IMMUNIZATION CORE Section 1 — IDENTIFICATION AND VERIFICATION

<u>Check item CIDCC12</u>: Only non-deleted children 0-4 years old other than the sample child in each family for this section. Sample child and children age 5+, go to next section — Immunization.

CID.050 FR: SHOW CARD C1.

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

>ICRELTIV< (01) Parent (biological, adoptive, or step) (06) Legal guardian

(02) Grandparent(03) Aunt/Uncle(08) Other non-relative

(04) Brother/Sister (97) Refused (05) Other relative (99) DK

<u>Check item IC CCI1:</u> If CSRESPNO is the Family Respondent, go to Check item IAGECHK; Else go to CID.060.

CID.060 FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD.

(1) Yes (2) No

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

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

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

Check item CIDCCI2A: If ICVERF_S equals 2 then go to CID.062; If ICVERF_A equals 2 then go to

CID.064; If ICVERF_D equals 2 then go to CID.068; If no changes or when changes

complete go to IAGECHK.

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

>**INEWSEX**< (1) Male

(2) Female (Go to CIDCCI2A)

[Update revised INEWSEX in SEX]

CID.064 The age of {child name} is

>INEWAGE< ______ years old

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

[Update revised INEWAGE in AGE]

CID.068	Date of birth of {child name} is:			
>INEWDOB1<	MONTH:	_		
	(1) January(2) February(3) March(4) April	(5) May(6) June(7) July(8) August	(9) September (10) October (11) November (12) December	
>INEWDOB2<	DAY:			
>INEWDOB3<	YEAR:			(Go to CIDCCI2A)
	[Update revised birth date	s in DOB_M, DOB_D, and	DOB_Y_P]	
Check item IAGI	children 0-4 years	e and birth date are consiste s old age in months and stor inknown, go to CID.080.	_	
CID.080	Has {child name} had {his	s/her} 3rd birthday?		
>IC3BD<	(1) Yes (IC3BD1) (2) No (CID.060)	(7) Refused (IC3BD1) (9) DK (IC3BD1)		
Check item IC3	BD1: If IC3BD = `1', ICAGE If IC3BD = `R', ICAGE If IC3BD = `D', ICAGE	EM = `97'		
(Go to next section	onChild Immunization)			

Section II -- CHILD IMMUNIZATION

Check item CIMCCI1: Ask all immunization questions (CIM.010 - CIM.490) for the sample child and all 12-35 months old children. For the sample child, go to CIM.010. For other 12-35 months old child/children, go to CIM.011. CIM.010 These questions are about immunizations that {sample child's name} may have received. It would be helpful if we could refer to {his/her} shot record. [If additional children ages 12-35 months, read:] We will also need to see shot records for any children 12-35 months of age in the family. [Else continue to read:] Are shot records available for {sample child's name}? >SHOTRC< (1) Yes (Check item CIM.CCI2) (7) Refused (CIM.020) (2) No (CIM.020) (9) DK (CIM.020) CIM.011 Are shot records available for {child's name}? >SHOTRC2< (1) Yes (Check item CIMCCI2) (7) Refused (CIM.020) (2) No (CIM.020) (9) DK (CIM.020) CIM.020 We will need the shot record to complete this section of the interview. If I call you within the next few days, would you be able to have {Child's name}'s shot record available? >SHOTFT< (1) Yes (Check item ICSTAT) (7) Refused (CIM.290) (2) No (CIM.290) (9) DK (CIM.290) Check item CIMCCI2: If age is greater than or equal to 7 go to CIM.060; If age is less than 7 then go to CIM.030. FR: TRANSCRIBE FROM SHOT RECORD OR ASK: CIM.030 Looking at the shot record, please tell me how many times {Child's name} has received a DTP, DtaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)? >DTP< Number of shots_ (00) None (CIM.040) (97) Refused (CIM.040) (01-08) 1-8 shots (CIM.035) (99) DK (CIM.040)

CIM.035			
	First shot date		Fifth shot date
>DTPDT_M1<	(Month)	>DTPDT_M5<	(Month)
>DTPDT_D1<	(Day)	>DTPDT_D5<	(Day)
>DTPDT_Y1<	(Year)	>DTPDT_Y5<	(Year)
	Second shot date		Sixth shot date
>DTPDT_M2<	(Month)	>DTPDT_M6<	(Month)
>DTPDT_D2<	(Day)	>DTPDT_D6<	(Day)
>DTPDT_Y2<	(Year)	>DTPDT_Y6<	(Year)
	Third shot date		Seventh shot date
>DTPDT_M3<	(Month)	>DTPDT_M7<	(Month)
>DTPDT_D3<	(Day)	>DTPDT_D7<	(Day)
>DTPDT_Y3<	(Year)	>DTPDT_Y7<	(Year)
	Fourth shot date		Eighth shot date
>DTPDT_M4<	(Month)	>DTPDT_M8<	(Month)
>DTPDT_D4<	(Day)	>DTPDT_D8<	(Day)
>DTPDT_Y4<	(Year)	>DTPDT_Y8<	(Year)
FR:	TRANSCRIBE FROM SHOT RECORD	OR ASK:	
CIM.040	Looking at the shot record, please tell me vaccine by mouth (pink drops) or a polio	•	lld's name} has received a polio
>POLIO<	Number of shots		
	(00) None (CIM.050)	(97) Refused (CIN	4.050)
	(01-08) 1-8 shots or doses (CIM.045)		· ·
	(01-08) 1-8 shots of doses (Chvi.043)	(99) DK (CIVI.030	,) ,
FR:	ENTER THE DATE FOR EACH SHOT,	PRESS 'N' FOR NO M	MORE
CIM.045			
	First shot or dose date		Fifth shot or dose date
>POLDT_M1<	(Month)		(Month)
	(Day)		(Day)
	(Year)		(Year)
	econd shot or dose date		ixth shot or dose date
>POLDT_M2<	(Month)	>POLDT_M6<	(Month)
	(Day)		(Day)
>POLDT_Y2<	(Year)		(Year)
	Third shot or dose date		eventh shot or dose date
>POLDT_M3<	(Month)		(Month)
>POLDT_D3<	(Day)		(Day)
>POLDT_Y3<	(Year)	>POLDT_Y7<	(Year)
	ourth shot or dose date		ighth shot or dose date
>POLDT_M4<	(Month)	>POLDT_M8<	(M = 41-)
DOLDE DA	(Month)		(Month)
>POLDT_D4< >POLDT_Y4<	(Month) (Day) (Year)	>POLDT_D8<	(Month) (Day) (Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK: CIM.050 Looking at the shot record, please tell me how many times {Child's name} has received a HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H.Flu vaccine) >HIB< Number of shots _____ None (CIM.060) (97) Refused (CIM.060) (00)(01-08) 1-8 shots (CIM.055) (99) DK (CIM.060) FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE CIM.055 First shot date Fifth shot date >HIBDT_M1< >HIBDT_M5< _____(Month) ____ (Month) ____(Day) ____(Year) >HIBDT_D1< (Day) >HIBDT_D5< ___ (Year) >HIBDT_Y1< >HIBDT_Y5< Second shot date Sixth shot date >HIBDT_M2< >HIBDT_M6< ____ (Month) ____ (Month) >HIBDT_D6< >HIBDT D2< ____(Day) ____(Day) ____(Year) ____(Year) >HIBDT_Y2< >HIBDT_Y6< Third shot date Seventh shot date >HIBDT M3< ____(Month) >HIBDT_M7< _____(Month) >HIBDT_D3< ____(Day) ____(Year) >HIBDT_D7< ____(Day) (Year) >HIBDT_Y3< >HIBDT_Y7< Fourth shot date Eighth shot date ____(Month) >HIBDT M4< (Month) >HIBDT_M8< >HIBDT_D4< ____(Day) >HIBDT_D8< ____(Day) >HIBDT_Y4< ____ (Year) >HIBDT_Y8< _____(Year)

FR: TRANSCRIBE FROM SHOT RECORD OR ASK: CIM.060 Looking at the shot record, please tell me how many times {Child's name} has received a measles or MMR (Measles-Mumps-Rubella) shot? >MMR< Number of shots _____ (00) None (CIM.070) (97) Refused (CIM.070) (01-04) 1-4 shots (CIM.065) (99) DK (CIM.070) FR: ENTER THE DATE FOR EACH SHOT, PRESS 'N' FOR NO MORE CIM.065 First shot date Third shot date >MMRDT_M1< _____ (Month) >MMRDT_M3< _____ (Month) >MMRDT_D1< _____(Day) >MMRDT_Y1< _____(Year) >MMRDT_D3< _____(Day) >MMRDT_Y3< _____(Year) Was this shot: Was this shot: >MMRDT_T1< (1) Measles ONLY or >MMRDT_T3< (1) Measles ONLY or (2) MMR (2) MMR (7) Refused (7) Refused (9) DK (9) DK Second shot date Fourth shot date >MMRDT_M2< _____(Month) >MMRDT_M4< _____ (Month) >MMRDT_D2< (Day) >MMRDT_Y2< (Year) >MMRDT_D4< _____(Day) >MMRDT_Y4< _____(Year) Was this shot: Was this shot: >MMRDT_T2< (1) Measles ONLY or >MMRDT_T4< (1) Measles ONLY or (2) MMR (2) MMR (7) Refused (7) Refused

(9) DK

(9) DK

FR:	TRANSCRIBE FROM SHOT RECORD OR A	ASK:	
CIM.070	Looking at the shot record, please tell me how B shot?	many times {Chi	ild's name} has received a Hepatitis
>HEP<	Number of shots		
		(97) Refused (CIM (99) DK (CIM.080	
FR:	ENTER THE DATE FOR EACH SHOT, PRES	SS 'N' FOR NO M	MORE.
CIM.075			
>HEPDT<		_	7101 1 1 1
	First shot date		Fifth shot date
>HEPDT_M1<		>HEPDT_M5<	(Month)
>HEPDT_D1<		>HEPDT_D5<	(Day)
>HEPDT_Y1<		>HEPDT_Y5<	(Year)
	Second shot date		Sixth shot date
>HEPDT_M2<		>HEPDT_M6<	(Month)
>HEPDT_D2<		>HEPDT_D6<	(Day)
>HEPDT_Y2<		>HEPDT_Y6<	(Year)
	Third shot date		Seventh shot date
>HEPDT_M3<		>HEPDT_M7<	(Month)
>HEPDT_D3<		>HEPDT_D7<	(Day)
>HEPDT_Y3<	, ,	>HEPDT_Y7<	(Year)
	Fourth shot date		Eighth shot date
>HEPDT_M4<		>HEPDT_M8<	(Month)
>HEPDT_D4<	· • ·	>HEPDT_D8<	(Day)
>HEPDT_Y4<	(Year)	>HEPDT_Y8<	(Year)
FR:	TRANSCRIBE FROM SHOT RECORD OR A	ASK:	
CIM.080	Looking at the shot record, please tell me how chickenpox (or Varicella) shot?	many times {Ch	ild's name} has received a
>VAR<	Number of shots		
	(00) None (CIM.090) (97) Refus (01-04) 1-4 shots (CIM.085) (99) DK (0	sed (CIM.090) CIM.090)	

CIM.085			
CIIVI.003	First shot date		Third shot date
>VARDT_M1<	(Month)	>VARDT_M3<	(Month)
>VARDT_D1<	(Day)	>VARDT_D3<	(Day)
>VARDT_Y1<	(Year)	>VARDT_Y3<	(Year)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Second shot date	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fourth shot date
>VARDT_M2<	(Month)	>VARDT_M4<	(Month)
>VARDT_D2<		>VARDT_D4<	
>VARDT_Y2<	(Year)	>VARDT_Y4<	(Year)
	[If age is greater than or equal to 7 go to C	TM.090: Else go to C	CIM.100.1
	[and is branch time of educing to be an o	2.1200 o, 2200 go to	
FR:	TRANSCRIBE FROM SHOT RECORD O	R ASK:	
CIM.090	Looking at the shot record, please tell me h diphtheria booster (Td) shot?	ow many times {Ch	ild's name} has received a tetanus-
>TDB<	Number of shots		
		efused (CIM.100) K (CIM.100)	
FR:	ENTER THE DATE FOR EACH SHOT, PR	RESS 'N' FOR NO M	IORE.
CIM.095			
	First shot date		Third shot date
>TDBDT_M1<	(Month)	>TDBDT_M3<	(Month)
>TDBDT_D1<	(Day)	>TDBDT_D3<	(Day)
>TDBDT_Y1<	(Year)	>TDBDT_Y3<	(Year)
	Second shot date		Fourth shot date
>TDBDT_M2<	(Month)	>TDBDT_M4<	(Month)
>TDBDT_D2<	(Day)	>TDBDT_D4<	· · • ·
>TDBDT_Y2<	(Year)	>TDBDT_Y4<	(Year)
CIM.100	Are there any OTHER immunizations liste	d on the shot record	that I have NOT asked you about?
>OTHRNT<	(1) Yes (CIM.110) (7) Refused (CIM.120) (2) No (CIM.140) (9) DK (CIM.140)		

CIM.110	What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?		
	(1) Influenza vaccine	(2) Pneumococcal vaccine	(3) Hepatitis A vaccine
	[If less than 7 years old add:]		
	(4) Tetramune	(5) ActHib	
	[Else continue to read:]		
	(6) Other	(7) Refused	(9) DK
	[]>OTHEV_1< []>OTHEV_2<	[]>OTHEV_3< []>OTHEV_4<	[]>OTHEV_5< []>OTHEV_6<
Check item OTE		CIM.125, else; If CIM.110 equals 4 CIM.129, else; If CIM.110 equals 6	go to CIM.127, else;
CIM.120	What is the name of the vaccine ne	ot listed on the shot record?	
>OTHEVO<			(Go to CIM.131)
FR:	TRANSCRIBE FROM SHOT REC	CORD OR ASK:	
CIM.121	Looking at the shot record, please influenza vaccine shot?	tell me how many times {Child's n	ame} has received an
>OTH1<	Number of shots		
	(00) None (OTHREDIT) (01-06) 1-6 times (CIM.122)	(97) Refused (OTHREDIT) (99) DK (OTHREDIT)	

GD 5 400			
CIM.122	First short data		Esseth show days
SOTUID MIZ	First shot date (Month)	SOTUID MAZ	Fourth shot date
>OTH1D_M1< >OTH1D_D1<	(Month)	>OTH1D_M4< >OTH1D_D4<	(Month) (Day)
>OTHID_DI< >OTHID_Y1<	(Day) (Year)	>OTH1D_D4<	(Day)
>011110_11<	Second shot date	>U1HID_14<	Fifth shot date
>OTH1D_M2<		>OTH1D M5<	
>OTH1D_N12< >OTH1D_D2<	(Month) (Day)	>OTHID_M3< >OTHID_D5<	(Month) (Day)
>OTH1D_D2< >OTH1D_Y2<	(Year)	>OTHID_D3< >OTHID_Y5<	(Year)
>01111D_112<	Third shot date	>01111D_13<	Sixth shot date
>OTH1D_M3<	(Month)	>OTH1D_M6<	(Month)
>OTH1D_D3<	(Day)	>OTH1D_N6<	(Day)
>OTH1D_23<	(Year)	>OTH1D_Y6<	(Year)
/ O11112_10 \	(100)	7011112_101	(Go to OTHREDIT)
			(00 to 0 111102211)
FR:	TRANSCRIBE FROM SHOT RECORD OR	ASK:	
CIM.123	Looking at the shot record, please tell me how	w many times {Ch	ild's name} has received a
	Pneumococcal vaccine shot?		
OFFICE	N 1 C1 .		
>OTH2<	Number of shots		
	(00) None (OTHREDIT) (97) Ref	used (OTHDEDIT)	
		used (OTHREDIT))
	(01-00) 1-0 times (Chvi.124) (99) DK	(OTHKEDIT)	
FR:	ENTER THE DATE FOR EACH SHOT, PRI	ESS 'N' FOR NO N	MORE
110.		LOD IN PORTION	ione.
CIM.124			
	First shot date		Fourth shot date
>OTH2D_M1<	(Month)	>OTH2D_M4<	(Month)
>OTH2D_D1<	(Day)	>OTH2D D4<	(Day)
>OTH2D_Y1<	(Year)	>OTH2D_Y4<	(Year)
_	Second shot date	_	Fifth shot date
>OTH2D_M2<	(Month)	>OTH2D_M5<	(Month)
>OTH2D_D2<	(Day)	>OTH2D_D5<	(Day)
>OTH2D_Y2<	(Year)	>OTH2D_Y5<	(Year)
	Third shot date		Sixth shot date
>OTH2D_M3<	(Month)	>OTH2D_M6<	(Month)
>OTH2D_D3<	(Day)	>OTH2D_D6<	(Day)
>OTH2D_Y3<	(Year)	>OTH2D_Y6<	(Year)
			(Go to OTHREDIT)

FR:	TRANSCRIBE FROM SHOT REC	ORD OR ASK:	
CIM.125	Looking at the shot record, please te	ell me how many times {Chi	ld's name} has received a Hepatitis
>OTH3<	A vaccine shot?		
	(00) None (OTHREDIT) (01-06) 1-6 times (CIM.126)		
FR:	ENTER THE DATE FOR EACH SH	IOT, PRESS 'N' FOR NO M	IORE.
CIM.126			
	First shot date		Fourth shot date
>OTH3D_M1<	(Month)		(Month)
>OTH3D_D1<	(Day)	>OTH3D_D4<	
>OTH3D_Y1<	(Year)	>OTH3D_Y4<	(Year)
	Second shot date		Fifth shot date
>OTH3D_M2<	(Month)	>OTH3D_M5<	(Month)
>OTH3D_D2<	(Day)	>OTH3D_D5<	(Day)
>OTH3D_Y2<	(Year)	>OTH3D_Y5<	(Year)
	Third shot date		Sixth shot date
>OTH3D_M3<	(Month)	>OTH3D_M6<	(Month)
>OTH3D_D3<	(Day)	>OTH3D_D6<	`` • • • • • • • • • • • • • • • •
>OTH3D_Y3<	(Year)	>OTH3D_Y6<	
			(Go to OTHREDIT)
FR:	TRANSCRIBE FROM SHOT REC	ORD OR ASK:	
CIM.127	Looking at the shot record, please te Tetramune shot?	ell me how many times {Chi	ld's name} has received a
>OTH4<	Number of shots		
	(00) None (OTHREDIT)	(97) Refused (OTHREDIT)	
	(01-06) 1-6 times (CIM.128)	(99) DK (OTHREDIT)	
	· · · · · · · · · · · · · · · · · · ·		

CIM.128			
	First shot date		Fourth shot date
>OTH4D_M1<	(Month)	>OTH4D_M4<	(Month)
>OTH4D_D1<	(Day)	>OTH4D_D4<	(Day)
>OTH4D_Y1<	(Year)	>OTH4D_Y4<	(Year)
	Second shot date		Fifth shot date
>OTH4D_M2<	(Month)	>OTH4D_M5<	(Month)
>OTH4D_D2<	(Day)	>OTH4D_D5<	(Day)
>OTH4D_Y2<	(Year)	>OTH4D_Y5<	(Year)
	Third shot date		Sixth shot date
>OTH4D_M3<	(Month)	>OTH4D_M6<	(Month)
>OTH4D_D3<	(Day)	>OTH4D_D6<	(Day)
>OTH4D_Y3<	(Year)	>OTH4D_Y6<	(Year)
			(Go to OTHREDIT)
FR:	TRANSCRIBE FROM SHOT REC	CORD OR ASK:	
CIM.129	Looking at the shot record, please to shot?	ell me how many times {Chi	ild's name} has received a ACTHib
>OTH5<	Number of shots		
	(00) None (OTHREDIT) (01-06) 1-6 times (CIM.130)	(97) Refused (OTHREDIT) (99) DK (OTHREDIT)	

CIM.130			
	First shot date		Fourth shot date
>OTH5D_M1<	(Month)	>OTH5D_M4<	(Month)
>OTH5D_D1<	(Day)	>OTH5D_D4<	(Day)
>OTH5D_Y1<	(Year)	>OTH5D_Y4<	(Year)
	Second shot date		Fifth shot date
>OTH5D_M2<	(Month)	>OTH5D_M5<	(Month)
>OTH5D_D2<	(Day)	>OTH5D_D5<	(Day)
>OTH5D_Y2<	(Year)	>OTH5D_Y5<	(Year)
	Third shot date		Sixth shot date
>OTH5D_M3<	(Month)	>OTH5D_M6<	(Month)
>OTH5D_D3<	(Day)	>OTH5D_D6<	(Day)
>OTH5D_Y3<	(Year)	>OTH5D_Y6<	(Year)
			(Go to OTHREDIT)
FR:	TRANSCRIBE FROM SHOT RECO	ORD OR ASK:	
CIM.131	Looking at the shot record, please tell OTHEVO] shot?	ll me how many times {Chi	ld's name} has received a [Fill
>OTH6<	Number of shots		
		(97) Refused (OTHREDIT) (99) DK (OTHREDIT)	

CIM.132			
	First shot date		Fourth shot date
>OTH6D_M1<	(Month)	>OTH6D_M4<	(Month)
>OTH6D_D1<	(Day)	>OTH6D_D4<	(Day)
>OTH6D_Y1<	(Year)	>OTH6D_Y4<	(Year)
, 011102_11 (Second shot date	7 0 11102 _1 1 1	Fifth shot date
>OTH6D_M2<	(Month)	>OTH6D_M5<	(Month)
>OTH6D_D2<	(Day)	>OTH6D_D5<	(Day)
>OTH6D_Y2<	(Year)	>OTH6D_Y5<	(Year)
_	Third shot date		Sixth shot date
>OTH6D_M3<	(Month)	>OTH6D_M6<	(Month)
>OTH6D_D3<	(Day)	>OTH6D_D6<	
>OTH6D_Y3<	(Year)	>OTH6D_Y6<	(Year)
_		_	(Go to OTHREDIT)
CIM.140	Are all the immunizations that {Ch	ild's name} ever received in	acluded on this shot record?
>SHOTA1<	(1) Yes (CIM.440)	(7) Refused (*)	
	(2) No (*)	(9) DK (*)	
*NOTE: If age is	s greater than or equal to 7 go to CIM.	.210; Else go to CIM.150	
CIM.150	Has {Child's name} ever received a diphtheria-tetanus-pertussis shot, l	*	
>DTPMOR<	(1) Yes (CIM.160)	(7) Refused (CIM.170)	
>DII MOR<	(2) No (CIM.170)	(9) DK (CIM.170)	
	(2) 110 (CHVI.170)	()) DR (CIVI.170)	
CIM.160	How many additional DTP shots ha	as {Child's name} received?	•
>DTPMNO<	(01-08) 1-8 Shots	(97) Refused	
	(96) All	(99) DK	
CIM.170	Has {Child's name} ever received	additional polio vaccine by	mouth (pink drops) or a polio shot?
>POLMOR<	(1) Yes (CIM.180) (2) No (CIM.190)	(7) Refused (CIM.190) (9) DK (CIM.190)	

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

>POLMNO< (01-08) 1-8 Shots (97) Refused

(96) All (99) DK

CIM.190 Has {Child's name} ever received an additional Hib shot? This shot is for meningitis and

called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu

vaccine.

>HIBMOR< (1) Yes (CIM.200) (7) Refused (CIM.210)

(2) No (CIM.210) (9) DK (CIM.210)

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

>**HIBMNO**< (01-08) 1-8 Shots (97) Refused

(96) All (99) DK

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

>MMRMOR< (1) Yes (CIM.220) (7) Refused (CIM.230)

(2) No (CIM.230) (9) DK (CIM.230)

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

>**MMRMNO**< (01-04)1-4 Shots (97) Refused

(96) All (99) DK

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

>HEPMOR< (1) Yes (CIM.240) (7) Refused (CIM.250)

(2) No (CIM.250) (9) DK (CIM.250)

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

>**HEPMNO**< (01-08)1-8 Shots (97) Refused

(96) All (99) DK

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

>**VARMOR**< (1) Yes (CIM.260) (7) Refused (*)

(2) No (*) (9) DK (*)

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

CIM.260 How many additional shots for chicken pox has {Child's name} received? >VARMNO< (01-04) 1-4 Shots (97) Refused (96) All (99) DK [If age is less than 7 go to CIM.440; Else go to CIM.270] Has {Child's name} ever received an additional tetanus-diphtheria booster shot? CIM.270 >TDBMOR< (1) Yes (CIM.280) (7) Refused (CIM.440) (2) No (CIM.440) (9) DK (CIM.440) CIM.280 How many additional tetanus-diphtheria booster shots has {Child's name} received? >TDBMNO< (01-04) 1-4 Shots (97) Refused (99) DK (Go to CIM.440) (96) All CIM.290 Has {Child's name} ever received an immunization (that is a shot or drops)? >SHOTAY< (1) Yes (*) (7) Refused (Check item CIMCCI5) (2) No (Check item CIMCCI5) (9) DK (Check item CIMCCI5) *NOTE: If age is greater than or equal to 7 go to CIM.360; Else go to CIM.300 CIM.300 Has {Child's name} ever received a DTP/DTaP/DT shot (sometimes called a DPT shot, diphtheriatetanus-pertussis shot, baby shot, or three-in-one-shot)? >DTPEV< (1) Yes (CIM.310) (7) Refused (CIM.320) (2) No (CIM.320) (9) DK (CIM.320) How many DTP shots has {Child's name} ever receive? CIM.310

(97) Refused (99) DK

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

>POLEV< (1) Yes (CIM.330) (7) Refused (CIM.340)

(2) No (CIM.340) (9) DK (CIM.340)

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

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

(01-08) 1-8 Shots

All

(96)

>DTPENO<

CIM.320

All (99) DK

1999 NHIS Printed June 27, 2001 Version 99.1 Basic Module Immunization Core Page 16 CIM.340 Has {Child's name} ever received a Hib shot? (This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine)

>HIBEV< (1) Yes (CIM.350) (7) Refused (CIM.360)

(2) No (CIM.360) (9) DK (CIM.360)

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

>HIBENO< (01-08) 1-8 Shots (97) Refused

(96)All (99) DK

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

>MMREV< (1) Yes (CIM.370) (7) Refused (CIM.380)

(2) No (CIM.380) (9) DK (CIM.380)

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

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

(96)All

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

>HEPEV< (1) Yes (CIM.390) (7) Refused (CIM.400)

(2) No (CIM.400) (9) DK (CIM.400)

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

>HEPENO< (01-08) 1-8 Shots (97) Refused

(96) All (99) DK

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

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

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

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

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

All (99) DK

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

1999 NHIS Printed June 27, 2001 Page 17 Version 99.1 Basic Module Immunization Core

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

>**TDBEV**< (1) Yes (CIM.430) (7) Refused (CIM.440)

(2) No (CIM.440) (9) DK (CIM.440)

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

>**TDBENO**< (01-04) 1-4 Shots (97) Refused

(96) All (99) DK

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

of the shots).

>SHOTPR< (1) Yes (7) Refused

(2) No (9) DK

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

>SHOTA2< (1) Yes (7) Refused

(2) No (9) DK

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

Check item CIMCCI6: If any of the items CIM.030, CIM.040, CIM.050, CIM.060, CIM.070, CIM.080,

CIM.090,CIM.121, CIM.123, CIM.125, CIM.127, CIM.129, CIM.131 is greater than or equal to 1, or CIM.290 equals 1, then go to CIM.460; Else go to Check item CIMCCI7.

CIM.460 To get a complete picture of the vaccinations received by the child, we would like to contact

doctors or health clinics to obtain a copy of vaccination records. This study is voluntary and is authorized by the U. S. Public Health Service Act. It's all right to skip any questions that you don't want to answer. The information you give will be kept in strict confidence and

will be summarized for research purposes only.

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

QUESTIONS FOR CHILD.

>**PROVID**< (1) Complete (CIM.480)

- (2) Not complete recontact by personal visit or telephone (CIM.480)
- (3) Not complete no callback possible specify (CIM.470)
- (7) Refused (CIM.480)
- (9) DK (CIM.480)

CIM.470	
FR:	SPECIFY THE REASON THE PROVIDER FORM IS NOT COMPLETE:
>PROVNT<	<u> </u>
CIM.480	
FR:	ASK PERMISSION TO CONTACT PROVIDER. RECORD STATUS OF PERMISSION ITEM:
>PERMIS<	 (0) Respondent not parent / legal guardian — not signed (CIMCCI7) (1) Signed (CIMCCI7) (2) Not signed — recontact by personal visit or telephone (CIMCCI7) (3) Not signed — no callback possible — specify (CIM.490) (7) Refused (CIMCCI7) (9) DK (CIMCCI7)
CIM.490	
FR:	SPECIFY THE REASON THE PERMISSION ITEM IS NOT SIGNED
>PERMNT<	
Check item CIM	CCI7: If additional children are 12-35 months, go to CIM.010; Else go to RCI_GOTO3.
Check item RCI	GOTO3: If the Recontact section is not completed, go to Recontact section; Else, go to FAM_LOOP.
Check item FAM	1 LOOP: If sample adult is not interviewed, go to the beginning of the Adult section; Else if call back is needed for any of the Adult, Family, or Child section, go to FIN (Back section) Else go to Back section to assign OUTCOME code.
Check item ICS	ΓΑΤ: Arrange a callback.

(Go to next questionnaire)