NIS-TEEN Hard Copy Questionnaire

Q1/2011

SECTION S

<table>
<tr><td colspan="2">Screener</td></tr>
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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 LFCP_SELECTION

(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, this call will be recorded and my supervisor may listen as I ask the questions.   I'd like to continue now unless you have any questions.

CONTINUE... 1   GO TO 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 Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics and its collaborating agency and contractor, specifically the National Center for Immunization and Respiratory Diseases and 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_NCCELL_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, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE. 1   GO TO TIS_S5EVAL_BOX
R ASKS FOR DESCRIPTION OF LAW....... 2   GO TO TIS_S5LAW_BOX

TIS_S5LAW_BOX

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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_BINTRO
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_BINTRO

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

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

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
(1) IF 2, 77, or 99 AND TIS_AHEPB=1-9 GO TO TIS_AHEPB_MAN
(2) ELSE SKIP TO TIS_AHEPA
DON'T KNOW…....................................... 77
(1) IF 2, 77, or 99 AND TIS_AHEPB=1-9 GO TO TIS_AHEPB_MAN
(2) ELSE SKIP TO TIS_AHEPA
REFUSED…………....................................... 99
(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

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

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 Dtap, 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 Dtap, 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.

YES………… .... ___ 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?

Gardisil-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?

Gardisil-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

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?

Gardisil-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 WARING "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 AN SWER 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 TIS_C7=6, THEN GO TO TIS_C11A

      (2) ELSE IF Any part of Date is DK or REF --> skip to C10B

      (3) ELSE IF year < 1940, GO TO C10_check

      (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 2010 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 2010 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 2010 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

TIS_C16_A   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

TIS_C16_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

TIS_C16_C   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

TIS_C17   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

TIS_C17_A   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

TIS_C17_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_CINC   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_DCONFDOB_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, AR, CT, DC, HI, IL, IN, KS, KY, MA, ME, MN, MO, MT, NE, NJ, NM, OH, OK, OR, RI, SC, VA, VI, WA, 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, AR, CT, DC, HI, IL, IN, KS, KY, MA, ME, MN, MO, MT, NE, NJ, NM, OH, OK, OR, RI, SC, VA, VI, WA, 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

CP_TISEND   (1) IF SUC=1 SKIP TO LFCP_SELECTION
(2) IF SUC=4 SKIP TO TIS_ENDTEEN

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.