

NIS-Child Hard Copy Questionnaire

Q2/2021

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

Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this survey, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m).

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)
P_INCENT	0 = no incentive offer 1-3 = \$20 incentive 4-6 = \$10 incentive
SAMPLE_USE_CODE	1 = NIS AND TEEN
P_ASKTEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview
P_ASKFLU	0 - Do not ask Flu interview 1 - Invoke Flu screener/interview
P_ASKADULT	0 – Do not ask Adult interview 1 – Invoke Adult interview

SECTION S

Screener

INTRO_1

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 [IF ADULT COVID MODULE ON, DISPLAY: "vaccinations for COVID and other diseases affecting adults and children"; [IF ADULT COVID OFF, DISPLAY: "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.

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 RDD_NCCELL_CCELL=2,3 AND NEWPHONE_FLAG=1, DISPLAY:]
INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [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

[IF INTRO_1=01, DISPLAY:] For your safety, we will call you back at another time.

[IF INTRO_1=02, DISPLAY:] For your safety, I need to end the call at this 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 RDD_NCCELL_CCELL=2,3 AND NEWPHONE_FLAG=1, DISPLAY:]
INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [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

[IF INTRO_1=02, DISPLAY:] NUMBER IS NATIONALLY RECOGNIZED BUSINESS,
 AN ACADEMIC, HEALTH OR GOVERNMENT INSTITUTION, OR HOME BUSINESS
 NOT USED FOR PERSONAL CALLS 5 FINALIZE CASE

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

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
 OFFYOUR LIST” 3 TERMINATE
 CONTINUE INTERVIEW 4 GO TO INTRO_1

MSG_Y_APPT 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 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 [FILL: \$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 [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 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 1-877-220-4805.

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 [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 to follow up on a letter that was sent to your home. 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, 1-877-220-4805. In appreciation for your time, we will send you [FILL: \$10/\$20] 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 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

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 SCRFEXIT
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)

REFUSED 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 TOSCRFEXIT

SCRFEXIT Those are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

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_ASKTEN=0 AND P_ASKFLU=1 THEN GO TO LF_UNDR18. ELSE IF
P_ASKTEN=1 THEN GO TO TIS_UNDER18. ELSE IF P_ASKADULT=1, P_ASKTEN=0
AND P_ASKFLU=0, GO TO ADLT_INTRO. ELSE IF P_ASKADULT=0, P_ASKTEN=0
AND P_ASKFLU=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 S_NUMB_TERM

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, my name is [INTERVIEWER NAME], and I'm calling on behalf of 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.

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

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 [if child is under 3 years of age, display age of child in months and years; if child is over 3 years of age, display age of child in 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 (4/1/2021)

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 (6/30/2021)

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 TOTTHIS 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"] [IF GUAM, DISPLAY: "The Department of Public Health and Social Services 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 THERE IS AN NIS ELIGIBLE CHILD, GO TO S3_D_1. ELSE IF P_ASKTEN=1, GOTO TIS_UNDER18. ELSE IF P_ASKFLU=1, GO TO LF_INTRO. ELSE IF P_ASKADULT=1, GO TO ADLT_INTRO. ELSE TERMINATE.

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 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 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 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?

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 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

[IF GUAM, DISPLAY: The following questions ask about immunizations or shots for [FILL FROM S3_5: CHILD NAME]. Since some of the immunizations are difficult to remember it would be helpful if you could refer to shot records.]

[ELSE DISPLAY: The remainder of the survey will take about 10 minutes.]

ALL GO TO S6_X

S6_X

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

YES. 1 GO TO B1_X
NO 2 GO TO B1_X
DONT KNOW 77 GO TO B1_X
REFUSED 99 GO TO B1_X

SECTION MR

Most Knowledgeable Respondent Callback Questions

- MR1 Before we hang up, please tell me the first name of the person who knows the most about (this child's/these children's) immunizations.
- FIRST NAME: _____ GO TO MR3
- MR3 Should I call the same telephone number where I reached you?
- YES 1 GO TO MR_APP
- NO 2 GO TO MR4
- MR_APP When would be a good time to call back and speak with (NAME FROM MR1)?
- SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN
- IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE CALLBACK INTRODUCTION
- APPOINTMENT 1 GO TO CB1
- CONTINUE..... 2 GO TO S5_BOX

SECTION B

Flu Vaccination

B1_X Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever received an immunization, that is a shot or drops?

YES1 GO TO B8_X

NO2 GO TO B8_X

DON'T KNOW77 GO TO B8_X

REFUSED99 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, 2020 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.

YES1 GO TO B8DMA_X

NO2 GO TO BNEXTFLU

DON'T KNOW77 GO TO BNEXTFLU

REFUSED99 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, 2020?

ONE VACCINATION OR DOSE1 GO TO B8DM_X

TWO VACCINATIONS OR DOSES2 GO TO B8DM_X

DON'T KNOW77 GO TO BLOCATIO

REFUSED99 GO TO BLOCATIO

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, 2020?

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

MONTH	YEAR
--	--- _

ANSWER MUST BE AFTER 07/2020 AND NOT AFTER INTERVIEW DATE

IF B8DM=THE CURRENT MONTH AND B8DY=CURRENT YEAR , GO TO BWEEK

ELSE 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"

BWEEK Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: on or after Sunday, [FILL: Date with most recent Sunday’s date]?

YES.....1 GO TO B8D_TYPE

NO.....2 GO TO B8D_TYPE

DON'T KNOW.....77 GO TO B8D_TYPE

REFUSED.....99 GO TO B8D_TYPE

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 BLOCATIO

FLU NASAL SPRAY OR “FLUMIST”.....2 IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATIO

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

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

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, 2020?

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 07/2020 AND NOT AFTER INTERVIEW DATE

IF B9DM=THE CURRENT MONTH AND B9DY=CURRENT YEAR , GO TO BWEEK2

ELSE GO TO B9D_TYPE

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

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

BWEEK2 Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: on or after Sunday, [FILL: Date with most recent Sunday's date]]?

YES.....1 GO TO B9D_TYPE

NO.....2 GO TO B9D_TYPE

DON'T KNOW.....77 GO TO B9D_TYPE

REFUSED.....99 GO TO B9D_TYPE

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

FLU SHOT.....1 GO TO BLOCATIO

FLU NASAL SPRAY OR "FLUMIST".....2 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?

INTERVIEWER NOTE: IF RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-
THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE BELOW
PROVIDED THIS OPTION.

READ RESPONSES IF NECESSARY

DOCTOR'S OFFICE

[IF PUERTO RICO DISPLAY:] INTERVIEWER NOTE:

DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER

AND REFORMA PROVIDER]01

HEALTH DEPARTMENT02

CLINIC OR HEALTH CENTER03

HOSPITAL04

OTHER MEDICALLY-RELATED PLACE.....05

PHARMACY OR DRUG STORE.....06

WORKPLACE.....07

ELEMENTARY/MIDDLE/HIGH SCHOOL08

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 [display only if GUAM].....11

DON'T KNOW77

REFUSED99

IF BLOCATIO=09, THEN GO TO BLOCATIOO

ELSE 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

BLOCATIOO Other location: _____

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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, 2021? 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, or3 GO TO B10LIFE

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

DON'T KNOW77 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, 2020, 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 VACCINATION1 GO TO B_HES2

TWO OR MORE FLU VACCINATIONS2 GO TO B_HES2

ZERO FLU VACCINATIONS.....3 GO TO B_HES2

DON'T KNOW77 GO TO B_HES2

REFUSED.....99 GO TO B_HES2

B_HES2 This next question is about all recommended childhood vaccines, not just flu vaccination. 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_MISS

NOT THAT HESITANT.....2 GO TO B_MISS

SOMEWHAT HESITANT.....3 GO TO B_MISS

VERY HESITANT.....4 GO TO B_MISS

DON'T KNOW77 GO TO B_MISS

REFUSED99 GO TO B_MISS

B_MISS In the last two months, was a medical check-up, well child visit, or vaccination appointment for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] delayed, missed, or not scheduled for any reason?

YES1 GO TO B_MISS2
 NO2
 DON'T KNOW77
 REFUSED99
 IF QUOTA: NIS_SPRING_FLU=1, GO TO BCOVID1
 ELSE IF QUOTA: NIS_SPRING_FLU=0, GO TO B6_G_X

B_MISS2 Was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s visit or appointment delayed, missed, or not scheduled because of COVID-19? Please include anything that could be related to COVID-19, such as fear of exposure to COVID, the doctor's office was closed, COVID-related loss of health insurance, or anything else.

YES1
 NO2
 DON'T KNOW77
 REFUSED99
 IF QUOTA: NIS_SPRING_FLU=1, GO TO BCOVID1
 ELSE IF QUOTA: NIS_SPRING_FLU=0, GO TO B6_G_X

BCOVID1 For the next few questions we would like you to focus on the time **between March 2020 and today**, meaning since the start of the COVID-19 pandemic.

Between March 2020 and today, meaning since the start of the COVID-19 pandemic, did you have any difficulty getting a well-child or vaccination appointment for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]? This could have been due to the healthcare provider's office having limited hours or being closed due to COVID-19 *or any other reason*. Would you say: you had difficulty getting an appointment, did not have difficulty, or did not try to make an appointment for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] in that time?

HAD DIFFICULTY1 GO TO BCOVID2
 DID NOT HAVE DIFFICULTY2 GO TO BCOVID2
 DID NOT TRY TO MAKE A WELL-CHILD OR
 VACCINATION APPOINTMENT3 GO TO BCOVID2
 DON'T KNOW77 GO TO BCOVID2
 REFUSED99 GO TO BCOVID2

BCOVID2 Since the start of the COVID-19 pandemic, *was there ever a time when you chose not to bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to a healthcare visit where vaccines might be given, for example, a well-child visit, annual physical visit, back-to-school visit, or vaccination visit?*

YES1 GO TO BCOVID3
 NO2 GO TO BCOVID7
 DON'T KNOW77 GO TO BCOVID7
 REFUSED99 GO TO BCOVID7

BCOVID3 There are many reasons why parents might have chosen not to bring their child to a well-child or vaccination appointment since the start of the COVID-19 pandemic. I am going to read a list of a few possible reasons why parents may have made that choice. Please tell me if each statement is an important reason why you did not bring your child to that well-child or vaccination visit.

Was one of the important reasons you did not bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to that healthcare visit because... You were concerned about you or [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] catching COVID-19?

YES1 GO TO BCOVID4
 NO2 GO TO BCOVID4
 DON'T KNOW77 GO TO BCOVID4
 REFUSED99 GO TO BCOVID4

BCOVID4 Was one of the important reasons you did not bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to that healthcare visit because... [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was not around other children as much, so you were less concerned about [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] being up-to-date on vaccines?

YES1 GO TO BCOVID5
 NO2 GO TO BCOVID5
 DON'T KNOW77 GO TO BCOVID5
 REFUSED99 GO TO BCOVID5

BCOVID5 [READ IF NECESSARY: Was one of the important reasons you did not bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to that healthcare visit because...] You were concerned about the cost?

YES1 GO TO BCOVID6
 NO2 GO TO BCOVID6
 DON'T KNOW77 GO TO BCOVID6
 REFUSED99 GO TO BCOVID6

BCOVID6	[READ IF NECESSARY: Was one of the important reasons you did not bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to that healthcare visit because...] You had difficulty getting time off work or finding childcare?	
	YES	1 GO TO BCOVID7
	NO	2 GO TO BCOVID7
	DON'T KNOW	77 GO TO BCOVID7
	REFUSED	99 GO TO BCOVID7
BCOVID7	Between March 2020 and today, meaning since the start of the COVID-19 pandemic, did you receive a reminder to bring [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] in for vaccinations that were due or overdue?	
	YES	1 GO TO BCOVID8
	NO	2 GO TO BCOVID8
	DON'T KNOW	77 GO TO BCOVID8
	REFUSED	99 GO TO BCOVID8
BCOVID8	Have you received information from [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s healthcare provider about precautions the office is taking to protect patients from COVID-19?	
	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
YEARS4 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 BIRTH000 GO TO CBF_N_X
DON'T KNOW777 GO TO CBF_N_X
NEVER888 GO TO CBF_N_X
REFUSED999 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
YEARS4 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

NEVER888

AT BIRTH000

DON'T KNOW777

REFUSED999

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

YEARS4

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 KNOW77 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 KNOW77 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."

Correction1 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?

YES1 GO TO C1_C IF ANSWER TO C1_B IS GREATER THAN OR EQUAL TO S_NUMB+1, ELSE GO TO C2_06Q3

NO2 GO TO C1

DON'T KNOW7 GO TO C2_06Q3

REFUSED99 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 KNOW77 GO TO C2_06Q3_X

REFUSED99 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? [IF USVI, DISPLAY:INCLUDES MEXICANO/A, MEXICANO-AMERICANO/A, CHICANO/A, PUERTORRIQUEÑO/A, CUBANO/A, CENTROAMERICANO/A, SURAMERICANO/A, DOMINICANO/A, O DE OTRO ORIGEN HISPANO, LATINO O ESPAÑOL] [ELSE DISPLAY: INCLUDES MEXICANO/A, MEXICANO-AMERICANO/A, CHICANO/A, PUERTORRIQUEÑO/A, CUBANO/A, CENTROAMERICANO/A, SURAMERICANO/A, O DE OTRO ORIGEN HISPANO, LATINO O ESPAÑOL]

YES1 GO TO C2_A_06Q3_X
 NO2 GO TO C3
 DON'T KNOW77 GO TO C3
 REFUSED99 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/A1 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 AMERICAN5 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 KNOW77 GO TO C3_X

REFUSED99 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 AMERICAN2

AMERICAN INDIAN3

ALASKA NATIVE.....4

ASIAN5

NATIVE HAWAIIAN.....6

PACIFIC ISLANDER.....7

OTHER8 GO TO C3_OTHRX

DON'T KNOW77

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 INDIAN1
 CHINESE.....2
 FILIPINO3
 JAPANESE4
 KOREAN5
 VIETNAMESE6
 OTHER ASIAN7
 DON'T KNOW77
 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 GUARDIAN1

FATHER (STEP, FOSTER, ADOPTIVE) OR
MALE GUARDIAN2

SISTER OR BROTHER (STEP/FOSTER/
HALF/ADOPTIVE).....3

IN-LAW OF ANY TYPE4

AUNT/UNCLE5

GRANDPARENT6

OTHER FAMILY MEMBER.....7

FRIEND8

DON'T KNOW77

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?

YES1

NO2

DON'T KNOW77

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)

YES1 GO TO C8_A_06Q3

NO2 GO TO C9_X

DON'T KNOW77 GO TO C9_X

REFUSED99 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/A1 GO TO C9_X

PUERTO RICAN2 GO TO C9_X

CUBAN3 GO TO C9_X

CENTRAL AMERICAN4 GO TO C9_X

SOUTH AMERICAN5 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 KNOW77 GO TO C9_X

REFUSED99 GO TO C9_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 AMERICAN2

AMERICAN INDIAN3

ALASKA NATIVE.....4

ASIAN5

NATIVE HAWAIIAN.....6

PACIFIC ISLANDER.....7

OTHER (SPECIFY).....8 GO TO C9_OTHRX

DON'T KNOW77

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 INDIAN1
CHINESE.....2
FILIPINO3
JAPANESE4
KOREAN5
VIETNAMESE6
OTHER ASIAN7
DON'T KNOW77
REFUSED99

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 CHAMORRO1
SAMOAN2
OTHER PACIFIC ISLANDER3
DON'T KNOW77
REFUSED99

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 AMERICAN2

AMERICAN INDIAN3

ALASKA NATIVE.....4

ASIAN.5

NATIVE HAWAIIAN6

PACIFIC ISLANDER.....7

C9_OTHRX8

OTHER9 GO TO C10_OTHR

DON'T KNOW77

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 KNOW77

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?

YES1 GO TO C11_X

NO2 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?

YES1 GO TO CFAMINC

NO2 IF GUAM GO TO C11C, IF
PUERTO RICO GO TO C11CPR;
ELSE GO TO C11A_X

DON'T KNOW77 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?

YES01 (SKIP TO C11D_X)

NO02 (SKIP TO C11A_X)

DON'T KNOW77 (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?

YES01 (SKIP TO C11APR_X)

NO02 (SKIP TO C11A_X)

DON'T KNOW77 (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 99999 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 2020 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 2020 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 \$20,0003	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 2020 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 \$20,0003	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 \$60,0003	GO TO C16_B
	DON'T KNOW77	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 \$50,0003	GO TO C16_C
	DON'T KNOW77	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 \$45,0003	GO TO C19A
	DON'T KNOW77	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 \$25,0003	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
DON'T KNOW77	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 \$75,0003	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
DON'T KNOW77	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 KNOW77	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 CROIX01	GO TO C19C
	SAINT THOMAS02	GO TO C19C
	SAINT JOHN.....03	GO TO C19C
	WATER ISLAND04	GO TO C19C
	NOT IN USVI.....05	GO TO C19A
	DON'T KNOW77	GO TO C19C
	REFUSED9	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 KNOW77777	IF PUERTO RICO GO TO C19PR; ELSE GO TO C19
	REFUSED99999	IF PUERTO RICO GO TO C19PR; ELSE GO TO C19
C19A_CONF	To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?	
	YES1	GO TO C19B
	NO2	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?

YES1 GO TO C19B

NO2 GO TO C19_NEW_ZIP

DON'T KNOW77 GO TO C19B

REFUSED99 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 KNOW77777 GO TO C19B

REFUSED99999 GO TO C19B

C19B Do you live within the city limits?

YES1 GO TO C19C

NO2 GO TO C19C

DON'T KNOW77 GO TO C19C

REFUSED99 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 PHONES3	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 HOME01	GO TO D5
AT HOME.....02	GO TO D5
DON'T KNOW.....77	GO TO D5
REFUSED.....99	GO TO D5

SECTION D

Provider Questions

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].

[IF PUERTO RICO, DISPLAY:]

How many locations have provided vaccinations for your child named [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] whose birth date is [FILL FROM S3: DOB OF FIRST/SECOND.../NINTH CHILD]? Please include the hospital or birthing center where [FILL: IF S3_4=1, DISPLAY: "he", ELSE IF S3_4=2, DISPLAY "she"] was born, and any other clinics, doctor's offices, or Vaccination Centers that have seen [FILL: IF S3_4=1, DISPLAY: "him", ELSE IF S3_4=2, DISPLAY "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].

[IF PUERTO RICO, DISPLAY:]

How many locations have provided health care for your child? Please include the hospital or birthing center where [FILL: IF S3_4=1, DISPLAY "he"; ELSE IF S3_4 =2, DISPLAY "she"] was born, and any other clinics, doctor's offices, or Vaccination Centers that have seen [FILL: IF S3_4=1, DISPLAY "him"; ELSE IF S3_4 =2, DISPLAY "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).

-- 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	IF (LAST CHILD) AND 1 ST 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 1 ST 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 FIRST1	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME
YES, CONTINUE ON LAST NAME FIRST2	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME
NO, CAN'T FIND, CONTINUE3	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?

Do you know the doctor's last name? [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 PROVIDER1 GO TO PROVIDER LOOKUP

NO ADDITIONAL PROVIDERS2 GO TO D8_X

D6_R Vaccination information from doctors and clinics is often the most up-to-date and comprehensive. So, in order to obtain the most complete information possible about children's vaccinations, we need to collect the vaccination histories from both the parents or guardians of the children and the doctors and clinics that provide the immunizations.

All information about your child and your child's health care provider is held in strict confidence and used for study purposes only. Any names of children, as well as any names of doctors or clinics, will not be used in reporting the study results. We will never release any information that may identify you or your child.

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?

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

REFUSED2 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?

YES1 GO TO D6_C

NO2 GO TO D9D1

REFUSED99 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.

YES1 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?

Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

WHY DO YOU NEED TO CONTACT A REGISTRY?

Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

YES	1	GO TO DCG1_X
NO	2	GO TO DCG1_X
DON'T KNOW	77	GO TO DCG1_X
REFUSED	99	GO TO DCG1_X

D7_DATE Capture date at the time the answer to D7 is given

D7_TIME Capture time at the time the answer to D7 is given

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

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

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

YES1 GO TO DCG2_X

NO2 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?

YES1 GO TO DCONFDOB_X

NO2 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 NAMEs: _____

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?

YES1 GO TO NEXT CHILD OR
INS_1_X

NO2 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.

CONTINUE1 GO TO D9D1F

REFUSAL2 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
GUARDIAN01 GO TO D9D1A

FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
GUARDIAN02 GO TO D9D1A

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

IN-LAW OF ANY TYPE04 GO TO D9D1A

AUNT/UNCLE05 GO TO D9D1A

GRANDPARENT06 GO TO D9D1A

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

FRIEND08 GO TO D9D1A

D9D1A May I speak with that person now?

YES1 GO TO D9D1NEW

NO2 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

APPOINTMENT1 GO TO CB1

CONTINUE2 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]?

YES1 GO TO D9D2ANew

NO2 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.

CONTINUE WITH RECORDING1 GO TO D9D

CONTINUE WITHOUT RECORDING2 GO TO D9D2REC

SECTION E

Health Insurance Module

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

INS_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?

YES1 IF USVI GO TO INS_5; ELSE GO TO INS_2_X

NO2 IF USVI GO TO INS_5; ELSE GO TO INS_2_X

DON'T KNOW77 IF USVI GO TO INS_5; ELSE GO TO INS_2_X

REFUSED99 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?

YES1 IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

NO2 IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

DON'T KNOW77 IF GUAM OR PUERTO RICO THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

REFUSED99 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?

YES1 GO TO INS_4_X
NO2 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?

YES1 GO TO INS_4_X
NO2 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?

YES1 GO TO INS_5_X
NO2 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.

YES1 GO TO INS_6_X
NO2 GO TO INS_6_X
DON'T KNOW77 GO TO INS_6_X
REFUSED99 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'.]

YES1 GO TO INS_6A_X
NO2 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 KNOW77 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
REFUSED99 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?

YES1 GO TO INS_8_X
NO2 GO TO INS_7A_X
DON'T KNOW77 GO TO INS_11_X
REFUSED99 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

MEDICARE2 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] MEDIGAP4 GO TO INS_7B_X
MILITARY5 GO TO INS_11_X
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
INDIAN HEALTH SERVICE6 GO TO INS_11_X
PRIVATE INSURANCE7 GO TO INS_7B_X
SINGLE SERVICE PLAN
(DENTAL, VISION, PRESCRIPTIONS, ETC)8 GO TO INS_8_X
OTHER9 GO TO INS_7B_X
[IF GUAM DISPLAY] MIP/GOVGUAM10 GO TO INS_7B_X
DON'T KNOW77 GO TO INS_8_X
REFUSED99 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?

YES1 GO TO INS_11_X

NO2 GO TO INS_8_X

DON'T KNOW77 GO TO INS_11_X

REFUSED99 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.

YES1 GO TO INS_14_X

NO2 GO TO INS_9_X

DON'T KNOW77 GO TO INS_14_X

REFUSED99 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 BIRTH44 GO TO INS_10_X

DON'T KNOW77 GO TO INS_10_X

REFUSED99 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

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 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

MEDICAID [IF PUERTO RICO DISPLAY:

(PLAN LA REFORMA)] [FILL STATE PROGRAM

NAME, IF APPLICABLE]1 GO TO INS_14_X

MEDICARE2 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

MILITARY5 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 INSURANCE7 GO TO INS_14_X

OTHER INSURANCE TYPE8 GO TO INS_14_X

[IF GUAM DISPLAY] MIP/GOVGUAM9 GO TO INS_14_X

DON'T KNOW77 GO TO INS_14_X

REFUSED99 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?

YES1 GO TO INS_12_X

NO2

DON'T KNOW77

REFUSED99

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 BIRTH44 GO TO INS_13_X

DON'T KNOW77 GO TO INS_13_X

REFUSED99 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?

[IF PUERTO AND C19PR/C19PRSTA ne '98', 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 any Medicaid plan or 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	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 K_D16
SOME OF THE COST	2	GO TO K_D16
NONE OF THE COST	3	GO TO K_D16
DON’T KNOW	77	GO TO K_D16
REFUSED	99	GO TO K_D16

K_D16

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 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