							OIVIB No.	0920-0214: Ap	provai Expi	res 03/31/9
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				7. Field Represen	tative's nar	me		Cod	de	33-35
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				8. Beginning time		36-39 40	9. Ending time		41	-44 45
										a.m.
		· · · · · ·		SAMDI E CUI	II D LICT	∠ □ p.m.				р.пп.
				SAIVIPLE CHI	ILD LIST				••••	·
List	all nonde	eleted persor	ns under 6 ye	ears old in this family	by age, old	dest to youngest.			- Apper	
3-4	5-6		7					8	9	10
on No.	Age	Sex		Last name *		First	name	sc	19–35	List No.
		1 M 2	□F			-		1		1
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		1 ☐ M 2	□F					1 🗆	2 🗌	1
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		1 □ M 2 l	□F					1 🗆	2 🗌	1
the sa mn ab	mple chile ove for th	d selection la e selected sa	bel and circl mple child u	e as applicable. THEN nder 6.	l, mark (X)	the "SC" box in				
Are in t	there and the short	ny non-selec e list?	cted 2 year	olds			"19–35 months" (column for	EACH, the	en I2B)
Are in t	there a	ny non-séled e list?	cted 1 year	olds			ity Chart below fo	r EACH 1 y	ear old)	
						ELIG	IBILITY CHART			
					lf mont	h of Interview is:				
					Feb Mar Apr May Jun July Aug	ruary 1996		03/93 - 07/9 04/93 - 08/9 05/93 - 09/9 06/93 - 10/9 07/93 - 11/9 08/93 - 12/9	94 94 94 94 94 94	
	U.S. D ACTINGEPARTMEN U CEN NATIONA ONAL 6 SUF MMUN List 3-4 on No. Are in t	U.S. DEPARTMENT BUREAU OF THE ACTING AS COLLECTING AS COLLECTING AS COLLECTING AS COLLECTING AS COLLECTING AS COLLECTING AS CONTERS FOR DISINATIONAL CENTER FOR COLLECTION AS COLLECTION	U.S. DEPARTMENT OF COMMERCE BACTING AS COLLECTING AGENT FOR THE EPARTMENT OF HEALTH AND HUMAN SI U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL NATIONAL CENTER FOR HEALTH STATISTICS ONAL HEALTH INTE SURVEY 6 SUPPLEMENT BOOK IMMUNIZATION List all nondeleted person 3-4	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE EPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL NATIONAL CENTER FOR HEALTH STATISTICS ONAL HEALTH INTERVIEW SURVEY 6 SUPPLEMENT BOOKLET MMUNIZATION List all nondeleted persons under 6 years MMUNIZATION List all nondeleted persons under 6 years 1 M 2 F 1 M 2 M CONTROL OF THE SERVICES Are there any non-selected 2 year in the above list? Are there any non-selected 1 year	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTIVE BUREAU OF THE CENSUS CENTERS FOR IDSEASE CONTROL NATIONAL CENTER FOR HEALTH STATISTICS 1. RO 1. RO 2. SAMPLE CHI 5. Control number PSU Segm 17-21 2 3.4 5-6 7 T. Field Represen 8. Beginning time 8. Beginning time 1. AT 5-6 7 AND NO. Age Sex Last name 1. M 2. F 1. M 2. F	U.S. DEPARTNEYT OF COMMERCE U.S. DEPARTNEYT OF COMMERCE U.S. DEPARTNEYT OF COMMERCE ACTING AS COLLECTIVE AGENT FOR THE ACTING AS COLLECTIVE AGENT FOR THE PRACTICAL AS COLLECTIVE AGENT FOR THE COMMERCE HEALTH AND HUMAN SERVICES CLUSTERED HEALTH AND HUMAN SERVICES CONTROL OF HUMAN SERVICES CLUSTERED HUMAN SERVICES CONTROL OF HUMAN SERVIC	U.S. DEPARTMENT OF COMMERCE BUILDING OF THE CONSUS U.S. DEPARTMENT OF DOMMERCE CONSUS OF THE CONSUS U.S. PURPARTMENT OF THE CONSUS OF THE CO	NOTICE - Information contained on this form which would gerror. Desiritionation such and will not be disclosed or released to others without the consent of in such and will not be disclosed or released to other without the consent of in such and will not be disclosed or released to other without the consent of in such and will not be disclosed or released to other without the consent of in such and will not be disclosed or released to other without the consent of in such and will not be disclosed or released to other without the consent of a such and will not be disclosed or released to other without the consent of the consent o	NOTICE - Information emission on the time which words general search color flower with the color of the product of	THE USE OF A PART OF COMMENCE THE USE OF A PART OF THE COMMENCE THE USE OF A PART OF THE COMMENCE THE USE OF THE USE OF THE USE OF THE COMMENCE THE USE OF THE

				Sectio	n I – IMMUNI	ZATION – Con	tinue	d		RT 54
IT	EM	Enter person no sample child ui	umber and first nam	e of		Person number		First name		3-4
	I3		umber of responden	 nt.		Person number				5-6
	These que	estions refer to <u>(</u> er to – – shot rec	read name), and are	e about	immunizations th	at – – may have re	ceived.	It would be helpful if we		
<u> </u>	EM	er to snot rect	<u></u>		was a manager					7
	14	Refer to shot re	ecord.			1 ☐ Available <i>(2</i> ☐ Not availab	-			
	We will ne If I called	ed the shot recor	On callback, skip to 9. d to complete this s xt few days, would	section you be	of the interview. able to have – –'s	1 Yes (Arrang 2 No (9) 9 DK	ge callbad	ck, then I5 on page 4)		8
2.	Transcribe Record nu	from shot record	 – If telephone ask: L each vaccine. What	ooking is the d	at the shot record	i, please tell me ho	ow many ? Repeat	y times – – has received (r for second, third, etc., shots	names of vaccines)?	
	(1) A D time shot teta	IP/DT shot (some s called a DPT , diphtheria-nus-pertussis-, baby shot, or e-in-one shot)?	(2) A polio vaccine mouth (pink dr a polio shot?	e by	(3) A measles or Rubella) shot?	MMR (Measles – Mun		(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU- EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B	shot?
		9-10	-	59-60			5-6	35-36		61-62
	(Numbe 00 \(\text{No}\) 99 \(\text{DK}\)	ne] (Next			(Number) 00 🏻 None 99 🗖 DK	Shots (Record dates) (Next vaccine)		Shots (Record dates) None (Next vaccine)	(Number)	(Record dates, then 3)
	DT	P/DT (Shot)	Polio (Drops or sh	nots)	Measle	s/MMR (Shots)		HIB (Shot)	Hepatitis B	
1st	,	/ 19	/ /19	61-66	1 ☐ Measles 2 [☐ MMR 9 ☐ DK / 19	7 8-13	37-42 / / 19	/ / 19	63-68
	МО	DAY YR 17-22		′R 67-72		AY YR	14	MO DAY YR 43-48		YR 69-74
2nd		/19				☐ MMR 9 ☐ DK	15-20		//_19	
	МО	DAY YR 23-28	MO DAY Y	′R 73-78		AY YR □ MMR 9 □ DK	21	MO DAY YR 49-54	MO DAY	75-80
3rd	/_	/ 19 DAY YR	//19 	′R	/	/ 19 AY YR	22-27	/ / 19 MO DAY YR	// 19 	YR
4th	,	/ 19	/ /19	79-84	1 Measles 2	☐ MMR 9 ☐ DK / 19	28 29-34	55-60 / / 19	/ /19	81-86
	МО	DAY YR 35-40		′R 85-90	MO D	AY YR		MO DAY YR	MO DAY	YR
5th		/ 19 DAY YR	// 19 	'R		•				
6th	,	/19	/ /19	91-96						
	МО	DAY YR 47-52		'R 97-102						
7th		/ 19 DAY YR	//19	'R						
	IVIO	53-58		103-108						
8th	MO	/ 19 DAY YR	MO DAY Y	'n.						
		ne immunizatio hot record?	ns that – – ever r	eceive	d included	1 Yes (11) 2 No 9 DK (4)				87
			additional DTP :			1 ☐ Yes (4b)				88
		three-in-one-sh		ertussi	s snot, baby	2 No \ 9 DK \ (5)		,		
b. ī	 łow mai	 ny additional D	TP shots has	 receive	 ed?					89
						(Number)	_ Shots			
						9				
		ver received an ps) or a polio s	additional polio hot?	vaccii	ne by mouth	1 Yes (5b) 2 No (6) 9 DK				90
b. I	- – – – How mai	ny additional po		— — — s – – red	ceived?	(Number)	_ Vaccin	es		91
						8 AII 9 DK				

	Section I	- IMMUNIZ	ATION - Co	ntinued		
6a. Has – – ever received an (Measles-Mumps-Rubell		ΛR	1			92
b. How many additional m	easles or MMR shots has		' !			93
received?	Y.		 (Number) 8	Shots		
	additional HIB shot? This d Haemophilus influenzae N-ZI), HIB vaccine or H. fl	•	1			94
b. How many additional HI	B shots has – – received?		 	Shots		95
8a. Has ever received an	additional Hepatitis B sh	ot?	1)		96
b. How many additional He	epatitis B shots has – – red	ceived?	 (Number) 8	Shots (11)		97
9. Has – – ever received an drops)?	immunization (that is a s	hot or	1	em l5 on page 4)		98
10a. Has – – ever received: (1) A DTP/DT shot (sometimes called a DPT shot, diphtheria- tetanus-pertussis- shot, baby shot, or three- in-one shot)?	2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measle (Measles Rubella) s	– Mumps –	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B s	shot?
1 ☐ Yes (10b) 99 2 ☐ No } 9 ☐ DK } (Next vaccine)	1 ☐ Yes (10b) 102 2 ☐ No } 9 ☐ DK } (Next vaccine)	1 ☐ Yes (10 2 ☐ No } 9 ☐ DK }	Ob) 105 Next vaccine)	1 ☐ Yes (10b) 108 2 ☐ No 9 ☐ DK (Next vaccine)	1 ☐ Yes (10b) 2 ☐ No 9 ☐ DK } (11)	111
10b. How many (vaccine) shots did – – ever receive?						
(1) DTP/DT	(2) Polio	(3) Measle	es or MMR	(4) HIB	(5) Hepatitis	В
100-101	103-104		106-107	109-110		112-113
Shots (Number) 88 All 99 DK	Shots (Number) 88 All 99 DK	(Number) 88 ☐ AII 99 ☐ DK	(Next vaccine)	Number) Shots (Number) 88 □ All 99 □ DK	Number) Shots (Number) 88 □ AII 99 □ DK	· (11)
11. Are you the person wh (Most means at least 1	o took – – for most of – – /2 of the shots)	shots?	1 Yes 2 No 9 DK			114
12. In your opinion, has – - shots for – – age?	- received all of the recon	nmended	1			115

	Section I - IMMUNIZATION - Continued									
	EM 15	Refer to Sample	e Child List on Cover.		1 Additional 19–35 month old child (Item I8) 2 No additional 19-35 month old child (Item I6)					
	EM 16	Refer to quest Mark (X) first	ions 2 and 10 for SC. appropriate box.		116 1					
	EM 17				Provi Description Description Description Description Description Provi Provi	ed	117	o ☐ Not re	olete ed <i>(HI</i> S	118 6- <i>3)</i>
					3 ☐ Other <i>(Exp</i>	olain in n	ootes) 	3 ☐ Other in not	es)	119
										RT 54 3-4
	EM	Enter person nu other 19–35 mo — — — — — —	ımber and first name of nth old child. ————————————————————————————————————		Person number		First na	me		5-6
	18	Enter person nu	umber of respondent.		Person number					
T	hese que ould refe	estions refer to <u>(/</u> er to – – shot reco	r <u>ead name)</u> , and are about ord.	immunizations tha	t – – may have re	ceived. I	t would be he	lpful if we		
	EM 19	Refer to shot re	cord.		1 ☐ Available <i>(1</i> 2 ☐ Not availabl					7
V	Ve will ne f I called y	ed the shot record you within the ne	n callback, skip to 21. d to complete this section of ct few days, would you be a		1 ☐ Yes (Arrang 2 ☐ No } (21) 9 ☐ DK	e callbac	k, then Item I10	on page 6)		8
14. T	ranscribe Record nu	shot record available? 9 DK J 14. Transcribe from shot record – If telephone ask: Looking at the shot record, please tell me how many times – – has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third, etc., shots.								
			don vaccino. Illiat ic tile a		or (mot) ivacomo,	· mopour	ioi secona, tim	.,	•	
,	time shot tetar shot	rP/DT shot (some s called a DPT, diphtheria-nertussis-, baby shot, or e-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or M Rubella) shot? If telephone ask: measles only or	MR (Measles – Mum Was each shot	nps – RT 55	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB	t? (This is for and called us influenzae LUS IN-FLU- vaccine or H.	(5) A Hepatitis	3 shot?
	time shot, tetar shot, three	s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)? 9-10 Shots (Record dates)	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or (Number)	MR (Measles – Mum Was each shot	ıps –	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine	t? (This is for and called us influenzae LUS IN-FLU- vaccine or H.	(5) A Hepatitis	61-62 s (Record dates, then 15)
	time shot, tetar shot, three	s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)? 9-10 Shots (Record dates) ne (Next vaccine)	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or (Number) 00 \(\sum \) None \(\) 99 \(\sum \) DK	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine)	RT 55	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number)	t? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 tots (Record dates)	(5) A Hepatitis I Shote (Number) None 9 DK	61-62 s (Record dates, then 15)
1st	time shot, tetar shot, three (Number on Dr.)	s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)? 9-10 Shots (Record dates) ne (Next vaccine) P/DT (Shot) 11-16 /19	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or (Number) 00 None 99 DK Measles, 1 Measles 2	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots)	RT 55	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 \(\text{None} \) 99 \(\text{DK} \)	t? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 nots (Record dates) (Next vaccine) not) 37-42	(5) A Hepatitis I Shote (Number) None 99 DK Hepatitis	61-62 s (Record dates, then 15))
1st 2nd	time shot, tetar shot, three (Number on Dr. DTF	s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)? 9-10 Shots (Record dates) ne (Next vaccine) P/DT (Shot) 11-16 / 19 DAY YR 17-22 /19	(2) A polio vaccine by mouth (pink drops) or a polio shot? Shots (Record dates)	Rubella) shot? If telephone ask: measles only or (Number) 00 \(\text{None} \) None \(\text{99} \(\text{DK} \) Measles 1 \(\text{Measles} \) Measles \(2 \) \(\text{MO} \) DA	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK 19 Y YR	RT 55 3-4 5-6	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number)	t? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 nots (Record dates) (Next vaccine) not) 37-42	Shot: (Number) 00 None 99 DK 15	61-62 s (Record dates, then 15)) 3 63-68 9 YR 69-74
	time shot, tetar shot, three (Numbe 00 Nor 99 DK DTF	s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)? 9-10 Shots (Record dates) ne (Next vaccine) P/DT (Shot) 11-16 / 19 DAY YR 17-22	(2) A polio vaccine by mouth (pink drops) or a polio shot? Shots (Record dates)	Rubella) shot? If telephone ask: measles only or (Number) 00 None 99 DK Measles, 1 Measles 2 MO DA 1 Measles 2 MO DA	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK /19 Y YR MMR 9 DK /19 Y YR	7 8-13 14 15-20 21 22-27	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 None 99 DK HIB (Si	t? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 nots (Record dates) (Next vaccine) not) 37-42 /19 YR 43-48 /19 YR 49-54	(5) A Hepatitis I Shote (Number) None 99 DK Hepatitis I MO DAY	61-62 6 (Record dates, then 15)) 3 63-68 9 YR 69-74 9 YR 75-80 9
2nd	time shot, tetar shot, three (Number on Dr. Nor 99 DK DTF	Scalled a DPT diphtheria-nus-pertussis-, baby shot, or e-in-one shot)? 9-10 Shots (Record dates) P/DT (Shot) 11-16 / 19 DAY YR 23-28 / 19 DAY YR 29-34 / 19 DAY YR 29-34 / 19 DAY YR	(2) A polio vaccine by mouth (pink drops) or a polio shot? Shots (Record dates)	Rubella) shot? If telephone ask: measles only or (Number) 00 None 99 DK Measles, 1 Measles 2 MO DA 1 Measles 2 MO DA 1 Measles 2	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK /19 Y YR	7 8-13 14 15-20	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 None 99 DK HIB (St	t? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 nots (Record dates) (Next vaccine) not) 37-42 /19	Shots (Number) On DAY Shots (Number) On DAY MO DAY	61-62 s (Record dates, then 15)) 3 63-68 9 YR 69-74 9 YR 75-80 9 YR
2nd 3rd	time shot, tetar shot, three (Numbe oo Nor o	Scalled a DPT	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK /19 Y YR	7 8-13 14 15-20 21 22-27	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 None 99 DK HIB (Sh	1? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 oots (Record dates) (Next vaccine) 1001) 37-42 /19 YR 43-48 /19 YR 49-54 /19 YR 55-60	Shote (Number) OO ODAY MO DAY MO DAY MO DAY	61-62 s (Record dates, then 15)) 3 63-68 9 YR 69-74 9 YR 75-80 9 YR
2nd 3rd 4th	time shot, tetar shot, three (Numbe oo	Scalled a DPT diphtheria-nus-pertussis-, baby shot, or e-in-one shot)? 9-10 Shots (Record dates) P/DT (Shot) 11-16 P/DT (Shot) 11-16 P/DT YR 17-22 /19 DAY YR 23-28 /19 DAY YR 29-34 /19 DAY YR 35-40 /19 DAY YR 41-46 /19 DAY YR 41-46 /19 DAY YR	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK /19 Y YR	7 8-13 14 15-20 21 22-27	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 None 99 DK HIB (Sh	1? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 oots (Record dates) (Next vaccine) 1001) 37-42 /19 YR 43-48 /19 YR 49-54 /19 YR 55-60	Shote (Number) OO ODAY MO DAY MO DAY MO DAY	61-62 s (Record dates, then 15)) 3 63-68 9 YR 69-74 9 YR 75-80 9 YR
2nd 3rd 4th 5th	time shot, tetar shot, three (Numbe oo	Scalled a DPT	(2) A polio vaccine by mouth (pink drops) or a polio shot?	Rubella) shot? If telephone ask: measles only or	MR (Measles - Mum Was each shot MMR? Shots (Record dates) (Next vaccine) MMR (Shots) MMR 9 DK /19 Y YR	7 8-13 14 15-20 21 22-27	(4) An HIB sho meningitis Haemophil (HA-MA-FI- EN-ZI) HIB flu vaccine (Number) 00 None 99 DK HIB (Sh	1? (This is for and called us influenzae LUS IN-FLU-vaccine or H.) 35-36 oots (Record dates) (Next vaccine) 1001) 37-42 /19 YR 43-48 /19 YR 49-54 /19 YR 55-60	Shote (Number) OO ODAY MO DAY MO DAY MO DAY	61-62 s (Record dates, then 15)) 3 63-68 9 YR 69-74 9 YR 75-80 9 YR

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

Section I – IMMUNIZATION – Continued								
	21. Has ever received an immunization (that is a shot or drops)? 1 Yes (22) 2 No (Item I10) 9 DK							98
22a. Has	ever received	l:	_					
DPT shot, tetanus-p shot, bab	es called a , diphtheria- ertussis-	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measle (Measles Rubella)	- Mumps -	(4) An HIB shot? (1 for meningitis a called Haemop influenzae (HA- LUS IN-FLU-EN- vaccine or H. fl vaccine)	and hilus MA-FI- -ZI) HIB	(5) A Hepatitis B	shot?
1 ☐ Yes (22 2 ☐ No } 9 ☐ DK }	2b) 99 Next vaccine)	1 ☐ Yes (22b) 102 2 ☐ No } 9 ☐ DK } (Next vaccine)	1 ☐ Yes (2 2 ☐ No } 9 ☐ DK }	(Next vaccine)	1 □ Yes (22b) 2 □ No } 9 □ DK } (Next v	108 accine)	1 ☐ Yes (22b) 2 ☐ No } 9 ☐ DK } (23)	
22b. How m	any <u>(vaccine)</u> s	shots did – – ever receive?						
(1) D	TP/DT	(2) Polio	(3) Measl	es or MMR	(4) HIB		(5) Hepatitis	s B
	100-101	103-104		106-107		109-110		112-113
Sh (Number) 88 □ All 99 □ DK	(Next vaccine)	Shots (Number) 88 All 99 DK	SI (Number) 88 □ AII 99 □ DK	(Next vaccine)		(Next vaccine)	Shots (Number) 88 All 99 DK	> (23)
		who took – – for most of – – t 1/2 of the shots)	shots?	1				114
24. In your shots f	opinion, has or – – age?	received all of the recon	nmended	1				1,15
ITEM 110	Refer to Samp	ole Child List on Cover.		• 1 ☐ Additional 19–35 month old child (Item I13 on page 7) 2 ☐ No additional 19-35 month old child (Item I11)				
ITEM I11	Refer to que month old cl	stions 14 and 22 for additional hild. Mark (X) first appropriate	19–35 box.	1 Callback 2 Any imm 3 No immu	required { (Fill HIS nunizations { (Feturn to I	-	ppropriate, then Iten n page 4)	116 112)
				l Pro	vider 117		Permission	118
ITEM I12	The state of the s			0 □ Not required				n 16
Notes					2	Other 1	19–35 month child	119
						÷		

			Sectio	n I – IMMUNIZ	ATION - Con	tinue	d		RT 54
IT		nter person nu ther 19–35 mc	umber and first name of onth old child.		Person number		First name		3-4
	Enter person number of respondent.				Person number				5-6
1	These questio	ns refer to (<u>read name)</u> , and are about ord.	immunizations tha	nt – – may have re	ceived.	It would be helpful if we		
	EM _{Re}	efer to shot re	cord.		l 1 ☐ Available <i>(2</i>	•			7
25.	Ask only on in We will need	the shot rec u within the r	On callback, skip to 33. ord to complete this section next few days, would you be		1 Yes (Arrang 2 No 9 DK		ck, then Item I15 on page 9)		8
26.	Transcribe fro	om shot recor er of times fo	d – If telephone ask: Lookin r each vaccine. What is the	g at the shot record	d, please tell me I for (first) <u>(vaccin</u>	how ma e)? Repe	ny times – – has received at for second, third, etc., sho	(names of vaccines	<u>s)</u> ?
	shot, dipl tetanus-p shot, bab	led a DPT htheria-	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or M Rubella) shot? If telephone ask: measles only or	Was each shot	RT 55	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU- EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B	shot?
	(Number) 00 None 99 DK	9-10 Shots (Record dates) (Next vaccine)	Shots (Record dates) On Display None (Next vaccine)		Shots (Record dates) (Next vaccine)	5-6	Shots (Record dates) OO None (Next vaccine)	Shots (Number) 00 □ None 99 □ DK } (27)	61-62 (Record dates, then 27)
	DTP/DT	(Shot)	Polio (Drops or shots)	Measles,	/MMR (Shots)		HIB (Shot)	Hepatitis B	,
1st		/ <u>11-16</u> /19			MMR 9 □ DK /19	7 8-13			
2nd	MO DAY	YR 17-22 /19	MO DAY YR 67-72 / 19	MO DA	□ MMR 9 □ DK	14 15-20	MO DAY YR 43-48 / /19	//19	
	MO DAY	YR 23-28	MO DAY YR 73-78	MO DA'	Y YR ☐MMR 9☐DK	21	MO DAY YR 49-54	MO DAY	YR 75-80
3rd	MO DAY		// 19 MODAYYR	MO DA		22-27	//19 MO DAY YR	MO DAY	YR
4th	MO DAY		79-84 MO DAY YR	1 Measles 2 MO DA] MMR 9 □ DK /19 Y YR	28 29-34	//19 		81-86) YR
5th	MO DAY	/ 19 YR	85-90 MO DAY YR						
6th	MO DAY	/19 YR	91-96 /						
7th	MO DAY	/19 YR 53-58	/ /19 MO DAY YR 103-108						
8th	MO DAY	_/ 19 _YR	// 19 / YR						
27.		immunizat	ions that – – ever receiv	ed included	1	page 8,)		87
28a.		T shot, dip	an additional DTP shot htheria-tetanus-pertus shot)?		1 Yes (28b) 2 No 9 DK (29)				88
b.	How many	additional	DTP shots has – – recei	ived?		_	· 		89
					(Number) 8 All 9 DK	_ •			
29a.	. Has – – eve (pink drops		an additional polio vaco shot?	ine by mouth	1 Yes (29b)	on page	8)		90
b.	 . How many	 additional	polio vaccines has r	eceived?	 (Number)	_ — — — _ Vaccin	es		91
				; ;	8 All 9 DK				:

Section I –	IMMUNIZ	ATION - Co	ontinued		
30a. Has ever received an additional measles or MN (Measles-Mumps-Rubella) shot?	/IR	│			92
b. How many additional measles or MMR shots has - received?		(Number) 8 All 9 DK	Shots		93
31a. Has – – ever received an additional HIB shot? This for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. fluvaccine.	•	1 Yes <i>(31b</i> 2 No 9 DK			94
b. How many additional HIB shots has – – received?		(Number) 8 □ AII 9 □ DK	Shots		95
32a. Has – – ever received an additional Hepatitis B sho	ot?	1 ☐ Yes <i>(32b</i> 2 ☐ No 9 ☐ DK } <i>(35</i>			96
b. How many additional Hepatitis B shots has – – rec	eived?		Shots (35)		97
33. Has – – ever received an immunization (that is a sh drops)?	hot or	1 □ Yes <i>(34)</i> 2 □ No } 9 □ DK } (Ite	em I15 on page 9)		98
34a. Has – – ever received:		•			
(1) A DTP/DT shot (sometimes called a DPT shot, diphtheriatetanus-pertussisshot, baby shot, or three- in-one shot)? (2) A polio vaccine by mouth (pink drops) or a polio shot?	3) A measle: (Measles · Rubella) s	- Mumps -	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MÁ-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B s	hot?
1 \square Yes (34b) $\boxed{99}$ 1 \square Yes (34b) $\boxed{102}$ 2 \square No \bigcirc (Next vaccine) \bigcirc DK \bigcirc (Next vaccine)	1 □ Yes <i>(34</i> 2 □ No } 9 □ DK }	Next vaccine)	1 ☐ Yes (34b)	1 ☐ Yes (34b) 2 ☐ No } 9 ☐ DK } (35)	111
34b. How many <u>(vaccine)</u> shots did – – ever receive?					
(1) DTP/DT (2) Polio	(3) Measle	s or MMR	(4) HIB	(5) Hepatitis	B
100-101		106-107	109-110	·	112-113
$ \begin{array}{c c} \hline (Number) \\ 88 \square AII \\ 99 \square DK \end{array} $ Shots $ \begin{array}{c c} (Next \\ vaccine) \\ \hline 88 \square AII \\ 99 \square DK \end{array} $ Shots $ (Next \\ vaccine) \\ 99 \square DK $	Sh (Number) 88 □ All 99 □ DK	ots (Next vaccine)	Shots (Number) 88 □ AII 99 □ DK (Next vaccine)	(Number) 88 All 99 DK	(35)
35. Are you the person who took – – for most of – – sh (Most means at least 1/2 of the shots)	nots?	1 ☐ Yes 2 ☐ No 9 ☐ DK			114
36. In your opinion, has received all of the recomn shots for age?	nended	1 Yes 2 No 9 DK			115

	Section I – IMMUNIZ	ATION - Continued	
ITEM 115	Refer to questions 26 and 34 for additional 19-35 month old child. Mark (X) first appropriate box.	l	
ITEM	Status of US 24 for additional 19 25 month old shild	Provider 1 Complete	Permission O Not required
I16	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	2 □ Refused 3 □ Other <i>(Explain in notes)</i>	Complete Com
Notes			3 Other 19-35 month child 119
			·
	•		
,			

RT 53	
10. Response Status	,
a. Section I (Immunization)	b. Mode of interview:
Interview:	All or most –
¹ ☐ Complete	1 ☐ In person 2 ☐ By telephone
Noninterview:	
3 ☐ Refused Explain in notes	
Notes	
	•
	•
	•
	;