

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

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

NATIONAL HEALTH INTERVIEW SURVEY

1996 SUPPLEMENT BOOKLET

I. IMMUNIZATION

NOTICE – 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, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

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

SAMPLE CHILD LIST

ITEM I1
List all nondeleted persons under 6 years old in this family by age, oldest to youngest.

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

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

ITEM I2A Are there any non-selected 2 year olds in the above list? Yes (Mark (X) box in "19-35 months" column for EACH, then (I2B)) No (I2B)

ITEM I2B Are there any non-selected 1 year olds in the above list? Yes (Refer to Eligibility Chart below for EACH 1 year old) No (Section I)

ELIGIBILITY CHART

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

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

Complete final status on Back Cover

| Section I - IMMUNIZATION - Continued | | | | | RT 54 |
|--|---|--|---|---|---|
| ITEM 13 | Enter person number and first name of sample child under 6. | Person number _____ | First name _____ | | 3-4 |
| | Enter person number of respondent. | Person number _____ | | | 5-6 |
| These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record. | | | | | |
| ITEM 14 | Refer to shot record. | 1 <input type="checkbox"/> Available (2) | 2 <input type="checkbox"/> Not available (1) | | 7 |
| 1. | Ask only on initial interview. On callback, skip to 9. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available? | 1 <input type="checkbox"/> Yes (Arrange callback, then 15 on page 4) | 2 <input type="checkbox"/> No } (9) | 9 <input type="checkbox"/> DK } | 8 |
| 2. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots. | | | | | |
| | (1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)? 9-10 _____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } DTP/DT (Shot) | (2) A polio vaccine by mouth (pink drops) or a polio shot? 59-60 _____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Polio (Drops or shots) | (3) A measles or MMR (Measles - Mumps - Rubella) shot? If telephone ask: Was each shot measles only or MMR? RT 55 3-4 5-6 _____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Measles/MMR (Shots) | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) 35-36 _____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } HIB (Shot) | (5) A Hepatitis B shot? 61-62 _____ Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK } Hepatitis B |
| 1st | 11-16 _____/_____/19 MO DAY YR | 61-66 _____/_____/19 MO DAY YR | 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK _____/_____/19 MO DAY YR | 7 8-13 _____/_____/19 MO DAY YR | 37-42 _____/_____/19 MO DAY YR |
| 2nd | 17-22 _____/_____/19 MO DAY YR | 67-72 _____/_____/19 MO DAY YR | 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK _____/_____/19 MO DAY YR | 14 15-20 _____/_____/19 MO DAY YR | 43-48 _____/_____/19 MO DAY YR |
| 3rd | 23-28 _____/_____/19 MO DAY YR | 73-78 _____/_____/19 MO DAY YR | 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK _____/_____/19 MO DAY YR | 21 22-27 _____/_____/19 MO DAY YR | 49-54 _____/_____/19 MO DAY YR |
| 4th | 29-34 _____/_____/19 MO DAY YR | 79-84 _____/_____/19 MO DAY YR | 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK _____/_____/19 MO DAY YR | 28 29-34 _____/_____/19 MO DAY YR | 55-60 _____/_____/19 MO DAY YR |
| 5th | 35-40 _____/_____/19 MO DAY YR | 85-90 _____/_____/19 MO DAY YR | | | |
| 6th | 41-46 _____/_____/19 MO DAY YR | 91-96 _____/_____/19 MO DAY YR | | | |
| 7th | 47-52 _____/_____/19 MO DAY YR | 97-102 _____/_____/19 MO DAY YR | | | |
| 8th | 53-58 _____/_____/19 MO DAY YR | 103-108 _____/_____/19 MO DAY YR | | | |
| 3. Are all the immunizations that -- ever received included on this shot record? | | | | | 87 |
| 1 <input type="checkbox"/> Yes (11) | | | | | |
| 2 <input type="checkbox"/> No } (4) | | | | | |
| 9 <input type="checkbox"/> DK } | | | | | |
| 4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)? | | | | | 88 |
| 1 <input type="checkbox"/> Yes (4b) | | | | | |
| 2 <input type="checkbox"/> No } (5) | | | | | |
| 9 <input type="checkbox"/> DK } | | | | | |
| b. How many additional DTP shots has -- received? | | | | | 89 |
| _____ Shots (Number) | | | | | |
| 8 <input type="checkbox"/> All | | | | | |
| 9 <input type="checkbox"/> DK | | | | | |
| 5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot? | | | | | 90 |
| 1 <input type="checkbox"/> Yes (5b) | | | | | |
| 2 <input type="checkbox"/> No } (6) | | | | | |
| 9 <input type="checkbox"/> DK } | | | | | |
| b. How many additional polio vaccines has -- received? | | | | | 91 |
| _____ Vaccines (Number) | | | | | |
| 8 <input type="checkbox"/> All | | | | | |
| 9 <input type="checkbox"/> DK | | | | | |

Section I - IMMUNIZATION - Continued

| | | | | |
|--|---|---|--|--|
| 6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot? | | <input type="checkbox"/> Yes (6b) <input type="checkbox"/> No } (7) <input type="checkbox"/> DK } | 92 | |
| b. How many additional measles or MMR shots has -- received? | | _____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | 93 | |
| 7a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine. | | <input type="checkbox"/> Yes (7b) <input type="checkbox"/> No } (8) <input type="checkbox"/> DK } | 94 | |
| b. How many additional HIB shots has -- received? | | _____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | 95 | |
| 8a. Has -- ever received an additional Hepatitis B shot? | | <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (11) <input type="checkbox"/> DK } | 96 | |
| b. How many additional Hepatitis B shots has -- received? | | _____ Shots } (Number) } (11) <input type="checkbox"/> All } <input type="checkbox"/> DK } | 97 | |
| 9. Has -- ever received an immunization (that is a shot or drops)? | | <input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (Item 15 on page 4) <input type="checkbox"/> DK } | 98 | |
| 10a. Has -- ever received: | | | | |
| (1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? <input type="checkbox"/> Yes (10b) 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (10b) 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (10b) 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (10b) 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (5) A Hepatitis B shot? <input type="checkbox"/> Yes (10b) 111 <input type="checkbox"/> No } (11) <input type="checkbox"/> DK } |
| 10b. How many (vaccine) shots did -- ever receive? | | | | |
| (1) DTP/DT 100-101 _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | (2) Polio 103-104 _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | (3) Measles or MMR 106-107 _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | (4) HIB 109-110 _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | (5) Hepatitis B 112-113 _____ Shots } (Number) } (11) <input type="checkbox"/> All } <input type="checkbox"/> DK } |
| 11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 114 | |
| 12. In your opinion, has -- received all of the recommended shots for -- age? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 115 | |

Section I - IMMUNIZATION - Continued

| | | | | | |
|---|--|--|---|--|---|
| ITEM 15 | Refer to Sample Child List on Cover. | <input type="checkbox"/> Additional 19-35 month old child (Item 18) <input type="checkbox"/> No additional 19-35 month old child (Item 16) | 116 | | |
| ITEM 16 | Refer to questions 2 and 10 for SC. Mark (X) first appropriate box. | <input type="checkbox"/> Callback required <input type="checkbox"/> Any immunizations <input type="checkbox"/> No immunizations (HIS-3) | (Fill HIS-2A if appropriate, then Item 17) | | |
| ITEM 17 | Status of HIS-2A for SC. Mark (X) one in each column. | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> <td style="width:50%; border:none;"> Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table> | Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | (HIS-3) |
| Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | | | | |
| 1 Sample child | | | 119 | | |
| RT 54 | | | | | |
| ITEM 18 | Enter person number and first name of other 19-35 month old child. | Person number _____ First name _____ | 3-4 | | |
| | | Enter person number of respondent. | 5-6 | | |
| | | Person number _____ | | | |
| <p>These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.</p> | | | | | |
| ITEM 19 | Refer to shot record. | <input type="checkbox"/> Available (14) <input type="checkbox"/> Not available (13) | 7 | | |
| 13. Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available? | | <input type="checkbox"/> Yes (Arrange callback, then Item 110 on page 6) <input type="checkbox"/> No <input type="checkbox"/> DK | (21) 8 | | |
| 14. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots. | | | | | |
| | (1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? _____ Shots (Record dates) (Number) <input type="checkbox"/> None } (Next vaccine) <input type="checkbox"/> DK } | (2) A polio vaccine by mouth (pink drops) or a polio shot? _____ Shots (Record dates) (Number) <input type="checkbox"/> None } (Next vaccine) <input type="checkbox"/> DK } | (3) A measles or MMR (Measles - Mumps - Rubella) shot? If telephone ask: Was each shot measles only or MMR? _____ Shots (Record dates) (Number) <input type="checkbox"/> None } (Next vaccine) <input type="checkbox"/> DK } | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) _____ Shots (Record dates) (Number) <input type="checkbox"/> None } (Next vaccine) <input type="checkbox"/> DK } | (5) A Hepatitis B shot? _____ Shots (Record dates, then 15) (Number) <input type="checkbox"/> None } (15) <input type="checkbox"/> DK } |
| | 9-10 | 59-60 | RT 55 3-4 5-6 | 35-36 | 61-62 |
| | DTP/DT (Shot) | Polio (Drops or shots) | Measles/MMR (Shots) | HIB (Shot) | Hepatitis B |
| 1st | 11-16 ____/____/19 MO DAY YR | 61-66 ____/____/19 MO DAY YR | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR | 7 8-13 ____/____/19 MO DAY YR | 37-42 ____/____/19 MO DAY YR |
| 2nd | 17-22 ____/____/19 MO DAY YR | 67-72 ____/____/19 MO DAY YR | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR | 14 15-20 ____/____/19 MO DAY YR | 43-48 ____/____/19 MO DAY YR |
| 3rd | 23-28 ____/____/19 MO DAY YR | 73-78 ____/____/19 MO DAY YR | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR | 21 22-27 ____/____/19 MO DAY YR | 49-54 ____/____/19 MO DAY YR |
| 4th | 29-34 ____/____/19 MO DAY YR | 79-84 ____/____/19 MO DAY YR | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR | 28 29-34 ____/____/19 MO DAY YR | 55-60 ____/____/19 MO DAY YR |
| 5th | 35-40 ____/____/19 MO DAY YR | 85-90 ____/____/19 MO DAY YR | | | |
| 6th | 41-46 ____/____/19 MO DAY YR | 91-96 ____/____/19 MO DAY YR | | | |
| 7th | 47-52 ____/____/19 MO DAY YR | 97-102 ____/____/19 MO DAY YR | | | |
| 8th | 53-58 ____/____/19 MO DAY YR | 103-108 ____/____/19 MO DAY YR | | | |

Section I - IMMUNIZATION - Continued

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

| Section I - IMMUNIZATION - Continued | | | | |
|---|--|--|---|---|
| 21. Has -- ever received an immunization (that is a shot or drops)? | | <input type="checkbox"/> Yes (22) <input type="checkbox"/> No } (Item 110) <input type="checkbox"/> DK } | | 98 |
| 22a. Has -- ever received: | | | | |
| (1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? <input type="checkbox"/> Yes (22b) 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (22b) 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (22b) 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (22b) 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (5) A Hepatitis B shot? <input type="checkbox"/> Yes (22b) 111 <input type="checkbox"/> No } (23) <input type="checkbox"/> DK } |
| 22b. How many (vaccine) shots did -- ever receive? | | | | |
| (1) DTP/DT 100-101 _____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK | (2) Polio 103-104 _____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK | (3) Measles or MMR 106-107 _____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK | (4) HIB 109-110 _____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK | (5) Hepatitis B 112-113 _____ Shots (Number) } (23) <input type="checkbox"/> All <input type="checkbox"/> DK |
| 23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | 114 |
| 24. In your opinion, has -- received all of the recommended shots for -- age? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | 115 |
| ITEM 110 | Refer to Sample Child List on Cover. | <input type="checkbox"/> Additional 19-35 month old child (Item 113 on page 7) <input type="checkbox"/> No additional 19-35 month old child (Item 111) | | 116 |
| ITEM 111 | Refer to questions 14 and 22 for additional 19-35 month old child. Mark (X) first appropriate box. | <input type="checkbox"/> Callback required } (Fill HIS-2A if appropriate, then Item 112) <input type="checkbox"/> Any immunizations } <input type="checkbox"/> No immunizations (Return to Item 16 on page 4) | | 117 |
| ITEM 112 | Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column. | Provider 117 <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | Permission 118 <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) | 118 |
| Notes | | 2 Other 19-35 month child | | 119 |

| Section I - IMMUNIZATION - Continued | | | | | RT 54 | |
|--|--|--|---|---|---|---------------------|
| ITEM 113 | Enter person number and first name of other 19-35 month old child. | Person number _____ | First name _____ | 3-4 | | |
| | Enter person number of respondent. | Person number _____ | | 5-6 | | |
| These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record. | | | | | | |
| ITEM 114 | Refer to shot record. | <input type="checkbox"/> Available (26) <input type="checkbox"/> Not available (25) | | | 7 | |
| 25. | Ask only on initial interview. On callback, skip to 33. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available? | <input type="checkbox"/> Yes (Arrange callback, then Item 115 on page 9) <input type="checkbox"/> No } (33 on page 8) <input type="checkbox"/> DK } | | | 8 | |
| 26. | Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots. | | | | | |
| | (1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)? 9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } DTP/DT (Shot) | (2) A polio vaccine by mouth (pink drops) or a polio shot? 59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Polio (Drops or shots) | (3) A measles or MMR (Measles - Mumps - Rubella) shot? If telephone ask: Was each shot measles only or MMR? 61-66 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Measles/MMR (Shots) | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) 35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } HIB (Shot) | (5) A Hepatitis B shot? 61-62 Shots (Record dates, then 27) (Number) 00 <input type="checkbox"/> None } (27) 99 <input type="checkbox"/> DK } Hepatitis B | RT 55 3-4 5-6 |
| 1st | MO / DAY / 19 11-16 | MO / DAY / 19 61-66 | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK MO / DAY / 19 7 8-13 | MO / DAY / 19 37-42 | MO / DAY / 19 63-68 | |
| 2nd | MO / DAY / 19 17-22 | MO / DAY / 19 67-72 | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK MO / DAY / 19 14 15-20 | MO / DAY / 19 43-48 | MO / DAY / 19 69-74 | |
| 3rd | MO / DAY / 19 23-28 | MO / DAY / 19 73-78 | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK MO / DAY / 19 21 22-27 | MO / DAY / 19 49-54 | MO / DAY / 19 75-80 | |
| 4th | MO / DAY / 19 29-34 | MO / DAY / 19 79-84 | <input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK MO / DAY / 19 28 29-34 | MO / DAY / 19 55-60 | MO / DAY / 19 81-86 | |
| 5th | MO / DAY / 19 35-40 | MO / DAY / 19 85-90 | | | | |
| 6th | MO / DAY / 19 41-46 | MO / DAY / 19 91-96 | | | | |
| 7th | MO / DAY / 19 47-52 | MO / DAY / 19 97-102 | | | | |
| 8th | MO / DAY / 19 53-58 | MO / DAY / 19 103-108 | | | | |
| 27. | Are all the immunizations that -- ever received included on this shot record? | | | <input type="checkbox"/> Yes (35 on page 8) <input type="checkbox"/> No } (28) <input type="checkbox"/> DK } | | 87 |
| 28a. | Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)? | | | <input type="checkbox"/> Yes (28b) <input type="checkbox"/> No } (29) <input type="checkbox"/> DK } | | 88 |
| | b. How many additional DTP shots has -- received? | | | _____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | | 89 |
| 29a. | Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot? | | | <input type="checkbox"/> Yes (29b) <input type="checkbox"/> No } (30 on page 8) <input type="checkbox"/> DK } | | 90 |
| | b. How many additional polio vaccines has -- received? | | | _____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | | 91 |

| Section I - IMMUNIZATION - Continued | | | | |
|---|---|---|--|--|
| 30a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot? | | <input type="checkbox"/> Yes (30b) <input type="checkbox"/> No } (31) <input type="checkbox"/> DK } | | 92 |
| b. How many additional measles or MMR shots has -- received? | | _____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | | 93 |
| 31a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine. | | <input type="checkbox"/> Yes (31b) <input type="checkbox"/> No } (32) <input type="checkbox"/> DK } | | 94 |
| b. How many additional HIB shots has -- received? | | _____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK | | 95 |
| 32a. Has -- ever received an additional Hepatitis B shot? | | <input type="checkbox"/> Yes (32b) <input type="checkbox"/> No } (35) <input type="checkbox"/> DK } | | 96 |
| b. How many additional Hepatitis B shots has -- received? | | _____ Shots } (Number) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK } | | 97 |
| 33. Has -- ever received an immunization (that is a shot or drops)? | | <input type="checkbox"/> Yes (34) <input type="checkbox"/> No } (Item 115 on page 9) <input type="checkbox"/> DK } | | 98 |
| 34a. Has -- ever received: | | | | |
| (1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK } | (5) A Hepatitis B shot? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 111 <input type="checkbox"/> No } (35) <input type="checkbox"/> DK } |
| 34b. How many (vaccine) shots did -- ever receive? | | | | |
| (1) DTP/DT | (2) Polio | (3) Measles or MMR | (4) HIB | (5) Hepatitis B |
| 100-101 | 103-104 | 106-107 | 109-110 | 112-113 |
| _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | _____ Shots } (Number) } (Next vaccine) <input type="checkbox"/> All } <input type="checkbox"/> DK } | _____ Shots } (Number) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK } |
| 35. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | 114 |
| 36. In your opinion, has -- received all of the recommended shots for -- age? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | 115 |

Section I - IMMUNIZATION - Continued

| | | | | | | | | | | |
|--|---|---|--|--------------------------------|-------------------|------------|--|--|---|----------------------------------|
| ITEM I15 | <p>Refer to questions 26 and 34 for additional 19-35 month old child. Mark (X) first appropriate box.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 5px;"> 1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to Item I11 on page 6) </td> <td style="width: 50%; padding-left: 5px;"> } (Fill HIS-2A, then Item I16) </td> </tr> </table> | 1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to Item I11 on page 6) | } (Fill HIS-2A, then Item I16) | 116 | | | | | |
| 1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to Item I11 on page 6) | } (Fill HIS-2A, then Item I16) | | | | | | | | | |
| ITEM I16 | <p>Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 5px; text-align: center;"> Provider </td> <td style="width: 5%; text-align: center;">117</td> <td style="width: 40%; text-align: center;"> Permission </td> <td style="width: 5%; text-align: right;">118</td> </tr> <tr> <td style="border-right: 1px dashed black; padding-right: 5px;"> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td></td> <td style="padding-left: 5px;"> 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="vertical-align: middle;"> } (Return to Item I11 on page 6) </td> </tr> </table> | Provider | 117 | Permission | 118 | 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) | | 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) | } (Return to Item I11 on page 6) |
| Provider | 117 | Permission | 118 | | | | | | | |
| 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) | | 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) | } (Return to Item I11 on page 6) | | | | | | | |
| Notes | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">3 Other 19-35 month child</td> <td style="width: 20%; text-align: right;">119</td> </tr> </table> | 3 Other 19-35 month child | 119 | | | | | | |
| 3 Other 19-35 month child | 119 | | | | | | | | | |

RT 53

10. Response Status

a. Section I (Immunization)

3

Interview:

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

Noninterview:

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

b. Mode of interview:

4

All or most –

- 1 In person
- 2 By telephone

Notes