NIS Hard Copy Questionnaire

Q3/2010

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section A – Available Shot Records

Section B – No Shot Records

Section C – Demographics

Section D – Provider

Section E- Health Insurance Module

Confidential Information

NORC

INTRO_1   [IF TXFLG = 1 THEN] 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 number has been selected at random from records maintained by the Texas Health and Human Services Commission.

[ELSE IF RDD_NCCELL_CCELL = 1 AND TXFLG = 0 OR 2 DISPLAY] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

ELSE IF RDD_NCCELL_CCELL = 2 AND TXFLG = 0 or 2 DISPLAY

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

ELSE IF RDD_NCCELL_CCELL = 3 AND TXFLG = 0 or 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.

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL=1, GO TO S1, ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL=2, 3 AND TXFLG=1, GO TO S_CELL, ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL=2, 3 AND TXFLG=0, 2, 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

IF RDD_NCCELL_CCELL = 1 AND TXFLG NOT=1 DISPLAY (5) CELL PHONE GO TO CELL_1, ELSE IF RDD_NCCELL_CCELL=1 AND TXFLG=1 DISPLAY (5) CELL PHONE-YOU WILL NOT TERMINATE-GO TO S_WARM AND SET RDD_NCCELL_CCELL=3, ELSE IF RDD_NCCELL_CCELL=2, 3 AND TXFLG=1 DISPLAY (5) LANDLINE-YOU WILL NOT TERMINATE-GO TO S1 AND SET RDD_NCCELL_CCELL=1, ELSE IF RDD_NCCELL_CCELL=2,3, AND TXFLG=0 DISPLAY (5) LANDLINE =>GO TO LANDLINE EXIT, SET ITS 88

GO TO SASERV IF MESSAGE TO BE LEFT ELSE HANG UP

GO TO CNOTES_1_1

GO TO M1_NAME

GO TO CNOTES_1_1

CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1

GO TO CNOTES_1_1, SET ITS=81

INTRO_1
(HUDI)   Hello, my name is ___. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide study to prevent future outbreaks of childhood diseases.

CONTINUE 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 ,3 AND TXFLG = 0, 2, GO TO S_WARM
CONFIRM BUSINESS 2	GO TO SALZ
OUT OF SCOPE 3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW 4	GO TO T1
SEE SKIP INSTRUCTIONS 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY (5) LANDLINE => GO TO LANDLINE EXIT - SET ITS 88
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35
R WILL CALL 800 LINE/VERIFY WEBSITE 7	GO TO CNOTES_1_1, SET ITS 69
R ASKS FOR LETTER 8	GO TO M1_NAME
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE, SET ITS 31
CONTINUE CASE WITH LANGUAGE LINE 16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL 17	GO TO CNOTES_1_1, SET ITS 81

INTRO_1
(for partial
completes)

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

INTERVIEWER INSTRUCTION: IF THE MKR OR ADULT WHO STARTED THE INTERVIEW IS NOT AVAILABLE, ASK TO SPEAK TO ANY AHHM WHO IS KNOWLEDGEABLE ABOUT VACCINATIONS THE CHILD HAS RECEIVED.

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCEL = 1, GO TO S1	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2, GO TO S_WARM	
CONFIRM BUSINESS 2	GO TO SALZ	
OUT OF SCOPE 3	GO TO THANK_YOU_OOS	
TERMINATE THE INTERVIEW 4	GO TO T1	
SEE SKIP INSTRUCTIONS 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY (5) LANDLINE => GO TO LANDLINE EXIT - SET ITS 88	
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35	
R WILL CALL 800 LINE/VERIFY WEBSITE 7	GO TO CNOTES_1_1, SET ITS 69	
R ASKS FOR LETTER 8	GO TO M1_NAME	
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE, SET ITS 31	
CONTINUE CASE WITH LANGUAGE LINE 16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1	
DROPPED CALL 17	GO TO CNOTES_1_1, SET ITS=81	

INTRO_1   (Incentives_10/Address Available)

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

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2, GO TO S_WARM	
CONFIRM BUSINESS 2	GO TO SALZ	
OUT OF SCOPE.. 3	GO TO THANK_YOU_OOS	
TERMINATE THE INTERVIEW 4	GO TO T1	
SEE SKIP INSTRUCTIONS... 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY (5) LANDLINE => GO TO LANDLINE EXIT - SET ITS 88	
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35	
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, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE	
CONTINUE CASE WITH LANGUAGE LINE.......... 16	GO TO S1/N_S1	
DROPPED CALL 17	GO TO CNOTES_1_1, SET ITS 81	

INTRO_1   (Incentives_15/Telephone Only)

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

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL	
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2, GO TO S_WARM	
CONFIRM BUSINESS 2	GO TO SALZ	
OUT OF SCOPE 3	GO TO THANK_YOU_OOS	
TERMINATE THE INTERVIEW 4	GO TO T1	
SEE SKIP INSTRUCTIONS... 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY (5) LANDLINE => GO TO LANDLINE EXIT - set ITS 88	
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35	
R WILL CALL 800 LINE/VERIFY WEBSITE 7	GO TO CNOTES_1_1, SET ITS 69	
R ASKS FOR LETTER.. 8	GO TO M1_NAME	
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1, SET ITS 31, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE	
CONTINUE CASE WITH LANGUAGE LINE.......... 16	CONTINUE WITH LANGUAGE LINE, GO TO S1/N_S1	
DROPPED CALL... 17	GO TO CNOTES_1_1, SET ITS=81	

INTRO_1   (ITS =51 CALLBACK)

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. I'd like to thank you for recently participating in our important nationwide survey of childhood immunizations. The information we receive from your health care provider and from you is essential for completing the interview and improving the immunization of children across the United States. For quality assurance purposes, I'd like to take a few moments to confirm what information you previously provided and ask you a few additional questions.

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2, GO TO S_WARM
CONFIRM BUSINESS 2	GO TO SALZ
OUT OF SCOPE 3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW 4	GO TO T1
SEE SKIP INSTRUCTIONS 5	IF RDD_NCCELL_CCELL = 1
	DISPLAY (5) CELL PHONE GO TO CELL_1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY
	(5) LANDLINE => GO TO LANDLINE EXIT - SET ITS 88
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35
R WILL CALL 800 LINE/ VERIFY WEBSITE 7	GO TO CNOTES_1_1, SET ITS 69
R ASKS FOR LETTER.. 8	GO TO M1_NAME
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1, SET ITS 31, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE
CONTINUE CASE WITH LANGUAGE LINE........... 16	CONTINUE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL 17	GO TO CNOTES_1_1, SET ITS 81

INTRO_1   (DROPPED CALL)

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We recently spoke to someone using this cell phone, and the call may have been disconnected. We're conducting a study with cell phone users regarding childhood immunizations. Are you the person I spoke with?

CONTINUE WITH INTERVIEW 1	IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1, GO TO S_CELL
	ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2, GO TO S_WARM
CONFIRM BUSINESS 2	GO TO SALZ
OUT OF SCOPE 3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW 4	GO TO T1
SEE SKIP INSTRUCTIONS 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY (5) LANDLINE - YOU WILL NOT TERMINATE - GO TO S1 AND SET RDD_NCCELL_CCELL = 1
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0, 2 DISPLAY (5) LANDLINE => GO TO LANDLINE EXIT - SET ITS 88
ANSWERING MACHINE 6	IF MESSAGE IS TO BE LEFT THEN GO TO SASERV, ELSE HANG UP AND SET ITS 35
R WILL CALL 800 LINE/VERIFY WEBSITE 7	GO TO CNOTES_1_1, SET ITS 69
R ASKS FOR LETTER.. 8	GO TO M1_NAME
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1, SET ITS 31, INTERVIEWER INSTRUCTION: RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE
CONTINUE CASE WITH LANGUAGE LINE 16	CONTINUE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL... 17	GO TO CNOTES_1_1, SET ITS 81

[IF MOST KNOWLEDGEABLE PARENT HAS NOT BEEN IDENTIFIED:

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

[IF MOST KNOWLEDGEABLE PARENT HAS BEEN DETERMINED:

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

S_CELL   Am I speaking to you on your cell phone?

          YES 1   GO TO S_WARM
          NO.. 2   GO TO S1 AND SET
                                                                                    RDD_NCCELL_CCELL = 1

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

          CONTINUE.. 1   GO TO S1
          R UNABLE TO CONTINUE.. 2   GO TO S_ATTN
          NOT A CELL PHONE.................................... 3   GO TO S1 AND SET
                                                                                    RDD_NCCELL_CCELL = 1

S_ATTN   For your safety, we will call you back at another time.

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

          CALL BACK AT ANOTHER TIME............................ 1   GO TO CB1
          CALL BACK AT ANOTHER NUMBER
          REQUESTED 2   GO TO CB1N_WARNING
          WRONG TIME ZONE FOR CELL PHONE................ 3   GO TO CELL_TZ_1
          GO BACK TO S_WARM 4   GO TO S_WARM

CELL_TZ_1   In what time zone would you like to be called back?

ATLANTIC TIME.. 1   SET TZ TO 58 AND GO TO CB1
EASTERN STANDARD TIME.................................... 2   SET TZ TO 62 AND GO TO CB1
CENTRAL STANDARD TIME 3   SET TZ TO 65 AND GO TO CB1
STANDARD MOUNTAIN TIME 4   SET TZ TO 69 AND GO TO CB1
US STANDARD MOUNTAIN TIME (AZ) 5   SET TZ TO 68 AND GO TO CB1
PACIFIC STANDARD TIME....................................... 6   SET TZ TO 70 AND GO TO CB1
ALASKAN STANDARD TIME................................... 7   SET TZ TO 71 AND GO TO CB1
HAWAIIAN STANDARD TIME................................ 8   SET TZ TO 72 AND GO TO CB1
RETURN TO INTRO_1 10   GO TO INTRO_1 ELSE GO TO
                                                                                    N_INTRO1

RESPONDENT DOESN'T KNOW/KEEP OLD

TIME ZONE.. 12   GO TO CB1
REFUSED TO CONTINUE/HUNG UP 99   TERMINATE, SET ITS=41

CELL_1   I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or
has this number been forwarded to your cell phone?

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

CELL PHONE 1   GO TO CELL_EXIT
NUMBER FORWARDED TO CELL PHONE 2   GO TO CB1
RESPONDENT HUNG UP BEFORE

CONFIRMATION... 3   TERMINATE, SET ITS=41
GO BACK TO INTRO_1 4   GO TO INTRO_1

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

NO CALL NOTES, SET ITS=88

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

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

GO TO INTRO_1

SALZ   Is this telephone number for business use only?

Yes 1   GO TO SALZ_BUS

No 2   GO TO INTRO_1

DORM/PRISON/HOSTEL 3   GO TO SALZ_BUS

PAGING SERVICE 4   GO TO SALZ_BUS

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

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

LEAVE MESSAGE AND TERMINATE 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST" 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_INCENT

[IF INCENT_GRP=Address Available]

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

LEAVE MESSAGE AND 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

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

LEAVE MESSAGE AND 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

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

LEAVE MESSAGE AND 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

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

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV
COULD NOT LEAVE A MESSAGE............................ 2   GO TO SASERV
ANSWERING MACHINE SAID
"TAKE ME OFF YOUR LIST" 3   GO TO SASERV
CONTINUE INTERVIEW 4   GO TO INTRO_1

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

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

BUSINESS 1	TERMINATE	
SEE SKIP LOGIC 3	IF RDD_NCCELL_CCELL = 1, 2, OR 3 AND TXFLG = 0 OR 2 DISPLAY (3) HOUSEHOLD – SET TO CALL BACK - ITS 36	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY	
	(3) LANDLINE - ITS 37 - SET RDD_NCCELL_CCELL = 1	
COULD NOT DETERMINE 4	TERMINATE, SET AS CALL BACK ITS=37	
ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST"..................................... 5	TERMINATE	
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1	
	DISPLAY (9) CELL PHONE, IF	
	TXFLG = 1 THEN SET	
	RDD_NCCELL_CCELL = 3 AND SET	
	ITS = 37, ELSE TERMINATE AS	
	ITS= 41	

S1   IF TXFLG=1 READ: Am I speaking to someone who lives in this household who is over 17 years old?

ELSE READ: Am I speaking to someone [IF RDD_NCCELL_CCELL=1 "who lives in this household"] who is over 17 years old?

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

I AM THAT PERSON 1	GO TO POINT OF BREAKOFF/IF RDD_NCCELL_CCELL=2 OR 3 AND TXFLG=0 THEN GO TO LANDLINE, ELSE 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 OR TXFLG = 1 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE SET ITS 27, 28, OR 29
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE - SET ITS 27, 28, or 29
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1 OR TXFLG = 1 DISPLAY (9) NO PERSON AT HOME WHO IS OVER 17 => GO TO S2_B
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B
REFUSED 99	GO TO R1

LANDLINE   Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

YES	1	GO TO CELLUSE
NO	2	GO TO CP_CELLUSE
DON'T KNOW	77	GO TO CP_CELLUSE
REFUSED	99	GO TO CP_CELLUSE

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

EXTREMELY LIKELY	1	GO TO LANDLINE_EXIT
SOMEWHAT LIKELY	2	GO TO LANDLINE_EXIT
SOMEWHAT UNLIKELY	3	GO TO CP_CELLUSE
NOT AT ALL LIKELY	4	GO TO CP_CELLUSE
DON'T KNOW	77	GO TO LANDLINE_EXIT
REFUSED	99	GO TO LANDLINE_EXIT

CP_CELLUSE   IF SUC = 1, 2, OR 4 GO TO S_NUMB, ELSE IF SUC = 3, 5, OR 6 GO TO SLAITS SCREENER

SALZ_BUS   [IF RDD_NCCELL_CCELL = 1 READ] We are interviewing only private residences. Thank you very much.

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

[TERMINATE INTERVIEW]

S2_B   Does anyone [IF RDD_NCCELL_CCELL = 1 live in your household / IF RDD_NCCELL_CCELL = 2, 3 use this cell phone] who is over 17 years old?

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

YES, THEY ARE COMING TO THE PHONE 1   GO TO INTRO_1

YES, BUT NO ONE IS HOME, SO SET A

CALLBACK 2   GO TO S2_B_1_WARNING_TEXT

NO, NO ADULTS [IF RDD_NCCELL_CCELL = 1

LIVE IN THE HOUSEHOLD AT ANY TIME / IF

RDD_NCCELL_CCELL = 2, 3 USE THIS CELL

PHONE] 3   GO TO MINOR_EXIT

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 3 years old are living or staying in your household?

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

IF ONE OR MORE,

ENTER # OF CHILDREN .... ___   (ENTER 01 to 09) GO TO CP_S3_LTR
  IF NO CHILDREN ENTER 0 00   GO TO [IF INCENTIVE>0 GO TO ADDRESS_CONF1 / ELSE GO TO S3_TERM])
DON'T KNOW... 77   GO TO SOFT CHECK_77
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]

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

CONTINUE... 1   GO TO S_NUMB
APPOINTMENT... 2   GO TO CB1

CP_S3_LTR   IF IAP = 095 GO TO S3_INTRO, ELSE GO TO S3_LTR

S3_LTR   A letter describing the National Immunization Survey may have been sent to your home recently. Do you remember seeing the letter?

YES 1   GO TO S3_INTRO
NO 2   GO TO S3_INTRO
DON'T KNOW 77   GO TO S3_INTRO
REFUSED 99   GO TO S3_INTRO

S3_INTRO/
S3_INTRO_
INCENT   Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE 1   IF RDD_NCCELL_CCELL = 2 GO TO
                                                                                 S3_EVAL_R AND SET
                                                                                 RDD_NCCELL_CCELL = 3

RESPONDENT ASKS FOR DESCRIPTION
OF LAW 2   GO TO S3_LAW

S3_EVAL_R/S3_EVAL_R_INCENT

YES, RESPONDENT AGREES TO
RECORDING/LISTENING... 1   GO TO S3_X
NO, THE RESPONDENT DOES NOT AGREE TO
RECORDING/LISTENING... 2   GO TO S3_X

[IF TXFLG = 1 THEN] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the Texas Health and Human Services Commission to disclose information to Centers for Disease Control and Prevention for the purposes of conducting public health surveillance and public health investigations.

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?

[ELSE]

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE .... GO TO S3_EVAL_R

S3_X   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the (FIRST) child in your household who is between 12 months and 3 years old.

AGREE.. 1   GO TO S3_3M_X
DON'T KNOW 77   GO TO YEARDK_X
REFUSED 99   GO TO YEARREF_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE .... GO TO S3_CONF_X, IF S_NUMB=2

AND 1 DOB IS INELIGIBLE AND
EITHER S3_X OR S3_3_X=77 THEN
GO TO YEARKDK_X

DON'T KNOW .... GO TO YEARDK_X

REFUSED .... GO TO YEARREF_X

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

YES 1   IF CHILD IS ELIGIBLE GO TO
S3_4_X, IF NOT GO TO NEXT CHILD

NO 2   GO TO S3_CONF_WARNING

S3_CONF_

WARNING   Please correct the date of birth for this child.

GO TO S3.3, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TO THIS SCREEN.

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

R STILL REFUSES 1   GO TO YEARQUIT

RETURN TO QUESTIONNAIRE.................................. 2   GO TO S3_X

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

GO TO R1, SET ITS = 21, 22, 23, 24 OR 25 IF A REFUSAL AND 27 OR 28 IF APPOINTMENT OR CALL BACK

YEARDK_X   The reason we need your child's birth date is to know which immunization questions to ask. Is there anyone available who would know the child's month, day, and year of birth?

YES 1   GO TO PERSON

NO 2   GO TO WHEN_CALL

PERSON_X   May I speak with this person now?

YES 1   GO TO S3_X
NO 2   GO TO WHEN_CALL

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

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT
APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR
THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

APPOINTMENT 1   GO TO CB1
CONTINUE 2   GO TO BITHD_BOX

BITHD_BOX   Hi. I'm calling for the Centers for Disease Control and Prevention. We're calling about an
important national study of immunization. I'd like you to know that this study is voluntary and is
authorized by the U.S. Public Health Service Act. The information you give will be kept in strict
confidence and will be summarized for research purposes only. You may choose not to answer any
question you don't want to answer or stop at any time with no impact on the benefits you may
receive.

CONTINUE 1   GO TO S3_X

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

MALE 1   GO TO S3_5_X
FEMALE 2   GO TO S3_5_X
DON'T KNOW 77   GO TO S3_5_X
REFUSED 99   GO TO S3_5_X

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

_____   GO TO S3_C

DON'T KNOW 77   GO TO S3_C
REFUSED 99   GO TO S3_C

S3_C   I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 3 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. (I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.)

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

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

GO TO S4

S4   Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [FIRST NAMES/INITIALS OF ELIGIBLE CHILD(REN) FROM S3.5] (has/have) received. Are you this person?

YES	1	GO TO S6_INTRO
NO	2	GO TO S5

S5   May I speak with this person now?

YES	1	GO TO S5_BOX
NO, NOT AT HOME	2	GO TO MR1

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

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

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

GO TO S6_X

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

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

YES. 1   GO TO NEXT CHILD OR A1INTRO
NO 2   GO TO NEXT CHILD OR S6B
DONT KNOW 77   GO TO S6B
REFUSED 99   GO TO S6B

S6B   That's fine. It is common for households not to have the shot records on hand. Let's continue with the interview.

GO TO BINTRO

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

FIRST NAME:_____GO TO MR3

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

YES 1   GO TO MR_APP
NO 2   GO TO MR4

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

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

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE CALLBACK INTRODUCTION

APPOINTMENT.. 1   GO TO CB1
CONTINUE.. 2   GO TO S5_BOX

SECTION A
Available Shot Records

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

AIINTRO_2   The next few questions ask about shots [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] may have received.

SHOT RECORD FOR DTP

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

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

SHOTS .... ___	GO TO AD1QM_X/ AD1QD_X/ AD1QY_X
NONE 0	GO TO AN2_X
DON'T KNOW 77	GO TO AN2_X
REFUSED 99	GO TO AN2_X

AD1Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE	IF LAST SHOT GO TO AN2_X, ELSE GO TO AD1QM_X/ AD1QD_X/ AD1QY_X
DON'T KNOW	IF LAST SHOT GO TO AN2, ELSE GO TO AD1QM_X/AD1QD_X/AD1QY_X
REFUSED	IF LAST SHOT GO TO AN2, ELSE GO TO AD1QM_X/ AD1QD_X/ AD1QY_X

SHOT RECORD FOR POLIO (DROPS OR SHOTS)

AN2_X   Looking at the shot record, please tell me how many times [FILL VAR: NAME OF FIRST, SECOND…/SIXTH CHILD, FROM S3.5] has received a polio vaccine—pink drops, sometimes called O-P-V – or a polio shot, sometimes called I-P-V.

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

SHOTS .... ___   GO TO AD2Q[M,D,Y]_X
NONE 0   GO TO AN3_X
DON'T KNOW 77   GO TO AN3_X
REFUSED 99   GO TO AN3_X

AD2Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE...   IF LAST SHOT GO TO AN3_X, ELSE GO TO AD2QM_X/AD2QD_X/ AD2QY_X

DON'T KNOW..   IF LAST SHOT GO TO AN3, ELSE GO TO AD2QM_X/ AD2QD_X/ AD2QY_X

REFUSED..   IF LAST SHOT GO TO AN3, ELSE GO TO AD2QM_X/AD2QD_X/ AD2QY_X

SHOT RECORD FOR MEASLES/MMR (SHOTS)

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

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

SHOTS .... ___   GO TO AD3Q[M,D,Y]_X
NONE 0   GO TO AN4_X
DON'T KNOW 77   GO TO AN4_X
REFUSED 99   GO TO AN4_X

AD3Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   GO TO AM3Q_X
DON'T KNOW ....   GO TO AN4_X
REFUSED ....   GO TO AN4_X

AM3Q_X   Was that shot measles only or a full M-M-R only?

MEASLES ONLY 1   IF LAST SHOT GO TO AN4_X, ELSE GO TO AD3QM_X/ AD3QD_X/ AD3QY_X

MMR ONLY 2   IF LAST SHOT GO TO AN4_X, ELSE GO TO AD3QM_X/ AD3QD_X/ AD3QY_X

DON'T KNOW 77   IF LAST SHOT GO TO AN4_X, ELSE GO TO AD3QM_X/ AD3QD_X/ AD3QY_X

REFUSED 99   IF LAST SHOT GO TO AN4_X, ELSE GO TO AD3QM_X/ AD3QD_X/ AD3QY_X

SHOT RECORD FOR HIB (shot)

AN4_X   Looking at the shot record please tell me how many times [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD FROM S3.5] has received an H-I-B shot. (This is for meningitis and is called HA-MA-FI-LUS IN-FLU-EN-ZA, H-I-B vaccine, or H flu vaccine.)

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

SHOTS .... ___   GO TO AD4Q[M,D,Y]_X
NONE 0   GO TO AN5_X
DON'T KNOW 77   GO TO AN5_X
REFUSED 99   GO TO AN5_X

AD4Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   IF LAST SHOT GO TO AN5_X, ELSE GO TO AD4QM_X/ AD4QD_X/ AD4QY_X

DON'T KNOW ....   IF LAST SHOT GO TO AN5_X, ELSE GO TO AD4QM_X/ AD4QD_X/ AD4QY_X

REFUSED ....   IF LAST SHOT GO TO AN5_X, ELSE GO TO AD4QM_X/ AD4QD_X/ AD4QY_X

SHOT RECORD FOR HEPATITIS B

AN5_X (Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] has received a hepatitis B shot.

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

SHOTS .... ___ GO TO AD5Q[M,D,Y]_X
NONE .... 0 GO TO AN9_X
DON'T KNOW .... 77 GO TO AN9_X
REFUSED .... 99 GO TO AN9_X

AD5Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
– –	– –	– – – –

DATE .... IF LAST SHOT GO TO AN9_X, ELSE GO TO AD5QM_X/ AD5QD_X/ AD5QY_X

DON'T KNOW .... IF LAST SHOT GO TO AN9_X, ELSE GO TO AD5QM_X/ AD5QD_X/ AD5QY_X

REFUSED .... IF LAST SHOT GO TO AN9_X, ELSE GO TO AD5QM_X/ AD5QD_X/ AD5QY_X

SHOT RECORD FOR PNEUMOCOCCAL

AN9_X   (Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] has received a pneumococcal shot, sometimes called a PCV or Prevnar shot.

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

SHOTS .... ___   GO TO AD9Q[M,D,Y]_X
NONE 0   GO TO AN6_X
DON'T KNOW 77   GO TO AN6_X
REFUSED 99   GO TO AN6_X

AD9Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   IF LAST SHOT GO TO AN6_X, ELSE GO TO AD9QM_X/ AD9QD_X/ AD9QY_X

DON'T KNOW ....   IF LAST SHOT GO TO AN6_X, ELSE GO TO AD9QM_X/ AD9QD_X/ AD9QY_X

REFUSED ....   IF LAST SHOT GO TO AN6_X, ELSE GO TO AD9QM_X/ AD9QD_X/ AD9QY_X

SHOT RECORD FOR CHICKEN POX

AN6_X   (Looking at the shot record) Please tell me how many times [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] has received a chicken pox or varicella shot.

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

SHOTS .... ___   GO TO AD6QM,D,Y]_X
NONE 0   GO TO A5C_X
DON'T KNOW 77   GO TO A5C_X
REFUSED 99   GO TO A5C_X

AD6Q[M,D,Y]_X

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

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   GO TO IF LAST SHOT GO TO A5_C, ELSE GO TO AD6QM_X/ AD6QD_X/ AD6QY_X

DON'T KNOW ....   GO TO IF LAST SHOT GO TO A5_C, ELSE GO TO AD6QM_X/ AD6QD_X/ AD6QY_X

REFUSED ....   GO TO IF LAST SHOT GO TO A5_C, ELSE GO TO AD6QM_X/ AD6QD_X/ AD6QY_X

A5_C_X   I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever been ill with chicken pox or varicella?

YES 1   GO TO A5_E_X

NO 2   IF H1N1_FLAG = 1 GO TO
                                                                                AH1_INTRO, ELSE GO TO AN8_X

DON'T KNOW 77   IF H1N1_FLAG = 1 GO TO
                                                                                AH1_INTRO, ELSE GO TO AN8_X

REFUSED 99   IF H1N1_FLAG = 1 GO TO
                                                                                AH1_INTRO, ELSE GO TO AN8_X

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

Age in months... __   IF H1N1_FLAG = 1 GO TO
                                                                                AH1_INTRO, ELSE GO TO AN8_X

DON'T KNOW 77   GO TO A5_F_X

REFUSED 99   IF H1N1_FLAG = 1 GO TO
                                                                                AH1_INTRO, ELSE GO TO AN8_X

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

…one to six months old?.. 01

…seven to twelve months old?.. 02

…13 to18 months old? 03

…19 to24 months old? 04

…25 to30 months old? 05

…31 to35months old? 06

DON'T KNOW 77

REFUSED 99

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

SHOT RECORD FOR FLU SHOT

AH1_INTRO   IF H1N1_FLAG = 1: The next questions are about influenza vaccinations. There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 vaccine, also called swine flu or pandemic flu vaccine. First I will ask you about flu vaccinations on the shot record.

ELSE: The next questions are about influenza vaccinations. First I will ask you about flu vaccinations on the shot record.

CONTINUE.. 1

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

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

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

Number .... ___   GO TO AD8Q[M,D,Y]_X

NONE 00   GO TO A8R_X

DON'T KNOW 77   GO TO A8R_X
REFUSED 99   GO TO A8R_X

AD8Q[M,D,Y]_X
What is the date (on the record) for the [FILL VAR: first/second/…eighth] flu vaccination?

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

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

IF MM = 77 OR 99 AND YYYY = 2010 GO TO AD8U_X

ALL OTHER RESPONSES GO TO AT8Q_X

AD8U_X   I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

```
YES....................................................................................... 1    GO TO AT8Q_X
NO ......................................................................................... 2    GO TO AT8Q_X
DON'T KNOW ................................................................... 77    GO TO AT8Q_X
REFUSED .......................................................................... 99    GO TO AT8Q_X
```

AT8Q_X   IF H1N1_FLAG = 0 READ: Was this a shot, the spray, or both?

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

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

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

```
FLU SHOT ............................................................................ 1    GO TO CP_AH18
FLU NASAL SPRAY ............................................................ 2    GO TO CP_AH18
BOTH .................................................................................... 3    GO TO CP_AH18
DON'T KNOW ..................................................................... 77    GO TO CP_AH18
REFUSED .......................................................................... 99    GO TO CP_AH18
```

CP_AH18   IF (AD8X <= 9/1/2009 OR AD8X >= 7/31/2010) GO TO A8R_X IF AD8_X, M=77, 99 AND YYYY = 2011, GO TO A8R_X IF AD8U_X=2, 77, 99 GO TO A8R_X

AH18Q_X   Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

IF H1N1_FLAG = 1 Display:
READ IF NECESSARY: There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

ELSE Display:
READ IF NECESSARY: During the 2009-2010 flu season, there were two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

SEASONAL FLU.. 1	IF LAST SHOT GO TO A8R_X, ELSE GO TO AD8QM_X/ AD8QD_X/ AD8QY_X
H1N1 FLU OR SWINE FLU 2	IF LAST SHOT GO TO A8R_X, ELSE GO TO AD8QM_X/ AD8QD_X/ AD8QY_X
DON'T KNOW 77	IF LAST SHOT GO TO A8R_X, ELSE GO TO AD8QM_X/ AD8QD_X/ AD8QY_X
REFUSED 99	IF LAST SHOT GO TO A8R_X, ELSE GO TO AD8QM_X/ AD8QD_X/ AD8QY_X

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

             YES.. 1   IF H1N1_FLAG = 1 GO TO
                                                                                              AH18RDA_X, ELSE GO TO
                                                                                              A8RDA_X
             NO 2   GO TO CP_ANEXTFLU
             DON'T KNOW .... 77 GO TO CP_ANEXTFLU
             REFUSED .... 99 GO AT CP_ANEXTFLU

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

             Number .... ___   GO TO AH18RDQ[MDY]_X
             NONE..   GO TO A8RS_X
             DON'T KNOW .... 77 GO TO A8RS_X
             REFUSED .... 99 GO TO A8RS_X

AH18RDQ
[M,D,Y]_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH   CHILD, FROM
             S3_5] receive the [FILL VAR: first/second/…eighth] H1N1 or swine flu vaccine that is NOT listed on the
             shot record?

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

MONTH	YEAR
– –	– – – –

             DATE ....   GO TO AH1T8_X
             DON'T KNOW ....   GO TO AH1T8_X
             REFUSED ....   GO TO AH1T8_X

AH1T8Q_X   Was this a shot or the spray?

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

             FLU SHOT 1   IF LAST SHOT GO TO A8RS_X,
                                                                                              ELSE GO TO AH18RDQM_X/
                                                                                              AH18RDQD_X/AH18RDQY_X
             FLU NASAL SPRAY 2   IF LAST SHOT GO TO A8RS_X,
                                                                                              ELSE GO TO AH18RDQM_X/
                                                                                              AH18RDQD_X/AH18RDQY_X
             DON'T KNOW 77   IF LAST SHOT GO TO A8RS_X,
                                                                                              ELSE GO TO AH18RDQM_X/
                                                                                              AH18RDQD_X/AH18RDQY_X
             REFUSED 99   IF LAST SHOT GO TO A8RS_X,
                                                                                              ELSE GO TO AH18RDQM_X/
                                                                                              AH18RDQD_X/AH18RDQY_X

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

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

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

                Number .... ___   GO TO A8RDQ[M,D,Y]_X
                NONE 0   GO TO CP_ANEXTFLU

                DON'T KNOW 77   GO TO CP_ANEXTFLU
                REFUSED 99   GO TO CP_ANEXTFLU

A8RDQ
[M,D,Y]_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM
                S3.5] receive the [FILL VAR: first/second/…eighth]] [IF H1N1_FLAG = 1,TEXTFILL = seasonal] flu
                vaccine that is NOT listed on the shot record?

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

MONTH	YEAR
_ _	_ _ _ _

                IF H1N1_FLAG=1 ALL RESPONSES GO TO A8RTX_X; ELSE IF H1N1_FLAG = 0 AND A8RD_X =
                77 OR 99 GO TO A8RDU_X, ELSE GO TO A8RH1_X

                IF H1N1_FLG=1 GO TO A8RTX_X

                IF H1N1_FLG=0 AND MM=77 OR 99 AND YYYY=2009,

                IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2010 or 7777 or 99999 GO TO A8RDU_X

                IF H1N1_FLG=0 AND MM = 77 or 99 AND YYYY=2011 GO TO A8RTX_X

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

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

                ELSE ALL OTHER RESPONSES GO TO CP_A8RH1

A8RDU_X   I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

YES 1   GO TO A8RTX_X
NO 2   GO TO A8RTX_X
DON'T KNOW 77   GO TO A8RTX_X
REFUSED 99   GO TO A8RTX_X

CP_A8RH1   IF A8RD_X<= 9/1/2009 OR A8RD_X >= 7/31/2010 OR A8RDU_X = 2, 77, OR 99 GO TO A8RTX_X, ELSE GO TO A8RH1_x

A8RH1_X   Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: [IF H1N1 FLAG=0: During the 2009-2010 flu season, there were; IF H1N1 FLAG=1: There are currently] two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

SEASONAL FLU 1   GO TO A8RTX_X
H1N1 FLU OR SWINE FLU 2   GO TO A8RTX_X
DON'T KNOW 77   GO TO A8RTX_X
REFUSED 99   GO TO A8RTX_X

A8RTQ_X   [IF H1N1_FLAG = 0] Was this a shot, the spray, or both?

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

ELSE: Was this a shot or the spray in the nose?

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

FLU SHOT 1	IF LAST SHOT GO TO A6_X, ELSE GO TO A8RDQM_X/ A8RDQD_X/ A8RDQY_X
FLU NASAL SPRAY 2	IF LAST SHOT GO TO A6_X, ELSE GO TO A8RDQM_X/ A8RDQD_X/ A8RDQY_X
BOTH 3	IF LAST SHOT GO TO A6_X, ELSE GO TO A8RDQM_X/ A8RDQD_X/ A8RDQY_X
DON'T KNOW 77	IF LAST SHOT GO TO A6_X, ELSE GO TO A8RDQM_X/ A8RDQD_X/ A8RDQY_X
REFUSED 99	IF LAST SHOT GO TO A6_X, ELSE GO TO A8RDQM_X/ A8RDQD_X/ A8RDQY_X

A8RTQ_X   IF H1N1_FLAG=0 AND (AD8_X>= 08/01/2010 OR A8RD_X >= 08/01/2010) GO TO A6_X ELSE GO TO ANEXTFLU

ANEXTFLU   IF H1N1_FLAG = 0 DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of July, 2011? Would you say [FILL VAR: he/she]:

ELSE DISPLAY: Please think ahead to the upcoming flu season, that is, the flu season that will begin in the fall of 2010. How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a seasonal flu vaccination during the upcoming flu season? Would you say [FILL VAR: he/she]:

Will definitely get one 1   GO TO A6_X

Will probably get one 2   GO TO A6_X

Will probably not get one, or.. 3   GO TO A6_X

Will definitely not get one 4   GO TO A6_X

DON'T KNOW 77   GO TO A6_X

REFUSED 99   GO TO A6_X

SHOT RECORD FOR OTHER SHOTS

A6_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] received any other immunizations that are listed on the shot records that I have not asked about?

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

A6_B_Q_X   What is the name of the [FIRST/SECOND/THIRD/FOURTH/FIFTH] other shot listed on the record?

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

FOUR-IN-ONE 02	GO TO A7_NEWQ_X
BCG (TUBERCULOSIS) 03	GO TO A7_NEWQ_X
TYPHOID 04	GO TO A7_NEWQ_X
YELLOW FEVER 05	GO TO A7_NEWQ_X
MALARIA 06	GO TO A7_NEWQ_X
DTaP 07	GO TO A7_NEWQ_X
DTP/HiB 08	GO TO A7_NEWQ_X
DTP/HepB 09	GO TO A7_NEWQ_X
PNEUMOCOCCAL 10	GO TO A7_NEWQ_X
INFLUENZA 11	GO TO A7_NEWQ_X
HEPATITIS A 12	GO TO A7_NEWQ_X
OTHER (SPECIFY) 95	GO TO A6_B_OTHR_X
NO OTHER SHOTS 70	GO TO NEXT CHILD OR CWIC_INTRO
DON'T KNOW 77	GO TO NEXT SHOT, CHILD, OR CWIC_INTRO
REFUSED 99	GO TO NEXT SHOT, CHILD, OR CWIC_INTRO

A6_B_OTHR   ENTER OTHER SPECIFY .... ___   GO TO A7NEWQ_X

A7_NEWQ_X   How many times has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] received the [shot name from A6_B_Q_X] shot?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

Number .... ___	GO TO A7_MDYQ_X
DON'T KNOW 77	GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO
REFUSED 99	GO TO NEXT SHOT, NEXT CHILD, OR CWIC_INTRO

A7[M,D,Y]Q_X

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

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

MONTH	DAY	YEAR
– –	– –	– – – –

DATE .... GO TO A6_B_Q_X, NEXT CHILD,
OR CWIC_INTRO

DON'T KNOW .... GO TO A6_B_Q_X, NEXT CHILD,
OR CWIC_INTRO

REFUSED .... GO TO A6_B_Q_X, NEXT CHILD,
OR CWIC_INTRO

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

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

B1_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received an immunization that is a shot or drops?

YES 1   GO TO B2_X

NO 2   GO TO B6_D_X

DON'T KNOW 77   GO TO B6_D_X

REFUSED 99   GO TO B6_D_X

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

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

YES. 1   GO TO B3_X

NO 2   GO TO B3_X

DON'T KNOW 77   GO TO B3_X

DON'T KNOW – CHILD IS

UP TO DATE ON ALL SHOTS.................................78   GO TO B6_U_X

REFUSED 99   GO TO B3_X

B3_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received a polio vaccination by mouth, pink drops, sometimes called O-P-V, or by polio shot, sometimes called I-P-V?

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

YES... 1   GO TO B4_X
NO 2   GO TO B4_X
DON'T KNOW 77   GO TO B4_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS................................. 78   GO TO B6_U_X
REFUSED 99   GO TO B4_X

B4_X Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received a measles or M-M-R (Measles-Mumps-Rubella) shot?

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

YES…..1 GO TO B5_X
NO ....2 GO TO B5_X
DON'T KNOW ....77 GO TO B5_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS..................................78 GO TO B6_U_X
REFUSED. ....99 GO TO B5_X

B5_X Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received an H-I-B shot? This shot is for meningitis and is called Haemophilus Influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI)?

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

YES ....1 GO TO B6_X
NO ....2 GO TO B6_X
DON'T KNOW ....77 GO TO B6_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS..................................78 GO TO B6_U_X
REFUSED ....99 GO TO B6_X

B6_X Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received a hepatitis B shot? This shot is for hepatitis and is often called HepB.

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

YES... ....1 GO TO B6_P_X
NO ....2 GO TO B6_P_X
DON'T KNOW ....77 GO TO B6_P_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS..................................78 GO TO B6_U_X
REFUSED ....99 GO TO B6_P_X

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

YES... ....1 GO TO B6_B_X
NO ....2 GO TO B6_B_X
DON'T KNOW ....77 GO TO B6_B_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS..................................78 GO TO B6_U_X
REFUSED ....99 GO TO B6_B_X

B6_B_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received a chicken pox or varicella shot?

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

YES 1   GO TO B6_D_X
NO 2   GO TO B6_D_X
DON'T KNOW 77   GO TO B6_D_X
DON'T KNOW – CHILD IS
UP TO DATE ON ALL SHOTS................................. 78   GO TO B6_U_X
REFUSED 99   GO TO B6_D_X

B6_U_X   I will record that your child is up to date on his/her vaccinations and we can move to the next series of questions.

B6_D_X   I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND… NINTH CHILD, FROM S3.5.] Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever been ill with chicken pox or varicella?

YES 1   GO TO B6_E_X

NO 2   IF H1N1_FLAG = 1, GO TO
                                                                      BH1_INTRO, ELSE GO TO B8_X

DON'T KNOW 77   IF H1N1_FLAG = 1, GO TO
                                                                      BH1_INTRO, ELSE GO TO B8_X

REFUSED 99   IF H1N1_FLAG = 1, GO TO
                                                                      BH1_INTRO, ELSE GO TO B8_X

B6_E_X   How old was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] in months, when (he/she) had chicken pox?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE IN MONTHS.. ____   IF H1N1_FLAG = 1, GO TO
                                                                      BH1_INTRO, ELSE GO TO B8_X
DON'T KNOW 77   GO TO B6_F_X
REFUSED 99   IF H1N1_FLAG = 1, GO TO
                                                                      BH1_INTRO, ELSE GO TO B8_X

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

…one to six months old?... 01   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

…seven to twelve months old?................................... 02   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

….13 to 18 months old? 03   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

….19 to 24 months old? 04   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

….25 to 30 months old? 05   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

….31 to 35 months old? 06   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

DON'T KNOW 77   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

REFUSED 99   IF H1N1_FLAG = 1, GO TO
                                                                            BH1_INTRO, ELSE GO TO B8_X

BH1_INTRO   The next questions are about influenza vaccinations. [IF H1N1 FLAG=1:There are currently two
            kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called
            the swine flu or pandemic flu vaccine.]

            CONTINUE 1   IF H1N1_FLAG = 1 GO TO BHQ2_X,
                                                                                        ELSE GO TO B8_X

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

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

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

            NUMBER .... ___   GO TO BHQ2BQ_X
            NONE ....   GO TO B8_X
            DON'T KNOW.. 77   GO TO B8_X
            REFUSED... 99   GO TO B8_X

BHQ2BQ_X   During what month [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3_5]
              receive the [FILL VAR: first/second/…eighth] H1N1 flu vaccine?

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

              ┌─────────────┐
              │   MONTH   │
              ├─────────────┤
              │   _ _   │
              └─────────────┘

              MONTH.. GO TO BHQ2B_C_X
              DON'T KNOW.. GO TO BHQ2T_X
              REFUSED.. GO TO BHQ2T_X

BHQ2B_C_X   That was [FILL MONTH] of [FILL YEAR], correct?

              YES 1   GO TO BHQ2TQ_X
              NO 2   GO TO BHQ2BQ_X

BHQ2TQ_X   What this a shot or the spray in the nose?

              FLU SHOT 1   IF LAST SHOT GO TO B8_X, ELSE
                                                                                GO TO BHQ2BQ_X
              FLU NASAL SPRAY....................................... 2   IF LAST SHOT GO TO B8_X, ELSE
                                                                                GO TO BHQ2BQ1_X
              DON'T KNOW.. 77 IF LAST SHOT GO TO B8_X, ELSE
                                                                                GO TO BHQ2BQ_X
              REFUSED... 99 IF LAST SHOT GO TO B8_X, ELSE
                                                                                GO TO BHQ2BQ_X

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

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

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

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

              NUMBER .... ___   GO TO B8DMQM_X
              NONE ....   GO TO B9_X
              DON'T KNOW... 77 GO TO B9_X
              REFUSED... 99 GO TO B9_X

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] [IFH1N1_FLAG = 1, TEXTFILL = seasonal] flu shot?

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

MONTH	YEAR
_ _	_ _ _ _

IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2009: GO TO B8H1_X

IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2010 or YYYY=7777 or 9999: GO TO B8DU_X

IF H1N1_FLG=0 AND MM=77 or 99 AND YEAR =2011: GO TO B9_X

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"

ELSE ALL OTHER RESPONSES GO TO CP_B8H1

IF H1N1 FLAG=1 OR 09/01/2009 >=B8DM_X OR B8DM_X>=07/31/2010 GO TO B9_X, ELSE GO TO B8DU_x

B8DU_X   I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

YES... 1   GO TO CP_B8H1

NO.. 2   GO TO CP_B8H1

DON'T KNOW... 77   GO TO CP_B8H1

REFUSED... 99   GO TO CP_B8H1

CP_B8H1   IF 09/01/2009 >=B8DM_X OR B8DM_X>=07/31/2010 OR B8DU_x=2, 77 OR 99 GO TO B9_X, ELSE GO TO B8H1_x

B8H1_X   Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: During the 2009-2010 flu season, there were two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

SEASONAL FLU.. 1   GO TO B9_X

H1N1 FLU OR SWINE FLU 2   GO TO B9_X

DON'T KNOW... 77   GO TO B9_X

REFUSED... 99   GO TO B9_X

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

READ IF NECESSARY: This influenza vaccine is called FluMist.

YES	1	GO TO B9DMA_X
NO	2	GO TO CP_BNEXTFLU
DON'T KNOW	77	GO TO CP_BNEXTFLU
REFUSED	99	GO TO CP_BNEXTFLU

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER	___	GO TO B9DMQM_X
NONE		GO TO CP_BNEXTFLU
DON'T KNOW	77	GO TO CP_BNEXTFLU
REFUSED	99	GO TO CP_BNEXTFLU

B9DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/…eighth] [IF H1N1_FLAG = 1, TEXTFILL seasonal] flu nasal spray?

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

MONTH	YEAR
_ _	_ _ _ _

IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2009: GO TO B9H1_X

IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2010 OR YYYY=7777 or 9999: GO TO B9DU_X

IF H1N1_FLG=0 AND MM=77 or 99 AND YYYY=2011: GO TO BNEXCTFLU.

IF MM=77 or 99 AND YYYY < (CURRENT YEAR -1) DISPLAY HAR 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"

ELSE ALL OTHER RESPNSES GO TO CP_B9H1

IF B9DM_X = 77/7777 OR 99/9999 GO TO B9DU_X, ELSE GO TO CP_BNEXTFLU

B9DU_X   I understand that you may not know the exact date. Could you tell me if [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] received this vaccine before August 1, 2010?

YES 1   GO TO CP_B9H1
NO...2   GO TO CP_ B9H1
DON'T KNOW...77   GO TO CP_ B9H1
REFUSED..99   GO TO CP_ B9H1

CP_B9H1   IF 09/01/2009 >=B9DM_X OR B8DM_X>=07/31/2010 OR B9DU_x=2, 77 OR 99 GO TO BNEXTFLU, ELSE GO TO B9H1_x

B9H1_X   Was this the seasonal flu vaccine or the novel 2009 H1N1, swine, or pandemic flu vaccine?

READ IF NECESSARY: During the 2009-2010 flu season, there were two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine, also called the swine flu or pandemic flu vaccine.

SEASONAL FLU 1   GO TO CP_BNEXTFLU
H1N1 FLU OR SWINE FLU.....................................2   GO TO CP_BNEXTFLU
DON'T KNOW...77   GO TO CP_BNEXTFLU
REFUSED..99   GO TO CP_BNEXTFLU

BNEXTFLU   IF H1N1_FLAG = 0 DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of July, 2011? Would you say [FILL VAR: he/she]:

ELSE DISPLAY: Please think ahead to the upcoming flu season, that is, the flu season that will begin in the fall of 2010. How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination during the upcoming flu season? Would you say [FILL VAR: he/she]:

Will definitely get one 1   GO TO CWIC_INTRO

Will probably get one 2   GO TO CWIC_INTRO

Will probably not get one, or...3   GO TO CWIC_INTRO

Will definitely not get one 4   GO TO CWIC_INTRO

DON'T KNOW 77   GO TO CWIC_INTRO

REFUSED 99   GO TO CWIC_INTRO

CWIC_INTRO   The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.

CWIC_01_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received WIC benefits?

    YES 1   GO TO CWIC_02_X

    NO..2   GO TO CBF_INTRO

    DON'T KNOW..77   GO TO CBF_INTRO

    REFUSED...99   GO TO CBF_INTRO

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

    YES 1   GO TO CBF_INTRO

    NO..2   GO TO CBF_INTRO

    DON'T KNOW..77   GO TO CBF_INTRO

    REFUSED...99   GO TO CBF_INTRO

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

CBF_01_X   Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?

    YES 1   GO TO CBF_02_X

    NO..2   GO TO CINTRO

    DON'T KNOW..77   GO TO CINTRO

    REFUSED...99   GO TO CINTRO

CBF_02L_X   How old was [FILL CHILD'S NAME] when [FILL CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?

    ENTER 888 FOR STILL BREASTFEEDING
    ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

    NUMBER...___   GO TO CBF_02RU_X

    STILL BREASTFEEDING 888   GO TO CBF_03_X

    DON'T KNOW..777   GO TO CBF_03_X

    REFUSED...999   GO TO CBF_03_X

CBF_02RU_X   ENTER PERIOD:

DAYS	1	GO TO CBF_03_X
WEEKS	2	GO TO CBF_03_X
MONTHS	3	GO TO CBF_03_X
YEARS	4	GO TO CBF_03_X

CBF_03_X   How old was [FILL CHILD'S NAME] when (he/she) was first fed formula?

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

ENTER NUMBER	___	GO TO CBF_04_X
AT BIRTH	000	GO TO CBF_N_X
DON'T KNOW	777	GO TO CBF_N_X
MONTHS	888	GO TO CBF_N_X
YEARS	999	GO TO CBF_N_X

CBF_04_X   ENTER PERIOD:

DAYS	1	GO TO CBF_N_X
WEEKS	2	GO TO CBF_N_X
MONTHS	3	GO TO CBF_N_X
YEARS	4	GO TO CBF_N_X

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

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

ENTER NUMBER	___	GO TO CBF_U_X
NEVER	888	GO TO CINTRO
AT BIRTH	000	GO TO CINTRO
DON'T KNOW	777	GO TO CINTRO
REFUSED	999	GO TO CINTRO

CBF_U_X   ENTER PERIOD:

DAYS	1	GO TO CINTRO
WEEKS	2	GO TO CINTRO
MONTHS	3	GO TO CINTRO
YEARS	4	GO TO CINTRO

CINTRO   Now I have some questions about your entire household.

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

                NUMBER OF PEOPLE .... ____   GO TO C1_A

                DON'T KNOW.. 77   GO TO C1_C

                REFUSED 99   GO TO C1_C

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

                NUMBER OF PEOPLE .... ____   GO TO C1_B

                DON'T KNOW.. 77   GO TO C1_C

                REFUSED 99   GO TO C1_C

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

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

[IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1_C,
OTHERWISE, SKIP TO C2]

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

                NUMBER... ____   GO TO C2_06Q3_X

                DON'T KNOW 77   GO TO C2_06Q3_X

                REFUSED..99   GO TO C2_06Q3_X

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
DIVORCED	3	GO TO C8_06Q3_X
SEPARATED	4	GO TO C8_06Q3_X
NEVER MARRIED	5	GO TO C8_06Q3_X
DECEASED	6	GO TO C8_INTRO
DON'T KNOW	77	GO TO C8_06Q3_X
REFUSED	99	GO TO C8_06Q3_X

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

C8_06Q3_X   IF C7_X= 6

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

IF C7_X ≠ 6

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

YES	1	GO TO C8_A_06Q3
NO	2	GO TO C9_X
DON'T KNOW	77	GO TO C9_X
REFUSED	99	GO TO C9_X

C8_A_06Q3   Are you / Is [child]'s mother) Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? CLICK ALL THAT APPLY

MEXICAN/MEXICANO	1	GO TO C9_X
MEXICAN-AMERICAN	2	GO TO C9_X
CENTRAL AMERICAN	3	GO TO C9_X
SOUTH AMERICAN	4	GO TO C9_X
PUERTO RICAN	5	GO TO C9_X
CUBAN/CUBAN AMERICAN	6	GO TO C9_X
SPANISH-CARIBBEAN	7	GO TO C9_X
OTHER SPANISH/HISPANIC (SPECIFY)	10	GO TO C8_OTHR1_06Q3_X
DON'T KNOW	77	GO TO C9_X
REFUSED	99	GO TO C9_X

C8_OTHR1_06Q3_X

        ENTER OTHER SPECIFY

_____GO TO C9_X

C9_X   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race. (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

WHITE 1	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
BLACK/AFRICAN AMERICAN.................................2	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
AMERICAN INDIAN 3	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
ALASKA NATIVE..4	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
ASIAN...5	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
NATIVE HAWAIIAN. 6	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
PACIFIC ISLANDER 7	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
OTHER (SPECIFY).......................................8	GO TO C9_OTHRX	
DON'T KNOW 77	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	
REFUSED 99	GO TO C10AM_X IF ONE RESPONSE, ELSE GO TO C10_X	

C9_OTHRX   ENTER OTHER SPECIFY

_____

        [IF MORE THAN ONE ANSWER AT C9_X, ASK C10; ELSE SKIP TO C10AM_X.]

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

WHITE 1	GO TO C10AM_X
BLACK/AFRICAN AMERICAN 2	GO TO C10AM_X
AMERICAN INDIAN 3	GO TO C10AM_X
ALASKA NATIVE...4	GO TO C10AM_X
ASIAN. 5	GO TO C10AM_X
NATIVE HAWAIIAN 6	GO TO C10AM_X
PACIFIC ISLANDER.......................................7	GO TO C10AM_X
OTHER (SPECIFY).......................................8	GO TO C10AM_X
C9_OTHRX 9	GO TO C10AM_X
DON'T KNOW..77	GO TO C10AM_X
REFUSED..99	GO TO C10AM_X

CT10AMDY_X   What is (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) month, day, and year of birth?

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

ENTER BIRTH DATE (MM/DD/YYYY)_____/_____/_____

[IF MONTH=DK/REF OR YEAR=DK/REF, THEN GO TO C10B_X, ELSE GO TO CHMAGE_X IF C10AMDY_X < 13 YEARS OR > 60 YEARS, ELSE SKIP TO C11_X]

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE.._____
DON'T KNOW 77
REFUSED 99

GO TO CHMAGE_X IF C10AMDY_X < 13 Years or > 60 Years

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

YES 1	GO TO C11A_X
NO 2	C10AM_X

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

YES 1	GO TO CFAMINC
NO 2	GO TO C11A_X
DON'T KNOW 77	GO TO CFAMINC
REFUSED 99	GO TO CFAMINC

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

ENTER CITY _____ GO TO C11A_COUNTY_X

C11A_COUNTY_X

ENTER COUNTY _____GO TO C11A_STATE_X

C11A_STATE_X

ENTER STATE _____GO TO C11B_X

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

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

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____ ....GO TO CFAMINC

DON'T KNOW...77777	GO TO FAMINC
REFUSED..999999	GO TO FAMINC

CFAMINC   Please think about your total combined family income during 2009 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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

$ _____	GO TO CINC
DON'T KNOW...77	GO TO C12_DONT_KNOW
REFUSED...99	GO TO C12_REFUSED

C12 _DONT_KNOW

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2009 more or less than $20,000?

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

$20,000..2 GO TO C19A

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

DON'T KNOW ....77 GO TO C19A

REFUSED ....99 GO TO C19A

C12_REFUSED Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2009 more or less than $20,000?

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

$20,000..2 GO TO C19A

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

DON'T KNOW ....77 GO TO C19A

REFUSED ....99 GO TO C19A

C13 Was the total combined FAMILY income more or less than $10,000?

More than $10,000. ....1 GO TO C15

$10,000..2 GO TO C19A

Less than $10,000 ....3 GO TO C14_A

DON'T KNOW ....77 GO TO C19A

REFUSED ....99 GO TO C19A

C14_A Was it more than $7,500?

YES ....1 GO TO C19A

NO .... GO TO C19A

DON'T KNOW ....77 GO TO C19A

REFUSED ....99 GO TO C19A

C15 Was it more than $15,000?

YES ....1 GO TO C15_A

NO...2 GO TO C15_B

DON'T KNOW ....77 GO TO C19A

REFUSED ....99 GO TO C19A

C15_A   Was it more than $17,500?

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

C15_B   Was it more than $12,500?

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

C16   Was the total combined FAMILY income more or less than $40,000?

              More than $40,000. 1   GO TO C16_A
              $40,000 2   GO TO C19A
              Less than $40,000 3   GO TO C17
              DON'T KNOW 77   I GO TO C19A
              REFUSED 99   GO TO C19A

C16_A   Was the total combined FAMILY income more or less than $60,000?

              More than $60,000. 1   GO TO C18
              $60,000 2   GO TO C19A
              Less than $60,000 3   GO TO C16_B
              DON'T KNOW 77   GO TO C19A
              REFUSED 99   GO TO C19A

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

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

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

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

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

     More than $30,000. 1   GO TO C17_A

     $30,000..2   GO TO C19A

     Less than $30,000 3   GO TO C17_B

     DON'T KNOW 77   GO TO C19A

     REFUSED 99   GO TO C19A

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

     More than $35,000. 1   GO TO C19A

     $35,000..2   GO TO C19A

     Less than $35,000..3   GO TO C19A

     DON'T KNOW 77   GO TO C19A

     REFUSED 99   GO TO C19A

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

     More than $25,000. 1   GO TO C19A

     $25,000..2   GO TO C19A

     Less than $25,000..3   GO TO C19A

     DON'T KNOW 77   GO TO C19A

     REFUSED 99   GO TO C19A

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

     More than $75,000. 1   GO TO C19A

     $75,000..2   GO TO C19A

     Less than $75,000..3   GO TO C19A

     DON'T KNOW 77   GO TO C19A

     REFUSED 99   GO TO C19A

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

     YES. 1   GO TO C19A

     NO...2   GO TO CFAMINC

     DON'T KNOW 77   GO TO CFAMINC

     REFUSED 99   GO TO CFAMINC

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

	_____	IF A PROPER ZIP CODE IS
		ENTERED, THEN FILL CITY,
		COUNTY AND STATE FROM THE
		LOOK UP TABLE AND GO TO
		C19A_CONF, ELSE GO TO C19

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

C19A_CONF	To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

	YES 1	GO TO C19B
	NO...2	GO TO C19

C19	In what city, county and state do you live?

	ENTER CITY _____	GO TO C_19 COUNTY

C19_COUNTY	ENTER COUNTY_____	GO TO C_19 STATE

C19_STATE	ENTER STATE_____	GO TO C_19_ZIP_CONF

C19_ZIP_CONF

	To confirm, I have your zip code as [FILL]. Is that correct?

	YES 1	GO TO C19B
	NO...2	GO TO C19_NEW_ZIP
	DON'T KNOW...77	GO TO C19B
	REFUSED...99	GO TO C19B

C19_NEW_ZIP

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

	_____	GO TO C19B

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

C19B Do you live within the city limits?

    YES ....1 GO TO C19C

    NO..2 GO TO C19C

    DON'T KNOW...77 GO TO C19C

    REFUSED...99 GO TO C19C

C19C Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you?

    OWNED OR BEING BOUGHT ....1 GO TO C20_06Q3

    RENTED...2 GO TO C20_06Q3

    OTHER ARRANGEMENT...........................3 GO TO C20_06Q3

    DON'T KNOW...77 GO TO C20_06Q3

    REFUSED...99 GO TO C20_06Q3

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

C21_06Q3 How many telephone numbers are residential numbers?

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

    ONE ....1 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 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	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 C11Q78
TWO	02	GO TO C11Q78
THREE OR MORE	03	GO TO C11Q78
NONE	04	GO TO D5
DON'T KNOW	77	GO TO C11Q78
REFUSED	99	GO TO C11Q78

C11Q78   IF LANDLINE = 2, 77, OR 99 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   GO TO D5
NEARLY ALL RECEIVED ON REGULAR
PHONES. 2   GO TO D5
SOME RECEIVED ON CELL PHONES AND
SOME RECEIVED ON REGULAR PHONES..............3   GO TO D5
DON'T KNOW..77   GO TO D5
REFUSED..99   GO TO D5

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

ELSE;

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

FAQs:

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

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

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

--Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.

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

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

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history, we need to contact your healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

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

D6AA_x   How many locations have provided health care for your child? Please include the hospital or birthing center where [he/she] was born, and any other clinics or doctor's offices that have seen [him/her]. ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER. ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

FAQs:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history, we need to contact your healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

--In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

--The Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

--In order to standardize the type of information that we receive, it is required that we contact the providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so we can accept only immunization history forms filled out by health care professionals.

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

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

YES, CONTINUE ON CLINIC NAME FIRST 1   GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME, IF IAP = 095 SHOW THE LIST OF PROVIDERS FOR THE STATE VI

YES, CONTINUE ON LAST NAME FIRST 2   GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME, IF IAP = 095 SHOW THE LIST OF PROVIDERS FOR THE STATE VI

NO, CAN'T FIND, CONTINUE 3   GO TO PLU, IF IAP = 095 SHOW THE LIST OF PROVIDERS FOR THE STATE VI

REFUSED 99   GO TO SECT_D_TERM; INS_INTRO (ON CALLBACK)

FAQs

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

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

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

Why contact my doctor? Why give consent?

--Information from the medical providers are used in the primary scientific analyses for this study. Information from families like yours provide valuable information that support what is received by the medical community.

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

--The National Immunization Survey has been conducted for nearly 15 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up-to-date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

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

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

NIS PROVIDER LOOKUP
Provider Search Information Screen
Please locate the (first/second/…) provider for (child name)

In order to help me accurately record the information for your child's health care provider, I will need to try and find that provider in a "lookup" database. The most efficient search is typically the doctor's last name in combination with the city and state where the office is located. Do you have that information?

READ IF R DOESN'T HAVE THE LAST NAME: Do you have the clinic or office name?

IF PROVIDERS=4: PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.
* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
* Would you mind looking the information up in the phone book or on the internet?
* Do you remember the city and state?

What is the last name of the (first/next) doctor? [variable: D6B1]
Do you know the doctor's first name? [variable: D6B2]
Please tell me the name of the office or the clinic. [variable: D6B3]
What is the street address of the office or the clinic? [variable: D6B4]
Is there a suite, floor or room number? [variable: D6B5]
What is the zip code? [variable: D6B8]
What city is that in? [variable: D6B6]
What state is that in? [variable: D6B7]
What is their telephone number? [variable: D6B9]
IF PROVIDERS=4 What other information do you remember about the location of this provider? [variable: D6B10]

SEARCH
DK
REF

Search Results Screen
READ IF NECESSARY: Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action
DK
REF
MODIFY SEARCH
ADD NEW PROVIDER

Provider Details Screen

D6A_3   To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

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

New Provider Screen:
D6B1   What is the last name of the doctor?
LEAVE BLANK IF UNKNOWN
D6B2   Do you know the doctor's first name?
LEAVE BLANK IF UNKNOWN
D6B3   Please tell me the name of the office or the clinic.
LEAVE BLANK IF UNKNOWN
D6B4   What is the street address of the office or the clinic?
LEAVE BLANK IF UNKNOWN
D6B5   Is there a suite, floor or room number?
LEAVE BLANK IF UNKNOWN
D6B6   What city is that in?
LEAVE BLANK IF UNKNOWN
D6B7   What state is that in?
LEAVE BLANK IF UNKNOWN
D6B8   What is the zip code?
LEAVE BLANK IF UNKNOWN
D6B9   What is their telephone number?
LEAVE BLANK IF UNKNOWN
D6B10   Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
Would you mind looking the information up in the phone book or on the internet?
Do you remember the city and state?
LEAVE BLANK IF UNKNOWN

POST-PROVIDER LOOKUP PATHS

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

D8_x   IF D6_X=0 AND D6AA_x > 0:

Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6_X >= 1:

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

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

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

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

Why do you need the child's name?

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

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

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

CONTINUE 1   GOT TO D8A_X
REFUSED 99   GO TO D15B

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

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

YES 1   CONTINUE TO D8_X
RESPONDENT STILL REFUSES 2   GO TO SECT_D_TERM; INS_INTRO
                                                      (on callback)

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

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

CONTINUE 1   GO TO D8A_X
REFUSED 99   GO TO D15B

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

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

FIRST NAME: _____ GO TO D8B_X

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

MIDDLE NAME: _____ GO TO D8C_X

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

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

LAST NAME: _____ GO TO D9A

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

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

        FAQs

        Why do you need my name?

        Before they can fill out the form, medical practices and clinics need the name of the person authorizing the release of the information. This is the only reason we are asking for your name.

        --Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

        --The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

        --I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

        CONTINUE. 1   GO TO D9
        REFUSED 2   GO TO SET_D_TERM; INS_INTRO
                                                                                      (ON CALLBACK)

D9A   What is your first name?

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

        FIRST NAME: _____ GO TO D9B

D9B   What is your middle name?

        MIDDLE NAME: _____ GO TO D9C

D9C   What is your last name?

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

        LAST NAME: _____ GO TO D9D_X

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

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

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

D7_ID Capture Interviewer ID upon entering question D7

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

FAQs

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

        YES 1   IF ASK_D7G = 1 GO TO D7G_X,
                                              ELSE GO TO DCG

        NO (ONLY CHOOSE THIS WHEN YOU HAVE
        MADE ALL APPROPRIATE AVERSION
        ATTEMPTS)..2   GO TO D7_R

D7G_X   Sometimes to get a complete record of your child(ren)'s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?

YES 1   GO TO DCG

NO...2   GO TO DCG

DON'T KNOW 77   GO TO DCG

REFUSED...99   GO TO DCG

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)
WHAT IS A REGISTRY?
Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

WHY DO YOU NEED TO CONTACT A REGISTRY?
Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

D7_DATE   Capture date at the time the answer to D7 is given

D7_TIME   Capture time at the time the answer to D7 is given

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

CONTINUE 1   GO TO D7_1

RESPONDENT STILL REFUSES.................................2   GO TO SECT_D_TERM

DCG   I would like to confirm that I have the correct information for you and the children in this household.

[INTERVIEWER: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]

DCG1_X   I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

YES 1   GO TO DCG2_X

NO...2   GO TO D9A_C_X

D9A_C_X   What is your full name – first, middle and last?

       FIRST NAME: _____

D9B_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

       MIDDLE NAME: _____

D9C_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

       LAST NAME: _____

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

       YES 1   GO TO DCONFDOB_X
       NO..2   GO TO D8A_C_X

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

       FIRST NAME: _____

D8B_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

       MIDDLE NAME: _____

D8C_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

       LAST NAME: _____

DCONFDOB_x
       The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?
       YES 1   GO TO NEXT CHILD OR INS_INTRO
       NO..2   GO TO DNEWDOB_1

DNEWDOB[M,D,Y]_X
       What is the correct month, day and year of birth of [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE2]?
       _____/_____/_____   GO TO NEXT CHILD OR INS_INTRO

ASK ONLY IF D9D=2

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

       CONTINUE 1   GO TO D9D1F
       REFUSAL...2   GO TO SECT_D_TERM; INS_INTRO
                                     (ON CALLBACK)

D9D1F   What is the first name?

       FIRST_____

D9D1M   What is the middle name?

          ..MIDDLE_____

D9D1L   What is the last name?

          . LAST_____

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

          MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
          GUARDIAN .... 01 GO TO D9D1A
          FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
          GUARDIAN .... 02 GO TO D9D1A
          SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)......... 03 GO TO D9D1A
          IN-LAW OF ANY TYPE .... 04 GO TO D9D1A
          AUNT/UNCLE .... 05 GO TO D9D1A
          GRANDPARENT .... 06 GO TO D9D1A
          OTHER FAMILY MEMBER.. 07 GO TO D9D1A
          FRIEND .... 08 GO TO D9D1A

D9D1A   May I speak with that person now?

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

D9D2   When would be a good time to call this person? SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

        IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

          APPOINTMENT ....1 GO TO CB1
          CONTINUE ....2 GO TO D9D1NEW

[IF TXFLG = 1 THEN] Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the study's toll-free number, 1-866-999-3340. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message for the Chairperson of the CDC Ethics Review Board, or call 1-888-777-5037 to leave a message for the Texas Department of State Health Services Institutional Review Board.

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

<div align="center">
READ WHEN NEW PERSON COMES TO THE PHONE
OR
FOR Authorized Consent Respondent CALLBACK INTRODUCTION
</div>

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

        YES 1   GO TO D9D2ANEW

        NO…..2   GO TO D9D2

D9D2ANEW   I'm calling on behalf of the Centers for Disease Control and Prevention. We talked with [FILL: NAME FROM D9A] and collected immunization and provider information for [NAME OF ELIGIBLE CHILD(REN)]. We understand that you could authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN)]. This study is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't wish to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only.

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

        YES 1   GO TO D6C

        NO..2   RETURN TO D9D1

        REFUSED..99   GO TO D9D_R

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

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

INS_1_X   At this time, is (CHILD) covered by health insurance that is provided through an employer or union?

READ ONLY IF NECESSARY: These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1	GO TO INS_1A_X
NO 2	GO TO INS_2_X
DON'T KNOW 77	GO TO INS_2_X
REFUSED 99	GO TO INS_2_X

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

YES..1	GO TO INS_2_X
NO 2	GO TO INS_2_X
DON'T KNOW..77	GO TO INS_2_X
REFUSED 99	GO TO INS_2_X

INS_2_X   [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI,
            SC, SD, or WI, THEN SKIP TO INS_3A_X]

            At this time, is (CHILD) covered by any Medicaid plan? Medicaid is a health insurance program for
            persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state,
            the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

            READ IF NECESSARY: Medicaid is a federal-state medical assistance program. It serves low-
            income people of every age. Medical bills are paid from federal, state and local tax funds. Patients
            usually pay no part of costs for covered medical expenses. It is run by state and local governments
            within federal guidelines.

            IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE
            THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer?
            Does it help pay for both doctor visits and hospital stays?

                YES 1   GO TO INS_3_X

                 NO...2   GO TO INS_3_X

                DON'T KNOW..77   GO TO INS_3_X

                REFUSED..99   GO TO INS_3_X

INS_3_X   At this time, is (CHILD) covered by the State Children's Health Insurance Program or S-CHIP? In
            this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

            READ IF NECESSARY: The State Children's Health Insurance Program (S-CHIP), created under
            Title XXI of the Social Security Act, expands health coverage to uninsured children whose families
            earn too much for Medicaid but too little to afford private coverage.

            IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE
            THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer?
            Does it help pay for both doctor visits and hospital stays?

                YES 1   GO TO INS_4_X

                NO 2   GO TO INS_4_X

                DON'T KNOW..77   GO TO INS_4_X
                REFUSED..99   GO TO INS_4_X

INS_3A_X At this time, is (CHILD) covered by any Medicaid plan or the State Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: Medicaid and S-CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1   GO TO INS_4_X

NO...2   GO TO INS_4_X

DON'T KNOW..77   GO TO INS_4_X

REFUSED...99   GO TO INS_4_X

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

YES 1   GO TO INS_5_X

NO 2   GO TO INS_5_X

DON'T KNOW..77   GO TO INS_5_X

REFUSED...99   GO TO INS_5_X

INS_5_X   At this time, is (CHILD) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

YES 1   GO TO INS_6_X

NO 2   GO TO INS_6_X

DON'T KNOW..77   GO TO INS_6_X

REFUSED...99   GO TO INS_6_X

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

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

               YES...1   GO TO INS_6A_X

               NO 2   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                   INS_3A_X, INS_4_X, OR INS_5_X = 1
                                                                                   SKIP TO INS_11_X ELSE GO TO
                                                                                   INS_7_X

               DON'T KNOW 77   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                   INS_3A_X, INS_4_X, OR INS_5_X = 1
                                                                                   SKIP TO INS_11_X ELSE GO TO
                                                                                   INS_7_X

               REFUSED 99   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                   INS_3A_X, INS_4_X, OR INS_5_X = 1
                                                                                   SKIP TO INS_11_X ELSE GO TO
                                                                                   INS_7_X

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

               YES 1   GO TO INS_6B_X

               NO 2   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                       INS_3A_X, INS_4_X, OR INS_5_X =
                                                                                       1 SKIP TO INS_11_X ELSE GO TO
                                                                                       INS_7_X

               DON'T KNOW 77   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                       INS_3A_X, INS_4_X, OR INS_5_X =
                                                                                       1 SKIP TO INS_11_X ELSE GO TO
                                                                                       INS_7_X

               REFUSED 99   IF INS_1A_X, INS_2_X, INS_3_X,
                                                                                       INS_3A_X, INS_4_X, OR INS_5_X =
                                                                                       1 SKIP TO INS_11_X ELSE GO TO
                                                                                       INS_7_X

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

               YES 1   GO TO INS_11_X
               NO 2   GO TO INS_6C_X
               DON'T KNOW 77   GO TO INS_6C_X
               REFUSED 99   GO TO INS_6C_X

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

            YES 1   GO TO INS_11_X
            NO 2   GO TO INS_6D_X
            DON'T KNOW 77   GO TO INS_6D_X
            REFUSED 99   GO TO INS_6D_X

INS_6D_X   I recorded that (CHILD) was covered by some other health insurance. What is the name of the plan?
                ENTER 77 FOR DON'T KNOW OR 99 FOR REFUSED

            CONTINUE 1   GO TO INS_6D_1_X
            DON'T KNOW 77   GO TO INS_11_X
            REFUSED 99   GO TO INS_11_X

INS_6D_1_X   Record verbatim response #1 _____
INS_6D_2_X   Record verbatim response #2 _____

INS_7_X   It appears that (CHILD) does not have any health insurance coverage to pay for both hospitals and
                doctors and other health professionals. Is that correct?

            YES 1   GO TO INS_8_X
            NO 2   GO TO INS_7A_X
            DON'T KNOW 77   GO TO INS_11_X
            REFUSED 99   GO TO INS_11_X

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

            MEDICAID [STATE NAME].......................................1
            MEDICARE...2
            S-CHIP [STATE NAME] 3
            MEDIGAP 4
            MILITARY 5
            INDIAN HEALTH SERVICE 6
            PRIVATE INSURANCE 7
            SINGLE SERVICE PLAN
            (DENTAL, VISION, PRESCRIPTIONS, ETC) 8
            OTHER 9
            DON'T KNOW 77
            REFUSED 99

IF INS_7A_X = 8 ONLY, SKIP TO INS-8
ELSE IF INS_7A_X = 1, 3, 5, OR 6, SKIP TO INS-11

THE ABOVE RULE TAKES PRIORITY OVER:

ELSE IF INS_7A_X = 2, 4, 7, or 9 THEN ASK:

INS_7B_X   Does this health insurance help pay for both doctor visits and hospital stays?

     YES 1   GO TO INS_11_X
     NO 2   GO TO INS_8_X
     DON'T KNOW 77   GO TO INS_11_X
     REFUSED 99   GO TO INS_11_X

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

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

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

    IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

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

INS_9A_X   ENTER PERIOD:

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

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

    MEDICAID [FILL STATE PROGRAM NAME,

    IF APPLICABLE] 1   GO TO INS_14_X

    MEDICARE...2   GO TO INS_14_X

    S-CHIP [FILL STATE PROGRAM NAME,

    IF APPLICABLE]...3   GO TO INS_14_X

    MEDIGAP 4   GO TO INS_14_X

    MILITARY 5   GO TO INS_14_X

    INDIAN HEALTH SERVICE...6   GO TO INS_14_X

    PRIVATE HEALTH INSURANCE 7   GO TO INS_14_X

    OTHER INSURANCE TYPE..8   GO TO INS_14_X

    DON'T KNOW..77   GO TO INS_14_X

    REFUSED...99   GO TO INS_14_X

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

    YES 1   GO TO INS_12_X

    NO 2   GO TO INS_13_X

    DON'T KNOW 77   GO TO INS_13_X

    REFUSED 99   GO TO INS_13_X

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

    IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

    ____NUMBER...   GO TO INS_12A_X

    UNINSURED AT BIRTH 44   GO TO INS_13_X

    DON'T KNOW 77   GO TO INS_13_X

    REFUSED 99   GO TO INS_13_X

INS_12A_X   ENTER PERIOD:

    MONTH(S)..1   GO TO INS_14_X

    YEAR(S)..2   GO TO INS_14_X

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

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

        YES 1   GO TO INS_13A_X

        NO 2   GO TO INS_13A_X

        DON'T KNOW 77   GO TO INS_13A_X

        REFUSED 99   GO TO INS_13A_X

INS_13A_X   Has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] ever been covered by the State Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].

        YES 1   GO TO INS_14_X

        NO 2   GO TO INS_14_X

        DON'T KNOW 77   GO TO INS_14_X

        REFUSED 99   GO TO INS_14_X

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

        YES 1   IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X

        NO 2   IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X

        DON'T KNOW 77   IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X

        REFUSED 99   IF S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99 OR INS_8_X = 1 GO TO D16, ELSE GO TO INS_15_X

INS_15_X   When (CHILD) received (his/her) most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

        ALL OF THE COST 1   GO TO HIM_STATUS_X

        SOME OF THE COST 2   GO TO INS_16_X

        NONE OF THE COST 3   GO TO INS_16_X

        DON'T KNOW..77   GO TO INS_16_X

        REFUSED...99   GO TO INS_16_X

INS_16_X How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

ALL OF THE COST 1   GO TO HIM_STATUS_X

SOME OF THE COST 2   GO TO HIM_STATUS_X

NONE OF THE COST 3   GO TO HIM_STATUS_X

DON'T KNOW...77   GO TO HIM_STATUS_X

REFUSED 99   GO TO HIM_STATUS_X

HIM_STATUS_X

FLAG VARIABLE FOR EACH CHILD:

1. HIM_STATUS_X=0 IF ELIG_X = 0 OR IF IT IS A VIRGIN CASE
2. HIM_STATUS_X=1 IF ELIG_X = 1 AND INS_INTRO HAS NOT BEEN DISPLAYED
3. HIM_STATUS_X=2
    IF INS_INTRO HAS BEEN DISPLAYED
    AND
        [INS-14 IS NOT ANSWERED
    OR
            (IF INS-15-FLAG=1 AND INS-15 IS NOT ANSWERED)
    OR
            (IF {INS-15 $\neq$ 1} AND INS-16 IS NOT ANSWERED)]   ]
4. HIM_STATUS_X=3 IF (INS-14 IS ANSWERED AND INS-15-FLAG=0) OR (IF INS-15=1) OR
(IF INS-16 IS ANSWERED)

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