

FORM **HIS-2 (1996)**
(8-1-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

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NATIONAL HEALTH INTERVIEW SURVEY
1996 SUPPLEMENT BOOKLET
I. IMMUNIZATION

1. RO		2. Sample		3. Week		4. Book _____ of _____ books		RT 51		
9-10		11-13		14		15-16		3-7 8		
5. Control number							6. Family number			
PSU	Segment	Suffix	Serial	Suffix	Check digit	32				
17-21	22-25	26-27	28-29	30	31					
7. Field Representative's name							Code	33-35		
8. Beginning time							9. Ending time			
							36-39	40	41-44	45
							1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.		1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	

SAMPLE CHILD LIST

ITEM 11

List all nondeleted persons under 6 years old in this family by age, oldest to youngest.

RT 52	3-4	5-6	7			8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	SC	19-35 months	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM 12A

Are there any non-selected 2 year olds in the above list?

Yes (Mark (X) box in "19-35 months" column for EACH, then I2B)
 No (I2B)

ITEM 12B

Are there any non-selected 1 year olds in the above list?

Yes (Refer to Eligibility Chart below for EACH 1 year old)
 No (Section I)

ELIGIBILITY CHART

If month of Interview is: Mark (X) box in "19-35 months" column if child's Date of Birth is Within:

January 1996	02/93 - 06/94
February 1996	03/93 - 07/94
March 1996	04/93 - 08/94
April 1996	05/93 - 09/94
May 1996	06/93 - 10/94
June 1996	07/93 - 11/94
July 1996	08/93 - 12/94
August 1996	09/93 - 01/95
September 1996	10/93 - 02/95
October 1996	11/93 - 03/95
November 1996	12/93 - 04/95
December 1996	01/94 - 05/95
January 1997	02/94 - 06/95

Complete final status on Back Cover

Section I - IMMUNIZATION - Continued

RT 54

ITEM 13	<i>Enter person number and first name of sample child under 6.</i>	Person number _____ First name _____	3-4
	<i>Enter person number of respondent.</i>	Person number _____	5-6

These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.

ITEM 14	<i>Refer to shot record.</i>	1 <input type="checkbox"/> Available (2) 2 <input type="checkbox"/> Not available (1)	7
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1. Ask only on initial interview. On callback, skip to 9. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then 15 on page 4) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	8
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2. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>		(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	RT 55 3-4 5-6	35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	61-62 Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK }
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

3. Are all the immunizations that -- ever received included on this shot record?	1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }	87
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4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }	88
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b. How many additional DTP shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	89
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5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }	90
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b. How many additional polio vaccines has -- received?	_____ Vaccines (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	91
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Section I - IMMUNIZATION - Continued

6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }	92
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b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	93
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7a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }	94
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b. How many additional HIB shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	95
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8a. Has -- ever received an additional Hepatitis B shot?	1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }	96
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b. How many additional Hepatitis B shots has -- received?	_____ Shots } (Number) } (11) 8 <input type="checkbox"/> All } 9 <input type="checkbox"/> DK }	97
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9. Has -- ever received an immunization (that is a shot or drops)?	1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No } (Item 15 on page 4) 9 <input type="checkbox"/> DK }	98
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10a. Has -- ever received:

(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? 1 <input type="checkbox"/> Yes (10b) 99 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? 1 <input type="checkbox"/> Yes (10b) 102 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? 1 <input type="checkbox"/> Yes (10b) 105 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) 1 <input type="checkbox"/> Yes (10b) 108 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(5) A Hepatitis B shot? 1 <input type="checkbox"/> Yes (10b) 111 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }
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10b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	_____ Shots } (Number) } (11) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }

11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	114
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12. In your opinion, has -- received all of the recommended shots for -- age?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	115
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Section I - IMMUNIZATION - Continued

ITEM 15	Refer to Sample Child List on Cover.	1 <input type="checkbox"/> Additional 19-35 month old child (Item 18) 2 <input type="checkbox"/> No additional 19-35 month old child (Item 16)		
ITEM 16	Refer to questions 2 and 10 for SC. Mark (X) first appropriate box.	1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (HIS-3)		
ITEM 17	Status of HIS-2A for SC. Mark (X) one in each column.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center; vertical-align:top;"> Provider 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="width:50%; text-align:center; vertical-align:top;"> Permission 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table>	Provider 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	Permission 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)
Provider 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	Permission 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)			

	1 Sample child
	RT 54

ITEM 18	Enter person number and first name of other 19-35 month old child.	Person number _____ First name _____
	Enter person number of respondent.	Person number _____

These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.

ITEM 19	Refer to shot record.	1 <input type="checkbox"/> Available (14) 2 <input type="checkbox"/> Not available (13)
13.	Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then Item 110 on page 6) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

14. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10	59-60	RT 55 3-4 5-6	35-36	61-62
	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates, then 15) (Number) 00 <input type="checkbox"/> None } (15) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR			
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR			
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR			
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR			

Section I - IMMUNIZATION - Continued

15. Are all the immunizations that -- ever received included on this shot record?	1 <input type="checkbox"/> Yes (23 on page 6) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (16)	87
16a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (17)	88
b. How many additional DTP shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	89
17a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (18)	90
b. How many additional polio vaccines has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	91
18a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (19)	92
b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	93
19a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.	1 <input type="checkbox"/> Yes (19b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (20)	94
b. How many additional HIB shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	95
20a. Has -- ever received an additional Hepatitis B shot?	1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23 on page 6)	96
b. How many additional Hepatitis B shots has -- received?	_____ Shots (Number) } (23 on page 6) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	97

Section I - IMMUNIZATION - Continued

21. Has -- ever received an immunization (that is a shot or drops)?	<input type="checkbox"/> Yes (22) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item 110)	98
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22a. Has -- ever received:

(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? <input type="checkbox"/> Yes (22b) 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (22b) 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (22b) 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (22b) 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (22b) 111 <input type="checkbox"/> No } (23) <input type="checkbox"/> DK }
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22b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Number) } (23) <input type="checkbox"/> All <input type="checkbox"/> DK

23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	114
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24. In your opinion, has -- received all of the recommended shots for -- age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	115
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ITEM 110	Refer to Sample Child List on Cover.	<input type="checkbox"/> Additional 19-35 month old child (Item 113 on page 7) <input type="checkbox"/> No additional 19-35 month old child (Item 111)
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ITEM 111	Refer to questions 14 and 22 for additional 19-35 month old child. Mark (X) first appropriate box.	<input type="checkbox"/> Callback required } (Fill HIS-2A if appropriate, then Item 112) <input type="checkbox"/> Any immunizations } <input type="checkbox"/> No immunizations (Return to Item 16 on page 4)
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ITEM 112	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	117	118	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px;"> Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> <td style="width:50%; padding: 5px;"> Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table> } (Return to Item 16 on page 4)	Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)
Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)					

Notes	2	Other 19-35 month child	119
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Section I - IMMUNIZATION - Continued

RT 54

ITEM 113

Enter person number and first name of other 19-35 month old child.

Person number _____ First name _____

3-4

Enter person number of respondent.

Person number _____

5-6

These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.

ITEM 114

Refer to shot record.

- 1 Available (26)
2 Not available (25)

7

25. Ask only on initial interview. On callback, skip to 33. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?

- 1 Yes (Arrange callback, then Item 115 on page 9)
2 No } (33 on page 8)
9 DK }

8

26. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10	59-60	RT 55 3-4 5-6	35-36	61-62
	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates, then 27) (Number) 00 <input type="checkbox"/> None } (27) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13 ____/____/19 MO DAY YR	37-42 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20 ____/____/19 MO DAY YR	43-48 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27 ____/____/19 MO DAY YR	49-54 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34 ____/____/19 MO DAY YR	55-60 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR			
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR			
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR			
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR			

27. Are all the immunizations that -- ever received included on this shot record?

- 1 Yes (35 on page 8)
2 No } (28)
9 DK }

87

28a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

- 1 Yes (28b)
2 No } (29)
9 DK }

88

b. How many additional DTP shots has -- received?

____ Shots
(Number)
8 All
9 DK

89

29a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?

- 1 Yes (29b)
2 No } (30 on page 8)
9 DK }

90

b. How many additional polio vaccines has -- received?

____ Vaccines
(Number)
8 All
9 DK

91

Section I - IMMUNIZATION - Continued

30a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	<input type="checkbox"/> Yes (30b) <input type="checkbox"/> No } (31) <input type="checkbox"/> DK }	92
---	---	----

b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	93
---	--	----

31a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.	<input type="checkbox"/> Yes (31b) <input type="checkbox"/> No } (32) <input type="checkbox"/> DK }	94
--	---	----

b. How many additional HIB shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	95
--	--	----

32a. Has -- ever received an additional Hepatitis B shot?	<input type="checkbox"/> Yes (32b) <input type="checkbox"/> No } (35) <input type="checkbox"/> DK }	96
--	---	----

b. How many additional Hepatitis B shots has -- received?	_____ Shots } (Number) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK }	97
--	---	----

33. Has -- ever received an immunization (that is a shot or drops)?	<input type="checkbox"/> Yes (34) <input type="checkbox"/> No } (Item 115 on page 9) <input type="checkbox"/> DK }	98
--	--	----

34a. Has -- ever received:				
(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? <input type="checkbox"/> Yes (34b) 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (34b) 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (34b) 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (34b) 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (34b) 111 <input type="checkbox"/> No } (35) <input type="checkbox"/> DK }

34b. How many (vaccine) shots did -- ever receive?				
(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK }	_____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK }	_____ Shots } (Number) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK }

35. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	114
--	--	-----

36. In your opinion, has -- received all of the recommended shots for -- age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	115
--	--	-----

Section I - IMMUNIZATION - Continued

ITEM I15	Refer to questions 26 and 34 for additional 19-35 month old child. Mark (X) first appropriate box.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to Item I11 on page 6) </div> <div style="width: 35%; font-size: 2em;">}</div> <div style="width: 5%; text-align: center;">(Fill HIS-2A, then Item I16)</div> </div>	116								
ITEM I16	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><u>Provider</u></td> <td style="width:5%; text-align: center;">117</td> <td style="width:45%; text-align: center;"><u>Permission</u></td> <td style="width:5%; text-align: right;">118</td> </tr> <tr> <td style="vertical-align: top;"> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td></td> <td style="vertical-align: top;"> 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="vertical-align: middle; font-size: 2em;">}</td> </tr> </table>	<u>Provider</u>	117	<u>Permission</u>	118	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)		0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	}	(Return to Item I11 on page 6)
<u>Provider</u>	117	<u>Permission</u>	118								
1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)		0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	}								

Notes **3** Other 19-35 month child **119**

10. Response Status

3

a. Section I (Immunization)

Interview:

- 1 Complete
 - 2 Partial
- } *Mark (X) mode in 10b. Explain "Partial" in notes.*

Noninterview:

- 3 Refused
 - 4 Other
- } *Explain in notes*

4

b. Mode of interview:

All or most -

- 1 In person
- 2 By telephone

Notes