Confidential Information

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

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Response Definition</th>
</tr>
</thead>
</table>
| RDD_NCCELL_CCELL       | 1 = 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 $11                                                       |
| 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                                                   |
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. This call will be recorded or monitored.

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. This call will be recorded or monitored.

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. This call will be recorded or monitored.

ELSE IF P_REGIST=4 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 from all 19-35 month old children in the Washington State Immunization Information System (WAIIS) for this study. This call will be recorded or monitored.

ELSE IF P_REGIST = 2 or 3 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 from the [IF P_REGIST=2 DISPLAY: ‘Nevada’; IF P_REGIST=3 DISPLAY: ‘Oregon’] Immunization Program to be included in the study. This call will be recorded or monitored.

ELSE IF P_REGIST = 1 or 5 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 from the [IF P_REGIST=1 DISPLAY: ‘Minnesota’; IF P_REGIST=5 DISPLAY: ‘Wisconsin’] Public Health Department to be included in the study. This call will be recorded or monitored.
ELSE IF P_LAV = 1, 2, 3 or 4 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 from the [IF P_LAV=1 DISPLAY: 'Michigan'; IF P_LAV=2 DISPLAY: 'Minnesota'; IF P_LAV=3 DISPLAY: 'New York City'; IF P_LAV=4 DISPLAY: 'North Dakota'] Public Health Department to be included in the study. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING
....................................................................................... 0 GO TO S3_EVAL_R
CONTINUE WITH INTERVIEW and RECORDING . 1 IF RDD_NCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCELL_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_NCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1, ELSE IF RDD_NCELL_CCELL=2,3 DISPLAY (5) LANDLINE =>GO TO LANDLINE
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_1INBOUND TEXT MESSAGE18GO TO T1
S3_EVAL_R/S3_EVAL_R_INCENT

YES, RESPONDENT AGREES TO RECORDING/LISTENING.............................................. 1
NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING.................................... 2
IF RDD_NCELL_CCELL=1, GO TO S1; ELSE IF RDD_NCELL_CCELL=2,3 GO TO S_WARM
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_ATTN
NOT A CELL PHONE ........................................... 3 GO TO LANDLINE_EXIT AND SET RDD_NCCELL_CCELL = 1

S_ATTN

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 CB1\_N\_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
GUAM/CHAMORRO STANDARD TIME .............. 9 SET TZ TO 66 AND GO TO CB1
RETURN TO INTRO_1 .................................... 10 GO TO INTRO_1 ELSE GO TO N_INTRO1

RESPONDENT DOESN’T KNOW/KEEP CURRENT
TIME ZONE .................................................. 12 GO TO CB1
REFUSED TO CONTINUE/HUNG UP .................. 99 TERMINATE
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
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

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

THANK_YOU
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 1-877-267-8154 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 1-877-267-8154. 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. BUSINESS TERMINATE

BUSINESS ................................................................. 1 TERMINATE
SEE SKIP LOGIC ...................................................... 3 IF RDD_NCCELL_CCELL = 1 DISPLAY (3) HOUSEHOLD – SET TO CALL BACK ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (3) LANDLINE - SET RDD_NCCELL_CCELL = 1

COULD NOT DETERMINE ........................................... 4 TERMINATE, SET AS CALL BACK 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 ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN’T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE

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
SOMETHAT LIKELY ................................................. 2 GO TO LANDLINE_EXIT
SOMETHAT 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 P_S3EXP=1 AND P_S3LTR=1 THEN GO TO CP_S3_LTR. ELSE IF P_S3EXP=0 OR IF P_S3EXP=1 AND P_S3LTR=0 THEN: 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]
A letter from the Department of Health and Human Services describing the National Immunization Survey may have been sent to your home recently. Did your household receive this letter?

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

IF REVS3LTR=01 AND P_ADVLTR=1 GO TO S3_LTR2;
ELSE
IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB=1-9 THEN All go to S3_INTRO
ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.

S3_LTR2
Did someone in your home open that envelope?

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

S3_LTR2=1 AND P_ADVLTR=1 GO TO S3_LTR3;
ELSE
IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB=1-9 THEN All go to S3_INTRO
ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.
S3_LTR3 Did someone in your home read the letter inside the envelope?

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

IF S3_LTR3=1 AND P_ADVLTR=1 GO TO S3_LTR4;

ELSE
IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO

ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1
THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.
Do you recall anything that was written in that letter?

YES (NO VERBATIM) .................................................................1
YES (CONTINUE TO COLLECT VERBATIM COMMENT) ....2
NO ..........................................................................................3
DON'T KNOW ........................................................................77
REFUSED ...............................................................................99

IF S3_LTR4=2 AND P_ADVLTR=1 GO TO S3LTR4V;
ELSE
IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO
ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1
THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.

IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO
ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1
THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO

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. I'd like to continue now unless you have any questions.

CONTINUE ................................................................. 1 IF RDD_NCELL_CCELL = 2 GO TO S3_X AND SET RDD_NCELL_CCELL = 3
RESPONDENT ASKS FOR DESCRIPTION
OF LAW ................................................................. 2 GO TO S3_LAW
The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics and its collaborating agency and contractor, specifically the National Center for Immunization and Respiratory Diseases and 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_X

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 YEARKDK_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

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 YEARKDK_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

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 BITHD_BOX
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. This call will be recorded or monitored.
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, 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. 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    GO TO S6_INTRO
NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING.................................. 2    GO TO S6_INTRO
S6_INTRO  The remainder of the survey will take about 10 minutes.

ALL GO TO S6_X

S6_X  Do you have any shot records for [NAME OF FIRST CHILD]?

YES. ................................................................. 1  GO TO NEXT CHILD OR B1_X
DONT KNOW ....................................................... 77  GO TO B1_X
REFUSED ............................................................ 99  GO TO B1_X
**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 B
Flu Vaccination

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 B8_X
NO ................................................................................... 2 GO TO B8_X
DON'T KNOW ............................................................. 77 GO TO B8_X
REFUSED ..................................................................... 99 GO TO B8_X

B8_X

[IF B1_X = 2, 77, OR 99 DISPLAY: Some children who don't receive other immunizations still get vaccinated for the flu.] The next questions are about [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5]’s influenza vaccinations.

Since July 1, 2014 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 flu vaccinations has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2014?

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

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, 2014?

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

MONTH       YEAR
___   ___

ANSWER MUST BE AFTER 07/2014 AND NOT AFTER INTERVIEW DATE

GO TO B8D_TYPE
IF MM=77 or 99 AND YYYY < (CURRENT YEAR - 1), DISPLAY HARD CHECK "NOT WITHIN LAST YEAR...."

IF MM=77 or 99 AND YYYY > CURRENT YEAR DISPLAY HARD CHECK "DATE GIVEN CANNOT BE....AFTER DATE OF INTERVIEW"
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, 2014?

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

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANSWER MUST BE AFTER 07/2014 AND NOT AFTER INTERVIEW DATE

IF DATE NOT 77/7777 OR 99/9999 GO TO B9D_TYPE
ELSE GO TO BLOCATION

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

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

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
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?

1. DOCTOR’S OFFICE
2. HEALTH DEPARTMENT
3. CLINIC OR HEALTH CENTER
4. HOSPITAL
5. OTHER MEDICALLY-RELATED PLACE
6. PHARMACY OR DRUG STORE
7. WORKPLACE
8. ELEMENTARY/MIDDLE/HIGH SCHOOL
9. OTHER NONMEDICALLY-RELATED PLACE
10. DON’T KNOW
11. REFUSED

IF B8DM OR B9DM NOT 7777/9999 GO TO B10A_X

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, 2015? Would you say [FILL VAR: he/she]:

1. Will definitely get one
2. Will probably get one
3. Will probably not get one, or
4. Will definitely not get one
5. DON’T KNOW
6. REFUSED

GO TO B10A

Did [S.C.] receive any flu vaccinations during the last flu season? This would be from July 1, 2013 to end of June, 2014?

1. YES
2. NO
3. DON’T KNOW
4. REFUSED

IF DOB AFTER 12/1/2012, GO TO B6_G_X; ELSE GO TO B10B_X

Section B: Flu Vaccination
B10B_X Did [S.C.] receive any flu vaccinations during the three flu seasons before that? This would be from July 1, 2010 to end of June, 2013?

YES ............................................................................. 1 GO TO B11A_X
NO ............................................................................... 2 GO TO B6_G_X
DON’T KNOW ........................................................ 77 GO TO B6_G_X
REFUSED ............................................................... .99 GO TO B6_G_X

B11A_X How many flu vaccinations did [S.C.] receive from since July 1, 2010 to end of June, 2013?

ONE VACCINATION OR DOSE ......................... 1 GO TO B6_G_X
TWO OR MORE VACCINATIONS OR DOSES .... 2 GO TO B6_G_X
DON’T KNOW ........................................................ 77 GO TO B6_G_X
REFUSED ............................................................... 99 GO TO B6_G_X

B6_G_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_H_X
No ............................................................................ 2 GO TO CWIC_01
DON’T KNOW ........................................................ 77 GO TO CWIC_01
REFUSED ................................................................ 99 GO TO CWIC_01

B6_H_X How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5], in months, when [FILL VAR: he/she] had chicken pox?

AGE IN MONTHS ............................................ ____ GO TO CWIC_01
DON’T KNOW ........................................................ 77 GO TO B6_I_X
REFUSED ............................................................. 99 GO TO B6_I_X

B6_I_X Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]...

...one to six months old? ................................. 01 GO TO CWIC_01
...seven to twelve months old? .................... 02 GO TO CWIC_01
...13 to 18 months old? ............................... 03 GO TO CWIC_01
...19 to 24 months old? .................... 04 GO TO CWIC_01
...25 to 30 months old? .................... 05 GO TO CWIC_01
...31 to 38 months old? .................... 06 GO TO CWIC_01
DON’T KNOW ............................................. 77 GO TO CWIC_01
REFUSED ........................................................ 99 GO TO CWIC_01
SECTION C

Demographics

CWIC_01_X 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.

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_01_X
DON’T KNOW ......................................................................77 GO TO CBF_01_X
REFUSED ..........................................................................99 GO TO CBF_01_X

CWIC_02_X Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] currently receiving WIC benefits?

YES ................................................................................. 1  GO TO CBF_01_X
NO ................................................................................. 2 GO TO CBF_01_X
DON’T KNOW ......................................................................77 GO TO CBF_01_X
REFUSED ..........................................................................99 GO TO CBF_01_X

CBF_01_X Now I have a couple of questions on infant feeding.

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 C1
DON’T KNOW ......................................................................77 GO TO C1
REFUSED ..........................................................................99 GO TO C1

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
NEVER ...................................................... 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 C1
AT BIRTH ................................................... 000  GO TO C1
DON’T KNOW ............................................. 777  GO TO C1
REFUSED ................................................... 999  GO TO C1

CBF_U_X ENTER PERIOD:

DAYS ......................................................... 1  GO TO C1
WEEKS ...................................................... 2  GO TO C1
MONTHS .................................................... 3  GO TO C1
YEARS ....................................................... 4  GO TO C1
C1  Now I have some questions about your entire household.

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 NESSESSARY

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
WIDOWED .......................... 2  GO TO C8_06Q3_X
DIVORCED .................. 3  GO TO C8_06Q3_X
SEPARATED .................. 4  GO TO C8_06Q3_X
NEVER MARRIED  .......... 5  GO TO C8_06Q3_X
DECEASED .................. 6  GO TO C8_INTRO
DON’T KNOW .................. 77  GO TO C8_06Q3_X
REFUSED .................. 99  GO TO C8_06Q3_X

C8_INTRO  The next few questions ask for some background information about (eligible child)’s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they’re important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)
C8_06Q3_X IF C7_X= 6

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

IF C7_X ≠ 6

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

YES ................................................................. 1  GO TO C8_A_06Q3
NO ........................................................................... 2  GO TO C9_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
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 IF MORE THAN ONE RESPONSE GO TO C10_X., ELSE GO TO C10AM_X
NATIVE HAWAIIAN. .................................................. 6 GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X
PACIFIC ISLANDER .................................................... 7 IF MORE THAN ONE RESPONSE GO TO C10_X., ELSE GO TO C10AM_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.]

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 C11_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

C11C_X  Did (you/the [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]’s mother) live on Guam when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

YES ................................................................. 01 (SKIP TO C11D_X)

NO ................................................................. 02 (SKIP TO C11A_X)

DON’T KNOW .................................................. 77 (SKIP TO CFAMINC)

REFUSED ......................................................... 99 (SKIP TO CFAMINC)
C11CPR_X Did (you/the [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5]'s mother) live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] was born?

YES ................................................................. 01 (SKIP TO C11APR_X)
NO ................................................................. 02 (SKIP TO C11A_X)
DON’T KNOW .................................................. 77 (SKIP TO CFAMINC)
REFUSED ....................................................... 99 (SKIP TO CFAMINC)

C11APR_X In what city 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 C11APR_STATE_X

C11APR_STATE_X

ENTER STATE ______________________________

GO TO C11B_X

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 ______________________________

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

IF “FC” WAS SELECTED, GO TO C11A_VERBATIM_1; ELSE GO TO C11B_X

C11A_VERBATIM_1

READ IF NECESSARY: In what country was that?

ENTER COUNTRY ____________________________GO TO CFAMINC
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..............................................................999999 GO TO FAMINC

CFAMINC  Please think about your total combined family income during 2013 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 2013 more or less than $20,000?

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

$20,000...........................................................................2 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A

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

DON’T KNOW...........................................................77 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A

REFUSED.....................................................................99 IF IAP=095 GO TO C_ISLAND,
ELSE 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 2013 more or less than $20,000?

More than $20,000. ......................................................... 1 GO TO C16
2 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $20,000 ........................................................... 3 GO TO C13
DON’T KNOW ............................................................ 77 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLAND, ELSE 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 IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
Less than $10,000 ........................................................... 3 GO TO C14_A
DON’T KNOW ............................................................ 77 IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLANDELSE GO TO C19A

C14_A Was it more than $7,500?

YES ................................................................................ 1 IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
NO .................................................................................. 2 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON’T KNOW ............................................................ 77 IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLANDELSE 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 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
C15_A  Was it more than $17,500?

YES ..............................................................1 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
NO ...............................................................2 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
DON’T KNOW ...............................................77 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
REFUSED .......................................................99 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A

C15_B  Was it more than $12,500?

YES ..............................................................1 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
NO ...............................................................2 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
DON’T KNOW ...............................................77 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
REFUSED .......................................................99 IF IAP=095 GO TO C_ISLAND,
ELSE 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 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
Less than $40,000 .................................3 GO TO C17
DON’T KNOW ...............................................77 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
REFUSED .......................................................99 IF IAP=095 GO TO C_ISLAND,
ELSE 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 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
Less than $60,000 .................................3 GO TO C16_B
DON’T KNOW ...............................................77 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
REFUSED .......................................................99 IF IAP=095 GO TO C_ISLAND,
ELSE GO TO C19A
C16_B  Was the total combined FAMILY income more or less than $50,000?

More than $50,000. ......................................................... 1  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$50,000........................................................................... 2  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $50,000 ........................................................... 3  GO TO C16_C

DON’T KNOW ............................................................ 77  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED .................................................................... 99  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $45,000. ......................................................... 1  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$45,000........................................................................... 2  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $45,000 ........................................................... 3  GO TO C19A

DON’T KNOW ............................................................ 77  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED .................................................................... 99  IF IAP=095 GO TO C_ISLAND, ELSE 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  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $30,000 ........................................................... 3  GO TO C17_B

DON’T KNOW ............................................................ 77  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED .................................................................... 99  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $35,000. ......................................................... 1  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$35,000........................................................................... 2  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $35,000 ........................................................... 3  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

DON’T KNOW ............................................................ 77  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED .................................................................... 99  IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
C17_B Was the total combined FAMILY income more or less than $25,000?
More than $25,000. ........................................................ 1 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$25,000 ........................................................................... 2 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $25,000 ........................................................... 3 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON’T KNOW ............................................................ 77 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C18 Was the total combined FAMILY income more or less than $75,000?
More than $75,000. ........................................................ 1 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$75,000 ........................................................................... 2 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $75,000 ........................................................... 3 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON’T KNOW ............................................................ 77 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED .................................................................... 99 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

CINC Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, CFAMINC]? 
YES. ............................................................................... 1 IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
NO................................................................................... 2 GO TO CFAMINC
DON’T KNOW ............................................................. 77 GO TO CFAMINC
REFUSED ....................................................................... 99 GO TO CFAMINC

C_ISLAND On what island do you live?
SAINT CROIX……………………………………….01 GO TO C19C
SAINT THOMAS……………………………………02 GO TO C19C
SAINT JOHN………………………………………..03 GO TO C19C
WATER ISLAND……………………………………04 GO TO C19C
DON’T KNOW .............................................................77 GO TO C19C
REFUSED .......................................................................99 GO TO C19C
C19A  What is your zip code?
ENTER 77777 FOR DON’T KNOW AND 99999 FOR REFUSED

DON’T KNOW.......................................................77777 ELSE GO TO C19
REFUSED.............................................................99999 ELSE 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

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.

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

NORC 41 Section C: Demographics
C21_06Q3 How many [IF RDD_NCELL_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 GO TO C_CELLUSE
DON’T KNOW ............................................................77 GO TO C_CELLUSE
REFUSED ....................................................................99 GO TO C_CELLUSE

C_CELLUSE IF RDD_NCCELL_CCELL = 2 OR 3 SKIP TO C11Q78, ELSE 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, 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
SOMEWAT LIKELY................................................ 02 GO TO C11Q78
SOMEWAT 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
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 IF IAP = 095;

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

ELSE;

How many locations have provided vaccinations for your child named [NAME OF (FIRST) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]?

ENTER 77 FOR DON’T KNOW AND 99 REFUSED

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 THEIR 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 1ST REFUSAL
DON'T KNOW ............................................................. 77 GO TO SECT_D_TERM OR
REFUSED ..................................................................... 99 IF (LAST CHILD) AND 1ST REFUSAL

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
YES, CONTINUE ON LAST NAME FIRST ..........2 GO TO PLU, PROVIDER LIST
NO, CAN'T FIND, CONTINUE .........................3 GO TO PLU
REFUSED...............................................................99 GO TO SECT_D_TERM; INS_INTRO (ON CALLBACK)

(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**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Path</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6&gt;1</td>
<td>D8</td>
</tr>
<tr>
<td>D6=0 (NO VACCINATION PROVIDERS), D6AA&gt;1</td>
<td>D8M</td>
</tr>
</tbody>
</table>
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 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.)
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

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

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

MIDDLE NAME: ___________________ GO TO 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
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)

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

What is your middle name?

MIDDLE NAME: ________________________ GO TO 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

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

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

Capture Interviewer ID upon entering question D7
D7_X Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies (FILL VAR: NAME OF FIRST/SECOND/...NINTH CHILD, FROM S3.5), and request that information relevant to (his/her) immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?

FAQs

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

YES ................................................................................. 1  GO TO D7G_X
NO (ONLY CHOOSE THIS WHEN YOU HAVE MADE ALL APPROPRIATE AVERSION ATTEMPTS)................................................................................. 2  GO TO SECT_D_TERM
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 DCG1_X
NO ................................................................................... 2 GO TO DCG1_X
DON'T KNOW ............................................................. 77 GO TO DCG1_X
REFUSED ..................................................................... 99 GO TO DCG1_X

(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
DCG1_X 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]

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
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, 1-877-267-8154. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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

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

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. This call will be recorded or monitored.

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

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

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

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

GO TO INS_2_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

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
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

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

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
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

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

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
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 [FILL STATE PROGRAM NAME], IF APPLICABLE] ........................................................... 4 GO TO INS_14_X
MILITARY ..................................................................... 5 GO TO INS_14_X
INDIAN HEALTH SERVICE [FILL STATE PROGRAM NAME], IF APPLICABLE] ........................................................... 3 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

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

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

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_14_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) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16
NO ................................................................................. 2 IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16
DON’T KNOW ........................................................... 77 IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16
REFUSED ................................................................... 99 IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, OR 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

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, 1-877-267-8154. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.