

## **NIS-Child Hard Copy Questionnaire**

**Q3/2018**

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)
INCENT_GRP	1 - Address known, offer \$10 2 - Address unknown, offer \$20
sample_use_code	1 = NIS AND TEEN 2 = NIS-NSCH 3 = NSCH-only 4 = NIS-TEEN-NSCH 5 = NIS STALLED CASES 6 = NIS-TEEN STALLED CASES
ASK_TEEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview

## SECTION S

### *Screener*

INTRO\_1

**[IF P\_REGIST=1 THEN DISPLAY:]**

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

**[ELSE IF P\_REGIST=0 and RDD\_NCCELL\_CCELL=1, DISPLAY:]**

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

**[ELSE IF P\_REGIST=0 AND RDD\_NCCELL\_CCELL =2, DISPLAY:]**

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

**[ELSE IF P\_REGIST=0 AND RDD\_NCCELL\_CCELL =3, DISPLAY:]**

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

**[ELSE IF P\_REGIST=4 DISPLAY:]**

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

**[ELSE IF P\_REGIST = 2 or 3 DISPLAY:]**

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

**[ELSE IF P\_REGIST = 1 or 5 DISPLAY:]**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF

P\_REGIST=1 DISPLAY: 'Minnesota'; IF P\_REGIST=5 DISPLAY: 'Wisconsin'] Public Health Department to be included in the survey. This call will be recorded or monitored.

**[ELSE IF P\_LAV = 1, 2, 3 or 4 DISPLAY:]**

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

CONTINUE WITHOUT RECORDING.....	0	GO TO S3_LAW/S3_LAW_INCENT
CONTINUE WITH INTERVIEW AND RECORDING.....	1	IF RDD_NCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCELL_CCELL=2, 3, GO TO S_WARM
CONFIRM BUSINESS.....	2	GO TO SALZ
OUT OF SCOPE, NOT A PERMANENT RESIDENCE.....	3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW.....	4	GO TO T1
SEE SKIP INSTRUCTIONS.....	5	IF RDD_NCELL_CCELL =1, DISPLAY (05) CELL PHONE, GO TO CELL_1, ELSE IF RDD_NCELL_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_ARM1, 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_NCELL_CCELL =2,3 DISPLAY (17) DROPPED CALL, GO TO CNOTES_1_1
INBOUND TEXT MESSAGE.....	18	GO TO T1

S3\_LAW/S3\_LAW\_INCENT

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

IF INTRO\_1=1 AND RDD\_NCCELL\_CCELL = 1, GO TO S1

ELSE IF INTRO\_1=1 AND RDD\_NCCELL\_CCELL = 2 OR 3 GO TO S\_WARM

S\_WARM

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

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

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

[IF P\_LRC=2,3 AND NEWPHONE\_FLAG=1, DISPLAY:] INTERVIEWER NOTE: THE  
NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A  
PREVIOUS CALL. THE ORIGINAL NUMBER IS [FILL: OLD\_NUMBER].

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

- SAFE TO CONTINUE..... 33 GO TO S1
- NOT SAFE TO CONTINUE ..... 44 GO TO S\_ATTN
- NOT A CELL PHONE..... 55 GO TO LL\_EXIT

S\_ATTN

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

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

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

[IF P\_LRC=2,3 AND NEWPHONE\_FLAG=1, DISPLAY:] INTERVIEWER NOTE: THE  
NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A  
PREVIOUS CALL. THE ORIGINAL NUMBER IS [FILL: OLD\_NUMBER].

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

- CALL BACK AT ANOTHER TIME ..... 1 GO TO CB1
- CALL BACK AT ANOTHER NUMBER  
REQUESTED..... 2 GO TO CB1N\_WARNING
- WRONG TIME ZONE FOR CELL PHONE..... 3 GO TO CELL\_TZ\_1
- GO BACK TO S\_WARM..... 4 GO TO S\_WARM

CELL_TZ_1	In what time zone would you like to be called back?	
	ATLANTIC TIME .....	1 SET TZ TO 58 AND GO TO CB1
	EASTERN STANDARD TIME.....	2 SET TZ TO 62 AND GO TO CB1
	CENTRAL STANDARD TIME .....	3 SET TZ TO 65 AND GO TO CB1
	STANDARD MOUNTAIN TIME.....	4 SET TZ TO 69 AND GO TO CB1
	US STANDARD MOUNTAIN TIME (AZ).....	5 SET TZ TO 68 AND GO TO CB1
	PACIFIC STANDARD TIME .....	6 SET TZ TO 70 AND GO TO CB1
	ALASKAN STANDARD TIME .....	7 SET TZ TO 71 AND GO TO CB1
	HAWAIIAN STANDARD TIME.....	8 SET TZ TO 72 AND GO TO CB1
	GUAM/CHAMORRO STANDARD TIME .....	9 SET TZ TO 66 AND GO TO CB1
	RETURN TO INTRO_1.....	10 GO TO INTRO_1 ELSE GO TO N_INTRO1
	RESPONDENT DOESN'T KNOW/KEEP CURRENT	
	TIME ZONE.....	12 GO TO CB1
	REFUSED TO CONTINUE/HUNG UP .....	99 TERMINATE

CELL_1	I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or has this number been forwarded to your cell phone?	
	INTERVIEWER INSTRUCTION: DO NOT USE THE HAND ON THIS SCREEN, IF YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.	
	CELL PHONE.....	1 GO TO CELL_EXIT
	NUMBER FORWARDED TO CELL PHONE .....	2 GO TO CB1
	RESPONDENT HUNG UP BEFORE	
	CONFIRMATION .....	3 TERMINATE
	GO BACK TO INTRO_1.....	4 GO TO INTRO_1

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

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

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

NO CALL NOTES

LANDLINE\_EXIT

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

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

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

THANK\_YOU\_OOS

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

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

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

GO BACK TO INTRO\_1..... 1 GO TO INTRO\_1

TERMINATE INTERVIEW..... 2 TERMINATE

MSG\_Y

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

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

LEAVE MESSAGE AND TERMINATE..... 1 TERMINATE

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

ANSWERING MACHINE SAID

“TAKE ME OFF YOUR LIST”..... 3 TERMINATE

CONTINUE INTERVIEW ..... 4 GO TO INTRO\_1

MSG\_INCENT Hello. I'm calling on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [child who lives/children who live] there. I'm calling back to continue the interview. If you would like to participate immediately, please call our number, 1-877-220-4805. In appreciation for your time, we will send you [FILL: \$10/\$20] after we speak with you. Again, our number is 1-877-220-4805. Thank you.

- LEAVE MESSAGE AND TERMINATE..... 1 TERMINATE
- COULD NOT LEAVE A MESSAGE..... 2 TERMINATE
- ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST" ..... 3 TERMINATE
- CONTINUE INTERVIEW ..... 4 GO TO INTRO\_1

MSG\_Y\_APPT Hello. I am calling on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention regarding a nationwide survey about childhood immunization. When we spoke previously about this important study, you or someone in your household asked us to call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1-877-220-4805. [IF P\_INCENT=1-6 fill: "In appreciation for your time, we will send you [FILL: \$10/\$20] after we speak with you."] Also, if you have any questions, that number again is 1-877-220-4805. Thank you.

- LEAVE MESSAGE AND TERMINATE..... 1 TERMINATE
- COULD NOT LEAVE A MESSAGE..... 2 TERMINATE
- ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST" ..... 3 TERMINATE
- CONTINUE INTERVIEW ..... 4 GO TO INTRO\_1

MSG\_PENDING\_SCREENED

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

- LEAVE MESSAGE AND TERMINATE..... 1 TERMINATE
- CONTINUE INTERVIEW ..... 2 IF INTERVIEW HAS NOT BEEN STARTED YET, GO TO S1  
IF INTERVIEW WAS BROKEN OFF, RETURN TO POINT OF BREAKOFF



MSG\_CLOSE\_DOWN

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a national survey about the health of children and teenagers. I'm sorry that we've missed you. When we spoke previously about this important survey you requested that we call you back at this time. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our number is 1-877-220-4805. [IF P\_INCENT>0, FILL: In appreciation for your time, we will send you <\$10/\$20>.] Thank you.

- LEAVE MESSAGE AND TERMINATE..... 1    TERMINATE
- COULD NOT LEAVE A MESSAGE..... 2    TERMINATE
- ANSWERING MACHINE SAID
- “TAKE ME OFF YOUR LIST” ..... 3    TERMINATE
- CONTINUE INTERVIEW ..... 4    GO TO INTRO\_1

MSG\_PENDING\_SCREENED\_CLOSE\_DOWN

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

- LEAVE MESSAGE AND TERMINATE..... 1    TERMINATE
- COULD NOT LEAVE A MESSAGE..... 2    TERMINATE
- ANSWERING MACHINE SAID
- “TAKE ME OFF YOUR LIST” ..... 3    TERMINATE
- CONTINUE INTERVIEW ..... 4    GO TO INTRO\_1

MSG\_INCENT\_CLOSE\_DOWN

Hello. I'm calling on behalf of <GUAMTEXT><Z\_FAMI03>. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the children who live there. I'm calling back to continue the interview. If you would like to participate immediately, please call our number, <Z800NUMB>. In appreciation for your time, we will send you <P\_INCGRP> after we speak with you. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Again, our number is <Z800NUMB>. Thank you.

- LEAVE MESSAGE AND TERMINATE..... 1    TERMINATE
- COULD NOT LEAVE A MESSAGE..... 2    TERMINATE
- ANSWERING MACHINE SAID
- “TAKE ME OFF YOUR LIST” ..... 3    TERMINATE
- CONTINUE INTERVIEW ..... 4    GO TO INTRO\_1

S1 Am I speaking to someone [IF RDD\_NCCELL\_CCELL = 1 "who lives in this household"]  
 who is 18 years old or older?  
 IF RDD\_NCCELL\_CCELL = 1 then display: IF THE RESPONDENT SAYS NO: ASK TO  
 SPEAK WITH SOMEONE 18 YEARS OLD OR OLDER WHO LIVES IN THE  
 HOUSEHOLD.

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

SALZ Is this telephone number for business use only?

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

SALZ\_BUS [IF RDD\_NCCELL\_CCELL = 1 READ] We are interviewing only private residences.  
Thank you very much.

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

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

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

TERMINATE INTERVIEW

P1 IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, SAY "On behalf of the Centers for Disease Control and Prevention." IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE CALLING FROM, ENTER THE NIS NUMBER (1-877-220-4805)

CONTINUE INTERVIEW .....	1	GO TO INTRO_1
ANSWERING MACHINE.....	2	IF LEAVING MESSAGE AND P_LCS>4, GO TO S_AM, ELSE IF LEAVING MESSAGE AND P_LCS<4, GO TO S_ARI, ELSE TERMINATE
RING NO ANSWER.....	3	TERMINATE
REFUSED/NUMBER IS NOT ACCEPTED.....	4	TERMINATE
TAKE ME OFF YOUR LIST.....	5	TERMINATE

VERIFY\_INFO REFER TO FAQ/JOB AID TO ANSWER

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

M1\_NAME In order to send you a letter, I will need to collect your name and mailing address. The letter will contain a number that you may call to complete the interview at your convenience.

READ IF NECESSARY: If you feel uncomfortable giving me your name, I can send the letter to "Resident."

Name: \_\_\_\_\_

M1\_STREET1 Street1:\_\_\_\_\_

M1\_SHEET2 Street2:\_\_\_\_\_

M1\_CITY City:\_\_\_\_\_

M1\_STATE State:\_\_\_\_\_

M1\_ZIP Zip:\_\_\_\_\_

M1\_REFUSED SEND LETTER AND TERMINATE  
 (NOT A REFUSAL)..... 1 CALL NOTES BOX APPEARS;  
 TERMINATE; SET INT=YA-  
 YC (Respondent requests letter)  
 SEND LETTER AND TERMINATE (REFUSAL)..... 2 GO TO X\_R1 (letter requests  
 pulled through outside process)  
 REEFUSED TO GIVE INFORMATION ..... 3 GO TO X\_R1

S2\_B Does anyone [IF RDD\_NCCELL\_CCELL = 1 live in your household / IF  
 RDD\_NCCELL\_CCELL = 2, 3 use this cell phone] who is 18 years old or older?

IF RDD\_NCCELL\_CCELL=1, DISPLAY:

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

IF RDD\_NCCELL\_CCELL = 2, 3, DISPLAY:

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

YES, THEY ARE COMING TO THE PHONE ..... 1 GO TO INTRO\_1

YES, BUT NO ONE IS HOME, SO SET A

CALLBACK ..... 2 GO TO  
 S2\_B\_1\_WARNING\_TEXT

NO, NO ADULTS [IF RDD\_NCCELL\_CCELL = 1  
 LIVE IN THE HOUSEHOLD AT ANY TIME / IF  
 RDD\_NCCELL\_CCELL = 2, 3 USE THIS CELL  
 PHONE] ..... 3 GO TO MINOR\_EXIT

IF RDD\_NCCELL\_CCELL = 1, DISPLAY: TEEN  
 LINE (COLLECT ANOTHER PHONE NUMBER)..... 4 GO TO CB1 TO CHANGE  
 NUMBER

REFUSED ..... 99 GO TO R1

S2B\_B\_1\_WARNING\_TEXT

Thank you, we'll try back another time.

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

GO TO CB1

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

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

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

**[TERMINATE INTERVIEW]**

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

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

IF ONE OR MORE,

ENTER # OF CHILDREN ..... \_\_\_\_ (ENTER 01 to 09) GO TO  
CP\_S3\_LTR

IF NO CHILDREN ENTER 0..... 00 SEE ADDITIONAL  
INSTRUCTIONS BELOW

DON'T KNOW ..... 77 GO TO S\_NUMB\_WARNING

REFUSED ..... 99 GO TO SNUMBREF

IF P\_S3EXP=1 AND P\_S3LTR=1 THEN GO TO CP\_S3\_LTR. ELSE IF P\_S3EXP=0 OR  
IF P\_S3EXP=1 AND P\_S3LTR=0 THEN: IF SAMPLE\_USE\_CODE=1 AND  
ASK\_TEEN=0 AND ASK\_FLU=1 AND P\_NISK=0, THEN GO TO LF\_INTRO ELSE IF  
ASK\_TEEN=1 THEN GO TO TIS\_UNDER18, ELSE IF SAMPLE\_USE\_CODE=2 THEN  
GO TO S\_UNDR18, ELSE IF SAMPLE\_USE\_CODE=4 AND ASK\_TEEN=0 AND  
P\_NISK=0, THEN GO TO S\_UNDR18, ELSE IF ASK\_TEEN=1 THEN GO TO  
TIS\_UNDER18, ELSE IF P\_NISK=1, THEN GO TO K\_INTRO. ELSE IF ASK\_TEEN=0  
AND ASK\_FLU=0, THEN GO TO S3\_TERM.

SNUMBREF The only reason we need to know how many children in this household are in this age group is to determine if you're eligible to participate in this survey.

CONTINUE..... 1 GO TO S\_NUMB

R STILL REFUSES ..... 2 SKIP TO SNUMTERM

S\_NUMB\_TERM

Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention for the time you have spent answering these questions.

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

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

[TERMINATE THE INTERVIEW; GO TO UE/R1]

S\_NUMB\_WARNING

ASK FOR ANOTHER PERSON OR SCHEDULE  
APPOINTMENT ON THE NEXT SCREEN

CONTINUE..... 1 GO TO SNUMWAR1

APPOINTMENT ..... 2 GO TO CB1

SNUMWAR1

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

CONTINUE WITH RECORDING ..... 1 GO TO S\_NUMB

CONTINUE WITHOUT RECORDING..... 2 GO TO SNUMWREC

SNUMREC

(ADD RECORDING MASK HERE TO TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE

WITHOUT RECORDING ..... 2 GO TO S\_NUMB

CP\_S3\_LTR

IF P\_S3LTR=1 THEN GO TO REVS3LTR, ELSE GO TO S3\_INTRO;

REVS3LTR

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

YES ..... 1

NO ..... 2

DON'T KNOW ..... 77

REFUSED ..... 99

IF REVS3LTR=01 AND P\_ADVLTR=1 GO TO S3\_LTR4;

ELSE

IF P\_S3EXP=0 THEN GO TO S3\_INTRO;

ELSE IF P\_S3EXP=1 and S\_NUMB-1-9 THEN All go to S3\_INTRO

ELSE IF P\_S3EXP=1 and S\_NUMB=0 THEN:

IF SUC=1 & ASK\_TEEN=0 and ASK\_FLU=1 and P\_NISK=0, THEN GO TO LF\_INTRO

ELSE IF ASK\_TEEN=1, THEN GO TO TIS\_UNDER18;

ELSE IF P\_NISK=1, THEN GO TO K\_INTRO.

IF SUC=2, THEN GO TO S\_UNDER18 (CSHCN-SCREENER)

IF SUC=4 & ASK\_TEEN=0 & P\_NISK=0, THEN GO TO S\_UNDER18 ELSE IF

ASK\_TEEN=1

THEN GO TO TIS\_UNDER18; ELSE IF P\_NISK=1 THEN GO TO K\_INTRO  
 ELSE IF ASK\_TEEN=0 AND ASK\_FLU=0 THEN GO TO S3\_TERM.

S3\_LTR4

Do you recall anything that was written in that letter?

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

- YES (NO VERBATIM COMMENT)..... 1
- YES ..... 2 GO TO S3LTR4V
- NO ..... 3
- DON'T KNOW ..... 77
- REFUSED ..... 99

S3LTR4V

COLLECT RESPONSE \_\_\_\_\_

IF P\_S3EXP=0 THEN GO TO S3\_INTRO;  
 Else if P\_S3EXP=1 and S\_NUMB=1-9 THEN All go to S3\_INTRO  
 ELSE IF P\_S3EXP=1 and S\_NUMB=0 THEN:  
 IF SUC=1 & ASK\_TEEN=0 and ASK\_FLU=1 and P\_NISK=0, THEN GO TO LF\_INTRO  
 ELSE IF ASK\_TEEN=1, THEN GO TO TIS\_UNDER18; ELSE IF P\_NISK=1, THEN GO  
 TO K\_INTRO.  
 IF SUC=2, THEN GO TO S\_UNDER18 (CSHCN-SCREENER)  
 IF SUC=4 & ASK\_TEEN=0 & P\_NISK=0, THEN GO TO S\_UNDER18 ELSE IF  
 ASK\_TEEN=1 THEN GO TO TIS\_UNDER18

S3\_INTRO/S3\_INTRO\_INCENT

Before we continue, I'd like you to know that taking part in this survey is voluntary.  
 You may choose not to answer any questions you don't wish to answer, or end the  
 interview at any time with no impact on the benefits you may receive. We are required  
 by Federal laws to develop and follow strict procedures to protect your information and  
 use your answers only for statistical analyses. I can describe these laws if you wish. I'd  
 like to continue now unless you have any questions.

- CONTINUE ..... 1 IF RDD\_NCELL\_CCELL = 2  
 GO TO S3\_X AND SET  
 RDD\_NCELL\_CCELL = 3
- RESPONDENT ASKS FOR DESCRIPTION  
 OF LAW ..... 2 GO TO S3\_LAW



The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. 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 YEARDK\_X
- DON'T KNOW ..... GO TO YEARDK\_X
- REFUSED ..... GO TO YEARREF\_X

S3\_CONF\_X That would make the [original # of kids derived from S\_NUMB] child [age of child in months and years] old; is that correct?

YES ..... 1 IF CHILD IS ELIGIBLE GO TO S3\_4\_X, IF NOT GO TO NEXT CHILD

NO ..... 2 GO TO S3\_CONF\_WARNING

AGEMONTH1 IF P\_REGIST IN (1,2,3,4,5) THEN compute the age in months starting 01/01/13; IF P\_LAV IN (1,2,3,4) THEN compute the age in months starting 01/01/13; ELSE IF P\_REGIST=0 AND P\_LAV= 0 THEN; Compute the age in months at the beginning of the quarter (7/1/2018)

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 (9/30/2018)

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 TO THIS SCREEN.

YEARREF\_X I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child’s birthdate is to know which immunization questions to ask.

IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

R STILL REFUSES ..... 1 GO TO YEARQUIT

RETURN TO QUESTIONNAIRE..... 2 GO TO S3\_X

YEARQUIT\_X Since we need a birth date in order to continue, these are all the questions I have at this time. I’d like to thank you on behalf of the (IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention for the time you have spent answering these questions.

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

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

GO TO R1

YEARDK\_X The reason we need your child’s birth date is to know which immunization questions to ask. Is there anyone available who would know the child’s month, day, and year of birth?

YES ..... 1 GO TO PERSON

NO ..... 2 GO TO WHEN\_CALL

PERSON\_X      May I speak with this person now?

YES ..... 1      GO TO BITHD\_BOX

NO ..... 2      GO TO WHEN\_CALL

WHEN\_CALL    When would be a good time to reach a person who knows the child’s birthdate?

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

APPOINTMENT ..... 1      GO TO CB1

CONTINUE..... 2      GO TO BITHD\_BOX

BITHD\_BOX    Hi. I'm calling for the [IF IAP=105 DISPLAY: ‘Department of Public Health and Social Services and the’] (IF IAP=106 DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention. We're calling about an important [IF IAP NOT 105, FILL: ‘national’] survey of immunization. I'd like you to know that this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE WITH RECORDING ..... 1      GO TO S3\_X

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

RESPONDENT ASKS FOR DESCRIPTION OF LAW3      GO TO BITHDLAW

BITHD\_LAW    The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. . Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINUE WITH RECORDING ..... 1 GO TO S3  
 CONTINUE WITHOUT RECORDING ..... 2 GO TO BITHREC

BITHREC (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE

WITHOUT RECORDING ..... 2 GO TO S\_3

S3\_4\_X Is the child born [insert month and year of birth] male or female?

MALE..... 1 GO TO S3\_5\_X

FEMALE ..... 2 GO TO S3\_5\_X

DON'T KNOW ..... 77 GO TO S3\_5\_X

REFUSED ..... 99 GO TO S3\_5\_X

S3\_5\_X So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials

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

\_\_\_\_\_ GO TO S3\_C

DON'T KNOW ..... 77 GO TO S3\_C

REFUSED ..... 99 GO TO S3\_C

S3\_C I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3\_3). Do you have any other children between 12 months and 4 years old living or staying in this household that we haven't talked about yet?

YES. .... 1 GO TO S3\_C\_WARNING

NO ..... 2 IF SAMPLE\_USE\_CODE = 2  
 OR 4 AND ASK\_TEEN = 0 GO  
 TO S\_UNDR18 ELSE IF  
 SAMPLE\_USE\_CODE = 4  
 AND ASK\_TEEN = 1 GO TO  
 TIS\_UNDR18 ELSE GO TO  
 S3\_D\_1\_1

S3\_C\_WARNING

PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD

HIT ENTER TO CORRECT S\_NUMB..... 1 GO TO S\_NUMB

S3\_TERM Those are all the questions I have. This survey is collecting information on the health of children 19 to 35 months old only. I'd like to thank you on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

ELSE IF P\_REGIST = 1, 3, 4 or P\_LAV = 1, 2, 3, 4 THEN DISPLAY:

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the study's number, 1-877-220-4805. If you have questions about your rights as a survey participant, you may call [IF P\_REGIST=4 DISPLAY: '1-360-902-8075, and leave a message asking to speak to the Washington State Institutional Review Board's Administrator']1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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 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 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

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CONTINUE WITH RECORDING ..... 1 GO TO S6\_INTRO  
 CONTINUE WITHOUT RECORDING ..... 2 GO TO S5\_EVAL\_R

S5\_EVAL\_R

NO, THE RESPONDENT DOES NOT AGREE TO  
 RECORDING/LISTENING ..... 2 GO TO S6\_INTRO

S6\_INTRO

The remainder of the survey will take about 10 minutes.

ALL GO TO S6\_X

S6\_X

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

YES. .... 1 GO TO B1\_X  
 NO ..... 2 GO TO B1\_X  
 DONT KNOW ..... 77 GO TO B1\_X  
 REFUSED ..... 99 GO TO B1\_X

**SECTION MR**

*Most Knowledgeable Respondent Callback Questions*

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

FIRST NAME: \_\_\_\_\_ GO TO MR3

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

YES ..... 1 GO TO MR\_APP

NO ..... 2 GO TO MR4

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

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE CALLBACK INTRODUCTION

APPOINTMENT ..... 1 GO TO CB1

CONTINUE..... 2 GO TO S5\_BOX

**SECTION B**

*Flu Vaccination*

B1\_X Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever received an immunization that is a shot or drops?

- YES .....1 GO TO B8\_X
- NO .....2 GO TO B8\_X
- DON'T KNOW .....77 GO TO B8\_X
- REFUSED .....99 GO TO B8\_X

B8\_X [IF B1\_X = 2, 77, OR 99 DISPLAY: Some children who don't receive other immunizations still get vaccinated for the flu.] The next questions are about [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s influenza vaccinations.

Since July 1, 2018 has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES .....1 GO TO B8DMA\_X
- NO .....2 GO TO BNEXTFLU
- DON'T KNOW .....77 GO TO BNEXTFLU
- REFUSED .....99 GO TO BNEXTFLU

B8DMA\_X How many flu vaccinations has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5] received since July 1, 2018?

- ONE VACCINATION OR DOSE .....1 GO TO B8DM\_X
- TWO VACCINATIONS OR DOSES .....2 GO TO B8DM\_X
- DON'T KNOW .....77 GO TO BLOCATIO
- REFUSED .....99 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, 2018?

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

MONTH	YEAR
--	----

ANSWER MUST BE AFTER 07/2018 AND NOT AFTER INTERVIEW DATE

GO TO B8D\_TYPE

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

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

B8D\_TYPE

Was this a shot or the 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, 2018?

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

IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH

MONTH	YEAR
--	----

ANSWER MUST BE AFTER 07/2018 AND NOT AFTER INTERVIEW DATE

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

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

GO TO B9D\_TYPE

B9D\_TYPE Was this a shot or the spray in the nose?

FLU SHOT.....	1	GO TO 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?

READ RESPONSES IF NECESSARY

DOCTOR'S OFFICE

[IF PUERTO RICO DISPLAY:] INTERVIEWER NOTE:

DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER

AND REFORMA PROVIDER] .....01

HEALTH DEPARTMENT .....02

CLINIC OR HEALTH CENTER .....03

HOSPITAL .....04

OTHER MEDICALLY-RELATED PLACE.....05

PHARMACY OR DRUG STORE.....06

WORKPLACE.....07

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

OTHER NONMEDICALLY-RELATED PLACE

[IF PUERTO RICO DISPLAY: INTERVIEWER NOTE:

INCLUDES MASS VACCINATION CLINICS HELD

AT SPORTS ARENAS] .....09

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

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

DON'T KNOW .....77

REFUSED .....99

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

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

ELSE GO TO B10LIFE

BNEXTFLU How likely is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] to get a flu vaccination between now and the end of June, 2019? Would you say [FILL VAR: he/she]:

Will definitely get one.....1 GO TO B10LIFE

Will probably get one.....2 GO TO B10LIFE

Will probably not get one, or .....3 GO TO B10LIFE

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

DON'T KNOW .....77 GO TO B10LIFE

REFUSED .....99 GO TO B10LIFE

B10LIFE Thinking about all of the flu vaccinations [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] received in [FILL: his/her] life before this flu season, that is before July 1, 2018, how many flu vaccinations did [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

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

- ONE FLU VACCINATION .....1 GO TO B6\_G\_X
- TWO OR MORE FLU VACCINATIONS .....2 GO TO B6\_G\_X
- ZERO FLU VACCINATIONS.....3 GO TO B6\_G\_X
- DON'T KNOW .....77 GO TO B6\_G\_X
- REFUSED.....99 GO TO B6\_G\_X

B6\_G\_X I've been asking about shots received by [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]. Now I would like to ask, has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been ill with chicken pox or varicella?

- Yes .....1 GO TO B6\_H\_X
- No.....2 GO TO CWIC\_01
- DON'T KNOW .....77 GO TO CWIC\_01
- REFUSED.....99 GO TO CWIC\_01

B6\_H\_X How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD], in months, when [FILL VAR: he/she] had chicken pox?

- AGE IN MONTHS ..... GO TO CWIC\_01
- DON'T KNOW .....77 GO TO B6\_I\_X
- REFUSED.....99 GO TO CWIC\_01

B6\_I\_X Was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]...

- ...one to six months old? .....01 GO TO CWIC\_01
- ...seven to twelve months old? .....02 GO TO CWIC\_01
- ...13 to 18 months old?.....03 GO TO CWIC\_01
- ...19 to 24 months old?.....04 GO TO CWIC\_01
- ...25 to 30 months old?.....05 GO TO CWIC\_01
- ...31 to 38 months old?.....06 GO TO CWIC\_01
- DON'T KNOW .....77 GO TO CWIC\_01
- REFUSED.....99 GO TO CWIC\_01

**SECTION C**

*Demographics*

CWIC\_01\_X The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.

Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever received WIC benefits?

- YES .....1 GO TO CWIC\_02\_X
- NO .....2 GO TO CBF\_01\_X
- NEVER HEARD OF WIC.....3 GO TO CBF\_01\_X
- DON'T KNOW .....77 GO TO CBF\_01\_X
- REFUSED.....99 GO TO CBF\_01\_X

CWIC\_02\_X Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] currently receiving WIC benefits?

- YES .....1 GO TO CBF\_01\_X
- NO .....2 GO TO CBF\_01\_X
- DON'T KNOW .....77 GO TO CBF\_01\_X
- REFUSED.....99 GO TO CBF\_01\_X

CBF\_01\_X Now I have a couple of questions on infant feeding.

Was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever breastfed or fed breastmilk?

- YES .....1 GO TO CBF\_02L\_X
- NO .....2 GO TO C1
- DON'T KNOW .....77 GO TO C1
- REFUSED.....99 GO TO C1

CBF\_02L\_X How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] when [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] completely stopped breastfeeding or being fed breast milk?

ENTER 888 FOR STILL BREASTFEEDING

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

- NUMBER.....\_\_ GO TO CBF\_02RU\_X
- STILL BREASTFEEDING .....888 GO TO CBF\_03\_X
- DON'T KNOW .....777 GO TO CBF\_03\_X
- REFUSED.....999 GO TO CBF\_03\_X

CBF\_02RU\_X ENTER PERIOD:

DAYS.....1 GO TO CBF\_03\_X  
WEEKS.....2 GO TO CBF\_03\_X  
MONTHS.....3 GO TO CBF\_03\_X  
YEARS .....4 GO TO CBF\_03\_X

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF\_02\_WARNING

CBF\_02\_WARNING

Response must not be greater than [FILL: VALUE OF S3\_AGE]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF\_02L\_X

CBF\_03\_X How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] when (he/she) was first fed formula?

ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER..... GO TO CBF\_04\_X  
AT BIRTH .....000 GO TO CBF\_N\_X  
DON'T KNOW .....777 GO TO CBF\_N\_X  
NEVER .....888 GO TO CBF\_N\_X  
REFUSED.....999 GO TO CBF\_N\_X

IF RESPONSE IS GREATER THAN THE CHILD'S AGE THEN GO TO CBF\_04\_W; ELSE ALL RESPONSES GO TO CBF\_N.

CBF\_04\_X ENTER PERIOD:

DAYS.....1 GO TO CBF\_N\_X  
WEEKS.....2 GO TO CBF\_N\_X  
MONTHS.....3 GO TO CBF\_N\_X  
YEARS .....4 GO TO CBF\_N\_X

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF\_04\_WARNING

ELSE ALL RESPONSES GO TO CBF\_N

CBF\_04\_WARNING

Response must not be greater than [FILL VAR: VALUE OF S3\_AGE]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF\_04\_X

CBF\_N\_X

This next question is about the first thing that [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] might have been given, even water,. How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] when (he/she) was first fed anything other than breast milk or formula?

ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

ENTER NUMBER.....	___	GO TO CBF_U_X
NEVER .....	888	
AT BIRTH .....	000	
DON'T KNOW .....	777	
REFUSED .....	999	

IF CBF\_N=0, FILL CBF\_U=1

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

ELSE ALL RESPONES GO TO C1

CBF\_U\_X

ENTER PERIOD:

DAYS.....	1
WEEKS.....	2
MONTHS.....	3
YEARS .....	4

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

ELSE ALL RESPONES GO TO C1

CBF\_U\_WARNING

Response must not be greater than [FILL VAR: VALUE OF S3\_AGE]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF\_N\_X

C1

Now I have some questions about your entire household.

Including the adults and all the children, how many people live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE..... \_\_\_\_\_

DON'T KNOW .....77 GO TO C1\_C

REFUSED.....99 GO TO C1\_C

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

IF C1=S\_NUMB, GO TO C1\_WARN

IF C1=77 or 99, GO TO C1\_C

ELSE GO TO C1\_A

C1\_A

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE..... \_\_\_\_\_

DON'T KNOW .....77 GO TO C1\_C

REFUSED.....99 GO TO C1\_C

IF C\_TMP (C1-C1\_A) < S\_NUMB, THEN DISPLAY "Answer is out of bounds 1-99"

IF C\_TMP (C1-C1\_A) ≤ S\_NUMB, THEN GO TO C1\_A\_WARNING

ELSE IF C1\_A=77 or 99, GO TO C1\_C

ELSE GO TO C1\_B

C1\_WARNING Response must be greater than [FILL VAR: S\_NUMB]

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

GO TO C1



C1\_A\_WARNING

Response must not be greater than [FILL VAR: C1-S\_NUMB]

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

Correction .....1 GO TO C1\_C

If number does not change after this warning, then  
continue.....2

IF C1\_A\_WARNING=2, THEN:

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

ELSE IF C1-C1A<1, THEN GO TO C2\_06Q3

ELSE IF C1-C1A<S\_NUMB, THEN GO TO C1\_B

C1\_B

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

YES .....1 GO TO C1\_C IF ANSWER TO C1\_B IS GREATER THAN OR EQUAL TO S\_NUMB+1, ELSE GO TO C2\_06Q3

NO .....2 GO TO C1

DON'T KNOW .....7 GO TO C2\_06Q3

REFUSED .....99 GO TO C2\_06Q3

[IF C1-C1A IS GREATER THAN OR EQUAL TO S\_NUMB +1 OR C1\_B=77 OR 99, THEN ASK C1\_C, OTHERWISE, SKIP TO C2]

C1\_C

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER..... GO TO C2\_06Q3\_X

DON'T KNOW .....77 GO TO C2\_06Q3\_X

REFUSED .....99 GO TO C2\_06Q3\_X

C1\_C\_WARNING

IF NUMBER AT C1\_C <=C1\_A WHEN C1 AND C1\_A <> 77 OR 99, DISPLAY:

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

C2\_06Q3\_X Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES ..... 1 GO TO C2\_A\_06Q3\_X  
 NO ..... 2 GO TO C3  
 DON'T KNOW ..... 77 GO TO C3  
 REFUSED ..... 99 GO TO C3

C2\_A\_06Q3\_X IF USVI THEN DISPLAY:

Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE DISPLAY:

Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,  
 CHICANO/A ..... 1 GO TO C3\_X  
 PUERTO RICAN ..... 2 GO TO C3\_X  
 CUBAN ..... 3 GO TO C3\_X  
 CENTRAL AMERICAN ..... 4 GO TO C3\_X  
 SOUTH AMERICAN ..... 5 GO TO C3\_X  
 OTHER HISPANIC, LATINO/A, OR SPANISH  
 ORIGIN (SPECIFY) ..... 10 GO TO C2\_OTHR1\_06Q3\_X  
 DOMINICAN [DISPLAY IF USVI] ..... 11 GO TO C3\_X  
 DON'T KNOW ..... 77 GO TO C3\_X  
 REFUSED ..... 99 GO TO C3\_X

C2\_OTHR1\_06Q3\_X

ENTER OTHER SPECIFY

\_\_\_\_\_ GO TO C3\_X

C3\_X

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s race. Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

- WHITE..... 1
- BLACK/AFRICAN AMERICAN .....2
- AMERICAN INDIAN .....3
- ALASKA NATIVE.....4
- ASIAN .....5
- NATIVE HAWAIIAN.....6
- PACIFIC ISLANDER..... 7
- OTHER .....8 GO TO C3\_OTHRX
- DON'T KNOW .....77
- REFUSED.....99

IF OPTION 08 IS SELECTED, FOLLOW THAT LOGIC FIRST.

IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C3\_GUAM\_ASIAN, ELSE GO TO C5.

ELSE IF NOT GUAM DO: IF 05 IS SELECTED GO TO C3\_ASIAN,

IF 07 IS SELECTED GO TO C3\_PACI,

IF 05 AND 07 ARE SELECTED GO TO C3\_ASIAN FIRST

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

ELSE GO TO C5

C3\_OTHRX

ENTER OTHER SPECIFY

\_\_\_\_\_

IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C3\_GUAM\_ASIAN, ELSE GO TO C5.

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

ELSE IF C3 INCLUDES 07 GO TO C3\_PACI,

ELSE IF C3 INCLUDES 05 AND 07 GO TO C3\_ASIAN FIRST

ELSE GO TO C5

C3\_ASIAN Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

- ASIAN INDIAN ..... 1
- CHINESE ..... 2
- FILIPINO ..... 3
- JAPANESE ..... 4
- KOREAN ..... 5
- VIETNAMESE ..... 6
- OTHER ASIAN ..... 7
- DON'T KNOW ..... 77
- REFUSED ..... 99

IF C3\_X INCLUDES 7 GO TO C3\_PACISLE,

ELSE GO TO C5\_X

C3\_PACISLE Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

- GUAMANIAN OR CHAMORRO ..... 1 GO TO C5\_X
- SAMOAN ..... 2 GO TO C5\_X
- OTHER PACIFIC ISLANDER ..... 3 GO TO C5\_X
- DON'T KNOW ..... 77 GO TO C5\_X
- REFUSED ..... 99 GO TO C5\_X

C3\_GUAM\_ASIAN

Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

- CHAMORRO.....1 GO TO C5\_X
- FILIPINO .....2 GO TO C5\_X
- CHUUKESSE .....3 GO TO C5\_X
- POHNPEIAN.....4 GO TO C5\_X
- PALAUAN.....5 GO TO C5\_X
- YAPESE.....6 GO TO C5\_X
- KOSRAEAN.....7 GO TO C5\_X
- MARSHALLESE.....8 GO TO C5\_X
- JAPANESE .....9 GO TO C5\_X
- KOREAN .....10 GO TO C5\_X
- CHINESE.....11 GO TO C5\_X
- VIETNAMESE .....12 GO TO C5\_X
- THAI.....13 GO TO C5\_X
- OTHER .....14 GO TO C3\_ASIOT
- DON'T KNOW.....77 GO TO C5\_X
- REFUSED.....99 GO TO C5\_X

C3\_ASIOT

ENTER OTHER SPECIFY

\_\_\_\_\_ GO TO C5\_X

C5\_X What is your relationship to [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN ..... 1
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN ..... 2
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)..... 3
- IN-LAW OF ANY TYPE ..... 4
- AUNT/UNCLE ..... 5
- GRANDPARENT ..... 6
- OTHER FAMILY MEMBER..... 7
- FRIEND ..... 8
- DON'T KNOW ..... 77
- REFUSED ..... 99

IF FIRST ELIGIBLE CHILD, GO TO C6\_06Q3. ELSE IF SECOND OR LATER ELIGIBLE CHILD, GO TO C5\_A.

**RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (RESIDENCE AT CHILD'S BIRTH):**

**I. ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE**

**II. TWO OR MORE CHILDREN IN HOUSEHOLD:**

**A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER (C5=01)**

**B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01) THEN DO:**

**i. IF C5\_A =01, ASK ONLY FOR THE FIRST CHILD.**

**ii. IF C5\_A ≠ 01, ASK FOR EACH CHILD**

C5\_A Is [FILL VAR: NAME OF SECOND...NINTH CHILD FROM S3.5]'s mother the same as [first child]'s mother?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... 77
- REFUSED ..... 99

ALL GO TO C6\_06Q3\_X

C6\_06Q3\_X What is the highest grade or year of school (you have / [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother has) completed?

READ IF NECESSARY

- 8th GRADE OR LESS ..... 1 GO TO C7\_X
- 9th-12th GRADE NO DIPLOMA ..... 2 GO TO C7\_X
- HIGH SCHOOL GRADUATE OR  
GED COMPLETED ..... 3 GO TO C7\_X
- COMPLETED A VOCATIONAL, TRADE,  
OR BUSINESS SCHOOL PROGRAM..... 4 GO TO C7\_X
- SOME COLLEGE CREDIT BUT NO DEGREE..... 5 GO TO C7\_X
- ASSOCIATE DEGREE (AA, AS) ..... 6 GO TO C7\_X
- BACHELOR’S DEGREE (BA, BS, AB) ..... 7 GO TO C7\_X
- MASTER’S DEGREE (MA, MS, MSW, MBA)..... 8 GO TO C7\_X
- DOCTORATE (PhD, EdD) or PROFESSIONAL  
DEGREE (MD, DDS, DVM, JD) ..... 9 GO TO C7\_X
- DON’T KNOW ..... 77 GO TO C7\_X
- REFUSED ..... 99 GO TO C7\_X

C7\_X (Are you/is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'S mother) now married, widowed, divorced, separated, never married, or living with a partner?

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

- MARRIED ..... 1 GO TO C8\_06Q3\_X
- WIDOWED ..... 2 GO TO C8\_06Q3\_X
- DIVORCED ..... 3 GO TO C8\_06Q3\_X
- SEPARATED ..... 4 GO TO C8\_06Q3\_X
- NEVER MARRIED ..... 5 GO TO C8\_06Q3\_X
- DECEASED ..... 6 GO TO C8\_INTRO
- LIVING WITH PARTNER ..... 7 GO TO C8\_06Q3\_X
- DON’T KNOW ..... 77 GO TO C8\_06Q3\_X
- REFUSED ..... 99 GO TO C8\_06Q3\_X

C8\_INTRO The next few questions ask for some background information about (eligible child)’s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they’re important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

C8\_06Q3\_X IF C7\_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3\_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

IF C7\_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3\_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

- YES ..... 1 GO TO C8\_A\_06Q3
- NO..... 2 GO TO C9\_X
- DON'T KNOW ..... 77 GO TO C9\_X
- REFUSED ..... 99 GO TO C9\_X

C8\_A\_06Q3 IF USVI THEN DISPLAY:

(IF C5=1 THEN DISPLAY "Are you"/ELSE DISPLAY "is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother") Mexican, Mexican-American, , Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?)

ELSE DISPLAY:

Are you / Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

- CHICANO/A ..... 1 GO TO C9\_X
- PUERTO RICAN..... 2 GO TO C9\_X
- CUBAN..... 3 GO TO C9\_X
- CENTRAL AMERICAN ..... 4 GO TO C9\_X
- SOUTH AMERICAN ..... 5 GO TO C9\_X

OTHER HISPANIC, LATINO/A, OR SPANISH

- ORIGIN (SPECIFY) ..... 10 GO TO C8\_OTHR1\_06Q3\_X
- DOMINICAN [DISPLAY IF USVI] ..... 11 GO TO C9\_X
- DON'T KNOW ..... 77 GO TO C9\_X
- REFUSED ..... 99 GO TO C9\_X



C8\_OTHR1\_06Q3\_X

ENTER OTHER SPECIFY

\_\_\_\_\_ GO TO C9\_X

C9\_X

Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race. (Are you/is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

- WHITE..... 1
- BLACK/AFRICAN AMERICAN .....2
- AMERICAN INDIAN .....3
- ALASKA NATIVE.....4
- ASIAN .....5
- NATIVE HAWAIIAN.....6
- PACIFIC ISLANDER.....7
- OTHER (SPECIFY).....8 GO TO C9\_OTHRX
- DON'T KNOW .....77
- REFUSED.....99

ALL RESPONSES EXCEPT 8 TO GO C9\_LOGIC

C9\_OTHRX

ENTER OTHER SPECIFY

\_\_\_\_\_

GO TO C9\_LOGIC

C9\_LOGIC

IF GUAM THEN DO: IF 05 OR 07 SELECTED, GO TO C9\_API. ELSE IF MORE THAN ONE SELECTED AND NON IN 05,07 GO TO C10, ELSE IF ONLY ONE SELECTED, GO TO C10AMDY. ELSE IF NOT GUAM DO: IF 05 IS SELECTED, GO TO C10\_ASIA, IF 07 IS SELECTED GO TO C10\_PACISLE, IF 05 AND 07 ARE SELECTED GO TO C10\_ASIA FIRST

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

ELSE IF ONLY ONE ANSWER GO TO C10AMDY

C9\_API

Are you/Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes your/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) best.

- CHAMORRO..... 1
- FILIPINO ..... 2
- CHUUKESE ..... 3
- POHNPEIAN..... 4
- PALAUAN..... 5
- YAPESE..... 6
- KOSRAEAN..... 7
- MARSHALLESE..... 8
- JAPANESE ..... 9
- KOREAN ..... 10
- CHINESE..... 11
- VIETNAMESE ..... 12
- THAI..... 13
- OTHER ..... 14 GO TO C9\_APIOT
- DON'T KNOW ..... 77
- REFUSED..... 99

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

C9\_APIOT

ENTER OTHER SPECIFY

\_\_\_\_\_

IF MORE THAN ONE SELECTED AT C9 GO TO C10,  
ELSE IF ONLY ONE SELECTED AT C9 GO TO C10A\_X.

C10\_ASIAN (Are you/Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother best.

- ASIAN INDIAN ..... 1
- CHINESE ..... 2
- FILIPINO ..... 3
- JAPANESE ..... 4
- KOREAN ..... 5
- VIETNAMESE ..... 6
- OTHER ASIAN ..... 7
- DON'T KNOW ..... 77
- REFUSED ..... 99

IF C9 INCLUDES 7 GO TO C10\_PACISLE

ELSE IF MORE THAN ONE ANSWER AT C9 GO TO C10

ELSE GO TO C10A\_X

C10\_PACISLE (Are you/Is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother best.

- GUAMANIAN OR CHAMORRO ..... 1
- SAMOAN ..... 2
- OTHER PACIFIC ISLANDER ..... 3
- DON'T KNOW ..... 77
- REFUSED ..... 99

IF MORE THAN ONE ANSWER AT C9 GO TO C10

ELSE GO TO C10A\_X

C10\_X Which do you feel best describes (your/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race?

WHITE..... 1  
 BLACK/AFRICAN AMERICAN ..... 2  
 AMERICAN INDIAN ..... 3  
 ALASKA NATIVE..... 4  
 ASIAN. .... 5  
 NATIVE HAWAIIAN ..... 6  
 PACIFIC ISLANDER..... 7  
 C9\_OTHRX ..... 8  
 OTHER ..... 9 GO TO C10\_OTHR  
 DON'T KNOW ..... 77  
 REFUSED..... 99

ALL BUT 8 GO TO C10A\_X

C10\_OTHR ENTER OTHER SPECIFY

---

C10A\_X What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's") month, day, and year of birth?

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

ENTER BIRTH DATE (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IF C7=6 AND IAP=105, THEN GO TO C11C  
 ELSE IF C7=6 AND IAP=106, THEN GO TO C11CPR  
 ELSE IF C7=6, GO TO C11A  
 ELSE IF MONTH OR YEAR IS DK OR REF, GO TO C10B  
 ELSE IF C7 NOT 6 AND AGE CALCULATED FROM C10A <13 YEARS OR >60 YEARS,  
 GO TO CHMAGE\_1  
 ELSE GO TO C11

C10B\_X What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's") current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE .....

DON'T KNOW ..... 77

REFUSED ..... 99

GO TO CHMAGE\_X IF C10AMDY\_X < 13 Years or > 60 Years

ELSE GO TO C11\_X

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

YES ..... 1 GO TO C11\_X

NO ..... 2 C10A\_X

C11\_X (Do you/Does [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother live at the same address as (you/she) did when [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

YES ..... 1 GO TO CFAMINC

NO ..... 2 IF GUAM GO TO C11C, IF  
PUERTO RICO GO TO C11CPR;  
ELSE GO TO C11A\_X

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

REFUSED ..... 99 GO TO CFAMINC

C11C\_X Did (you/the [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5]'s mother) live on Guam when [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] was born?

YES ..... 01 (SKIP TO C11D\_X)

NO ..... 02 (SKIP TO C11A\_X)

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

REFUSED ..... 99 (SKIP TO CFAMINC)

C11CPR\_X Did (you/the [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5]'s mother) live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] was born?

YES ..... 01 (SKIP TO C11APR\_X)

NO ..... 02 (SKIP TO C11A\_X)

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

REFUSED ..... 99 SKIP TO CFAMINC)

C11APR\_X In what city did (you/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

[CITIES IN PUERTO RICO] \_\_\_\_\_ 01-78

DON'T KNOW \_\_\_\_\_ 88

REFUSED \_\_\_\_\_ 99

ALL GO TO C11B\_X

C11A\_X In what city, county, and state did (you/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

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

IF CITY OR COUNTY IS REFUSED, ENTER "REF"

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

ENTER CITY \_\_\_\_\_ GO TO C11A\_COUNTY\_X

C11A\_COUNTY\_X

ENTER COUNTY \_\_\_\_\_ GO TO C11A\_STATE\_X

C11A\_STATE\_X

ENTER STATE \_\_\_\_\_

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

IF "FC" WAS SELECTED, GO TO C11A\_VERBATIM\_1; ELSE GO TO C11B\_X

C11A\_VERBATIM\_1

READ IF NECESSARY: In what country was that?

ENTER COUNTRY \_\_\_\_\_ GO TO CFAMINC

C11B\_X What was (your/ [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) zip code at that time?

ENTER 7777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_ ..... GO TO CFAMINC

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

REFUSED ..... 999999 GO TO FAMINC

C11D\_X

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

READ IF NECESSARY

AGANA HEIGHTS .....	1
AGAT .....	2
ASAN.....	3
BARRIGADA .....	4
CHALAN PAGE.....	5
DEDEDO .....	6
HAGATNA/AGANA .....	7
INARAJAN.....	8
MAINA.....	9
MAITE.....	10
MANGILAO.....	11
MERIZO .....	12
MONGMONG .....	13
ORDOT.....	14
PITI .....	15
SANTA RITA.....	16
SINAJANA .....	17
TALOFOFO.....	18
TAMUNING-TUMON.....	19
TOTO.....	20
UMATAC .....	21
YIGO.....	22
YONA.....	23
DON'T KNOW .....	77
REFUSED.....	99

ALL GO TO CFAMINC

CFAMINC

Please think about your total combined family income during 2017 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 2017 more or less than \$20,000?

- MORE THAN \$20,000 ..... 1 GO TO C16
- \$20,000 ..... 2 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A
- LESS THAN \$20,000 ..... 3 GO TO C13
- DON'T KNOW ..... 77 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A
- REFUSED ..... 99 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A

C12\_REFUSED

Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2017 more or less than \$20,000?

- MORE THAN \$20,000 ..... 1 GO TO C16
- \$20,000 ..... 2 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A
- LESS THAN \$20,000 ..... 3 GO TO C13
- DON'T KNOW ..... 77 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A
- REFUSED ..... 99 IF USVI GO TO C\_ISLAND, IF  
GUAM GO TO C19VIL, ELSE  
GO TO C19A



C13	Was the total combined FAMILY income more or less than \$10,000?		
	MORE THAN \$10,000.....	1	GO TO C15
	\$10,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$10,000.....	3	GO TO C14_A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C14_A	Was it more than \$7,500?		
	YES.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	NO.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C15	Was it more than \$15,000?		
	YES.....	1	GO TO C15_A
	NO.....	2	GO TO C15_B
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C15_A	Was it more than \$17,500?		
	YES .....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	NO .....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW .....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED .....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C15_B	Was it more than \$12,500?		
	YES .....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	NO .....		IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW .....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED .....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C16	Was the total combined FAMILY income more or less than \$40,000?		
	MORE THAN \$40,000 .....	1	GO TO C16_A
	\$40,000 .....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$40,000 .....	3	GO TO C17
	DON'T KNOW .....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED .....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C16_A	Was the total combined FAMILY income more or less than \$60,000?		
	MORE THAN \$60,000.....	1	GO TO C18
	\$60,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$60,000.....	3	GO TO C16_B
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C16_B	Was the total combined FAMILY income more or less than \$50,000?		
	MORE THAN \$50,000.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	\$50,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$50,000.....	3	GO TO C16_C
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C16_C	Was the total combined FAMILY income more or less than \$45,000?		
	MORE THAN \$45,000.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	\$45,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$45,000.....	3	GO TO C19A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17	Was the total combined FAMILY income more or less than \$30,000?		
	MORE THAN \$30,000.....	1	GO TO C17_A
	\$30,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$30,000.....	3	GO TO C17_B
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_A	Was the total combined FAMILY income more or less than \$35,000?		
	MORE THAN \$35,000.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	\$35,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$35,000.....	3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_B	Was the total combined FAMILY income more or less than \$25,000?		
	MORE THAN \$25,000.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	\$25,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$25,000.....	3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
C18	Was the total combined FAMILY income more or less than \$75,000?		
	MORE THAN \$75,000.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	\$75,000.....	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	LESS THAN \$75,000.....	3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	DON'T KNOW.....	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	REFUSED.....	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
CINC	Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, CFAMINC]?		
	YES.....	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
	NO.....	2	GO TO CFAMINC
	DON'T KNOW.....	77	GO TO CFAMINC
	REFUSED.....	99	GO TO CFAMINC

C19VIL

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

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 C19A

C_ISLAND	On what island do you live?		
	SAINT CROIX .....	01	GO TO C19C
	SAINT THOMAS .....	02	GO TO C19C
	SAINT JOHN.....	03	GO TO C19C
	WATER ISLAND.....	04	GO TO C19C
	NOT IN USVI.....	05	GO TO C19A
	DON'T KNOW .....	77	GO TO C19C
	REFUSED.....	9	GO TO C19C

C19A	What is your zip code?		
	ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED		
	_____.....		IF IAP=105, GO TO C19C, ELSE IF IAP=106 GO TO C19PR; ELSE IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND GO TO C19A_CONF, ELSE GO TO C19
	DON'T KNOW .....	77777	IF PUERTO RICO GO TO C19PR; ELSE GO TO C19
	REFUSED.....	99999	IF PUERTO RICO GO TO C19PR; ELSE GO TO C19

C19A_CONF	To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?		
	YES .....	1	GO TO C19B
	NO.....	2	GO TO C19

C19PR	In what city and state do you live?		
	[CITIES IN PUERTO RICO] _____	01-78	
	DON'T KNOW _____	88	
	REFUSED _____	99	

IF "NOT IN PUERTO RICO" SELECTED, GO TO C19; IF DON'T KNOW OR REFUSED, GO TO C19C; ELSE GO TO C19PR\_STATE

C19PR\_STATE ENTER STATE \_\_\_\_\_ GO TO C19C

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

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

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

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

IF CITY OR COUNTY IS REFUSED, ENTER "REF"

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

ENTER CITY \_\_\_\_\_ GO TO C\_19 COUNTY

C19\_COUNTY ENTER COUNTY \_\_\_\_\_ GO TO C\_19 STATE

C19\_STATE ENTER STATE \_\_\_\_\_ IF ZIP GIVEN AT C19A=77777, 99999, GO TO C19B; ELSE GO TO C\_19\_ZIP\_CONF

C19\_ZIP\_CONF

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

YES ..... 1 GO TO C19B  
NO ..... 2 GO TO C19\_NEW\_ZIP  
DON'T KNOW ..... 77 GO TO C19B  
REFUSED ..... 99 GO TO C19B

C19\_NEW\_ZIP

What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_ GO TO C19B  
DON'T KNOW ..... 77777 GO TO C19B  
REFUSED ..... 99999 GO TO C19B

C19B Do you live within the city limits?

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



C19C Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you [IF C1\_A >1 THEN DISPLAY: "or someone in your household"]?

OWNED OR BEING BOUGHT .....	1	GO TO C_LANDLINE
RENTED.....	2	GO TO C_LANDLINE
OTHER ARRANGEMENT.....	3	GO TO C_LANDLINE
DON'T KNOW.....	77	GO TO C_LANDLINE
REFUSED.....	99	GO TO C_LANDLINE

C\_LANDLINE The next few questions are about the telephones in your household.

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

YES .....	1	GO TO C21_06Q3
NO.....	2	GO TO C21_06Q3_CELL
DON'T KNOW.....	77	GO TO C21_06Q3_CELL
REFUSED.....	99	GO TO C21_06Q3_CELL

C21\_06Q3 How many landline telephone numbers are residential numbers?

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

ONE .....	1	GO TO C21_0603_CELL
TWO .....	2	GO TO C21_0603_CELL
THREE OR MORE.....	3	GO TO C21_0603_CELL
NONE .....	4	GO TO C21_0603_CELL
DON'T KNOW.....	77	GO TO C21_0603_CELL
REFUSED.....	99	GO TO C21_0603_CELL

C21\_06Q3\_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

- ONE .....01 GO TO C\_USUAL\_USE\_CELL
- TWO .....02 GO TO C\_USUAL\_USE\_CELL
- THREE OR MORE.....03 GO TO C\_USUAL\_USE\_CELL
- NONE .....04 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY; ELSE GO TO D5
- DON'T KNOW .....77 GO TO C\_USUAL\_USE\_CELL
- REFUSED .....99 GO TO C\_USUAL\_USE\_CELL

C\_USUAL\_USE\_CELL

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

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

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

C11Q78

ASK ONLY IF RESPONDENT HAS BOTH LANDLINE AND CELL PHONES

IF C\_LANDLINE = 2, 77, OR 99 AND RDD\_NCCELL\_CCELL =2,3 SKIP TO C\_AWAY, ELSE IF C\_LANDLINE = 2, 77, OR 99 AND RDD\_NCCELL\_CCELL =1 GO TO D5, ELSE:

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on landline phones, or some received on cell phones and some received on landline phones?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

- NEARLY ALL RECEIVED ON CELL PHONES.....1 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5
- NEARLY ALL RECEIVED ON LANDLINE PHONES.....2 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5
- SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON LANDLINE PHONES .....3 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5
- DON'T KNOW .....77 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5
- REFUSED.....99 IF NIS\_CELL\_AWAY = 1 GO TO C\_AWAY, ELSE GO TO D5

C\_AWAY

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

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

- AWAY FROM HOME .....01 GO TO D5
- AT HOME.....02 GO TO D5
- DON'T KNOW .....77 GO TO D5
- REFUSED.....99 GO TO D5

## SECTION D

### *Provider Questions*

D5

[IF S6=1, THEN DISPLAY:]

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

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

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

FAQs

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

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

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

That's too personal:

-- I understand your concern. Confidentiality is mandated by law and I can assure you that the information is reported only in summary form and neither you nor the child will be identified.

-- The National Immunization Survey has been conducted for nearly 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

-- Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

-- Information we collect is used to summarize childhood immunization rates in your community and to survey vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

-- The [IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the Centers for Disease Control and Prevention" ; ELSE DISPLAY: 'Centers for Disease Control and Prevention'] uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

IF USVI

How many locations have provided vaccinations for your child named [NAME OF (FIRST/SECOND...NINTH CHILD, FROM S3\_5) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? Please include the hospital or birthing center where [FILL VAR: HE/SHE] was born, and any other clinics or doctor’s offices that have seen [FILL VAR: HIM/HER]].

ELSE:

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

ENTER 77 FOR DON’T KNOW AND 99 REFUSED

FAQs:

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

-- The National Immunization Survey has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

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

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

- ENTER NUMBER..... \_\_\_\_\_ GO TO D6A\_1\_X
- ZERO .....0 GO TO D6AA\_X
- DON’T KNOW .....77 GO TO D6AA\_X
- REFUSED .....99 GO TO SECT\_D\_TERM

D6AA\_X

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

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

FAQs:

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

--With your permission, we'll send a letter of consent and an immunization history form to your 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 the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.

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

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

Why contact my doctor? Why give consent?

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

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

ENTER NUMBER.....	_____	GO TO D6A_1_X
ZERO .....	0	IF (LAST CHILD) AND 1 <sup>ST</sup> 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 <sup>ST</sup> 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 this information is not used for any purpose other than this survey.

Why contact my doctor? Why give consent?

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

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

--The National Immunization Survey has been conducted for nearly 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

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

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

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

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

YES, CONTINUE ON CLINIC NAME FIRST .....	1	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME
YES, CONTINUE ON LAST NAME FIRST .....	2	GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME
NO, CAN'T FIND, CONTINUE .....	3	GO TO PLU
REFUSED.....	99	GO TO SECT_D_TERM; INS_1_X (ON CALLBACK)

IF D6A\_1 = 01,02 OR 03 AND USVI SHOW THE LIST OF PROVIDERS FOR THE STATE VI FOUND IN THE DATA BASE AT PROVIDERS SCREEN

#### NIS PROVIDER LOOKUP

##### *Provider Search Information Screen*

Please locate the (first/second/...) provider for (child name)

In order to help me accurately record the information for your child's health care provider, I will need to try and find that provider in a "lookup" database. The most efficient search is typically the doctor's last name in combination with the city and state where the office is located. Do you have that information?

READ IF R DOESN'T HAVE THE LAST NAME: Do you have the clinic or office name?

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

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

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

\* Do you remember the city and state?

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

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

Please tell me the name of the office or the clinic. [Variable: D6B3]

What is the street address of the office or the clinic? [Variable: D6B4]

Is there a suite, floor or room number? [Variable: D6B5]

What is the zip code? [Variable: D6B8]

What city is that in? [Variable: D6B6]



What state is that in? [Variable: D6B7]

What is their telephone number? [Variable: D6B9]

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

SEARCH

DK

REF

***Search Results Screen***

READ IF NECESSARY: Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action

DK

REF

MODIFY SEARCH

ADD NEW PROVIDER

***Provider Details Screen***

D6A\_3

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

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

***New Provider Screen:***

[FIRST, SECOND....ETC....] PROVIDER FOR [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]

PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.

- \* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
- \* Would you mind looking the information up in the phone book or on the internet?
- \* Do you remember the city and state?

Please enter information about the Second provider for [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]

What is the last name of the doctor? [Variable: D6B1]

*LEAVE BLANK IF UNKNOWN*

o you know the doctor's first name? [Variable: D6B2]

*LEAVE BLANK IF UNKNOWN*

lease tell me the name of the office or the clinic. [Variable: D6B3]

*LEAVE BLANK IF UNKNOWN*

What is the street address of the office or the clinic? [Variable: D6B4]

*LEAVE BLANK IF UNKNOWN*

Is there a suite, floor or room number? [Variable: D6B5]

*LEAVE BLANK IF UNKNOWN*

What city is that in? [Variable: D6B6]

*LEAVE BLANK IF UNKNOWN*

What state is that in? [Variable: D6B7]

*LEAVE BLANK IF UNKNOWN*

What is the zip code? [Variable: D6B8]

*LEAVE BLANK IF UNKNOWN*

What is their telephone number? [Variable: D6B9]

*LEAVE BLANK IF UNKNOWN*

Do you have the contact information written down somewhere? [Variable: D6B10]

*LEAVE BLANK IF UNKNOWN*

#### POST-PROVIDER LOOKUP PATHS

DXPROV

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

ADD ANOTHER PROVIDER .....1 GO TO PROVIDER LOOKUP

NO ADDITIONAL PROVIDERS .....2 GO TO D8\_X

D8\_X

IF D6\_X=0 AND D6AA\_x > 0:

Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] and request any vaccination information they may have. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6\_X >= 1:

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

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

FAQs

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

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

Why do you need the child's name?

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

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

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

CONTINUE .....	1	GO TO D8A_X
REFUSED .....	99	GO TO SECT_D_TERM; INS_1_X (on callback)

D8A\_X

What is [NAME OF (FIRST/SECOND.../NINTH CHILD, FROM S3\_5) ELIGIBLE CHILD]'s full name – first, middle and last name?

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

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

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

FIRST NAME: \_\_\_\_\_ GO TO D8B\_X

D8B\_X

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

MIDDLE NAME: \_\_\_\_\_ GO TO D8C\_X

D8C\_X

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

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

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

LAST NAME: \_\_\_\_\_ GO TO D9

D9

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

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

FAQs

Why do you need my name?

Before they can fill out the form, medical practices and clinics need the name of the person authorizing the release of the information. This is the only reason we are asking for your name.

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

CONTINUE.....1 GO TO D9A

REFUSED .....2 GO TO SET\_D\_TERM; INS\_1\_X (ON CALLBACK)

D9A

What is your first name?

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

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

FIRST NAME: \_\_\_\_\_ GO TO D9B

D9B

What is your middle name?

MIDDLE NAME: \_\_\_\_\_ GO TO D9C

D9C

What is your last name?

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

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

LAST NAME: \_\_\_\_\_ GO TO D9D\_X

D9D\_X

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

YES ..... 1 GO TO D6\_C

NO ..... 2 GO TO D9D1

REFUSED ..... 99 GO TO SECT\_D\_TERM

D6C

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

D7\_ID

Capture Interviewer ID upon entering question D7

D7\_X

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

FAQs

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

YES ..... 1 GO TO D7G\_X

NO (ONLY CHOOSE THIS WHEN YOU HAVE  
MADE ALL APPROPRIATE AVERSION

ATTEMPTS)..... 2 GO TO SECT\_D\_TERM

D7G\_X

IF P\_ASKD7G=1

THEN ASK D7G; ELSE SKIP TO DCG)

IF P\_REGIST IN (1,2,3,4,5) OR P\_LAV IN (1,2,3,4) THEN

Sometimes to get a complete record of your child(ren)'s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

WHAT IS A REGISTRY?

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

WHY DO YOU NEED TO CONTACT A REGISTRY?

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

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

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

ELSE

Sometimes to get a complete record of your child(ren)'s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION:)

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WHY DO YOU NEED TO CONTACT A REGISTRY?

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- YES ..... 1 GO TO DCG1\_X
- NO ..... 2 GO TO DCG1\_X
- DON'T KNOW ..... 77 GO TO DCG1\_X
- REFUSED ..... 99 GO TO DCG1\_X

D7\_DATE Capture date at the time the answer to D7 is given

D7\_TIME Capture time at the time the answer to D7 is given

DCG1\_X I would like to confirm that I have the correct information for you and the children in this household.

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

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

- YES ..... 1 GO TO DCG2\_X
- NO ..... 2 GO TO D9A\_C\_X

D9A\_C\_X What is your full name – first, middle and last?

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

FIRST NAME: \_\_\_\_\_

D9B\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: \_\_\_\_\_

D9C\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)  
A FULL LAST NAME MUST BE ENTERED. IF THE R REFUSED, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL

LAST NAME: \_\_\_\_\_

DCG2\_x The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND.../ NINTH CHILD, FROM S3.5]. Is this correct?

YES .....1 GO TO DCONFDOB\_X

NO .....2 GO TO D8A\_C\_X

D8A\_C\_X What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

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

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

FIRST NAME: \_\_\_\_\_

D8B\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: \_\_\_\_\_

D8C\_C\_X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

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

LAST NAME: \_\_\_\_\_

DCONFDOB\_x The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33\_3]. Is this correct?

YES .....1 GO TO NEXT CHILD OR  
INS\_1\_X

NO .....2 GO TO DNEWDOB\_1



DNEWDOB

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

GO TO D9D FOR NEXT ELIGIBLE CHILD

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

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

ELSE AFTER LOOPING THROUGH ALL CHILDREN GO TO INSINTRO

**ASK ONLY IF D9D=2**

D9D1

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

CONTINUE .....1 GO TO D9D1F

REFUSAL .....2 GO TO SECT\_D\_TERM; INS\_1\_X (ON CALLBACK)

D9D1F

What is the first name?

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

FIRST \_\_\_\_\_

D9D1M

What is the middle name?

MIDDLE \_\_\_\_\_

D9D1L

What is the last name?

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

LAST \_\_\_\_\_

D9DREL\_x What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND.../ NINTH CHLD, FROM S3.5]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN .....01 GO TO D9D1A
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN .....02 GO TO D9D1A
- SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE).....03 GO TO D9D1A
- IN-LAW OF ANY TYPE .....04 GO TO D9D1A
- AUNT/UNCLE .....05 GO TO D9D1A
- GRANDPARENT .....06 GO TO D9D1A
- OTHER FAMILY MEMBER.....07 GO TO D9D1A
- FRIEND .....08 GO TO D9D1A

D9D1A May I speak with that person now?

- YES ..... 1 GO TO D9D1NEW
- NO .....2 GO TO D9D2

D9D2 When would be a good time to call this person? SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

- APPOINTMENT ..... 1 GO TO CB1
- CONTINUE .....2 GO TO D9D1NEW

SECT\_D\_TERM

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's number, 1-877-220-4805. If you have questions about your rights as a survey participant, you may call [IF P\_REGIST=4 DISPLAY: '1-360-902-8075, and leave a message asking to speak to the Washington State Institutional Review Board's Administrator']1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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

- YES ..... 1 GO TO D9D2ANEW
- NO .....2 GO TO D9D2

D9D2ANEW

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

CONTINUE WITH RECORDING .....1 GO TO D9D

CONTINUE WITHOUT RECORDING .....2 GO TO D9D2REC

**SECTION E**

*Health Insurance Module*

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

INS\_1\_X           Next I'm going to ask you a few questions about [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s health insurance.

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by health insurance that is provided through an employer or union?

READ ONLY IF NECESSARY: These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES .....1    GO TO INS\_1A\_X
- NO .....2    IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X
- DON'T KNOW .....77    IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X
- REFUSED .....99    IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X

IF IAP=95 AND C\_ISLAND NE 05, GO TO INS\_5;

ELSE IF STATE\* = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, OR WI, GO TO INS\_3A\_X;

ELSE GO TO INS\_2

\*IF C19\_STATE IN (.,77,99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE C19\_STATE

INS\_1A\_X

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

- YES .....1 IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X
- NO .....2 IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X
- DON'T KNOW .....77 IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X
- REFUSED .....99 IF USVI GO TO INS\_5; ELSE GO TO INS\_2\_X

IF IAP=95 AND C\_ISLAND NE 05, GO TO INS\_5\_X;

ELSE IF STATE\* = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, OR WI, GO TO INS\_3A\_X;

ELSE GO TO INS\_2\_X

\*IF C19\_STATE IN (.,77,99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE C19\_STATE

INS\_2\_X

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any Medicaid plan? Medicaid [IF PUERTO RICO DISPLAY “also known as Plan La Reforma”] is a health insurance program for persons with certain income levels and persons with disabilities. {FILL IF APPLICABLE: In this state, the program is sometimes called [STATE PROGRAM]}.

READ IF NECESSARY: Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES .....1 IF GUAM OR PUERTO RICO THEN SKIP TO INS\_5\_X; ELSE GO TO INS\_3\_X
- NO .....2 IF GUAM OR PUERTO RICO THEN SKIP TO INS\_5\_X; ELSE GO TO INS\_3\_X
- DON'T KNOW .....77 IF GUAM OR PUERTO RICO THEN SKIP TO INS\_5\_X; ELSE GO TO INS\_3\_X
- REFUSED .....99 IF GUAM OR PUERTO RICO THEN SKIP TO INS\_5\_X; ELSE GO TO INS\_3\_X

INS\_3\_X

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by the Children’s Health Insurance Program or CHIP? In this state, the program is sometimes called [FILL NAME FROM “TEXT FILLS” SPREADSHEET].

READ IF NECESSARY: The Children's Health Insurance Program (CHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES ..... 1 GO TO INS\_4\_X
- NO ..... 2 GO TO INS\_4\_X
- DON'T KNOW ..... 77 GO TO INS\_4\_X
- REFUSED ..... 99 GO TO INS\_4\_X

INS\_3A\_X

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any Medicaid plan or the Children’s Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM “TEXT FILLS” SPREADSHEET].

READ IF NECESSARY: Medicaid and CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES ..... 1 GO TO INS\_4\_X
- NO ..... 2 GO TO INS\_4\_X
- DON'T KNOW ..... 77 GO TO INS\_4\_X
- REFUSED ..... 99 GO TO INS\_4\_X

INS\_4\_X

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by the Indian Health Service?

- YES ..... 1 GO TO INS\_5\_X
- NO ..... 2 GO TO INS\_5\_X
- DON'T KNOW ..... 77 GO TO INS\_5\_X
- REFUSED ..... 99 GO TO INS\_5\_X

INS\_5\_X

At this time, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

- YES .....1 GO TO INS\_6\_X
- NO .....2 GO TO INS\_6\_X
- DON'T KNOW .....77 GO TO INS\_6\_X
- REFUSED .....99 GO TO INS\_6\_X

INS\_6\_X

Besides what you have already told me about, is [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any other health insurance or health care plan?

[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK 'NO'.]

- YES .....1 GO TO INS\_6A\_X
- NO .....2 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X
- DON'T KNOW .....77 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X
- REFUSED .....99 IF INS\_1A\_X, INS\_2\_X, INS\_3\_X, INS\_3A\_X, INS\_4\_X, OR INS\_5\_X = 1 SKIP TO INS\_11\_X ELSE GO TO INS\_7\_X

INS_6A_X	Does this health insurance help pay for both doctor visits and hospital stays?
YES .....	1 GO TO INS_6B_X
NO .....	2 IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
DON'T KNOW .....	77 IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
REFUSED .....	99 IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

INS_6B_X	Is this health insurance provided through an employer or union?
YES .....	1 GO TO INS_11_X
NO .....	2 GO TO INS_6C_X
DON'T KNOW .....	77 GO TO INS_6C_X
REFUSED .....	99 GO TO INS_6C_X

INS_6C_X	Is this health insurance purchased directly from an insurance company?
YES .....	1 GO TO INS_11_X
NO .....	2 GO TO INS_6D_X
DON'T KNOW .....	77 GO TO INS_6D_X
REFUSED .....	99 GO TO INS_6D_X

INS_6D_X	I recorded that [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was covered by some other health insurance. What is the name of the plan? ENTER 77 FOR DON'T KNOW OR 99 FOR REFUSED
CONTINUE .....	1 GO TO INS_6D_1_X
DON'T KNOW .....	77 GO TO INS_11_X
REFUSED .....	99 GO TO INS_11_X



INS\_6D\_1\_X Record verbatim response #1 \_\_\_\_\_

INS\_6D\_2\_X Record verbatim response #2 \_\_\_\_\_

INS\_7\_X It appears that [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

- YES .....1 GO TO INS\_8\_X
- NO .....2 GO TO INS\_7A\_X
- DON'T KNOW .....77 GO TO INS\_11\_X
- REFUSED.....99 GO TO INS\_11\_X

INS\_7A\_X      At this time, what kind of health coverage does [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Any other kind?  
 [MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

MEDICAID [IF PUERTO RICO THEN DISPLAY: (PLAN LA REFORMA) [STATE NAME].....1    GO TO INS\_11\_X

MEDICARE.....2    GO TO INS\_7B\_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]  
 CHIP [STATE NAME].....3    GO TO INS\_11\_X

[IF NOT USVI OR GUAM DISPLAY] MEDIGAP .....4    GO TO INS\_7B\_X

MILITARY .....5    GO TO INS\_11\_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]  
 INDIAN HEALTH SERVICE .....6    GO TO INS\_11\_X

PRIVATE INSURANCE .....7    GO TO INS\_7B\_X

SINGLE SERVICE PLAN  
 (DENTAL, VISION, PRESCRIPTIONS, ETC) .....8    GO TO INS\_8\_X

OTHER .....9    GO TO INS\_7B\_X

[IF GUAM DISPLAY] MIP/GOVGUAM .....10    GO TO INS\_7B\_X

DON'T KNOW .....77    GO TO INS\_8\_X

REFUSED.....99    GO TO INS\_8\_X

IF INS\_7A=1, 3, 5, OR 6, GO TO INS\_11.  
 ELSE IF INS\_7A = 8, 77, OR 99, GO TO INS\_8.  
 ELSE IF INS\_7A = 2, 4, 7, 9 OR 10, GO TO INS\_7B.

INS\_7B\_X      Does this health insurance help pay for both doctor visits and hospital stays?

YES .....1    GO TO INS\_11\_X

NO .....2    GO TO INS\_8\_X

DON'T KNOW .....77    GO TO INS\_11\_X

REFUSED .....99    GO TO INS\_11\_X

INS\_8\_X            Since [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth, has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] always [IF INS\_6A=2, 77, 99 OR INS\_7B=2, THEN "had partial coverage"; ELSE "been uninsured"]?

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

YES .....1    GO TO INS\_14\_X  
 NO .....2    GO TO INS\_9\_X  
 DON'T KNOW .....77    GO TO INS\_14\_X  
 REFUSED .....99    GO TO INS\_14\_X

INS\_9\_X            How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] became [IF INS\_6A=2, 77, 99 OR INS\_7B=2, THEN "only partially insured"; ELSE "uninsured"]?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

IF INS\_6A=02, 77, 99 OR INS\_7B=02 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.

\_\_\_ NUMBER..... GO TO INS\_9A\_X  
 UNINSURED AT BIRTH .....44    GO TO INS\_10\_X  
 DON'T KNOW .....77    GO TO INS\_10\_X  
 REFUSED .....99    GO TO INS\_10\_X

INS\_9A\_X            ENTER PERIOD:

MONTH(S) .....1    GO TO INS\_10\_X  
 YEAR(S).....2    GO TO INS\_10\_X

INS\_10\_X

IF USVI, DISPLAY:

During the months when [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] did have health coverage, what kinds of health coverage did [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Medicaid [IF PUERTO RICO THEN DISPLAY: (plan La Reforma)], Medicare, [IF NOT PUERTO RICO THEN DISPLAY "CHIP,"] Medigap, Military, [IF NOT PUERTO RICO THEN DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type? CLICK ALL THAT APPLY

ELSE, DISPLAY

During the months when [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] DID have health coverage, what kinds of health coverage did [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Medicaid [IF PUERTO RICO THEN DISPLAY: (plan La Reforma)], Medicare, [IF NOT PUERTO 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

MEDICARE.....2 GO TO INS\_14\_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]

CHIP [FILL STATE PROGRAM NAME, IF

APPLICABLE] .....3 GO TO INS\_14\_X

[IF NOT USVI OR GUAM] MEDIGAP [FILL STATE

PROGRAM NAME, IF APPLICABLE] .....4 GO TO INS\_14\_X

MILITARY .....5 GO TO INS\_14\_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]

INDIAN HEALTH SERVICE [FILL STATE

PROGRAM NAME, IF APPLICABLE] .....6 GO TO INS\_14\_X

PRIVATE HEALTH INSURANCE .....7 GO TO INS\_14\_X

OTHER INSURANCE TYPE.....8 GO TO INS\_14\_X

[IF GUAM DISPLAY] MIP/GOVGUAM .....9 GO TO INS\_14\_X

DON'T KNOW .....77 GO TO INS\_14\_X

REFUSED.....99 GO TO INS\_14\_X

INS\_11\_X

Since [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth was there any time when [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] was not covered by any health insurance for any reason?

YES .....1 GO TO INS\_12\_X

NO .....2

DON'T KNOW .....77

REFUSED .....99

IF INS\_11\_X=2, 77, OR 99, THEN DO:

IF INS\_2=1 OR INS\_3=1 OR INS\_3A=1, GO TO INS\_14

ELSE GO TO INS\_13

INS\_12\_X How old was [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

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

INS\_12A\_X ENTER PERIOD:

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

[DO NOT ASK INS\_13 IF CHILD IS CURRENTLY INSURED BY MEDICAID OR CHIP:  
IF INS\_2 = 1 or INS\_3 = 1 OR INS\_3A = 1]

INS\_13\_X

IF USVI, DISPLAY:

Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan?

ELSE, DISPLAY:

Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan [IF PUERTO RICO DISPLAY: (plan La Reforma)] [IF NOT PUERTO RICO DISPLAY "or the Children's Health Insurance Program"]? [IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

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

INS\_13A\_X

Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by the Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].

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

INS\_14\_X Did cost of vaccinations ever cause you to delay or not get a vaccination for [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 NE 1 GO TO INS\_15\_X, ELSE GO TO HIMTERM

DON'T KNOW ..... 77 IF (S6\_X = 1 OR B1\_X = 1 OR D6\_X NE 0, 77, 0R 99) AND INS\_8\_X NE 1 GO TO INS\_15\_X, ELSE GO TO HIMTERM

REFUSED ..... 99 IF (S6\_X = 1 OR B1\_X = 1 OR D6\_X NE 0, 77, 0R 99) AND INS\_8\_X NE 1 GO TO INS\_15\_X, ELSE GO TO HIMTERM

INS\_15\_X When [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] received [FILL: his/her] most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

ALL OF THE COST ..... 1 GO TO HIMTERM

SOME OF THE COST ..... 2 GO TO INS\_16\_X

NONE OF THE COST ..... 3 GO TO INS\_16\_X

DON'T KNOW ..... 77 GO TO INS\_16\_X

REFUSED ..... 99 GO TO INS\_16\_X

INS\_16\_X How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

ALL OF THE COST ..... 1 GO TO HIMTERM

SOME OF THE COST ..... 2 GO TO HIMTERM

NONE OF THE COST ..... 3 GO TO HIMTERM

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

REFUSED ..... 99 GO TO HIMTERM

HIMTERM

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's number, 1-877-220-4805. If you have questions about your rights as a survey participant, you may call 1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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