NIS-Child Hard Copy Questionnaire

Q4/2012

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section B – Flu Vaccination

Section C – Demographics

Section D – Provider

Section E- Health Insurance Module

Confidential Information

Key to Preload Variables

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

SECTION S

Screener

INTRO_1   [IF RDD_NCCELL_CCELL = 1 DISPLAY] Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

ELSE IF RDD_NCCELL_CCELL = 2 DISPLAY

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

ELSE IF RDD_NCCELL_CCELL = 3 DISPLAY

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

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

S_CELL   Am I speaking to you on your cell phone?

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

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

                [If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE:
                THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS
                CALL. THE ORIGINAL NUMBER IS [OLD_NUMBER].

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

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

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

                CALL BACK AT ANOTHER TIME............................. 1   GO TO CB1
                CALL BACK AT ANOTHER NUMBER
                REQUESTED.. 2   GO TO 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 CURRENT
                TIME ZONE.. 12   GO TO CB1
                REFUSED TO CONTINUE/HUNG UP 99   TERMINATE, SET ITS=41

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

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

                CELL PHONE 1   GO TO CELL_EXIT
                NUMBER FORWARDED TO CELL PHONE 2   GO TO CB1
                RESPONDENT HUNG UP BEFORE
                CONFIRMATION 3   TERMINATE, SET ITS=41
                GO BACK TO INTRO_1 4   GO TO INTRO_1

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

                NO CALL NOTES, SET ITS=88

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

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

                GO TO INTRO_1

SALZ   Is this telephone number for business use only?

                Yes.. 1   GO TO SALZ_BUS
                No 2   GO TO INTRO_1
                DORM/PRISON/HOSTEL 3   GO TO SALZ_BUS
                PAGING SERVICE 4   GO TO SALZ_BUS

MSG_Y   Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a
                nationwide study about childhood immunization. Would you please call us toll-free at 1-866-999-
                3340 to let us know whether or not there are any children between 12 months and 4 years old living
                or staying in this household? The number again is 1-866-999-3340. Thank you.

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

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

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

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

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

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

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

I AM THAT PERSON 1	GO TO S_NUMB	
THIS IS A BUSINESS 2	GO TO SALZ	
NEW PERSON COMES TO PHONE 3	GO TO INTRO_1	
SEE SKIP LOGIC 8	IF RDD_NCCELL_CCELL = 1 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE SET ITS 27, 28, OR 29	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE - SET ITS 27, 28, or 29	
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) NO PERSON AT HOME WHO IS OVER 17 => GO TO S2_B	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B	
REFUSED 99	GO TO R1	

LANDLINE Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

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

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

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

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

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

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

    [TERMINATE INTERVIEW]

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

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

    YES, THEY ARE COMING TO THE PHONE 1   GO TO INTRO_1
    YES, BUT NO ONE IS HOME, SO SET A
    CALLBACK 2   GO TO S2_B_1_WARNING_TEXT
    NO, NO ADULTS [IF RDD_NCCELL_CCELL = 1
    LIVE IN THE HOUSEHOLD AT ANY TIME / IF
    RDD_NCCELL_CCELL = 2, 3 USE THIS CELL
    PHONE] 3   GO TO MINOR_EXIT
    IF RDD_NCCELL_CCELL = 1, DISPLAY: TEEN
    LINE (COLLECT ANOTHER PHONE NUMBER)..... 4   GO TO S2_C
    REFUSED 99   GO TO R1

S2B_B_1_WARNING_TEXT

    Thank you, we'll try back another time.

    [CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

MINOR_EXIT   Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

[TERMINATE INTERVIEW]

S2_C   Is there another telephone number that I should call? _____

GO TO INSTRUCTION: S2_CWARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X.

GO TO CB1 (APPOINTMENT SCREEN) THEN C_NOTES_1_1

S_NUMB   How many children between the ages of 12 months and 4 years old are living or staying in your household?

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

IF ONE OR MORE,

ENTER # OF CHILDREN .... ___	(ENTER 01 to 09) GO TO CP_S3_LTR	
IF NO CHILDREN ENTER 0 00	IF SAMPLE_USE_CODE=1 AND ASK_TEEN=0 THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 THEN GO TO S_UNDR18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18	
DON'T KNOW 77	GO TO S_NUMB_TERM	
REFUSED 99	GO TO S_NUMB_TERM	

S_NUMB_TERM

Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you have spent answering these questions.

[TERMINATE THE INTERVIEW; GO TO UE/R1]

CP_S3_LTR   IF IAP = 095 or RDD_NCCELL_CCELL = 2 or 3 GO TO S3_INTRO, ELSE GO TO S3_LTR

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

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

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

CONTINUE 1	IF RDD_NCCELL_CCELL = 2 GO TO S3_EVAL_R AND SET RDD_NCCELL_CCELL = 3
RESPONDENT ASKS FOR DESCRIPTION	
OF LAW 2	GO TO S3_LAW

S3_EVAL_R/S3_EVAL_R_INCENT

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

S3_LAW/S3_LAW_INCENT

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE	GO TO S3_EVAL_R

S3_X   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the (FIRST) child in your household who is between 12 months and 4 years old.

AGREE... 1   GO TO S3_3M_X

DON'T KNOW 77   GO TO YEARDK_X

REFUSED 99   GO TO YEARREF_X

S3_3M/D/Y_X   Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 4 years old.

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   GO TO S3_CONF_X, IF S_NUMB=2 AND 1 DOB IS INELIGIBLE AND EITHER S3_X OR S3_3_X=77 THEN GO TO YEARKDK_X

DON'T KNOW ....   GO TO YEARDK_X

REFUSED ....   GO TO YEARREF_X

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

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

NO 2   GO TO S3_CONF_WARNING

S3_CONF_

WARNING   Please correct the date of birth for this child.

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

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

R STILL REFUSES 1   GO TO YEARQUIT

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

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

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

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

YES 1   GO TO PERSON
NO 2   GO TO WHEN_CALL

PERSON_X   May I speak with this person now?

YES 1   GO TO BITHD_BOX
NO 2   GO TO WHEN_CALL

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

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

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

APPOINTMENT 1   GO TO CB1
CONTINUE 2   GO TO BITHD_BOX

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

CONTINUE 1   GO TO S3_X

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

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

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

_____   GO TO S3_C

DON'T KNOW 77   GO TO S3_C

REFUSED 99   GO TO S3_C

S3_C   I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 4 years old living or staying in this household that we haven't talked about yet?

YES. 1   GO TO S3_C_WARNING

NO 2   IF SAMPLE_USE_CODE = 2 OR 4 AND ASK_TEEN =0 GO TO S_UNDR18 ELSE IF SAMPLE_USE_CODE = 4 AND ASK_TEEN =1 GO TO TIS_UNDR18 ELSE GO TO S3_D_1_1

S3_TERM   Those are all the questions I have. This survey is collecting information on the health of children 17 to 37 months old only. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

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

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

GO TO S4

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

YES 1   GO TO
                                                 S6_INTRO

NO 2   GO TO S5

S5   May I speak with this person now?

YES 1   GO TO S5_BOX

NO, NOT AT HOME 2   GO TO MR1

S5_BOX   Hi. I'm calling for the Centers for Disease Control and Prevention. We're calling about an important national study of immunization. I'd like you to know that this study is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE 1   GO TO S5_EVAL_R

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S5_LAW

S5_LAW   The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

GO TO S5_EVAL_R

S5_EVAL_R   YES, RESPONDENT AGREES TO

RECORDING/LISTENING... 1   IF RDD_NCCELL_CCELL =1 GO TO PC_INTRO_A, ELSE GO TO S6_INTRO

NO, THE RESPONDENT DOES NOT AGREE TO

RECORDING/LISTENING... 2   IF RDD_NCCELL_CCELL =1 GO TO PC_INTRO_A, ELSE GO TO S6_INTRO

S6_INTRO   The remainder of the survey will take about 10 minutes.

GO TO S6_X

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

YES. 1   GO TO NEXT CHILD OR B1_X

NO 2   GO TO NEXT CHILD OR B1_X

DONT KNOW 77   GO TO B1_X

REFUSED 99   GO TO B1_X

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

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 BH1_INTRO

NO..2   GO TO BH1_INTRO

DON'T KNOW..77   GO TO BH1_INTRO

REFUSED..99   GO TO BH1_INTRO

BH1_INTRO   The next questions are about [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5]'s influenza vaccinations.

B8_X   Since July 1, 2012 has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

YES 1   GO TO B8DMA_X

NO 2   GO TO BNEXTFLU

DON'T KNOW 77   GO TO BNEXTFLU

REFUSED 99   GO TO BNEXTFLU

B8DMA_X   How many times did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2012?

ONE VACCINATION OR DOSE 1   GO TO B8DM_X

TWO VACCINATIONS OR DOSES............................2   GO TO B8DM_X

DON'T KNOW 77   GO TO BLOCATION

REFUSED 99   GO TO BLOCATION

B8DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/…eighth] flu vaccine since July 1, 2012?

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

MONTH	YEAR
— —	— — — —

ANSWER MUST BE AFTER 07/2012 AND NOT AFTER INTERVIEW DATE

GO TO B8D_TYPE

B8D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT...1   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                                  ELSE GO TO BLOCATION

FLU NASAL SPRAY OR "FLUMIST".........................2   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                                  ELSE GO TO BLOCATION

DON'T KNOW 77   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                                  ELSE GO TO BLOCATION

REFUSED 99   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                                  ELSE GO TO BLOCATION

B9DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD,
                FROM S3.5] receive [his/her] second dose of the flu vaccine since July 1, 2012?

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

MONTH	YEAR
_ _	_ _ _ _

                ANSWER MUST BE AFTER 07/2012 AND NOT AFTER INTERVIEW DATE

                GO TO B9D_TYPE

B9D_TYPE   Was this a shot or the spray in the nose?

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

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

DOCTOR'S OFFICE...01　GO TO B10_X

HEALTH DEPARTMENT ....02　GO TO B10_X

CLINIC OR HEALTH CENTER....................................03　GO TO B10_X

HOSPITAL ....04　GO TO B10_XOTHER MEDICALLY-RELATED PLACE05GO TO B10_XPHARMACY OR DRUG STORE06GO TO B10_XWORKPLACE 07GO TO B10_XELEMENTARY/MIDDLE/HIGH SCHOOL08GO TO B10_XOTHER NONMEDICALLY-RELATED PLACE 09GO TO B10_XDON'T KNOW77GO TO B10_XREFUSED99GO TO B10_X

BNEXTFLU DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of June, 2013? Would you say [FILL VAR: he/she]:

Will definitely get one ....1　GO TO B10_X

Will probably get one ....2　GO TO B10_X

Will probably not get one, or...3　GO TO B10_X

Will definitely not get one ....4　GO TO B10_XDON'T KNOW77GO TO B10_X

REFUSED ....99　GO TO B10_X

B10_X Did [S.C.] receive any flu vaccinations during the last two flu seasons? This would be from July 1, 2010 to end of June, 2012?"

INTERVIEWER INSTRUCTION: IF RESPONDENT ASKS IF THEY SHOULD INCLUDE THE H1N1 OR "SWINE FLU" VACCINE, AVAILABLE DURING OCTOBER 2009 – JUNE 2010, PLEASE READ: Do not include the 2009-10 pandemic H1N1 "swine flu" vaccination.

YES..　1 GO TO B11_X
NO...　2　GO TO B6_G_X
DON'T KNOW... ………............77 GO TO B6_G_X
REFUSED ....99　GO TO B6_G_X

B11_X How many flu vaccinations did [S.C.] receive in the past two flu seasons, which were from July 1, 2010 to end of June 2012?:

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

B6_G_X   I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]. Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] ever been ill with chicken pox or varicella?

Yes...1   GO TO B6_H_X
No 2   GO TO CWIC_INTRO
DON'T KNOW 77   GO TO CWIC_INTRO
REFUSED 99   GO TO CWIC_INTRO

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

AGE IN MONTHS...____   GO TO CWIC_INTRO
DON'T KNOW 77   GO TO B6_I_X
REFUSED 99   GO TO B6_I_X

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

…one to six months old? 01   GO TO CWIC_INTRO
…seven to twelve months old? 02   GO TO CWIC_INTRO
….13 to 18 months old?...03   GO TO CWIC_INTRO
….19 to 24 months old?...04   GO TO CWIC_INTRO
….25 to 30 months old?...05   GO TO CWIC_INTRO
….31 to 38 months old?...06   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

C1_C_WARNING

IF NUMBER AT C1_C <=C1_A WHEN C1 AND C1_A <> 77 OR 99, DISPLAY:

YOU HAVE ENTERED A NUMBER THAT IS GREATER THAN THE TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD. PLEASE CORRECT.

C2_06Q3_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

       YES 1   GO TO C2_A_06Q3_X

       NO...2   GO TO C3

       DON'T KNOW..77   GO TO C3

       REFUSED...99   GO TO C3

C2_A_06Q3_X   Is [child] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? CLICK ALL THAT APPLY

       MEXICAN/MEXICANO 1

       MEXICAN-AMERICAN 2   GO TO C3_X

       CENTRAL AMERICAN..3   GO TO C3_X

       SOUTH AMERICAN 4   GO TO C3_X

       PUERTO RICAN..5   GO TO C3_X

       CUBAN/CUBAN AMERICAN 6   GO TO C3_X

       SPANISH-CARIBBEAN...7   GO TO C3_X

       OTHER SPANISH/HISPANIC (SPECIFY).................10 GO TO C2_OTHR1_06Q3_X

       DON'T KNOW..77 GO TO C3_X

       REFUSED...99   GO TO C3_X

C2_OTHR1_06Q3_x

       ENTER OTHER SPECIFY

       _____   GO TO C3_X

C3_X   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]'s race. Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? CLICK ALL THAT APPLY

WHITE	1	GO TO C5_X
BLACK/AFRICAN AMERICAN	2	GO TO C5_X
AMERICAN INDIAN	3	GO TO C5_X
ALASKA NATIVE	4	GO TO C5_X
ASIAN	5	GO TO C5_X
NATIVE HAWAIIAN	6	GO TO C5_X
PACIFIC ISLANDER	7	GO TO C5_X
OTHER	8	GO TO C3_OTHRX
DON'T KNOW	77	GO TO C5_X
REFUSED	99	GO TO C5_X

C3_OTHRX   ENTER OTHER SPECIFY

_____ GO TO C5_X

C5_X   What is your relationship to [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN	1	GO TO C6_06Q3_X
FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN	2	GO TO C6_06Q3_X
SISTER OR BROTHER (STEP/FOSTER/ HALF/ADOPTIVE)	3	GO TO C6_06Q3_X
IN-LAW OF ANY TYPE	4	GO TO C6_06Q3_X
AUNT/UNCLE	5	GO TO C6_06Q3_X
GRANDPARENT	6	GO TO C6_06Q3_X
OTHER FAMILY MEMBER	7	GO TO C6_06Q3_X
FRIEND	8	GO TO C6_06Q3_X
DON'T KNOW	77	GO TO C6_06Q3_X
REFUSED	99	GO TO C6_06Q3_X

RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (RESIDENCE AT CHILD'S BIRTH):
I.   ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE
II.   TWO OR MORE CHILDREN IN HOUSEHOLD:
     A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER (C5=01)
     B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01)

C6_06Q3_X   What is the highest grade or year of school (you have /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother has) completed?
READ IF NESSESSARY

8th GRADE OR LESS	1	GO TO C7_X
9th-12th GRADE NO DIPLOMA	2	GO TO C7_X
HIGH SCHOOL GRADUATE OR GED COMPLETED	3	GO TO C7_X
COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM	4	GO TO C7_X
SOME COLLEGE CREDIT BUT NO DEGREE	5	GO TO C7_X
ASSOCIATE DEGREE (AA, AS)	6	GO TO C7_X
BACHELOR'S DEGREE (BA, BS, AB)	7	GO TO C7_X
MASTER'S DEGREE (MA, MS, MSW, MBA)	8	GO TO C7_X
DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)	9	GO TO C7_X
DON'T KNOW	77	GO TO C7_X
REFUSED	99	GO TO C7_X

C7_X   (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'S mother) now married, widowed, divorced, separated, or (have you/has she) never been married?

MARRIED	1	GO TO C8_06Q3_X
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 2011 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 2011 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 2011 more or less than $20,000?

More than $20,000.	1	GO TO C16
$20,000	2	GO TO C19A
Less than $20,000	3	GO TO C13
DON'T KNOW	77	GO TO C19A
REFUSED	99	GO TO C19A

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

More than $10,000.	1	GO TO C15
$10,000	2	GO TO C19A
Less than $10,000	3	GO TO C14_A
DON'T KNOW	77	GO TO C19A
REFUSED	99	GO TO C19A

C14_A   Was it more than $7,500?

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

C15   Was it more than $15,000?

YES	1	GO TO C15_A
NO	2	GO TO C15_B
DON'T KNOW	77	GO TO C19A
REFUSED	99	GO TO C19A

C15_A   Was it more than $17,500?

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

C15_B   Was it more than $12,500?

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

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

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

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

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

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

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

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

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

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

        More than $30,000. 1   GO TO C17_A

         $30,000...2   GO TO C19A

        Less than $30,000 3   GO TO C17_B

        DON'T KNOW 77   GO TO C19A

        REFUSED 99   GO TO C19A

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

        More than $35,000. 1   GO TO C19A

        $35,000..2   GO TO C19A

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

        DON'T KNOW 77   GO TO C19A

        REFUSED 99   GO TO C19A

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

        More than $25,000. 1   GO TO C19A

        $25,000..2   GO TO C19A

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

        DON'T KNOW 77   GO TO C19A

        REFUSED 99   GO TO C19A

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

        More than $75,000. 1   GO TO C19A

        $75,000..2   GO TO C19A

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

        DON'T KNOW 77   GO TO C19A

        REFUSED 99   GO TO C19A

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

        YES. 1   GO TO C19A

        NO..2   GO TO CFAMINC

        DON'T KNOW...77   GO TO CFAMINC

        REFUSED..99   GO TO CFAMINC

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

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

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

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

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

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

                ENTER CITY _____   GO TO C_19 COUNTY

C19_COUNTY   ENTER COUNTY_____   GO TO C_19 STATE

C19_STATE   ENTER STATE_____   GO TO C_19_ZIP_CONF

C19_ZIP_CONF

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

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

C19_NEW_ZIP

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

                _____   GO TO C19B

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

C19B   Do you live within the city limits?

YES 1   GO TO C19C

NO..2   GO TO C19C

DON'T KNOW...77   GO TO C19C

REFUSED...99   GO TO C19C

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

OWNED OR BEING BOUGHT 1   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

RENTED...2   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

OTHER ARRANGEMENT...3   IF RDD_NCCELL_CCELL = 1GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

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

REFUSED..99   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

C20_06Q3   The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to (XXX) XXX-XXXX? Please do not include cellular phones in your answers.

INTERVIEWER INSTRUCTION: COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.

YES 1   GO TO C21_06Q3

NO...2   GO TO CNOSERV

DON'T KNOW...77   GO TO CNOSERV

REFUSED..99   GO TO CNOSERV

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

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

YES 1   GO TO C21_06Q3

NO 2   GO TO C21_06Q3_CELL

DON'T KNOW 77   GO TO C21_06Q3_CELL

REFUSED 99   GO TO C21_06Q3_CELL

C21_06Q3   How many [IF RDD_NCCELL_CCELL = 2 OR 3 AND TAKE_ALL_CELL_FLAG = 1 DISPLAY "landline"] telephone numbers are residential numbers?

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

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

CNOSERV   IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 SKIP TO C21_06Q3_CELL
ELSE:

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer. Do not include interruptions of phone service due to weather or natural disasters.

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

C21_06Q3_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

ONE...01   GO TO C_USUAL_USE_CELL
TWO..02   GO TO C_USUAL_USE_CELL
THREE OR MORE...03   GO TO C_USUAL_USE_CELL
NONE..04   IF NIS_CELL_AWAY = 1
                                                                               GO TO C_AWAY; ELSE GO TO D5
DON'T KNOW 77   GO TO C_USUAL_USE_CELL
REFUSED 99   GO TO C_USUAL_USE_CELL

C_USUAL_USE_CELL

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

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

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

ONE...01   GO TO C_CELLUSE
TWO..02   GO TO C_CELLUSE
THREE OR MORE..03   GO TO C_CELLUSE
NONE..04   GO TO C_CELLUSE
DON'T KNOW 77   GO TO C_CELLUSE
REFUSED 99   GO TO C_CELLUSE

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

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

C11Q78   IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 1 SKIP TO C_AWAY, ELSE IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY=0 GO TO D5, ELSE:

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

NEARLY ALL RECEIVED ON CELL PHONES.........1   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

NEARLY ALL RECEIVED ON REGULAR
PHONES. 2   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

SOME RECEIVED ON CELL PHONES AND
SOME RECEIVED ON REGULAR PHONES..............3   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

DON'T KNOW...77   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

REFUSED 99   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

C_AWAY

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

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

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

D5   To get a complete picture of the vaccinations received by your (children/child), we would like to contact doctors or health clinics to obtain a copy of the vaccination records. These records contain only the immunizations and dates of the immunizations for your (children/child).

FAQs

I've already given you the shot dates/Why do you need to contact my doctor?

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

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

That's too personal:

-- I understand your concern. Confidentiality is mandated by law and I can assure you that the information is reported only in summary form and neither you nor the child will be identified.

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

 -- Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

-- Information we collect is used to summarize childhood immunization rates in your community and to study vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

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

D6_X   How many locations have provided vaccinations for your child named [NAME OF (FIRST) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]?
ENTER 77 FOR DON'T KNOW AND 99 REFUSED

FAQs:

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

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

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

FAQs:

Why contact my doctor? Why give consent?

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

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

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

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

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

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

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

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

ENTER NUMBER.._____		GO TO D6A_1_X
ZERO 0		IF (LAST CHILD) AND 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

YES, CONTINUE ON LAST NAME FIRST................2   GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME

NO, CAN'T FIND, CONTINUE 3   GO TO PLU

REFUSED..99   GO TO SECT_D_TERM; INS_INTRO (ON CALLBACK)

FAQs

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

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

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

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

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

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

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

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

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

SEARCH
DK
REF

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

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

Provider Details Screen

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

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

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

POST-PROVIDER LOOKUP PATHS

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

D8_x   IF D6_X=0 AND D6AA_x > 0:

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

ELSE IF D6_X >= 1:

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

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

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

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

Why do you need the child's name?

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

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

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

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

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

CONTINUE 1   GOT TO D8A_X
REFUSED 99   GO TO D15B

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

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

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

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

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

CONTINUE 1	GO TO D8A_X
REFUSED 99	GO TO D15B

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

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

FIRST NAME: _____ GO TO D8B_X

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

MIDDLE NAME: _____ GO TO D8C_X

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

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

LAST NAME: _____ GO TO D9A

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

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

            FAQs

            Why do you need my name?

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

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

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

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

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

D9A   What is your first name?

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

            FIRST NAME: _____ GO TO D9B

D9B   What is your middle name?

            MIDDLE NAME: _____ GO TO D9C

D9C   What is your last name?

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

            LAST NAME: _____ GO TO D9D_X

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

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

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

D7_ID   Capture Interviewer ID upon entering question D7

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

FAQs

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

YES 1	IF C19 = "IN" OR C19A IS IN "IN"; OR IF C19 AND C19A = MISSING AND STATE = "IN" THEN GO TO D7G_X; ELSE GO TO DCG	
NO (ONLY CHOOSE THIS WHEN YOU HAVE MADE ALL APPROPRIATE AVERSION ATTEMPTS)..2	GO TO D7_R	

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

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

YES 1   GO TO DCG

NO...2   GO TO DCG

DON'T KNOW 77   GO TO DCG

REFUSED...99   GO TO DCG

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

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

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

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

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

CONTINUE 1   GO TO D7_1

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

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

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

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

YES 1   GO TO DCG2_X

NO...2   GO TO D9A_C_X

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

FIRST NAME: _____

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

MIDDLE NAME: _____

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

LAST NAME: _____

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

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

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

FIRST NAME: _____

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

MIDDLE NAME: _____

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

LAST NAME: _____

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

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

ASK ONLY IF D9D=2

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

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

D9D1F   What is the first name?

FIRST_____

D9D1M   What is the middle name?

        ..MIDDLE_____

D9D1L   What is the last name?

        . LAST_____

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

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

D9D1A   May I speak with that person now?

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

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

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

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

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) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

        NO 2   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

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

        REFUSED 99   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

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

        ALL OF THE COST 1   GO TO HIM_STATUS_X

        SOME OF THE COST 2   GO TO INS_16_X

        NONE OF THE COST 3   GO TO INS_16_X

        DON'T KNOW...77   GO TO INS_16_X

        REFUSED...99   GO TO INS_16_X

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

ALL OF THE COST 1   GO TO HIM_STATUS_X

SOME OF THE COST 2   GO TO HIM_STATUS_X

NONE OF THE COST 3   GO TO HIM_STATUS_X

DON'T KNOW 77   GO TO HIM_STATUS_X

REFUSED 99   GO TO HIM_STATUS_X

HIM_STATUS_X

FLAG VARIABLE FOR EACH CHILD:

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