NIS-Child Hard Copy Questionnaire

Q2/2019

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

NORC

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 $20
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 INTERVIEWER ATTRIBUTE = C DISPLAY:]**

Hi, my name is _____, and I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] Centers for Disease Control and Prevention. How are you today? [PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting a really important study about kids' health and vaccinations to find out about the risk for certain diseases in our communities, and we're asking for your help. I'd like to ask you a few questions to see if your household is eligible for the study; and just to let you know: my call will be recorded or monitored for quality purposes.

[ELSE IF INTERVIEWER ATTRIBUTE = W DISPLAY:]

Hi, my name is _____, and I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] Centers for Disease Control and Prevention. How are you today? [PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting a really important study about kids' health and vaccinations to find out about the risk for certain diseases in our communities, and we're asking for your help. Just to let you know: my call will be recorded or monitored for quality purposes.

[ELSE IF INTERVIEWER ATTRIBUTE = P DISPLAY:]

Hi, my name is _____, and I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] Centers for Disease Control and Prevention. How are you today? [PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting an important study about the health and vaccinations of children and teens, which will provide crucial information about the risk of diseases in our communities. Just to let you know: my call will be recorded or monitored for quality purposes.

[ELSE IF INTERVIEWER ATTRIBUTE = U DISPLAY:]

CONVERSATIONAL INTRODUCTION
YOU MUST INCLUDE:
1. Greeting: Greet and introduce yourself to the respondent (first and last name)
2. Survey Sponsor: Calling on behalf of the Centers for Disease Control and Prevention
3. Purpose of Call: Explain why we are calling
4. The call will be recorded or monitored: Explain that the call will be recorded or monitored for quality purposes. If they decline to be recorded, proceed as usual by selecting "continue without recording."

READ IF NECESSARY:
Hi, my name is _____, and I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] Centers for Disease Control and Prevention. How are you today? [PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting a really important study about kids' health and vaccinations to find out about the risk for certain diseases in our communities, and we're asking for your help. I'd like to ask you a few questions to see if your household is eligible for the study; and just to let you know: my call will be recorded or monitored for quality purposes.

CONTINUE WITHOUT RECORDING	0	GO TO S3_LAW/S3_LAW_INCENT
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 S_WARM
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	IF LEAVING MESSAGE AND P_LCS>4, GO TO S_AM, ELSE IF LEAVING MESSAGE AND P_LCS<4, GO TO S_ARMI, ELSE TERMINATE
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?

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

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

[IF P_LRC=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 [FILL: OLD_NUMBER].

EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL.

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.

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

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

[IF P_LRC=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 [FILL: OLD_NUMBER].

EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL.

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

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM,

READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

NO CALL NOTES

LANDLINE_EXIT

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

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

THANK_YOU_OOS

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

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

GO BACK TO INTRO_1... 1   GO TO INTRO_1

TERMINATE INTERVIEW.. 2   TERMINATE

P1   IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, CLEARLY SAY YOUR NAME AND [IF GUAM DISPLAY "On behalf of the Department of Public Health and Social Services." ELSE DISPLAY: "On behalf of the Centers for Disease Control and Prevention."] REPEAT THIS AS NECESSARY.

IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE CALLING FROM, ENTER THE NIS NUMBER (1-877-220-4805).

IF THE R LOOPS YOU MORE THAN TWICE WITHOUT ANSWERING THE PHONE OR DISCONNECTING THE CALL, CODE THE CASE A REFUSAL THROUGH THE UE

P_1GOO   IF A PRIVACY MANAGER ASKS YOU TO SAY MORE ABOUT WHY YOU'RE CALLING, SAY: [IF GUAM DISPLAY: "The Department of Public Health and Social Services" ELSE DISPLAY: "The Centers for Disease Control and Prevention"] is conducting a really important study about kids' health and vaccinations to find out about the risk for certain diseases in our communities, and we're asking for your help. I'd like to ask you a few questions to see if your household is eligible for the study."

IF THE R LOOPS YOU MORE THAN TWICE WITHOUT ANSWERING THE PHONE OR DISCONNECTING THE CALL, CODE THE CASE A REFUSAL THROUGH THE UE

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   TERMINATE

COULD NOT LEAVE A MESSAGE............................ 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"................................... 3   TERMINATE

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", ELSE 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/$20] after we speak with you. Again, our number is 1-877-220-4805. Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE............................ 2   TERMINATE

ANSWERING MACHINE SAID "TAKE ME

OFF YOUR LIST" 3   TERMINATE

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/$20] 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   TERMINATE

COULD NOT LEAVE A MESSAGE............................ 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"................................... 3   TERMINATE

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", ELSE 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   TERMINATE

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/$20>.] Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE............................ 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"................................... 3   TERMINATE

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   TERMINATE

COULD NOT LEAVE A MESSAGE........................... 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST".................................... 3   TERMINATE

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   TERMINATE

COULD NOT LEAVE A MESSAGE........................... 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST".................................... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

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.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

TERMINATE INTERVIEW

P1   IF 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 LEAVING MESSAGE AND P_LCS>4, GO TO S_AM, ELSE IF LEAVING MESSAGE AND P_LCS<4, GO TO S_ARMI, ELSE TERMINATE
RING NO ANSWER	3	TERMINATE
REFUSED/NUMBER IS NOT ACCEPTED	4	TERMINATE
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 "Resident."

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.

 DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

[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 WHENCALL = 02 THEN DISPLAY HELP TEXT: ROSTER IS BEING RE-ASKED BECAUSE ONE OR MORE OF THE DOBs REPORTED IS DON'T KNOW

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.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

[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 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. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

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 (4/1/2019)

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 (6/30/2019)

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.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

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 IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important [IF IAP NOT 105, FILL: '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 can describe these laws if you wish. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE WITH RECORDING 1   GO TO S3_X

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

RESPONDENT ASKS FOR DESCRIPTION OF LAW 3   GO TO BITHDLAW

BITHD_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. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINUE WITH RECORDING 1   GO TO S3

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   GO 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", ELSE 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 the NORC Institutional Review Board at 1-866-309-0542.

              DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.
              THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

              [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 IAP=105 DISPLAY: 'Department of Public Health and Social Services and the'] (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important [IF IAP NOT 105, FILL: 'national'] survey on 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 can describe these laws if you wish. This call will be recorded or monitored. 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 A DESCRIPTION OF THE

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?

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intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

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

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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s influenza vaccinations.

Since July 1, 2018 has [FILL FROM S3_5: 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   GO TO B_CERT1

DON'T KNOW..77   GO TO BNEXTFLU

REFUSED...99   GO TO BNEXTFLU

B8DMA_X   How many flu vaccinations has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] received since July 1, 2018?

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

TWO VACCINATIONS OR DOSES 2   GO TO B8DM_X

DON'T KNOW..77   GO TO B_CERT1

REFUSED...99   GO TO B_CERT1

B8DM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] receive [FILL: his/her] first dose of the flu vaccine since July 1, 2018?

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

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2018 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 a spray in the nose?

FLU SHOT..1   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO B_CERT1

FLU NASAL SPRAY OR "FLUMIST"..........................2   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO B_CERT1

DON'T KNOW..77   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO B_CERT1

REFUSED..99   IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO B_CERT1

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, 2018?

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 07/2018 AND NOT AFTER INTERVIEW DATE

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"

GO TO B9D_TYPE

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

FLU SHOT...1   GO TO B_CERT1

FLU NASAL SPRAY OR "FLUMIST"..........................2   GO TO B_CERT1

DON'T KNOW...77   GO TO B_CERT1

REFUSED..99   GO TO B_CERT1

B_CERT1   How certain or sure are you that [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] [IF B8=01 FILL "got" / IF B8=02 FILL "did not get"] a flu vaccination? Would you say: Very Uncertain, Somewhat Uncertain, Somewhat Certain, or Very Certain?

VERY UNCERTAIN..1

SOMEWHAT UNCERTAIN...2

SOMEWHAT CERTAIN 3

VERY CERTAIN 4

DON'T KNOW...77

REFUSED...99

IF B8 is = 01 and (B8DM=1-12 OR B9DM=1-12) THEN GO TO B_CERT2

ELSE IF B8 is = 02 THEN GO TO BNEXTFLU

ELSE GO TO BLOCATIO

B_CERT2   How certain or sure are you about the month [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] got a flu vaccination? Would you say: Very Uncertain, Somewhat Uncertain, Somewhat Certain, or Very Certain?

VERY UNCERTAIN..1   GO TO BLOCATIO

SOMEWHAT UNCERTAIN..2   GO TO BLOCATIO

SOMEWHAT CERTAIN 3   GO TO BLOCATIO

VERY CERTAIN 4   GO TO BLOCATIO

DON'T KNOW...77   GO TO BLOCATIO

REFUSED..99   GO TO BLOCATIO

BLOCATIO   At what kind of place did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] get [FILL: his/her] most recent flu vaccination?

READ RESPONSES IF NECESSARY

DOCTOR'S OFFICE

[IF PUERTO RICO DISPLAY:] INTERVIEWER 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 GO TO B10LIFE

BNEXTFLU   How likely is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to get a flu vaccination between now and the end of June, 2019? Would you say [FILL VAR: he/she]:

Will definitely get one...1   GO TO B10LIFE

Will probably get one...2   GO TO B10LIFE

Will probably not get one, or 3   GO TO B10LIFE

Will definitely not get one...4   GO TO B10LIFE

DON'T KNOW..77   GO TO B10LIFE

REFUSED..99   GO TO B10LIFE

B10LIFE   Thinking about all of the flu vaccinations [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] received in [FILL: his/her] life before this flu season, that is before July 1, 2018, how many flu vaccinations did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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   GO TO B_HES1
TWO OR MORE FLU VACCINATIONS 2   GO TO B_HES1
ZERO FLU VACCINATIONS.......................................3   GO TO B_HES1
DON'T KNOW..77   GO TO B_HES1
REFUSED..99   GO TO B_HES1

B_HES1   The next set of questions are about all recommended childhood vaccines, not just flu vaccination.

Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] administered vaccines following a standard schedule, or some other schedule, such as the Sears Schedule?

READ IF NECESSARY: The standard schedule is the vaccination schedule recommended by the Centers for Disease Control and Prevention, also called CDC, and by the American Academy of Pediatrics. Some other schedule is any alternative schedule which does not follow the recommended schedule.

INTERVIEWER NOTE: SELECT "02 SOME OTHER SCHEDULE" IF THE RESPONDENT SAYS THEY DO NOT VACCINATE AT ALL.

STANDARD SCHEDULE 1   GO TO B_HES2
SOME OTHER SCHEDULE 2   GO TO B_HES2
DON'T KNOW..77   GO TO B_HES2
REFUSED..99   GO TO B_HES2

B_HES2   Overall, how hesitant about childhood shots would you consider yourself to be? Would you say
            not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

            NOT AT ALL HESITANT...1   GO TO B_HES3

            NOT THAT HESITANT 2   GO TO B_HES3

            SOMEWHAT HESITANT 1   GO TO B_HES3

            VERY HESITANT 2   GO TO B_HES3

            DON'T KNOW..77   GO TO B_HES3

            REFUSED...99   GO TO B_HES3

B_HES3   Did   concerns   about   the   number   of   vaccines   [FILL   FROM   S3_5:   NAME   OF
            FIRST/SECOND.../NINTH CHILD] gets at one time impact your decision to get [FILL FROM
            S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] vaccinated?

            YES 1   GO TO B_HES4

            NO...2   GO TO B_HES4

            DON'T KNOW..77   GO TO B_HES4

            REFUSED...99   GO TO B_HES4

B_HES4   Did concerns about serious, long-term side effects impact your decision to get [FILL FROM
            S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] vaccinated?

            YES 1   GO TO B_HES5

            NO...2   GO TO B_HES5

            DON'T KNOW..77   GO TO B_HES5

            REFUSED...99   GO TO B_HES5

B_HES5   Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

            YES 1   GO TO B_HES6

            NO...2   GO TO B_HES6

            DON'T KNOW..77   GO TO B_HES6

            REFUSED...99   GO TO B_HES6

B_HES6   Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s doctor or health
            provider your most trusted source of information about childhood vaccines?

            YES 1   GO TO B6_G_X

            NO...2   GO TO B6_G_X

            DON'T KNOW..77   GO TO B6_G_X

            REFUSED...99   GO TO B6_G_X

B6_G_X   I've been asking about shots received by [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]. Now I would like to ask, has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD], 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]…

…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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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: VALUE OF S3_AGE]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF_02L_X

CBF_03_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF_04_X

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

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

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

Response must not be greater than [FILL VAR: C1-S_NUMB]

"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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s race. Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]?

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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother has) completed?

READ IF NECESSARY

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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race. (Are you/is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM
            S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 YEAR IS INVALID (NOT IN 1920-[CURRENT YEAR], 7777, 9999) OR mm/dd/yyyy DATE IS IN THE FUTURE, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID"
ELSE IF YEAR NOT IN (7777, 9999) AND MONTH NOT IN (77, 99) AND CALCULATED AGE <8 YEARS, DISPLAY WARNING TEXT THAT READS: "MOTHER MUST BE 8 OR OLDER"
ELSE 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 CALCULATED AGE IS LESS THAN 14 YEARS OR GREATER THAN 60 YEARS THEN 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother live at the same address as (you/she) did when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'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 2018 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 2018 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 2018 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 [IF > $999,999.99 FILL RESPONSE, CFAMINC 'MILLION'. ELSE 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?

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

DO NOT LIVE IN GUAM 98

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, AND C19VIL NE 98, 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	

D5   [IF S6=1, THEN DISPLAY:]

To get a complete picture of the vaccinations received by your [FILL: IF NUMBCHIL=1, DISPLAY: "your child" ELSE IF NUMBCHIL>1, DISPLAY: "your children"], the Centers for Disease Control and Prevention would like to obtain a copy of your child's vaccination records from the doctors or health clinics who provided them. These records contain only the immunizations and dates of the immunizations for your [FILL: IF NUMBCHIL=1, DISPLAY: "your child" ELSE IF NUMBCHIL>1, DISPLAY: "your children"].

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

Thank you for the valuable information you've shared with us. We find that it's often difficult to remember specifics about vaccinations. The Centers for Disease Control and Prevention would like to collect the dates and types of vaccinations your [FILL: IF NUMBCHIL=1, DISPLAY: "your child has" ELSE IF NUMBCHIL>1, DISPLAY: "your children have"] received from 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?

-- The doctor's office has information about the exact brands or types of vaccines that were given, and this information is needed to track vaccination rates for each vaccine.

-- 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 Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

 -- 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.

 -- 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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

D6_X   [IF USVI, DISPLAY:]

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, DISPLAY:]

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 your child's doctor returns the form to us, we remove all names before reporting the information to the Centers for Disease Control and Prevention. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the 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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

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 health 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 your child's doctor returns the form to us, we remove all names before reporting the information to the Centers for Disease Control and Prevention. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the 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).

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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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

ENTER NUMBER.._____		GO TO D6A_1_X
ZERO 0		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_1_X
DON'T KNOW...77		GO TO SECT_D_TERM OR INS_1_X (ON CALLBACK)
REFUSED...99		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_1_X

D6A_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 I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

Why contact my doctor? Why give consent?

-- The doctor's office has information about the exact brands or types of vaccines that were given, and this information is needed to track vaccination rates for each vaccine.

-- 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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

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_1_X (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:

[FIRST, SECOND….ETC….] PROVIDER FOR [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]

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?

Please enter information about the Second provider for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]

What is the last name of the doctor? [Variable: D6B1]
LEAVE BLANK IF UNKNOWN
o you know the doctor's first name? [Variable: D6B2]
LEAVE BLANK IF UNKNOWN
lease tell me the name of the office or the clinic. [Variable: D6B3]
LEAVE BLANK IF UNKNOWN
What is the street address of the office or the clinic? [Variable: D6B4]
LEAVE BLANK IF UNKNOWN
Is there a suite, floor or room number? [Variable: D6B5]
LEAVE BLANK IF UNKNOWN
What city is that in? [Variable: D6B6]
LEAVE BLANK IF UNKNOWN
What state is that in? [Variable: D6B7]
LEAVE BLANK IF UNKNOWN
What is the zip code? [Variable: D6B8]
LEAVE BLANK IF UNKNOWN
What is their telephone number? [Variable: D6B9]
LEAVE BLANK IF UNKNOWN
Do you have the contact information written down somewhere? [Variable: D6B10]
LEAVE BLANK IF UNKNOWN

POST-PROVIDER LOOKUP PATHS

DXPROV   ENTER '01: ADD ANOTHER PROVIDER' ONLY IF RESPONDENT OFFERS ANOTHER PROVIDER; ELSE ENTER '02: NO ADDITIONAL PROVIDERS'

ADD ANOTHER PROVIDER.......................................1	GO TO PROVIDER LOOKUP
NO ADDITIONAL PROVIDERS..................................2	GO TO D8_X

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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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. 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 the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so 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 the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so 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.

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

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

CONTINUE 1   GOT TO D8A_X

REFUSED 99   GO TO SECT_D_TERM;
                                                                               INS_1_X (on callback)

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 D9

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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

CONTINUE.	1	GO TO D9A
REFUSED	2	GO TO SET_D_TERM; INS_1_X (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 study 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.

What are you sending to my doctor?

-- If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

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 DISPLAY:]

               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, 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 IF P_REGIST=0 AND P_LAV=0, DISPLAY:]

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'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?

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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 Please tell me the correct first and last name of the consent giver:

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 MIDDLE NAME: _____

D9C_C_X (LAST NAME: _____

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

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 Please tell me the correct first and last name of the child:

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 MIDDLE NAMsE: _____

D8C_C_X LAST NAME: _____

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

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_1_X

NO 2   GO TO DNEWDOB_1

DNEWDOB

What is the correct month, day and year of birth of [IF DCG2=2, FILL CHILD'S NAME FROM D8A_C-D8C_C, ELSE IF DCG=1, FILL FROM 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_1_X (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 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

D9D1NEW   (READ IF NECESSARY: 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

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_1_X   Next I'm going to ask you a few questions about [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s health insurance.

At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 IAP=95 AND C_ISLAND NE 05, GO TO INS_5;

ELSE 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, GO TO INS_3A_X;

ELSE GO TO INS_2

*IF C19_STATE IN (.,77,99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE C19_STATE

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 IAP=95 AND C_ISLAND NE 05, GO TO INS_5_X;

ELSE 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, GO TO INS_3A_X;

ELSE GO TO INS_2_X

*IF C19_STATE IN (.,77,99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE
C19_STATE

INS_2_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-V-A, 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, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 [FILL FROM S3_5: NAME OF

FIRST/SECOND.../NINTH 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_X
MEDICARE..2	GO TO INS_7B_X
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY] CHIP [STATE NAME]..3	GO TO INS_11_X
[IF NOT USVI OR GUAM DISPLAY] MEDIGAP 4	GO TO INS_7B_X
MILITARY 5	GO TO INS_11_X
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY] INDIAN HEALTH SERVICE 6	GO TO INS_11_X
PRIVATE INSURANCE 7	GO TO INS_7B_X
SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC) 8	GO TO INS_8_X
OTHER 9	GO TO INS_7B_X
[IF GUAM DISPLAY] MIP/GOVGUAM 10	GO TO INS_7B_X
DON'T KNOW...77	GO TO INS_8_X
REFUSED..99	GO TO INS_8_X

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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth, has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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

ENTER 44 IF UNINSURED AT BIRTH

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] did have health coverage, what kinds of health coverage did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] DID have health coverage, what kinds of health coverage did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Medicaid [IF PUERTO RICO THEN DISPLAY: (plan La Reforma)], Medicare, [IF NOT PUERTO RICOTHEN DISPLAY "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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth was there any time when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan?

ELSE, DISPLAY:
Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] 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]."

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   IF USVI OR GUAM, DISPLAY:

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan?

IF PUERTO RICO, DISPLAY:

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan (Plan La Reforma)?

ELSE, DISPLAY:

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by the Children's Health Insurance Program?

[IF C19=AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, WI OR (C19=0 OR C19_STA=77,99 AND STATE=AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, WI), DISPLAY:] In this state, it is sometimes called [FILL STATE PROGRAM FROM 'TEXT FILLS' SPREADSHEET].

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 [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH 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 FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] received [FILL: 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 related surveys. if you are contacted to participate in related 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", ELSE 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 would like more information about the National Immunization Survey, please call 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.

THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING