NIS-Child Hard Copy Questionnaire

Q2/2017

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section B – Flu Vaccination

Section C – Demographics

Section D – Provider

Section E – Health Insurance Module

Confidential Information

Key to Preload Variables

Variable Name	Response Definition
RDD_NCCELL_CCELL	1 = Landline phone number 2 = Non-consented cell (consent to dial cellular number not received prior to dialing) 3 = Consented cell (consent to dial cellular number received prior to dialing)
INCENT_GRP	1 - Address known, offer $10 2 - Address unknown, offer $11
sample_use_code	1 = NIS AND TEEN 2 = NIS-NSCH 3 = NSCH-only 4 = NIS-TEEN-NSCH 5 = NIS STALLED CASES 6 = NIS-TEEN STALLED CASES
ASK_TEEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview

SECTION S

Screener

INTRO_1   **IF P_REGIST=1 THEN DISPLAY]** Hello, my name is _____. I'm calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting [IF NOT GUAM, FILL: 'a nationwide' ELSE IF GUAM FILL: 'an'] immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [FILL:STATE] Immunization Program to be included in the survey. This call will be recorded or monitored.

ELSE IF P_REGIST=0 and RDD_NCCELL_CCELL=1, DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

ELSE IF P_REGIST=0 AND RDD_NCCELL_CCELL =2, DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

ELSE IF P_REGIST=0 AND RDD_NCCELL_CCELL =3, DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. This call will be recorded or monitored.

ELSE IF P_REGIST=4 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from all 19-35 month old children in the Washington State Immunization Information System (WAIIS) for this survey. This call will be recorded or monitored.

ELSE IF P_REGIST = 2 or 3 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=2 DISPLAY: 'Nevada'; IF P_REGIST=3 DISPLAY: 'Oregon'] Immunization Program to be included in the survey. This call will be recorded or monitored.

ELSE IF P_REGIST = 1 or 5 DISPLAY

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=1 DISPLAY: 'Minnesota'; IF P_REGIST=5 DISPLAY: 'Wisconsin'] Public Health Department to be included in the survey. This call will be recorded or monitored.

ELSE IF P_LAV = 1, 2, 3 or 4 DISPLAY

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_LAV=1 DISPLAY: 'Michigan'; IF P_LAV=2 DISPLAY: 'Minnesota'; IF P_LAV=3 DISPLAY: 'New York City'; IF P_LAV=4 DISPLAY: 'North Dakota'] Public Health Department to be included in the survey. This call will be recorded or monitored.

CONTINUE WITHOUT RECORDING	0	GO TO S3_LAW
CONTINUE WITH INTERVIEW and RECORDING	1	IF RDD_NCCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCCELL_CCELL=2, 3, GO TO S_WARM
CONFIRM BUSINESS	2	GO TO SALZ
OUT OF SCOPE, NOT A PERMANENT RESIDENCE	3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW	4	GO TO T1
SEE SKIP INSTRUCTIONS	5	IF RDD_NCCELL_CCELL =1, DISPLAY (05) CELL PHONE, GO TO CELL_1, ELSE IF RDD_NCCELL_CCELL=2,3 DISPLAY (5) LANDLINE, GO TO LANDLINEEXIT
ANSWERING MACHINE	6	GO TO SASERV IF MESSAGE TO BE LEFT, ELSE HANG UP
R WILL CALL 800 LINE/VERIFY WEBSITE	7	GO TO VERINFO
R ASKS FOR LETTER	8	GO TO M1_NAME
SUPERVISOR REVIEW	9	GO TO CNOTES_1_1
CONTINUE CASE WITH LANGUAGE LINE	16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL	17	IF RDD_NCCELL_CCELL =2,3 DISPLAY (17) DROPPED CALL, GO TO CNOTES_1_1
INBOUND TEXT MESSAGE	18	GO TO T1

S3_LAW/S3_LAW_INCENT

        NO, THE RESPONDENT DOES NOT AGREE TO

        RECORDING/LISTENING.. 2

        IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1

        ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 GO TO S_WARM

S_WARM   Since I'm calling your cell phone, I need to ask: Are you currently doing anything that would make it unsafe for you to talk, such as driving?

[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. THE ORIGINAL NUMBER IS [OLD_NUMBER].

HELP TEXT: DO NOT DEFINE "SAFE" OR "UNSAFE" FOR THE RESPONDENT, EXCEPT WHEN R IS DRIVING.

HELP TEXT: IF R SAYS HE/SHE IS DRIVING, YOU MUST END THE CALL REGARDLESS OF THE RESPONDENT'S FEELINGS

SAFE TO CONTINUE... 33   GO TO S1

NOT SAFE TO CONTINUE 44   GO TO S_ATTN

NOT A CELL PHONE.. 55   GO TO LL_EXIT

S_ATTN   For your safety, we will call you back at another time.

CALL BACK AT ANOTHER TIME 1   GO TO CB1

CALL BACK AT ANOTHER NUMBER

REQUESTED.. 2   GO TO CB1N_WARNING

WRONG TIME ZONE FOR CELL PHONE................. 3   GO TO CELL_TZ_1

GO BACK TO S_WARM.. 4   GO TO S_WARM

CELL_TZ_1   In what time zone would you like to be called back?

ATLANTIC TIME 1   SET TZ TO 58 AND GO TO
                                                                         CB1

EASTERN STANDARD TIME...................................... 2   SET TZ TO 62 AND GO TO
                                                                         CB1

CENTRAL STANDARD TIME 3   SET TZ TO 65 AND GO TO
                                                                         CB1

STANDARD MOUNTAIN TIME................................. 4   SET TZ TO 69 AND GO TO
                                                                         CB1

US STANDARD MOUNTAIN TIME (AZ)................. 5   SET TZ TO 68 AND GO TO
                                                                         CB1

PACIFIC STANDARD TIME 6   SET TZ TO 70 AND GO TO
                                                                         CB1

ALASKAN STANDARD TIME 7   SET TZ TO 71 AND GO TO
                                                                         CB1

HAWAIIAN STANDARD TIME.................................. 8   SET TZ TO 72 AND GO TO
                                                                         CB1

GUAM/CHAMORRO STANDARD TIME 9   SET TZ TO 66 AND GO TO
                                                                         CB1

RETURN TO INTRO_1.. 10   GO TO INTRO_1 ELSE GO
                                                                         TO N_INTRO1

RESPONDENT DOESN'T KNOW/KEEP CURRENT

TIME ZONE... 12   GO TO CB1

REFUSED TO CONTINUE/HUNG UP 99   TERMINATE

CELL_1   I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone
               number or has this number been forwarded to your cell phone?

INTERVIEWER INSTRUCTION: DO NOT USE THE HAND ON THIS SCREEN, IF
YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

CELL PHONE... 1   GO TO CELL_EXIT

NUMBER FORWARDED TO CELL PHONE 2   GO TO CB1

RESPONDENT HUNG UP BEFORE

CONFIRMATION 3   TERMINATE

GO BACK TO INTRO_1... 4   GO TO INTRO_1

CELL_EXIT   We are not interviewing cell telephone numbers at the moment, sorry for the interruption.
                   Thank you very much

                   NO CALL NOTES

LANDLINE_EXIT

We are not interviewing landline households at this time, sorry for the interruption. Thank you very much.

THANK_YOU_OOS

We are only interviewing families living in their usual place of residence, those are all the questions I have. Thank you.

GO BACK TO INTRO_1... 1   GO TO INTRO_1

TERMINATE INTERVIEW.. 2

MSG_Y   Hello. I am calling on behalf of the [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY: "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We are conducting a nationwide survey about childhood immunization. Would you please call us at 1-877-220-4805 to let us know whether or not there are any children between 12 months and 4 years old living or staying in this household? The number again is 1-877-220-4805. Thank you.

INTERVIEWER INSTRUCTION: IF THE AM SAYS THAT YOU CAN PRESS '0' TO SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO THAT YOU CAN LEAVE A MESSAGE.

LEAVE MESSAGE AND TERMINATE....................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................. 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_INCENT   Hello. I'm calling on behalf of the [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [child who lives/children who live] there. I'm calling back to continue the interview. If you would like to participate immediately, please call our number, 1-877-220-4805. In appreciation for your time, we will send you [FILL: $10/$11] after we speak with you. Again, our number is 1-877-220-4805. Thank you.

LEAVE MESSAGE AND TERMINATE....................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................. 2   GO TO SASERV

ANSWERING MACHINE SAID "TAKE ME

OFFYOUR LIST".. 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_Y_APPT Hello. I am calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention regarding a nationwide survey about childhood immunization. When we spoke previously about this important study, you or someone in your household asked us to call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1-877-220-4805. [IF P_INCENT=1-6 fill: "In appreciation for your time, we will send you [fill: $10/$11] after we speak with you."] Also, if you have any questions, that number again is 1-877-220-4805. Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................ 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_PENDING_SCREENED

Hello. I am calling on behalf of the [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We recently spoke with someone in this household regarding an important nationwide survey on childhood immunizations. Your participation is very important to us, we would like to finish the interview at your earliest convenience. Please call us at 1-877-220-4805 to either complete the interview or to make an appointment to do so. The number again is 1-877-220-4805.

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

CONTINUE INTERVIEW 2   IF INTERVIEW HAS NOT BEEN STARTED YET, GO TO S1
IF INTERVIEW WAS BROKEN OFF, RETURN TO POINT OF BREAKOFF

MSG_CLOSE_DOWN

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a national survey about the health of children and teenagers. I'm sorry that we've missed you. When we spoke previously about this important survey you requested that we call you back at this time. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our number is 1-877-220-4805. [IF P_INCENT>0, FILL: In appreciation for your time, we will send you <$10/$11>.] Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................ 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_PENDING_SCREENED_CLOSE_DOWN

Hello. I am calling on behalf of <GUAMTEXT>. We recently spoke with someone in this household regarding an important <GUAMTXT4> survey on childhood immunizations. Your participation is very important to us, we would like to finish the interview at your earliest convenience. Please call us at <Z800NUMB> to either complete the interview or to make an appointment to do so. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. The number again is <Z800NUMB>.

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................ 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST".................................... 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_INCENT_CLOSE_DOWN

Hello. I'm calling on behalf of <GUAMTEXT><Z_FAMI03>. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the children who live there. I'm calling back to continue the interview. If you would like to participate immediately, please call our number, <Z800NUMB>. In appreciation for your time, we will send you <P_INCGRP> after we speak with you. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Again, our number is <Z800NUMB>. Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE............................ 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST".................................... 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

SASERV   WAS THIS A BUSINESS, [IF RDD_NCCELL_CCELL = 1 DISPLAY "CELL PHONE"] [IF RDD_NCCELL_CCELL = 2 OR 3 DISPLAY "LANDLINE / HOUSEHOLD"], OR COULD NOT BE DETERMINED?

INTERVIEWER INSTRUCTIONS: IF THE AM SAYS THAT YOU CAN PRESS '0' TO SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO THAT YOU CAN LEAVE A MESSAGE.BUSINESS1TERMINATE

BUSINESS	1	TERMINATE
SEE SKIP LOGIC	3	IF RDD_NCCELL_CCELL =1, 2, OR 3 DISPLAY (3) HOUSEHOLD – SET TO CALL BACK
COULD NOT DETERMINE	4	TERMINATE, SET AS CALL BACK
ANSWERING MACHINE SAID		
"TAKE ME OFF YOUR LIST"	5	TERMINATE
SEE SKIP LOGIC	9	IF RDD_NCCELL_CCELL =1 DISPLAY (9) CELL PHONE

S1   Am I speaking to someone [IF RDD_NCCELL_CCELL = 1 "who lives in this household"] who is 18 years old or older?

IF RDD_NCCELL_CCELL = 1 then display: IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE 18 YEARS OLD OR OLDER WHO LIVES IN THE HOUSEHOLD.

I AM THAT PERSON	1	IF RDD_NCCELL_CCELL =2 OR 3 AND TAKE_ALL_CELL_FLAG=0, GO TO LANDLINE, ELSE GO TO S_NUMB
THIS IS A BUSINESS	2	GO TO SALZ
NEW PERSON COMES TO PHONE	3	GO TO INTRO_1
SEE SKIP LOGIC	8	IF RDD_NCCELL_CCELL = 1 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE
		ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE
SEE SKIP LOGIC	9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) NO PERSON AT HOME WHO IS 18 YEARS OLD OR OLDER => GO TO S2_B
		ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B
REFUSED	99	GO TO R1

SALZ Is this telephone number for business use only?

YES	1	GO TO SALZ_BUS
NO	2	GO TO INTRO_1
DORM/PRISON/HOTEL	3	GO TO SALZ_BUS
PAGING SERVICE	4	GO TO SALZ_BUS

SALZ_BUS   [IF RDD_NCCELL_CCELL = 1 READ] We are interviewing only private residences. Thank you very much.

[ELSE IF RDD_NCCELL_CCELL = 2 OR 3 READ] We are interviewing only persons on their personal cell phones. Thank you very much.

[TERMINATE INTERVIEW]P1IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, SAY "On behalf of the Centers for Disease Control and Prevention.' IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE CALLING FROM, ENTER THE NIS NUMBER (1-877-220-4805)

CONTINUE INTERVIEW 1	GO TO INTRO_1
ANSWERING MACHINE.. 2	IF MESSAGE IS TO BE LEFT, THEN GO TO SASERV ELSE HANG UP
RING NO ANSWER.. 3	GO TO SASERV
REFUSED/NUMBER IS NOT ACCEPTED 4	GO TO SASERV
TAKE ME OFF YOUR LIST.. 5	TERMINATE

VERIFY_INFO   REFER TO FAQ/JOB AID TO ANSWER

RESPONDENT QUESTIONS....................................... 1	TERMINATE INTERVIEW (Hang up), GO TO COMMENTS BOX,
CONTINUE INTERVIEW 2	IF INTRO_1=07, GO TO INTRO_1/IF TI=6, WHERE INTRO_1=04, THEN RETURN TO INTRO_1

M1_NAME   In order to send you a letter, I will need to collect your name and mailing address. The letter will contain a number that you may call to complete the interview at your convenience.

(READ IF NECESSARY: If you feel uncomfortable giving me your name, I can send the letter to "Parent/Guardian.")

Name:_____

M1_STREET1   Street1:_____

M1_SHEET2   Street2:_____

M1_CITY   City:_____

M1_STATE   State:_____

M1_ZIP   Zip:_____

M1_REFUSED   SEND LETTER AND TERMINATE

(NOT A REFUSAL).. 1   CALL NOTES BOX APPEARS; TERMINATE; SET INT=YA-YC (Respondent requests letter)

SEND LETTER AND TERMINATE (REFUSAL)....... 2   GO TO X_R1 (letter requests pulled through outside process)

REEFUSED TO GIVE INFORMATION 3   GO TO X_R1

S2_B   Does anyone [IF RDD_NCCELL_CCELL = 1 live in your household / IF RDD_NCCELL_CCELL = 2, 3 use this cell phone] who is 18 years old or older?

IF RDD_NCCELL_CCELL=1, DISPLAY:

IF THE RESPONDENT SAYS NO, READ "Just to clarify, no one is 18 years of age or older lives in this household?"

IF RDD_NCCELL_CCELL = 2, 3, DISPLAY:

IF THE RESPONDENT SAYS NO, READ: Just to clarify, no one 18 years of age or older uses this cell phone?

YES, THEY ARE COMING TO THE PHONE 1   GO TO INTRO_1

YES, BUT NO ONE IS HOME, SO SET A

CALLBACK 2   GO TO S2_B_1_WARNING_TEXT

NO, NO ADULTS [IF RDD_NCCELL_CCELL = 1

LIVE IN THE HOUSEHOLD AT ANY TIME / IF

RDD_NCCELL_CCELL = 2, 3 USE THIS CELL

PHONE] 3   GO TO MINOR_EXIT

IF RDD_NCCELL_CCELL = 1, DISPLAY: TEEN

LINE (COLLECT ANOTHER PHONE NUMBER)..... 4   GO TO CB1 TO CHANGE NUMBER

REFUSED 99   GO TO R1

S2B_B_1_WARNING_TEXT

Thank you, we'll try back another time.

[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

GO TO CB1

MINOR_EXIT   Those are all the questions I have. I'd like to thank you on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

[TERMINATE INTERVIEW]

S_NUMB   How many children between the ages of 12 months and 4 years old are living or staying in your household?

IF THE RESPONDENT ASKS FOR A DEFINITION OF LIVING OR STAYING SAY "Would you consider the child to be living or staying in your household?"

IF ONE OR MORE,

ENTER # OF CHILDREN .... ___   (ENTER 01 to 09) GO TO CP_S3_LTR

IF NO CHILDREN ENTER 0 00   SEE ADDITIONAL INSTRUCTIONS BELOW

DON'T KNOW 77   GO TO S_NUMB_WARNING

REFUSED 99   GO TO SNUMBREF

IF P_S3EXP=1 AND P_S3LTR=1 THEN GO TO CP_S3_LTR. ELSE IF P_S3EXP=0 OR IF P_S3EXP=1 AND P_S3LTR=0 THEN: IF SAMPLE_USE_CODE=1 AND ASK_TEEN=0 AND ASK_FLU=1 AND P_NISK=0, THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 AND P_NISK=0, THEN GO TO S_UNDR18, ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF P_NISK=1, THEN GO TO K_INTRO. ELSE IF ASK_TEEN=0 AND ASK_FLU=0, THEN GO TO S3_TERM.

SNUMBREF   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 survey.

CONTINUE 1   GO TO S_NUMB

R STILL REFUSES 2   SKIP TO SNUMTERM

S_NUMB_TERM

     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 (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

[TERMINATE THE INTERVIEW; GO TO UE/R1]

S_NUMB_WARNING

ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN

CONTINUE 1   GO TO SNUMWAR1

APPOINTMENT 2   GO TO CB1

SNUMWAR1   Hi, I'm calling for the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important [IF NOT GUAM, FILL: 'national'] survey of immunization. I'd like you to know that this survey is voluntary and is authorized by U.S. Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. You may choose not to answer any question you don't want to answer or stop at any time with no impact on the benefits you may receive. This call will be recorded or monitored.

CONTINUE WITH RECORDING 1   GO TO S_NUMB

CONTINUE WITHOUT RECORDING 2   GO TO SNUMWREC

SNUMREC   (ADD RECORDING MASK HERE TO TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE
WITHOUT RECORDING 2   GO TO S_NUMB

CP_S3_LTR   IF P_S3LTR=1 THEN GO TO REVS3LTR, ELSE GO TO S3_INTRO;

REVS3LTR   A letter from the Department of Health and Human Services describing the National Immunization Survey may have been sent to your home recently. Did your household receive this letter?

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

IF REVS3LTR=01 AND P_ADVLTR=1 GO TO S3_LTR4;

ELSE

IF P_S3EXP=0 THEN GO TO S3_INTRO;
ELSE IF P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO

ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18;
ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1
THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.

S3_LTR4   Do you recall anything that was written in that letter?

IF RESPONDENT SAYS YES AND ADDS AN ADDITIONAL COMMENT, SELECT 02 TO COLLECT THE VERBATIM COMMENT. DO NOT PROMPT FOR A COMMENT

YES (NO VERBATIM COMMENT).............................. 1

YES 2   GO TO S3LTR4V

NO 3

DON'T KNOW 77

REFUSED 99

S3LTR4V   COLLECT RESPONSE _____

IF P_S3EXP=0 THEN GO TO S3_INTRO;
Else if P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO
ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18

S3_INTRO/
S3_INTRO_
INCENT   Before we continue, I'd like you to know that taking part in this survey 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 the 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 analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE 1   IF RDD_NCCELL_CCELL = 2
                                                    GO TO S3_X AND SET
                                                    RDD_NCCELL_CCELL = 3

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S3_LAW

S3_LAW/S3_LAW_INCENT

The Public Health Service Act is Volume 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 Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this 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 Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE .... GO TO S3_X

S3_X   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the (FIRST) child in your household who is between 12 months and 4 years old.

AGREE 1   GO TO S3_3M_X

DON'T KNOW 77   GO TO YEARDK_X

REFUSED 99   GO TO YEARREF_X

S3_3M/D/Y_X   Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 4 years old.

REPEAT IF NECESSARY
ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR REFUSED

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE .... GO TO S3_CONF_X, IF S_NUMB=2 AND 1 DOB IS INELIGIBLE AND EITHER S3_X OR S3_3_X=77 THEN GO TO YEARKDK_X

DON'T KNOW .... GO TO YEARDK_X

REFUSED .... GO TO YEARREF_X

S3_CONF_X   That would make the [original # of kids derived from S_NUMB] child [age of child in months and years] old; is that correct?

YES 1   IF CHILD IS ELIGIBLE GO TO S3_4_X, IF NOT GO TO NEXT CHILD

NO 2   GO TO S3_CONF_WARNING

AGEMONTH1   IF P_REGIST IN (1,2,3,4,5) THEN compute the age in months starting 01/01/13; IF P_LAV IN (1,2,3,4) THEN compute the age in months starting 01/01/13; ELSE IF P_REGIST=0 AND P_LAV= 0 THEN; Compute the age in months at the beginning of the quarter (4/1/2017)

AGEMONTH2   IF P_REGIST IN (1,2,3,4,5) THEN compute the age in months starting 06/30/13; IF P_LAV IN (1,2,3,4) THEN compute the age in months starting 06/30/13; ELSE IF P_REGIST=0 AND P_LAV= 0 THEN; Compute the age in months at the end of the quarter (6/30/2017)

S3_CONF_WARNING

Please correct the date of birth for this child.

GO TO S3.3, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TOTHIS SCREEN.

YEARREF_X   I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birthdate is to know which immunization questions to ask (IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

R STILL REFUSES 1   GO TO YEARQUIT

RETURN TO QUESTIONNAIRE.................................. 2   GO TO S3_X

YEARQUIT_X   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 (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

GO TO R1

YEARDK_X   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?

YES 1   GO TO PERSON

NO 2   GO TO WHEN_CALL

PERSON_X   May I speak with this person now?

YES 1   GO TO BITHD_BOX

NO 2   GO TO WHEN_CALL

WHEN_CALL   When would be a good time to reach a person who knows the child's birthdate?

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 CB1

CONTINUE.. 2   GO TO BITHD_BOX

BITHD_BOX   Hi. I'm calling for the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national survey of immunization. I'd like you to know that this survey is voluntary and is authorized by the U.S. Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. You may choose not to answer any question you don't want to answer or stop at any time with no impact on the benefits you may receive. This call will be recorded or monitored.

CONTINUE WITH RECORDING................................. 1   GO TO S3_X

CONTINUE WITHOUT RECORDING........................ 2   GO TO BITHREC

BITHREC   (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE

WITHOUT RECORDING 2   GO TO S_3

S3_4_X   Is the child born [insert month and year of birth] male or female?

MALE... 1   GO TO S3_5_X

FEMALE 2   GO TO S3_5_X

DON'T KNOW 77   GO TO S3_5_X

REFUSED 99   GO TO S3_5_X

S3_5_X   So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials

ENTER "REFUSED AND "DON'T KNOW" AS NECESSARY

_____   GO TO S3_C

DON'T KNOW 77   GO TO S3_C

REFUSED 99   GO TO S3_C

S3_C   I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 4 years old living or staying in this household that we haven't talked about yet?

YES. 1   GO TO S3_C_WARNING

NO 2   IF SAMPLE_USE_CODE = 2 OR 4 AND ASK_TEEN =0 GO TO S_UNDR18 ELSE IF SAMPLE_USE_CODE = 4 AND ASK_TEEN =1 GO TO TIS_UNDR18 ELSE GO TO S3_D_1_1

S3_C_WARNING
              PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD

              HIT ENTER TO CORRECT S_NUMB.......................... 1   BACK UP TO S_NUMB

S3_TERM   Those are all the questions I have. This survey is collecting information on the health of children 19 to 35 months old only. I'd like to thank you on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

              ELSE IF P_REGIST =1, 3, 4 or P_LAV = 1, 2, 3, 4 THEN DISPLAY:

              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 [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and 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 Survey, please call the study's number, 1-877-220-4805. If you have questions about your rights as a survey participant, you may call [IF P_REGIST=4 DISPLAY: '1-360-902-8075, and leave a message asking to speak to the Washington State Institutional Review Board's Administrator']1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

              [TERMINATE INTERVIEW – IF CELLUSE=1, 2, 77, OR 99, THEN TERMINATE, ELSE SKIP TO R1**]**

S3_D_1_X   Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3_5].

              GO TO S4

S4   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 [FIRST NAMES/INITIALS OF ELIGIBLE CHILD(REN) FROM S3.5] (has/have) received.

Are you this person?

YES 1	GO TO S6_INTRO
NO 2	GO TO S5

S5   May I speak with this person now?

YES 1	GO TO S5_BOX
NO, NOT AT HOME 2	GO TO MR1

S5_BOX   Hi. I'm calling for the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national survey of immunization. I'd like you to know that this survey 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 the 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 analyses. I'd like to continue now unless you have any questions.

CONTINUE WITH RECORDING 1	GO TO S6_INTRO
CONTINUE WITHOUT RECORDING 2	GO TO S5_EVAL_R
RESPONDENT ASKS FOR DESCRIPTION OF LAW 3	GO TO S5_LAW

S5_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 Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this 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. . Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE WITH RECORDING 1	GO TO S6_INTRO
CONTINUE WITHOUT RECORDING 2	GO TO S5_EVAL_R

S5_EVAL_R

        NO, THE RESPONDENT DOES NOT AGREE TO
RECORDING/LISTENING 2   GO TO S6_INTRO

S6_INTRO   The remainder of the survey will take about 10 minutes.

       ALL GO TO S6_X

S6_X   Do you have any shot records for [NAME OF FIRST CHILD]?

        YES. 1   GO TO B1_X

        NO 2   GO TO B1_X

        DONT KNOW 77   GO TO B1_X

        REFUSED 99   GO TO B1_X

SECTION MR

Most Knowledgeable Respondent Callback Questions

MR1   Before we hang up, please tell me the first name of the person who knows the most about (this child's/these children's) immunizations.

     FIRST NAME: _____   GO TO MR3

MR3   Should I call the same telephone number where I reached you?

     YES 1   GO TO MR_APP

     NO 2   GO TO MR4

MR_APP   When would be a good time to call back and speak with (NAME FROM MR1)?

     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 CALLBACK INTRODUCTION

     APPOINTMENT 1   GO TO CB1

     CONTINUE 2   GO TO S5_BOX

SECTION B

Flu Vaccination

B1_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received an immunization that is a shot or drops?

YES 1   GO TO B8_X

NO..2   GO TO B8_X

DON'T KNOW...77   GO TO B8_X

REFUSED...99   GO TO B8_X

B8_X   [IF B1_X = 2, 77, OR 99 DISPLAY: Some children who don't receive other immunizations still get vaccinated for the flu.] The next questions are about [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5]'s influenza vaccinations.

Since July 1, 2016 has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

YES 1   GO TO B8DMA_X

NO..2

DON'T KNOW...77

REFUSED...99

IF B8= 02, 77, 99, THEN DO:
IF QUOTA: NIS_SPRING_FLU=1 , GO TO B_NOFLU1
IF QUOTA: NIS_SPRING_FLU=0, GO TO BNEXTFLU

B8DMA_X   How many flu vaccinations has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2016?

ONE VACCINATION OR DOSE..................................1   GO TO B8DM_X

TWO VACCINATIONS OR DOSES 2   GO TO B8DM_X

DON'T KNOW...77   GO TO BLOCATION

REFUSED...99   GO TO BLOCATION

B8DM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive [FILL VAR: his/her] first dose of the flu vaccine since July 1, 2016 ?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2016 AND NOT AFTER INTERVIEW DATE

GO TO B8D_TYPE

IF MM=77 or 99 AND YYYY < (CURRENT YEAR - 1) , DISPLAY HARD CHECK "NOT WITHIN LAST YEAR...."

IF MM=77 or 99 AND YYYY > CURRENT YEAR DISPLAY HARD CHECK "DATE GIVEN CANNOT BE....AFTER DATE OF INTERVIEW"

B8D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT...1   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATION

FLU NASAL SPRAY OR "FLUMIST".........................2   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATION

DON'T KNOW..77   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATION

REFUSED..99   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATION

B9DM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive [his/her] second dose of the flu vaccine since July 1, 2016?

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
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2016 AND NOT AFTER INTERVIEW DATE

GO TO B9D_TYPE

IF MM=77 or 99 AND YYYY < (CURRENT YEAR -1) DISPLAY HARD CHECK "NOT WITHIN LAST YEAR..."

IF MM=77 or 99 AND YYYY > (CURRENT YEAR) DISPLAY HARD CHECK "DATE GIVEN CANNOT BE....AFTER DATE OF INTERVIEW"

B9D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT...1   GO TO BLOCATION

FLU NASAL SPRAY OR "FLUMIST"........................2   GO TO BLOCATION

DON'T KNOW...77   GO TO BLOCATION

REFUSED..99   GO TO BLOCATION

BLOCATION   At what kind of place did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] get [FILL VAR: his/her] most recent flu vaccination?

[READ ONLY IF NECESSARY]

DOCTOR'S OFFICE

[IF PUERTO RICO DISPLAY: INTERVIEW ER NOTE:

DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER

AND REFORMA PROVIDER] 01

HEALTH DEPARTMENT..02

CLINIC OR HEALTH CENTER 03

HOSPITAL 04

OTHER MEDICALLY-RELATED PLACE...............05

PHARMACY OR DRUG STORE..............................06

WORKPLACE..07

ELEMENTARY/MIDDLE/HIGH SCHOOL...............08

OTHER NONMEDICALLY-RELATED PLACE

[IF PUERTO RICO DISPLAY: INTERVIEWER NOTE:

INCLUDES MASS VACCINATION CLINICS HELD

AT SPORTS ARENAS] 09

MALL OUTREACH [display only if GUAM].............10

VILLAGE OUTREACH [dislay only if GUAM].........11

DON'T KNOW...77

REFUSED...99

IF B8DMA=01 AND (B8DY = 7777, 9999), THEN GO TO BNEXTFLU

ELSE IF B8DMA=02 AND (B8DY = 7777, 9999 AND B9DY = 7777, 9999), THEN GO TO BNEXTFLU

ELSE IF QUOTA: NIS_SPRING_FLU=1, THEN GO TO BVISIT

ELSE IF QUOTA: NIS_SPRING_FLU =0, THEN GO TO B10LIFE

B_NOFLU1   There are many reasons why parents don't get flu vaccinations for their children. I am going to read a list of only a few of the many possible reasons why parents may not get a flu vaccination for their children. Please tell me if each statement is a reason why you did not get a flu vaccination for your child this flu season.

Was one of the reasons that you did not get the flu vaccination for your child because…?: Your child is unlikely to get very sick from the flu.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO B_NOFLU2

B_NOFLU2   Was one of the reasons that you did not get the flu vaccination for your child because…?: You wanted to get the flu spray for your child but it was not available.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO B_NOFLU6

B_NOFLU6   [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because…?:]

You or your child don't like needles or shots.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO B_NOFLU3

B_NOFLU3   [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because…?:]

You were concerned about possible side effects or the safety of the flu vaccination.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO B_NOFLU4

B_NOFLU4   [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because…?:]

The place where you would usually get your child a flu vaccination did not give flu vaccinations this season.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO B_NOFLU5

B_NOFLU5   [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because…?:]

You believe that flu vaccines do **not** work very well.

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

ALL GO TO BNEXTFLU

BNEXTFLU   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 June, 2017? 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 QUOTA: NIS_SPRING_FLU=1 THEN GO TO BVISIT

IF QUOTA: NIS_SPRING_FLU=0 THEN GO TO B10LIFE

BVISIT   Since July 1ˢᵗ, has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] had a visit to a doctor or other health professional about his or her health?

YES 1	GO TO BVISIT_REC
NO..2	GO TO B10LIFE
DON'T KNOW..77	GO TO B10LIFE
REFUSED...99	GO AT B10LIFE

BVISIT_REC   Since July 1st, did a doctor or other health professional tell you they recommend or say it was a good idea for [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] to get a flu vaccination?

[IF RESPONDENT SAYS DOCTOR WAS NEUTRAL OR "DOCTOR SAID IT WAS MY CHOICE," SELECT "NO"]

YES 1	GO TO B10LIFE
NO..2	GO TO BVISIT_REC_NO
DON'T KNOW..77	GO TO B10LIFE
REFUSED...99	GO AT B10LIFE

BVISIT_REC_NO

You said a doctor or health professional did not recommend a flu vaccination for [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] . Did he or she not mention the flu vaccination, mentioned it but was neutral, recommend not to get a flu vaccination [IF B8=01 THEN DISPLAY: ", or did not give a recommendation because your child was already vaccinated"]?

DIDN'T MENTION FLU VACCINATION 1
MENTIONED FLU VACCINATION BUT WAS NEUTRAL..2
RECOMMENDED CHILD NOT GET A FLU VACCINATION 3
[DISPLAY IF B8=01]
DIDN'T GIVE A RECOMMENDATION BECAUSE CHILD ALREADY VACCINATED 4
DON'T KNOW..77
REFUSED..99

ALL GO TO B10LIFE

B10LIFE   Thinking about all of the flu vaccinations [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] received in [FILL VAR: his/her] life before this flu season, that is before July 1, 2016, how many flu vaccinations did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

[INTERVIEWER NOTE: IF NEEDED, LET THE RESPONDENT KNOW TO INCLUDE BOTH SHOT AND SPRAY WHEN CONSIDERING THE NUMBER OF VACCINATIONS.]

ONE FLU VACCINATION 1

TWO OR MORE FLU VACCINATIONS 2

ZERO FLU VACCINATIONS.......................................3

DON'T KNOW...77

REFUSED 99

IF QUOTA: NIS_SPRING_FLU=1 THEN DO:

      IF B10LIFE=1,2 THEN GO TO B_SPRAYLAST

      ELSE IF B10LIFE=3,77,99 THEN GO TO B_NOSPRAYREC

IF QUOTA: NIS_SPRING_FLU=0 THEN GO TO B6_G

B_SPRAYLAST

Thinking just about the LAST flu season, did your child receive a flu vaccination anytime between July 1, 2015 and June 30, 2016?

YES 1   GO TO B_SPRAYLAST_TYP

NO...2   GO TO B_NOSPRAYREC

DON'T KNOW..77   GO TO B_NOSPRAYREC

REFUSED 99   GO TO B_NOSPRAYREC

B_SPRAYLAST_TYP

Was this a shot or a spray in the nose?

FLU SHOT..1

FLU NASAL SPRAY OR "FLU MIST".........................2

DON'T KNOW...77

REFUSED 99

ALL GO TO B_NOSPRAYREC

B_NOSPRAYREC

What types of influenza vaccines were recommended for children in the United States this flu season? [IF RANDOM VALUE=1: "Only the flu **spray**, only the flu **shot**,"] [IF RANDOM VALUE=2: "Only the flu **shot**, only the flu **spray**,"] either the **spray or the shot**, or **neither**?

INTERVIEWER NOTE: THIS QUESTION IS REGARDING THE CURRENT FLU SEASON, JULY 1, 2016 TO JUNE 30, 2017.

ONLY FLU SPRAY 1

ONLY FLU SHOT..2

EITHER FLU SPRAY OR FLU SHOT.........................3

NEITHER..4

DON'T KNOW...77

REFUSED...99

ALL GO TO B6_G_X

B6_G_X   I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]. Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] ever been ill with chicken pox or varicella?

Yes 1   GO TO B6_H_X

No..2   GO TO CWIC_01

DON'T KNOW...77   GO TO CWIC_01

REFUSED...99   GO TO CWIC_01

B6_H_X   How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5], in months, when [FILL VAR: he/she] had chicken pox?

AGE IN MONTHS ...._____   GO TO CWIC_01

DON'T KNOW...77   GO TO B6_I_X

REFUSED...99   GO TO CWIC_01

B6_I_X   Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]…

…one to six months old? 01   GO TO CWIC_01

…seven to twelve months old? 02   GO TO CWIC_01

…13 to 18 months old?...................................03   GO TO CWIC_01

…19 to 24 months old?...................................04   GO TO CWIC_01

…25 to 30 months old?...................................05   GO TO CWIC_01

…31 to 38 months old?...................................06   GO TO CWIC_01

DON'T KNOW...77   GO TO CWIC_01

REFUSED...99   GO TO CWIC_01

SECTION C

Demographics

CWIC_01_X   The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.

Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received WIC benefits?

YES	1	GO TO CWIC_02_X
NO	2	GO TO CBF_01_X
NEVER HEARD OF WIC	3	GO TO CBF_01_X
DON'T KNOW	77	GO TO CBF_01_X
REFUSED	99	GO TO CBF_01_X

CWIC_02_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] currently receiving WIC benefits?

YES	1	GO TO CBF_01_X
NO	2	GO TO CBF_01_X
DON'T KNOW	77	GO TO CBF_01_X
REFUSED	99	GO TO CBF_01_X

CBF_01_X   Now I have a couple of questions on infant feeding.

Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?

YES	1	GO TO CBF_02L_X
NO	2	GO TO C1
DON'T KNOW	77	GO TO C1
REFUSED	99	GO TO C1

CBF_02L_X   How old was [FILL CHILD'S NAME] when [FILL CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?

ENTER 888 FOR STILL BREASTFEEDING

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

NUMBER	___	GO TO CBF_02RU_X
STILL BREASTFEEDING	888	GO TO CBF_03_X
DON'T KNOW	777	GO TO CBF_03_X
REFUSED	999	GO TO CBF_03_X

CBF_02RU_X   ENTER PERIOD:

        DAYS...1   GO TO CBF_03_X

        WEEKS..2   GO TO CBF_03_X

        MONTHS...3   GO TO CBF_03_X

        YEARS 4   GO TO CBF_03_X

        IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_02_WARNING

CBF_02_WARNING
        Response must not be greater than [FILL VAR: VALUE OF S3_AGE]

        INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

        GO TO CBF_02L_X

CBF_03_X   How old was [FILL CHILD'S NAME] when (he/she) was first fed formula?

        ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

        ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

        ENTER NUMBER... ___   GO TO CBF_04_X

        AT BIRTH 000   GO TO CBF_N_X

        DON'T KNOW..777   GO TO CBF_N_X

        NEVER 888   GO TO CBF_N_X

        REFUSED...999   GO TO CBF_N_X

        IF RESPONSE IS GREATER THAN THE CHILD'S AGE THEN GO TO CBF_04_W; ELSE ALL RESPONSES GO TO CBF_N.

CBF_04_X   ENTER PERIOD:

        DAYS...1   GO TO CBF_N_X

        WEEKS..2   GO TO CBF_N_X

        MONTHS...3   GO TO CBF_N_X

        YEARS 4   GO TO CBF_N_X

        IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_04_WARNING

        ELSE ALL RESPONSES GO TO CBF_N

CBF_04_WARNING
Response must not be greater than [FILL VAR: VALUE OF S3_AGE]

GO TO CBF_04_X

CBF_N_X   This next question is about the first thing that [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL CHILD'S NAME] might have been given, even water,. How old was [FILL CHILD'S NAME] when (he/she) was first fed anything other than breast milk or formula?

ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER..___ GO TO CBF_U_X

NEVER 888

AT BIRTH 000

DON'T KNOW..777

REFUSED...999

IF CBF_N=0, FILL CBF_U=1

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_U_WARNING

ELSE ALL RESPONES GO TO C1

CBF_U_X   ENTER PERIOD:

DAYS..1

WEEKS...2

MONTHS...3

YEARS 4

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_U_WARNING

ELSE ALL RESPONES GO TO C1

CBF_U_WARNING
Response must not be greater than [FILL VAR: VALUE OF S3_AGE]

GO TO CBF_N_X

C1 Now I have some questions about your entire household.

  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..____

  DON'T KNOW ....77 GO TO C1_C

  REFUSED..99 GO TO C1_C

  IF C1< S_NUMB, DISPLAY "Answer is out of bounds [FILL VAR: S_NUMB]-18"

  IF C1=S_NUMB, GO TO C1_WARN

  IF C1=77 or 99, GO TO C1_C

  ELSE GO TO C1_A

C1_A How many of these are adults 18 years of age or older?

  ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

  NUMBER OF PEOPLE..____

  DON'T KNOW ....77 GO TO C1_C

  REFUSED..99 GO TO C1_C

  IF C_TMP (C1-C1_A) < S_NUMB, THEN DISPLAY "Answer is out of bounds 1-99"

  IF C_TMP (C1-C1_A) ≤ S_NUMB, THEN GO TO C1_A_WARNING

  ELSE IF C1_A=77 or 99, GO TO C1_C

  ELSE GO TO C1_B

C1_WARNING Response must be greater than [FILL VAR: S_NUMB]

  "PLEASE CORRECT THE TOTAL NUMBER OF PEOPLE OR NUMBER OF ADULTS WHO LIVE IN THIS HOUSEHOLD."

  GO TO C1

C1_A_WARNING

"PLEASE CORRECT THE TOTAL NUMBER OF PEOPLE OR NUMBER OF ADULTS WHO LIVE IN THIS HOUSEHOLD."

Correction 1   GO TO C1_C

If number does not change after this warning, then

continue..2

IF C1_A_WARNING=2, THEN:

IF FIRST TIME RESPONDING C1_AWARN=02, THEN GO BACK TO C1

ELSE IF C1-C1A<1, THEN GO TO C2_06Q3

ELSE IF C1-C1A<S_NUMB, THEN GO TO C1_B

C1_B   And that means that [FILL VAR: ANSWER TO C1-ANSWER TO C1A] of these people are under 18 years of age?

YES 1   GO TO C1_C IF ANSWER TO
                                                                                       C1_B IS GREATER THAN OR
                                                                                       EQUAL TO S_NUMB+1, ELSE
                                                                                       GO TO C2_06Q3

NO..2   GO TO C1

DON'T KNOW..7   GO TO C2_06Q3

REFUSED...99   GO TO C2_06Q3

[IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1_C, OTHERWISE, SKIP TO C2]

C1_C   How many children less than 12 months old live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER...____   GO TO C2_06Q3_X

DON'T KNOW...77   GO TO C2_06Q3_X

REFUSED...99   GO TO C2_06Q3_X

C1_C_WARNING

IF NUMBER AT C1_C <=C1_A WHEN C1 AND C1_A <> 77 OR 99, DISPLAY:

YOU HAVE ENTERED A NUMBER THAT IS GREATER THAN THE TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD. PLEASE CORRECT.

C2_06Q3_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES 1   GO TO C2_A_06Q3_X

NO...2   GO TO C3

DON'T KNOW...77   GO TO C3

REFUSED..99   GO TO C3

C2_A_06Q3_X   IF USVI THEN DISPLAY:

Is [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE DISPLAY:

Is [child] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

CHICANO/A 1   GO TO C3_X

PUERTO RICAN...2   GO TO C3_X

CUBAN...3   GO TO C3_X

CENTRAL AMERICAN 4   GO TO C3_X

SOUTH AMERICAN 5   GO TO C3_X

OTHER HISPANIC, LATINO/A, OR SPANISH

ORIGIN (SPECIFY) 10   GO TO C2_OTHR1_06Q3_X

DOMINICAN [DISPLAY IF USVI]............................11   GO TO C3_X

DON'T KNOW...77   GO TO C3_X

REFUSED..99   GO TO C3_X

C2_OTHR1_06Q3_x

ENTER OTHER SPECIFY

_____   GO TO C3_X

C3_X Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]'s race. Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] 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 C3_OTHRX

DON'T KNOW... 77

REFUSED 99

IF OPTION 08 IS SELECTED, FOLLOW THAT LOGIC FIRST.

IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C3_GUAM_ASIAN, ELSE GO TO C5.

ELSE IF NOT GUAM DO: IF 05 IS SELECTED GO TO C3_ASIAN,

IF 07 IS SELECTED GO TO C3_PACI,

IF 05 AND 07 ARE SELECTED GO TO C3_ASIAN FIRST

IF MORE THAN ONE ANSWER AT C3 AND RESPONSE NE 05, 07 GO TO C5,

ELSE GO TO C5

C3_OTHRX ENTER OTHER SPECIFY

_____

IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C3_GUAM_ASIAN, ELSE GO TO C5.

ELSE IF NOT GUAM DO: IF C3 INCLUDES 05, GO TO C3_ASIAN,

ELSE IF C3 INCLUDES 07 GO TO C3_PACI,

ELSE IF C3 INCLUDES 05 AND 07 GO TO C3_ASIAN FIRST

ELSE GO TO C5

C3_ASIAN   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5]Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5] best.

ASIAN INDIAN 1

CHINESE...2

FILIPINO 3

JAPANESE 4

KOREAN 5

VIETNAMESE 6

OTHER ASIAN 7

DON'T KNOW...77

REFUSED..99

IF C3_X INCLUDES 7 GO TO C3_PACISLE,

ELSE GO TO C5_X

C3_PACISLE   Is [child] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [child] best.

GUAMANIAN OR CHAMORRO.................................1   GO TO C5_X

SAMOAN 2   GO TO C5_X

OTHER PACIFIC ISLANDER 3   GO TO C5_X

DON'T KNOW...77   GO TO C5_X

REFUSED..99   GO TO C5_X

C3_GUAM_ASIAN

Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5] best.

CHAMORRO	1	GO TO C5_X
FILIPINO	2	GO TO C5_X
CHUUKESE	3	GO TO C5_X
POHNPEIAN	4	GO TO C5_X
PALAUAN	5	GO TO C5_X
YAPESE	6	GO TO C5_X
KOSRAEAN	7	GO TO C5_X
MARSHALLESE	8	GO TO C5_X
JAPANESE	9	GO TO C5_X
KOREAN	10	GO TO C5_X
CHINESE	11	GO TO C5_X
VIETNAMESE	12	GO TO C5_X
THAI	13	GO TO C5_X
OTHER	14	GO TO C3_ASIOT
DON'T KNOW	77	GO TO C5_X
REFUSED	99	GO TO C5_X

C3_ASIOT   ENTER OTHER SPECIFY

_____   GO TO C5_X

C5_X   What is your relationship to [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]?

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

IF FIRST ELIGIBLE CHILD, GO TO C6_06Q3. ELSE IF SECOND OR LATER ELIGIBLE CHILD, GO TO C5_A.

RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (RESIDENCE AT CHILD'S BIRTH):
I. ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE
II. TWO OR MORE CHILDREN IN HOUSEHOLD:
  A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER
   (C5=01)
  B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01) THEN DO:
   i. IF C5_A =01, ASK ONLY FOR THE FIRST CHILD.
   ii. IF C5_A ≠ 01, ASK FOR EACH CHILD

C5_A   Is [FILL VAR: NAME OF SECOND…NINTH CHILD FROM S3.5]'s mother the same as [first child]'s mother?

YES 1

NO..2

DON'T KNOW...77

REFUSED..99

ALL GO TO C6_06Q3_X

C6_06Q3_X   What is the highest grade or year of school (you have /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother has) completed?

8th GRADE OR LESS 1   GO TO C7_X

9th-12th GRADE NO DIPLOMA 2   GO TO C7_X

HIGH SCHOOL GRADUATE OR

GED COMPLETED 3   GO TO C7_X

COMPLETED A VOCATIONAL, TRADE,

OR BUSINESS SCHOOL PROGRAM.........................4   GO TO C7_X

SOME COLLEGE CREDIT BUT NO DEGREE...........5   GO TO C7_X

ASSOCIATE DEGREE (AA, AS) 6   GO TO C7_X

BACHELOR'S DEGREE (BA, BS, AB) 7   GO TO C7_X

MASTER'S DEGREE (MA, MS, MSW, MBA)............8   GO TO C7_X

DOCTORATE (PhD, EdD) or PROFESSIONAL

DEGREE (MD, DDS, DVM, JD) 9   GO TO C7_X

DON'T KNOW...77   GO TO C7_X

REFUSED..99   GO TO C7_X

C7_X   (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'S mother) now married, widowed, divorced, separated, never married, or living with a partner?

INSTRUCTIONS FOR INTERVIEWER: IF R SAYS BOTH "NEVER MARRIED" AND "LIVING WITH PARTNER" ASK THE R TO SELECT THE OPTION THAT FITS BEST

MARRIED 1   GO TO C8_06Q3_X

WIDOWED..2   GO TO C8_06Q3_X

DIVORCED 3   GO TO C8_06Q3_X

SEPARATED...4   GO TO C8_06Q3_X

NEVER MARRIED 5   GO TO C8_06Q3_X

DECEASED...6   GO TO C8_INTRO

LIVING WITH PARTNER 7   GO TO C8_06Q3_X

DON'T KNOW...77   GO TO C8_06Q3_X

REFUSED..99   GO TO C8_06Q3_X

C8_INTRO   The next few questions ask for some background information about (eligible child)'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.)

C8_06Q3_X   IF C7_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

IF C7_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES	1	GO TO C8_A_06Q3
NO	2	GO TO C9_X
DON'T KNOW	77	GO TO C9_X
REFUSED	99	GO TO C9_X

C8_A_06Q3   IF USVI THEN DISPLAY:

(IF C5=1 THEN DISPLAY "Are you"/ELSE DISPLAY "is [child]'s mother") Mexican, Mexican-American, , Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?)

ELSE DISPLAY:

Are you / Is [child]'s mother) Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

CHICANO/A	1	GO TO C9_X
PUERTO RICAN	2	GO TO C9_X
CUBAN	3	GO TO C9_X
CENTRAL AMERICAN	4	GO TO C9_X
SOUTH AMERICAN	5	GO TO C9_X

OTHER HISPANIC, LATINO/A, OR SPANISH

ORIGIN (SPECIFY)	10	GO TO C8_OTHR1_06Q3_X
DOMINICAN [DISPLAY IF USVI]	11	GO TO C9_X
DON'T KNOW	77	GO TO C9_X
REFUSED	99	GO TO C9_X

C8_OTHR1_06Q3_X

        ENTER OTHER SPECIFY

_____   GO TO C9_X

C9_X   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race. (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) 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 (SPECIFY)...8   GO TO C9_OTHRX

DON'T KNOW...77

REFUSED...99

ALL RESPONSES EXCEPT 8 TO GO C9_LOGIC

C9_OTHRX   ENTER OTHER SPECIFY

_____

GO TO C9_LOGIC

C9_LOGIC   IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C9_API. ELSE IF MORE THAN ONE SELECTED AND NON IN 05,07 GO TO C10, ELSE IF ONLY ONE SELECTED, GO TO C10AMDY. ELSE IF NOT GUAM DO: IF 05 IS SELECTED, GO TO C10_ASIA, IF 07 IS SELECTED GO TO C10_PACISLE, IF 05 AND 07 ARE SELECTED GO TO C10_ASIA FIRST

IF MORE THAN ONE ANSWER AT C9 AND RESPONSE NE 05, 07, 08 GO TO C10,

ELSE IF ONLY ONE ANSWER GO TO C10AMDY

C9_API   Are you/Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5]'s mother) Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes your/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5]'s mother) best.

CHAMORRO..1

FILIPINO 2

CHUUKESE 3

POHNPEIAN 4

PALAUAN..5

YAPESE...6

KOSRAEAN 7

MARSHALLESE..8

JAPANESE 9

KOREAN 10

CHINESE...11

VIETNAMESE 12

THAI..13

OTHER 14   GO TO C9_APIOT

DON'T KNOW...77

REFUSED..99

ALL EXCEPT 14 DO: IF MORE THAN ONE SELECTED AT C9 GO TO C10, ELSE IF ONLY ONE SELECTED AT C9 GO TO C10AMDY.

C9_APIOT   ENTER OTHER SPECIFY

_____

IF MORE THAN ONE SELECTED AT C9 GO TO C10,
ELSE IF ONLY ONE SELECTED AT C9 GO TO C10A_X.

C10_ASIAN (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother best.

ASIAN INDIAN 1

CHINESE...2

FILIPINO 3

JAPANESE 4

KOREAN 5

VIETNAMESE 6

OTHER ASIAN 7

DON'T KNOW..77

REFUSED..99

IF C9 INCLUDES 7 GO TO C10_PACISLE

ELSE IF MORE THAN ONE ANSWER AT C9 GO TO C10

ELSE GO TO C10A_X

C10_PACISLE (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother best.

GUAMANIAN OR CHAMORRO 1

SAMOAN 2

OTHER PACIFIC ISLANDER 3

DON'T KNOW..77

REFUSED..99

IF MORE THAN ONE ANSWER AT C9 GO TO C10

ELSE GO TO C10A_X

C10_X   Which do you feel best describes (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race?

WHITE...1

BLACK/AFRICAN AMERICAN 2

AMERICAN INDIAN 3

ALASKA NATIVE..4

ASIAN. 5

NATIVE HAWAIIAN 6

PACIFIC ISLANDER..7

C9_OTHRX 8

OTHER 9   GO TO C10_OTHR

DON'T KNOW...77

REFUSED...99

ALL BUT 8 GO TO C10A_X

C10_OTHR   ENTER OTHER SPECIFY

_____

C10A_X   What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's") 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)_____/_____/_____

IF C7=6 AND IAP=105, THEN GO TO C11C
ELSE IF C7=6 AND IAP=106, THEN GO TO C11CPR
ELSE IF C7=6, GO TO C11A
ELSE IF MONTH OR YEAR IS DK OR REF, GO TO C10B
ELSE IF C7 NOT 6 AND AGE CALCULATED FROM C10A <13 YEARS OR >60 YEARS, GO TO CHMAGE_1
ELSE GO TO C11

C10B_X   What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's") current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE ...._____

DON'T KNOW...77

REFUSED...99

GO TO CHMAGE_X IF C10AMDY_X < 13 Years or > 60 Years

ELSE GO TO C11_X

CHMAGE_X   This would make you/r (child's) mother (age in years) years old, is that correct?

YES 1   GO TO C11_X

NO...2   C10A_X

C11_X   (Do you/Does [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother live at the same address as (you/she) did when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

YES 1   GO TO CFAMINC

NO...2   IF GUAM GO TO C11C, IF PUERTO RICO GO TO C11CPR; ELSE GO TO C11A_X

DON'T KNOW...77   GO TO CFAMINC

REFUSED...99   GO TO CFAMINC

C11C_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live on Guam when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

YES 01   (SKIP TO C11D_X)

NO 02   (SKIP TO C11A_X)

DON'T KNOW 77   (SKIP TO CFAMINC)

REFUSED...99   (SKIP TO CFAMINC)

C11CPR_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

YES 01   (SKIP TO C11APR_X)

NO...02   (SKIP TO C11A_X)

DON'T KNOW...77   (SKIP TO CFAMINC)

REFUSED...99   SKIP TO CFAMINC)

C11APR_X   In what city did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

             [CITIES IN PUERTO RICO] _____ 01-78

             DON'T KNOW _____ 88

             REFUSED _____ 99

             ALL GO TO C11B_X

C11A_X   In what city, county, and state did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

             IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"

             IF CITY OR COUNTY IS REFUSED, ENTER "REF"

             "IF CHILD IS FOREIGN BORN, SELECT 'FC - Foreign Country'."

             ENTER CITY _____   GO TO C11A_COUNTY_X

C11A_COUNTY_X

             ENTER COUNTY _____   GO TO C11A_STATE_X

C11A_STATE_X

             ENTER STATE _____

             IF CHILD IS FOREIGN BORN, SELECT 'FC' (Foreign Country)

             IF "FC" WAS SELECTED, GO TO C11A_VERBATIM_1; ELSE GO TO C11B_X

C11A_VERBATIM_1

             READ IF NECESSARY: In what country was that?

             ENTER COUNTRY _____   GO TO CFAMINC

C11B_X   What was (your/ [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) zip code at that time?

             ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

             _____:....................................... GO TO CFAMINC

             DON'T KNOW.......................................77777 GO TO FAMINC

             REFUSED...999999 GO TO FAMINC

C11D_X   In what village did (you/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

READ IF NECESSARY

AGANA HEIGHTS 1

AGAT 2

ASAN..3

BARRIGADA 4

CHALAN PAGE...5

DEDEDO 6

HAGATNA/AGANA 7

INARAJAN..8

MAINA 9

MAITE 10

MANGILAO..11

MERIZO 12

MONGMONG 13

ORDOT 14

PITI. 15

SANTA RITA 16

SINAJANA 17

TALOFOFO...18

TAMUNING-TUMON 19

TOTO..20

UMATAC 21

YIGO...22

YONA 23

DON'T KNOW...77

REFUSED..99

ALL GO TO CFAMINC

CFAMINC Please think about your total combined family income during 2016 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?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF RESPONDENT GIVES INCOME RANGE READ: What amount would you like me to enter?

$ _____		GO TO CINC
DON'T KNOW..	77	GO TO C12_DONT_KNOW
REFUSED..	99	GO TO C12_REFUSED

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 2016 more or less than $20,000?

More than $20,000. 1		GO TO C16
$20,000...2		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
Less than $20,000 3		GO TO C13
DON'T KNOW...77		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED..99		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

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 2016 more or less than $20,000?

More than $20,000. 1		GO TO C16
$20,000...2		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
Less than $20,000 3		GO TO C13
DON'T KNOW...77		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED..99		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C13   Was the total combined FAMILY income more or less than $10,000?

More than $10,000.	1	GO TO C15
$10,000	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
Less than $10,000	3	GO TO C14_A
DON'T KNOW	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C14_A   Was it more than $7,500?

YES	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
NO	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
DON'T KNOW	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C15   Was it more than $15,000?

YES	1	GO TO C15_A
NO	2	GO TO C15_B
DON'T KNOW	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C15_A   Was it more than $17,500?

        YES 1   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        NO...2   IF USVI GO TO C_ISLAND, IF
                                           GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                           GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        REFUSED...99   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

C15_B   Was it more than $12,500?

        YES 1   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        NO...   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                       GO TO C19A

        REFUSED...99   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                       GO TO C19A

C16   Was the total combined FAMILY income more or less than $40,000?

        More than $40,000. 1   GO TO C16_A

        $40,000..2   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        Less than $40,000 3   GO TO C17

        DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

        REFUSED...99   IF USVI GO TO C_ISLAND, IF
                                         GUAM GO TO C19VIL, ELSE
                                         GO TO C19A

C16_A   Was the total combined FAMILY income more or less than $60,000?

More than $60,000. 1   GO TO C18

$60,000..2   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

Less than $60,000 3   GO TO C16_B

DON'T KNOW..77   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

REFUSED..99   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

C16_B   Was the total combined FAMILY income more or less than $50,000?

More than $50,000. 1   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

$50,000..2   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

Less than $50,000 3   GO TO C16_C

DON'T KNOW..77   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

REFUSED..99   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

C16_C   Was the total combined FAMILY income more or less than $45,000?

More than $45,000. 1   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

$45,000..2   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

Less than $45,000 3   GO TO C19A

DON'T KNOW..77   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

REFUSED..99   IF USVI GO TO C_ISLAND, IF
                                                                                                GUAM GO TO C19VIL, ELSE
                                                                                                GO TO C19A

C17 Was the total combined FAMILY income more or less than $30,000?

More than $30,000. ....1 GO TO C17_A

$30,000..2 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

Less than $30,000 ....3 GO TO C17_B

DON'T KNOW..77 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED...99 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_A Was the total combined FAMILY income more or less than $35,000?

More than $35,000. ....1 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

$35,000..2 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

Less than $35,000 ....3 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

DON'T KNOW..77 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED...99 IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_B	Was the total combined FAMILY income more or less than $25,000?	
	More than $25,000. 1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	$25,000..2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	Less than $25,000 3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW..77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED..99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C18	Was the total combined FAMILY income more or less than $75,000?	
	More than $75,000. 1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	$75,000..2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	Less than $75,000 3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW..77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED..99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

CINC	Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, CFAMINC]?	
	YES. 1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	NO...2	GO TO CFAMINC
	DON'T KNOW..77	GO TO CFAMINC
	REFUSED..99	GO TO CFAMINC

C19VIL   In what village do (you/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live?

AGANA HEIGHTS 1

AGAT 2

ASAN..3

BARRIGADA 4

CHALAN PAGE...5

DEDEDO 6

HAGATNA/AGANA 7

INARAJAN 8

MAINA 9

MAITE 10

MANGILAO...11

MERIZO 12

MONGMONG 13

ORDOT...14

PITI. 15

SANTA RITA 16

SINAJANA 17

TALOFOFO...18

TAMUNING-TUMON 19

TOTO..20

UMATAC 21

YIGO..22

YONA 23

DON'T KNOW..77

REFUSED..99

ALL GO TO C19A

C_ISLAND   On what island do you live?

SAINT CROIX 01   GO TO C19C

SAINT THOMAS 02   GO TO C19C

SAINT JOHN 03   GO TO C19C

WATER ISLAND 04   GO TO C19C

NOT IN USVI 05   GO TO C19A

DON'T KNOW 77   GO TO C19C

REFUSED 9   GO TO C19C

C19A   What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____ ....   IF IAP=105, GO TO C19C, ELSE
                                                                          IF IAP=106 GO TO C19PR; ELSE
                                                                          IF A PROPER ZIP CODE IS
                                                                          ENTERED, THEN FILL CITY,
                                                                          COUNTY AND STATE FROM
                                                                          THE LOOK UP TABLE AND GO
                                                                          TO C19A_CONF, ELSE GO TO
                                                                          C19

DON'T KNOW 77777   IF PUERTO RICO GO TO
                                                                          C19PR; ELSE GO TO C19

REFUSED 99999   IF PUERTO RICO GO TO
                                                                          C19PR; ELSE GO TO C19

C19A_CONF   To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES 1   GO TO C19B

NO 2   GO TO C19

C19PR   In what city and state do you live?

[CITIES IN PUERTO RICO] _____ 01-78

DON'T KNOW _____ 88

REFUSED _____ 99

IF "NOT IN PUERTO RICO" SELECTED, GO TO C19; IF DON'T KNOW OR REFUSED,
GO TO C19C; ELSE GO TO C19PR_STATE

C19PR_STATE	ENTER STATE _____	GO TO C19C

IF C19PR=98 AND C19PR_STATE=PR, HARD CHECK AND DISPLAY "'NOT IN PUERTO RICO' IS THE SELECTION FOR CURRENT CITY. PLEASE SELECT "NOT IN PUERTO RICO" FOR STATE OR SELECT A CITY.."

IF C19PR=01-78 AND C19PR_STATE IS NOT PR, HARD CHECK AND DISPLAY "A CITY IN PUERTO RICO IS THE SELECTION FOR CURRENT CITY. PLEASE CHANGE THE CITY TO 'NOT IN PUERTO RICO' OR CHANGE THE STATE TO 'PUERTO RICO'."

C19   In what city, county and state do you live?

IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"

IF CITY OR COUNTY IS REFUSED, ENTER "REF"

IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC-Foreign Country'

ENTER CITY _____	GO TO C_19 COUNTY

C19_COUNTY	ENTER COUNTY _____	GO TO C_19 STATE

C19_STATE	ENTER STATE _____	IF ZIP GIVEN AT C19A=77777, 99999, GO TO C19B; ELSE GO TO C_19_ZIP_CONF

C19_ZIP_CONF

To confirm, I have your zip code as [FILL]. Is that correct?

YES 1	GO TO C19B
NO...2	GO TO C19_NEW_ZIP
DON'T KNOW...77	GO TO C19B
REFUSED...99	GO TO C19B

C19_NEW_ZIP

What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____...	GO TO C19B
DON'T KNOW...77777	GO TO C19B
REFUSED...99999	GO TO C19B

C19B   Do you live within the city limits?

YES 1	GO TO C19C
NO...2	GO TO C19C
DON'T KNOW...77	GO TO C19C
REFUSED...99	GO TO C19C

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 [IF C1_A >1 THEN DISPLAY: "or someone in your household"]?

OWNED OR BEING BOUGHT 1   GO TO C_LANDLINE

RENTED...2   GO TO C_LANDLINE

OTHER ARRANGEMENT..3   GO TO C_LANDLINE

DON'T KNOW...77   GO TO C_LANDLINE

REFUSED...99   GO TO C_LANDLINE

C_LANDLINE   The next few questions are about the telephones in your household.

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES 1   GO TO C21_06Q3

NO..2   GO TO C21_06Q3_CELL

DON'T KNOW...77   GO TO C21_06Q3_CELL

REFUSED...99   GO TO C21_06Q3_CELL

C21_06Q3   How many landline telephone numbers are residential numbers?

THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF LANDLINE TELEPHONE NUMBERS .

ONE 1   GO TO C21_0603_CELL

TWO 2   GO TO C21_0603_CELL

THREE OR MORE..3   GO TO C21_0603_CELL

NONE 4   GO TO C21_0603_CELL

DON'T KNOW...77   GO TO C21_0603_CELL

REFUSED...99   GO TO C21_0603_CELL

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.

ONE 01		GO TO C_USUAL_USE_CELL
TWO 02		GO TO C_USUAL_USE_CELL
THREE OR MORE.......................................03		GO TO C_USUAL_USE_CELL
NONE 04		IF NIS_CELL_AWAY = 1 GO TO C_AWAY; ELSE GO TO D5
DON'T KNOW...77		GO TO C_USUAL_USE_CELL
REFUSED..99		GO TO C_USUAL_USE_CELL

C_USUAL_USE_CELL

How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use?

INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE"

ONE 01		GO TO C11Q78
TWO 02		GO TO C11Q78
THREE OR MORE.......................................03		GO TO C11Q78
NONE 04		GO TO C11Q78
DON'T KNOW...77		GO TO C11Q78
REFUSED..99		GO TO C11Q78

C11Q78   ASK ONLY IF RESPONDENT HAS BOTH LANDLINE AND CELL PHONES

IF C_LANDLINE = 2, 77, OR 99 AND RDD_NCCELL_CCELL =2,3 SKIP TO C_AWAY, ELSE IF C_LANDLINE = 2, 77, OR 99 AND RDD_NCCELL_CCELL =1 GO TO D5, ELSE:

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on landline phones, or some received on cell phones and some received on landline 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   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

NEARLY ALL RECEIVED ON LANDLINE PHONES. 2   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON LANDLINE PHONES 3   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

DON'T KNOW...77   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

REFUSED...99   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

C_AWAY   Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

AWAY FROM HOME 01   GO TO D5

AT HOME...02   GO TO D5

DON'T KNOW...77   GO TO D5

REFUSED...99   GO TO D5

Provider Questions

D5   [IF S6=1, THEN DISPLAY:]

To get a complete picture of the vaccinations received by your (children/child), we would like to contact doctors or health clinics to obtain a copy of the vaccination records. These records contain only the immunizations and dates of the immunizations for your (children/child).

[ELSE IF S6=02, 77, or 99), THEN DISPLAY:]

Thank you for the valuable information that you've shared with us. We find that it's often difficult to remember specific about vaccinations. We'd like to collect the dates and types of vaccinations your (children have/child has) received by contacting the doctors or health clinics who provided them.

FAQs

I've already given you the shot dates/Why do you need to contact my doctor?

--Information from the medical providers is used in the primary scientific analyses for this survey. 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 20 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 survey 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 [IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the Centers for Disease Control and Prevention" ; ELSE DISPLAY: '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.

D6_X   IF USVI

How many locations have provided vaccinations for your child named [NAME OF (FIRST/SECOND…NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? Please include the hospital or birthing center where [FILL VAR: HE/SHE] was born, and any other clinics or doctor's offices that have seen [FILL VAR: HIM/HER]].

ELSE:

How many locations have provided vaccinations for your child named [NAME OF (FIRST) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]?

ENTER 77 FOR DON'T KNOW AND 99 REFUSED

FAQs:

What am I consenting to? What is going to happen if I say "yes" to this?

With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of the vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

--We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

--Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.

--In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

--Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history, we need to contact your healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey has been conducted for over 20 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.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

ENTER NUMBER..____   GO TO D6A_1_X

ZERO 0   GO TO D6AA_X

DON'T KNOW..77   GO TO D6AA_X

REFUSED..99   GO TO SECT_D_TERM

D6AA_X   How many locations have provided health care for your child? Please include the hospital or birthing center where [he/she] was born, and any other clinics or doctor's offices that have seen [him/her].

ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

FAQs:

What am I consenting to? What is going to happen if I say 'yes' to this?

--With your permission, we'll send a letter of consent and an immunization history form to your helath provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

--We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

--Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.

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--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

ENTER NUMBER.._____		GO TO D6A_1_X
ZERO 0		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO
DON'T KNOW..77		GO TO SECT_D_TERM OR INS_INTRO (ON CALLBACK)
REFUSED...99		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

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?)

IF A NON MEDICAL LOCATION (E.G. MALL, THRIFT STORE, SCHOOL) IS GIVEN, ASK THE RESPONDENT FOR INFORMATION ABOUT THE THIRD PARTY (E.G. CLINIC, HEALTH DEPARTMENT, ORGANIZATION GIVING VACCINATIONS) THAT GAVE THE VACCINATION TO THE CHILD. IF THIRD PARTY IS UNKNOWN, COLLECT THE NON-MEDICAL LOCATION.

FAQs

I don't want to give you my doctor's information

--The information you've provided is very helpful and we appreciate your cooperation; however, that information is only useful in conjunction with information from your healthcare provider, who can provide and confirm the dates, specific types and dosages of each vaccination.

--Confidentiality is mandated by law and this information is not used for any purpose other than this survey.

Why contact my doctor? Why give consent?

--Information from the medical providers are used in the primary scientific analyses for this survey. Information from families like yours provide valuable information that support what is received by the medical community.

-- In addition to asking about the child's vaccination history, we also ask providers a few questions about the characteristics of their practice or clinic.

--The National Immunization Survey has been conducted for nearly 20 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.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up-to-date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

My doctor is very busy, I don't want to bother them with this.

--Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

YES, CONTINUE ON CLINIC NAME FIRST 1	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME
YES, CONTINUE ON LAST NAME FIRST 2	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME
NO, CAN'T FIND, CONTINUE 3	GO TO PLU
REFUSED..99	GO TO SECT_D_TERM; INS_INTRO(ON CALLBACK)

IF D6A_1 = 01,02 OR 03 AND USVI SHOW THE LIST OF PROVIDERS FOR THE STATE VI FOUND IN THE DATA BASE AT PROVIDERS SCREEN

NIS 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?

IF PROVIDERS=4: PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.

* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.

* Would you mind looking the information up in the phone book or on the internet?

* Do you remember the city and state?

What is the last name of the (first/next) doctor? [variable: D6B1]

Do you know the doctor's first name? [variable: D6B2]

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]
IF PROVIDERS=4 What other information do you remember about the location of this provider? [variable: D6B10]

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

D6A_3   To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

EXACT MATCH	1	GO TO DXPROV
MODIFY LAST NAME	2	GO TO MOD_PROVN_LAST
MODIFY FIRST NAME	3	GO TO MOD_PROVN_FIRST
MODIFY PRACTICE	4	GO TO MOD_PROVC
MODIFY ADDRESS	5	GO TO MOD_PROVA_STREET
MODIFY SUITE	6	GO TO MOD_PROVA_SUITE
MODIFY CITY	7	GO TO MOD_PROVA_CITY
MODIFY STATE	8	GO TO MOD_PROVA_STATE
MODIFY ZIP	9	GO TO MOD_PROVA_ZIP
MODIFY PHONE	10	GO TO MOD_PROVA_PROVP

New Provider Screen:

D6B1 What is the last name of the doctor?
LEAVE BLANK IF UNKNOWN
D6B2 Do you know the doctor's first name?
LEAVE BLANK IF UNKNOWN
D6B3 Please tell me the name of the office or the clinic.
LEAVE BLANK IF UNKNOWN
D6B4 What is the street address of the office or the clinic?
LEAVE BLANK IF UNKNOWN
D6B5 Is there a suite, floor or room number?
LEAVE BLANK IF UNKNOWN
D6B6 What city is that in?
LEAVE BLANK IF UNKNOWN
D6B7 What state is that in?
LEAVE BLANK IF UNKNOWN
D6B8 What is the zip code?
LEAVE BLANK IF UNKNOWN
D6B9 What is their telephone number?
LEAVE BLANK IF UNKNOWN
D6B10 Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
Would you mind looking the information up in the phone book or on the internet?
Do you remember the city and state?
LEAVE BLANK IF UNKNOWN

POST-PROVIDER LOOKUP PATHS

IF D6>1…...D8
IF D6=0(NO VACCINATION PROVIDERS), D6AA>1…...D8M

D8_x   IF D6_X=0 AND D6AA_x > 0:

Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6_X >= 1:

Thank you. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

FAQs

I'm not comfortable with that/I don't want to give you my child's name.

-- I understand your concern (sir/ma'am). The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

Why do you need the child's name?

--In order to locate the vaccination information for the child, the medical practice or clinic needs the child's name. This is the only reason we are asking for the child's 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.

--If you would feel more comfortable, I could enter just the child's first initial and the full last name.

CONTINUE 1   GOT TO D8A_X

REFUSED 99   GO TO SECT_D_TERM;
                                                        INS_INTRO (on callback)

(*Note: The hardcopy variable below, D8M, appears as one of the two version of D8_x in CATI. These two versions of D8_x depend on the value of D6.)

D8M[ASK IF D6AA_X GE 1] Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have.

CONTINUE 1   GO TO D8A_X

REFUSED 99   GO TO D15B

D8A_X   What is [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE CHILD]'s full name – first, middle and last name?

ASK FOR THE FULL FIRST NAME. ENTER AN INITIAL ONLY IF THE FULL FIRST NAME WAS REFUSED.

IF YOU'VE ALREADY PROBED FOR A FULL FIRST NAME AND THE RESPONDENT WILL ONLY GIVE AN INITIAL, PRESS 'ENTER' to PROCEED TO THE NEXT QUESTION.

ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

FIRST NAME:_____   GO TO D8B_X

D8B_X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____   GO TO D8C_X

D8C_X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSED, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

LAST NAME: _____   GO TO D9A

D9   So the doctor knows we talked with you, may I have your name -- first, middle, and last?

       IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

       FAQs

       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.

       CONTINUE. ....1 GO TO D9A
       REFUSED ....2 GO TO SET_D_TERM;
                                INS_INTRO (ON CALLBACK)

D9A   What is your first name?

       ASK FOR THE FULL FIRST NAME. ENTER AN INITIAL ONLY IF THE FULL FIRST NAME WAS REFUSED. LEAVE BLANK ONLY IF FULL FIRST NAME AND FIRST INITIAL WERE REFUSED.

       ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

       FIRST NAME:_____ GO TO D9B

D9B   What is your middle name?

       MIDDLE NAME: _____ GO TO D9C

D9C   What is your last name?

       A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSED, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

       ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

       LAST NAME: _____ GO TO D9D_X

D9D_X   I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM D8A-D8C) ELIGIBLE CHILD]. Are you that person?

YES 1   GO TO D6_C

NO..2   GO TO D9D1

REFUSED 99   GO TO SECT_D_TERM

D6C   The vaccination records collected from the provider(s) will be kept in strict confidence.

D7_ID   Capture Interviewer ID upon entering question D7

D7_X   Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies (FILL VAR: NAME OF FIRST/SECOND/...NINTH CHILD, FROM D8A-D8C), and request that information relevant to (his/her) immunization history be sent to the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for survey purposes only?

FAQs

I'm not comfortable with that:

--I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization. Once the form is returned, all identifiable information is separated from the immunization information. Neither you nor your child will be identified as a participant in the National Immunization Survey.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

I don't want you to contact my doctor:

--In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

YES 1   GO TO D7G_X

NO (ONLY CHOOSE THIS WHEN YOU HAVE

MADE ALL APPROPRIATE AVERSION

ATTEMPTS)..2   GO TO SECT_D_TERM

D7G_X   IF P_ASKD7G=1

THEN ASK D7G; ELSE SKIP TO DCG)

IF P_REGIST IN (1,2,3,4,5) OR P_LAV IN (1,2,3,4) THEN

Sometimes to get a complete record of your child(ren)'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 (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

(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.

DIDN'T YOU ALREADY CONTACT THE REGISTRY TO GET MY PHONE NUMBER?
WHY ARE YOU ASKING FOR PERMISSION NOW?

The registry only provided the telephone numbers of eligible children. We will only be able to access your child(ren)'s vaccination information from the registry with your consent.

ELSE

Sometimes to get a complete record of your child(ren)'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 (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

(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.

YES .... 1 GO TO DCG1_X

NO .... 2 GO TO DCG1_X

DON'T KNOW .... 77 GO TO DCG1_X

REFUSED .... 99 GO TO DCG1_X

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

DCG1_X   I would like to confirm that I have the correct information for you and the children in this household.

I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

[INTERVIEWER: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]

YES .... 1 GO TO DCG2_X

NO .... 2 GO TO D9A_C_X

D9A_C_X   What is your full name – first, middle and last?

ASK FOR THE FULL FIRST NAME. ENTER AN INITIAL ONLY IF THE FULL FIRST NAME WAS REFUSED. LEAVE BLANK ONLY IF FULL FIRST NAME AND FRST INITIAL WERE REFUSED.

FIRST NAME: _____

D9B_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____

D9C_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSED, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL

LAST NAME: _____

DCG2_x   The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND…/ NINTH CHILD, FROM S3.5]. Is this correct?

YES 1   GO TO DCONFDOB_X

NO 2   GO TO D8A_C_X

D8A_C_X   What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

ASK FOR THE FULL FIRST NAME. ENTER AN INITIAL ONLY IF THE FULL FIRST NAME WAS REFUSED.

IF YOU'VE ALREADY PROBED FOR A FULL FIRST NAME AND THE RESPONDENT WILL ONLY GIVE AN INITIAL, PRESS "ENTER" TO PROCEED TO NEXT QUESTION.

FIRST NAME: _____

D8B_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____

D8C_C _X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSED, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

LAST NAME: _____

DCONFDOB_x

The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?

YES 1   GO TO NEXT CHILD OR INS_INTRO

NO 2   GO TO DNEWDOB_1

DNEWDOB What is the correct month, day and year of birth of [FILL: IF DCG2=2 then FILL: FIRST CHILD'S NAME FROM D8A_C-D8A_C, ELSE IF DCG2=1 THEN FILL D8A-D8C]?

_____/_____/_____   GO TO D9D FOR NEXT
                                                     ELIGIBLE CHILD

ELSE IF FINISHED ASKING D9D FOR ALL ELIGIBLE CHILDREN AND D9D=2 FOR 1 OR MORE CHILDREN GO TO D9D1,

ELSE IF D9D1 IS FILLED IN, GO TO D9D FOR CHILDREN WHERE D9D WAS ORIGINALLY FILLED IN,

ELSE AFTER LOOPING THROUGH ALL CHILDREN GO TO INSINTRO

ASK ONLY IF D9D=2

D9D1 Please give me the full name of someone who can authorize the release of these immunization records.

CONTINUE 1   GO TO D9D1F

REFUSAL 2   GO TO SECT_D_TERM;
                                                                               INS_INTRO (ON CALLBACK)

D9D1F What is the first name?

ASK FOR THE FULL FIRST NAME. ENTER AN INITIAL ONLY IF THE FULL FIRST NAME WAS REFUSED. LEAVE BLANK ONLY IF FULL FIRST NAME AND FIRST INITIAL WERE REFUSED.

FIRST_____

D9D1M What is the middle name?

MIDDLE_____

D9D1L What is the last name?

A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSES, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

LAST_____

D9DREL_x   What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND…/ NINTH
                CHLD, FROM S3.5]?

                MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
                GUARDIAN 01   GO TO D9D1A

                FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
                GUARDIAN 02   GO TO D9D1A

                SISTER OR BROTHER
                (STEP/FOSTER/HALF/ADOPTIVE) 03   GO TO D9D1A

                IN-LAW OF ANY TYPE 04   GO TO D9D1A

                AUNT/UNCLE 05   GO TO D9D1A

                GRANDPARENT 06   GO TO D9D1A

                OTHER FAMILY MEMBER.....................................07   GO TO D9D1A

                FRIEND 08   GO TO D9D1A

D9D1A   May I speak with that person now?

                YES 1   GO TO D9D1NEW

                NO..2   GO TO D9D2

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 CB1

                CONTINUE 2   GO TO D9D1NEW

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 (IF PUERTO
                RICO DISPLAY "Puerto Rico Department of Health and 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 Survey, please call the survey's number, 1-
                877-220-4805. If you have questions about your rights as a survey participant, you may call [IF
                P_REGIST=4 DISPLAY: '1-360-902-8075, and leave a message asking to speak to the
                Washington State Institutional Review Board's Administrator']1-800-223-8118, and leave a
                message asking to speak to the Chairperson of the Ethics Review Board.

D9D1NEW   Hello, my name is _____. Am I speaking with [NAME LISTED IN D9D1F-D9D1L]?

                YES 1   GO TO D9D2ANEW

                NO…..2   GO TO D9D2

D9D2ANEW   I'm calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We talked with [FILL: NAME FROM D9A-D9C] and collected immunization and provider information for [NAME OF ELIGIBLE CHILD(REN) FROM D8A-D8C WHERE D9D=2]. We understand that you could authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN) FROM D8A-D8C WHERE D9D=2]. This survey is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't wish 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. This call will be recorded or monitored.

CONTIUE WITH RECORDING 1   GO TO D9D

CONTINUE WITHOUT RECORDING 2   GO TO D9D2REC

SECTION E

Health Insurance Module

[IF S_NUMB IS > 1, THEN REPEAT NEXT SENTENCE AND INS-1 THROUGH INS-16 IN A LOOP FOR EACH AGE-ELIGIBLE CHILD]

INS_INTRO   Next I'm going to ask you a few questions about [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]'s health insurance.

INS_1_X   At this time, is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] 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 INS_1A_X
NO	2	IF USVI GO TO INS_5; ELSE GO TO INS_2_X
DON'T KNOW	77	IF USVI GO TO INS_5; ELSE GO TO INS_2_X
REFUSED	99	IF USVI GO TO INS_5; ELSE GO TO INS_2_X

IF USVI AND C_ISLAND=05, USE THE STATE REPORTED AT C19_STATE TO DRIVE THE LOGIC.

INS_1A_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES	1	IF USVI GO TO INS_5; ELSE GO TO INS_2_X
NO	2	IF USVI GO TO INS_5; ELSE GO TO INS_2_X
DON'T KNOW	77	IF USVI GO TO INS_5; ELSE GO TO INS_2_X
REFUSED	99	IF USVI GO TO INS_5; ELSE GO TO INS_2_X

IF USVI AND C_ISLAND=05, USE THE STATE REPORTED AT C19_STATE TO DRIVE THE LOGIC.

INS_2_X

IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN SKIP TO INS_3A_X]

At this time, is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] covered by any Medicaid plan? Medicaid [IF PUERTO RICO DISPLAY "also known as Plan La Reforma"] 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 [STATE PROGRAM]}.

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   IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

NO 2   IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

DON'T KNOW..77   IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

REFUSED..99   IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

INS_3_X   At this time, is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] covered by the Children's Health Insurance Program or CHIP? In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: The Children's Health Insurance Program (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 INS_4_X

NO 2   GO TO INS_4_X

DON'T KNOW..77   GO TO INS_4_X

REFUSED..99   GO TO INS_4_X

INS_3A_X   At this time, is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]covered by any Medicaid plan or the 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 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   GO TO INS_4_X

NO..2   GO TO INS_4_X

DON'T KNOW...77   GO TO INS_4_X

REFUSED...99   GO TO INS_4_X

INS_4_X   At this time, is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]covered by the Indian Health Service?

YES 1   GO TO INS_5_X

NO 2   GO TO INS_5_X

DON'T KNOW...77   GO TO INS_5_X

REFUSED...99   GO TO INS_5_X

INS_5_X   At this time, is (CHILD) 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   GO TO INS_6_X

NO 2   GO TO INS_6_X

DON'T KNOW...77   GO TO INS_6_X

REFUSED...99   GO TO INS_6_X

INS_6_X   Besides what you have already told me about, is (CHILD) 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 INS_6A_X

               NO..2   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

               DON'T KNOW...77   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

               REFUSED...99   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

INS_6A_X   Does this health insurance help pay for both doctor visits and hospital stays?

               YES 1   GO TO INS_6B_X

               NO..2   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

               DON'T KNOW...77   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

               REFUSED...99   IF INS_1A_X, INS_2_X,
                                                                                                        INS_3_X, INS_3A_X, INS_4_X,
                                                                                                        OR INS_5_X = 1 SKIP TO
                                                                                                        INS_11_X ELSE GO TO
                                                                                                        INS_7_X

INS_6B_X   Is this health insurance provided through an employer or union?

               YES 1   GO TO INS_11_X

               NO..2   GO TO INS_6C_X

               DON'T KNOW...77   GO TO INS_6C_X

               REFUSED...99   GO TO INS_6C_X

INS_6C_X   Is this health insurance purchased directly from an insurance company?

YES 1   GO TO INS_11_X

NO...2   GO TO INS_6D_X

DON'T KNOW...77   GO TO INS_6D_X

REFUSED...99   GO TO INS_6D_X

INS_6D_X   I recorded that (CHILD) 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 INS_6D_1_X

DON'T KNOW...77   GO TO INS_11_X

REFUSED...99   GO TO INS_11_X

INS_6D_1_X   Record verbatim response #1 _____

INS_6D_2_X   Record verbatim response #2 _____

INS_7_X   It appears that (CHILD) 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 INS_8_X

NO 2   GO TO INS_7A_X

DON'T KNOW...77   GO TO INS_11_X

REFUSED...99   GO TO INS_11_X

INS_7A_X   At this time, what kind of health coverage does (CHILD) have? Any other kind?
[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF
 VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

MEDICAID [IF PUERTO RICO THEN DISPLAY: (PLAN
LA REFORMA) [STATE NAME]..................................1   GO TO INS_11

MEDICARE..2   GO TO INS_7B

[IF NOT PUERTO RICO, USVI OR GUAM DISPLAY]
CHIP [STATE NAME]..3   GO TO INS_11

[IF NOT USVI OR GUAM DISPLAY] MEDIGAP 4   GO TO INS_7B

MILITARY 5   GO TO INS_11

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
INDIAN HEALTH SERVICE 6   GO TO INS_11

PRIVATE INSURANCE 7   GO TO INS_7B

SINGLE SERVICE PLAN
(DENTAL, VISION, PRESCRIPTIONS, ETC) 8   GO TO INS_8

OTHER 9   GO TO INS_7B

[IF GUAM DISPLAY] MIP/GOVGUAM 10   GO TO INS_7B

DON'T KNOW...77   GO TO INS_8

REFUSED..99   GO TO INS_8

IF INS_7A=1, 3, 5, OR 6, GO TO INS_11.

ELSE IF INS_7A = 8, 77, OR 99, GO TO INS_8.

ELSE IF INS_7A = 2, 4, 7, 9 OR 10, GO TO INS_7B.

INS_7B_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES...1   GO TO INS_11_X

NO 2   GO TO INS_8_X

DON'T KNOW 77   GO TO INS_11_X

REFUSED 99   GO TO INS_11_X

INS_8_X   Since [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]'s birth, has
[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] always [IF
INS_6A=2, 77, 99 OR INS_7B=2, THEN "had partial coverage"; ELSE "been uninsured"]?

IF TEXT FILL IS "HAD PARTIAL COVERAGE" THEN DISPLAY: INTERVIEWER
NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT
COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.

YES...1   GO TO INS_14_X

NO 2   GO TO INS_9_X

DON'T KNOW 77   GO TO INS_14_X

REFUSED 99   GO TO INS_14_X

INS_9_X   How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]the first time [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] became [IF INS_6A=2, 77, 99 OR INS_7B=2, THEN "only partially insured"; ELSE "uninsured"]?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

IF INS_6A=02, 77, 99 OR INS_7B=02 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.

____NUMBER		GO TO INS_9A_X
UNINSURED AT BIRTH	44	GO TO INS_10_X
DON'T KNOW	77	GO TO INS_10_X
REFUSED	99	GO TO INS_10_X

INS_9A_X   ENTER PERIOD:

MONTH(S)	1	GO TO INS_10_X
YEAR(S)	2	GO TO INS_10_X

INS_10_X   IF USVI, DISPLAY:

During the months when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]did have health coverage, what kinds of health coverage did (CHILD) have? Medicaid [IF PUERTO RICO THEN DISPLAY: (plan La Reforma)], Medicare, [IF NOT PUERTO RICO THEN DISPLAY "CHIP,"] Medigap,] Military, [IF NOT PUERTO RICO THEN DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type? CLICK ALL THAT APPLY

ELSE, DISPLAY

During the months when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] DID have health coverage, what kinds of health coverage did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] have? Medicaid [IF PUERTO RICO THEN DISPLAY: (plan La Reforma)], Medicare, [IF NOT PUERTO RICOTHEN DISPLAY "S-CHIP,"] Medigap, Military, [IF NOT PUERTO RICO THEN DISPLAY "Indian Health Service,'"] Private Health Insurance, or another insurance type? CLICK ALL THAT APPLY

MEDICAID [IF PUERTO RICO DISPLAY:
(PLAN LA REFORMA)] [FILL STATE PROGRAM
NAME, IF APPLICABLE] 1   GO TO INS_14_X

MEDICARE..2   GO TO INS_14_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
CHIP [FILL STATE PROGRAM NAME, IF
APPLICABLE] 3   GO TO INS_14_X

[IF NOT USVI OR GUAM] MEDIGAP [FILL STATE
PROGRAM NAME, IF APPLICABLE] 4   GO TO INS_14_X

MILITARY 5   GO TO INS_14_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
INDIAN HEALTH SERVICE [FILL STATE
PROGRAM NAME, IF APPLICABLE] 6   GO TO INS_14_X

PRIVATE HEALTH INSURANCE 7   GO TO INS_14_X

OTHER INSURANCE TYPE.......................................8   GO TO INS_14_X

[IF GUAM DISPLAY] MIP/GOVGUAM 9   GO TO INS_14_X

DON'T KNOW..77   GO TO INS_14_X

REFUSED...99   GO TO INS_14_X

INS_11_X   Since [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]'s birth was there any time when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] was not covered by any health insurance for any reason?

YES 1   GO TO INS_12_X

NO 2

DON'T KNOW 77

REFUSED 99

IF INS_11_X=2, 77, OR 99, THEN DO:

IF INS_2=1 OR INS_3=1 OR INS_3A=1, GO TO INS_14

ELSE GO TO INS_13

INS_12_X   How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] the first time (CHILD) became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

____NUMBER..		GO TO INS_12A_X
UNINSURED AT BIRTH 44		GO TO INS_13_X
DON'T KNOW 77		GO TO INS_13_X
REFUSED 99		GO TO INS_13_X

INS_12A_X   ENTER PERIOD:

MONTH(S) 1		GO TO INS_14_X
YEAR(S)..2		GO TO INS_14_X

[DO NOT ASK INS_13 IF CHILD IS CURRENTLY INSURED BY MEDICAID OR CHIP: IF INS_2 = 1 or INS_3 = 1 OR INS_3A = 1]

INS_13_X   IF USVI, DISPLAY:
Has [FILL VAR: NAME OF FIRST/SECOND?/NINTH CHILD, FROM S3_5] ever been covered by any Medicaid plan?

ELSE, DISPLAY:
Has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] ever been covered by any Medicaid plan [IF PUERTO RICO DISPLAY: (plan La Reforma)] [IF NOT PUERTO RICO DISPLAY "or the Children's Health Insurance Program"]? [IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

YES 1		IF GUAM OR PUERTO RICO GO TO INS_14; ELSE GO TO INS_13A_X
NO 2		GO TO INS_14_X
DON'T KNOW 77		IF GUAM OR PUERTO RICO GO TO INS_14; ELSE GO TO INS_13A_X
REFUSED 99		IF GUAM OR PUERTO RICO GO TO INS_14; ELSE GO TO INS_13A_X

INS_13A_X   Has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] ever been covered by the Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].

YES 1		GO TO INS_14_X
NO 2		GO TO INS_14_X
DON'T KNOW 77		GO TO INS_14_X
REFUSED 99		GO TO INS_14_X

INS_14_X   Did cost of vaccinations ever cause you to delay or not get a vaccination for (CHILD)?

YES 1   IF (S6_X = 1 OR B1_X = 1 OR
                                                                        D6_X NE 0, 77, 0R 99) AND
                                                                        INS_8_X NE 1 GO TO
                                                                        INS_15_X, ELSE GO TO
                                                                        HIMTERM

NO 2   IF (S6_X = 1 OR B1_X = 1 OR
                                                                        D6_X NE 0, 77, 0R 99) AND
                                                                        INS_8_X NE1 GO TO INS_15_X,
                                                                        ELSE GO TO HIMTERM

DON'T KNOW 77   IF (S6_X = 1 OR B1_X = 1 OR
                                                                        D6_X NE 0, 77, 0R 99) AND
                                                                        INS_8_X NE 1 GO TO
                                                                        INS_15_X, ELSE GO TO
                                                                        HIMTERM

REFUSED 99   IF (S6_X = 1 OR B1_X = 1 OR
                                                                        D6_X NE 0, 77, 0R 99) AND
                                                                        INS_8_X NE 1 GO TO
                                                                        INS_15_X, ELSE GO TO
                                                                        HIMTERM

INS_15_X   When [FILL VAR: NAME OF FIRST/SECOND?/NINTH CHILD, FROM S3_5] received
            (FILL VAR: his/her) 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   GO TO HIMTERM

SOME OF THE COST 2   GO TO INS_16_X

NONE OF THE COST 3   GO TO INS_16_X

DON'T KNOW...77   GO TO INS_16_X

REFUSED..99   GO TO INS_16_X

INS_16_X   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   GO TO HIMTERM

SOME OF THE COST 2   GO TO HIMTERM

NONE OF THE COST 3   GO TO HIMTERM

DON'T KNOW...77   GO TO HIMTERM

REFUSED 99   GO TO HIMTERM

HIMTERM   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 (IF PUERTO RICO
           DISPLAY "Puerto Rico Department of Health and 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 Survey, please call the survey's number, 1-
           877-220-4805. If you have questions about your rights as a survey participant, you may call 1-
           800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review
           Board.