2009-2010 flu season, there weretwo 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 A8RTX\_X  
 H1N1 FLU OR SWINE FLU ..... 2 GO TO A8RTX\_X  
 DON'T KNOW ..... 77 GO TO A8RTX\_X  
 REFUSED ..... 99 GO TO A8RTX\_X

A8RTX\_X 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 in the nose?

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 LAST SHOT GO TO CP\_ALOCATION, ELSE GO TO A8RDQM\_X  
 FLU NASAL SPRAY ..... 2 IF LAST SHOT GO TO CP\_ALOCATION, ELSE GO TO A8RDQM\_X  
 BOTH ..... 3 IF LAST SHOT GO TO CP\_ALOCATION, ELSE GO TO A8RDQM\_X  
 DON'T KNOW ..... 77 IF LAST SHOT GO TO CP\_ALOCATION, ELSE GO TO A8RDQM\_X  
 REFUSED ..... 99 IF LAST SHOT GO TO CP\_ALOCATION, ELSE GO TO A8RDQM\_X

CP\_ALOCATION IF AN8\_X > 0 OR A8RS\_X = 1 OR A8RDA\_X > 0 GO TO ALOCATION ELSE GO TO CP\_ANEXTFLU

ALOCATION At what kind of place did [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] get [FILL VAR: his/her] most recent flu vaccination?

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

CP\_ANEXTFLU

IF (AD8\_X >= 08/01/2010 OR A8RD\_X >= 08/01/2010) GO TO A6\_X ELSE GO TO ANEXTFLU

ANEXTFLU

DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of July, 2011? Would you say [FILL VAR: he/she]:

- Will definitely get one ..... 1 GO TO A6\_X
- Will probably get one ..... 2 GO TO A6\_X
- Will probably not get one, or..... 3 GO TO A6\_X
- Will definitely not get one..... 4 GO TO A6\_X
- DON'T KNOW ..... 77 GO TO A6\_X
- REFUSED ..... 99 GO TO A6\_X

**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\_Q\_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\_NEWQ\_X
- BCG (TUBERCULOSIS)..... 03 GO TO A7\_NEWQ\_X
- TYPHOID..... 04 GO TO A7\_NEWQ\_X
- YELLOW FEVER..... 05 GO TO A7\_NEWQ\_X
- MALARIA ..... 06 GO TO A7\_NEWQ\_X
- DTaP ..... 07 GO TO A7\_NEWQ\_X
- DTP/HiB..... 08 GO TO A7\_NEWQ\_X
- DTP/HepB ..... 09 GO TO A7\_NEWQ\_X
- PNEUMOCOCCAL ..... 10 GO TO A7\_NEWQ\_X
- INFLUENZA..... 11 GO TO A7\_NEWQ\_X
- HEPATITIS A ..... 12 GO TO A7\_NEWQ\_X
- ROTA VIRUS ..... 13 GO TO A7\_NEWQ\_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 ENTER OTHER SPECIFY ..... GO TO A7NEWQ\_X

A7\_NEWQ\_X How many times has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] received the [shot name from A6\_B\_Q\_X] shot?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

- Number ..... GO TO A7\_MDYQ\_X
- DON'T KNOW ..... 77 GO TO NEXT SHOT, NEXT CHILD,  
OR CWIC\_INTRO
- REFUSED ..... 99 GO TO NEXT SHOT, NEXT CHILD,  
OR CWIC\_INTRO

A7[M,D,Y]Q\_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
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DATE .....

GO TO A6\_B\_Q\_X, NEXT CHILD,  
OR CWIC\_INTRO

DON'T KNOW .....

GO TO A6\_B\_Q\_X, NEXT CHILD,  
OR CWIC\_INTRO

REFUSED .....

GO TO A6\_B\_Q\_X, NEXT CHILD,  
OR CWIC\_INTRO

**SECTION B**  
*No Shot Records*

- BINTRO** The remainder of the survey will take about 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\_U\_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?
- CONFIRM ALL DON'T KNOW ANSWERS WITH "TO THE BEST OF YOUR KNOWLEDGE"
- 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\_U\_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?

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

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_U_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)?

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

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_U_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.

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

YES.....	1	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_U_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_U_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?

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

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_U_X
REFUSED .....	99	GO TO B6_D_X

B6\_U\_X I will record that your child is up to date on his/her vaccinations and we can move to the next series of questions.

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	GO TO BH1_INTRO
DON'T KNOW .....	77	GO TO BH1_INTRO
REFUSED .....	99	GO TO BH1_INTRO

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 .....	_____	GO TO BH1_INTRO
DON'T KNOW .....	77	GO TO B6_F_X
REFUSED .....	99	GO TO BH1_INTRO

B6\_F\_X Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.]...

...one to six months old? .....	01	GO TO BH1_INTRO
...seven to twelve months old? .....	02	GO TO BH1_INTRO
...13 to 18 months old? .....	03	GO TO BH1_INTRO
...19 to 24 months old? .....	04	GO TO BH1_INTRO
...25 to 30 months old? .....	05	GO TO BH1_INTRO
...31 to 38 months old? .....	06	GO TO BH1_INTRO
DON'T KNOW .....	77	GO TO BH1_INTRO
REFUSED .....	99	GO TO BH1_INTRO

BH1\_INTRO The next questions are about influenza vaccinations.

B8\_X Since July 1, 2011 has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES ..... 1 GO TO B8DMA\_X
- NO ..... 2 GO TO BNEXTFLU
- DON'T KNOW ..... 77 GO TO BNEXTFLU
- REFUSED ..... 99 GO TO BNEXTFLU

B8DMA\_X How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2011?

- ONE VACCINATION OR DOSE ..... 1 GO TO B8DM\_X
- TWO VACCINATIONS OR DOSES ..... 2 GO TO B8DM\_X
- DON'T KNOW ..... 77 GO TO BLOCATION
- REFUSED ..... 99 GO TO BLOCATION

B8DMQM\_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] flu vaccine since July 1, 2011?

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

MONTH	YEAR
--	----

ANSWER MUST BE AFTER 07/2011 AND NOT AFTER INTERVIEW DATE

GO TO B8D\_TYPE

B8D\_TYPE Was this a shot or the spray in the nose?

- FLU SHOT ..... 1 IF B8DMA\_X = 2 GO TO B9DM\_X, ELSE GO TO BLOCATION
- FLU NASAL SPRAY OR "FLUMIST" ..... 2 IF B8DMA\_X = 2 GO TO B9DM\_X, ELSE GO TO BLOCATION
- DON'T KNOW ..... 77 IF B8DMA\_X = 2 GO TO B9DM\_X, ELSE GO TO BLOCATION
- REFUSED ..... 99 IF B8DMA\_X = 2 GO TO B9DM\_X, ELSE GO TO BLOCATION

B9DMQM\_X      During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive [his/her] second dose of the flu vaccine since July 1, 2011?

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
--	----

ANSWER MUST BE AFTER 07/2011 AND NOT AFTER INTERVIEW DATE

GO TO B9D\_TYPE

B9D\_TYPE      Was this a shot or the spray in the nose?

- FLU SHOT ..... 1      GO TO BLOCATION
- FLU NASAL SPRAY OR "FLUMIST" ..... 2      GO TO BLOCATION
- DON'T KNOW ..... 77      GO TO BLOCATION
- REFUSED ..... 99      GO TO BLOCATION

BLOCATION      At what kind of place did [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] get [FILL VAR: his/her] most recent flu vaccination?

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

CP\_BNEXTFLU

IF (B8DM\_x >= 07/1/2011 OR B9DM\_X >= 07/01/2011) GO TO CWIC\_INTRO ELSE GO TO  
BNEXTFLU

BNEXTFLU    DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]  
to get a flu vaccination between now and the end of June, 2012? Would you say [FILL VAR: he/she]:

Will definitely get one .....	1	GO TO CWIC_INTRO
Will probably get one .....	2	GO TO CWIC_INTRO
Will probably not get one, or .....	3	GO TO CWIC_INTRO
Will definitely not get one .....	4	GO TO CWIC_INTRO
DON'T KNOW .....	77	GO TO CWIC_INTRO
REFUSED .....	99	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	GO TO CWIC_02_X
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 infant feeding.

CBF\_01\_X Was [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?

YES .....	1	GO TO CBF_02_X
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

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\_03\_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 000 FOR AT BIRTH  
ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER..... GO TO CBF\_04\_X  
AT BIRTH .....000 GO TO CBF\_N\_X  
DON'T KNOW .....777 GO TO CBF\_N\_X  
MONTHS.....888 GO TO CBF\_N\_X  
YEARS .....999 GO TO CBF\_N\_X

CBF\_04\_X ENTER PERIOD:

DAYS.....1 GO TO CBF\_N\_X  
WEEKS.....2 GO TO CBF\_N\_X  
MONTHS.....3 GO TO CBF\_N\_X  
YEARS .....4 GO TO CBF\_N\_X

CBF\_N\_X 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 888 FOR NEVER, ENTER 000 FOR AT BIRTH  
ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER..... GO TO CBF\_U\_X  
NEVER .....888 GO TO CINTRO  
AT BIRTH .....000 GO TO CINTRO  
DON'T KNOW .....777 GO TO CINTRO  
REFUSED.....999 GO TO CINTRO

CBF\_U\_X 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 .....	_____	GO TO C1_A
DON'T KNOW .....	77	GO TO C1_C
REFUSED .....	99	GO TO C1_C

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 .....	_____	GO TO C1_B
DON'T KNOW .....	77	GO TO C1_C
REFUSED .....	99	GO TO C1_C

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

YES .....	1	GO TO C1_C IF ANSWER TO C1_B IS GREATER THAN OR EQUAL TO S_NUMB+1, ELSE GO TO C2_06Q3
NO .....	2	C1 AND/OR C1_A
DON'T KNOW .....	77	GO TO C1_C
REFUSED .....	99	GO TO C2_06Q3

[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 .....	_____	GO TO C2_06Q3_X
DON'T KNOW .....	77	GO TO C2_06Q3_X
REFUSED .....	99	GO TO C2_06Q3_X

C1\_C\_WARNING

IF NUMBER AT C1\_C <=C1\_A WHEN C1 AND C1\_A <> 77 OR 99, DISPLAY:  
YOU HAVE ENTERED A NUMBER THAT IS GREATER THAN THE TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD. PLEASE CORRECT.

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)

YES .....	1	GO TO C2_A_06Q3_X
NO.....	2	GO TO C3
DON'T KNOW .....	77	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/MEXICANO .....	1	
MEXICAN-AMERICAN .....	2	GO TO C3_X
CENTRAL AMERICAN.....	3	GO TO C3_X
SOUTH AMERICAN.....	4	GO TO C3_X
PUERTO RICAN.....	5	GO TO C3_X
CUBAN/CUBAN AMERICAN .....	6	GO TO C3_X
SPANISH-CARIBBEAN.....	7	GO TO C3_X
OTHER SPANISH/HISPANIC (SPECIFY).....	10	GO TO C2_OTHR1_06Q3_X
DON'T KNOW .....	77	GO TO C3_X
REFUSED.....	99	GO TO C3_X

C2\_OTHR1\_06Q3\_x

ENTER OTHER SPECIFY

\_\_\_\_\_ GO TO C3\_X

C3\_X 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 GO TO C5\_X
- BLACK/AFRICAN AMERICAN .....2 GO TO C5\_X
- AMERICAN INDIAN .....3 GO TO C5\_X
- ALASKA NATIVE.....4 GO TO C5\_X
- ASIAN .....5 GO TO C5\_X
- NATIVE HAWAIIAN .....6 GO TO C5\_X
- PACIFIC ISLANDER.....7 GO TO C5\_X
- OTHER .....8 GO TO C3\_OTHRX
- DON’T KNOW .....77 GO TO C5\_X
- REFUSED .....99 GO TO C5\_X

C3\_OTHRX ENTER OTHER SPECIFY  
\_\_\_\_\_ GO TO C5\_X

C5\_X What is your relationship to [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN .....1 GO TO C6\_06Q3\_X
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN .....2 GO TO C6\_06Q3\_X
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE).....3 GO TO C6\_06Q3\_X
- IN-LAW OF ANY TYPE .....4 GO TO C6\_06Q3\_X
- AUNT/UNCLE .....5 GO TO C6\_06Q3\_X
- GRANDPARENT .....6 GO TO C6\_06Q3\_X
- OTHER FAMILY MEMBER.....7 GO TO C6\_06Q3\_X
- FRIEND .....8 GO TO C6\_06Q3\_X
- DON’T KNOW .....77 GO TO C6\_06Q3\_X
- REFUSED .....99 GO TO C6\_06Q3\_X

**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      GO TO C7\_X
- 9th-12th GRADE NO DIPLOMA ..... 2      GO TO C7\_X
- HIGH SCHOOL GRADUATE OR  
 GED COMPLETED ..... 3      GO TO C7\_X
- COMPLETED A VOCATIONAL, TRADE,  
 OR BUSINESS SCHOOL PROGRAM..... 4      GO TO C7\_X
- SOME COLLEGE CREDIT BUT NO DEGREE..... 5      GO TO C7\_X
- ASSOCIATE DEGREE (AA, AS) ..... 6      GO TO C7\_X
- BACHELOR'S DEGREE (BA, BS, AB) ..... 7      GO TO C7\_X
- MASTER'S DEGREE (MA, MS, MSW, MBA)..... 8      GO TO C7\_X
- DOCTORATE (PhD, EdD) or PROFESSIONAL  
 DEGREE (MD, DDS, DVM, JD) ..... 9      GO TO C7\_X
- DON'T KNOW ..... 77      GO TO C7\_X
- REFUSED ..... 99      GO TO C7\_X

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
- 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_X
DON'T KNOW .....	77	GO TO C9_X
REFUSED .....	99	GO TO C9_X

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	GO TO C9_X
MEXICAN-AMERICAN .....	2	GO TO C9_X
CENTRAL AMERICAN .....	3	GO TO C9_X
SOUTH AMERICAN .....	4	GO TO C9_X
PUERTO RICAN .....	5	GO TO C9_X
CUBAN/CUBAN AMERICAN .....	6	GO TO C9_X
SPANISH-CARIBBEAN .....	7	GO TO C9_X
OTHER SPANISH/HISPANIC (SPECIFY) .....	10	GO TO C8_OTHR1_06Q3_X
DON'T KNOW .....	77	GO TO C9_X
REFUSED .....	99	GO TO C9_X

C8\_OTHR1\_06Q3\_X

ENTER OTHER SPECIFY

\_\_\_\_\_ GO TO C9\_X

C9\_X

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 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- BLACK/AFRICAN AMERICAN.....2 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- AMERICAN INDIAN .....3 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- ALASKA NATIVE.....4 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- ASIAN.....5 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- NATIVE HAWAIIAN.....6 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- PACIFIC ISLANDER.....7 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- OTHER (SPECIFY).....8 GO TO C9\_OTHRX
- DON'T KNOW .....77 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X
- REFUSED .....99 GO TO C10AM\_X IF ONE RESPONSE, ELSE GO TO C10\_X

C9\_OTHRX

ENTER OTHER SPECIFY

\_\_\_\_\_

[IF MORE THAN ONE ANSWER AT C9\_X, ASK C10; ELSE SKIP TO C10AM\_X.]

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 GO TO C10AM\_X
- BLACK/AFRICAN AMERICAN .....2 GO TO C10AM\_X
- AMERICAN INDIAN .....3 GO TO C10AM\_X
- ALASKA NATIVE.....4 GO TO C10AM\_X
- ASIAN.....5 GO TO C10AM\_X
- NATIVE HAWAIIAN.....6 GO TO C10AM\_X
- PACIFIC ISLANDER.....7 GO TO C10AM\_X
- OTHER (SPECIFY).....8 GO TO C10AM\_X
- C9\_OTHRX .....9 GO TO C10AM\_X
- DON'T KNOW .....77 GO TO C10AM\_X
- REFUSED.....99 GO TO C10AM\_X

CT10AMDY\_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, ELSE GO TO CHMAGE\_X  
IF C10AMDY\_X < 13 YEARS OR > 60 YEARS, ELSE 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 KNOW ..... 77

REFUSED ..... 99

GO TO CHMAGE\_X IF C10AMDY\_X < 13 Years or > 60 Years

CHMAGE\_X This would make you/r (child's) mother (age in years) years old, is that correct?

YES ..... 1 GO TO C11A\_X

NO ..... 2 C10AM\_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?

YES ..... 1 GO TO CFAMINC

NO ..... 2 GO TO C11A\_X

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

REFUSED ..... 99 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 \_\_\_\_\_ GO TO C11A\_COUNTY\_X

C11A\_COUNTY\_X

ENTER COUNTY \_\_\_\_\_ GO TO C11A\_STATE\_X

C11A\_STATE\_X

ENTER STATE \_\_\_\_\_ GO TO C11B\_X

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

\_\_\_\_\_ GO TO CFAMINC

DON'T KNOW ..... 77777 GO TO FAMINC

REFUSED ..... 99999 GO TO FAMINC

CFAMINC

Please think about your total combined family income during 2010 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 KNOW ..... 77 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 2009 more or less than \$20,000?

More than \$20,000. .... 1 GO TO C16

\$20,000 ..... 2 GO TO C19A

Less than \$20,000 ..... 3 GO TO C13

DON'T KNOW ..... 77 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 2009 more or less than \$20,000?

More than \$20,000.....	1	GO TO C16
\$20,000.....	2	GO TO C19A
Less than \$20,000.....	3	GO TO C13
DON'T KNOW.....	77	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 \$10,000.....	3	GO TO C14_A
DON'T KNOW.....	77	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.....		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 .....		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	I 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

\_\_\_\_\_

IF A PROPER ZIP CODE IS  
ENTERED, THEN FILL CITY,  
COUNTY AND STATE FROM THE  
LOOK UP TABLE AND GO TO  
C19A\_CONF, ELSE GO TO C19

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 \_\_\_\_\_           GO TO C\_19 COUNTY

C19\_COUNTY   ENTER COUNTY \_\_\_\_\_           GO TO C\_19 STATE

C19\_STATE    ENTER STATE \_\_\_\_\_           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

\_\_\_\_\_

GO TO C19B

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

C19B

Do you live within the city limits?

YES .....	1	GO TO C19C
NO.....	2	GO TO C19C
DON'T KNOW .....	77	GO TO C19C
REFUSED.....	99	GO TO C19C

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	IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE
RENTED.....	2	IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE
OTHER ARRANGEMENT.....	3	IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE
DON'T KNOW .....	77	IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE
REFUSED.....	99	IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

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.

[IF RDD\_NCELL\_CCELL = 2 or 3 DISPLAY] THIS SHOULD INCLUDE ONLY LANDLINE TELEPHONE NUMBERS. IF THE HOUSEHOLD DOES NOT HAVE A LANDLINE, ENTER '0'.

YES .....	1	GO TO C21_06Q3
NO .....	2	GO TO CNOSERV
DON'T KNOW .....	77	GO TO CNOSERV
REFUSED .....	99	GO TO CNOSERV

C\_LANDLINE

The next few questions are about the telephones in your household.

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES .....	1	GO TO C21_06Q3
NO .....	2	GO TO C21_06Q3_CELL
DON'T KNOW .....	77	GO TO C21_06Q3_CELL
REFUSED .....	99	GO TO C21_06Q3_CELL

C21\_06Q3 How many [IF RDD\_NCCELL\_CCELL = 2 OR 3 AND TAKE\_ALL\_CELL\_FLAG = 1 DISPLAY "landline"] telephone numbers are residential numbers?

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

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

CNOSERV IF LANDLINE = 2, 77, OR 99 OR C\_LANDLINE = 2, 77, OR 99 SKIP TO C21\_06Q3\_CELL ELSE:

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 C21\_06Q3\_CELL
- NO.....2 GO TO C21\_06Q3\_CELL
- DON'T KNOW.....77 GO TO C21\_06Q3\_CELL
- REFUSED.....99 GO TO C21\_06Q3\_CELL

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 GO TO C\_USUAL\_USE\_CELL
- TWO.....02 GO TO C\_USUAL\_USE\_CELL
- THREE OR MORE .....03 GO TO C\_USUAL\_USE\_CELL
- NONE.....04 IF NIS\_CELL\_AWAY = 1  
GO TO C\_AWAY; ELSE GO TO D5
- DON'T KNOW .....77 GO TO C\_USUAL\_USE\_CELL
- REFUSED .....99 GO TO C\_USUAL\_USE\_CELL

C\_USUAL\_USE\_CELL

IF RDD\_NCCELL\_CCELL = 1 read: "How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use?"

ELSE IF RDD\_NCCELL\_CCELL = 2 or 3 read: "How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use? Please include the number we called.

INTERVIEWER: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED.

- ONE.....01 GO TO C\_CELLUSE
- TWO.....02 GO TO C\_CELLUSE
- THREE OR MORE.....03 GO TO C\_CELLUSE
- NONE.....04 IF NIS\_CELL\_AWAY = 1  
GO TO C\_AWAY; ELSE GO TO D5
- DON'T KNOW.....77 GO TO C\_CELLUSE
- REFUSED.....99 GO TO C\_CELLUSE

C\_CELLUSE

IF LANDLINE = 2, 77, OR 99 OR C\_LANDLINE = 2, 77, OR 99 AND NIS\_CELL\_AWAY = 1, SKIP TO C\_AWAY; ELSE IF LANDLINE = 2, 77, OR 99 OR C\_LANDLINE = 2, 77, OR 99 AND NIS\_CELL\_AWAY = 0 SKIP TO D5, ELSE: Thinking just about the landline home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?.

- EXTREMELY LIKELY.....01 GO TO C11Q78
- SOMEWHAT LIKELY.....02 GO TO C11Q78
- SOMEWHAT UNLIKELY.....03 GO TO C11Q78
- NOT AT ALL LIKELY.....04 GO TO C11Q78
- DON'T KNOW.....77 GO TO C11Q78
- REFUSED.....99 GO TO C11Q78

C11Q78

IF LANDLINE = 2, 77, OR 99 OR C\_LANDLINE = 2, 77, OR 99 AND NIS\_CELL\_AWAY = 1 SKIP TO C\_AWAY, ELSE IF LANDLINE = 2, 77, OR 99 OR C\_LANDLINE = 2, 77, OR 99 AND NIS\_CELL\_AWAY=0 GO TO D5, ELSE:

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 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5
- NEARLY ALL RECEIVED ON REGULAR

PHONES.....	2	IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5
SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON REGULAR PHONES.....	3	IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5
DON'T KNOW .....	77	IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5
REFUSED.....	99	IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

C\_AWAY

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

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

AWAY FROM HOME .....	01	GO TO D5
AT HOME.....	02	GO TO D5
DON'T KNOW .....	77	GO TO D5
REFUSED .....	99	GO TO D5

**SECTION D**  
*Provider Questions*

D5 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 is 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

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

FAQs:

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 the 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).

--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.

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.

ENTER NUMBER.....	_____	GO TO D6A_1_X
ZERO .....	0	GO TO D6AA_X
DON'T KNOW .....	77	GO TO D6AA_X
REFUSED.....	99	GO TO SECT_D_TERM

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

FAQs:

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 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.

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 the 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.

ENTER NUMBER.....	_____	GO TO D6A_1_X
ZERO .....	0	IF (LAST CHILD) AND 1 <sup>ST</sup> REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO
DON’T KNOW .....	77	GO TO SECT_D_TERM OR INS_INTRO (ON CALLBACK)
REFUSED.....	99	IF (LAST CHILD) AND 1 <sup>ST</sup> REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

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 CLINIC NAME FIRST ..... 1 GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME
- YES, CONTINUE ON LAST NAME FIRST..... 2 GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME
- NO, CAN'T FIND, CONTINUE ..... 3 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?

IF PROVIDERS=4: PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.

- \* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
- \* Would you mind looking the information up in the phone book or on the internet?
- \* Do you remember the city and state?

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

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

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]

IF PROVIDERS=4 What other information do you remember about the location of this provider? [variable: D6B10]

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**

D6A\_3 To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

EXACT MATCH.....	1	GO TO DXPROV
MODIFY LAST NAME.....	2	GO TO MOD_PROVN_LAST
MODIFY FIRST NAME.....	3	GO TO MOD_PROVN_FIRST
MODIFY PRACTICE.....	4	GO TO MOD_PROVC
MODIFY ADDRESS.....	5	GO TO MOD_PROVA_STREET
MODIFY SUITE.....	6	GO TO MOD_PROVA_SUITE
MODIFY CITY.....	7	GO TO MOD_PROVA_CITY
MODIFY STATE.....	8	GO TO MOD_PROVA_STATE
MODIFY ZIP.....	9	GO TO MOD_PROVA_ZIP
MODIFY PHONE.....	10	GO TO MOD_PROVA_PROVP

**New Provider Screen:**

D6B1 What is the last name of the doctor?

*LEAVE BLANK IF UNKNOWN*

D6B2 Do you know the doctor's first name?

*LEAVE BLANK IF UNKNOWN*

D6B3 Please tell me the name of the office or the clinic.

*LEAVE BLANK IF UNKNOWN*

D6B4 What is the street address of the office or the clinic?

*LEAVE BLANK IF UNKNOWN*

D6B5 Is there a suite, floor or room number?

*LEAVE BLANK IF UNKNOWN*

D6B6 What city is that in?

*LEAVE BLANK IF UNKNOWN*

D6B7 What state is that in?

*LEAVE BLANK IF UNKNOWN*

D6B8 What is the zip code?

*LEAVE BLANK IF UNKNOWN*

D6B9 What is their telephone number?

*LEAVE BLANK IF UNKNOWN*

D6B10 Do you have the contact information written down somewhere? I would be happy to wait while you look for it.

Would you mind looking the information up in the phone book or on the internet?

Do you remember the city and state?

*LEAVE BLANK IF UNKNOWN*

**POST-PROVIDER LOOKUP PATHS**

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

D8\_x IF D6\_X=0 AND D6AA\_x > 0:

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. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6\_X >= 1:

Thank you. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

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\_X  
REFUSED ..... 99 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 REFUSES ..... 2 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  
REFUSED ..... 99 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?

*ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.*

FIRST NAME: \_\_\_\_\_ GO TO D8B\_X

D8B\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

MIDDLE NAME: \_\_\_\_\_ GO TO D8C\_X

D8C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

*ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.*

LAST NAME: \_\_\_\_\_ GO TO D9A

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.

FAQs

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 D9
- REFUSED .....2 GO TO SET\_D\_TERM; INS\_INTRO (ON CALLBACK)

D9A What is your first name?

*ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.*

FIRST NAME: \_\_\_\_\_ GO TO D9B

D9B What is your middle name?

MIDDLE NAME: \_\_\_\_\_ GO TO D9C

D9C What is your last name?

*ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.*

LAST NAME: \_\_\_\_\_ GO TO D9D\_X

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 SECT\_D\_TERM

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 IF C19 = WI, AR, DC OR C19A IS IN WI, AR, DC; OR IF C19 AND C19A = MISSING AND STATE = WI, AR, or DC THEN GO TO D7G\_X; ELSE GO TO DCG

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 research purposes only?

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

(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\_X 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 your full name – first, middle and last?

FIRST NAME: \_\_\_\_\_

D9B\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

MIDDLE NAME: \_\_\_\_\_

D9C\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

LAST NAME: \_\_\_\_\_

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: \_\_\_\_\_

D8B\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

MIDDLE NAME: \_\_\_\_\_

D8C\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]’s full name – first, middle, and last name?)

LAST NAME: \_\_\_\_\_

DCONFDOB\_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

DNEWDOB[M,D,Y]\_X

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

GO TO NEXT CHILD OR INS\_INTRO

**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 GO TO D9D1A
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
- GUARDIAN ..... 02 GO TO D9D1A
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)..... 03 GO TO D9D1A
- IN-LAW OF ANY TYPE ..... 04 GO TO D9D1A
- AUNT/UNCLE ..... 05 GO TO D9D1A
- GRANDPARENT ..... 06 GO TO D9D1A
- OTHER FAMILY MEMBER..... 07 GO TO D9D1A
- FRIEND ..... 08 GO TO D9D1A

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 CB1
- CONTINUE ..... 2 GO 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]?

- YES ..... 1 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\_X 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?

- YES ..... 1 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 INS\_3\_X
- NO ..... 2 GO TO INS\_3\_X
- DON'T KNOW ..... 77 GO TO INS\_3\_X
- REFUSED ..... 99 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 INS\_4\_X
- NO ..... 2 GO TO INS\_4\_X
- DON'T KNOW ..... 77 GO TO INS\_4\_X
- REFUSED ..... 99 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	GO TO INS_4_X
NO .....	2	GO TO INS_4_X
DON’T KNOW .....	77	GO TO INS_4_X
REFUSED .....	99	GO TO INS_4_X

INS\_4\_X At this time, is (CHILD) covered by the Indian Health Service?

YES .....	1	GO TO INS_5_X
NO .....	2	GO TO INS_5_X
DON’T KNOW .....	77	GO TO INS_5_X
REFUSED .....	99	GO TO INS_5_X

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	GO TO INS_6_X
NO .....	2	GO TO INS_6_X
DON’T KNOW .....	77	GO TO INS_6_X
REFUSED .....	99	GO TO INS_6_X

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 GO TO INS\_6A\_X  
 NO.....2 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X  
 DON'T KNOW .....77 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X  
 REFUSED .....99 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X

INS\_6A\_X Does this health insurance help pay for both doctor visits and hospital stays?

YES .....1 GO TO INS\_6B\_X  
 NO.....2 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X  
 DON'T KNOW .....77 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X  
 REFUSED .....99 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE 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 GO TO INS\_6C\_X  
 DON'T KNOW .....77 GO TO INS\_6C\_X  
 REFUSED .....99 GO TO INS\_6C\_X

INS\_6C\_X Is this health insurance purchased directly from an insurance company?

YES ..... 1 GO TO INS\_11\_X  
 NO ..... 2 GO TO INS\_6D\_X  
 DON'T KNOW ..... 77 GO TO INS\_6D\_X  
 REFUSED ..... 99 GO TO INS\_6D\_X

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\_1\_X  
 DON'T KNOW ..... 77 GO TO INS\_11\_X  
 REFUSED ..... 99 GO TO INS\_11\_X

INS\_6D\_1\_X Record verbatim response #1 \_\_\_\_\_  
 INS\_6D\_2\_X Record verbatim response #2 \_\_\_\_\_

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 GO TO INS\_7A\_X  
 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 INS\_7A\_X = 8 ONLY, SKIP TO INS-8  
 ELSE IF INS\_7A\_X = 1, 3, 5, OR 6, SKIP TO INS-11

THE ABOVE RULE TAKES PRIORITY OVER:

ELSE IF INS\_7A\_X = 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_X
NO .....	2	GO TO INS_8_X
DON'T KNOW .....	77	GO TO INS_11_X
REFUSED .....	99	GO TO INS_11_X

INS\_8\_X Since (CHILD)'s birth, has (CHILD) always been uninsured?

YES .....	1	GO TO INS_14_X
NO .....	2	GO TO INS_9_X
DON'T KNOW .....	77	GO TO INS_14_X
REFUSED .....	99	GO TO INS_14_X

INS\_9\_X How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

___ NUMBER.....		GO TO INS_9A_X
UNINSURED AT BIRTH .....	44	GO TO INS_10_X
DON'T KNOW .....	77	GO TO INS_10_X
REFUSED .....	99	GO TO INS_10_X

INS\_9A\_X ENTER PERIOD:

MONTH(S).....	1	GO TO INS_10_X
YEAR(S).....	2	GO TO INS_10_X

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 GO TO INS\_14\_X
- MEDICARE.....2 GO TO INS\_14\_X
- S-CHIP [FILL STATE PROGRAM NAME, IF APPLICABLE].....3 GO TO INS\_14\_X
- MEDIGAP .....4 GO TO INS\_14\_X
- MILITARY .....5 GO TO INS\_14\_X
- INDIAN HEALTH SERVICE.....6 GO TO INS\_14\_X
- PRIVATE HEALTH INSURANCE .....7 GO TO INS\_14\_X
- OTHER INSURANCE TYPE.....8 GO TO INS\_14\_X
- DON'T KNOW .....77 GO TO INS\_14\_X
- REFUSED.....99 GO TO INS\_14\_X

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 GO TO INS\_12\_X
- NO .....2 GO TO INS\_13\_X
- DON'T KNOW .....77 GO TO INS\_13\_X
- REFUSED .....99 GO TO INS\_13\_X

INS\_12\_X How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

- \_\_\_\_NUMBER..... GO TO INS\_12A\_X
- UNINSURED AT BIRTH .....44 GO TO INS\_13\_X
- DON'T KNOW .....77 GO TO INS\_13\_X
- REFUSED .....99 GO TO INS\_13\_X

INS\_12A\_X ENTER PERIOD:

- MONTH(S).....1 GO TO INS\_14\_X
- YEAR(S).....2 GO TO INS\_14\_X

[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, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."	
	YES .....	1 GO TO INS_13A_X
	NO .....	2 GO TO INS_13A_X
	DON'T KNOW .....	77 GO TO INS_13A_X
	REFUSED .....	99 GO TO INS_13A_X
INS_13A_X	Has [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3_5] ever been covered by the State Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].	
	YES .....	1 GO TO INS_14_X
	NO .....	2 GO TO INS_14_X
	DON'T KNOW .....	77 GO TO INS_14_X
	REFUSED .....	99 GO TO INS_14_X
INS_14_X	Did cost of vaccinations ever cause you to delay or not get a vaccination for (CHILD)?	
	YES .....	1 IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X
	NO .....	2 IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X
	DON'T KNOW .....	77 IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X
	REFUSED .....	99 IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X
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 HIM_STATUS_X
	SOME OF THE COST .....	2 GO TO INS_16_X
	NONE OF THE COST .....	3 GO TO INS_16_X
	DON'T KNOW .....	77 GO TO INS_16_X
	REFUSED .....	99 GO TO INS_16_X

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 HIM_STATUS_X
SOME OF THE COST .....	2	GO TO HIM_STATUS_X
NONE OF THE COST .....	3	GO TO HIM_STATUS_X
DON'T KNOW .....	77	GO TO HIM_STATUS_X
REFUSED .....	99	GO TO HIM_STATUS_X

HIM\_STATUS\_X

FLAG VARIABLE FOR EACH CHILD:

1. HIM\_STATUS\_X=0 IF ELIG\_X = 0 OR IF IT IS A VIRGIN CASE
2. HIM\_STATUS\_X=1 IF ELIG\_X = 1 AND INS\_INTRO HAS NOT BEEN DISPLAYED
3. HIM\_STATUS\_X=2  
IF INS\_INTRO HAS BEEN DISPLAYED  
AND  
[INS-14 IS NOT ANSWERED  
OR  
(IF INS-15-FLAG=1 AND INS-15 IS NOT ANSWERED)  
OR  
(IF {INS-15 ≠ 1} AND INS-16 IS NOT ANSWERED)]
4. HIM\_STATUS\_X=3 IF (INS-14 IS ANSWERED AND INS-15-FLAG=0) OR (IF INS-15=1)  
OR (IF INS-16 IS ANSWERED)

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.

**SECTION F**  
*PARENTAL CONCERNS MODULE*

**Section A: PARENT'S PERCEPTIONS**

PC\_INTRO\_A1 Now I'd like to ask about [CHILD NAME]'s vaccination providers.

PC\_HIM\_01 Does [CHILD NAME] have a doctor, nurse, or physician's assistant who provides (him/her) with ongoing routine care including well-child care, preventive care and sick care?

- (1) YES
- (2) NO (GO TO PC\_INTRO\_A)
- (77) DON'T KNOW (GO TO PC\_INTRO\_A)
- (99) REFUSED (GO TO PC\_INTRO\_A)

PC\_HIM\_02 Since [CHILD NAME] has been going to this provider for routine care, has [CHILD NAME] received all, some or none of (his/her) vaccinations from this provider?

- (1) ALL
- (2) SOME
- (3) NONE
- (77) DON'T KNOW
- (99) REFUSED

PC\_INTRO\_A Now I'd like to ask your opinion about vaccines for children.

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\_A12

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:

My child's health care provider encouraged me to vaccinate my child.

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\_A31

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 get autism

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.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A32

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:

Diseases like measles are serious and can hurt children.

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

PC\_A23

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:

My child's vaccines are too expensive for me.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A24

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:

My child's vaccination clinic was in an inconvenient location.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A25

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:

Some visits to my child's vaccination clinic(s) were scheduled on a day that was inconvenient for me.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A26

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, I worry less about his/her health.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A27

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:

At the visits to my child's doctor for vaccinations, I was given enough time with my child's doctor to discuss issues that concerned me about the vaccinations.

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

(77) DON'T KNOW  
(99) REFUSED

PC\_A28

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 was satisfied with the information I received about vaccines at the visits I made to my child's doctor for vaccinations.

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

(77) DON'T KNOW

(99) REFUSED

IF B1\_X=2 AND B8\_X=2 AND B9\_X=2 SKIP TO SECTION C.

**Section B: PARENT SATISFACTION**

PC\_B8When [CHILD NAME] was vaccinated were you concerned with...

PC\_B8A Emotional discomfort your child might experience during vaccination?

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

PC\_B8B Pain caused by the needle during the vaccine injection?

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

PC\_B8C Swelling at the injection site?

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

PC\_B8D Your child getting a fever after being vaccinated?

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

PC\_B8E The possibility of your child having a seizure?

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

PC\_B8F Long-term adverse side effects of the vaccine?

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

PC\_B8G The ingredients of the vaccine?

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

## Section C: INFLUENCES ON PARENTS' DECISION ABOUT VACCINES

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

Was your decision about vaccinating [CHILD NAME] influenced by...

PC\_C1 A doctor?

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

PC\_C2 A nurse?

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

PC\_C3 Another health care worker other than a doctor or nurse?

- (1) YES (GO TO PC\_C3\_A)
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

PC\_C3\_A And who was that?

\_\_\_\_\_

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?”

PC\_C4 A chiropractor?

- (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.

Was your decision about vaccinating [CHILD NAME] influenced by a naturopath?

- (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.

Was your decision about vaccinating [CHILD NAME] influenced by a homeopath?

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

PC\_C8 Was your decision about vaccinating [CHILD NAME] influenced by:

School or daycare vaccination requirements?

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

PC\_C10 Information from the internet?

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

PC\_C11 Information from other media like books, magazines, or information from a library?

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

PC\_C12 A friend?

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

PC\_C13      Anyone or anything else?

(1) YES (GO TO PC\_C13\_A)

(2) NO

(77) DON'T KNOW

(99) REFUSED

PC\_C13\_A      And who or what was that?

\_\_\_\_\_

## 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 (GO TO D2)
- (2) NO (GO TO D4)
- (77) DON'T KNOW (GO TO D4)
- (99) REFUSED (GO TO 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:)

Seasonal 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\_D2L (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:)

H1N1 flu vaccine (sometimes called swine flu vaccine)

- (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 (GO TO PC\_D2K\_A)
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

PC\_D2K: Any other

Other – specify:

\_\_\_\_\_

PC\_D4 Now, has there ever been a time when you delayed or putt off getting a vaccination for [CHILD NAME]?

- (1) YES (GO TO D5)
- (2) NO (TERMINATE)
- (77) DON'T KNOW (TERMINATE)
- (99) REFUSED (TERMINATE)

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:)

Seasonal 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\_D5L (READ IF NECESSARY: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:)

H1N1 flu vaccine (sometimes called swine flu vaccine)

- (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 (GO TO PC\_D5K\_A1)
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

PC\_D5K\_A1

Other – specify:

\_\_\_\_\_

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED