IMMUNIZATION CORE
Section 1 — IDENTIFICATION AND VERIFICATION

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

CID.050   **FR: SHOW CARD C1.**

What is {CSRESPNO name}'s relationship to {child name}?

>**ICRELTIV<** (1) Parent (Biological, adoptive, or step)   (6) Legal guardian
                (2) Grandparent   (7) Foster parent
                (3) Aunt/Uncle   (8) Other non-relative
                (4) Brother/Sister   (97) Refused
                (5) Other relative   (99) DK

Check item IC_CCI1: If CSRESPNO is the Family Respondent, go to Check item IAGECHK;   Else go to CID.060.

CID.060

       FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD.

          (1) Yes   (2) No

>**ICVERF_S<**   Gender = {male/female}   Is it correct?

>**ICVERF_A<**   Age   = {3 digit format}   Is it correct?

>**ICVERF_D<**   Birthday = {spoken word format}   Is it correct?

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

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

>**INEWSEX<**   (1) Male
                 (2) Female   (Go to CIDCCI2A)

                 [Update revised INEWSEX in SEX]

CID.064   The age of {child name} is

>**INEWAGE<**   _____ years old

                 (00-04) 0-4 years old   (Go to CIDCCI2A)

                 [Update revised INEWAGE in AGE]

CID.068   Date of birth of {child name} is:

>**INEWDOB1**< MONTH: _____

        (1) January   (5) May   (9) September
        (2) February   (6) June   (10) October
        (3) March   (7) July   (11) November
        (4) April   (8) August   (12) December

>**INEWDOB2**< DAY: _____

        (01-31) 1-31
        (97)   Refused
        (99)   DK

>**INEWDOB3**< YEAR: _____

        (1993-1999) 1993-1999
        (9997)   Refused
        (9999)   DK   (Go to CIDCCI2A)

        [**Update revised birth dates in DOB_M, DOB_BDAY, and DOB_Y**]

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

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

>**IC3BD**<   (1) Yes (IC3BD1)   (7) Refused   (IC3BD1)
              (2) No (CID.060)   (9) DK (IC3BD1)

Check item IC3BD1: If IC3BD = `1',  ICAGEM = `88'
                     If IC3BD = `R', ICAGEM = `97'
                     If IC3BD = `D', ICAGEM = `99'

(Go to next section--Child Immunization)

Section II -- CHILD IMMUNIZATION

Check item CIMCCI1: Ask all immunization questions (CIM.010 - CIM.490) for the sample child and all 12-35 months old children. For the sample child, go to CIM.010. For other 12-35 months old child/children, go to CIM.011.

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

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

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

[Else continue to read:]

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

>**SHOTRC<**   (1) Yes (Check item CIM.CCI2)   (7) Refused (CIM.020)
                     (2) No (CIM.020)   (9) DK (CIM.020)

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

>**SHOTRC2<**   (1) Yes (Check item CIMCCI2)   (7) Refused (CIM.020)
                     (2) No (CIM.020)   (9) DK (CIM.020)

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

>**SHOTFT<**   (1) Yes   (Check item ICSTAT)   (7) Refused (CIM.290)
                     (2) No (CIM.290)   (9) DK (CIM.290)

Check item CIMCCI2: If age is greater than or equal to 7 go to CIM.060; If age is less than 7 then go to CIM.030.

    FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.030 Looking at the shot record, please tell me how many times {Child's name} has received a DTP, DtaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

>**DTP<**   Number of shots _____

        (00)   None (CIM.040)   (97) Refused (CIM.040)
        (01-08) 1-8 shots (CIM.035)   (99) DK (CIM.040)

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

CIM.035

First shot date | Fifth shot date

>**DTPDT_M1**< _____ (Month)   >**DTPDT_M5**< _____ (Month)
>**DTPDT_D1**< _____ (Day)   >**DTPDT_D5**< _____ (Day)
>**DTPDT_Y1**< _____ (Year)   >**DTPDT_Y5**< _____ (Year)

Second shot date | Sixth shot date

>**DTPDT_M2**< _____ (Month)   >**DTPDT_M6**< _____ (Month)
>**DTPDT_D2**< _____ (Day)   >**DTPDT_D6**< _____ (Day)
>**DTPDT_Y2**< _____ (Year)   >**DTPDT_Y6**< _____ (Year)

Third shot date | Seventh shot date

>**DTPDT_M3**< _____ (Month)   >**DTPDT_M7**< _____ (Month)
>**DTPDT_D3**< _____ (Day)   >**DTPDT_D7**< _____ (Day)
>**DTPDT_Y3**< _____ (Year)   >**DTPDT_Y7**< _____ (Year)

Fourth shot date | Eighth shot date

>**DTPDT_M4**< _____ (Month)   >**DTPDT_M8**< _____ (Month)
>**DTPDT_D4**< _____ (Day)   >**DTPDT_D8**< _____ (Day)
>**DTPDT_Y4**< _____ (Year)   >**DTPDT_Y8**< _____ (Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.040   Looking at the shot record, please tell me how many times {Child's name} has received a polio vaccine by mouth (pink drops) or a polio shot?

>**POLIO**<   Number of shots _____

(00)   None (CIM.050)   (97) Refused (CIM.050)
(01-08) 1-8 shots or doses (CIM.045)   (99) DK (CIM.050)

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

CIM.045

First shot or dose date | Fifth shot or dose date

>**POLDT_M1**< _____ (Month)   >**POLDT_M5**< _____ (Month)
>**POLDT_D1**< _____ (Day)   >**POLDT_D5**< _____ (Day)
>**POLDT_Y1**< _____ (Year)   >**POLDT_Y5**< _____ (Year)

Second shot or dose date | Sixth shot or dose date

>**POLDT_M2**< _____ (Month)   >**POLDT_M6**< _____ (Month)
>**POLDT_D2**< _____ (Day)   >**POLDT_D6**< _____ (Day)
>**POLDT_Y2**< _____ (Year)   >**POLDT_Y6**< _____ (Year)

Third shot or dose date | Seventh shot or dose date

>**POLDT_M3**< _____ (Month)   >**POLDT_M7**< _____ (Month)
>**POLDT_D3**< _____ (Day)   >**POLDT_D7**< _____ (Day)
>**POLDT_Y3**< _____ (Year)   >**POLDT_Y7**< _____ (Year)

Fourth shot or dose date | Eighth shot or dose date

>**POLDT_M4**< _____ (Month)   >**POLDT_M8**< _____ (Month)
>**POLDT_D4**< _____ (Day)   >**POLDT_D8**< _____ (Day)
>**POLDT_Y4**< _____ (Year)   >**POLDT_Y8**< _____ (Year)

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.050 Looking at the shot record, please tell me how many times {Child's name} has received a HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H.Flu vaccine)

>HIB< Number of shots _____

(00) None (CIM.060) (97) Refused (CIM.060)
(01-08) 1-8 shots (CIM.055) (99) DK (CIM.060)

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

CIM.055

First shot date		Fifth shot date	
>HIBDT_M1< _____ (Month)		**>HIBDT_M5<** _____ (Month)	
>HIBDT_D1< _____ (Day)		**>HIBDT_D5<** _____ (Day)	
>HIBDT_Y1< _____ (Year)		**>HIBDT_Y5<** _____ (Year)	
Second shot date		Sixth shot date	
>HIBDT_M2< _____ (Month)		**>HIBDT_M6<** _____ (Month)	
>HIBDT_D2< _____ (Day)		**>HIBDT_D6<** _____ (Day)	
>HIBDT_Y2< _____ (Year)		**>HIBDT_Y6<** _____ (Year)	
Third shot date		Seventh shot date	
>HIBDT_M3< _____ (Month)		**>HIBDT_M7<** _____ (Month)	
>HIBDT_D3< _____ (Day)		**>HIBDT_D7<** _____ (Day)	
>HIBDT_Y3< _____ (Year)		**>HIBDT_Y7<** _____ (Year)	
Fourth shot date		Eighth shot date	
>HIBDT_M4< _____ (Month)		**>HIBDT_M8<** _____ (Month)	
>HIBDT_D4< _____ (Day)		**>HIBDT_D8<** _____ (Day)	
>HIBDT_Y4< _____ (Year)		**>HIBDT_Y8<** _____ (Year)	

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.060   Looking at the shot record, please tell me how many times {Child's name} has received a
                 measles or MMR (Measles-Mumps-Rubella) shot?

>MMR<   Number of shots _____

          (00)   None (CIM.070)   (97) Refused (CIM.070)
          (01-04) 1-4 shots (CIM.065)   (99) DK (CIM.070)

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

CIM.065
          First shot date   Third shot date
>MMRDT_M1< _____ (Month)   **>MMRDT_M3<** _____ (Month)
>MMRDT_D1< _____ (Day)   **>MMRDT_D3<** _____ (Day)
>MMRDT_Y1< _____ (Year)   **>MMRDT_Y3<** _____ (Year)
          Was this shot: Was this shot:
>MMRDT_T1< (1) Measles ONLY or   **>MMRDT_T3<** (1) Measles ONLY or
          (2) MMR   (2) MMR
          (7) Refused   (7) Refused
          (9) DK   (9) DK

          Second shot date   Fourth shot date
>MMRDT_M2< _____ (Month)   **>MMRDT_M4<** _____ (Month)
>MMRDT_D2< _____ (Day)   **>MMRDT_D4<** _____ (Day)
>MMRDT_Y2< _____ (Year)   **>MMRDT_Y4<** _____ (Year)
          Was this shot: Was this shot:
>MMRDT_T2< (1) Measles ONLY or   **>MMRDT_T4<** (1) Measles ONLY or
          (2) MMR   (2) MMR
          (7) Refused   (7) Refused
          (9) DK   (9) DK

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.070   Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis B shot?

>HEP<   Number of shots _____

    (00)   None (CIM.080)   (97) Refused (CIM.080)
    (01-08) 1-8 shots (CIM.075)   (99) DK (CIM.080)

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

CIM.075

>HEPDT<

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

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.080   Looking at the shot record, please tell me how many times {Child's name} has received a chickenpox (or Varicella) shot?

>VAR<   Number of shots _____

    (00)   None (CIM.090)   (97) Refused (CIM.090)
    (01-04) 1-4 shots (CIM.085)   (99) DK (CIM.090)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.085

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

[If age is greater than or equal to 7 go to CIM.090; Else go to CIM.100.]

FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.090   Looking at the shot record, please tell me how many times {Child's name} has received a tetanus- diphtheria booster (Td) shot?

>TDB<   Number of shots _____

(00)   None (CIM.100)   (97) Refused (CIM.100)
(01-04) 1-4 shots (CIM.095)   (99) DK (CIM.100)

FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.095

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

CIM.100   Are there any OTHER immunizations listed on the shot record that I have NOT asked you about?

>OTHRNT<   (1) Yes (CIM.110)   (7) Refused (CIM.140)
                (2) No (CIM.140)   (9) DK (CIM.140)

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

        (1) Influenza vaccine   (2) Pneumococcal vaccine   (3) Hepatitis A vaccine

        [If less than 7 years old add:]

        (4) Tetramune   (5) ActHib

        [Else continue to read:]

        (6) Other   (7) Refused   (9) DK

        [ ] >**OTHEV_1**<   [ ] >**OTHEV_3**<   [ ]>**OTHEV_5**<
        [ ] >**OTHEV_2**<   [ ] >**OTHEV_4**<   [ ]>**OTHEV_6**<

Check item OTHREDIT: If CIM.110 equals 1 go to CIM.121, else; If CIM.110 equals 2 go to CIM.123, else;
        If CIM.110 equals 3 go to CIM.125, else; If CIM.110 equals 4 go to CIM.127, else;
        If CIM.110 equals 5 go to CIM.129, else; If CIM.110 equals 6 go to CIM.120, else;
        If CIM.110 equals 7 go to CIM.140.

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

>**OTHEVO**<   _____   (Go to CIM.131)

        FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.121   Looking at the shot record, please tell me how many times {Child's name} has received an influenza vaccine shot?

>**OTH1**<   Number of shots _____

        (00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
        (01-06) 1-6 times (CIM.122)   (99) DK (OTHREDIT)

        FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE**.

CIM.122

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

        (Go to OTHREDIT)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.123   Looking at the shot record, please tell me how many times {Child's name} has received a
           Pneumococcal vaccine shot?

>OTH2<   Number of shots _____

           (00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
           (01-06) 1-6 times (CIM.124)   (99) DK   (OTHREDIT)

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

CIM.124
           First shot date   Fourth shot date
>OTH2D_M1< _____ (Month)   **>OTH2D_M4<** _____ (Month)
>OTH2D_D1< _____ (Day)   **>OTH2D_D4<** _____ (Day)
>OTH2D_Y1< _____ (Year)   **>OTH2D_Y4<** _____ (Year)
           Second shot date   Fifth shot date
>OTH2D_M2< _____ (Month)   **>OTH2D_M5<** _____ (Month)
>OTH2D_D2< _____ (Day)   **>OTH2D_D5<** _____ (Day)
>OTH2D_Y2< _____ (Year)   **>OTH2D_Y5<** _____ (Year)
           Third shot date   Sixth shot date
>OTH2D_M3< _____ (Month)   **>OTH2D_M6<** _____ (Month)
>OTH2D_D3< _____ (Day)   **>OTH2D_D6<** _____ (Day)
>OTH2D_Y3< _____ (Year)   **>OTH2D_Y6<** _____ (Year)
                                                          (Go to OTHREDIT)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.125   Looking at the shot record, please tell me how many times {Child's name} has received a
           Hepatitis

>OTH3<   A vaccine shot?

           (00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
           (01-06) 1-6 times (CIM.126)   (99) DK (OTHREDIT)

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

CIM.126

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

(Go to OTHREDIT)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.127   Looking at the shot record, please tell me how many times {Child's name} has received a Tetramune shot?

>OTH4<   Number of shots _____

(00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
(01-06) 1-6 times (CIM.128)   (99) DK (OTHREDIT)

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

CIM.128

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

(Go to OTHREDIT)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.129   Looking at the shot record, please tell me how many times {Child's name} has received a ACTHibshot?

>OTH5<   Number of shots _____

        (00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
        (01-06) 1-6 times (CIM.130)   (99) DK (OTHREDIT)

      FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.130

First shot date		Fourth shot date	
>OTH5D_M1< _____ (Month)		**>OTH5D_M4<** _____ (Month)	
>OTH5D_D1< _____ (Day)		**>OTH5D_D4<** _____ (Day)	
>OTH5D_Y1< _____ (Year)		**>OTH5D_Y4<** _____ (Year)	

Second shot date   Fifth shot date

>OTH5D_M2< _____ (Month)   **>OTH5D_M5<** _____ (Month)
>OTH5D_D2< _____ (Day)   **>OTH5D_D5<** _____ (Day)
>OTH5D_Y2< _____ (Year)   **>OTH5D_Y5<** _____ (Year)

Third shot date   Sixth shot date

>OTH5D_M3< _____ (Month)   **>OTH5D_M6<** _____ (Month)
>OTH5D_D3< _____ (Day)   **>OTH5D_D6<** _____ (Day)
>OTH5D_Y3< _____ (Year)   **>OTH5D_Y6<** _____ (Year)
                                                    (Go to OTHREDIT)

      FR: **TRANSCRIBE FROM SHOT RECORD OR ASK:**

CIM.131   Looking at the shot record, please tell me how many times {Child's name} has received a [Fill OTHEVO] shot?

>OTH6<   Number of shots _____

        (00)   None (OTHREDIT)   (97) Refused (OTHREDIT)
        (01-06) 1-6 times (CIM.132)   (99) DK (OTHREDIT)

      FR: **ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE.**

CIM.132

First shot date		Fourth shot date	
>OTH6D_M1< _____ (Month)		**>OTH6D_M4<** _____ (Month)	
>OTH6D_D1< _____ (Day)		**>OTH6D_D4<** _____ (Day)	
>OTH6D_Y1< _____ (Year)		**>OTH6D_Y4<** _____ (Year)	

Second shot date   Fifth shot date

>OTH6D_M2< _____ (Month)   **>OTH6D_M5<** _____ (Month)
>OTH6D_D2< _____ (Day)   **>OTH6D_D5<** _____ (Day)
>OTH6D_Y2< _____ (Year)   **>OTH6D_Y5<** _____ (Year)

Third shot date   Sixth shot date

>OTH6D_M3< _____ (Month)   **>OTH6D_M6<** _____ (Month)
>OTH6D_D3< _____ (Day)   **>OTH6D_D6<** _____ (Day)
>OTH6D_Y3< _____ (Year)   **>OTH6D_Y6<** _____ (Year)
                                                    (Go to OTHREDIT)

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

>**SHOTA1**<   (1) Yes (CIM.440)   (7) Refused (*****)
                  (2) No (*)   (9) DK (*)

*NOTE: If age is greater than or equal to 7 go to CIM.210; Else go to CIM.150

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

>**DTPMOR**<   (1) Yes (CIM.160)   (7) Refused (CIM.170)
                  (2) No (CIM.170)   (9) DK (CIM.170)

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

>**DTPMNO**<   (01-08) 1-8 Shots   (97) Refused
                  (96)   All   (99) DK

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

>**POLMOR**<   (1) Yes (CIM.180)   (7) Refused (CIM.190)
                  (2) No (CIM.190)   (9) DK (CIM.190)

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

>**POLMNO**<   (01-08) 1-8 Shots   (97) Refused
                  (96)   All   (99) DK

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

>**HIBMOR**<   (1) Yes (CIM.200)   (7) Refused (CIM.210)
                  (2) No (CIM.210)   (9) DK (CIM.210)

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

>**HIBMNO**<   (01-08) 1-8 Shots   (97) Refused
                  (96)   All   (99) DK

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

>**MMRMOR**< (1) Yes (CIM.220)   (7) Refused (CIM.230)
                  (2) No (CIM.230)   (9) DK (CIM.230)

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

>**MMRMNO**< (01-04)1-4 Shots   (97) Refused
                  (96)   All   (99) DK

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

>**HEPMOR**<   (1) Yes (CIM.240)   (7) Refused (CIM.250)
                 (2) No (CIM.250)   (9) DK (CIM.250)

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

>**HEPMNO**<   (01-08) 1-8 Shots   (97) Refused
                 (96)   All   (99) DK

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

>**VARMOR**<   (1) Yes (CIM.260)   (7) Refused (*)
                 (2) No (*)   (9) DK (*)

*NOTE: If age is less than 7, go to CIM.440; Else go to CIM.270

CIM.260   How many additional shots for chicken pox has {Child's name} received?

>**VARMNO**<   (01-04) 1-4 Shots   (97) Refused
                 (96)   All   (99) DK

                 [If age is less than 7 go to CIM.440; Else go to CIM.270]

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

>**TDBMOR**<   (1) Yes (CIM.280)   (7) Refused (CIM.440)
                 (2) No (CIM.440)   (9) DK (CIM.440)

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

>**TDBMNO**<   (01-04) 1-4 Shots   (97) Refused
                 (96)   All   (99) DK   (Go to CIM.440)

CIM.290   Has {Child's name} ever received an immunization (that is a shot or drops)?

>**SHOTAY**<   (1) Yes (*)   (7) Refused (Check item CIMCCI5)
                 (2) No (Check item CIMCCI5)   (9) DK (Check item CIMCCI5)

*NOTE: If age is greater than or equal to 7 go to CIM.360; Else go to CIM.300

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

>**DTPEV**<   (1) Yes (CIM.310)   (7) Refused (CIM.320)
                 (2) No (CIM.320)   (9) DK (CIM.320)

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

>**DTPENO**<   (01-08) 1-8 Shots   (97) Refused
                 (96)   All   (99) DK

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

>POLEV<   (1) Yes (CIM.330)   (7) Refused (CIM.340)
               (2) No (CIM.340)   (9) DK (CIM.340)

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

>POLENO<   (01-08) 1-8 Shots or Doses   (97) Refused
               (96)   All   (99) DK

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

>HIBEV<   (1) Yes (CIM.350)   (7) Refused (CIM.360)
               (2) No (CIM.360)   (9) DK (CIM.360)

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

>HIBENO<   (01-08) 1-8 Shots   (97) Refused
               (96)   All   (99) DK

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

>MMREV<   (1) Yes (CIM.370)   (7) Refused (CIM.380)
               (2) No (CIM.380)   (9) DK (CIM.380)

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

>MMRENO<   (01-04) 1-4 Shots   (97) Refused
               (96)   All   (99) DK

CIM.380   Has {Child's name} ever received a Hepatitis B shot?

>HEPEV<   (1) Yes (CIM.390)   (7) Refused (CIM.400)
               (2) No (CIM.400)   (9) DK (CIM.400)

CIM.390   How many Hepatitis B shots did {Child's name} ever receive?

>HEPENO<   (01-08) 1-8 Shots   (97) Refused
               (96)   All   (99) DK

CIM.400   Has {Child's name} ever received a shot for chickenpox?

>VAREV<   (1) Yes (CIM.410)   (7) Refused (*)
               (2) No (*)   (9) DK (*)

**NOTE: If age is less than 7 go to CIM.440; Else go to CIM.420

CIM.410   How many shots for chickenpox did {Child's name} ever receive?

>VARENO<   (01-04) 1-4 Shots   (97) Refused
                (96)   All   (99) DK

                [If age is less than 7 go to CIM.440; Else go to CIM.420]

CIM.420   Has {Child's name} ever received a tetanus-diphtheria (Td) or tetanus booster shot?

>TDBEV<   (1) Yes (CIM.430)   (7) Refused (CIM.440)
                (2) No (CIM.440)   (9) DK (CIM.440)

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

>TDBENO<   (01-04) 1-4 Shots   (97) Refused
                (96)   All   (99) DK

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

>SHOTPR<   (1) Yes   (7) Refused
                (2) No   (9) DK

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

>SHOTA2<   (1) Yes   (7) Refused
                (2) No   (9) DK

Check item CIMCCI5: If the child is 12-35 months old, then go to Check item CIMCCI6; Else go to Check item
                 CIMCCI7.

Check item CIMCCI6: If any of the items CIM.030, CIM.040, CIM.050, CIM.060, CIM.070, CIM.080,
                 CIM.090,CIM.121, CIM.123, CIM.125, CIM.127, CIM.129, CIM.131 is greater than or
                 equal to 1, or CIM.290 equals 1, then go to CIM.460; Else go to Check item CIMCCI7.

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

     FR: **ASK THE QUESTIONS ON THE HIS-2A(PT) IMMUNIZATION PROVIDER
                 PERMISSION FORM TO OBTAIN THE NAMES AND ADDRESSES OF
                 IMMUNIZATION PROVIDERS. RECORD THE STATUS OF THE PROVIDER
                 QUESTIONS FOR CHILD.**

>PROVID<   (1) Complete (CIM.480)
                (2) Not complete — recontact by personal visit or telephone (CIM.480)
                (3) Not complete — no callback possible — specify (CIM.470)
                (7) Refused (CIM.480)
                (9) DK (CIM.480)

CIM.470

       FR: **SPECIFY THE REASON THE PROVIDER FORM IS NOT COMPLETE**:

>PROVNT<   <u>   </u>

CIM.480

       FR: **ASK PERMISSION TO CONTACT PROVIDER. RECORD STATUS OF PERMISSION ITEM:**

>PERMIS<   (0) Respondent not parent / legal guardian — not signed (CIMCCI7)
                    (1) Signed (CIMCCI7)
                    (2) Not signed — recontact by personal visit or telephone (CIMCCI7)
                    (3) Not signed — no callback possible — specify (CIM.490)
                    (7) Refused (CIMCCI7)
                    (9) DK (CIMCCI7)

CIM.490

       FR: **SPECIFY THE REASON THE PERMISSION ITEM IS NOT SIGNED**

>PERMNT<   <u>   </u>

Check item CIMCCI7:   If additional children are 12-35 months, go to CIM.010; Else go to RCI_GOTO3.

Check item RCI_GOTO3: If the Recontact section is not completed, go to Recontact section;
                               Else, go to FAM_LOOP.

Check item FAM_LOOP: If sample adult is not interviewed, go to the beginning of the Adult section; Else if call
                          back is needed for any of the Adult, Family, or Child section, go to FIN (Back section);
                          Else go to Back section to assign OUTCOME code.

Check item ICSTAT: Arrange a callback.

  (Go to next questionnaire)