

IMMUNIZATION

Check item CIDCCI2: Only non-deleted children 0-4 years old other than the sample child in each family for this section. Sample child and children age 5+, go to next section — Immunization.

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

FR: SHOW FLASHCARD C1.

>ICRELTIV<	(01) Parent (Biological, adoptive, or step)	(06) Legal guardian
	(02) Grandparent	(07) Foster parent
	(03) Aunt/Uncle	(08) Other non-relative
	(04) Brother/Sister	(97) Refused
	(05) Other relative	(99) Don't know

Check item IC_CCI1: If IMESPNO is the household respondent, go to check item IAGECHK; Else go to CID.060

CID.060 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD.**

(1) Yes (2) No

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

Check item CIDCCI2A: If ICVERF_S equals 2 then go to CID.062; If ICVERF_A equals 2 then go to CID.064; If ICVERF_D equals 2 then go to CID.068; If no changes or when changes complete go to IAGECHK.

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

FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.

>INEWSEX< (1) Male (2) Female

(Go to CIDCCI2A)

[Update revised INEWSEX in SEX]

CID.064 How old is {child name}?

>INEWAGE< (00-04) 0-4 years old
(97) Refused
(99) Don't know

(Go to CIDCCI2A)

[Update revised INEWAGE in AGE]

CID.068 What is { child name }'s birthday?

>**INEWDOB1**< MONTH:

(01) January	(05) May	(09) September	(97) Refused
(02) February	(06) June	(10) October	(99) Don't Know
(03) March	(07) July	(11) November	
(04) April	(08) August	(12) December	

>**INEWDOB2**< DAY:

(01-31) 1-31
(97) Refused
(99) Don't Know

>**INEWDOB3**< YEAR:

(1994-2000) 1994-2000
(9997) Refused
(9999) Don't Know

[Update revised birth dates in DOB_M, DOB_D, DOB_Y_P]

Check item IAGECHK: Verify that the age and birth date are consistent, if not go to CID.060. CAPI calculates children 0-4 years old age in months and stores data in ICAGEM. If child's age is 3 or 4 and birth date is unknown, go to CID.080.

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

>**IC3BD**< (1) Yes (IC3BD1) (7) Refused (IC3BD1)
 (2) No (CIM.060) (4) Don't know (IC3BD1)

Check item IC3BD1: If IC3BD = '1', ICAGEM = '88'
 If IC3BD = '7', ICAGEM = '97'
 If IC3BD = '9', ICAGEM = '99'

(Go to next section-Immunization)

Section II -- CHILD IMMUNIZATION

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

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

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

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

[Else continue to read:]

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

>SHOTRC< (1) Yes (CIMCCI2) (7) Refused (CIM.020)
(2) No (CIM.020) (9) Don't know (CIM.020)

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

>SHOTRC2< (1) Yes (CIMCCI2) (7) Refused
(2) No (9) Don't know

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

>SHOTFT< (1) Yes (CIM.750) (7) Refused (CIM.290)
(2) No (CIM.290) (9) Don't know (CIM.290)

Check item CIMCCI2: If age GE 7 go to CIM.060.

CIM.030 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>DTP< (00) None (CIM.040) (97) Refused (CIM.040)
(01-08) 1-8 shots (99) Don't know (CIM.040)

CIM.035 **FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:**

	First shot date		Fifth shot date
>DTPDT_M1<	_____ (Month)	>DTPDT_M5<	_____ (Month)
>DTPDT_D1<	_____ (Day)	>DTPDT_D5<	_____ (Day)
>DTPDT_Y1<	_____ (Year)	>DTPDT_Y5<	_____ (Year)
	Second shot date		Sixth shot date
>DTPDT_M2<	_____ (Month)	>DTPDT_M6<	_____ (Month)
>DTPDT_D2<	_____ (Day)	>DTPDT_D6<	_____ (Day)
>DTPDT_Y2<	_____ (Year)	>DTPDT_Y6<	_____ (Year)
	Third shot date		Seventh shot date
>DTPDT_M3<	_____ (Month)	>DTPDT_M7<	_____ (Month)
>DTPDT_D3<	_____ (Day)	>DTPDT_D7<	_____ (Day)
>DTPDT_Y3<	_____ (Year)	>DTPDT_Y7<	_____ (Year)
	Fourth shot date		Eighth shot date
>DTPDT_M4<	_____ (Month)	>DTPDT_M8<	_____ (Month)
>DTPDT_D4<	_____ (Day)	>DTPDT_D8<	_____ (Day)
>DTPDT_Y4<	_____ (Year)	>DTPDT_Y8<	_____ (Year)

CIM.040 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>POLIO<	(00) None (CIM.050)	(97) Refused (CIM.050)
	(01-08) 1-8 shots or doses	(99) Don’t Know (CIM.050)

CIM.045 **FR: ENTER THE DATE FOR EACH SHOT OR DOSE; PRESS ‘N’ FOR NO MORE:**

	First shot or dose date		Fifth shot or dose date
>POLDT_M1<	_____ (Month)	>POLDT_M5<	_____ (Month)
>POLDT_D1<	_____ (Day)	>POLDT_D5<	_____ (Day)
>POLDT_Y1<	_____ (Year)	>POLDT_Y5<	_____ (Year)
	Second shot or dose date		Sixth shot or dose date
>POLDT_M2<	_____ (Month)	>POLDT_M6<	_____ (Month)
>POLDT_D2<	_____ (Day)	>POLDT_D6<	_____ (Day)
>POLDT_Y2<	_____ (Year)	>POLDT_Y6<	_____ (Year)
	Third shot or dose date		Seventh shot or dose date
>POLDT_M3<	_____ (Month)	>POLDT_M7<	_____ (Month)
>POLDT_D3<	_____ (Day)	>POLDT_D7<	_____ (Day)
>POLDT_Y3<	_____ (Year)	>POLDT_Y7<	_____ (Year)
	Fourth shot or dose date		Eighth shot or dose date
>POLDT_M4<	_____ (Month)	>POLDT_M8<	_____ (Month)
>POLDT_D4<	_____ (Day)	>POLDT_D8<	_____ (Day)
>POLDT_Y4<	_____ (Year)	>POLDT_Y8<	_____ (Year)

CIM.050 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>HIB< (00) None (CIM.057) (97) Refused (CIM.057)
(01-08) 1-8 shots (99) Don't Know (CIM.057)

CIM.055 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

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

CIM.057 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

Looking at the shot record, please tell me how many times {Child's name} has received a rotavirus vaccine by mouth?

FR: READ IF NECESSARY: This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

>ROT< (00) None (CIM.060) (97) Refused (CIM.060)
(01-08) 1-8 doses (99) Don't Know (CIM.060)

CIM.059 **FR: ENTER THE DATE FOR EACH DOSE; PRESS 'N' FOR NO MORE:**

	First dose date		Fifth dose date
>ROTDI_M1<	_____ (Month)	>ROTDI_M5<	_____ (Month)
>ROTDI_D1<	_____ (Day)	>ROTDI_D5<	_____ (Day)
>ROTDI_Y1<	_____ (Year)	>ROTDI_Y5<	_____ (Year)
	Second dose date		Sixth dose date
>ROTDI_M2<	_____ (Month)	>ROTDI_M6<	_____ (Month)
>ROTDI_D2<	_____ (Day)	>ROTDI_D6<	_____ (Day)
>ROTDI_Y2<	_____ (Year)	>ROTDI_Y6<	_____ (Year)
	Third dose date		Seventh dose date
>ROTDI_M3<	_____ (Month)	>ROTDI_M7<	_____ (Month)
>ROTDI_D3<	_____ (Day)	>ROTDI_D7<	_____ (Day)
>ROTDI_Y3<	_____ (Year)	>ROTDI_Y7<	_____ (Year)
	Fourth dose date		Eighth dose date
>ROTDI_M4<	_____ (Month)	>ROTDI_M8<	_____ (Month)
>ROTDI_D4<	_____ (Day)	>ROTDI_D8<	_____ (Day)
>ROTDI_Y4<	_____ (Year)	>ROTDI_Y8<	_____ (Year)

CIM.060 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>MMR<	(0) None (CIM.070)	(7) Refused (CIM.070)
	(1-4) 1-4 shots	(9) Don't know (CIM.070)

CIM.065 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

	Was the First shot:		Was the Third shot:
>MMRDT_T1<	(1) Measles ONLY or (2) MMR (7) Refused (9) Don't know	>MMRDT_T3<	(1) Measles ONLY or (2) MMR (7) Refused (9) Don't know
	First shot date		Third shot date
>MMRDT_M1<	_____ (Month)	>MMRDT_M3<	_____ (Month)
>MMRDT_D1<	_____ (Day)	>MMRDT_D3<	_____ (Day)
>MMRDT_Y1<	_____ (Year)	>MMRDT_Y3<	_____ (Year)
	Was the Second shot:		Was the Fourth shot:
>MMRDT_T2<	(1) Measles ONLY or (2) MMR (7) Refused (9) Don't know	>MMRDT_T4<	(1) Measles ONLY or (2) MMR (7) Refused (9) Don't know
	Second shot date		Fourth shot date
>MMRDT_M2<	_____ (Month)	>MMRDT_M4<	_____ (Month)
>MMRDT_D2<	_____ (Day)	>MMRDT_D4<	_____ (Day)
>MMRDT_Y2<	_____ (Year)	>MMRDT_Y4<	_____ (Year)

CIM.070 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>HEP< (00) None (CIM.080) (97) Refused (CIM.080)
(01-08) 1-8 shots (99) Don't know (CIM.080)

CIM.075 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

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

CIM.080 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>VAR< (0) None (CIM.087) (7) Refused (CIM.100)
(1-4) 1-4 shots (9) Don't know (CIM.100)

CIM.085 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

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

CIM.087

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, Prevnar®, V, Pnuimune®, or Pneumovax®)

- (0) None (CIMCCI3)
- (1-4) 1-4 shots
- (7) Refused (CIMCCI3)
- (9) Don't know (CIMCCI3)

CIM.089

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

	First shot date		Third shot date
>PNEDT_M1<	_____ (Month)	>PNEDT_M3<	_____ (Month)
>PNEDT_D1<	_____ (Day)	>PNEDT_D3<	_____ (Day)
>PNEDT_Y1<	_____ (Year)	>PNEDT_Y3<	_____ (Year)
	Second shot date		Fourth shot date
>PNEDT_M2<	_____ (Month)	>PNEDT_M4<	_____ (Month)
>PNEDT_D2<	_____ (Day)	>PNEDT_D4<	_____ (Day)
>PNEDT_Y2<	_____ (Year)	>PNEDT_Y4<	_____ (Year)

Check item CIMCCI3: If age LE 6, go to CIM.100.

CIM.090

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

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

- (0) None (CIM.100)
- (1-4) 1-4 shots
- (7) Refused (CIM.100)
- (9) Don't know (CIM.100)

CIM.095

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

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

CIM.100

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

- >OTHRNT< (1) Yes
- (2) No (CIM.140)
- (7) Refused (CIM.140)
- (9) Don't know (CIM.140)

CIM.110 What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?

- >OTHEV_1< (1) Influenza vaccine
- >OTHEV_3< (3) Hepatitis A vaccine

[If age LE 6]

- >OTHEV_4< (4) Tetramune
- >OTHEV_5< (5) ACTHib

[Else continue to read:]

- >OTHEV_6< (6) Other
- (7) Refused
- (9) Don't Know

Check item CIMCCI4: (LOOP UNTIL ALL SELECTIONS HAVE BEEN EXHAUSTED)
If CIM.110 equals 1 go to CIM.121, else; If CIM.110 equals 3 go to CIM.125, else;
If CIM.110 equals 4 go to CIM.127, else; If CIM.110 equals 5 go to CIM.129, else;
If CIM.110 equals 6 go to CIM.120, else; go to CIM.140

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

>OTHEVO< _____

(Go to CIM.131)

CIM.121 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

- >OTH1< (1-6) 1-6 times
- (7) Refused (CIMCCI4)
- (9) Don't know (CIMCCI4)

CIM.122 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

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

(Go to CIMCCI4)

CIM.125 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis A vaccine shot?

- >OTH3< (1-6) 1-6 times
- (7) Refused (CIMCCI4)
- (9) Don't know (CIMCCI4)

CIM.126 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

First shot date	Fourth shot date
>OTH3D_M1< _____ (Month)	>OTH3D_M4< _____ (Month)
>OTH3D_D1< _____ (Day)	>OTH3D_D4< _____ (Day)
>OTH3D_Y1< _____ (Year)	>OTH3D_Y4< _____ (Year)
Second shot date	Fifth shot date
>OTH3D_M2< _____ (Month)	>OTH3D_M5< _____ (Month)
>OTH3D_D2< _____ (Day)	>OTH3D_D5< _____ (Day)
>OTH3D_Y2< _____ (Year)	>OTH3D_Y5< _____ (Year)
Third shot date	Sixth shot date
>OTH3D_M3< _____ (Month)	>OTH3D_M6< _____ (Month)
>OTH3D_D3< _____ (Day)	>OTH3D_D6< _____ (Day)
>OTH3D_Y3< _____ (Year)	>OTH3D_Y6< _____ (Year)

(Go to CIMCCI4)

CIM.127 **FR: TRANSCRIBE FORM SHOT RECORD OR ASK:**

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

- >OTH4< (1-6) 1-6 times
- (7) Refused (CIMCCI4)
- (9) Don't know (CIMCCI4)

CIM.128 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

First shot date	Fourth shot date
>OTH4D_M1< _____ (Month)	>OTH4D_M4< _____ (Month)
>OTH4D_D1< _____ (Day)	>OTH4D_D4< _____ (Day)
>OTH4D_Y1< _____ (Year)	>OTH4D_Y4< _____ (Year)
Second shot date	Fifth shot date
>OTH4D_M2< _____ (Month)	>OTH4D_M5< _____ (Month)
>OTH4D_D2< _____ (Day)	>OTH4D_D5< _____ (Day)
>OTH4D_Y2< _____ (Year)	>OTH4D_Y5< _____ (Year)
Third shot date	Sixth shot date
>OTH4D_M3< _____ (Month)	>OTH4D_M6< _____ (Month)
>OTH4D_D3< _____ (Day)	>OTH4D_D6< _____ (Day)
>OTH4D_Y3< _____ (Year)	>OTH4D_Y6< _____ (Year)

(Go to CIMCCI4)

CIM.129 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>OTH5< (1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don't know (CIMCCI4)

CIM.130 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

First shot date	Fourth shot date
>OTH5D_M1< _____ (Month)	>OTH5D_M4< _____ (Month)
>OTH5D_D1< _____ (Day)	>OTH5D_D4< _____ (Day)
>OTH5D_Y1< _____ (Year)	>OTH5D_Y4< _____ (Year)
Second shot date	Fifth shot date
>OTH5D_M2< _____ (Month)	>OTH5D_M5< _____ (Month)
>OTH5D_D2< _____ (Day)	>OTH5D_D5< _____ (Day)
>OTH5D_Y2< _____ (Year)	>OTH5D_Y5< _____ (Year)
Third shot date	Sixth shot date
>OTH5D_M3< _____ (Month)	>OTH5D_M6< _____ (Month)
>OTH5D_D3< _____ (Day)	>OTH5D_D6< _____ (Day)
>OTH5D_Y3< _____ (Year)	>OTH5D_Y6< _____ (Year)

(Go to CIMCCI4)

CIM.131 **FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

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

>OTH6< (1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don't know (CIMCCI4)

CIM.132 **FR: ENTER THE DATE FOR EACH SHOT; PRESS 'N' FOR NO MORE:**

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

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

>SHOTA1< (1) Yes (CIM.440) (7) Refused
(2) No (9) Don't know

Check item CIMCCI5: If age GE 7 go to CIM.210.

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

>DTPMOR< (1) Yes (7) Refused (CIM.170)
(2) No (CIM.170) (9) Don't know (CIM.170)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>DTPMNO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

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

>POLMOR< (1) Yes (7) Refused (CIM.190)
(2) No (CIM.190) (9) Don't know (CIM.190)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>POLMNO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

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

>HIBMOR< (1) Yes (7) Refused (CIM.205)
(2) No (CIM.205) (9) Don't know (CIM.205)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>HIBMNO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

CIM.205 Has {Child's name} ever received an additional rotavirus vaccine by mouth? This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

>ROTMOR< (1) Yes (7) Refused (CIM.210)
(2) No (CIM.210) (9) Don't Know (CIM.210)

CIM.207 How many additional rotavirus vaccines has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

>ROTMNO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't Know

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

>MMRMOR< (1) Yes (7) Refused (CIM.230)
(2) No (CIM.230) (9) Don't know (CIM.230)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>MMRMNO< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

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

>HEPMOR< (1) Yes (7) Refused (CIM.250)
(2) No (CIM.250) (9) Don't know (CIM.250)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>HEPMNO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

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

>VARMOR< (1) Yes (7) Refused (CIM.260)
(2) No (CIM.260) (9) Don't know (CIM.260)

CIM.255 How many additional shots for chickenpox has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED

>VARMNO< (01-04) 1-4 shots (98) Refused
(96) All (99) Don't know

CIM.260 Has {Child's name} ever received an additional shot for pneumonia?

>PNEMOR< (1) Yes (7) Refused (CIMCCI6)
(2) No (CIMCCI6) (9) Don't know (CIMCCI6)

CIM.265 How many additional pneumococcal vaccines has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

>PNEMNO< (01-04) 1-4 shots (97) Refused
(96) All (99) Don't know

Check item CIMCCI6: If age LE 6, go to CIM.440.

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

>TDBMOR< (1) Yes (7) Refused (CIM.440)
(2) No (CIM.440) (9) Don't know (CIM.440)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>TDBMNO< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

(Go to CIM.440)

CIM.290 **FR: ASK SHOT HISTORY**

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

>SHOTAY< (1) Yes (7) Refused (CIMCCI11)
(2) No (CIMCCI11) (9) Don't know (CIMCCI11)

Check item CIMCCI7: If age GE 7 go to CIM.360.

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

>DTPEV< (1) Yes (7) Refused (CIM.320)
(2) No (CIM.320) (9) Don't know (CIM.320)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>DTPENO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

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

>POLEV< (1) Yes (7) Refused (CIM.340)
(2) No (CIM.340) (9) Don't know (CIM.340)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>POLENO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

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

>HIBEV< (1) Yes (7) Refused (CIM.355)
(2) No (CIM.355) (9) Don't know (CIM.355)

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

FR: TYPE 96 IF "ALL" IS REPORTED.

>HIBENO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

CIM.355 Has {Child's name} ever received a rotavirus vaccine by mouth?

FR: READ IF NECESSARY:

This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

>ROTEV< (1) Yes (7) Refused (CIM.360)
(2) No (CIM.360) (9) Don't Know (CIM.360)

CIM.357 How many rotavirus vaccines did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

>ROTENO< (01-08) 1-8 shots (97) Refused
(96) All (99) Don't Know

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

>MMREV< (1) Yes (7) Refused (CIM.380)
(2) No (CIM.380) (9) Don't know (CIM.380)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>MMRENO< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

CIM.380 Has {Child's name} ever received a Hepatitis B shot?
>HEPEV< (1) Yes (7) Refused (CIM.400)
(2) No (CIM.400) (9) Don't know (CIM.400)

CIM.390 How many Hepatitis B shots did {Child's name} ever receive?
FR: ENTER 96 IF "ALL" IS REPORTED.

>HEPEN0< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don't know

CIM.400 Has {Child's name} ever received a shot for chickenpox?
>VAREV< (1) Yes (7) Refused (CIM.415)
(2) No (CIM.415) (9) Don't know (CIM.415)

CIM.410 How many shots for chickenpox did {Child's name} ever receive?
FR: ENTER 96 IF "ALL" IS REPORTED.

>VARENO< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

CIM.415 Has {Child's name} ever received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, Prevnar®, PPV, Pnuimune®, or Pneumovax®).

>PNEEV< (1) Yes (7) Refused (CIMCCI8)
(2) No (CIMCCI8) (9) Don't know (CIMCCI8)

CIM.417 How many pneumococcal vaccines did {Child's name} ever receive?
FR: ENTER 96 IF "ALL" IS REPORTED.

>PNEENO< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

Check item CIMCCI8: If age LE 6, go to SHOTPR.

CIM.420 Has {Child's name} ever received a tetanus-diphtheria (Td) or tetanus booster shot?
>TDBEV< (1) Yes (7) Refused (CIM.440)
(2) No (CIM.440) (9) Don't know (CIM.440)

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

FR: ENTER 96 IF "ALL" IS REPORTED.

>**TDBENO**< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don't know

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

>**SHOTPR**< (1) Yes (7) Refused
(2) No (9) Don't know

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

>**SHOTA2**< (1) Yes (7) Refused
(2) No (9) Don't know

Check item CIMCCI9: If age NE 12-35 months, go to CIMCCI11.

Check item CIMCCI10: If all items CIM.030, CIM.040, CIM.050, CIM.057, CIM.060, CIM.070, CIM.080, CIM.087, CIM.090, CIM.121, CIM.125, CIM.127, CIM.129, CIM.131 LE 0, AND all items CIM.300, CIM.320, CIM.340, CIM.355, CIM.360, CIM.380, CIM.400, CIM.415, CIM.420 NE 1, go to CIMCCI11.

CIM.460 To get a complete picture of the vaccinations received by {Child's name}, we would like to contact doctors or health clinics to obtain a copy of {his/her} vaccination records. This study is voluntary and authorized by the U.S. Public Health Service Act. It's all right to skip any questions you don't want to answer. The information you give will be kept in strict confidence and will be summarized for research purposes only.

>**PROVID**< NAME: {S.C.'s name}
DATE OF BIRTH: {fill month/day/year}

CIM.470 What is the name, address, and telephone number, including area code, of the place where {Child's name} received {his/her} most recent immunization?

>**PQNA1_N**< Name:
>**PQNA1_A1**< Address:
>**PQNA1_A2**< Address:
>**PQNA1_PO**< City:
>**PQNA1_ST**< State:
>**PQNA1_Z1**< Zip code (5 numbers):
>**PQNA1_Z2**< Zip code (4 number):
>**PQNA1_PH**< Phone number:
>**PQNA1_EX**< Phone extension:

Check item PQNA1: If PQNA1@N or PQNA1@AD1 or PQNA1@PO or PQNA1@ST eq <D> or <R> goto CIM.472; else goto CIM.474.

CIM.472 **FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;**

{List **NAME**, or **ADDRESS**, or **CITY**, or **STATE**, if any of the items are missing}

CAN YOU OBTAIN THE MISSING INFORMATION?

>PQNR1< (1) Yes (CIM.470) (7) Refused
(2) No (9) Don't know

Check item PQNR1: If PQNA1@N and PQNA1@AD1 and PQNA1@AD2 and PQNA1@PO and PQNA1@ST and PQNA1@ZP5 and PQNA1@PHN eq <R>, then goto CIM.700; else goto CIM.474.

.CIM.474 What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

>PQPL1< (1) Doctor's office (CIM.478) (4) Other place (CIM.476)
(2) Public health Clinic (CIM.478) (7) Refused (CIM.478)
(3) Hospital outpatient clinic (CIM.478) (9) Don't know (CIM.478)

CIM.476 **FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.**

Other places (3 max)

>PWPO1_1< _____
>PWPO1_2< _____
>PWPO1_3< _____

CIM.478 Are there any other places where {Child's name} received immunization since birth?

>PQTOP< (1) Yes (7) Refused (CIM.700)
(2) No (CIM.700) (9) Don't know (CIM.700)

CIM.480 How many OTHER places are there?

FR: IF THE RESPONDENT ANSWERS MORE THAN 6, ENTER "6"

>PQTOPN< (1-6) 1-6 other places
(7) Refused (CIM.700)
(9) Don't know (CIM.700)

CIM.490 What is the name, address, and telephone number, including area code, of {one of the other places/the other place} where {Child's name} received immunization?

- >PQNA2_N< Name:
- >PQNA2_A1< Address:
- >PQNA2_A2< Address:
- >PQNA2_PO< City:
- >PQNA2_ST< State:
- >PQNA2_Z1< Zip code (5 numbers):
- >PQNA2_Z2< Zip code (4 numbers):
- >PQNA2_PH< Phone number:
- >PQNA2_EX< Phone extension:

Check item PQNA2: If PQNA2@N or PQNA2@AD1 or PQNA2@PO or PQNA2@ST eq <D> or <R> goto CIM.500; else goto CIM.510.

CIM.500 **FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;**

{List **NAME**, or **ADDRESS**, or **CITY**, or **STATE**, if any of the items are missing}

CAN YOU OBTAIN THE MISSING INFORMATION?

- >PQNR1< (1) Yes (CIM.490) (7) Refused
(2) No (9) Don't know

Check item PQNR2: If PQNA2@N and PQNA2@AD1 and PQNA2@AD2 and PQNA2@PO and PQNA2@ST and PQNA2@ZP5 and PQNA2@PHN eq <R>, then goto CIM.700; else goto CIM.510.

CIM.510 What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

- >PQPL1< (1) Doctor's Office (4) Other Place (CIM.520)
(2) Public Health Clinic (7) Refused
(3) Hospital Outpatient Clinic (9) Don't know

Check item: If CIM.480 GE 2, go to CIM.530; else go to CIM.700.

CIM.520 **FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.**

Other places (3 max)

- >PWPO2_1< _____
- >PWPO2_2< _____
- >PWPO2_3< _____

CIM.530 What is the name, address, and telephone number, including area code, of {one of the other places/another place} where {Child's name} received immunization?

- >PQNA3_N< Name:
- >PQNA3_A1< Address:
- >PQNA3_A2< Address:
- >PQNA3_PO< City:
- >PQNA3_ST< State:
- >PQNA3_Z1< Zip code (5 numbers):
- >PQNA3_Z2< Zip code (4 numbers):
- >PQNA3_PH< Phone number:
- >PQNA3_EX< Phone extension:

Check item PQNA3: If PQNA3@N or PQNA3@AD1 or PQNA3@PO or PQNA3@ST eq <D> or <R> goto CIM.550; else goto CIM.560.

CIM.550 **FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;**

{List NAME, or ADDRESS, or CITY, or STATE, if any of the items are missing}

CAN YOU OBTAIN THE MISSING INFORMATION?

- >PQNR3< (1) Yes (CIM.530) (7) Refused
- (2) No (9) Don't know

Check item PQNR3: If PQNA3@N and PQNA3@AD1 and PQNA3@AD2 and PQNA3@PO and PQNA3@ST and PQNA3@ZP5 and PQNA3@PHN eq <R> then goto CIM.700; else goto CIM.560.

CIM.560 What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

- >PQPL1< (1) Doctor's office (CIM.700) (4) Other place (CIM.580)
- (2) Public Health Clinic (CIM.700) (7) Refused (CIM.700)
- (3) Hospital outpatient clinic (CIM.700) (9) Don't know (CIM.700)

CIM.580 **FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.**

Other places (3 max)

- >PWPO3_1< _____
- >PWPO3_2< _____
- >PWPO3_3< _____

CIM.700 ENTER ANY OTHER NOTES ABOUT THE IMMUNIZATION PROVIDER INFORMATION.
ENTER (N) FOR NO MORE NOTES NEEDED OR WHEN FINISHED ENTERING NOTES.

Notes

>PQN_NOT1< _____
>PQN_NOT2< _____
>PQN_NOT3< _____
>PQN_NOT4< _____
>PQN_NOT5< _____
>PQN_NOT6< _____

CIM.710 **FR: (IF IN PERSON), HAD THE HIS-2A (PT) TO THE RESPONDENT FOR COMPLETION OF THE PERMISSION TIME ON THE FORM ON THE LEFT SIDE.**

****IMPORTANT! GET SIGNATURE NOW!****

(IF OVER THE TELEPHONE), READ THE STATEMENT IN THE TELEPHONE PERMISSION ITEM ON THE FORM TO THE RESPONDENT REQUESTING PERMISSION. IF RESPONDENT AGREES, SIGN AND DATE THE FORM ON THE RIGHT SIDE.

****IMPORTANT! FR MUST SIGN FORM!****

NAME: {fill child's name} DATE OF BIRTH: {fill birthdate}

>PERMIS< **RECORD STATUS OF PERMISSION ITEM.**

- (0) Respondent not parent/legal guardian-not signed (CIM.750)
- (1) Signed (CIM.730)
- (2) Not signed-recontact by personal visit or telephone (CIM.750)
- (3) Not signed-no callback possible-specify
- (4) Signed-provider information incomplete-callback (CIM.730)
- (7) Refused {blind} (CIM.730)

CIM.720 **FR: SPECIFY THE REASON THE PERMISSION ITEM IS NOT SIGNED.**

>PERMNT< _____ (Allow 80) Reason

CIM.730 **FR: ENTER BARCODE IDENTIFICATION NUMBER PRINTED ON PERMISSION FORM HIS-2A (PT).**

>BARCODE< _____ (allow 8) ID number

(Go to CIMCCI1)

CIM.750 What day and time would be best to get the shot record?

**FR: TODAY IS : {fill today's date}.
ENTER CALLBACK DATE AND TIME, OR ENTER (A) FOR
ANYDAY/ANYTIME, OR ENTER (N) IF NO CALLBACK BEFORE CLOSEOUT
IS POSSIBLE.**

>CALLMOR2< _____ (Allow 25) Date and Time

Check item: If ICSTAT ne <1> and CIM.750 eq <N>, then goto CIM.760; else goto CIM.770. If CIM.750 eq <N> and PERMIS eq <0> or PERMIS eq <2>, then goto CIM.755; else goto CIM.760. Otherwise goto CIM.770.

CIM.760 **FR: EXPLAIN WHY THIS SECTION CANNON BE COMPLETED.**

>SCNONI< _____ (Allow 50) Reason (CIMCCI11)

CIM.770 May I call back on the telephone instead of making a return visit?

>CPHONEI< (1) Yes
(2) No (CIMCCI11)

If there is a telephone number, goto CIM.780; else goto CIM.790.

CIM.780 I recorded the telephone number as {fill 10 digit telephone number}. Is that correct?

>CVERIFYI< (1) Yes (CIMCCI11)
(2) No

CIM.790 To what telephone number should I call back?

FR: ENTER THE AREA CODE AND THE NUMBER OR ENTER (N) IF NO PHONE.

>CNEWNUMI< _____ Area Code and Phone Number
(7) Refused
(9) Don't know

Check item CIMCCI11: If additional children aged 12-35 months, go to SHOTRC2

>RCI_GOTO3< If the Recontact section is not complete, go to Recontact section

>FAM_LOOP< If sample adult is not interviewed, got the beginning of the Adult section; else if call back is needed for any of the Adult, Family, or Child section, got FIN (Back section); else got Back section to assign an OUTCOME code.