NIS Teen (NIS-TEEN)
Hard Copy Questionnaire
Q2/2022

Section S – Screener

Section B – No Shot Records

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 study, 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)

Instruction1   (1) IF ANY S3_3M = 77 or S3_3Y = 7777 THEN GO TO INSRUCTION2

(2) ELSE IF (S_NUMB=C1_DIFFAND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC=1 AND P_ASKADULT=0 AND P_ASKFLU=0 THEN FILL TIS_UNDER18=C1_DIFFAND GO TO TIS_S1AQT

(3) ELSE IF (S_NUMB > ELIGMEMBERS AND S_NUMB=C1_DIFF AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC=1 AND P_ ASKADULT =0 AND P_ASKFLU=1 NO FLU AGE ELIGIBLE CHILDREN THEN FILL TIS_UNDER18=S_NUMB AND GO TO TIS_S1AQT

(4) ELSE IF (S_NUMB > ELIGMEMBERS AND S_NUMB=C1_DIFF AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC = 1 AND P_ ASKADULT=0 AND P_ASKFLU = 1 AND FLU AGE ELIGIBLE CHILDREN THEN FILL LF_UNDR18 = C1_DIFF AND GO TO LFQSTART

(5) ELSE IF (S_NUMB=C1_DIFFAND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC=1 AND P_ ASKADULT=1 AND P_ASKFLU=0 THEN FILL TIS_UNDER18=S_NUMB AND GO TO ADLT_INTRO

(6) ELSE IF (S_NUMB=C1_DIFF AND >=1 YAGE_x = 13, 14, 15, 16 OR 17) THEN FILL TIS_UNDER18 = C1_DIFF AND GO TO CP_TISMULTIAGE.

(7) ELSE GO TO INSTRUCTION2

Instruction2   (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW AND C1_DIFF not in (77, 99), THEN FILL TIS_UNDER18 WITH C1_DIFF AND DO:

IF C1_DIFF =S_NUMB, THEN GO TO TIS_S3INTRO

ELSE IF C1_DIFF > S_NUMB, THEN GO TO TIS_C2Q0A

(2) ELSE SKIP TO TIS_UNDER18

INTRO_1B   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, someone in your household started a survey about [IF ADULT COVID MODULE ON, DISPLAY: "vaccinations for COVID and other diseases affecting adults and children"; IF ADULT COVID MODULE OFF, DISPLAY: "the health and vaccinations of children and teens"]. I'm calling back now to continue the interview. This call will be recorded or monitored.

TIS_Under18   How many people less than 18 years old live in this household?

ENTER # OF CHILDREN _____ (ENTER 0 to 9)
DON'T KNOW .... 77 GO TO TIS_S1ADK
REFUSED... 99 GO TO TIS_S1AREF

(1) IF S_NUMB > TIS_UNDER18, THEN GO TO TIS_UNDER18_CONF

(2) IF TIS_UNDER18 = 0 AND P_ASKADULT=0 THEN GO TO TIS_S1AQT

(3) IF TIS_UNDER18=0 AND P_ASKADULT=1 THEN GO TO ADLT_INTRO

(4) IF TIS_UNDER18=1-9 AND (TIS_UNDER18 > S_NUMB>0 AND NIS ELIG_X<>0), THEN GO TO TIS_C2Q0A

(5) IF TIS_UNDER18=1-9 AND (TIS_UNDER18 > S_NUMB>0 AND NIS ELIG_X=0) OR S_NUMB = 0 THEN GO TO TIS_S3AGE_x

(6) IF TIS_UNDER18=77, THEN GO TO TIS_S1ADK

(7) IF TIS_UNDER18=99, THEN GO TO TIS_S1AREF

(8) IF P_ASKFLU=0 AND P_ASKADULT=0 AND TIS_UNDER18=1-9 AND TIS_UNDER18=S_NUMB AND NIS ELIG_X=0 AND NO TEENS REPORTED IN CHILD DOB ROSTER, THEN GO TO TIS_S1AQT

(9) IF (P_ASKFLU=1 OR P_ASKADULT=1 OR TEENS REPORTED IN CHILD DOB ROSTER) AND TIS_UNDER18=1-9 AND TIS_UNDER18=S_NUMB AND NIS_ELIG_X=0, THEN GO TO TIS_AGECONF

WARNING: ACCORDING TO NIS THERE [IS/ARE] AT LEAST [FILL S_NUMB] [CHILD/CHILDREN] IN THE HOUSEHOLD.

PLEASE RE-ASK TIS_UNDER18 ASKING FOR ALL OF THE CHILDREN IN THE HOUSEHOLD.

HELP SCREEN: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:
- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

COUNT INCORRECT - CHANGE TOTAL NUMBER OF CHILDREN ………………………………01 GO BACK TO TIS_UNDER18
TOTAL NUMBER OF CHILDREN CONFIRMED AS CORRECT…………………………………02 GO TO GO TO TIS_AGE_CONFIRM

TIS_C2Q0A   You have already given me [NAME OF NIS-ELIGIBLE CHILD OR CHILDREN FROM S3_5_x]'s birth date(s). Now, would you please tell me the age(s) of your other [IF C_TMP - S_NUMB = 1; INSERT 'child'/ IF C_TMP - S_NUMB > 1; INSERT 'children'] under the age of 18?

YES.. 01 GO TO TIS_S3AGE_X
WRONG # OF CHILDREN UNDER 18 ..... 02 GO TO TIS_UNDER18

TIS_S1ADK   Is there anyone in your household who knows how many people in this household are less than 18 years old?

NEW PERSON COMES TO PHONE........... 1 GO TO TIS_DKINTRO
NO... 2 GO TO TIS_S1TERM

TIS_DKINTRO

[CELL SAMPLE:]

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling on behalf of the [IF IAP=105 DISPLAY: "Department of Public Health and Social Services and the"; ELSE IF IAP=106 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.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO TO TIS_UNDER18

TIS_S1TERM   Thank you, we'll try back another time.

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

TIS_S1AREF   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 TIS_UNDER18
R STILL REFUSES.. 2   GO TO TIS_REFKID

[IF INCENTIVE>0, THEN GO TO VRYADD / ELSE DISPLAY TIS_REFKID]

TIS_REFKID   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 GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you 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
CONTINUE   ………………………………….. (01) CONTINUE

BEGIN LOOP FOR X NUMBER OF TIMES, WHERE X=TIS_UNDER18 less S_NUMB

[IF S3_3MDY_x NE NULL, THEN FILL AND CONTINUE WITH FIRST CHILD WITH AN UNKNOWN
        AGE]

TIS_S3AGE_X   What is the age of the [first/second…] child under the age of 18?

        ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
        IF CHILD IS LESS THAN ONE YEAR OLD, ENTER AGE IN MONTHS

        ENTER AGE .... ___   GO TO TIS_S3AGE1_X
        DON'T KNOW .... 77 GO TO TIS_AGEDK
        REFUSED.. 99 GO TO TIS_AGEREF

        [If 0 Years is entered, display, "INVALID AGE. IF CHILD IS LESS THAN ONE YEAR
        OLD, ENTER AGE IN MONTHS"]

TIS_S3AGE1_X

        MONTHS .... 1 GO TO TIS_AGE_CONFIRM
        YEARS .... 2 GO TO TIS_AGE_CONFIRM

TIS_AGEREF   I understand you may be uncomfortable, however, all information is confidential under Federal
        Law.

        RETURN TO QUESTIONNAIRE 1
        R STILL REFUSES..................................... 99

        (1) IF 01, THEN GO TO TIS_S3AGE_x

        (2) IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS_S3AGE_x

        (3) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER
        VALID AGES IN ROSTER, THEN GO TO TIS_AGE_CONFIRM

        (4) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID
        AGES IN ROSTER AND INCENTIVE>0, THEN GO TO VRYADD

        (5) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID
        AGES IN ROSTER AND INCENTIVE=0, GO TO TIS_AGEQUIT. ON CALLBACK POINT
        OF RETURN IS TIS_UNDER18.

TIS_AGEQUIT   Since we need an age 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 GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

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

CONTINUE   …………………………………….. (01) CONTINUE

TIS_AGEDK   Is there anyone available who would know the child's age?

NEW PERSON COMES TO PHONE............ 1
NO... 2

(1) IF 01, THEN GO TO TIS_DKAGEINTRO
(2) IF 02 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS_S3AGE_x
(3) IF 02 AND THERE ARE NO REMAINING CHILDREN, AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO TIS_AGE_CONFIRM
(4) IF 02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER, THEN GO TO TIS_S1TERM. ON CALLBACK POINT OF RETURN IS TIS_S3AGE_x.

TIS_DKAGEINTRO

[CELL SAMPLE:]

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling on behalf of the [IF IAP=106 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.

(00) CONTINUE WITH INTERVIEW without RECORDING
(01) CONTINUE WITH INTERVIEW and RECORDING

TIS_AGE_CONFIRM

So you have a [FILL CHILD 1: "X month old" / "X year old" / "newborn"], [FILL CHILD 2: "X month old" / "X year old" / "newborn"], … and [FILL LAST CHILD: "X month old" / "X year old" / "newborn"]. Is that correct?

YES... 1 GO TO CP_TISMULTIAGE
NO, WRONG AGES OF CHILDREN........... 2 GO TO TIS_S3AGE_1
[Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD]
NO, WRONG # OF CHILDREN .... 3 GO TO TIS_UNDER18
[Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD]
DON'T KNOW .... 77 GO TO GO TO CP_ TIS_MULT
REFUSED.. 99 GO TO GO TO CP_ TIS_MULT

DO NOT BACK UP FROM THIS SCREEN
USE RESPONSE OPTION 02 WRONG AGES OF CHILDREN TO EDIT AGES
USE RESPONSE OPTION 03 WRONG NUMBER OF CHILDREN TO EDIT NUMBER OF CHILDREN

CP_TISMULTIAGE

(1) IF P_ASKFLU = 1 and S_NUMB = 0 and ZTUNDR18 = 1-9 and ALL TIS_3AGE NOT IN (13, 14, 15, 16, 17) and ELIGMEMBERS = 0, THEN GO TO LFQSTART

(2) ELSE IF ANY TIS_3AGE IN (13, 14, 15, 16, 17) AND MORE THAN ONE TEEN SAME AGE, GO TO TIS_MULTIAGE

(3) ELSE GO TO TIS_SELECTION_INSTRUCTIONS1

TIS_MULTIAGE

Since you have more than one child who is [FILL DUPLICATE AGES FROM TIS_AGE_CONFIRM, E.G. 16 years old], I need a way to refer to each of them during the interview.

IF RESPONDENT SAYS DONT KNOW OR REFUSES ENTER CONTINUE

CONTINUE.. 1 GO TO TIS_NAME_X

TIS_NAME_X   What is the (other) [FILL AGE] year old child's name or initials?

IF RESPONDENT REFUSES ENTER NAME1/NAME2/NAME3

ENTER NAME.. ___   LOOP FOR ALL TIS_NAME, THEN
                                                                                   SKIP TO
                                                                                   TIS_SELECTON_INSTRUCTIONS1

TIS_SELECTION_INSTRUCTIONS1

    (1) IF 12 MONTHS < = TIS_S3AGE_x = < 36 MONTHS OR 1 YEAR = < TIS_S3AGE_x AND 3 YEARS THEN GO TO TIS_S2Q02A BEFORE GOING TO S3_INTRO IN NIS CHILD

    (2) ELSE IF ANY YAGE_x = 13, 14, 15, 16, 17, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 YEARS TO BE THE SELECTED TEEN FOR THE TEEN SURVEY AND GO TO TIS_S3INTRO

    (3) ELSE IF (S_NUMB>0 OR TIS_UNDER18>0) AND (TEENELIG=2) AND P_ASKFLU=1, THEN GO TO LFQSTART

    (4) ELSE IF (S_NUMB>0 OR TIS_UNDER18>0) AND (TEENELIG=2) AND P_ASKFLU=1, AND CIM is OFF, THEN GO TO LF_EXT

    (5) ELSE IF P_ASKFLU=0 AND ALL TIS_S3AGE_x NOT IN (13, 14, 15, 16, 17) AND MIX OF TIS_S3AGE_x =VALID AGES ONLY OR VALID AGES AND (77 AND/OR 99), THEN GO TO K_D16

    (6) ELSE GO TO INSTRUCTION1

TS2Q02A   Based on the ages you have given me, I now have some questions about your [FILL: AGE IN MONTHS OR AGE IN YEARS] old.

    CONTINUE .... 01 GO TO S3_INTRO IN NIS CHILD

TIS_S3INELG   The child who was selected is [FILL YAGESEL] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.

    CONTINUE .... 01 GO TO TIS_S3INTRO

TIS_S3INTRO   [IF NUMBTEEN > 1, THEN DISPLAY **:** "The computer randomly chose the child for the interview who is [FILL SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T_Y(age)NMx]] years old."] Most of the remaining questions will be about immunizations or shots [IF NUMBTEEN > 1, THEN DISPLAY: "he/she", ELSE DISPLAY: "your [FILL: SELECTED TEEN AGE IN YEARS] old"] may have received.

    CONTINUE .... 1 GO TO CP_INTRO

CP_INTRO   (1) IF TIS_S3INELG HAS BEEN READ, GO TO TIS_S3_MDY

    (2) ELSE IF NIS INFORMED CONSENT (S3_INTRO) HAS NOT BEEN READ, GO TO TIS_INTRO1

TIS_INTRO1   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 GO TO TIS_S3_MDY
R ASKS FOR DESCRIPTION OF LAW....... 2 GO TO TIS_S3_LAW

TIS_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, 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 TIS_S3_MDY

TIS_S3   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [the child who is [FILL: SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T_Y(age)NMx]"].

ENTER 77 / 77 / 7777 FOR DON'T KNOW

ENTER 99 / 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/12/2012].

MONTH	DAY	YEAR

After TIS_S3 and YAGESEL are computed, skip logic from TISS3MTH, TISS3DAY, TISS3YR can take place:

1) IF TISS3YR = 7777 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRDK.

2) ELSE IF TISS3YR = 9999 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRREF.

3) ELSE GO TO TIS3CONF

TIS3CONF   That would make this child [FILL YAGESEL] years old; is that correct?

YES... 1
NO... 2

(1) IF (TIS3CONF=1 AND TEENELIG=1 (i.e. YAGESEL = 13, 14, 15, 16, 17), THEN GO TO TIS_S4

(2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS_S3INELG

(3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS_SELECTION_INSTRUCTION

(4) IF TIS3CONF=2 THEN GO TO TIS_S3

TIS_S1AQT   [IF NIS INTERVIEW COMPLETED, READ]

Those are all the questions I have. You may be re-contacted in the future to participate in related 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 the NORC Institutional Review Board at 1-866-309-0542.

[ELSE IF SAMPLE USE CODE=7, READ:] Those are all the questions I have. This survey is collecting information on the health of teenagers 13 to 17 years old. I'd like to thank you on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

[ELSE READ]

Those are all the questions I have. This survey is collecting information on the health of children 19 months to 35 months old and teenagers 13 to 17 years old. I'd like to thank you on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

IF RESPONDENT DISCONNECTS AT ANY TIME ON THIS SCREEN USE ENTER TO EXIT SCREEN AND TERMINATE INTERVIEW.
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_CHILD   [IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION, THEN READ NO_CHILD]

Those are all the questions I have. We are only interviewing in households with children. I'd like to thank you on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time 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

TISYRREF   I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birth date is to know which immunization questions to ask.

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

RETURN TO QUESTIONNAIRE................. 1   GO TO TIS_S3
R STILL REFUSES....................................... 2   GO TO TISYRQUIT

TISYRDK   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?

NEW PERSON COMES TO PHONE............ 1   GO TO TYRDKINT
RETURN TO QUESTIONNAIRE................. 2   GO TO TIS_S1TERM

TYRDKINT   Hi. I'm calling for 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're calling about an important [IF NOT GUAM THEN DISPLAY: 'national'] survey of immunizations. 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 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. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE WITH INTERVIEW WITHOUT RECORDING……….(00) GO TO ZTYRDKPS
CONTINUE WITH INTERVIEW AND RECORDING……………(01) GO TO TIS_S3_MDY

TISYRQUIT   [IF INCENTIVE>0, THEN GO TO VRYADD / ELSE DISPLAY TISYRQUIT]

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 GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

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

TIS_S4   Is this child male or female?

Male 1
Female.. 2
DON'T KNOW 77
REFUSED.. 99

GO TO CP_TISS5

CP_TISS5   (1) IF TIS_NAME IS NOT FILLED, GO TO TIS_S5

(2) ELSE IF TIS_NAME IS FILLED, GO TO TIS_S4A

TIS_S5   So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials

_____

GO TO TIS_S4A

TIS_S4A   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 [FILL FROM TIS_S5: TEEN NAME] has received. Are you this person?

YES………………………………………… 1 GO TO TIS_SR1
NO…………………………………………….. 2 GO TO TIS_S5A

TIS_S5A   May I speak with this person now?

YES.. 1 GO TO TIS_S5LAW_BOX
NO.. 2 GO TO CB1

TIS_S5BOX   Hi. 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. We're calling about an important [IF NOT GUAM THEN DISPLAY: 'national'] survey on immunizations. 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. .... 1 GO TO TIS_S5LAW_BOX
R ASKS FOR DESCRIPTION OF LAW....... 2 GO TO TIS_S5EVAL_BOX

TIS_S5EVAL_BOX

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey, has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

TIS_S5LAW_BOX

CONTINUE WITH INTERVIEW WITHOUT RECORDING......0 GO TO ZTS5LBX1
CONTINUE WITH INTERVIEW AND RECORDING................1 GO TO TIS_SR1

GO TO TIS_S5LAW_BOX

TIS_SR1   Do you have any shot records for [FILL FROM TIS_S5: TEEN NAME]?

[IF GUAM, DISPLAY "INTERVIEWER NOTE: THIS IS OFTEN A YELLOW IMMUNIZATION CARD"]

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

GO TO TIS_B1

SECTION B

No Shot Records

TIS_B1   The remainder of the survey will take about 10 minutes.

Has [FILL FROM TIS_S5: TEEN NAME] ever received an immunization that is a shot or drops?

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

NO SHOT RECORD FOR INFLUENZA

TIS_BINFLU   [IF TIS_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu; ELSE DISPLAY: The next questions are about influenza [IF GUAM DISPLAY: or flu] vaccination.

Since July 1, 2021 has [FILL FROM TIS_S5: TEEN NAME] 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 TIS_BINFLU_NUM
NO……………………………………………2
DON'T KNOW…………………………… 77
REFUSED……………………………….99

IF TIS_BINFLU= 2, 77, 99, THEN DO:
GO TO TIS_BNEXTFLU

TIS_BINFLU_NUM

How many flu vaccinations has [FILL FROM TIS_S5: TEEN NAME] received since July 1, 2021?

ONE VACCINATION OR DOSE………….. 1   GO TO TIS_BINFLU_DATE_X
TWO VACCINATIONS OR DOSES……….2   GO TO TIS_BINFLU_DATE_X
DON'T KNOW…. 77   GO TO TIS_BFLUPLACE
REFUSED………... 99   GO TO TIS_BFLUPLACE

INTERVIEWER INSTRUCTION: IF R SAYS CHILD HAS RECEIVED MORE THAN TWO VACCINATIONS, SELECT "2 VACCINATIONS OR DOSES." FOLLOW-UP INFORMATION WILL BE COLLECTED ABOUT THE FIRST TWO VACCINATIONS SINCE JULY.

TIS_BINFLU_DATE_X

During what month and year did [FILL FROM TIS_S5: TEEN NAME] receive [his/her] first dose of flu vaccine since July 1, 2021?

ENTER 77 / 7777 FOR DON'T KNOW

ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2021

MONTH		YEAR

DATE... __/____

IF TIS_BINFLU_DATE_M = THE CURRENT MONTH AND TIS_BINFLU_DATE_Y =CURRENT YEAR, GO TO TIS_BWEEK ELSE, GO TO TIS_B8DTYPE.

IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH ANSWER MUST BE ON OR AFTER 07/2021 AND NOT AFTER INTERVIEW DATE

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

YES…………... 1 GO TO TIS_B8D_TYPE
NO………... 2 GO TO TIS_B8D_TYPE
DON'T KNOW…. .... 77 GO TO TIS_B8D_TYPE
REFUSED………... 99 GO TO TIS_B8D_TYPE

TIS_B8D_TYPE

Was this a shot or a spray in the nose?

FLU SHOT 1
FLU NASAL SPRAY OR "FLU MIST" 2
DON'T KNOW 77
REFUSED..99

(1) IF TIS_BINFLU_NUM=2 GO TO TIS_B9DM_X
(2) ELSE GO TO TIS_BFLUPLACE.

TIS_B9DM_X   During what month did [FILL FROM TIS_S5: TEEN NAME] receive [his/her] second dose of flu vaccine since July 1, 2021?

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

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2021

MONTH	YEAR

DATE.. __/____

IF TIS_B9DM_M = THE CURRENT MONTH AND TIS_B9DM_Y=CURRENT YEAR, GO TO TIS_BWEEK_2 ELSE, GO TO TIS_B9D_TYPE.

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
ANSWER MUST BE ON OR AFTER 07/2021 AND NOT AFTER INTERVIEW DATE

TIS_BWEEK_2   Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL: Date with most recent Sunday's date]"]?

YES…………... 1 GO TO TIS_B9D_TYPE
NO…………... 2 GO TO TIS_B9D_TYPE
DON'T KNOW… .... 77 GO TO TIS_B9D_TYPE
REFUSED…………...................................... 99 GO TO TIS_B9D_TYPE

TIS_B9D_TYPE   Was this a shot or a spray in the nose?

FLU SHOT 1
FLU NASAL SPRAY OR "FLU MIST" 2
DON'T KNOW 77
REFUSED... 99

GO TO TIS_BLUPLACE

TIS_BFLUPLACE

At what kind of place did [FILL FROM TIS_S5: TEEN NAME] get [his/her] most recent flu vaccination?

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

READ RESPONSES IF NECESSARY

(01) DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW: Interviewer note: DOCTOR'S OFFICE includes private provider and reforma provider.]
(02) HEALTH DEPARTMENT
(03) CLINIC OR HEALTH CENTER
(04) HOSPITAL
(05) OTHER MEDICALLY-RELATED PLACE
(06) PHARMACY OR DRUG STORE
(07) WORKPLACE
(08) ELEMENTARY/MIDDLE/HIGH SCHOOL
(09) OTHER NONMEDICALLY-RELATED PLACE   [IF PUERTO RICO, THEN SHOW: Interviewer note: OTHER NON-MEDICALLY RELATED PLACE includes mass vaccination clinics held at sports arenas]
(10) MALL OUTREACH [DISPLAY ONLY IF GUAM]
(11) VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]
(77) DON'T KNOW
(99) REFUSED

IF TIS_BFLUPLACE = 05 OR 09, THEN GO TO TIS_BFLUPLACE_OTHER

ELSE IF TIS_BINFLU_NUM =01 AND (TIS_BINFLU_DATE_Y= 7777, 9999), THEN GO TO TIS_BNEXTFLU

ELSE IF TIS_BINFLU_NUM =02 AND (TIS_BINFLU_DATE_Y= 7777, 9999 AND TIS_B9DM_Y = 7777, 9999), THEN GO TO TIS_BNEXTFLU

ELSE, GO TO TIS_BHES2

TIS_BFLUPLACE_OTHER

OTHER LOCATION: _____

IF TIS_BINFLU_NUM=01 AND (TIS_BINFLU_DATE_Y = 7777, 9999), THEN GO TO TIS_BNEXTFLU

ELSE IF TIS_BINFLU_NUM=02 AND (TIS_BINFLU_DATE_Y = 7777, 9999 AND TIS_B9DM_Y = 7777, 9999), THEN GO TO CP_BNEXTFLU

ELSE, GO TO TIS_BHES2

CP_BNEXTFLU

(1) IF TIS_BINFLU_NUM=01 AND (TIS_BINFLU_DATE_Y , 9999), THEN GO TO TIS_BNEXTFLU

(2) ELSE IF TIS_BINFLU_NUM=02 AND (TIS_BINFLU_DATE_Y = 7777, 9999 AND TIS_B9DY = 7777, 9999), THEN GO TO TIS_BNEXTFLU

(3) ELSE, GO TO TIS_BHES2

TIS_BNEXTFLU

How likely is [FILL FROM TIS_S5: TEEN NAME] to get a flu vaccination between now and the end of June, 2022? Would you say [FILL: IF S3_4=1, DISPLAY: "he", ELSE IF S3_4=2, DISPLAY "she"]:

Will definitely get one 1
Will probably get one 2
Will probably not get one, or 3
Will definitely not get one 4
DON'T KNOW 77
REFUSED FLU SHOT... 99

ALL GO TO TIS_BHES2

TIS_BHES2

This next question is about all recommended childhood vaccines, not just flu vaccination. Overall, how hesitant about childhood shots would you consider yourself to be? Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT... 1
NOT THAT HESITANT 2
SOMEWHAT HESITANT... 3
VERY HESITANT 4
DON'T KNOW 77
REFUSED FLU SHOT... 99

ALL GO TO TIS_BMISS

TIS_BMISS   <u>In the last two months,</u> was a medical check-up, well child visit, or vaccination appointment for [FILL FROM TIS_S5: TEEN NAME] delayed, missed, or not scheduled for any reason?

         YES.. 1   GO TO TIS_BMISS2

         NO...2   GO TO TIS_BCOVID1

         DON'T KNOW 77   GO TO TIS_BCOVID1

         REFUSED...99   GO TO TIS_BCOVID1

         IF QUOTA: NIS_SPRING_FLU=1, GO TO TIS_BCOVID1; ELSE
         IF QUOTA: NIS_SPRING_FLU=0, GO TO LOGIC_BTET

TIS_BMISS2   Was [FILL FROM TIS_S5: TEEN NAME]'s visit or appointment delayed, missed, or not scheduled because of COVID-19? Please include anything that could be related to COVID-19, such as fear of exposure to COVID, the doctor's office was closed, COVID-related loss of health insurance, or anything else.

         YES……………………... 1

         NO…………………………………………………...2

         DON'T KNOW 77

         REFUSED...99

         IF QUOTA: NIS_SPRING_FLU=1, GO TO TIS_BCOVID1; ELSE
         IF QUOTA:NIS_SPRING_FLU=0, GO TO LOGIC_BTET

TIS_BCOVID1   For the next few questions we would like you to focus on the time **between March 2020 and today,** meaning the start of the COVID-19 pandemic.

    <u>Between March 2020 and today</u>, meaning since the start of the COVID-19 pandemic, did you have any difficulty getting a well-child or vaccination appointment for [FILL FROM TIS_S5: TEEN NAME]? This could have been due to the healthcare provider's office having limited hours or being closed due to COVID-19 or any other reason. Would you say: you had difficulty getting an appointment, did not have difficulty, or did not try to make an appointment for [FILL FROM TIS_S5: TEEN NAME] in that time?

         HAD DIFFICULTY………………………………….1

         DID NOT HAVE DIFFICULTY……………………..2

         DID NOT TRY TO MAKE A WELL-CHILD
         OR VACCINATION APPOINTMENT……………..3

         DON'T KNOW…………………………………………77

         REFUSED…………………………………………99

         ALL GO TO TIS_BCOVID2

TIS_BCOVID2   Since the start of the COVID-19 pandemic, *was there ever a time when you chose not to bring [FILL FROM TIS_S5: TEEN NAME] to a healthcare visit where vaccines might be given*, for example, a well-child visit, annual physical visit, back-to-school visit, or vaccination visit?

        YES……………….…………………………………1 GO TO TIS_BCOVID3
        NO…………………………………………….…...2 GO TO TIS_BCOVID7
        DON'T KNOW………………………………….….77 GO TO TIS_BCOVID7
        REFUSED ………………………………………….99 GO TO TIS_BCOVID7

TIS_BCOVID3   There are many reasons why parents might have chosen not to bring their child to a well-child or vaccination appointment since the start of the COVID-19 pandemic.

Was one of the important reasons you did not bring [FILL FROM TIS_S5] to that healthcare visit because… You were concerned about you or [FILL FROM TIS_S5] catching COVID-19?

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

        ALL GO TO TIS_BCOVID7

TIS_BCOVID7   Between March 2020 and today, meaning since the start of the COVID-19 pandemic, did you receive a reminder to bring [FILL FROM TIS_S5] in for vaccinations that were due or overdue?

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

        ALL GO TO LOGIC_BTET

GO TO LOGIC_BTET
        IF TIS_B1 = 02, 77, OR 99, THEN GO TO TIS_HEALTH_VAR
        ELSE GO TO TIS_BTET

TIS_BTET   Has [FILL FROM TIS_S5: TEEN NAME] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

READ IF NECESSARY: The tetanus booster shot we're asking about is different from the Dtap, DT, or DTP shots, which children usually receive before age six.

YES………….. 1 GO TO TIS_BMEN
NO……….. 2 GO TO TIS_BTET_REASON
DON'T KNOW…. .... 77 GO TO TIS_BMEN
REFUSED………...................................... 99 GO TO TIS_BMEN

TIS_BTET_REASON

What is the MAIN reason [FILL FROM TIS_S5: TEEN NAME] did not receive Td or Tdap shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

(01) PROVIDER DID NOT RECOMMEND

(02) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN

(03) VACCINE IS NOT NEEDED OR NECESSARY

(04) SCHOOL DOES NOT REQUIRE

(05) SAFETY CONCERNS

(06) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE

(07) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)

(08) SHOT COULD BE PAINFUL

(09) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED

(10) NOT AVAILABLE IN PROVIDER'S OFFICE

(11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS

(12) OTHER

(77) DON'T KNOW

(99) REFUSED

IF TIS_BTET_REASON=12, THEN GO TO TIS_BTET_OTHER

ELSE GO TO TIS_BMEN

TIS_BTET_OTHER

OTHER REASON: _____

GO TO TIS_BMEN

TIS_BMEN   Has [FILL FROM TIS_S5: TEEN NAME] ever received a meningitis shot, sometimes called MENACTRA, MENVEO, MenQuadfi or MENOMUNE?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years. We are not asking about the meningitis shot that protects against one type of meningitis, type B, sometimes called Bexsero or Trumenba, which was first available in 2015.

YES………….. 1 GO TO TIS_BMEN_DOSE
NO……….. 2 GO TO TIS_BMEN_REASON
DON'T KNOW…. .... 77 GO TO TIS_BHPV_RECOM
REFUSED……….. 99 GO TO TIS_BHPV_RECOM

TIS_BMEN_DOSE

How many meningitis shots did [FILL FROM TIS_S5: TEEN NAME] ever receive?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years. We are not asking about the meningitis shot that protects against one type of meningitis, type B, sometimes called Bexsero or Trumenba, which was first available in 2014.

NUMBER OF SHOTS .... GO TO TIS_BHPV_RECOM
ALL SHOTS………..................................... 50 GO TO TIS_BHPV_RECOM
DON'T KNOW…. .... 77 GO TO TIS_BHPV_RECOM
REFUSED……….. 99 GO TO TIS_BHPV_RECOM

TIS_BMEN_REASON

What is the MAIN reason [FILL FROM TIS_S5: TEEN NAME] did not receive meningitis shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years. We are not asking about the meningitis shot that protects against one type of meningitis, type B, sometimes called Bexsero or Trumenba, which was first available in 2014.

(01) PROVIDER DID NOT RECOMMEND
(02) DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
(03) VACCINE IS NOT NEEDED OR NECESSARY
(04) SCHOOL DOES NOT REQUIRE
(05) SAFETY CONCERNS
(06) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
(07) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)
(08) SHOT COULD BE PAINFUL
(09) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED
(10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
(11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
(12) OTHER- SPECIFY: GO TO TIS_BMEN_OTHER
(77) DON'T KNOW
(99) REFUSED

IF TIS_BMEN_REASON=12, THEN GO TO TIS_BMEN_OTHER
ELSE GO TO TIS_BHPV_RECOM

TIS_BMEN_OTHER

OTHER REASON: _____

GO TO TIS_BHPV_RECOM

TIS_BHPV_RECOM

The next few questions are about the HPV vaccine.

The HPV vaccine is a series of 2 or 3 shots, depending on what age the shots are started.

Has a doctor or other health care professional ever recommended that [FILL FROM TIS_S5: TEEN NAME] receive HPV shots?

YES…………... 1 GO TO TIS_BHPV_AGE
NO……….. 2 GO TO TIS_BHPV2
DON'T KNOW…. .... 77 GO TO TIS_BHPV2
REFUSED……….. 99 GO TO TIS_BHPV2

TIS_BHPV_AGE

At what age did the doctor or health care professional recommend that [FILL FROM TIS_S5: TEEN NAME] should start receiving the HPV shots?

(01) BEFORE AGE 11
(02) 11 OR 12 YEARS OF AGE
(03) 13 OR 14 YEARS OF AGE
(04) 15 OR 16 YEARS OF AGE
(05) 17 OR 18 YEARS OF AGE
(06) AFTER 18 YEARS OF AGE
(07) NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED
(77) DON'T KNOW
(99) REFUSED

GO TO TIS_BHPV2

TIS_BHPV2   Has [FILL FROM TIS_S5: TEEN NAME] ever received HPV shots?

YES…………... 1 GO TO TIS_BHPV_DOSE
NO……….. 2 GO TO TIS_BHPV_INTENT
DON'T KNOW…. .... 77 GO TO TIS_BHPV_INTENT
REFUSED……….. 99 GO TO TIS_BHPV_INTENT

TIS_BHPV_DOSE

How many HPV shots did [FILL FROM TIS_S5: TEEN NAME] ever receive?

NUMBER OF SHOTS…………............. ____
ALL SHOTS………................................ 50
DON'T KNOW…. 77
REFUSED………...................................... 99

GO TO TIS_BHPV_LOCATION

TIS_BHPV_LOCATION

Please tell me all the types of places where [FILL FROM TIS_S5: TEEN NAME] has received an HPV shot. READ IF NECESSARY: This question is referring to the location of the vaccine provider, not to the location on the body where the shot was given.

[READ ONLY IF NECESSARY, MARK ALL THAT APPLY]

(01) DOCTOR'S OFFICE
(02) EMERGENCY ROOM
(03) HEALTH DEPARTMENT
(04) CLINIC OR HEALTH CENTER
(05) HOSPITAL-BASED CLINIC
(06) WHILE HOSPITALIZED
(07) OTHER MEDICALLY-RELATED PLACE
(08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
(09) WORKPLACE
(10) ELEMENTARY/MIDDLE/HIGH SCHOOL
(11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_BHPV_LOC_OTHER
(12) MALL OUTREACH [DISPLAY ONLY IF GUAM]
(13) VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]
(77) DON'T KNOW
(99) REFUSED

(1) IF TIS_BHPV_LOCATION = (07,11) GO TO TIS_BHPV_LOC_OTHER
(2) ELSE IF TIS_BHPV_DOSE IN (1,77,99) GO TO TIS_BHPV_INTENT
(3) ELSE TIS_BHPV_DOSE = 2 THEN DO: IF AGE < 15 GO TO TIS_HEALTH_VAR; ELSE IF AGE >=15 GO TO TIS_BHPV_INTENT
(4) ELSE IF TIS_BHPV_DOSE IN (3,50) GO TO TIS_HEALTH_VAR

TIS_BHPV_LOC_OTHER

OTHER LOCATION: _____

(1) IF TIS_BHPV_DOSE IN (1,77,99) GO TO TIS_BHPV_INTENT
(2) ELSE TIS_BHPV_DOSE = 2 THEN DO: IF AGE < 15 GO TO TIS_HEALTH_VAR; ELSE IF AGE >=15 GO TO TIS_BHPV_INTENT
(3) ELSE IF TIS_BHPV_DOSE IN (3,50) GO TO TIS_HEALTH_VAR

TIS_BHPV_INTENT

How likely is it that [FILL FROM TIS_S5: TEEN NAME] will receive HPV shots in the next 12 months? Would you say:

Very Likely………….................................... 1 GO TO TIS_HEALTH_VAR

Somewhat Likely………............................... 2 GO TO TIS_HEALTH_VAR

Not too likely………… .... 3 GO TO TIS_BHPV_REASON

Not likely at all……… .... 4 GO TO TIS_BHPV_REASON

Not Sure/ Don't Know…............................. 77 GO TO TIS_BHPV_REASON

REFUSED………... 99 GO TO TIS_HEALTH_VAR

TIS_BHPV_REASON

What is the MAIN reason [FILL FROM TIS_S5: TEEN NAME] will not receive [FILL: IF TIS_BHPV_DOSE = 0, THEN READ: "any" / ELSE READ "all"] HPV shots in the next 12 months?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

IF RESPONDENT SAYS "VACCINE IS NOT NEEDED OR NECESSARY," PROBE FOR A REASON AND SELECT OPTION 03 OR 04.

(01) PROVIDER DID NOT RECOMMEND
(02) KNOWLEDGE - DID NOT KNOW ABOUT DISEASE/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
(03) VACCINE IS NOT NEEDED OR NECESSARY- ADOLESCENT HAS RECEIVED ALL OF THE RECOMMENDED DOSES
(04) VACCINE IS NOT NEEDED OR NECCESARY-OTHER REASON
(05) SCHOOL DOES NOT REQUIRE
(06) SAFETY CONCERNS
(07) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
(08) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)
(09) SHOT COULD BE PAINFUL
(10) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY
(11) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
(12) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
(13) CONCERN ABOUT INCREASING SEXUAL ACTIVITY IF RECEIVE SHOT
(14) IS NOT SEXUALLY ACTIVE
(15) R NOT SURE IF THEY HAVE ALREADY RECEIVED ALL OF THE HPV SHOTS THEY NEED
(16) OTHER - SPECIFY
(77) DON'T KNOW
(99) REFUSED

IF 03, THEN GO TO TIS_HEALTH_VAR
IF 16, THEN GO TO TIS_BHPV_OTHER
ELSE GO TO TIS_BHPV_AGE

TIS_BHPV_OTHER

       OTHER REASON: _____

       GO TO TIS_BHPV_PLAN_AGE

TIS_BHPV_PLAN_AGE

       At what age do you plan to have [FILL FROM TIS_S5: TEEN NAME] receive the HPV shots?

       _____ YEARS

       (01)   NEVER/NO AGE
       (02)   IT WILL BE MY CHILD'S DECISION IN THE FUTURE
       (77)   DON'T KNOW
       (99)   REFUSED

       GO TO TIS_HEALTH_VAR

TIS_HEALTH_VAR

I've been asking about shots received by [FILL FROM TIS_S5: TEEN NAME]. Now I would like to ask, has [FILL FROM TIS_S5: TEEN NAME] ever had chicken pox or varicella?

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

TIS_HEALTH_VAR_AGE

How old was [FILL FROM TIS_S5: TEEN NAME], in years, when [he/she] had chicken pox?

AGE: _____

(1) IF TIS_HEALTH_VAR_AGE > TIS_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS_HEALTH_CHECKUPA
(2) IF TIS_HEALTH_VAR_AGE=77, THEN GO TO TIS_HEALTH_VAR_AGE2
(3) ELSE GO TO TIS_HEALTH_CHECKUPA

TIS_HEALTH_VAR_AGE2

Was [FILL FROM TIS_S5: TEEN NAME]…
…less than one year old?................................. 1
…one to five years old?................................... 2
…five to ten years old?................................... 3
…over ten years old? 4
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_HEALTH_CHECKUPA

TIS_HEALTH_CHECKUPA

How old was [FILL FROM TIS_S5: TEEN NAME] at the time of [his/her] last check-up? Please do not include visits for medical treatment or illness.

AGE: _____

(1) IF <=12 YEARS, THEN GO TO TIS_HEALTH_VISITS

(2) IF >=13 YEARS AND <=YAGE_X, THEN GO TO TIS_HEALTH_CHECKUP2A

(4) IF >[YAGE_X], THEN DISPLAY WARING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN

(5) IF 77 OR 99, THEN GO TO TIS_HEALTH_CHECKUP2A

TIS_HEALTH_CHECKUP2A

Did [FILL FROM TIS_S5: TEEN NAME] have an 11-12 year old well child exam or check-up?

YES.. 1 GO TO TIS_HEALTH_VISITS
NO.. 2 GO TO TIS_HEALTH_VISITS
DON'T KNOW .... 77 IF TIS_HEALTH_CHECKUPA=77/99,
GO TO TIS_HEALTH_CHECKUP3A, ELSE GO TO TIS_HEALTH_VISITS

REFUSED... 99 IF TIS_HEALTH_CHECKUPA=77/99,
GO TO TIS_HEALTH_CHECKUP3A, ELSE GO TO TIS_HEALTH_VISITS

TIS_HEALTH_CHECKUP3A

Was [FILL FROM TIS_S5: TEEN NAME]'s last check-up more than [YAGE_x minus 12] years ago or less than [YAGE_x minus 12] years ago?

MORE THAN [YAGE_x minus 12]
YEARS AGO.. 1
EXACTLY [YAGE_x minus 12]
YEARS AGO.. 2
LESS THAN [YAGE_x minus 12]
YEARS AGO.. 3
DON'T KNOW 77
REFUSED... 99

GO TO TIS_HEALTH_VISITS

TIS_HEALTH_VISITS

During the past 12 months, how many times has [FILL FROM TIS_S5: TEEN NAME] seen a doctor or other health care professional about [his/her] health at a doctor's office, a clinic, or some other place? Do not include times [FILL FROM TIS_S5: TEEN NAME] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

NONE 1
1 2
2-3 3
4-5 4
6-7 5
8-9 6
10-12 7
13-15 8
16+ 9
DON'T KNOW 77
REFUSED... 99

GO TO TIS_HEALTHASTHMA_A

TIS_HEALTHASTHMA_A

Has [FILL FROM TIS_S5: TEEN NAME] ever been told by a doctor or other health professional that [he/she] has asthma?

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

GO TO TIS_HIRISK

TIS_HIRISK Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [FILL FROM TIS_S5: TEEN NAME] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [FILL FROM TIS_S5: TEEN NAME] had had any of the listed conditions.

INTERVIEWER INSTRUCTION: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRALVALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO'

READ IF NECESSARY: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

READ IF RESPONDENT SAYS DK, OR NOT SURE: Illnesses such as cancer or HIV/AIDS can cause a person to have a weakened immune system. Medicines such as steroids or transplant medications can cause a person to have a weakened immune system. Would you like me to repeat the question?

YES.. 1 GO TO TIS_HIRISK_NOW
NO.. 2 GO TO TIS_HIRISK_ANY
DON'T KNOW .... 3 GO TO TIS_HIRISK_ANY
REFUSED.. 4 GO TO TIS_HIRISK_ANY

TIS_HIRISK_NOW

Does [FILL FROM TIS_S5: TEEN NAME] still have any of these conditions?

YES.. 1
NO.. 2
DON'T KNOW 3
REFUSED.. 4

GO TO TIS_HIRISK_ANY

TIS_HIRISK_ANY

Do any other members of [FILL FROM TIS_S5: TEEN NAME]'s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

INTERVIEWER INSTRUCTION: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

READ IF RESPONDENT SAYS DK, OR NOT SURE: Illnesses such as cancer or HIV/AIDS can cause a person to have a weakened immune system. Medicines such as steroids or transplant medications can cause a person to have a weakened immune system. Would you like me to repeat the question?

YES.. 1
NO.. 2
DON'T KNOW 3
REFUSED.. 4

GO TO TIS_ACDIS1

TIS_ACDIS1

Is [FILL FROM TIS_S5: TEEN NAME] deaf or does [FILL: he/she] have serious difficulty hearing?

YES.. 01
NO.. 02
DON'T KNOW 77
REFUSED... 99

GO TO TIS_ACDIS2

TIS_ACDIS2

Is [FILL FROM TIS_S5: TEEN NAME] blind or does [FILL: he/she] have serious difficulty seeing even when wearing glasses?

YES.. 01
NO.. 02
DON'T KNOW 77
REFUSED... 99

GO TO TIS_ACDIS3

TIS_ACDIS3

Does [FILL FROM TIS_S5: TEEN NAME] have serious difficulty walking or climbing stairs?

YES... 01
NO... 02
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_ACDIS4

TIS_ACDIS4

Because of a physical, mental, or emotional condition, does [FILL FROM TIS_S5: TEEN NAME] have serious difficulty concentrating, remembering, or making decisions?

YES... 01
NO... 02
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_ACDIS5

TIS_ACDIS5

Does [FILL FROM TIS_S5: TEEN NAME] have difficulty dressing or bathing?

YES... 01
NO... 02
DON'T KNOW 77
REFUSED.. 99

IF AGE >=15 THEN GO TO TIS_ACDIS6; ELSE GO TO TIS_NOSCHOOL

TIS_ACDIS6

Because of a physical, mental, or emotional condition, does [FILL FROM TIS_S5: TEEN NAME] have difficulty doing errands alone such as visiting a doctor's office or shopping?

YES... 01
NO... 02
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_NOSCHOOL

TIS_NOSCHOOL

During the past 12 months, that is, since [FILL1], about how many days did [FILL FROM TIS_S5: TEEN NAME] miss school because of illness or injury?

NUMBER OF DAYS .... ___
NONE 000
CHILD DID NOT GO TO SCHOOL 996
DON'T KNOW 777
REFUSED... 999

GO TO TIS_GRADE

TIS_GRADE

What is [FILL FROM TIS_S5: TEEN NAME]'s current grade level in school?

6TH GRADE 6   GO TO TIS_C1
7TH GRADE 7   GO TO TIS_C1
8TH GRADE 8   GO TO TIS_C1
9TH GRADE/FRESHMAN IN HS 9   GO TO TIS_C1
10TH GRADE/SOPHOMORE IN HS 10   GO TO TIS_C1
11TH GRADE/JUNIOR IN HS.................... 11   GO TO TIS_C1
12TH GRADE/SENIOR IN HS 12   GO TO TIS_C1
GRADUATED FROM HS 13   GO TO TIS_C1
ENROLLED IN GED PROGRAM 14   GO TO TIS_C1
COMPLETED GED PROGRAM 15   GO TO TIS_C1
NOT IN SCHOOL 16   GO TO TIS_C1
OTHER 17   GO TO TIS_GRADE_SPECIFY
DON'T KNOW 77   GO TO TIS_C1
REFUSED.. 99   GO TO TIS_C1

TIS_GRADE_SPECIFY

ENTER [FILL FROM TIS_S5: TEEN NAME]'S CURRENT GRADE IN SCHOOL

OTHER: _____

TIS_C1   [IF NIS INTERVIEW CONDUCTED, FILL WITH NIS VARIABLE C1]

The next few questions ask for some background information about [FILL FROM TIS_S5: TEEN NAME]. 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.

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

NUMBER OF PEOPLE_____

TIS_C2   [IF NIS INTERIVEW CONDUCTED, READ:]

The next few questions ask for some background information about [FILL FROM TIS_S5: TEEN NAME]. 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.

[IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS_S5: TEEN NAME] of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, DOMINICAN, OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

[ELSE READ:]

Is [FILL FROM TIS_S5: TEEN NAME] of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES.. 1   GO TO TIS_C3
NO.. 2   GO TO TIS_C4
DON'T KNOW 77   GO TO TIS_C4
REFUSED... 99   GO TO TIS_C4

TIS_C3   [IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS_S5: TEEN NAME] 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 TIS_S5: TEEN NAME] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or of Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANO/A 1
PUERTO RICAN 2
CUBAN 3
CENTRAL AMERICAN............................... 4
SOUTH AMERICAN 5
OTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN
(SPECIFY) 10
DOMINICAN [SHOWN ONLY IF USVI].. 11
DON'T KNOW 77
REFUSED.. 99

(1) IF 10 IS SELECTED, THEN GO TO TIS_C3_OTHR
(2) ELSE GO TO TIS_C4

TIS_C3_OTHR

ENTER OTHER SPECIFY: _____

GO TO TIS_C4

TIS_C4   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL FROM TIS_S5: TEEN NAME]'s race. Is [FILL FROM TIS_S5: TEEN NAME] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

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

(1) IF 8 SELECTED, GO TO TIS_C4_OTHER

(2) ELSE IF GUAM THEN DO:
  IF 5 OR 7 IS SELECTED, THEN GO TO TIS_C4_GUAM_ASIAN
  ELSE GO TO TIS_C5

(3) ELSE IF NOT USVI, THEN DO:
  IF 5 IS SELECTED, THEN GO TO TIS_C4_ASIAN
  ELSE IF 7 IS SELECTED, GO TO TIS_C4_PACISLE
  ELSE GO TO TIS_C5

TIS_C4_OTHER

ENTER OTHER SPECIFY: _____

(1) IF GUAM THEN DO:
  IF 5 OR 7 IS SELECTED, THEN GO TO TIS_C4_GUAM_ASIAN
  ELSE GO TO TIS_C5

(2) ELSE IF NOT GUAM, THEN DO:
  IF 5 IS SELECTED, THEN GO TO TIS_C4_ASIAN
  ELSE IF 7 IS SELECTED, GO TO TIS_C4_PACISLE
  ELSE GO TO TIS_C5

TIS_C4_ASIAN

Is [FILL FROM TIS_S5: TEEN NAME] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS_S5: TEEN NAME] best.

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

(1) IF TIS_C4 INCLUDES 07 GO TO TIS_C4_PACISLE
(2) ELSE GO TO TIS_C5

TIS_C4_PACISLE

Is [FILL FROM TIS_S5: TEEN NAME] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS_S5: TEEN NAME] best.

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

GO TO TIS_C5

TIS_C4_GUAM_ASIAN

Is [FILL FROM TIS_S5: TEEN NAME] 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 TIS_S5: TEEN NAME] 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
DON'T KNOW 77
REFUSED... 99

(1) IF 14, THEN GO TO TIS_C4_ASIAN_OTH
(2) ELSE GO TO TIS_C5

TIS_C4_ASIAN_OTH

ENTER OTHER SPECIFY: _____

TIS_C5   What is your relationship to [FILL FROM TIS_S5: TEEN NAME]?

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

(1) IF C5_x (IN NIS) FILLED, THEN GO TO TIS_C5A
(2) ELSE GO TO TIS_C6

TIS_C5A   [IF TIS_C5=01, THEN ASK:]

Are you also [FILL1]'s mother?

[ELSE ASK:]

Is [FILL FROM TIS_S5: TEEN NAME]'s mother the same as [FILL1]'s mother?

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

(1) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS_C5A=1, FILL FROM NIS (FIRST
NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS_C6 THROUGH TIS_C10_CHECK AND
TIS_CFAMINC THROUGH TIS_C_AWAY
(2) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS_C5A>=1, FILL FROM NIS
(FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS_CFAMINC THROUGH
TIS_C_AWAY
(3) ELSE GO TO TIS_C6

TIS_C6   What is the highest grade or year of school [FILL] completed?

8th GRADE OR LESS.................................... 1

9th-12th GRADE NO DIPLOMA 2

HIGH SCHOOL GRADUATE OR
GED COMPLETED 3

COMPLETED A VOCATIONAL, TRADE,
OR BUSINESS SCHOOL PROGRAM 4

SOME COLLEGE CREDIT BUT
NO DEGREE... 5

ASSOCIATE DEGREE (AA, AS) 6

BACHELOR'S DEGREE (BA, BS, AB)....... 7

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

DOCTORATE (PhD, EdD) or
PROFESSIONAL DEGREE
(MD, DDS, DVM, JD).................................... 9

DON'T KNOW 77

REFUSED.. 99

TIS_C7   [FILL1] 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 TIS_C8

WIDOWED 2   GO TO TIS_C8

DIVORCED.. 3   GO TO TIS_C8

SEPARATED 4   GO TO TIS_C8

NEVER MARRIED... 5   GO TO TIS_C8

DECEASED 6   GO TO C8_INTRO

LIVING WITH PARTNER............................. 7   GO TO TIS_C8

DON'T KNOW .... 77 GO TO TIS_C8

REFUSED.. 99 GO TO TIS_C8

TIS_C8_INTRO The next few questions ask for some background information about [FILL FROM TIS_S5:
TEEN NAME]'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.

TIS_C8   [IF TIS_C7_X= 6, THEN DISPLAY:]

Was [FILL FROM TIS_S5: TEEN NAME]'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)?

[ELSE **DISPLAY:**]

[FILL1] 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 TIS_C8_A
NO.. 2 GO TO TIS_C9
DON'T KNOW .... 77 GO TO TIS_C9
REFUSED.. 99 GO TO TIS_C9

TIS_C8_A   [IF TIS_C7=6 AND USVI THEN DISPLAY:]

Was [FILL FROM TIS_S5: TEEN NAME]'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 IF TIS_C7=6 AND NOT USVI THEN DISPLAY:]

Was [FILL FROM TIS_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS_C7 NOT 6 AND USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS_S5: TEEN NAME]'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 IF TIS_C7 NOT 6 AND NOT USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS_S5: TEEN NAME]'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

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 10, BUT 77 AND 99 MUST BE SELECTED ALONE]

MEXICAN/MEXICANO, MEXICAN-AMERICAN, CHICANO/A.................1
PUERTO RICAN 2
CUBAN 3
CENTRAL AMERICAN...4
SOUTH AMERICAN..5
OTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN (SPECIFY) 10
DOMINICAN [SHOWN ONLY IF USVI].......................................11
DON'T KNOW 77
REFUSED..99

(1) IF TIS_C8_A=10, THEN GO TO TIS_C8_OTHR1
(2) ELSE GO TO TIS_C9

TIS_C8_OTHR1

     ENTER OTHER SPECIFY: _____

TIS_C9   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] 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
DON'T KNOW	77
REFUSED...	99

(1) IF 8 IS SELECTED, GO TO TIS_C9_OTHR1

(2) ELSE IF GUAM THEN DO:

     IF 5 OR 7 IS SELECTED, GO TO TIS_C9_API

     ELSE IF MORE THAN ONE SELECTED AND NONE IN 05, 07, GO TI TIS_C10

     ELSE GO TO TIS_C10A

(3) ELSE IF NOT GUAM THEN DO:

     IF RESPONSE INCLUDES 5, GO TO TIS_C9_ASIAN

     ELSE IF RESPONSE INCLUDES 7, GO TO TIS_C9_PACISLE

     ELSE GO TO TIS_C10A

TIS_C9_OTHR1

     ENTER OTHER SPECIFY: _____

(1) IF GUAM THEN DO:

     IF 5 OR 7 IS SELECTED, GO TO TIS_C9_API

     ELSE IF MORE THAN ONE SELECTED AND NONE IN 05, 07, GO TI TIS_C10

     ELSE GO TO TIS_C10A

(2) ELSE IF NOT GUAM THEN DO:

     IF RESPONSE INCLUDES 5, GO TO TIS_C9_ASIAN

     ELSE IF RESPONSE INCLUDES 7, GO TO TIS_C9_PACISLE

     ELSE GO TO TIS_C10A

TIS_C9_ASIAN

Is [FILL2] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?
READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

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

(1) IF TIS_C9 INCLUDES 7 GO TO TIS_C9_PACISLE

(2) ELSE IF MORE THAN ONE ANSWER AT TIS_C9 GO TO TIS_C10

(3) ELSE GO TO TIS_C10A

TIS_C9_PACISLE

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

READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

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

(1) IF MORE THAN ONE ANSWER AT TIS_C9, GO TO TIS_C10

(2) ELSE GO TO TIS_C10A

TIS_C9_API

[FILL2] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL1] 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
DON'T KNOW 77
REFUSED... 99

(1) IF 14, THEN GO TO TIS_C9_API_OTH
(2) ELSE IF MORE THAN ONE SELECTED AT TIS_C9, THEN GO TO TIS_10
(3) ELSE GO TO TIS_10A

TIS_C9_API_OTH

ENTER OTHER SPECIFY: _____

(1) IF MORE THAN ONE SELECTED AT TIS_C9, GO TO TIS_C10
(2) ELSE GO TO TIS_C10

TIS_C10   Which do you feel best describes [FILL] race?

WHITE .... 1 GO TO TIS_C10A
BLACK/AFRICAN AMERICAN .... 2 GO TO TIS_C10A
AMERICAN INDIAN.................................... 3 GO TO TIS_C10A
ALASKA NATIVE .... 4 GO TO TIS_C10A
ASIAN. 5   GO TO TIS_C10A
NATIVE HAWAIIAN................................... 6 GO TO TIS_C10A
PACIFIC ISLANDER .... 7 GO TO TIS_C10A
[TIS_C9_OTHR1] .... 8 GO TO TIS_C10A
OTHER (SPECIFY) .... 9 GO TO TIS_C10_OTHR1
DON'T KNOW .... 77 GO TO TIS_C10A
REFUSED.. 99 GO TO TIS_C10A

TIS_C10_OTHR1

ENTER OTHER SPECIFY: _____

GO TO TIS_C10A

TIS_C10A   What [IF TIS_C7=6, DISPLAY: "was", ELSE DISPLAY "is"] [IF TIS_C5=1, DISPLAY "your", ELSE DISPLAY: "[FILL FROM TIS_S5: TEEN NAME]'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)   _____/_____/_____

(1) IF YEAR IS INVALID (NOT IN 1920-[CURRENT YEAR],7777,9999) OR mm/dd/yyyy date is in the future, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID" (can't continue until corrected)

(2) ELSE YEAR NOT IN (7777,9999) AND MONTH NOT IN (77,99) AND CALCULATED AGE < 14 YEARS, DISPLAY WARNING TEXT THAT READS: "MOTHER MUST BE 14 OR OLDER" (can't continue until corrected)

(3) ELSE IF TIS_C7=6, THEN DO:

    IF IAP=105, THEN GO TO TIS_C11C

    ELSE IF IAP=106, THEN GO TO TC11CPR

    ELSE GO TO TIS_C11A

(4) ELSE IF MONTH OR YEAR IS DK OR REF, THEN GO TO TIS_C10B

(5) ELSE IF CALCULATED AGE IS LESS THAN 25 YEARS OR GREATER THAN 75 YEARS THEN GO TO TISC10CH
(6) ELSE GO TO TIS_C11

TIS_C10B   What is [FILL] current age?

                  ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

                  IF TIS_C10B < 14 YEARS OF AGE, DISPLAY WARNING: Mother must be 14 or older.

                  AGE .... ___
                  DON'T KNOW 77
                  REFUSED.. 99

                  (1) IF TIS_C7=6, THEN DO:
                          IF GUAM, THEN GO TO TIS_C11C
                          ELSE IF PUERTO RICO, THEN GO TO TIS_C11APR
                          ELSE GO TO TIS_C11A
                  (2) ELSE GO TO TIS_C11

TIS_C10_CHECK

                  This would make [FILL1] [CALCULATED AGE FROM TIS_C10_A] years old; is that correct?
                  YES... 1
                  NO.. 2

                  (1) IF 1 AND (TIS_C7=06 OR (TIS_C5A=01 AND C7=06)), THEN GO TO TIS_C11A
                  (2) IF 1 AND TIS_C7 IS NOT 6, THEN GO TO TIS_C11
                  (3) IF 2 THEN GO TO TIS_C10A

TIS_C11   [FILL1] live at the same [IF GUAM FILL: 'house or apartment' ELSE FILL: 'address'] as [FILL2] was born?

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

                  (1) IF 2 AND GUAM, THEN GO TO TIS_C11C
                  (2) IF 2 AND PUERTO RICO, THEN GO TO TIS_C11C_PR
                  (3) IF 2 AND NOT GUAM OR PUERTO RICO, THEN GO TO TIS_C11A
                  (4) ELSE GO TO TIS_CFAMINC

TIS_C11C   Did [FILL1] live on Guam when [FILL FROM TIS_S5: TEEN NAME] was born?

                  YES... 1 GO TO TIS_C11D
                  NO.. 2 GO TO TIS_C11A
                  DON'T KNOW .... 77 GO TO TIS_CFAMINC
                  REFUSED.. 99 GO TO TIS_CFAMINC

TIS_C11D   In what village did [FILL1] live when [FILL FROM TIS_S5: TEEN NAME] was born?

> AGANA HEIGHTS 1
> AGAT 2
> ASAN 3
> BARRIGADA.. 4
> CHALAN PAGO 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

GO TO TIS_C11B

TIS_C11CPR   Did [you/[FILL FROM TIS_S5: TEEN NAME]'s mother] live in Puerto Rico when [FILL FROM TIS_S5: TEEN NAME] was born?

> YES.. 1 GO TO TIS_C11APR
> NO.. 2 GO TO TIS_C11A
> DON'T KNOW .... 77 GO TO TIS_CFAMINC
> REFUSED... 99 GO TO TIS_CFAMINC

TIS_C11APR_X

In what city did [you/[FILL FROM TIS_S5: TEEN NAME]'s mother] live when [FILL FROM TIS_S5: TEEN NAME] was born?

ENTER CITY: _____

GO TO TIS_C11B_X

TIS_C11A   In what city, county, and state did [FILL1] live when [FILL FROM TIS_S5: TEEN NAME]
                was born?

                ENTER CITY. _____

                ENTER COUNTY. _____

                ENTER STATE _____

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

                (1) IF 'FOREIGN COUNTRY' SELECTED, GO TO TIS_C11A_VERBATIM
                (2) ELSE GO TO TIS_C11B

TIS_C11A_VERBATIM

                READ IF NECESSARY: In what country was that?

                ENTER COUNTRY: _____

                GO TO TIS_CFAMINC

TIS_C11B   What was [FILL] zip code at that time?

                ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

                _____   _____   _____   _____   _____

                (1) IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO
                     TIS_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE
                     INTERVIEW AT TIS_D5
                (2) ELSE GO TO TIS_CFAMINC

TIS_CFAMINC

Please think about your total combined family income during 2021 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?

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

$ __ __ __, __ __ __, __ __ __   GO TO TIS_CINC

DON'T KNOW .... 77 GO TO TIS_C12_DONT_KNOW
REFUSED.. 99 GO TO TIS_C12_REFUSED

TIS_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 2021 more or less than $20,000?

More than $20,000.. 1 GO TO TIS_C16
$20,000 .... 2 IF USVI GO TO TIS_C_ISLAND, ELSE
                                                                        IF GUAM GO TO TIS_C19VIL, ELSE
                                                                        GO TO TIS_C19A
Less than $20,000 .... 3 GO TO TIS_C13
DON'T KNOW .... 77 IF USVI GO TO TIS_C_ISLAND, ELSE
                                                                        IF GUAM GO TO TIS_C19VIL, ELSE
                                                                        GO TO TIS_C19A
REFUSED.. 99 IF USVI GO TO TIS_C_ISLAND, ELSE
                                                                        IF GUAM GO TO TIS_C19VIL, ELSE
                                                                        GO TO TIS_C19A

TIS_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 2021 more or less than $20,000?

More than $20,000..	1	GO TO TIS_C16
$20,000	2	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A
Less than $20,000	3	GO TO TIS_C13
DON'T KNOW	77	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A
REFUSED..	99	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A

TIS_C13   Was the total combined FAMILY income more or less than $10,000?

More than $10,000..	1	GO TO TIS_C15
$10,000	2	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A
Less than $10,000	3	GO TO TIS_C14_A
DON'T KNOW	77	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A
REFUSED..	99	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A

TIS_C14A   Was it more than $7,500?

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

(1) IF USVI GO TO TIS_C_ISLAND

(2) IF GUAM, THEN GO TO TIS_C19VIL

(3) ELSE GO TO TIS_C19A

TIS_C15   Was it more than $15,000?

    YES.. 1 GO TO TIS_C15_A
    NO... 2 GO TO TIS_C15_B
    DON'T KNOW .... 77 IF USVI GO TO TIS_C_ISLAND, ELSE
                                           IF GUAM GO TO TIS_C19VIL, ELSE
                                          GO TO TIS_C19A
    REFUSED.. 99 IF USVI GO TO TIS_C_ISLAND, ELSE
                                           IF GUAM GO TO TIS_C19VIL, ELSE
                                          GO TO TIS_C19A

TIS_C15A   Was it more than $17,500?

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

    (1) IF USVI GO TO TIS_C_ISLAND
    (2) IF GUAM, THEN GO TO TIS_C19VIL
    (3) ELSE GO TO TIS_C19A

TIS_C15B   Was it more than $12,500?

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

    (1) IF USVI GO TO TIS_C_ISLAND
    (2) IF GUAM, THEN GO TO TIS_C19VIL
    (3) ELSE GO TO TIS_C19A

TIS_C16   Was the total combined FAMILY income more or less than $40,000?

More than $40,000.. 1 GO TO TIS_C16_A

$40,000 .... 2 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

Less than $40,000 .... 3 GO TO TIS_C17

DON'T KNOW .... 77 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

REFUSED... 99 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

TIS_C16_A   Was the total combined FAMILY income more or less than $60,000?

More than $60,000.. 1 GO TO TIS_C18

$60,000 .... 2 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

Less than $60,000 .... 3 GO TO TIS_C16_B

DON'T KNOW .... 77 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

REFUSED... 99 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

TIS_C16_B   Was the total combined FAMILY income more or less than $50,000?

More than $50,000.. 1 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

$50,000 .... 2 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

Less than $50,000 .... 3 GO TO TIS_C16_C

DON'T KNOW .... 77 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

REFUSED... 99 IF USVI GO TO TIS_C_ISLAND, ELSE
                           IF GUAM GO TO TIS_C19VIL, ELSE
                           GO TO TIS_C19A

TIS_C16_C   Was the total combined FAMILY income more or less than $45,000?

More than $45,000..1
$45,000 2
Less than $45,000 3
DON'T KNOW 77
REFUSED...99

(1) IF USVI GO TO TIS_C_ISLAND
(2) IF GUAM, THEN GO TO TIS_C19VIL
(3) ELSE GO TO TIS_C19A

TIS_C17   Was the total combined FAMILY income more or less than $30,000?

More than $30,000...1	GO TO TIS_C17_A	
$30,000 2	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A	
Less than $30,000 3	GO TO TIS_C17_B	
DON'T KNOW 77	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A	
REFUSED...99	IF USVI GO TO TIS_C_ISLAND, ELSE IF GUAM GO TO TIS_C19VIL, ELSE GO TO TIS_C19A	

TIS_C17_A   Was the total combined FAMILY income more or less than $35,000?

More than $35,000..1
$35,000 2
Less than $35,000 3
DON'T KNOW 77
REFUSED...99

(1) IF USVI GO TO TIS_C_ISLAND
(2) IF GUAM, THEN GO TO TIS_C19VIL
(3) ELSE GO TO TIS_C19A

TIS_C17_B   Was the total combined FAMILY income more or less than $25,000?

More than $25,000... 1
$25,000 2
Less than $25,000 3
DON'T KNOW 77
REFUSED.. 99

(1) IF USVI GO TO TIS_C_ISLAND
(2) IF GUAM, THEN GO TO TIS_C19VIL
(3) ELSE GO TO TIS_C19A

TIS_C18   Was the total combined FAMILY income more or less than $75,000?

More than $75,000... 1
$75,000 2
Less than $75,000 3
DON'T KNOW 77
REFUSED.. 99

(1) IF USVI GO TO TIS_C_ISLAND
(2) IF GUAM, THEN GO TO TIS_C19VIL
(3) ELSE GO TO TIS_C19A

TIS_CINC   Just to confirm that I entered the number correctly, the total combined family income was
[FILL]?

YES.. 1   IF USVI GO TO TIS_C_ISLAND, ELSE
                                                                    IF GUAM GO TO TIS_C19VIL, ELSE
                                                                    GO TO TIS_C19A
NO.. 2   GO TO TIS_CFAMINC
DON'T KNOW 77   GO TO TIS_CFAMINC
REFUSED.. 99   GO TO TIS_CFAMINC

TIS_C_ISLAND

On what island do you live?

SAINT CROIX .... 1 GO TO TIS_C19C
SAINT THOMAS... 2 GO TO TIS_C19C
SAINT JOHN .... 3 GO TO TIS_C19C
WATER ISLAND .... 4 GO TO TIS_C19C
NOT IN USVI.. 5 GO TO TIS_C19A
DON'T KNOW .... 77 GO TO TIS_C19C
REFUSED.. 99 GO TO TIS_C19C

TIS_C19VIL

On which village do you live?

AGANA HEIGHTS 1
AGAT 2
ASAN 3
BARRIGADA.. 4
CHALAN PAGO... 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
DO NOT LIVE IN GUAM………………….98
DON'T KNOW 77
REFUSED... 99

GO TO TIS_C19A

TIS_C19A   What is your zip code?

              ___ ___ ___ ___ ___

              DON'T KNOW 77777

              REFUSED... 99999

(1) IF IAP=105 AND TC19VIL NE 98, THEN GO TO TIS_C19C
(2) ELSE IF IAP=106, THEN GO TO TC19PR
(3) ELSE DO: IF TIS_C19A= 77777 or 99999 or ZIP Code not in the ZIP CODE Lookup Table, THEN GO TO TIS_C19
(4) ELSE GO TO TIS_C19A_CONF

TIS_C19   In what city, county and state do you live?

              ENTER CITY _____ GO TO TIS_C19_ COUNTY
              ENTER COUNTY_____ GO TO TIS_ C19 _STATE
              ENTER STATE_____ GO TO TIS_C19_ZIP_CONF

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

(1) IF ZIP GIVEN AT TIS_C19A=77777,99999, THEN GO TO TIS_C19B
(2) ELSE GO TO TIS_C19_ZIP_CONF

TIS_C19A_CONF

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

        YES.. 1 GO TO TIS_C19B
        NO.. 2 GO TO TIS_C19

TIS_C19_ZIP_CONF

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

        YES .... 1 GO TO TIS_C19B
        NO.. 2 GO TO TIS_C19_NEW_ZIP
        DON'T KNOW.. 77 GO TO TIS_C19B
        REFUSED.. 99 GO TO TIS_C19B

TIS_C19_NEW_ZIP

        What is your zip code?

        ___ ___ ___ ___ ___
        DON'T KNOW...................................... 77777 GO TO TIS_C19B
        REFUSED... 99999 GO TO TIS_C19B

TIS_C19B   Do you live within the city limits?

                  YES 1
                  NO 2
                  DON'T KNOW 77
                  REFUSED 99

                  GO TO TIS_C19C

TIS_C19PR   In what city and state do you live?

                   ENTER CITY _____

                  (1) IF "NOT IN PUERTO RICO" SKIP TO TIS_C19
                  (2) ELSE IF "DK" or "REFUSED" SKIP TO TIS_C19C
                  (3) ELSE GO TO TIS_C19PR_STATE

TIS_C19PR_STATE

                   ENTER STATE_____   GO TO TIS_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'."

TIS_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 TIS_C1 – TIS_UNDER18)>1: or someone in your household]?

Owned or being bought................................... 1
Rented... 2
Other arrangement 3
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_C_LANDLINE

TIS_C_LANDLINE

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

Do you have a 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 TIS_C21
NO.. 2 GO TO TIS_C21_06Q3_CELL
DON'T KNOW .... 77 GO TO TIS_C21_06Q3_CELL
REFUSED.. 99 GO TO TIS_C21_06Q3_CELL

TIS_C21   How many landline telephone numbers are residential numbers?

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

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

GO TO TIS_C21_06Q3_CELL

TIS_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 1	GO TO TIS_C_USUAL_USE_CELL
TWO 2	GO TO TIS_C_USUAL_USE_CELL
THREE OR MORE 3	GO TO TIS_C_USUAL_USE_CELL
NONE 4	IF NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE GO TO TIS_D5
DON'T KNOW 77	GO TO TIS_C_USUAL_USE_CELL
REFUSED.. 99	GO TO TIS_C_USUAL_USE_CELL

TIS_C_USUAL_USE_CELL

How many [of these] cell phones do [FILL FROM TIS_S5: TEEN NAME]'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 1
TWO 2
THREE OR MORE 3
NONE 4
DON'T KNOW 77
REFUSED.. 99

(1) IF TIS_C_LANDLINE = 2, 77, OR 99 AND P_LRC=2,3 SKIP TO C_AWAY

(2) ELSE IF TIS_C_LANDLINE = 2, 77, OR 99 AND P_LRC=1 GO TO TIS_D5

(3) ELSE GO TO TIS_C11Q78

TIS_C11Q78   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
NEARLY ALL RECEIVED ON
LANDLINE PHONES.................................... 2
SOME RECEIVED ON CELL PHONES
AND SOME RECEIVED
ON LANDLINE PHONES............................. .3
DON'T KNOW 77
REFUSED... 99

(1) IF NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY

(2) ELSE IF P_LRC=2,3 GO TO TIS_C_AWAY

(3) ELSE GO TO TIS_D5

TIS_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.................................. .1
AT HOME. 2
DON'T KNOW 77
REFUSED... 99

GO TO TIS_D5

Provider Questions

TIS_D5   [IF SHOT RECORDS PRESENT, THEN DISPLAY:]

To get a complete picture of the vaccinations received by your child, the Centers for Disease Control and Prevention would like to obtain a copy of your child's vaccination records from the doctors or health clinics who provided them. These records contain only the immunizations and dates of the immunizations for your child.

[ELSE DISPLAY:]

Thank you for the valuable information that you've shared with us. We find that it's often difficult to remember specifics about vaccinations. The Centers for Disease Control and Prevention would like to collect the dates and types of vaccinations your child has received from the doctors or health clinics who provided them.

READ IF NECESSARY: Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. You and your provider's participation will help the CDC prevent many serious childhood diseases.

FAQ HELP:

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

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

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

That's too personal:

-.- I understand your concern. Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

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

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

What will this information be used for?

-.- Information we collect is used to summarize childhood immunization rates in your community and to study 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 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** uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

What are you sending to my doctor?

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

TIS_D6_X   [IF PUERTO RICO THEN DISPLAY:]

How many locations have provided vaccinations for your child [named TEEN] whose birth date is [FILL1]?

Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics, doctor's offices, or Vaccination Centers that have provided vaccinations for [him/her].

READ IF NECESSARY: Has [FILL FROM TIS_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

How many locations have provided vaccinations for your child named [FILL FROM TIS_S5: TEEN NAME] whose birth date is [FILL1]?

Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics or doctor's offices that have provided vaccinations for [him/her].

FAQ HELP:

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 of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-.- The Adolescent Survey is part of the National Immunization Survey. The NIS 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 in this survey.

-.- 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 and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

-.- In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

-.- 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

-.- 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 their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

What are you sending to my doctor?

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

ENTER NUMBER	____	GO TO TIS_D6A_1
ZERO	0	GO TO TIS_D6AA
DON'T KNOW	77	GO TO TIS_D6AA
REFUSED	99	GO TO TIS_SECT_D_TERM; TIS_INS_INTRO (on callback)

TIS_D6AA_X   [IF PUERTO RICO THEN DISPLAY:]

How many locations have provided health care for your child? Please include the hospital and any other clinics, doctor's offices, or Vaccination Centers that have seen [him/her].

READ IF NECESSARY: Has [FILL FROM TIS_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

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

FAQ HELP:

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 of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 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 in this survey.

- - 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 and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

- - 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - 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 their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

What are you sending to my doctor?

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

IF PUERTO RICO DISPLAY:

What is a vaccination center?

--A vaccination center is a place where a person can go to get vaccinated. These places could be public (government owned or health care reform) or private.

```
ENTER NUMBER ..................................  ____  GO TO TIS_D6A_1_X
ZERO............................................................ 0   GO TO SECT_D_TERM; INS_INTRO
                                                         (on callback)
DON'T KNOW ........................................... 77   GO TO SECT_D_TERM; INS_INTRO
                                                         (on callback)
REFUSED...................................................... 99   GO TO SECT_D_TERM; INS_INTRO
                                                         (on callback)
```

TIS_D6 A_1_X

Starting with the most recent, please tell me the contact information for each location.

(Would you take a moment to find shot records, appointment cards, or other records you may have?)

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

FAQ HELP:

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

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

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

Why contact my doctor? Why give consent?

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

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

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 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 in this survey.

- - 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 and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

- - 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - 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 their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

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

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

What are you sending to my doctor?

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

CONTINUE TO PLU 1   GO TO TIS_PLU
REFUSED... 99 GO TO SECT_D_TERM; INS_INTRO
                                                                              (on callback)

Please locate the (first/second/…) provider for [FILL FROM TIS_S5: TEEN 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?

What is the last name of the (first/next) doctor? [variable: TIS_D6B1_1_1]

Do you know the doctor's first name? [variable: TIS_D6B2_1_1]

Please tell me the name of the office or the clinic. [variable: TIS_D6B3_1_1]

What is the street address of the office or the clinic? [variable: TIS_D6B4_1_1]

Is there a suite, floor or room number? [variable: TIS_D6B5_1_1]

What city is that in? [variable: TIS_D6B6_1_1]

What state is that in? [variable: TIS_D6B7_1_1]

What is the zip code? [variable: TIS_D6B8_1_1]

What is their telephone number**?** **[**variable: TIS_D6B9_1_1]

SEARCH

DK

REF

Search Results Screen

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

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

DK..	GO TO PLU FINISHED
REF	GO TO PLU FINISHED
MODIFY...	GO TO MODIFY PROVIDER
MODIFY SEARCH	GO TO PROVIDER SEARCH SCREEN
CANCEL	GO TO SEARCH RESULTS
EXACT MATCH (MATCH=A)	GO TO PLU FINISHED
UPDATE ADDRESS (MATCH=B)	GO TO MODIFY PROVIDER
UPDATE PROVIDER NAME (MATCH=C)..	GO TO MODIFY PROVIDER
ADD NEW PROVIDER (MATCH=D)	GO TO MODIFY PROVIDER

Modify Provider Screen:

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

First Name
Last Name
Practice
Address
Suite
City
State
Zip
Phone

New Provider Screen:

I'm still unable to find an exact match in the data base for your child's health care provider. This happens occasionally, but I can add it now. Please give me the name, address and telephone number of that provider.

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

First Name

LEAVE BLANK IF UNKNOWN

Last Name

LEAVE BLANK IF UNKNOWN

Practice

LEAVE BLANK IF UNKNOWN

Address

LEAVE BLANK IF UNKNOWN

Suite

LEAVE BLANK IF UNKNOWN

City

LEAVE BLANK IF UNKNOWN

State

LEAVE BLANK IF UNKNOWN

Zip

LEAVE BLANK IF UNKNOWN

Phone

LEAVE BLANK IF UNKNOWN

TIS_D8   In order to help the doctor or clinic locate your child's vaccination records, what is [FILL FROM TIS_S5: TEEN NAME]'s full name - first, middle, and last name?

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

FAQ HELP:

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

I understand your concern. The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

Why do you need the child's name?

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

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

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

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

What are you sending to my doctor?

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

CONTINUE .... 1 GOT TO TIS_D8A
RESPONDENT STILL REFUSES .... 99 GO TO TIS_SECT_D_TERM/
TIS_INS_INTRO

TIS_D8A What is [FILL FROM TIS_S5: TEEN NAME]'s full name - first, middle, and last name?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

TIS_D8B (What is the [FILL FROM TIS_S5: TEEN NAME]'s full name – first, middle, and last name?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TIS_D8C (What is the [FILL FROM TIS_S5: TEEN NAME]'s full name – first, middle, and last name?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

CP_TISD9 (1) IF NIS IS COMPLETED AND TIS_C5 = 1 AND C5_1 = TIS_C5 AND TIS_C5A = 1, THEN GO TO TIS_D9D

(2) ELSE IF NIS IS COMPLETED AND TIS_C5 <> 1 AND C5_1 = TIS_C5, THEN GO TO TIS_D9D

(3) ELSE GO TO TIS_D9

TIS_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.

FAQ HELP:

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

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

What are you sending to my doctor?

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

CONTINUE.. 1 GO TO TIS_D9A
REFUSED.. 99 GO TO TIS_SECT_D_TERM/
TIS_INS_INTRO

TIS_D9A What is your full name – first, middle, and last?

FIRST NAME: _____

FIRST NAME: IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL _____

TIS_D9B What is your middle name?

MIDDLE NAME: _____

TIS_D9C What is your last name?

LAST NAME: _____

TIS_D9D I need to verify that I am speaking with someone who can authorize the release of immunization records for [FILL FROM TIS_S5: TEEN NAME]. Are you that person?

YES.. 1 GO TO TIS_D6C
NO... 2 GO TO TIS_D9D1
REFUSED.. 99 GO TO TIS_SECT_D_TERM/
TIS_INS_INTRO

TIS_D6C The vaccination records collected from the provider(s) will be kept in strict confidence.

TIS_D7_ID Capture Interviewer ID upon entering question D7

TIS_D7 Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to 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 or its contractors for study purposes only?

FAQ HELP:

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 vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

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

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

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

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

Why contact my doctor? Why give consent?

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

-- The National Immunization Survey, which the Adolescent Survey is part of, has been conducted for about 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 in this survey.

-- 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 and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

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 your child's doctor returns the form, we remove all names from the immunization information we collect. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the survey.

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

I don't want you to contact my doctor:

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

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

What are you sending to my doctor?

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

YES.. 1	IF P_TISD7G=1, THEN GO TO TIS_D7G, ELSE GO TO TIS_DCG
NO (Only choose this when you have made all appropriate aversion attempts)................... 2	GO TO TIS_SECT_D_TERM/ TIS_INS_INTRO

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

TIS_D7G   Sometimes to get a complete record of your child'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 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 or its contractors for research purposes only?

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

(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.

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

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

TIS_DCG1   I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

YES.. 1   GO TO TIS_DCG2_X
NO.. 2   GO TO TIS_D9A_C_X

TIS_D9A_C   What is your full name - first, middle, and last?
FIRST NAME: IF R REFUSES LEAVE BLANK_____

TIS_D9B_C   (What is your full name - first, middle, and last?)
MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TIS_D9C_C   (What is your full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

TIS_DCG2   The name I have for [FILL FROM TIS_S5: TEEN NAME] is [FILL1]. Is this correct?

YES.. 1 GO TO TIS_DCONFDOB_X
NO.. 2 GO TO TIS_DA_1_C

TISD8AC   What is [FILL FROM TIS_S5: TEEN NAME]'s full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

TISD8BC   (What is [FILL FROM TIS_S5: TEEN NAME]'s full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TISD8CC   (What is [FILL FROM TIS_S5: TEEN NAME]'s full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

TIS_DCONFDOB

The birth date I have for [FILL FROM TIS_S5: TEEN NAME] is [FILL1]. Is this correct?

YES.. 1 GO TO TIS_INS_1
NO.. 2 GO TO TIS_DNEWDOB

TIS_DNEWDOB_X

What is the correct month, day and year of birth of [FILL FROM TIS_S5: TEEN NAME]?

_____/_____/_____ (mm/dd/yyyy)

GO TO TIS_INS_1

TIS_D9D1   Please give me the full name of someone who can authorize the release of these immunization records.

CONTINUE.. 1 GO TO TIS_D9D1F
RESPONDENT STILL REFUSES .... 2 GO TO TIS_SECT_D_TERM;
                                              TIS_INS_INTRO (on callback)

TIS_D9D1F   What is the full name of this person (who can authorize the release of these immunization records) - first, middle, and last name.

FIRST NAME: _____

TIS_D9D1M   MIDDLE NAME: _____

TIS_D9D1L   LAST NAME: _____

TIS_D9DREL   What is this person's relationship to [FILL FROM TIS_S5: TEEN NAME]?

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

TIS_D9D1A   May I speak with that person now?

YES.. 1 GO TO TIS_D9D1NEW
NO.. 2 GO TO TIS_D9D2

TIS_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
                                                   UNIVERSAL EXIT-CB1
CONTINUE .... 2 GO TO TIS_D9D1NEW

TIS_SECT_D_TERM

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

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

READ WHEN NEW PERSON COMES TO THE PHONE
OR FOR Authorized Consent Respondent CALLBACK INTRODUCTION

TIS_D9D1NEW   READ IF NECESSARY: Hello, my name is _____. Am I speaking with [FILL]?

YES.. 1   GO TO TIS_D9D2ANEW
NO…... 2   GO TO TIS_D9D2

TIS_D9D2ANEW

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. We talked with [FILL1] and collected immunization and provider information for [FILL FROM TIS_S5: TEEN NAME].

We understand that you could authorize the release of immunization information for [FILL FROM TIS_S5: TEEN NAME]. 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 want 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.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO BACK TO TIS_D9D

TIS_ INS_1   Next I'm going to ask you a few questions about [FILL FROM TIS_S5: TEEN NAME]'s health insurance.

At this time, is [FILL FROM TIS_S5: TEEN NAME] 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
NO 2
DON'T KNOW 77
REFUSED 99

(1) IF STATE = HI, KS, MA, MN, OK, OE, WI GO TO TIS_INS3A

(2) ELSE GO TO TIS_INS2

*IF C19_STATE IN (., 77, 99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE TIS_C19_STATE

TIS_INS_1A   Does this health insurance help pay for both doctor visits and hospital stays?

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

IF STATE = HI, KS, MA, MN, OK, OE, WI THEN GO TO TIS _INS3A;

ELSE GO TO TIS _INS2

TIS_INS_2   At this time, is [FILL FROM TIS_S5: TEEN NAME] covered by any Medicaid plan? Medicaid [IF TIS_C19_STATE =PR OR ((TIS_C19_STATE==0 OR TIS_C19_STATE =77,99) AND P_STATE="PR")]DISPLAY "also known as La Reforma/Vital"] is a health insurance program for persons with certain income levels and persons with disabilities. [IF TIS_C19_STATE ne "GU" OR "PR" OR "VI" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, the program is sometimes called [FILL: MEDICAID NAME].

READ IF NECESSARY:

Medicaid [IF C19_STA ne "GU" OR "PR" OR "VI" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE ne "VI" of "GU" or "PR")] DISPLAY "also known as La Reforma/Vital"] 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
NO.. 2
DON'T KNOW 77
REFUSED... 99

GO TO TIS_INS_3

TIS_INS_3   At this time, is [FILL FROM TIS_S5: TEEN NAME] covered by the Children's Health Insurance Program or CHIP? [IF TIS_C19_STATE ne "GU" OR "PR" OR "VI" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE ne "VI" of "GU" or "PR")] DISPLAY: In this state, the program is sometimes called [FILL: CHIP NAME].

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
NO.. 2
DON'T KNOW 77
REFUSED... 99

IF TIS_C19_STATE eq "GU" OR "PR" OR "VI" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE eq "VI" of "GU" or "PR") GO TO T_INS_5;

ELSE GO TO T_INS_4

TIS_INS_3A   At this time, is [FILL FROM TIS_S5: TEEN NAME] 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 MEDICAID NAME].

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
NO 2
DON'T KNOW 77
REFUSED... 99

GO TO TIS_INS_4

TIS_INS_4   At this time, is [FILL FROM TIS_S5: TEEN NAME] covered by the Indian Health Service?

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

                      GO TO TIS_INS_5

TIS_INS_5   At this time, is [FILL FROM TIS_S5: TEEN NAME] 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
                      NO 2
                      DON'T KNOW 77
                      REFUSED.. 99

                      GO TO TIS_INS_6

TIS_INS_6   Besides what you have already told me, is [TEEN] 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 TIS_INS_6A
                      NO .... 2 GO TO TIS_INS_7
                      DON'T KNOW .... 77 GO TO TIS_INS_7
                      REFUSED.. 99 GO TO TIS_INS_7

TIS_INS_6A   Does this health insurance help pay for both doctor visits and hospital stays?

                      YES.. 1 GO TO TIS_INS_6B
                      NO .... 2 GO TO TIS_INS_7
                      DON'T KNOW .... 77 GO TO TIS_INS_7
                      REFUSED.. 99 GO TO TIS_INS_7

TIS_INS_6B   Is this health insurance provided through an employer or union?

                YES... 1 GO TO TIS_INS_11
                NO.. 2 GO TO TIS_INS_6C
                DON'T KNOW .... 77 GO TO TIS_INS_6C
                REFUSED... 99 GO TO TIS_INS_6C

TIS_INS_6C   Is this health insurance purchased directly from an insurance company?

                YES... 1 GO TO TIS_INS_11
                NO.. 2 GO TO TIS_INS_6D
                DON'T KNOW .... 77 GO TO TIS_INS_6D
                REFUSED... 99 GO TO TIS_INS_6D

TIS_INS_6D   I recorded that [FILL FROM TIS_S5: TEEN NAME] was covered by some other health
               insurance. What is the name of the plan?

                CONTINUE.. 1 GO TO TIS_INS_6D_1
                DON'T KNOW .... 77 GO TO TIS_INS_11
                REFUSED... 99 GO TO TIS_INS_11

TIS_INS-6D-1   Record verbatim response #1 _____

TIS_INS-6D-2   Record verbatim response #2 _____

TIS_INS_7   It appears that [FILL FROM TIS_S5: TEEN NAME] 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 TIS_INS_8
                NO .... 2 GO TO TIS_INS_7A
                DON'T KNOW .... 77 GO TO TIS_INS_11
                REFUSED... 99 GO TO TIS_INS_11

TIS_INS_7A   At this time, what kind of health coverage does [FILL FROM TIS_S5: TEEN NAME] have? Any other kind?

[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

(1) Medicaid [IF PUERTO RICO DISPLAY: (LA REFORMA/VITAL)] [FILL: MEDICAID NAME]. 1
Medicare 2
CHIP [FILL: CHIP NAME] 3
Medigap 4
Military 5
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
Indian Health 6
Private Health Insurance 7
Single Service (DENTAL, VISION, PRESCRIPTIONS, ETC)……………………....8
Other Insurance Type..................................... 9
[IF GUAM DISPLAY] MIP/GOVGUAM . 10
DON'T KNOW 77
REFUSED... 99

(1) IF 1, 3, 5, OR 6 IS SELECTED, GO TO TIS_INS_11

(2) ELSE IF 2, 4, 7, 9, OR 10 IS SELECTED, GO TO TIS_INS_7B

(3) ELSE IF ONLY 8 IS SELECTED, GO TO TIS_INS_8

(4) ELSE IF 77 OR 99 IS SELECTED, GO TO TIS_INS_8

TIS_INS_7B   Does this health insurance help pay for both doctor visits and hospital stays?

YES.. 1 GO TO TIS_INS_11
NO .... 2 GO TO TIS_INS_8
DON'T KNOW .... 77 GO TO TIS_INS_11
REFUSED .... 99 GO TO TIS_INS_11

TIS_INS_8   Since [FILL FROM TIS_S5: TEEN NAME] was 11 years old, has [FILL FROM TIS_S5: TEEN NAME] always [IF TIS_INS_6A=02, 77, 99 OR TIS_INS_7B=02 THEN "had partial coverage"; ELSE "been uninsured"]?

YES.. 1 GO TO TIS_INS_14
NO .... 2 GO TO TIS_INS_9
DON'T KNOW .... 77 GO TO TIS_INS_14
REFUSED .... 99 GO TO TIS_INS_14

[IF TIS_INS_6A=02, 77, 99 OR TIS_INS_7B=02 THEN DISPLAY: **INTERVIEWER NOTE:** PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.]

TIS_INS_9   How old was [FILL FROM TIS_S5: TEEN NAME] THE FIRST TIME [FILL FROM TIS_S5: TEEN NAME] became [IF TIS_INS_6A=02, 77, 99 OR TIS_INS_7B=02 THEN "only partially insured"; ELSE "uninsured"]?

YEARS .... ___
DON'T KNOW 77
REFUSED 99

INTERVIEWER NOTE: IF CHILD UNINSURED SINCE BIRTH, SELECT 0 YEARS

[IF TIS_INS_6A=02, 77, 99 OR TIS_INS_7B=02 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.]

GO TO TIS_INS_10

TIS_INS_10   [IF TIS_C_ISLAND ne '05' OR TIS_C19VIL ne '98' DISPLAY:]

During the months when [FILL FROM TIS_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS_S5: TEEN NAME] have? Medicaid, Medicare, CHIP, Medigap, Military, Private Health Insurance or another insurance type? CLICK ALL THAT APPLY

[ELSE:]

During the months when [FILL FROM TIS_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS_S5: TEEN NAME] have? Medicaid [IF TIS_C19_STATE = "PR" OR ((TIS_C19_STATE ==0 OR C19_STA=77,99) AND P_STATE="PR") DISPLAY: "(La Reforma/Vital)"], Medicare, CHIP, Medigap, Military, [IF TIS_C19_STATE ne "PR" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE ne "PR"), DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

CLICK ALLTHAT APPLY

Medicaid [IF PUERTO RICO THEN DISPLAY: (LA REFORMA/VITAL) [FILL: MEDICAID NAME]. 1
Medicare 2
CHIP [FILL: CHIP NAME] 3
Medigap 4
Military 5
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
Indian Health 6
Private Health Insurance 7
Single Service (DENTAL, VISION, PRESCRIPTIONS, ETC)…………………....8
Other Insurance Type 9
[IF GUAM DISPLAY] MIP/GOVGUAM . 10
DON'T KNOW 77
REFUSED 99

GO TO TIS_INS_14

TIS_INS_11   Since age 11 was there any time when [FILL FROM TIS_S5: TEEN NAME] was not covered by any health insurance for any reason?

YES.. 1 GO TO TIS_INS_12
NO.. 2 GO TO TIS_INS_13
DON'T KNOW .... 77 GO TO TIS_INS_13
REFUSED.. 99 GO TO TIS_INS_13

TIS_INS_12   How old was [FILL FROM TIS_S5: TEEN NAME] *the first time* [FILL FROM TIS_S5: TEEN NAME] became uninsured?

YEARS .... ___
DON'T KNOW 77
REFUSED 99

INTERVIEWER NOTE: IF CHILD UNINSURED SINCE BIRTH, SELECT 0 YEARS

GO TO TIS_INS_13

TIS_INS_13   Has [FILLFROM TIS_S5: TEEN NAME] ever been covered by any Medicaid plan [IF TIS_C19_STATE = "PR" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE="PR"THEN DISPLAY: (La Reforma/Vital)] or the Children's Health Insurance Program?

[IF STATE* = HI, KS, MA, MN, OK, OE, WI, DISPLAY:]

In this state, it is sometimes called [FILL MEDICAID NAME].

ELSE IF TIS_C19_STATE ne "GU" OR "PR" OR "VI" OR ((TIS_C19_STATE ==0 OR TIS_C19_STATE =77,99) AND P_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, it is sometimes called [MEDICAID NAME] or [CHIP NAME].

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

GO TO TIS_INS_14

SHOULD USE RESPONDENT REPORTED STATE FROM TIS_C19, TIS_C19A, OR IF FILLED FROM SAME NIS VARIABLES. IF REPORTED STATE IS 77/99, USE STATE PRELOAD

TIS_INS_14   Did cost of vaccinations ever cause you to delay or not get a vaccination for [FILL FROM TIS_S5: TEEN NAME]?

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

(1) IF TIS_SR1=1 or TIS_B1=1 OR (IF D6_X ≠ 0, 77, OR 99), THEN GO TO TIS_INS_15
(2) ELSE VFC_KNOWLEDGE_1

TIS_INS_15   [IF TIS_INS_8=1 SKIP TO VFC_KNOWLEDGE_1]

When [FILL FROM TIS_S5: TEEN NAME] received [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 VFC_KNOWLEDGE_1
Some of the cost... 2 GO TO TIS_INS_16
None of the cost.. 3 GO TO TIS_INS_16
DON'T KNOW .... 77 GO TO TIS_INS_16
REFUSED... 99 GO TO TIS_INS_16

TIS_INS_16   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
Some of the cost... 2
None of the cost.. 3
DON'T KNOW 77
REFUSED 99

GO TO VFC_KNOWLEDGE_1

VFC_KNOWLEDGE_1

Have you heard of a program that makes it possible for eligible children less than 19 years of age to get shots at no cost at places like doctor's offices and local health departments?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES... 1 GO TO VFC_KNOWLEDGE_2
NO.. 2 GO TO CP_TISEND
DON'T KNOW .... 77 GO TO CP_TISEND
REFUSED .... 99 GO TO CP_TISEND

VFC_KNOWLEDGE_2

Has [FILL FROM TIS_S5: TEEN NAME] ever received vaccines at no cost through this program?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES .... 1 GO TO VFC_KNOWLEDGE_3
NO .... 2 IF VFC_KNOWLEDGE_1 = 1,
                                                                              THEN GO TO
                                                                              VFC_KNOWLEDGE_4; ELSE
                                                                              KGO TO CP_TISEND
DON'T KNOW .... 77 GO TO CP_TISEND
REFUSED .... 99 GO TO CP_TISEND

VFC_KNOWLEDGE_3

Has [FILL FROM TIS_S5: TEEN NAME] received vaccines through this program since [his/her] 9th birthday?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

GO TO CP_TISEND

VFC_KNOWLEDGE_4

To the best of your knowledge, has [FILL FROM TIS_S5: TEEN NAME] been eligible for this program since [his/her] 9th birthday?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

GO TO CP_TISEND

CP_TISEND (1) IF P_SUC = 1 AND P_ASKFLU = 0 AND P_ASKADULT=0, THEN GO TO TIS_D16

(2) ELSE IF P_SUC = 1 AND P_ASKFLU = 1 AND P_ASKADULT=0, THEN GO TO LF_CP_SE

(3) ELSE IF P_SUC=1 AND P_ASKFLU = 0 AND P_ASKADULT=1, THEN GO TO ADLT_INTRO

(4) ELSE IF P_SUC = 4 AND P_ASKADULT=0, THEN GO TO TIS_ENDTEEN

(5) ELSE IF P_SUC =4 AND P_ASKADULT=1, THEN GO TO ADLT_INTRO

VRYADD   I need to verify your mailing address so that we can mail your [FILL: $10/$20] for completing this survey.

DOES NOT WANT TO GIVE ADDRESS................................1   GO TO TIS_D16

WILL GIVE ADDRESS..2   GO TO AC_NAME

DON'T KNOW 77   GO TO TIS_D16

REFUSED...99   GO TO TIS_D16

TIS_D16   [IF INCENTIVE>0, THEN GO TO VRYADD / ELSE DISPLAY TIS_D16]

Those are all the questions I have. You may be re-contacted in the future to participate in related 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 the NORC Institutional Review Board at 1-866-309-0542.

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

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