

# NIS-TEEN Hard Copy Questionnaire

Q4/2010

Section S – Screener, *pg. 2*

Section A – Available Shot Records, *pg. 10*

Section B – No Shot Records, *pg. 28*

Section C – Demographics, *pg. 42*

Section D – Provider, *pg. 60*

Section E – Health Insurance Module, *pg. 70*

Section F – Parental Attitudes Module, *pg. 77*

## Confidential Information

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

(42 U.S.C. 242.m)

# SECTION S

## Screener

- Instruction1**
- (1) IF ANY S3\_3M/D/Y\_x=77 OR 99 GO TO INSRUCTION2
  - (2) ELSE IF (S\_NUMB=C\_TMP AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND SAMPLE\_USE\_CODE=1 THEN FILL TIS\_UNDER18 AND GO TO TIS\_S1AQT
  - (3) ELSE IF (S\_NUMB=C\_TMP AND >=1 YAGE\_x = 13, 14, 15, 16 OR 17) THEN GO TO CP\_TISMULTIAGE.
  - (4) ELSE GO TO INSTRUCTION2

- Instruction2**
- (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW, THEN FILL TIS\_UNDER18 WITH C\_TMP AND GO TO TIS\_C2Q0A
  - (2) ELSE SKIP TO TIS\_UNDER18

**TIS\_Under18** How many people less than 18 years old live in this household?

IF ONE OR MORE,

ENTER # OF CHILDREN —— (ENTER 01 to 76)

- (1) IF S\_NUMB > TIS\_UNDER18, THEN GO TO TIS\_UNDER18\_CONF
- (2) IF TIS\_UNDER18 = 0 AND SAMPLE\_USE\_CODE=1, 4 THEN GO TO TIS\_S1AQT
- (3) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS ELIG\_X<>0), THEN GO TO TIS\_C2Q0A
- (4) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS ELIG\_X=0) OR S\_NUMB = 0, THEN GO TO TIS\_S3AGE\_x
- (5) IF TIS\_UNDER18=1-76 AND S3\_INTRO=null, THEN GO TO TIS\_S3AGE\_x
- (6) IF TIS\_UNDER18=77, THEN GO TO TIS\_S1ADK
- (7) IF TIS\_UNDER18=99, THEN GO TO TIS\_S1AREF
- (8) IF TIS\_UNDER18=1-76 AND TIS\_UNDER18<=S\_NUMB, THEN GO TO TIS\_AGE\_CONFIRM

IF NO CHILDREN

ENTER 0 ..... 00 GO TO TIS\_S1AQT  
DON'T KNOW ..... 77 GO TO TIS\_S1ADK  
REFUSED..... 99 GO TO TIS\_S1AREF

**TIS\_Under18\_Conf**

The total number of children in the household is less than the number of children entered for NIS. Please confirm the value you just entered is correct.

YES..... 1 Continue with TIS\_Under 18 skip logic  
NO..... 2 GO TO TIS\_Under18

**TIS\_C2Q0A** You have already given me (NAME OF NIS-ELIGIBLE CHILD OR CHILDREN from S3\_5\_x)'s birth date(s). Now, would you please tell me the age(s) of your other (IF C\_TMP - S\_NUMB = 1; INSERT 'child'/ IF C\_TMP - S\_NUMB > 1; INSERT 'children') under the age of 18?

YES..... 1 GO TO TIS\_S3AGE\_X  
WRONG # OF CHILDREN..... 2 GO TO TIS\_UNDER18 AND IF  
TIS\_UNDER18=1-76, THEN RETURN  
TO TIS\_C2Q0A

**TIS\_S1ADK** Is there anyone in your household who knows how many people in this household who are less than 18 years old?

NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_UNDER18  
NO..... 2 GO TO TIS\_S1TERM

**TIS\_S1TERM** Thank you, we'll try back another time.

**TIS\_S1AREF** The only reason we need to know how many children in this household are in this age group is to determine if you're eligible to participate in this study.

CONTINUE..... 1 GO TO TIS\_Under18  
R STILL REFUSES..... 2 GO TO TIS\_REFKID

**TIS\_REFKID** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_REFKID]  
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.

**TIS\_S3AGE\_X** What is the age of the [FILL1] child under 18?

ENTER AGE ..... GO TO TIS\_S3AGE1\_X  
DON'T KNOW ..... 77 GO TO TIS\_AGEDK  
REFUSED..... 99 GO TO TIS\_AGEREF

**TIS\_S3AGE1\_X**

MONTHS ..... 1 GO TO TIS\_AGE\_CONFIRM  
YEARS ..... 2 GO TO TIS\_AGE\_CONFIRM

**TIS\_AGEREF** I understand you may be uncomfortable, however, all information is confidential under Federal Law.

RETURN TO QUESTIONNAIRE..... 1 GO TO TIS\_S3AGE\_X  
R STILL REFUSES..... 99 GO TO AGE LOOP FOR REMAINING  
CHILDREN/ ELSE GO TO  
TIS\_AGEQUIT

**TIS\_AGEQUIT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_AGEQUIT]  
 Since we need an age 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 spent answering these questions.

**TIS\_AGEDK** Is there anyone available who would know the child's age?  
 NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_S3AGE\_X  
 NO..... 2 GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS\_S1TERM

**TIS\_AGE\_CONFIRM**  
 So, you have a (FILL) [IF Count DK/REF Ages >=1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?  
 YES..... 1 GO TO CP\_TISMULTIAGE  
 NO, WRONG AGES OF CHILDREN..... 2 GO TO TIS\_S3AGE\_X  
 NO, WRONG # OF CHILDREN ..... 3 GO TO TIS\_UNDER18  
 DON'T KNOW ..... 77 GO TO CP\_TISMULTIAGE  
 REFUSED..... 99 GO TO CP\_TISMULTIAGE

**CP\_TISMULTIAGE**  
 (1) IF THERE ARE CHILDREN WITH THE SAME AGE AND ALL TIS\_S3AGE\_x NOT IN (13, 14, 15, 16, 17) AND SUC = 1, GO TO TIS\_S1AQT  
 (2) ELSE IF THERE ARE CHILDREN WITH THE SAME AGE AND SUC <> 1, GO TO TIS\_MULTIAG  
 (3) ELSEIF ALL TIS\_S3AGE\_x = 77 and/or 99 AND SUM(ELIG\_X = 1 FROM NIS) > 0, GO TO INSTRUCTION1  
 (4) ELSE GO TO TIS\_SELECTION\_INSTRUCTIONS1

**TIS\_MULTIAGE**  
 Since you have more than one child who is [FILL DUPLICATE AGES], I need a way to refer to each of them during the interview.  
 CONTINUE..... 1 RECORD NAMES IN TIS\_NAME\_1 – TIS\_NAME\_9]

**TIS\_NAME\_X** What is the (other) [FILL AGE] year old child's name or initials?  
 CONTINUE..... 1 RECORD NAMES IN TIS\_NAME\_1 – TIS\_NAME\_9]

**TIS\_SELECTION\_INSTRUCTIONS1**

- (1) IF YAGE\_x >12 months and < 3 years THEN GO TO TIS\_S2Q02A before going to S3\_INTRO in NIS
- (2) ELSEIF ANY YAGE\_x >12 and <18, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 TO BE THE SELECTED CHILD FOR THE TEEN SURVEY AND GO TO TIS\_S3INTRO
- (3) ELSE GO TO INSTRUCTION1

**TIS\_S2Q02A** Based on the ages you have given me, I now have some questions about your [FILL YAGE] old.  
 CONTINUE..... 1 GO TO S3\_INTRO in NIS

**TIS\_S3INELG** The child who was selected is [FILL YAGE] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.  
 CONTINUE..... 1 GO TO TIS\_S3INTRO

**TIS\_S3INTRO** [If TIS\_UNDER18 > 1, then "The computer randomly chose the child for the interview who is [FILL YAGE] years old."] Most of the remaining questions will be about immunizations or shots [If TIS\_UNDER18>1 then "he/she", ELSE Fill YAGE] may have received.  
 CONTINUE..... 1 GO TO CP\_INTRO

**CP\_INTRO** (1) IF TIS\_S3INELG HAS BEEN READ, GO TO TIS\_S3  
 (2) ELSEIF NIS INFORMED CONSENT (S3\_INTRO) HAS BEEN READ, GO TO TIS\_INTRO2  
 (3) ELSE NIS INFORMED CONSENT (S3\_INTRO) HAS NOT BEEN READ, GO TO TIS\_INTRO1

**TIS\_INTRO1** 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 benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.  
 CONTINUE..... 1 GO TO TIS\_S3\_EVAL\_R  
 R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S3\_LAW

**TIS\_S3\_EVAL\_R**  
 YES, R AGREES TO RECORDING/LISTENING .....1 GO TO TIS\_S3  
 NO, R DOES NOT AGREE TO RECORDING/LISTENING.....2 GO TO TIS\_S3

**TIS\_S3\_LAW** The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

**IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:**

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

CONTINUE..... GO TO TIS\_S3\_EVAL\_R

**TIS\_INTRO2** As we said earlier, you may choose not to answer any question you don't want to answer or stop at any time. I'd like to continue now unless you have any questions.

CONTINUE..... 1 GO TO TIS\_S3

**TIS\_S3** So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [FILL] is.

MONTH	DAY	YEAR

DATE..... GO TO TIS3CONF

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

REFUSED..... 99 GO TO TISYRREF

**TIS3CONF** That would make this child [FILL YAGE] years old; is that correct?

YES..... 1

(1) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD = 13, 14, 15, 16, or 17), THEN GO TO TIS\_S4

(2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS\_S3INELG

(3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS\_SELECTION\_INSTRUCTION

NO..... 2 GO TO TIS\_S3

**TIS\_S1AQT** [IF SAMPLE\_USE\_CODE=4 AND S\_NUMB=0 AND TIS\_UNDER18=0 GO TO NO\_CHILD. ELSE READ TIS\_S1AQT. ]

[IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_S1AQT (using rules below)]

**[IF NIS INTERVIEW COMPLETED, READ]**

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.

**[ELSE READ]**

Those are all the questions I have. This survey is collecting information on the health of children [IF PA\_INFANT\_FLAG=1 and RDD\_NCELL\_CCELL = 1 THEN DISPLAY "7" ELSE "19"] months to 35 months old and teenagers 13 to 17 years old. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

**NO\_CHILD** [IF INCENTIVE > 0 THEN GO TO ADDRESS\_COLLECTION, THEN READ NO\_CHILD]

Those are all the questions I have. We are only interviewing in households with children. 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.

**TISYRREF** I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birth date is to know which immunization questions to ask.

**(READ IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.)**

RETURN TO QUESTIONNAIRE ..... 1 GO TO TIS\_S3  
R STILL REFUSES ..... 2 GO TO TISYRQUIT

**TISYRDK** 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?

NEW PERSON COMES TO PHONE ..... 1 GO TO TIS\_S3  
RETURN TO QUESTIONNAIRE ..... 2 GO TO TIS\_S1TERM

**TISYRQUIT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TISYRQUIT]

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 spent answering these questions.

**TIS\_S4** Is the child born [insert month and year of birth] male or female?  
Male ..... 1 GO TO CP\_TISS5  
Female..... 2 GO TO CP\_TISS5  
DON'T KNOW ..... 77 GO TO CP\_TISS5  
REFUSED..... 99 GO TO CP\_TISS5

**CP\_TISS5** (1) IF TIS\_NAME IS NOT FILLED, GO TO TIS\_S5  
(2) ELSEIF TIS\_NAME IS FILLED, GO TO TIS\_S4A

**TIS\_S5** So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials  
\_\_\_\_\_ GO TO TIS\_S4A

**TIS\_S4A** 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 [TEEN] has received. Are you this person?  
YES..... 1 GO TO TIS\_SR1  
NO..... 2 GO TO TIS\_S5A

**TIS\_S5A** May I speak with this person now?  
YES..... 1 GO TO TIS\_S5BOX  
NO..... 2 GO TO CB1

**TIS\_S5BOX** 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 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, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.  
CONTINUE..... 1 GO TO TIS\_S5EVAL\_BOX  
R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S5LAW\_BOX



**TIS\_S5LAW\_BOX**

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. 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?

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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, the National Center for Immunization and Respiratory Diseases, and its agent, the National Opinion Research Center who works 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.

**TIS\_S5EVAL\_BOX**

- YES, R AGREES TO RECORDING/LISTENING ..... 1 GO TO TIS\_SR1
- NO, R DOES NOT AGREE TO RECORDING/LISTENING.....2 GO TO TIS\_SR1

**TIS\_SR1**

Because the Centers for Disease Control and Prevention needs accurate information on immunizations children receive, we would like you to refer to shot records. Do you have any shot records for [TEEN]?

- YES..... 1 GO TO TIS\_SR2
- NO..... 2 GO TO TIS\_BINTR0
- DON'T KNOW ..... 1 GO TO TIS\_SR2
- REFUSED..... 2 GO TO TIS\_SR2

**TIS\_SR2**

Some children receive many shots, and the names and dates of those shots can be difficult to remember. It would be helpful if you could bring [TEEN]'s shot record(s) to the phone. (READ IF NECESSARY: I'll be happy to wait while you go get it/them)

- HAS SHOT RECORDS..... 1 GO TO TIS\_SR3
- CAN'T/WON'T GET SHOT RECORDS ..... 2 GO TO TIS\_BINTR0

**TIS\_SR3**

Does the shot record include all the immunizations that [TEEN] has received?

- YES..... 1 GO TO TIS\_AINTRO
- NO..... 2 GO TO TIS\_AINTRO
- DON'T KNOW ..... 77 GO TO TIS\_AINTRO
- REFUSED..... 99 GO TO TIS\_AINTRO

# SECTION A

## Available Shot Records

**TIS\_AINTRO** Thank you for getting the shot records. The remainder of the survey will take about 20 minutes.

## SHOT RECORD FOR MEASLES/MMR

**TIS\_AMMR** Looking at the shot record, please tell me how many times [TEEN] has received a measles shot or an M-M-R shot, that is, a measles, mumps, and rubella shot.

SHOTS..... GO TO TIS\_AMMR\_DATE\_X  
NONE..... 0 GO TO TIS\_AMMR\_RECALL  
DON'T KNOW..... 77 GO TO TIS\_AMMR\_RECALL  
REFUSED..... 99 GO TO TIS\_AMMR\_RECALL

### TIS\_AMMR\_DATE\_X

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

MONTH	DAY	YEAR

DATE..... / /  
DON'T KNOW .....  
REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)  
PROVIDED SKIP TO TIS\_AMMR\_RECALL  
(2) ELSE SKIP TO TIS\_AHEPB

### TIS\_AMMR\_RECALL

Did [TEEN] ever receive a measles or MMR shot that is not on the shot record?

YES..... 1 GO TO TIS\_AMMR\_DOSE  
NO..... 2 GO TO TIS\_AHEPB  
DON'T KNOW..... 77 GO TO TIS\_AHEPB  
REFUSED..... 99 GO TO TIS\_AHEPB

### TIS\_AMMR\_DOSE

How many measles or MMR shots did [TEEN] receive that are not on the shot record?

SHOTS..... GO TO TIS\_AHEPB  
ALL SHOTS..... 50 GO TO TIS\_AHEPB  
DON'T KNOW..... 77 GO TO TIS\_AHEPB  
REFUSED..... 99 GO TO TIS\_AHEPB

**SHOT RECORD FOR HEPATITIS B**

**TIS\_AHEPB** Looking at the shot record, please tell me how many times [TEEN] has received a Hepatitis B shot?

- SHOTS..... GO TO TIS\_AHEPB\_DATE\_X
- NONE..... 0 GO TO TIS\_AHEPB\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AHEPB\_RECALL
- REFUSED..... 99 GO TO TIS\_AHEPB\_RECALL

**TIS\_AHEPB\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Hepatitis B shot?

MONTH	DAY	YEAR

- DATE..... \_ / \_ / \_\_\_\_
- DON'T KNOW .....
- REFUSED.....

- (1) IF FEWER THAN 3 DATES (INCLUDING DON'T KNOW OR REFUSED) PROVIDED SKIP TO TIS\_AHEPB\_RECALL
- (2) ELSE SKIP TO TIS\_AHEPB\_MAN

**TIS\_AHEPB\_RECALL**

Did [TEEN] ever receive a Hepatitis B shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AHEPB\_DOSE
- NO..... 2
- DON'T KNOW..... 77
- REFUSED..... 99

- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA
- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA
- (1) IF 2, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN
- (2) ELSE SKIP TO TIS\_AHEPA

**TIS\_AHEPB\_DOSE**

How many Hepatitis B shots did [TEEN] receive that are not on the shot record?

SHOTS..... GO TO TIS\_AHEPB\_MAN

ALL SHOTS..... 50 GO TO TIS\_AHEPB\_MAN

DON'T KNOW..... 77

(1) IF 0, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN

(2) ELSE SKIP TO TIS\_AHEPA

REFUSED..... 99

(1) IF 0, 77, or 99 AND TIS\_AHEPB=1-9 GO TO TIS\_AHEPB\_MAN

(2) ELSE SKIP TO TIS\_AHEPA

**TIS\_AHEPB\_MAN**

Did [TEEN] receive Hepatitis B shots because of a school requirement?

YES..... 1 GO TO TIS\_AHEPA

NO..... 2 GO TO TIS\_AHEPA

DON'T KNOW ..... 77 GO TO TIS\_AHEPA

REFUSED..... 99 GO TO TIS\_AHEPA

**SHOT RECORD FOR HEPATITIS A**

**TIS\_AHEPA**

Looking at the shot record, please tell me how many times [TEEN] has received a Hepatitis A shot?

SHOTS..... GO TO TIS\_AHEPA\_DATE\_X

NONE..... 0 GO TO TIS\_AHEPA\_RECALL

DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECALL

REFUSED..... 99 GO TO TIS\_AHEPA\_RECALL

**TIS\_AHEPA\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Hepatitis A shot?

MONTH	DAY	YEAR

DATE..... \_/\_/\_\_\_\_

DON'T KNOW .....

REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)

PROVIDED SKIP TO TIS\_AHEPA\_RECALL

(2) ELSE SKIP TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_RECALL**

Did [TEEN] ever receive a Hepatitis A shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AHEPA\_DOSE
- NO..... 2 GO TO TIS\_AHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_DOSE**

How many Hepatitis A shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AHEPA\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_AHEPA\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AHEPA\_RECOM
- REFUSED..... 99 GO TO TIS\_AHEPA\_RECOM

**TIS\_AHEPA\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive Hepatitis A shots?

- YES..... 1 GO TO TIS\_AVAR
- NO..... 2 GO TO TIS\_AVAR
- DON'T KNOW..... 77 GO TO TIS\_AVAR
- REFUSED..... 99 GO TO TIS\_AVAR

*SHOT RECORD FOR VARICELLA/ CHICKEN POX*

**TIS\_AVAR**

Looking at the shot record, please tell me how many times [TEEN] has received a varicella shot, or chicken pox shot?

- SHOTS..... \_\_\_\_ GO TO TIS\_AVAR\_DATE\_X
- NONE..... 0 GO TO TIS\_AVAR\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AVAR\_RECALL
- REFUSED..... 99 GO TO TIS\_AVAR\_RECALL

**TIS\_AVAR\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/third...)] Varicella or Chicken Pox shot?

MONTH	DAY	YEAR

- DATE..... \_/ \_/ \_\_\_\_
- DON'T KNOW.....
- REFUSED.....

(1) IF FEWER THAN 2 DATES (INCLUDING DON'T KNOW OR REFUSED)  
PROVIDED SKIP TO TIS\_AVAR\_RECALL

(2) ELSE SKIP TO TIS\_AINFLU

**TIS\_AVAR\_RECALL**

Did [TEEN] ever receive varicella or chicken pox shots that are not on the shot record?

- YES..... 1 GO TO TIS\_AVAR\_DOSE
- NO..... 2 GO TO TIS\_AINFLU
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

**TIS\_AVAR\_DOSE**

How many varicella or chicken pox shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_ GO TO TIS\_AINFLU
- ALL SHOTS..... 50 GO TO TIS\_AINFLU
- DON'T KNOW..... 77 GO TO TIS\_AINFLU
- REFUSED..... 99 GO TO TIS\_AINFLU

*SHOT RECORD FOR INFLUENZA STARTING*

*AUGUST 1, 2010: (H1N1=0)*

**TIS\_AINFLU\_INTRO**

The next questions are about influenza vaccination.

**TIS\_AINFLU** Looking at the shot record, during the past 12 months, please tell me how many times [TEEN] has had a flu shot or a flu vaccine sprayed in [GENDER2] nose by a doctor or other health professional? A flu shot or nasal spray is usually given in the fall and protects against influenza for the flu season.

**READ IF NECESSARY: A flu shot is injected in the arm. The seasonal flu nasal spray vaccine is called Flumist®.**

- NUMBER..... \_\_\_ GO TO TIS\_AINFLU\_DATE\_X
- ZERO..... 0 GO TO TIS\_AINFLU\_REC
- DON'T KNOW..... 77 GO TO TIS\_AINFLU\_REC
- REFUSED..... 99 GO TO TIS\_AINFLU\_REC

**[BEGIN LOOP FOR NUMBER OF SHOTS ON THE SHOT RECORD]**

**TIS\_AINFLU\_DATE\_X**

What was the date of the [FILL VAR: (First/Second/...)] flu shot or flu nasal spray?

MONTH	DAY	YEAR

DATE..... \_/ \_/ \_\_\_\_ GO TO CP\_AINFLU\_H1\_X

DON'T KNOW ..... 77

REFUSED..... 99

IF (MONTH=77 or 99) AND (YEAR = 2009) GO TO TIS\_AINFLU\_RH1\_X

IF (MONTH=77 or 99) AND (YEAR=2010 or 7777) GO TO TIS\_AINFLU\_RU\_X

IF (MONTH=77 or 99) AND (YEAR=2011 or 9999) GO TO TIS\_AINFLU\_TYPE\_X

**TIS\_AINFLU\_RU\_X**

I understand that you may not know the exact date. Could you tell me if [TEEN] received this vaccine before August 1, 2010?

YES..... 1 GO TO TIS\_AINFLU\_RH1\_X

NO..... 2 GO TO TIS\_AINFLU\_TYPE\_X

DON'T KNOW ..... 77 GO TO TIS\_AINFLU\_TYPE\_X

REFUSED..... 99 GO TO TIS\_AINFLU\_TYPE\_X

**CP\_AINFLU\_H1\_X**

IF 09/01/2009<=TIS\_AINFLU\_DATE\_X <=07/31/2010, GO TO TIS\_AINFLU\_RH1\_X  
ELSE GO TO TIS\_AINFLU\_TYPE\_X.

**TIS\_AINFLU\_RH1\_X**

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

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

SEASONAL FLU..... 1

H1N1 OR SWINE FLU..... 2

DON'T KNOW..... 77

REFUSED..... 99

**TIS\_AINFLU\_TYPE\_X**

Which type of flu vaccine did [TEEN] receive?

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

Flu Shot..... 1 GO TO TIS\_AINFLU\_REC  
Flu Nasal Spray..... 2 GO TO TIS\_AINFLU\_REC  
DON’T KNOW..... 77 GO TO TIS\_AINFLU\_REC  
REFUSED..... 99 GO TO TIS\_AINFLU\_REC

**[END LOOP FOR NUMBER OF SHOTS ON THE SHOT RECORD]**

**TIS\_AINFLU\_REC**

Did [TEEN] receive a flu vaccine in the past 12 months that is NOT listed on the shot record?

YES..... 1 GO TO TIS\_AINFLU\_REC\_NUM  
NO..... 2  
DON’T KNOW ..... 77  
REFUSED..... 99

(1) If TIS\_AINFLU\_REC = (2, 77 or 99) and TIS\_AINFLU <> 1 then [GO TO TIS\_ANEXTFLU].

(2) ELSE IF TIS\_AINFLU\_REC = (2, 77 or 99) and TIS\_AINFLU = 1 then [GO TO TIS\_AFLUPLACE].

**TIS\_AINFLU\_REC\_NUM**

Please tell me how many flu shots or vaccines [TEEN] has received that are NOT listed on the shot record.

NUMBER..... GO TO TIS\_AINFLU\_REC\_DATE\_X  
ZERO..... 0 GO TO TIS\_AINFLU\_REC  
DON’T KNOW ..... 77 GO TO CP\_ANEXTFLU  
REFUSED..... 99 GO TO CP\_ANEXTFLU

**[BEGIN LOOP FOR NUMBER OF SHOTS NOT ON SHOT RECORD]**

**TIS\_AINFLU\_REC\_DATE\_X**

During what month and year did [TEEN] receive the [FILL VAR: (First/Second/...)] flu vaccine that is NOT listed on the shot record?

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

**IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON’T KNOW (77) FOR MONTH**

MONTH YEAR:

--	--

DATE..... \_/ \_/ \_ GO TO CP\_AINFLU\_RH1\_X  
DON’T KNOW ..... 77  
REFUSED..... 99



IF MONTH IN (77,99) AND YEAR IN (2010,7777), GO TO TIS\_AINFLU\_REC\_RU\_X  
 IF MONTH IN (77,99) AND YEAR IN (2011,9999), GO TO TIS\_AINFLU\_REC\_TYPE\_X  
 IF MONTH IN (77,99) AND YEAR=2009, GO TO TIS\_AINFLU\_REC\_RH1\_X

**TIS\_AINFLU\_REC\_RU\_X**

I understand that you may not know the exact date. Could you tell me if [TEEN] received this vaccine before August 1, 2010?

- YES..... 1 GO TO TIS\_AINFLU\_REC\_RH1\_X
- NO..... 2 GO TO TIS\_AINFLU\_REC\_TYPE\_X
- DON'T KNOW ..... 77 GO TO TIS\_AINFLU\_REC\_TYPE\_X
- REFUSED..... 99 GO TO TIS\_AINFLU\_REC\_TYPE\_X

**CP\_AINFLU\_RH1\_X**

IF 09/01/2009<=TIS\_AINFLU\_DATE\_X<=07/31/2010, GO TO TIS\_AINFLU\_REC\_RH1\_X  
 ELSE GO TO TIS\_AINFLU\_REC\_TYPE\_X.

**TIS\_AINFLU\_REC\_RH1\_X**

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

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

- SEASONAL FLU ..... 1
- H1N1 FLU OR SWINE FLU ..... 2
- DON'T KNOW..... 77
- REFUSED..... 99

**TIS\_AINFLU\_REC\_TYPE\_X**

Was this a shot or the spray in the nose?

- FLU SHOT ..... 1
- FLU NASAL SPRAY ..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99

**[END LOOP FOR NUMBER OF SHOTS NOT ON SHOT RECORD]**

**IF TIS\_AINFLU=0 AND TIS\_AINFLU\_REC=2, GO TO TIS\_ANEXTFLU. ELSE GO TO TIS\_AFLUPLACE.**

**TIS\_AFLUPLACE**

At what kind of place did [TEEN] get [GENDER2] most recent flu vaccination?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR’S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON’T KNOW
- (99) REFUSED

[ALL GO TO CP\_ANEXTFLU]

**CP\_ANEXTFLU**

IF TIS\_AINFLU\_DATE\_X >= 08/01/2010 or TIS\_AINFLU\_REC\_DATE\_X >=08/01/2010, GO TO TIS\_ATET.  
ELSE GO TO TIS\_ANEXTFLU.

**TIS\_ANEXTFLU**

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

- Will definitely get one ..... 1
- Will probably get one..... 2
- Will probably not get one, or ..... 3
- Will definitely not get one ..... 4
- DON’T KNOW ..... 77
- REFUSED..... 99

*SHOT RECORD FOR TETANUS*

**TIS\_ATET** Looking at the shot record, please tell me how many times [TEEN] has received a tetanus booster shot. There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Tdap, DT, or DTP shots, which children usually receive before age six.)

- SHOTS..... GO TO TIS\_ATET\_DATE\_X
- NONE..... 0 GO TO TIS\_ATET\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_ATET\_RECALL
- REFUSED..... 99 GO TO TIS\_ATET\_RECALL

**TIS\_ATET\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...Eighth)] tetanus booster?

MONTH	DAY	YEAR

- DATE..... \_/ \_/ \_\_\_\_ GO TO TIS\_ATET\_TYPE\_X
- DON'T KNOW ..... GO TO TIS\_ATET\_TYPE\_X
- REFUSED..... GO TO TIS\_ATET\_TYPE\_X

**TIS\_ATET\_CONF\_NUM**

Are you sure these are tetanus booster shots? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Tdap, DT, or DTP shots, which children usually receive before age six.

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

- (1) If TIS\_ATET\_CONF\_NUM=(1,77, 99) begin loop at TIS\_ATET\_DATE\_X.
- (2) Else if TIS\_ATET\_CONF\_NUM=2, go back to TIS\_ATET.

**TIS\_ATET\_TYPE\_X**

Which type of tetanus booster shot did [TEEN] receive?

- Td Only..... 1 GO TO CP\_ATET\_RECOM

Tdap Only..... 2 GO TO CP\_ATET\_RECOM  
 DON'T KNOW..... 77 GO TO CP\_ATET\_RECOM  
 REFUSED..... 99 GO TO CP\_ATET\_RECOM

**TIS\_ATET\_RECALL**

Did [TEEN] ever receive a tetanus booster shot, also called Td or Tdap shot that is not on the shot record?

YES..... 1 GO TO TIS\_ATET\_AGE  
 NO..... 2 GO TO TIS\_ATET\_REASON  
 DON'T KNOW..... 77 GO TO TIS\_ATET\_RECOM  
 REFUSED..... 99 GO TO TIS\_ATET\_RECOM

**TIS\_ATET\_AGE**

At what age did [TEEN] receive the last tetanus booster shot? The first booster shot is usually given around 11 or 12 years of age.

YEARS..... \_\_\_\_ GO TO CP\_ATET\_TYPE  
 DON'T KNOW..... 77 GO TO CP\_ATET\_TYPE  
 REFUSED..... 99 GO TO CP\_ATET\_TYPE

**CP\_ATET\_RECOM**

- (1) IF ANY AGE (TIS\_ATET\_DATE\_X) OF VACCINATIONS ARE BEFORE AGE 6 [SKIP TO TIS\_ATET\_CONF]
- (2) ELSE [SKIP TO TIS\_ATET\_RECOM]

**CP\_ATET\_TYPE**

- (1) IF AGE (TIS\_ATET\_AGE) OF VACCINATIONS ARE AFTER OR ON AGE 6 [SKIP TO TIS\_ATET\_TYPE]
- (2) IF AGE (TIS\_ATET\_AGE) OF VACCINATIONS ARE BEFORE AGE 6 [SKIP TO TIS\_ATET\_CONF]

**TIS\_ATET\_CONF**

Are you sure these are tetanus booster shots? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

- YES.....1
- NO..... 2 GO TO TIS\_ATET
- DON'T KNOW..... 77
- REFUSED..... 99
- (1) IF RESPONSE IN (1, 77, 99) AND TIS\_ATET = 1-9 GO TO TIS\_ATET\_RECOM
- (3) IF RESPONSE IN (1, 77, 99) AND TIS\_ATET <> 1-9 GO TO TIS\_ATET\_TYPE

**TIS\_ATET\_TYPE**

Which type of tetanus booster shot did [TEEN] receive?

- Td Only..... 1 GO TO CP\_ATET\_RECOM
- Tdap Only..... 2 GO TO CP\_ATET\_RECOM
- Don't Know..... 77 GO TO CP\_ATET\_RECOM
- REFUSED..... 99 GO TO CP\_ATET\_RECOM

**TIS\_ATET\_REASON**

What is the MAIN reason [TEEN] did not receive tetanus booster shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- DOES NOT HAVE DOCTOR OR DOCTOR'S VISIT SCHEDULED ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER- SPECIFY:..... 7
- DON'T KNOW ..... 77
- REFUSED..... 99
- (1) IF Response includes 7 THEN GO TO TIS\_ATET\_OTHER
- (2) ELSEIF Response includes 1 THEN GO TO TIS\_AMEN
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_ATET\_RECOM

**TIS\_ATET\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_ATET\_REASON includes 1 Then [SKIP TO TIS\_AMEN]
- (2) ELSEIF TIS\_ATET\_REASON does not include 1 Then [SKIP TO TIS\_ATET\_RECOM]

**TIS\_ATET\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive tetanus booster shots?

- YES..... 1 GO TO CP\_TIS\_ATETPLACE
- NO..... 2 GO TO CP\_TIS\_ATETPLACE
- DON'T KNOW..... 77 GO TO CP\_TIS\_ATETPLACE
- REFUSED..... 99 GO TO CP\_TIS\_ATETPLACE

**CP\_TIS\_ATETPLACE**

- (1) IF (TIS\_ATET=1 to 76) or (TIS\_ATET\_RECALL=1) GO TO TIS\_ATETPLACE
- (2) ELSE GO TO TIS\_AMEN

**TIS\_ATETPLACE**

After the age of 7 years, at what kind of place(s) did [TEEN] ever get a Td or Tdap booster shot?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR'S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL
- (06) OTHER MEDICALLY-RELATED PLACE
- (07) PHARMACY OR DRUG STORE
- (08) WORKPLACE
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

**SHOT RECORD FOR MENINGITIS**

**TIS\_AMEN** Looking at the shot record, please tell me how many times [TEEN] has received a meningitis shot, sometimes called MENACTRA, MENVEO, or MENOMUNE? It is sometimes abbreviated as MCV4 or MPSV4.

- SHOTS..... \_\_\_\_ GO TO TIS\_AMEN\_DATE\_X
- NONE..... 0 GO TO TIS\_AMEN\_RECALL
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECALL
- REFUSED..... 99 GO TO TIS\_AMEN\_RECALL

**TIS\_AMEN\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...)] meningitis shot?

MONTH	DAY	YEAR

- DATE..... \_\_/\_\_/\_\_\_\_ GO TO TIS\_AMEN\_RECOM
- DON'T KNOW ..... GO TO TIS\_AMEN\_RECOM
- REFUSED..... GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_RECALL**

Did [TEEN] ever receive a meningitis shot that is not on the shot record?

- YES..... 1 GO TO TIS\_AMEN\_DOSE
- NO..... 2 GO TO TIS\_AMEN\_REASON
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_DOSE**

How many meningitis shots did [TEEN] receive that are not on the shot record?

- SHOTS..... \_\_\_\_ GO TO TIS\_AMEN\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_AMEN\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_AMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_REASON**

What is the MAIN reason [TEEN] did not receive meningitis shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3

- SCHOOL REQUIREMENT..... 4
- VACCINE NOT AVAILABLE IN PROVIDER’S OFFICE ..... 5
- CHILD NOT APPROPRIATE AGE..... 6
- OTHER- SPECIFY:..... 7
- DON’T KNOW ..... 77
- REFUSED..... 99
- (1) IF Response includes 7 THEN GO TO TIS\_AMEN\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_AHPV
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_AMEN\_REASON includes 1 THEN GO TO TIS\_AHPV
- (2) ELSE IF TIS\_AMEN\_REASON does not include 1 THEN GO TO TIS\_AMEN\_RECOM

**TIS\_AMEN\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive meningitis shots?

- YES..... 1 GO TO TIS\_AHPV
- NO..... 2 GO TO TIS\_AHPV
- DON’T KNOW..... 77 GO TO TIS\_AHPV
- REFUSED..... 99 GO TO TIS\_AHPV

*SHOT RECORD FOR HPV SHOT*

**TIS\_AHPV**

Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which you may have heard of.

- YES..... 1 GO TO TIS\_AHPV\_KNOWLEDGE
- NO..... 2 GO TO TIS\_AHPV\_KNOWLEDGE
- DON’T KNOW..... 77 GO TO TIS\_AHPV\_KNOWLEDGE
- REFUSED..... 99 GO TO TIS\_AHPV\_KNOWLEDGE

**TIS\_AHPV\_KNOWLEDGE**

The human papillomavirus is a common virus known to cause genital warts and some cancers. A vaccine to prevent HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, GARDASIL, or CERVARIX.

Before today, have you ever heard of the cervical cancer or genital warts vaccine, HPV shot, Gardasil, or Cervarix?



YES.....1 GO TO TIS\_AHPV2  
 NO.....2 GO TO TIS\_AHPV\_INTENT  
 DON'T KNOW.....77 GO TO TIS\_AHPV\_INTENT  
 REFUSED.....99 GO TO TIS\_AHPV\_INTENT

**TIS\_AHPV2** Looking at the shot record, please tell me how many times [TEEN] has received HPV shots?

SHOTS..... GO TO TIS\_AHPV\_DATE\_X  
 NONE.....0 GO TO TIS\_AHPV\_RECALL  
 DON'T KNOW.....77 GO TO TIS\_AHPV\_RECALL  
 REFUSED.....99 GO TO TIS\_AHPV\_RECALL

**TIS\_AHPV\_DATE\_X**

What is the date (on the record) for the [FILL VAR: (First/Second/...)] HPV shot?

MONTH	DAY	YEAR

DATE..... / /  
 DON'T KNOW .....  
 REFUSED.....

(1) IF TIS\_S4=FEMALE SKIP TO TIS\_AHPV\_WHICH  
 (2) ELSE IF TIS\_S4=MALE SKIP TO TIS\_AHPV\_RECALL

**TIS\_AHPV\_WHICH**

Which of the two HPV vaccines did your child receive?

Gardasil-The vaccine that protects against some cervical cancers and genital warts.....1  
 Cervarix--The vaccine that protects against some cervical cancers.....2  
 BOTH GARDISIL AND CERVARIX.....3  
 DON'T KNOW.....77  
 REFUSED.....99

**TIS\_AHPV\_RECALL**

Did [TEEN] ever receive an HPV shot that is not on the shot record?

YES.....1 GO TO TIS\_AHPV\_DOSE  
 NO.....2 IF TIS\_AHPV2 <3, GO TO TIS\_AHPV\_INTENT. Else if TIS\_AHPV2 >=3, GO TO TIS\_AHPV\_RECOM  
 DON'T KNOW.....77 GO TO TIS\_AHPV\_INTENT  
 REFUSED.....99 GO TO TIS\_AHPV\_INTENT

**TIS\_AHPV\_DOSE**

How many HPV shots did [TEEN] receive that are not on the shot record?

SHOTS..... FOLLOW LOGIC BELOW  
ALL SHOTS..... 50 GO TO TIS\_AHPV\_RECOM  
DON'T KNOW..... 77 GO TO TIS\_AHPV\_RECOM  
REFUSED..... 99 GO TO TIS\_AHPV\_RECOM

(1) IF (TIS\_S4=2 AND ((TIS\_AHPV2 + TIS\_AHPV\_DOSE) <3)

THEN DO:

IF TIS\_AHPV\_WHICH <> NULL, GO TO TIS\_AHPV\_INTENT  
ELSE GO TO TIS\_AHPV\_REC\_WHICH)

(2) ELSE IF (TIS\_S4=2 AND ((TIS\_AHPV2 + TIS\_AHPV\_DOSE) >=3)

THEN DO:

IF TIS\_AHPV\_WHICH <>NULL, GO TO TIS\_AHPV\_RECOM.  
ELSE GO TO TIS\_AHPV\_REC\_WHICH)

(3) ELSE IF (TIS\_S4=1 AND ((TIS\_AHPV2 + TIS\_AHPV\_DOSE) <3)

THEN GO TO TIS\_AHPV\_INTENT)

(4) ELSE IF (TIS\_S4=1 AND ((TIS\_AHPV2 + TIS\_AHPV\_DOSE) >=3)

THEN GO TO TIS\_AHPV\_RECOM)

(5) ELSE IF (TIS\_S4= 50, 77 & 99) SKIP TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_REC\_WHICH**

Which of the two HPV vaccines did your child receive?

Gardasil-The vaccine that protects against some  
cervical cancers and genital warts.....1

Cervarix--The vaccine that protects against some  
cervical cancers.....2

BOTH GARDISIL AND CERVARIX.....3

DON'T KNOW.....77 GO TO TIS\_AHPV\_RECOM

REFUSED..... 99 GO TO TIS\_AHPV\_RECOM

IF TIS\_AHPV\_REC\_WHICH IN (1, 2, 3), DO:

- (1) If (TIS\_AHPV2 + TIS\_AHPV\_DOSE) <3 THEN GO TO TIS\_AHPV\_INTENT
- (2) Else if (TIS\_AHPV2 + TIS\_AHPV\_DOSE) >=3 THEN GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_INTENT**

How likely is it that [TEEN] will receive HPV shots in the next 12 months?

- Very Likely..... 1 GO TO TIS\_AHPV\_RECOM
- Somewhat Likely..... 2 GO TO TIS\_AHPV\_RECOM
- Not too likely..... 3 GO TO TIS\_AHPV\_REASON
- Not likely at all..... 4 GO TO TIS\_AHPV\_REASON
- Not Sure/ Don't Know..... 77 GO TO TIS\_AHPV\_REASON
- REFUSED..... 99 GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_REASON**

What is the MAIN reason [TEEN] will not receive HPV shots in the next 12 months?  
[MULTIPLE RESPONSES ARE ALLOWED]

- NOT SEXUALLY ACTIVE ..... 1
- KNOWLEDGE-DO NOT KNOW MUCH  
ABOUT HPV OR HPV VACCINE ... ..... 2
- NOT NEEDED OR NOT NECESSARY..... 3
- PROVIDER DID NOT RECOMMEND ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- SAFETY CONCERNS/SIDE EFFECTS.....6
- COSTS.....7
- OTHER: SPECIFY ..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF RESPONSE=4 THEN GO TO TIS\_HEALTH\_VAR
- (2) ELSE IF RESPONSE=9 THEN GO TO TIS\_AHPV\_OTHER
- (3) ELSE GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_OTHER**

Other Reason: \_\_\_\_\_

(1) IF TIS\_AHPV\_REASON includes 4 THEN GO TO TIS\_HEALTH\_VAR

(2) ELSE IF TIS\_AHPV\_REASON does not include 4 THEN GO TO TIS\_AHPV\_RECOM

**TIS\_AHPV\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

YES..... 1 GO TO TIS\_HEALTH\_VAR

NO..... 2 GO TO TIS\_HEALTH\_VAR

DON'T KNOW..... 77 GO TO TIS\_HEALTH\_VAR

REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

## SECTION B

### *No Shot Records*

**TIS\_BINTRO** That's fine. It is common for households not to have the shot records on hand. Let's continue with the interview. The remainder of the survey will take about 10 minutes.

We will start with vaccinations that children usually receive during early childhood, including the measles shot or MMR (measles-mumps-rubella), hepatitis B shot, and the varicella, or chicken pox shot.

**TIS\_B1** Has [TEEN] ever received an immunization that is a shot or drops?

YES..... 1 GO TO TIS\_BMMR  
NO..... 2 GO TO TIS\_BINFLU\_INTRO  
DON'T KNOW ..... 77 GO TO TIS\_BINFLU\_INTRO  
REFUSED..... 99 GO TO TIS\_BINFLU\_INTRO

**TIS\_BMMR** Has [TEEN] ever received a measles shot or MMR (measles-mumps-rubella) shot?

YES..... 1 GO TO TIS\_BMMR\_DOSE  
NO..... 2 GO TO TIS\_BHEPB  
DON'T KNOW ..... 77 GO TO TIS\_BHEPB  
DON'T KNOW – TEEN IS UP TO DATE  
ON ALL CHILDHOOD SHOTS..... 78 GO TO TIS\_BHEPA  
REFUSED..... 99 GO TO TIS\_BHEPB

**TIS\_BMMR\_DOSE**

How many measles or MMR shots did [TEEN] ever receive?

SHOTS..... GO TO TIS\_BHEPB  
ALL SHOTS..... 50 GO TO TIS\_BHEPB  
DON'T KNOW..... 77 GO TO TIS\_BHEPB  
REFUSED..... 99 GO TO TIS\_BHEPB

**TIS\_BHEPB** Has [TEEN] ever received a Hepatitis B shot?

YES..... 1 GO TO TIS\_BHEPB\_DOSE  
NO..... 2 GO TO TIS\_BVAR  
DON'T KNOW..... 77 GO TO TIS\_BVAR  
DON'T KNOW – TEEN IS UP TO DATE  
ON ALL CHILDHOOD SHOTS..... 78 GO TO TIS\_BHEPA  
REFUSED..... 99 GO TO TIS\_BVAR

**TIS\_BHEPB\_DOSE**

How many Hepatitis B shots did [TEEN] receive?

SHOTS..... \_\_\_\_ GO TO TIS\_BHEPB\_MAN  
 ALL SHOTS..... 50 GO TO TIS\_BHEPB\_MAN  
 DON'T KNOW..... 77 GO TO TIS\_BVAR  
 REFUSED..... 99 GO TO TIS\_BVAR

**TIS\_BHEPB\_MAN**

Did [TEEN] receive Hepatitis B shots because of a school requirement?

YES..... 1 GO TO TIS\_BVAR  
 NO..... 2 GO TO TIS\_BVAR  
 DON'T KNOW ..... 77 GO TO TIS\_BVAR  
 REFUSED..... 99 GO TO TIS\_BVAR

**TIS\_BVAR**

Has [TEEN] ever received a varicella shot, or chicken pox shot?

SHOTS..... \_\_\_\_ GO TO TIS\_BVAR\_DOSE  
 NONE..... 0 GO TO TIS\_BHEPA  
 DON'T KNOW..... 77 GO TO TIS\_BHEPA  
 DON'T KNOW – TEEN IS UP TO DATE  
 ON ALL CHILDHOOD SHOTS.....78 GO TO TIS\_BHEPA  
 REFUSED..... 99 GO TO TIS\_BHEPA

**TIS\_BVAR\_DOSE**

How many varicella or chicken pox shots did [TEEN] ever receive?

SHOTS..... \_\_\_\_  
 ALL SHOTS..... 50  
 DON'T KNOW..... 77  
 REFUSED..... 99

**TIS\_BHEPA**

Now, I will ask more specifically about shots that are usually given to teenagers.

Has [TEEN] ever received a Hepatitis A shot?

YES..... 1 GO TO TIS\_BHEPA\_DOSE  
 NO..... 2 GO TO TIS\_BHEPA\_RECOM  
 DON'T KNOW..... 77 GO TO TIS\_BHEPA\_RECOM  
 REFUSED..... 99 GO TO TIS\_BHEPA\_RECOM

**TIS\_BHEPA\_DOSE**

How many Hepatitis A shots did [TEEN] ever receive?

SHOTS..... \_\_\_\_ GO TO TIS\_BHEPA\_RECOM  
 ALL SHOTS..... 50 GO TO TIS\_BHEPA\_RECOM  
 DON'T KNOW..... 77 GO TO TIS\_BHEPA\_RECOM  
 REFUSED..... 99 GO TO TIS\_BHEPA\_RECOM

**TIS\_BHEPA\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive Hepatitis A shots?

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

*NO SHOT RECORD FOR INFLUENZA STARTING*

*AUGUST 1, 2010: (H1N1=0)*

**TIS\_BINFLU\_INTRO**

[IF TIS\_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu.] ELSE: The next questions are about influenza vaccination.

**TIS\_BINFLU** During the past 12 months has (FILL) had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

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

- YES..... 1 GO TO TIS\_BINFLU\_NUM
- NO..... 2 GO TO TIS\_BINFLUSPRAY
- DON'T KNOW..... 77 GO TO TIS\_BINFLUSPRAY
- REFUSED..... 99 GO TO TIS\_BINFLUSPRAY

**TIS\_BINFLU\_NUM**

How many flu shots has [TEEN] received in the past 12 months?

- NUMBER..... \_\_\_\_ GO TO TIS\_BINFLU\_DATE\_X
- ZERO..... 0 GO TO TIS\_BINFLU
- DON'T KNOW..... 77 GO TO TIS\_BINFLUSPRAY
- REFUSED..... 99 GO TO TIS\_BINFLUSPRAY

**[BEGIN LOOP FOR NUMBER OF SHOTS]**

**TIS\_BINFLU\_DATE\_X**

During what month and year did [TEEN] receive the [FILL VAR: (First/Second/...)] flu shot?

MONTH	YEAR

DATE..... / .. GO TO CP\_BINFLU\_RH1\_X.

DON'T KNOW ..... 77

REFUSED..... 99

IF MONTH IN (77,99) and YEAR IN (2010,7777), GO TO TIS\_BINFLU\_RU\_X.

IF MONTH IN (77,99) and YEAR IN (2011,9999), GO TO TIS\_BINFLUSPRAY.

IF MONTH IN(77,99) and YEAR=2009, GO TO TIS\_BINFLU\_RH1\_X.

(If Date Is > 1 Year from date of interview, display warning message: "This date is not within the last year." and repeat the question TIS\_BINFLU\_DATE\_X.)

**TIS\_BINFLU\_RU\_X**

I understand that you may not know the exact date. Could you tell me if [TEEN] received this shot before August 1, 2010?

YES..... 1 GO TO TIS\_BINFLU\_RH1\_X

NO..... 2 GO TO TIS\_BINFLUSPRAY

DON'T KNOW..... 77 GO TO TIS\_BINFLUSPRAY

REFUSED..... 99 GO TO TIS\_BINFLUSPRAY

**CP\_BINFLU\_RH1\_X**

IF 09/01/2009<=TIS\_BINFLU\_DATE\_X<=07/31/2010, GO TO TIS\_BINFLU\_RH1\_X  
ELSE GO TO TIS\_BINFLUSPRAY.

**TIS\_BINFLU\_RH1\_X**

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

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

SEASONAL FLU ..... 1

H1N1 FLU OR SWINE FLU ..... 2

DON'T KNOW..... 77

REFUSED..... 99

**[END LOOP FOR NUMBER OF SHOTS]**



**TIS\_BINFLUSPRAY**

During the past 12 months has [TEEN] had a flu vaccine sprayed in [GENDER2] nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

**READ IF NECESSARY:**

This influenza vaccine is called FluMist®

- YES..... 1 GO TO TIS\_BINFLUSPRAY\_NUM
- NO..... 2
- DON'T KNOW..... 77
- REFUSED..... 99

IF TIS\_BINFLUSPRAY IN (2,77,99) THEN DO:  
 IF TIS\_BINFLU IN (2,77,99), GO TO TIS\_BNEXTFLU.  
 ELSE GO TO TIS\_BFLUPLACE.

**TIS\_BINFLUSPRAY\_NUM**

How many flu nasal sprays has [TEEN] received in the past 12 months?

- NUMBER ..... GO TO TIS\_BINFLUSPRAY\_DATE\_X
- ZERO..... 0 GO TO TIS\_BINFLUSPRAY
- DON'T KNOW..... 77 GO TO CP\_BNEXTFLU
- REFUSED..... 99 GO TO CP\_BNEXTFLU

**[BEGIN LOOP FOR NUMBER OF SPRAYS]**

**TIS\_BINFLUSPRAY\_DATE\_X**

During what month and year did [TEEN] receive the [FILL VAR: (First/Second/...)] flu nasal spray?

MONTH	YEAR

- DATE \_\_\_/\_\_\_ GO TO CP\_BINFLUSPRAY\_RH1\_X.
- DON'T KNOW ..... 77
- REFUSED..... 99

IF MONTH IN (77,99) AND YEAR IN (2010,7777), GO TO TIS\_BINFLUSPRAY\_RU\_X.  
 IF MONTH IN (77,99) AND YEAR IN (2011,9999), GO TO TIS\_BFLUPLACE.  
 IF MONTH IN (77,99) AND YEAR=2009, GO TO TIS\_BINFLUSPRAY\_RH1\_X.

**TIS\_BINFLUSPRAY\_RU\_X**

I understand that you may not know the exact date. Could you tell me if [TEEN] received this spray before August 1, 2010?

- YES..... 1 GO TO TIS\_BINFLUSPRAY\_RH1\_X
- NO..... 2 GO TO TIS\_BFLUPLACE
- DON'T KNOW..... 77 GO TO TIS\_BFLUPLACE
- REFUSED..... 99 GO TO TIS\_BFLUPLACE

**CP\_BINFLUSPRAY\_RH1\_X**

IF 09/01/2009<=TIS\_BINFLUSPRAY\_DATE\_X<=07/31/2010, GO TO TIS\_BINFLUSPRAY\_RH1\_X ELSE GO TO TIS\_BFLUPLACE.

**TIS\_BINFLUSPRAY\_RH1\_X**

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

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

- SEASONAL FLU ..... 1
- H1N1 FLU OR SWINE FLU ..... 2
- DON'T KNOW..... 77
- REFUSED..... 99

**[END LOOP FOR NUMBER OF SPRAYS]**

**TIS\_BFLUPLACE**

At what kind of place did [TEEN] get [GENDER2] most recent flu vaccination?

[READ ONLY IF NECESSARY]

- (01) DOCTOR'S OFFICE
- (02) HEALTH DEPARTMENT
- (03) CLINIC OR HEALTH CENTER
- (04) HOSPITAL
- (05) OTHER MEDICALLY-RELATED PLACE
- (06) PHARMACY OR DRUG STORE
- (07) WORKPLACE
- (08) ELEMENTARY/MIDDLE/HIGH SCHOOL
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON'T KNOW
- (99) REFUSED

[ALL GO TO CP\_BNEXTFLU]

**CP\_BNEXTFLU**

IF TIS\_BINFLU\_DATE\_X >=08/01/2010 or TIS\_BINFLUSPRAY\_DATE\_X >=08/01/2010,  
GO TO TIS\_BTET.  
ELSE GO TO TIS\_BNEXTFLU.

**TIS\_BNEXTFLU**

How likely is [TEEN] to get a flu vaccination between now and the end of July, 2011? Would you say [FILL VAR: he/she]:

- Will definitely get one ..... 1
- Will probably get one..... 2
- Will probably not get one, or ..... 3
- Will definitely not get one ..... 4
- DON'T KNOW..... 77
- REFUSED..... 99

[IF TIS\_B1 = 2, 77, OR 99 GO TO TIS\_HEALTH\_VAR, ELSE GO TO TIS\_BTET]

*NO SHOT RECORD FOR TETANUS*

**TIS\_BTET**

Has [TEEN] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Dtap, DT, or DTP shots, which children usually receive before age six.)

- YES..... 1 GO TO TIS\_BTET\_AGE
- NO..... 2 GO TO TIS\_BTET\_REASON
- DON'T KNOW..... 77 GO TO TIS\_BTET\_RECOM
- REFUSED..... 99 GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_AGE**

At what age did [TEEN] receive the last tetanus booster shot? The first booster shot is usually given around 11 or 12 years of age.

- YEARS..... \_\_\_\_
- (1) IF YEARS < 6 GO TO TIS\_BTET\_CONF
- (2) ELSE YEARS >= 6 GO TO TIS\_BTET\_TYPE
- DON'T KNOW..... 77 GO TO TIS\_BTET\_TYPE
- REFUSED..... 99 GO TO TIS\_BTET\_TYPE

**TIS\_BTET\_CONF**

Are you sure these are tetanus booster shots? The first tetanus booster is usually given at 11 - 12 years of age, and is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

- YES..... 1 GO TO TIS\_BTET\_TYPE
- NO..... 2 GO TO TIS\_BTET
- DON'T KNOW..... 77 GO TO TIS\_BTET\_RECOM
- REFUSED..... 99 GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_TYPE**

Which type of tetanus booster shot did [TEEN] receive?

- Td Only..... 1 GO TO CP\_BTET\_RECOM
- Tdap Only..... 2 GO TO CP\_BTET\_RECOM
- Don't Know..... 77 GO TO CP\_BTET\_RECOM
- REFUSED..... 99 GO TO CP\_BTET\_RECOM

**TIS\_BTET\_REASON**

What is the MAIN reason [TEEN] did not receive tetanus booster shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ THAT MY CHILD NEEDED IT... ..... 2
- VACCINE IS NOT NEEDED OR NOT NECESSARY ..... 3
- DOES NOT HAVE DOCTOR OR DOCTOR’S VISIT SCHEDULED ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- OTHER: SPECIFY ..... 7
- DON’T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_BTET\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_BMEN
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_BTET\_RECOM

**TIS\_BTET\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_BTET\_REASON includes 1 GO TO TIS\_BMEN
- (2) ELSEIF TIS\_BTET\_REASON does not include 1 GO TO TIS\_BTET\_RECOM]

**TIS\_BTET\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive tetanus booster shots?

- YES..... 1 GO TO CP\_TIS\_BTETPLACE
- NO..... 2 GO TO CP\_TIS\_BTETPLACE
- DON’T KNOW..... 77 GO TO CP\_TIS\_BTETPLACE
- REFUSED..... 99 GO TO CP\_TIS\_BTETPLACE

**CP\_BTETPLACE**

- 1) IF TIS\_BTET=1 GO TO TIS\_BTETPLACE
- (2) ELSE GO TO TIS\_BMEN

**TIS\_BTETPLACE**

After the age of 7 years, at what kind of place(s) did [TEEN] ever get a Td or Tdap booster shot?

**[READ ONLY IF NECESSARY]**

- (01) DOCTOR’S OFFICE
- (02) EMERGENCY ROOM
- (03) HEALTH DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) HOSPITAL
- (06) OTHER MEDICALLY-RELATED PLACE
- (07) PHARMACY OR DRUG STORE
- (08) WORKPLACE
- (09) OTHER NONMEDICALLY-RELATED PLACE
- (77) DON’T KNOW
- (99) REFUSED

**TIS\_BMEN**

Has [TEEN] ever received a meningitis shot, sometimes called MENACTRA, MENVEO or MENOMUNE?

- SHOTS..... \_\_\_\_ GO TO TIS\_BMEN\_DOSE
- NONE..... 0 GO TO TIS\_BMEN\_REASON
- DON’T KNOW..... 77 GO TO TIS\_BMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_DOSE**

How many meningitis shots did [TEEN] ever receive?

- SHOTS..... \_\_\_\_ GO TO TIS\_BMEN\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_BMEN\_RECOM
- DON’T KNOW..... 77 GO TO TIS\_BMEN\_RECOM
- REFUSED..... 99 GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_REASON**

What is the MAIN reason [TEEN] did not receive meningitis shots? [MULTIPLE RESPONSES ARE ALLOWED]

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE – DID NOT KNOW ABOUT DISEASE/ BOOSTER SHOT/ OR THAT MY CHILD NEEDED IT ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- SCHOOL REQUIREMENT..... 4
- VACCINE NOT AVAILABLE IN PROVIDER’S OFFICE ..... 5
- CHILD NOT APPROPRIATE AGE..... 6
- OTHER- SPECIFY:..... 7
- DON’T KNOW ..... 77
- REFUSED..... 99

- (1) IF Response includes 7 THEN GO TO TIS\_BMEN\_OTHER
- (2) ELSE IF Response includes 1 THEN GO TO TIS\_BHPV
- (3) ELSE (Response does not include 1 and/or 7) THEN GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_OTHER**

Other Reason: \_\_\_\_\_

- (1) IF TIS\_BMEN\_REASON includes 1 THEN GO TO TIS\_BHPV
- (2) ELSE IF TIS\_BMEN\_REASON does not include 1 THEN GO TO TIS\_BMEN\_RECOM

**TIS\_BMEN\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive meningitis shots?

- YES..... 1 GO TO TIS\_BHPV
- NO..... 2 GO TO TIS\_BHPV
- DON’T KNOW..... 77 GO TO TIS\_BHPV
- REFUSED..... 99 GO TO TIS\_BHPV

**TIS\_BHPV** Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which you may have heard of.

YES..... 1 GO TO TIS\_BHPV\_KNOWLEDGE  
 NO..... 2 GO TO TIS\_BHPV\_KNOWLEDGE  
 DON'T KNOW..... 77 GO TO TIS\_BHPV\_KNOWLEDGE  
 REFUSED..... 99 GO TO TIS\_BHPV\_KNOWLEDGE

**TIS\_BHPV\_KNOWLEDGE**

The human papillomavirus is a common virus known to cause genital warts and some cancers. A vaccine to prevent HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, GARDASIL, or CERVARIX.

Before today, have you ever heard of the cervical cancer or genital warts vaccine, HPV shot, Gardasil, or Cervarix?

YES..... 1 GO TO TIS\_BHPV2  
 NO..... 2 GO TO TIS\_BHPV\_INTENT  
 DON'T KNOW..... 77 GO TO TIS\_BHPV\_INTENT  
 REFUSED..... 99 GO TO TIS\_BHPV\_INTENT

**TIS\_BHPV2** Has [TEEN] ever received HPV shots?

YES..... 1 GO TO TIS\_BHPV\_DOSE  
 NO..... 2 GO TO TIS\_BHPV\_INTENT  
 DON'T KNOW..... 77 GO TO TIS\_BHPV\_INTENT  
 REFUSED..... 99 GO TO TIS\_BHPV\_INTENT

**TIS\_BHPV\_DOSE**

How many HPV shots did [TEEN] ever receive?

SHOTS..... \_\_\_\_ FOLLOW LOGIC BELOW  
 ALL SHOTS..... 50 GO TO TIS\_BHPV\_RECOM  
 DON'T KNOW..... 77 GO TO TIS\_BHPV\_RECOM  
 REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

(1) IF TIS\_S4=FEMALE, THEN DO:

IF TIS\_BHPV\_DOSE=0, GO TO TIS\_BHPV\_INTENT  
 IF TIS\_BHPV\_DOSE IN (1-9), GO TO TIS\_BHPV\_WHICH

(2)ELSE IF TIS\_S4=MALE THEN DO:

IF TIS\_BHPV\_DOSE < 3, GO TO TIS\_BHPV\_INTENT  
 IF TIS\_BHPV\_DOSE >= 3 GO TO TIS\_BHPV\_RECOM



**TIS\_BHPV\_WHICH**

Which of the two HPV vaccines did your child receive?

- Gardasil-The vaccine that protects against some cervical cancers and genital warts.....1
- Cervarix--The vaccine that protects against some cervical cancers.....2
- BOTH GARDISIL AND CERVARIX.....3
- DON'T KNOW.....77 GO TO TIS\_BHPV\_RECOM
- REFUSED.....99 GO TO TIS\_BHPV\_RECOM

IF TIS\_BHPV\_WHICH IN (1, 2, 3), DO:

If TIS\_BHPV\_DOSE = 1 OR 2 then GO TO TIS\_BHPV\_INTENT  
 Else if TIS\_BHPV\_DOSE IN (3-9) then GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_INTENT**

How likely is it that [TEEN] will receive HPV shots in the next 12 months?

- Very Likely..... 1 GO TO TIS\_BHPV\_RECOM
- Somewhat Likely..... 2 GO TO TIS\_BHPV\_RECOM
- Not too likely..... 3 GO TO TIS\_BHPV\_REASON
- Not likely at all..... 4 GO TO TIS\_BHPV\_REASON
- Not Sure/ Don't Know..... 77 GO TO TIS\_BHPV\_REASON
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_REASON**

What is the MAIN reason [TEEN] will not receive HPV shots in the next 12 months?  
 [MULTIPLE RESPONSES ARE ALLOWED]

- NOT SEXUALLY ACTIVE ..... 1
- KNOWLEDGE-DO NOT KNOW MUCH ABOUT HPV OR HPV VACCINE ... .. 2
- NOT NEEDED OR NOT NECESSARY..... 3
- PROVIDER DID NOT RECOMMEND ..... 4
- CHILD NOT APPROPRIATE AGE..... 5
- SAFETY CONCERNS/SIDE EFFECTS.....6
- COSTS.....7
- OTHER: SPECIFY ..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF RESPONSE=4 THEN GO TO TIS\_HEALTH\_VAR  
 (2) ELSE IF RESPONSE=9 THEN GO TO TIS\_BHPV\_OTHER  
 (3) ELSE GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_OTHER**

Other Reason: \_\_\_\_\_

(1) IF TIS\_BHPV\_REASON includes 4 THEN GO TO TIS\_HEALTH\_VAR

(2) ELSE IF TIS\_BHPV\_REASON does not include 4 THEN GO TO TIS\_BHPV\_RECOM

**TIS\_BHPV\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

YES..... 1 GO TO TIS\_HEALTH\_VAR

NO..... 2 GO TO TIS\_HEALTH\_VAR

DON'T KNOW..... 77 GO TO TIS\_HEALTH\_VAR

REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

# SECTION C

## Demographics

### TIS\_HEALTH\_VAR

I've been asking about shots received by [TEEN]. Now I would like to ask, has [TEEN] ever had chicken pox or varicella?

YES..... 1 GO TO TIS\_HEALTH\_VAR\_AGE  
NO..... 2 GO TO TIS\_HEALTH\_CHECKUPA  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA  
REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_VAR\_AGE

How old was [TEEN], in years, when (GENDER3) had chicken pox?

AGE: \_\_\_\_\_

- (1) IF TIS\_Health\_Var\_Age > TIS\_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS\_Health\_CHECKUPA
- (2) IF TIS\_HEALTH\_VAR\_AGE=77, THEN GO TO TIS\_Health\_Var\_Age2
- (3) IF TIS\_HEALTH\_VAR\_AGE=99, THEN GO TO TIS\_Health\_CHECKUPA
- (4) ELSE GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_VAR\_AGE2

Was [TEEN]...

...less than one year old?..... 1 GO TO TIS\_HEALTH\_CHECKUPA  
...one to five years old?..... 2 GO TO TIS\_HEALTH\_CHECKUPA  
...five to ten years old?..... 3 GO TO TIS\_HEALTH\_CHECKUPA  
...over ten years old?..... 4 GO TO TIS\_HEALTH\_CHECKUPA  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA  
REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUPA

### TIS\_HEALTH\_CHECKUPA

How old was [TEEN] at the time of [GENDER2] last check-up? Please do not include visits for medical treatment or illness.

AGE: \_\_\_\_\_

- (1) IF <=10 YEARS, GO TO TIS\_HEALTH\_VISITS
- (2) IF 11-12 YEARS, GO TO TIS\_HEALTH\_VISITS
- (3) IF 13-[YAGE\_X], GO TO CHECKUP2A
- (4) IF >[YAGE\_X], THEN DISPLAY WARNING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN
- (5) IF 77 OR 99, GOTO TIS\_Health\_CHECKUP2A

**TIS\_HEALTH\_CHECKUP2A**

Did [TEEN] have an 11-12 year old well child exam or check-up?

- YES..... 1 GO TO TIS\_HEALTH\_VISITS
- NO..... 2 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUP3A
- REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUP3A

**TIS\_HEALTH\_CHECKUP3A**

Was [TEEN]'s last check-up more than [FILL1] years ago or less than [FILL1] years ago?

- MORE THAN [YAGE\_x minus 12] YEARS AGO..... 1 GO TO TIS\_HEALTH\_VISITS
- EXACTLY [YAGE\_x minus 12] YEARS AGO..... 2 GO TO TIS\_HEALTH\_VISITS
- LESS THAN [YAGE\_x minus 12] YEARS AGO..... 3 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_VISITS
- REFUSED..... 99 GO TO TIS\_HEALTH\_VISITS

**TIS\_HEALTH\_VISITS**

During the past 12 months, how many times has [TEEN] seen a doctor or other health care professional about [GENDER2] health at a doctor's office, a clinic, or some other place? Do not include times [TEEN] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

- NONE ..... 1 GO TO TIS\_HEALTHASTHMA\_A
- 1 ..... 2 GO TO TIS\_HEALTHASTHMA\_A
- 2-3 ..... 3 GO TO TIS\_HEALTHASTHMA\_A
- 4-5 ..... 4 GO TO TIS\_HEALTHASTHMA\_A
- 6-7 ..... 5 GO TO TIS\_HEALTHASTHMA\_A
- 8-9 ..... 6 GO TO TIS\_HEALTHASTHMA\_A
- 10-12 ..... 7 GO TO TIS\_HEALTHASTHMA\_A
- 13-15 ..... 8 GO TO TIS\_HEALTHASTHMA\_A
- 16+ ..... 9 GO TO TIS\_HEALTHASTHMA\_A
- DON'T KNOW ..... 77 GO TO TIS\_HEALTHASTHMA\_A
- REFUSED..... 99 GO TO TIS\_HEALTHASTHMA\_A

**TIS\_HEALTHASTHMA\_A**

Has [TEEN] ever been told by a doctor or other health professional that [GENDER3] has asthma?

- YES..... 1 GO TO TIS\_HIRISK
- NO..... 2 GO TO TIS\_HIRISK
- DON'T KNOW ..... 77 GO TO TIS\_HIRISK
- REFUSED..... 99 GO TO TIS\_HIRISK

**TIS\_HIRISK**

Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [TEEN] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [TEEN] had had any of the listed conditions.

**[INTERVIEWER INSTRUCTION:**

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRALVALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

**[READ IF NECESSARY]:**

BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL.]

**[READ IF RESPONDENT SAYS DK, OR NOT SURE]:**

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?

- YES..... 1 GO TO TIS\_HIRISK\_NOW
- NO..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED..... 4 GO TO TIS\_HIRISK\_ANY

**TIS\_HIRISK\_NOW**

Does [TEEN] still have any of these conditions?

- YES..... 1 GO TO TIS\_HIRISK\_ANY
- NO..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED..... 4 GO TO TIS\_HIRISK\_ANY

**TIS\_HIRISK\_ANY**

Do any other members of [TEEN]’s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

**INTERVIEWER INSTRUCTION:**

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE PROLAPSE AS THE ONLY CONDITION, CODE AS ‘NO’]

**[READ IF RESPONDENT SAYS DK, OR NOT SURE:**

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?]

- YES..... 1 GO TO TIS\_NOSCHOOL
- NO..... 2 GO TO TIS\_NOSCHOOL
- DON’T KNOW ..... 3 GO TO TIS\_NOSCHOOL
- REFUSED..... 4 GO TO TIS\_NOSCHOOL

**TIS\_NOSCHOOL**

During the past 12 months, that is, since [FILL1], about howmany days did [TEEN] miss school because of illness or injury?

- NUMBER OF DAYS ..... \_\_\_\_ GO TO TIS\_GRADE
- NONE ..... 000 GO TO TIS\_GRADE
- CHILD DID NOT GO TO SCHOOL..... 996 GO TO TIS\_GRADE
- DON’T KNOW ..... 777 GO TO TIS\_GRADE
- REFUSED..... 999 GO TO TIS\_GRADE

**TIS\_GRADE**

What is [TEEN]'s current grade level in school?

6TH GRADE .....	6	GO TO TIS_CINTRO
7TH GRADE .....	7	GO TO TIS_CINTRO
8TH GRADE .....	8	GO TO TIS_CINTRO
9TH GRADE .....	9	GO TO TIS_CINTRO
10TH GRADE .....	10	GO TO TIS_CINTRO
11TH GRADE .....	11	GO TO TIS_CINTRO
12TH GRADE .....	12	GO TO TIS_CINTRO
GRADUATED FROM HS .....	13	GO TO TIS_CINTRO
ENROLLED IN GED PROGRAM .....	14	GO TO TIS_CINTRO
COMPLETED GED PROGRAM .....	15	GO TO TIS_CINTRO
NOT IN SCHOOL .....	16	GO TO TIS_CINTRO
OTHER .....	17	GO TO TIS_GRADE_SPECIFY
DON'T KNOW .....	77	GO TO TIS_CINTRO
REFUSED.....	99	GO TO TIS_CINTRO

**TIS\_GRADE\_SPECIFY**

ENTER [TEEN]'S CURRENT GRADE IN SCHOOL

TIS\_GRADE\_OTH\_\_\_\_\_

**TIS\_CINTRO**

The next few questions ask for some background information about [TEEN]. 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.

**TIS\_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\_\_\_\_\_

**TIS\_C2**

Is [TEEN] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

YES.....	1	GO TO TIS_C3
NO.....	2	GO TO TIS_C4
DON'T KNOW .....	77	GO TO TIS_C4
REFUSED.....	99	GO TO TIS_C4

**TIS\_C3** Is [TEEN] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean?

**CLICK ALL THAT APPLY**

- Mexican/Mexicano ..... 1
- Mexican American..... 2
- Central American..... 3
- South American ..... 4
- Puerto Rican..... 5
- Cuban/Cuban American..... 6
- Spanish-Caribbean..... 7
- Other Spanish/Hispanic (Specify) ..... 10 GO TO TIS\_C3\_OTHR
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_C3\_OTHR**

ENTER OTHER SPECIFY \_\_\_\_\_

**TIS\_C4** Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [TEEN]'s race. Is [TEEN] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

**CLICK ALL THAT APPLY**

- White..... 1
- Black/African American ..... 2
- American Indian ..... 3
- Alaska Native..... 4
- Asian..... 5
- Native Hawaiian ..... 6
- Pacific Islander ..... 7
- OTHER..... 8 GO TO TIS\_C4\_OTHER
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF 8, GO TO TIS\_C4\_OTHR

(2) ELSEIF 1 THRU 7 OR 77 OR 99, THEN GO TO TIS\_C5

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

**TIS\_C4\_OTHER**

ENTER OTHER SPECIFY \_\_\_\_\_



**TIS\_C5**

What is your relationship to [TEEN]?

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

- (1) IF C5\_x (IN NIS) FILLED, THEN GO TO TIS\_C5A
- (2) ELSE GO TO TIS\_C6

**TIS\_C5A**

IF TIS\_C5=01, THEN ASK: Are you also [FILL1]'s mother?

IF TIS\_C5 NE 01, THEN ASK: Is [TEEN]'s mother the same as [FILL1]'s mother?

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

- (1) IF COMPLETED THE NIS INTERVIEW AND TIS\_C5A=1, FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5
- (2) ELSE GO TO TIS\_C6

**TIS\_C6** What is the highest grade or year of school [FILL] completed?

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

**TIS\_C7** [FILL1] now married, widowed, divorced, separated, or [FILL2] never been married?

- Married ..... 1 GO TO TIS\_C8
- Widowed..... 2 GO TO TIS\_C8
- Divorced ..... 3 GO TO TIS\_C8
- Separated..... 4 GO TO TIS\_C8
- Never married ..... 5 GO TO TIS\_C8
- DECEASED ..... 6 GO TO C8\_INTRO
- DON’T KNOW ..... 77 GO TO TIS\_C8
- REFUSED..... 99 GO TO TIS\_C8

**TIS\_C8\_INTRO**

The next few questions ask for some background information about [TEEN]’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.)

**TIS\_C8**

**[IF TIS\_C7\_X= 6, THEN DISPLAY:**

Was [TEEN]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)?

**ELSE DISPLAY**

[FILL1] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

- YES..... 1 GO TO TIS\_C8\_A
- NO..... 2 GO TO TIS\_C9
- DON'T KNOW ..... 77 GO TO TIS\_C9
- REFUSED..... 99 GO TO TIS\_C9

**TIS\_C8\_A**

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

- Mexican/Mexicano ..... 1
- Mexican American..... 2
- Central American..... 3
- South American ..... 4
- Puerto Rican..... 5
- Cuban/Cuban American..... 6
- Spanish-Caribbean ..... 7
- Other Spanish/Hispanic (Specify) ..... 10 GO TO TIS\_C8\_OTHR1
- DON'T KNOW ..... 77
- REFUSED..... 99

(1) IF TIS\_C8\_A=10, THEN GO TO TIS\_C8\_OTHR1

(2) ELSE GO TO TIS\_C9

**[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 10, BUT 77 AND 99 MUST BE SELECTED ALONE]**

**TIS\_C8\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

**TIS\_C9**

Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

- White..... 1
- Black/African American..... 2
- American Indian ..... 3
- Alaska Native..... 4
- Asian..... 5
- Native Hawaiian ..... 6
- Pacific Islander ..... 7
- OTHER..... 8 GO TO TIS\_C9\_OTHR1
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF TIS\_C9=8, THEN GO TO TIS\_C9\_OTHR1
- (2) ELSEIF MORE THAN ONE ANSWER AT TIS\_C9 GO TO TIS\_C10
- (3) ELSE ONLY ONE ANSWER GO TO TIS\_C10A

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

**TIS\_C9\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

[IF MORE THAN ONE ANSWER AT TIS\_C9, ASK TIS\_C10; OTHERWISE SKIP TO TIS\_C10A.]

**TIS\_C10**

Which do you feel best describes [FILL] race?

- WHITE ..... 1
- BLACK/AFRICAN AMERICAN..... 2
- AMERICAN INDIAN..... 3
- ALASKA NATIVE ..... 4
- ASIAN..... 5
- NATIVE HAWAIIAN..... 6
- PACIFIC ISLANDER ..... 7
- [TIS\_C9\_OTHR1]..... 8
- OTHER (SPECIFY) ..... 9
- DON'T KNOW ..... 77
- REFUSED..... 99

- (1) IF TIS\_C10=9, THEN GO TO TIS\_C10\_OTHR1
- (2) ELSE GO TO TIS\_C10A

**TIS\_C10\_OTHR1**

ENTER OTHER SPECIFY

\_\_\_\_\_

**TIS\_C10A**

What is [FILL] 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) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- (1) IF Any part of Date is DK or REF --> skip to C10B
- (2) ELSEIF year < 1940, GO TO C10\_check
- (3) ELSEIF TIS\_C7=6, THEN GO TO TIS\_C11A
- (4) ELSE GO TO TIS\_C11

**TIS\_C10B**

What is [FILL] current age?

AGE \_\_\_\_\_

DON'T KNOW ..... 77

REFUSED..... 99

- (1) IF TIS\_C7=6, THEN GO TO TIS\_C11A
- (2) ELSE GO TO TIS\_C11

**IF TIS\_C10B < 14 years of age, DISPLAY WARNING: "Mother must be 14 or older."**

**TIS\_C10\_check**

This would make [FILL1] [FILL2] years old; is that correct?

YES..... 1

- 1. IF TIS\_C7=6, THEN GO TO TIS\_C11A
- 2. ELSE GO TO TIS\_C11

NO..... 2 GO TO TIS\_C10A

**TIS\_C11**

[FILL1] live at the same address as [FILL2] was born?

YES..... 1 GO TO TIS\_CFAMINC

NO..... 2 GO TO TIS\_C11A

DON'T KNOW ..... 77 GO TO TIS\_CFAMINC

REFUSED..... 99 GO TO TIS\_CFAMINC

**TIS\_C11A**

In what city, county, and state did [FILL2] live when [FILL1] was born?

ENTER CITY. \_\_\_\_\_

ENTER COUNTY. \_\_\_\_\_

ENTER STATE \_\_\_\_\_

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

**TIS\_C11B**

What was [FILL] zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_

- (1) IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5
- (2) ELSE GO TO TIS\_CFAMINC

**TIS\_CFAMINC**

Please think about your total combined family income during 2009 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

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

- \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ GO TO TIS\_CINC
- DON'T KNOW ..... 77 GO TO TIS\_C12\_DONT\_KNOW
- REFUSED..... 99 GO TO TIS\_C12\_REFUSED

**TIS\_C12\_DONT\_KNOW**

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

- More than \$20,000..... 1 GO TO TIS\_C16
- \$20,000 ..... 2 GO TO TIS\_C19A
- Less than \$20,000 ..... 3 GO TO TIS\_C13
- DON'T KNOW ..... 77 GO TO TIS\_C19A
- REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C12\_REFUSED**

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

- More than \$20,000..... 1 GO TO TIS\_C16
- \$20,000 ..... 2 GO TO TIS\_C19A
- Less than \$20,000 ..... 3 GO TO TIS\_C13
- DON'T KNOW ..... 77 GO TO TIS\_C19A
- REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C13** Was the total combined FAMILY income more or less than \$10,000?  
 More than \$10,000..... 1 GO TO TIS\_C15  
 \$10,000 ..... 2 GO TO TIS\_C19A  
 Less than \$10,000 ..... 3 GO TO TIS\_C14\_A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C14A** Was it more than \$7,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO..... 2 GO TO TIS\_C19A  
 DON'T KNOW..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15** Was it more than \$15,000?  
 YES..... 1 GO TO TIS\_C15\_A  
 NO..... 2 GO TO TIS\_C15\_B  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15A** Was it more than \$17,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO..... 2 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C15B** Was it more than \$12,500?  
 YES..... 1 GO TO TIS\_C19A  
 NO..... 2 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C16** Was the total combined FAMILY income more or less than \$40,000?  
 More than \$40,000..... 1 GO TO TIS\_C16\_A  
 \$40,000 ..... 2 GO TO TIS\_C19A  
 Less than \$40,000 ..... 3 GO TO TIS\_C17  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

<b>TIS_C16_A</b>	Was the total combined FAMILY income more or less than \$60,000?
	More than \$60,000..... 1 GO TO TIS_C18
	\$60,000 ..... 2 GO TO TIS_C19A
	Less than \$60,000 ..... 3 GO TO TIS_C16_B
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A
<b>TIS_C16_B</b>	Was the total combined FAMILY income more or less than \$50,000?
	More than \$50,000..... 1 GO TO TIS_C19A
	\$50,000 ..... 2 GO TO TIS_C19A
	Less than \$50,000 ..... 3 GO TO TIS_C16_C
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A
<b>TIS_C16_C</b>	Was the total combined FAMILY income more or less than \$45,000?
	More than \$45,000..... 1 GO TO TIS_C19A
	\$45,000 ..... 2 GO TO TIS_C19A
	Less than \$45,000 ..... 3 GO TO TIS_C19A
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A
<b>TIS_C17</b>	Was the total combined FAMILY income more or less than \$30,000?
	More than \$30,000..... 1 GO TO TIS_C17_A
	\$30,000 ..... 2 GO TO TIS_C19A
	Less than \$30,000 ..... 3 GO TO TIS_C17_B
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A
<b>TIS_C17_A</b>	Was the total combined FAMILY income more or less than \$35,000?
	More than \$35,000..... 1 GO TO TIS_C19A
	\$35,000 ..... 2 GO TO TIS_C19A
	Less than \$35,000 ..... 3 GO TO TIS_C19A
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A
<b>TIS_C17_B</b>	Was the total combined FAMILY income more or less than \$25,000?
	More than \$25,000..... 1 GO TO TIS_C19A
	\$25,000 ..... 2 GO TO TIS_C19A
	Less than \$25,000 ..... 3 GO TO TIS_C19A
	DON'T KNOW ..... 77 GO TO TIS_C19A
	REFUSED..... 99 GO TO TIS_C19A



**TIS\_C18** Was the total combined FAMILY income more or less than \$75,000?

More than \$75,000..... 1 GO TO TIS\_C19A  
 \$75,000 ..... 2 GO TO TIS\_C19A  
 Less than \$75,000 ..... 3 GO TO TIS\_C19A  
 DON'T KNOW ..... 77 GO TO TIS\_C19A  
 REFUSED..... 99 GO TO TIS\_C19A

**TIS\_C19C** Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, TIS\_CFAMINC]?

YES..... 1  
 NO..... 2 GO TO TIS\_CFAMINC  
 DON'T KNOW ..... 77 GO TO TIS\_CFAMINC  
 REFUSED..... 99 GO TO TIS\_CFAMINC

**TIS\_C19A** What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 DON'T KNOW ..... 77777 GO TO TIS\_C19  
 REFUSED..... 99999 GO TO TIS\_C19

**TIS\_C19A\_CONF**

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

YES..... 1 GO TO TIS\_C19B  
 NO..... 2 GO TO TIS\_C19

**TIS\_C19** In what city, county and state do you live?

ENTER CITY \_\_\_\_\_ [ALL GO TO TIS\_C19\_COUNTY]  
 ENTER COUNTY \_\_\_\_\_ [ALL GO TO TIS\_C19\_STATE]  
 ENTER STATE \_\_\_\_\_ [ALL GO TO TIS\_C19\_ZIP\_CONF]

**TIS\_C19\_ZIP\_CONF**

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

YES..... 1 GO TO TIS\_C19B  
 NO..... 2 GO TO TIS\_C19\_NEW\_ZIP  
 DON'T KNOW ..... 77 GO TO TIS\_C19B  
 REFUSED..... 99 GO TO TIS\_C19B

**TIS\_C19\_NEW\_ZIP**

What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____		
DON'T KNOW .....	77777	GO TO TIS_C19B
REFUSED.....	99999	GO TO TIS_C19B

**TIS\_C19B**

Do you live within the city limits?

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

**TIS\_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
Rented.....	2
Other arrangement .....	3
DON'T KNOW .....	77
REFUSED.....	99

**TIS\_C20**

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

**TIS\_C21**

How many telephone numbers are residential numbers?

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

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

[IF LANDLINE IN (2,77,99), GO TO TIS\_C21\_06Q3\_CELL. ELSE GO TO TIS\_CNOSERV]

**TIS\_CNOSERV**

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
- NO..... 2
- DON'T KNOW ..... 77
- REFUSED..... 99

**TIS\_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.

[If RDD\_NCCELL\_CCELL=2,3 and NEWPHONE\_FLAG=0 then display: "and please include the number we called." ELSE IF RDD\_NCCELL\_CCELL=2,3 and NEWPHONE\_FLAG=1 then display: and please include [OLD\_NUMBER].?]

[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.?.]

- ONE..... 1 GO TO TIS\_C\_USUAL\_USE\_CELL
- TWO ..... 2 GO TO TIS\_C\_USUAL\_USE\_CELL
- THREE OR MORE ..... 3 GO TO TIS\_C\_USUAL\_USE\_CELL
- NONE ..... 4 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_C\_USUAL\_USE\_CELL
- REFUSED..... 99 GO TO TIS\_C\_USUAL\_USE\_CELL

**TIS\_C\_USUAL\_USE\_CELL**

How many [of these] cell phones do [TEEN]'s parents and guardians usually use?

[If RDD\_NCCELL\_CELL=2,3 then display: "Please include the number we called. INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE.""]

- ONE..... 1 GO TO TIS\_C11Q78
- TWO ..... 2 GO TO TIS\_C11Q78
- THREE OR MORE ..... 3 GO TO TIS\_C11Q78
- NONE ..... 4 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_C11Q78
- REFUSED..... 99 GO TO TIS\_C11Q78

[IF LANDLINE = 2, 77, OR 99 GO TO TIS\_D5 ELSE GO TO TIS\_C11Q78]

**TIS\_C11Q78** Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

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

- NEARLY ALL RECEIVED ON  
CELL PHONES..... .1 GO TO TIS\_D5
- NEARLY ALL RECEIVED ON  
REGULAR PHONES..... 2 GO TO TIS\_D5
- SOME RECEIVED ON CELL PHONES  
AND SOME RECEIVED  
ON REGULAR PHONES ..... 3 GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_D5
- REFUSED..... 99 GO TO TIS\_D5

## SECTION D

### *Provider Questions*

#### **TIS\_D5**

To get a complete picture of the vaccinations received by your child, we would like to contact doctors, health clinics, or any other place where your child received vaccinations to obtain a copy of the vaccination records. These records contain only the types and dates of the immunizations for your child.

**READ IF NECESSARY:** Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. You and your provider's participation will help the CDC prevent many serious childhood diseases.

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

--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 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.

**TIS\_D6\_X** How many locations have provided vaccinations for your child named [TEEN] whose birth date is [FILL1]? Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, and any other clinics or doctor's offices that have provided vaccinations for [GENDER1].

**ENTER 77 FOR DON'T KNOW AND 99 REFUSED**

ENTER NUMBER ..... \_\_\_\_ GO TO TIS\_D6A\_1  
ZERO..... 0 GO TO TIS\_D6AA  
DON'T KNOW ..... 77 GO TO TIS\_D6AA  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

**TIS\_D6AA\_X** How many locations have provided health care for your child? Please include the hospital and any other clinics or doctor's offices that have seen [GENDER1].

**ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER.**

**ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED**

ENTER NUMBER ..... \_\_\_\_ GO TO D6A\_1\_X  
ZERO..... 0 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)  
DON'T KNOW ..... 77 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)  
REFUSED..... 99 GO TO SECT\_D\_TERM; INS\_INTRO  
(on callback)

**TIS\_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  
YES, CONTINUE ON LAST NAME FIRST .. 2 GO TO PLU  
NO, CAN'T FIND, CONTINUE..... 3 GO TO PLU  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on  
callback)

*NIS-TEEN 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?**

**What is the last name of the (first/next) doctor?** [variable: D6B1]

**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]

**Do you know the doctor's first name?** [variable: D6B2]

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***

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

- DK..... GO TO PLU FINISHED
- REF..... GO TO PLU FINISHED
- MODIFY..... GO TO MODIFY PROVIDER
- MODIFY SEARCH..... GO TO PROVIDER SEARCH SCREEN
- CANCEL ..... GO TO SEARCH RESULTS
- EXACT MATCH (MATCH=A) ..... GO TO PLU FINISHED

UPDATE ADDRESS (MATCH=B) ..... GO TO MODIFY PROVIDER  
UPDATE PROVIDER NAME (MATCH=C).. GO TO MODIFY PROVIDER  
ADD NEW PROVIDER (MATCH=D) ..... GO TO MODIFY PROVIDER

***Modify Provider Screen:***

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

First Name  
Last Name  
Practice  
Address  
Suite  
City  
State  
Zip  
Phone

**New Provider Screen:**

I'm still unable to find an exact match in the data base for your child's health care provider. This happens occasionally, but I can add it now. Please give me the name, address and telephone number of that provider.

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

First Name  
*LEAVE BLANK IF UNKNOWN*  
Last Name  
*LEAVE BLANK IF UNKNOWN*  
Practice  
*LEAVE BLANK IF UNKNOWN*  
Address  
*LEAVE BLANK IF UNKNOWN*  
Suite  
*LEAVE BLANK IF UNKNOWN*  
City  
*LEAVE BLANK IF UNKNOWN*  
State  
*LEAVE BLANK IF UNKNOWN*  
Zip  
*LEAVE BLANK IF UNKNOWN*  
Phone  
*LEAVE BLANK IF UNKNOWN*



**TIS\_D8** In order to help the doctor or clinic locate your child's vaccination records, what is [TEEN]'s full name - first, middle, and last name?

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

Continue..... 1 GOT TO TIS\_D8A  
REFUSED ..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

**TIS\_D8A** What is [TEEN]'s full name - first, middle, and last name?  
FIRST NAME: IF R REFUSES LEAVE BLANK\_\_\_\_\_

**TIS\_D8B** (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D8C** (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D9** Could I know...what is your full name – first, middle, and last?  
IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.  
CONTINUE..... 1 GO TO TIS\_D9A  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

**FAQ HELP:**

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.

**TIS\_D9A** What is your first name?  
FIRST \_\_\_\_\_

**TIS\_D9B**      What is your middle name?  
MIDDLE\_\_\_\_\_

**TIS\_D9C**      What is your last name?  
LAST\_\_\_\_\_

**TIS\_D9D.**      I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?  
YES..... 1 GO TO TIS\_D6C  
NO..... 2 GO TO TIS\_D9D1  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

**TIS\_D6C**      The vaccination records collected from the provider(s) will be kept in strict confidence.

**TIS\_D7\_ID**      Capture Interviewer ID upon entering question D7

**TIS\_D7**      Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?  
YES..... 1 IF TIS\_ASK\_D7G=1 GO TO TIS\_D7G.  
ELSE GO TO TIS\_DCG  
NO (Only choose this when you have made all appropriate aversion attempts)..... 2 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

**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

**TIS\_D7G**      Sometimes to get a complete record of your child's vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.  
Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the Centers for Disease Control and Prevention or its contractors for study purposes only?  
YES..... 1  
NO..... 2

DON'T KNOW ..... 77  
 REFUSED..... 99

(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.

**TIS\_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]**

**TIS\_DCG1** 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

**TIS\_D9A\_C** What is your full name - first, middle, and last?  
 FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**D9B\_C** (What is your full name - first, middle, and last?)  
 MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**D9C\_C** (What is your full name - first, middle, and last?)  
 LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**DCG2** The name I have for [TEEN] is [FILL1]. Is this correct?  
 YES..... 1 GO TO TIS\_DCONFD0B\_X  
 NO..... 2 GO TO TIS\_DA\_1\_C

**TIS\_A\_1\_C** What is [TEEN]'s full name - first, middle, and last?  
 FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_B\_1\_C** (What is [TEEN]'s full name - first, middle, and last?)  
 MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_C\_1\_C** (What is [TEEN]'s full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_DCONFDOB**

The birth date I have for [TEEN] is [FILL1]. Is this correct?

YES..... 1 GO TO TIS\_INS INTRO

NO..... 2 GO TO TIS\_DNEWDOB

**TIS\_DNEWDOB\_X**

What is the correct month, day and year of birth of [TEEN]?

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**ASK ONLY IF D9D=2**

**TIS\_D9D1**

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

Continue..... 1 GO TO TIS\_D9D1F

Refusal..... 2 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

**TIS\_D9D1F**

What is the first name?

FIRST \_\_\_\_\_

**TIS\_D9D1M**

What is the middle name?

MIDDLE \_\_\_\_\_

**TIS\_D9D1L**

What is the last name?

LAST \_\_\_\_\_

**TIS\_D9DREL**

What is this person's relationship to [TEEN]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE  
GUARDIAN..... 1

FATHER (STEP, FOSTER, ADOPTIVE)  
OR MALE GUARDIAN..... 2

SISTER OR BROTHER  
(STEP/FOSTER/HALF/ADOPTIVE)..... 3

IN-LAW OF ANY TYPE..... 4

AUNT/UNCLE..... 5

GRANDPARENT..... 6

OTHER FAMILY MEMBER..... 7

FRIEND..... 8

**TIS\_D9D1A** May I speak with that person now?

YES..... 1 GO TO TIS\_D9D1NEW

NO..... 2 GO TO TIS\_D9D2

**TIS\_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  
UNIVERSAL EXIT-CB1

CONTINUE..... 2 GO TO TIS\_D9D1NEW

**TIS\_SECT\_D\_TERM**

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. 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.

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

**TIS\_D9D1NEW** Hello, my name is \_\_\_\_\_. Am I speaking with [FILL]?

YES..... 1 GO TO TIS\_D9D2ANEW

NO..... 2 GO TO TIS\_D9D2

**TIS\_D9D2ANEW**

I'm calling on behalf of the Centers for Disease Control and Prevention. We talked with [FILL1] and collected immunization and provider information for [TEEN].

We understand that you could authorize the release of immunization information for [TEEN]. 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 want 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.

**TIS\_D9D\_1**

I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?

YES..... 1 GO TO TIS\_D6C

NO..... 2 RETURN TO TIS\_D9D1

REFUSED..... 99 GO TO TIS\_SECTTERM

# SECTION E

## HEALTH INSURANCE MODULE

### TIS\_INS INTRO

Next I'm going to ask you a few questions about [TEEN]'s health insurance..

**TIS\_INS\_1** At this time, is (TEEN) 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 TIS\_INS\_1A  
NO ..... 2  
DON'T KNOW ..... 77  
REFUSED ..... 99

**TIS\_INS\_1A** Does this health insurance help pay for both doctor visits and hospital stays?

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

**TIS\_INS\_2**

[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 TIS\_INS\_3A else read TIS\_INS\_2]

At this time, is (TEEN) 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 GO TO TIS\_INS\_3
- NO..... 2 GO TO GO TO TIS\_INS\_3
- DON'T KNOW ..... 77 GO TO GO TO TIS\_INS\_3
- REFUSED..... 99 GO TO GO TO TIS\_INS\_3

**TIS\_INS\_3**

At this time, is (TEEN) 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 GO TO TIS\_INS\_4
- NO..... 2 GO TO GO TO TIS\_INS\_4
- DON'T KNOW ..... 77 GO TO GO TO TIS\_INS\_4
- REFUSED..... 99 GO TO GO TO TIS\_INS\_4



**TIS\_INS\_3A** At this time, is (TEEN) 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
- NO ..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_INS\_4** At this time, is (TEEN) covered by the Indian Health Service?

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

**TIS\_INS\_5** At this time, is (TEEN) 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
- NO ..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

**TIS\_INS\_6** Besides what you have already told me about, is (TEEN) 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 TIS\_INS\_6A  
NO ..... 2 GO TO TIS\_INS\_7  
DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
REFUSED..... 99 GO TO TIS\_INS\_7

**TIS\_INS\_6A** Does this health insurance help pay for both doctor visits and hospital stays?

YES..... 1  
NO ..... 2 GO TO TIS\_INS\_7  
DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
REFUSED..... 99 GO TO TIS\_INS\_7

**TIS\_INS\_6B** Is this health insurance provided through an employer or union?

YES..... 1 GO TO TIS\_INS\_11  
NO..... 2  
DON'T KNOW ..... 77  
REFUSED..... 99

**TIS\_INS\_6C** Is this health insurance purchased directly from an insurance company?

YES..... 1 GO TO TIS\_INS\_11  
NO..... 2  
DON'T KNOW ..... 77  
REFUSED..... 99

**TIS\_INS\_6D** I recorded that (TEEN) 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 TIS\_INS\_6D  
DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
REFUSED..... 99 GO TO TIS\_INS\_11

**TIS\_INS-6D-1** Record verbatim response #1 \_\_\_\_\_

**TIS\_INS-6D-2** Record verbatim response #2 \_\_\_\_\_

**NEXT SECTION: ASK TIS\_INS-7 THROUGH TIS\_INS-10 IF UNINSURED:**

IF TIS\_INS-1A, TIS\_INS-2, TIS\_INS-3, TIS\_INS-3A, TIS\_INS-4, TIS\_INS-5, or TIS\_INS-6A = 1, THEN SKIP TO TIS\_INS-11

**TIS\_INS\_7** It appears that (TEEN) 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 TIS\_INS\_8  
 NO ..... 2  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
 REFUSED..... 99 GO TO TIS\_INS\_11

**TIS\_INS\_7A** At this time, what kind of health coverage does (TEEN) have? Any other kind?

**[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]**

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

- (1) IF TIS\_INS\_7A = 1, 3, 5, OR 6 [SKIP TO INS-11]
- (2) ELSE IF TIS\_INS\_7A = 2, 4, 7, OR 9 [SKIP TO TIS\_INS\_7B]
- (3) ELSE IF ONLY (8) IS SELECTED [SKIP TO TIS\_INS\_8]
- (4) ELSE (77 or 99) [SKIP TO TIS\_INS\_8]

**TIS\_INS\_7B** Does this health insurance help pay for both doctor visits and hospital stays?

YES..... 1 GO TO TIS\_INS-11  
 NO ..... 2  
 DON'T KNOW ..... 77 GO TO TIS\_INS-11  
 REFUSED ..... 99 GO TO TIS\_INS-11

*UNINSURED SUB SECTION*

**TIS\_INS\_8** Since [TEEN] was 11 years old, has [TEEN] always been uninsured?

YES..... 1 GO TO TIS\_INS-14  
 NO ..... 2  
 DON'T KNOW ..... 77 GO TO TIS\_INS-14  
 REFUSED ..... 99 GO TO TIS\_INS-14

**TIS\_INS\_9** How old was (TEEN) THE FIRST TIME (TEEN) became uninsured?  
 YEARS ..... \_\_\_\_ GO TO TIS\_INS-10  
 DON'T KNOW ..... 77 GO TO TIS\_INS-10  
 REFUSED ..... 99 GO TO TIS\_INS-10

**TIS\_INS\_10** During the years when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] 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  
 Medicare ..... 2  
 S-CHIP [Fill state program name, if applicable] ..... 3  
 Medigap ..... 4  
 Military ..... 5  
 Indian Health Service..... 6  
 Private Health Insurance ..... 7  
 Other Insurance Type..... 8  
 DON'T KNOW ..... 77  
 REFUSED..... 99

**SKIP TO LAST SECTION (TIS\_INS-14) IF TIS\_INS-10 WAS ASKED**

**TIS\_INS\_11** Since age 11 was there any time when [TEEN] was not covered by any health insurance for any reason?

YES..... 1  
 NO..... 2 GO TO TIS\_INS-13  
 DON'T KNOW ..... 77 GO TO TIS\_INS-13  
 REFUSED..... 99 GO TO TIS\_INS-13

**TIS\_INS\_12** How old was [TEEN] THE FIRST TIME [TEEN] became uninsured?

YEARS ..... \_\_\_\_ GO TO TIS\_INS-12  
 UNINSURED AT BIRTH..... 44 GO TO TIS\_INS-13  
 DON'T KNOW ..... 77 GO TO TIS\_INS-13  
 REFUSED ..... 99 GO TO TIS\_INS-13

**TIS\_INS\_13** [IF TIS\_INS\_2 = 1 or TIS\_INS\_3 = 1 OR TIS\_INS\_3A = 1 [SKIP TO TIS\_INS\_14]

Since age 11, has [TEEN] ever been covered by any Medicaid plan or the State Children's Health Insurance Program? [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 ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

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

**TIS\_INS\_14** Did cost of vaccinations ever cause you to delay or not get a vaccination for (TEEN)?

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

(1) IF TIS\_SR1=1 or TIS\_B1=1 or (if D6\_X ≠ 0, 77, or 99), THEN GO TO TIS\_INS\_15  
 (2) ELSE CP\_TISEND

**TIS\_INS\_15** [IF TIS\_INS\_8=1 SKIP TO CP\_TISEND]

When [TEEN] received (GENDER2) 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  
 Some of the cost..... 2  
 None of the cost ..... 3  
 DON'T KNOW ..... 77  
 REFUSED..... 99

**TIS\_INS\_16** 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  
 Some of the cost..... 2  
 None of the cost ..... 3  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

**TIS\_D16** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_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.

# SECTION F

## PARENTAL ATTITUDES MODULE

### Section A: PARENT'S PERCEPTIONS

Now I'd like to ask your opinion about vaccines for teenagers.

TIS\_PA\_A1:

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement, "Vaccines are necessary to protect the health of teenagers."

.....                      **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
   0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A2:

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement, "Teenagers receive too many vaccines."

.....                      **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
   0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A3:

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement, "Vaccines do a good job in preventing the diseases they are intended to prevent."

.....                      **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
   0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A4:

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement, "My teenager helps to make the decision about whether he or she will receive a vaccine."

.....                      **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
   0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A5:

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement, "Vaccines are safe."

.....                      **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
   0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A6:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “I have a good relationship with my teenager’s health care provider.”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A7:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “I make a point to read and watch stories about health.”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A8:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “In general medical professionals in charge of vaccinations have my teenager’s best interest at heart”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A9:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “If I vaccinate my teenager, he/she may have serious side effects.”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A10:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “If I do not vaccinate my teenager he/she may get a disease such as meningitis and cause other teenagers or adults also to get the disease.”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

TIS\_PA\_A11:

On a scale of 0 to 10 with “0” being “strongly disagree” and “10” being “strongly agree,” how much do you disagree or agree with the following statement, “Vaccination should be delayed if a teenager has a minor illness.”

.....                    **STRONGLY DISAGREE** ----- **STRONGLY AGREE**  
                                 0    1    2    3    4    5    6    7    8    9    10    DK REFUSED

**Section B: INFLUENCES ON PARENTS' DECISION ABOUT VACCINES**

Now I'd like to ask you about things that influenced your decision about vaccinations for [TEEN NAME].

TIS\_PA\_B1:

**At visits you made for [TEEN NAME]'s vaccinations, did you talk to a**

TIS\_PA\_B1A: Doctor? Y N DK REF

TIS\_PA\_B1B : Nurse? Y N DK REF

DO NOT INCLUDE NURSE PRACTITIONERS

TIS\_PA\_B1C: Another health professional other than a doctor or nurse? Y N DK REF

TIS\_PA\_B1D: Who did you talk to?

(1) MEDICAL ASSISTANT (GO TO TIS\_PA\_B2)

(2) NURSE PRACTITIONER (GO TO TIS\_PA\_B2)

(3) PHYSICIAN'S ASSISTANT (GO TO TIS\_PA\_B2)

(4) OTHER (GO TO TIS\_PA\_B1D\_A)

(77) DON'T KNOW (GO TO TIS\_PA\_B2)

(99) REFUSED (GO TO TIS\_PA\_B2)

TIS\_PA\_B1D\_A:

OTHER: \_\_\_\_\_

IF THE ANSWER GIVEN IS NOT A HEALTH CARE WORKER, PROBE WITH, "This question is asking only about health care workers. Is \_\_\_\_\_ a health care worker?"

TIS\_PA\_B2:

**Now I will ask about things that influenced your decision about the Td or Tdap vaccination (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine) for [TEEN NAME].**

**At visits made for [TEEN NAME]'s vaccinations, did his/her healthcare provider:**

TIS\_PA\_B2A: Talk to you about Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)? Y N DK REF

TIS\_PA\_B2B: Recommend Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)? Y N DK REF

TIS\_PA\_B2C: Give you enough time to discuss Td or Tdap (Tetanus booster or Tetanus diphtheria-acellular pertussis vaccine)? Y N DK REF

TIS\_PA\_B2D: Play a role in your decision to get [TEEN Name] vaccinated or not to get [TEEN NAME] vaccinated with Td or Tdap (Tetanus booster or Tetanus-diphtheria acellular pertussis vaccine)? Y N DK REF

TIS\_PA\_B2E

**How did [TEEN NAME]'s healthcare provider play a role in your decision about getting him/her vaccinated with Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)?**

Made you more likely to get [TEEN] vaccinated

Made you less likely to get [TEEN] vaccinated

Did not affect your

DON'T KNOW

REFUSED



TIS\_PA\_B2F:

**Did [TEEN NAME] play a role in your decision to get him/her vaccinated or not to get him/her vaccinated with Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)?**

Made you more likely to get [TEEN] vaccinated  
Made you less likely to get [TEEN] vaccinated  
Did not affect your  
DON'T KNOW  
REFUSED

IF TIS\_ATET=0,77, OR 99 AND TIS\_ATET\_RECALL=2, 77, or 99, GO TO TIS\_PA\_B3  
IF TIS\_B1=2,77, OR 99 GO TO TIS\_PA\_B3  
IF TIS\_BTET=2,77, OR 99 GO TO TIS\_PA\_B3  
ELSE GO TO TIS\_PA\_B2G

TIS\_PA\_B2G:

**Did [TEEN NAME] receive Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine) on the day that you discussed it with his/her healthcare provider?**

Y N DK REF

TIS\_PA\_B3:

**Now I will ask about things that influenced your decision about the Meningitis vaccination (sometimes called Menactra, Menomune, or Menveo) for [TEEN NAME].**

**At visits made for [teen name]'s vaccinations, did his/her healthcare provider:**

TIS\_PA\_B3A: Talk to you about the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?

Y N DK REF

TIS\_PA\_B3B: Recommend the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?

Y N DK REF

TIS\_PA\_B3C: Give you enough time to discuss the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?

Y N DK REF

TIS\_PA\_B3D: Play a role in your decision to get [TEEN Name] vaccinated or not to get [TEEN NAME] vaccinated with the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?

Y N DK REF

TIS\_PA\_B3E:

**How did [TEEN NAME]'s healthcare provider play a role in your decision about getting him/her vaccinated with the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?**

Made you more likely to get [TEEN] vaccinated  
Made you less likely to get [TEEN] vaccinated  
Did not affect your  
DON'T KNOW  
REFUSED

TIS\_PA\_B3F:

**Did [TEEN NAME] play a role in your decision to get him/her vaccinated or not to get him/her vaccinated with the Meningitis shot (sometimes called Menactra, Menomune, or Menveo)?**

Made you more likely to get [TEEN] vaccinated  
Made you less likely to get [TEEN] vaccinated  
Did not affect your  
DON'T KNOW  
REFUSED

IF TIS\_AMEN=0,77, OR 99 AND TIS\_AMEN\_RECALL=2, 77, OR 99, GO TO TIS\_PA\_B4  
IF TIS\_B1=2,77, OR 99 GO TO TIS\_PA\_B4  
IF TIS\_BMEN=2,77, OR 99 GO TO TIS\_PA\_B4  
ELSE GO TO TIS\_PA\_B3G

TIS\_PA\_B3G:

**Did [TEEN NAME] receive the Meningitis shot (sometimes called Menactra, Menomune, or Menveo) on the day that you discussed it with his/her healthcare provider?**

Y N DK REF

TIS\_PA\_B4:

**Now I will ask about things that influenced your decision about the HPV vaccination (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix) for [TEEN NAME].**

**At visits made for [teen name]'s vaccinations, did his/her healthcare provider:**

TIS\_PA\_B4A: Talk to you about HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)? Y N DK Ref

TIS\_PA\_B4B: Recommend the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)? Y N DK Ref

TIS\_PA\_B4C: Give you enough time to discuss the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)? Y N DK Ref

TIS\_PA\_B4D: Play a role in your decision to get [TEEN Name] vaccinated or not to get [TEEN NAME] vaccinated with the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)? Y N DK Ref

TIS\_PA\_B4E:

**How did [TEEN NAME]'s healthcare provider play a role in your decision about getting him/her vaccinated with the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)?**

Made you more likely to get [TEEN] vaccinated  
Made you less likely to get [TEEN] vaccinated  
Did not affect your  
DON'T KNOW  
REFUSED

TIS\_PA\_B4F:

**Did [TEEN NAME] play a role in your decision to get him/her vaccinated or not to get him/her vaccinated with the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)?**

- Made you more likely to get [TEEN] vaccinated
- Made you less likely to get [TEEN] vaccinated
- Did not affect your
- DON'T KNOW
- REFUSED

IF TIS\_AHPV\_KNOWLEDGE=2, 77, OR 99 GO TO TIS\_PA\_B5A  
 IF TIS\_AHPV2=0,77, OR 99 AND TIS\_AHPV\_RECALL=2, 77, OR 99, GO TO TIS\_PA\_B5A  
 IF TIS\_B1=2,77, OR 99 GO TO TIS\_PA\_B5A  
 IF TIS\_BHPV\_KNOWLEDGE=2, 77, OR 99 GO TO TIS\_PA\_B5A  
 IF TIS\_BHPV2=2,77, OR 99, GO TO TIS\_PA\_B5A  
 ELSE GO TO TIS\_PA\_B4G

**Did [TEEN NAME] receive the HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix) on the day that you discussed it with his/her healthcare provider?**

Y N DK REF

TIS\_PA\_B5:

**Did any of the following play a role in your decision about vaccinating [TEEN]? Check all that apply.**

- |   |            |
|---|------------|
| TIS_PA_B5A: Drug company advertisements                     | Y N DK REF |
| TIS_PA_B5B: News coverage                                   | Y N DK REF |
| TIS_PA_B5C: TV shows/Talk shows                             | Y N DK REF |
| TIS_PA_B5D: Internet  | Y N DK REF |
| TIS_PA_B5E: Books, magazines, or information from a library | Y N DK REF |
| TIS_PA_B5F: Friends   | Y N DK REF |
| TIS_PA_B5G: Family  | Y N DK REF |
| TIS_PA_B5H: School requirements                             | Y N DK REF |

TIS\_PA\_B6:

**At the time when [TEEN NAME] was vaccinated, did you have any concerns about vaccine safety?**

Y N DK REF

TIS\_PA\_B7:

**Do you have concerns about vaccine safety now?**

Y N DK REF

TIS\_PA\_B8:

**Did anyone or anything else play a role in your decision?**

Y N DK REF

**IF Y, then:**

**TIS\_PA\_B8A: And who or what was that?**

\_\_\_\_\_ (record verbatim)

**TIS\_PA\_B8B: How did he/she or it influence your decision?**

\_\_\_\_\_ (record verbatim)

**Section C: DELAY & REFUSAL**

[RANDOMIZE ORDER OF REFUSAL QUESTIONS AND DELAY QUESTIONS]

Now I'd like to ask you about times when you decided not to get a vaccination for [TEEN NAME], and then about times when you delayed getting a vaccination for [TEEN NAME].

**TIS\_PA\_C1:** Has there ever been a time when you refused or decided not to get a vaccination for [TEEN NAME]?

- YES 1 GO TO TIS\_PA\_C2
- NO 2 GO TO TIS\_PA\_C4
- DON'T KNOW 77 GO TO TIS\_PA\_C4
- REFUSED 99 GO TO TIS\_PA\_C4

**TIS\_PA\_C2:** I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:

[RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR SECTIONS TIS\_PA\_C2 AND TIS\_PA\_C5]

TIS\_PA\_C2A: A flu vaccine (can be a shot or nasal spray)  
YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C2B: Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)  
YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C2C: Meningitis shot (sometimes called Menactra, Menomune, or Menveo)  
YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C2D: HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)  
YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C2K: Any other:

- YES 1 GO TO TIS\_PA\_C2K\_OTH
- NO 2 GO TO TIS\_PA\_C3
- DON'T KNOW 77 GO TO TIS\_PA\_C3
- REFUSED 99 GO TO TIS\_PA\_C3

TIS\_PA\_C2K\_OTH: OTHER-SPECIFY: \_\_\_\_\_

IF (PA\_C2A OR PA\_C2B OR PA\_C2C OR PA\_C2D OR PA\_C2K) =1 TEXT SHOULD READ:

**TIS\_PA\_C3:** Please tell me all the reasons why you refused or decided not to get [VACCINES] vaccines. Was it because...  
ELSE TEXT SHOULD READ:

**TIS\_PA\_C3:** Please tell me all the reasons why you refused or decided not to get vaccines for [TEEN NAME]. Was it because...

[RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR SECTIONS TIS\_PA\_C3 AND TIS\_PA\_C6]

TIS\_PA\_C3A: Your teenager was ill at the time  
Y N DK REF

TIS\_PA\_C3B: You have concerns about short term problems, like fever or discomfort

Y N DK REF

TIS\_PA\_C3B\_A: What were those short term problem concerns: \_\_\_\_\_

TIS\_PA\_C3C: You have concerns about the vaccine causing lasting health problems

Y N DK REF

TIS\_PA\_C2C\_A: What were those lasting health problem concerns: \_\_\_\_\_

TIS\_PA\_C3D: You heard or read bad things about the vaccine in the news such as on the TV, the radio, in the newspaper, or on the internet

Y N DK REF

TIS\_PA\_C3D\_A: What did you hear or read about through the media: \_\_\_\_\_

TIS\_PA\_C3E: You feel that there are too many shots

Y N DK REF

TIS\_PA\_C3F: You wonder about the effectiveness of the vaccine

Y N DK REF

TIS\_PA\_C3G: You have concerns about cost

Y N DK REF

TIS\_PA\_C3H: You missed or couldn't get an appointment

Y N DK REF

TIS\_PA\_C3I: You have transportation problems

Y N DK REF

TIS\_PA\_C3J: Getting the vaccine was not convenient

Y N DK REF

TIS\_PA\_C3K: The vaccine was not recommended by health care provider

Y N DK REF

TIS\_PA\_C3L: You lack knowledge about the vaccine

Y N DK REF

TIS\_PA\_C3M: You believe that the vaccine is not needed

Y N DK REF

TIS\_PA\_C3N: You were unable to find a health care provider that had the vaccine available

Y N DK REF

TIS\_PA\_C3O: Your teen is not sexually active

Y N DK REF

***C3N AND C3O REFER TO HPV VACCINE ONLY ASK IF TIS\_PA\_C2D=1  
ELSE DO NOT ASK.***

TIS\_PA\_C3P: Any other reason:

YES

1 GO TO TIS\_PA\_C3P\_A

NO

2 GO TO TIS\_PA\_C4

DON'T KNOW

77 GO TO TIS\_PA\_C4

REFUSED

99 GO TO TIS\_PA\_C4

TIS\_PA\_C3P\_A:

OTHER-SPECIFY: \_\_\_\_\_

**TIS\_PA\_C4: Now, has there ever been a time when you delayed or put off getting a vaccination for [TEEN NAME]?**

YES

1 GO TO TIS\_PA\_C5

NO

2 GO TO TIS\_SEC\_D\_TERM

DON'T KNOW

77 GO TO TIS\_SEC\_D\_TERM

REFUSED

99 GO TO TIS\_SEC\_D\_TERM

**TIS\_PA\_C5: I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:**

[RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR SECTIONS TIS\_PA\_C2 AND TIS\_PA\_C5]

TIS\_PA\_C5A: A flu vaccine (can be a shot or nasal spray)

YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C5B: Td or Tdap (Tetanus booster or Tetanus-diphtheria-acellular pertussis vaccine)

YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C5C: Meningitis shot (sometimes called Menactra, Menomune, or Menveo)

YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C5D: HPV shot (Human papillomavirus vaccine, sometimes called Gardasil or Cervarix)

YES NO NOT OFFERED NEVER HEARD OF DK REF

TIS\_PA\_C5K: Any other:

YES

1 GO TO TIS\_PA\_C5K\_OTH

NO

2 GO TO TIS\_PA\_C6

DON'T KNOW

77 GO TO TIS\_PA\_C6

REFUSED

99 GO TO TIS\_PA\_C6

TIS\_PA\_C5K\_OTH:

OTHER-SPECIFY: \_\_\_\_\_

IF (PA\_C5A OR PA\_C5B OR PA\_C5C OR PA\_C5D OR PA\_C5K) =1 TEXT SHOULD READ:

**TIS\_PA\_C6:** Please tell me all the reasons why you delayed or put of getting [VACCINES] vaccines. Was it because...

ELSE TEXT SHOULD READ:

**TIS\_PA\_C6:** Please tell me all the reasons why you delayed or put off getting vaccines for [TEEN NAME]. Was it because...

[RANDOMIZE VACCINE ORDER. THE RANDOMIZATION SHOULD BE THE SAME FOR SECTIONS TIS\_PA\_C3 AND TIS\_PA\_C6]

TIS\_PA\_C6A: Your teenager was ill at the time

Y N DK REF

TIS\_PA\_C6B: You have concerns about short term problems like fever or discomfort

Y N DK REF

TIS\_PA\_C6B\_A: What were those short term problem concerns: \_\_\_\_\_

TIS\_PA\_C6C: You have concerns about lasting health problems

Y N DK REF

TIS\_PA\_C6C\_A: What were those lasting health problem concerns: \_\_\_\_\_

TIS\_PA\_C6D: You heard or read bad things about the vaccine in the news such as on the TV, the radio, in the newspaper, or on the internet

Y N DK REF

TIS\_PA\_C6D\_A: What did you hear or read about through the media: \_\_\_\_\_

TIS\_PA\_C6E: You feel that there are too many shots

Y N DK REF

TIS\_PA\_C6F: You wonder about the effectiveness of the vaccine

Y N DK REF

TIS\_PA\_C6G: You have concerns about cost

Y N DK REF  
TIS\_PA\_C6H: You missed or couldn't get an appointment  
Y N DK REF  
TIS\_PA\_C6I: You have transportation problems  
Y N DK REF  
TIS\_PA\_C6J: Getting the vaccine was not convenient  
Y N DK REF  
TIS\_PA\_C6K: The vaccine was not recommended by health care provider  
Y N DK REF  
TIS\_PA\_C6L: You lack knowledge about the vaccine  
Y N DK REF  
TIS\_PA\_C6M: You believe that the vaccine is not needed  
Y N DK REF  
TIS\_PA\_C6N: You were unable to find a health care provider that had the vaccine available  
Y N DK REF  
TIS\_PA\_C6O: Your teen is not sexually active  
Y N DK REF

***C6Nand C6O refer to HPV vaccine only ONLY ASK IF TIS\_PA\_C5D=1  
ELSE DO NOT ASK.***

TIS\_PA\_C6P: Any other reason:  
YES  
NO  
DON'T KNOW  
REFUSED

1 GO TO TIS\_PA\_C3P\_A  
2 GO TO TIS\_SEC\_D\_TERM  
77 GO TO TIS\_SEC\_D\_TERM  
99 GO TO TIS\_SEC\_D\_TERM

TIS\_PA\_C6P\_A:

OTHER-SPECIFY: \_\_\_\_\_

TIS\_SEC\_D\_TERM 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.