NIS-TEEN Hard Copy Questionnaire

Q3 2018

Section S – Screener

Section B – No Shot Records

Section C – Demographics

Section D – Provider

Section E – Health Insurance Module

<div style="border:1px solid black; text-align:center;">

Screener

</div>

Instruction1   (1) IF ANY S3_3MDY_x=77 OR 99 GO TO INSRUCTION2

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

(3) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC=1 AND P_NISK=0 AND P_ASKFLU=1 THEN FILL TIS_UNDER18=S_NUMB AND GO TO LF_CP_SELECTION

(4) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND P_SUC=1 AND P_NISK=1 AND P_ASKFLU=0 THEN FILL TIS_UNDER18=S_NUMB AND GO TO LL_TYPE IN NSCH

(5) ELSE IF (S_NUMB=C_TMP AND >=1 YAGE_x = 13, 14, 15, 16 OR 17) THEN GO TO CP_TISMULTIAGE.

(6) ELSE GO TO INSTRUCTION2

Instruction2   (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW, THEN FILL TIS_UNDER18 WITH C_TMP AND DO:

IF C_TMP=S_NUMB, THEN GO TO TIS_S3INTRO

(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 the health of children and teenagers. 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 76)
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 SAMPLE_USE_CODE=(1,4,7,8), THEN GO TO TIS_S1AQT

(3) IF TIS_UNDER18=1-76 AND (S_NUMB>0 AND NIS ELIG_X<>0), THEN GO TO TIS_C2Q0A

(4) IF TIS_UNDER18=1-76 AND (S_NUMB>0 AND NIS ELIG_X=0) OR S_NUMB = 0 OR SAMPLE_USE_CODE =7,8 THEN GO TO TIS_S3AGE_x

(5) IF TIS_UNDER18=1-76 AND S3_INTRO=null, 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 TIS_UNDER18=1-76 AND TIS_UNDER18<=S_NUMB, THEN GO TO TIS_AGE_CONFIRM

TIS_Under18_Conf

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

PLEASE RE-ASK TUNDER18 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 .... 1 GO BACK TO TIS_UNDER18
CONFIRMED AS CORRECT .... 2 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 [child/children] under the age of 18?

YES.. 1 GO TO TIS_S3AGE_X
WRONG # OF CHILDREN .... 2 GO TO TIS_UNDER18 AND IF
                                                                          TIS_UNDER18=1-76, THEN RETURN
                                                                          TO TIS_C2Q0A

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

[LANDLINE SAMPLE:]

Hello, my name is _____. 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 conducting a nationwide immunization survey to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

[CELL SAMPLE:]

Hello, my name is _____. 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 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.

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

TIS_REFKID   **[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY 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.

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

[IF S3_3MDY 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 AGE .... ___ GO TO TIS_S3AGE1_X
      DON'T KNOW .... 77 GO TO TIS_AGEDK
      REFUSED... 99 GO TO TIS_AGEREF

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 **[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY 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.

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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

[LANDLINE SAMPLE:]

Hello, my name is _____. 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 conducting a nationwide immunization survey to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

[CELL SAMPLE:]

Hello, my name is _____. 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 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_S3AGE_X

TIS_AGE_CONFIRM

So, you have a (FILL) [IF Count DK/REF Ages >=1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?

YES.. 1 GO TO CP_TISMULTIAGE
NO, WRONG AGES OF CHILDREN........... 2 GO TO TIS_S3AGE_X
[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 CP_TISMULTIAGE
REFUSED.. 99 GO TO CP_TISMULTIAGE

CP_TISMULTIAGE

(1) IF THERE ARE CHILDREN WITH THE SAME AGE AND ALL TIS_S3AGE_x NOT IN (13, 14, 15, 16, 17) AND SUC = 1,7, GO TO TIS_S1AQT

(2) ELSE IF THERE ARE CHILDREN WITH THE SAME AGE AND SUC <> 1, GO TO TIS_MULTIAGE

(3) ELSE IF ALL TIS_S3AGE_x = 77 AND/OR 99 AND SUM(ELIG_X = 1 FROM NIS) > 0, GO TO INSTRUCTION1

(4) ELSE GO TO TIS_SELECTION_INSTRUCTIONS1

TIS_MULTIAGE

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

CONTINUE .... 1 GO TO TIS_NAME_X

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

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

TIS_SELECTION_INSTRUCTIONS1

(1) IF YAGE_x >=12 MONTHS AND <= 3 YEARS AND SAMPLE_USE_CODE = 1, 4 THEN GO TO TIS_S2Q02A BEFORE GOING TO S3_INTRO IN NIS

(2) ELSE IF ANY YAGE_x >12 AND <18, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 TO BE THE SELECTED CHILD FOR THE TEEN SURVEY AND GO TO TIS_S3INTRO

(3) ELSE IF (S_NUMB>0 OR TUNDER18>0) AND (TEENELIG=2) AND P_ASKFLU=1, SKIP TO LFQSTART

(4) ELSE IF P_ASKFLU=0 AND ALL TIS_S3AGE_x NOT IN (13, 14, 15, 16, 17) AND MIX OF TIS_S3AGE_x =VALID AND (77 AND/OR 99), THEN GO TO TIS_S1AQ

(5) ELSE GO TO INSTRUCTION1

TIS_S2Q02A   Based on the ages you have given me, I now have some questions about your [FILL YAGE] old.

CONTINUE 1   GO TO S3_INTRO IN NIS

TIS_S3INTRO   [If TEEN_COUNT(number of eligible Teens in HH)>1 , then display: "The computer randomly chose the child for the interview who is [FILL YAGE] years old."] Most of the remaining questions will be about immunizations or shots [If TIS_UNDER18>1 then "he/she", ELSE fill YAGE] may have received.

CONTINUE 1   GO TO CP_INTRO

CP_INTRO   (1) IF TIS_S3INELG HAS BEEN READ, GO TO TIS_S3

(2) ELSE IF NIS INFORMED CONSENT (S3_INTRO) HAS BEEN READ, GO TO TIS_INTRO2
(3) ELSE 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 research 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 research. 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
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

TIS_INTRO2   As we said earlier, you may choose not to answer any question you don't want to answer or stop at any time. I'd like to continue now unless you have any questions.

CONTINUE .... 1 GO TO TIS_S3

TIS_S3   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [FILL].

MONTH	DAY	YEAR

(1) IF A VALID YEAR IS GIVEN, GO TO TIS_S3CONF
(2) IF YEAR IS NOT KNOWN (7777), GO TO TISYRDK
(3) IF YEAR IS REFUSED (9999), GO TO TISRREF

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

YES... 1
NO.. 2

(1) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD = 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_S3INELG   The child who was selected is [FILL YAGE] 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.. 1   GO TO TIS_S3INTRO

TIS_S1AQT   [IF SAMPLE_USE_CODE = (4,7,8) AND S_NUMB = 0 AND TIS_UNDER18 = 0 GO TO NO_CHILD. ELSE READ TIS_S1AQT.]

[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TIS_S1AQT (using rules below)]

[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 1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

[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.

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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.

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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 research. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING
(01) CONTINUE WITH INTERVIEW AND RECORDING

GO TO TIS_S3

TISYRQUIT　　[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / 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.

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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 [TEEN] 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_S5BOX
NO.. 2 GO TO CB1

TIS_S5BOX　　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 research.   This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE.. 1 GO TO TIS_S5EVAL_BOX
R ASKS FOR DESCRIPTION OF LAW....... 2 GO TO TIS_S5LAW_BOX

TIS_S5LAW_BOX

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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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.

TIS_S5EVAL_BOX

YES, R AGREES TO RECORDING/LISTENING 1   GO TO TIS_SR1
NO, R DOES NOT AGREE TO RECORDING/LISTENING.......2   GO TO TIS_SR1

TIS_SR1   Do you have any shot records for [TEEN]?

[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

<div style="text-align: center">*No Shot Records*</div>

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

Has [TEEN] 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

<div style="text-align: center">**NO SHOT RECORD FOR INFLUENZA**</div>

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, 2018 has [TEEN] 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=02, 77, 99, THEN DO:
GO TO TIS_BNEXTFLU

TIS_BINFLU_NUM

How many flu vaccinations has [TEEN] received since July 1, 2018?

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 [TEEN] receive [his/her] first dose of flu vaccine since July 1, 2018?

MONTH   YEAR

DATE.. __/____   GO TO TIS_B8D_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 07/2018 AND NOT AFTER INTERVIEW DATE

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 [TEEN] receive [his/her] second dose of flu vaccine since July 1, 2018?

MONTH   YEAR

DATE.. __/____   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 07/2018 AND NOT AFTER INTERVIEW DATE

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_BFLUPLACE

TIS_BFLUPLACE

At what kind of place did [TEEN] get [his/her] most recent flu vaccination?

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=(05,09) GO TO TIS_BFLUPLACE_OTHER. ELSE GO TO CP_BNEXTFLU

TIS_BFLUPLACE_OTHER

OTHER LOCATION: _____

GO TO CP_BNEXTFLU

CP_BNEXTFLU

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

(2) ELSE IF TIS_BINFLU_NUM=02 AND (TBFLUYR = 7777, 9999 AND TB9DY = 7777, 9999), THEN GO TO TIS_BNEXTFLU

(3) ELSE GO TO TIS_BTET

TIS_BNEXTFLU

How likely is [TEEN] to get a flu vaccination between now and the end of June, 2019? Would you say [FILL VAR: he/she]:

Will definitely get one 1

Will probably get one 2

Will probably not get one, or 3

Will definitely not get one 4

DON'T KNOW 77

REFUSED.. 99

IF TIS_B1=2, 77, 99 GO TO TIS_HEALTH_VAR

    ELSE GO TO TIS_BTET

LOGIC_BTET

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

NO SHOT RECORD FOR TETANUS

TIS_BTET   Has [TEEN] 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 [TEEN] 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 [TEEN] ever received a meningitis shot, sometimes called MENACTRA, MENVEO 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 [TEEN] 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 [TEEN] 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

NO SHOT RECORD FOR HPV

TIS_BHPV_RECOM

Has a doctor or other health care professional ever recommended that [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 (1,2,77,99) GO TO TIS_BHPV_INTENT

(3) 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 (1,2,77,99) GO TO TIS_BHPV_INTENT

(2) ELSE IF TIS_BHPV_DOSE IN (3,50) GO TO TIS_HEALTH_VAR

TIS_BHPV_INTENT

How likely is it that [TEEN] 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 [TEEN] 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 TIS_BHPV_REASON=03, THEN GO TO TIS_HEALTH_VAR
IF TIS_BHPV_REASON=16, THEN GO TO TIS_BHPV_OTHER
ELSE GO TO TIS_BHPV_PLAN_AGE

TIS_BHPV_OTHER

OTHER REASON: _____

GO TO TIS_BHPV_PLAN_AGE

TIS_BHPV_PLAN_AGE

At what age do you plan to have [TEEN] 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

Demographics

TIS_HEALTH_VAR

I've been asking about shots received by [TEEN]. Now I would like to ask, has [TEEN] 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 [TEEN], 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 [TEEN]…

…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 [TEEN] 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 [TEEN] 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 GO TO TIS_HEALTH_CHECKUP3A
REFUSED.. 99 GO TO TIS_HEALTH_CHECKUP3A

TIS_HEALTH_CHECKUP3A

Was [TEEN]'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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN]'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_NOSCHOOL

TIS_NOSCHOOL

During the past 12 months, that is, since [FILL1], about how many days did [TEEN] 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 [TEEN]'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 [TEEN]'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 [TEEN]. 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 [TEEN]. 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 [TEEN] 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 [TEEN] 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 [TEEN] 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 [TEEN] 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: _____

TIS_C4   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [TEEN]'s race. Is [TEEN] 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 [TEEN] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [TEEN] 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 [TEEN] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [TEEN] 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 [TEEN] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [TEEN] 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 [TEEN]?

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 [TEEN]'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 T_CAWAY

(2) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS_C5A>=1, FILL FROM NIS
(FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS_CFAMINC THROUGH T_CAWAY

(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 [TEEN]'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 [TEEN]'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 [TEEN]'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 [TEEN]'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 [TEEN]'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 [TEEN]'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_C10A

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 is [FILL] 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 TIS_C7=6, THEN DO:
            IF GUAM, THEN GO TO TIS_C11C
            ELSE IF PUERTO RICO, THEN GO TO TC11CPR
            ELSE GO TO TIS_C11A
        (2) ELSE IF MONTH OR YEAR IS DK OR REF, THEN GO TO TIS_C10B
        (3) ELSE IF CALCULATED AGE >75, THEN GO TO TIS_C10_CHECK
        (4) ELSE IF CALCULATED AGE <14, DISPLAY WARNING TEXT THAT READS: "MOTHER MUST BE 14 OR OLDER"
        (5) ELSE IF YEAR IS INVALID, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID."
        (6) ELSE GO TO TIS_C11

TIS_C10B   What is [FILL] current age?

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 TC11CPR
    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 [TEEN] 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 [TEEN] 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/[TEEN]'s mother] live in Puerto Rico when [TEEN] 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/[TEEN]'s mother] live when [TEEN] was born?

      ENTER CITY: _____

      GO TO TIS_C11B_X

TIS_C11A   In what city, county, and state did [FILL2] live when [TEEN] 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 2017 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

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 2017 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 2017 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 RESPONSE, TIS_CFAMINC]?

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
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 GUAM, THEN GO TO TIS_C19C
(2) ELSE IF PUERTO RICO, THEN GO TO TIS_C19PR
(3) ELSE IF TIS_C19A=77777,99999 OR ZIP CODE NOT IN LOOKUP TABLE, GO TO TIS_C19
(4) ELSE IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND 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

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 – TUNDER18)>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 [TEEN]'s *parents and guardians* usually use?

[IF RDD_NCCELL_CELL=2,3 THEN DISPLAY:] 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   To get a complete picture of the vaccinations received by your child, we would like to contact doctors, health clinics, pharmacies or drug stores, or any other place where your child received vaccinations to obtain a copy of the vaccination records. These records contain only the types and dates of the immunizations for your child.

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 survey. 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?

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

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

That's too personal:

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

 -- The National Immunization Survey has been conducted for nearly 15 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

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

What will this information be used for?

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

-- The (IF 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.

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 [TEEN] received any vaccinations at any Vaccination Centers?

[ELSE 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 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 10 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 survey). 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.

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 [TEEN] 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 over 10 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 survey). 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.

ENTER NUMBER .... ____ GO TO 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:

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 10 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 survey). 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.

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 [TEEN]

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: D6B1]

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

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

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

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

What city is that in? [variable: D6B6]

What state is that in? [variable: D6B7]

What is the zip code? [variable: D6B8]

What is their telephone number? [variable: D6B9]

        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

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 [TEEN]'s full name - first, middle, and last name?

FAQs

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

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

<u>Why do you need the child's name?</u>

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

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

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

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

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

CONTINUE .... 1 GOT TO TIS_D8A

RESPONDENT STILL REFUSES .... 99 GO TO TIS_SECT_D_TERM/
                                                    TIS_INS_INTRO

TIS_D8A   What is [TEEN]'s full name - first, middle, and last name?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

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

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TIS_D8C   (What is the [TEEN]'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 $\ne$ 1 AND C5_1 = TIS_C5, THEN GO TO TIS_D9D

(3) ELSE GO TO TIS_D9

TIS_D9   Could I know…what is your full 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 neither you nor the child will be identified as a participant.

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

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

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

TIS_D9A   What is your 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 [TEEN]. 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 survey 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 the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the Adolescent 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 survey). 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 the form is returned, all identifiable information is separated from the immunization information. Neither you nor your child will be identified as a participant in the National Immunization Survey.

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

I don't want you to contact my doctor:

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

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

YES.. 1 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 [TEEN] is [FILL1]. Is this correct?

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

TISD8AC   What is [TEEN]'s full name - first, middle, and last?
FIRST NAME: IF R REFUSES LEAVE BLANK_____

TISD8BC   (What is [TEEN]'s full name - first, middle, and last?)
MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TISD8CC   (What is [TEEN]'s full name - first, middle, and last?)
LAST NAME: IF R REFUSES LEAVE BLANK _____

TIS_DCONFDOB

The birth date I have for [TEEN] 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 [TEEN]?

_____/_____/_____ (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 [TEEN]?

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 1-877-200-4805. If you have questions about your rights as a survey participant, you may call 1-800-223-8118 and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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

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

TIS_D9D1NEW 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 [TEEN].

We understand that you could authorize the release of immunization information for [TEEN]. 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

SECTION E

HEALTH INSURANCE MODULE

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

At this time, is [TEEN] 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 01, THEN GO TO TIS_INS_1A
(2) ELSE IF USVI AND TIS_C_ISLAND NE 05, THEN GO TO TIS_INS_5
(4) ELSE IF STATE = (AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI), THEN GO TO TIS_INS_3A
(5) ELSE GO TO TIS_INS_2

*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

(1) IF USVI AND TIS_C_ISLAND NE 05, THEN GO TO TIS_INS_5

(2) ELSE IF STATE = (AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI), THEN GO TO TIS_INS_3A

(3) ELSE GO TO TIS_INS_2

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

TIS_INS_2   At this time, is [TEEN] covered by any Medicaid plan? Medicaid [IF PUERTO RICO DISPLAY "also known as Plan La Reforma"] is a health insurance program for persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY:

Medicaid [IF PUERTO RICO DISPLAY "also known as Plan La Reforma"] 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

(1) IF PUERTO RICO OR GUAM THEN SKIP TO TIS_INS_5_X
(2) ELSE GO TO GO TO TIS_INS_3

TIS_INS_3   At this time, is [TEEN] covered by the Children's Health Insurance Program or CHIP? In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

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

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

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

GO TO TIS_INS_4

TIS_INS_3A   At this time, is [TEEN] covered by any Medicaid plan or the Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

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

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

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_4   At this time, is [TEEN] covered by the Indian Health Service?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_5   At this time, is [TEEN] 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

TIS_INS_6   Besides what you have already told me about, 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 [TEEN] 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 [IF TIS_INS_1A, TIS_INS_2, TIS_INS_3, TIS_INS_3A, TIS_INS_4, TIS_INS_5, or
TIS_INS_6A = 1, THEN SKIP TO TIS_INS_11]

It appears that [TEEN] 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 [TEEN] 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 THEN DISPLAY: (Plan la reforma)] [STATE NAME]
(2) MEDICARE
(3) CHIP [STATE NAME] [show only if not USVI, Guam, or Puerto Rico]
(4) MEDIGAP [show only if not USVI or Guam]
(5) MILITARY
(6) INDIAN HEALTH SERVICE [show only if not USVI, Guam, or Puerto Rico]
(7) PRIVATE INSURANCE
(8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
(9) OTHER
(10) MIP/GOVGUAM [show only if Guam]
(77) DON'T KNOW
(99) REFUSED

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

       ┌───┐
       │   *UNINSURED SUB SECTION*   │
       └───┘

TIS_INS_8   Since [TEEN] was 11 years old, has [TEEN] 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 [TEEN] THE FIRST TIME [TEEN] 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 USVI OR GUAM THEN:]**

During the months when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] have? Medicaid, Medicare, [IF NOT GUAM DISPLAY: Medigap,] Military, Private Health Insurance or another insurance type? CLICK ALL THAT APPLY

[IF PUERTO RICO THEN:]

During the years when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] have? Medicaid (plan La Reforma), Medicare, Medigap, Military, Private Health Insurance, or another insurance type?

[ELSE:]

During the years when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] have? Medicaid, Medicare, CHIP, Medigap, Military, Indian Health Service, Private Health Insurance, or another insurance type?

Medicaid [IF PUERTO RICO DISPLAY: (PLAN LA REFORMA)] [Fill state program name,
 if applicable] 1
Medicare 2
CHIP [Fill state program name,
 if applicable] 3   DO NOT DISPLAY IF USVI, GUAM,
OR PUERTO RICO
Medigap 4   DO NOT DISPLAY IF USVI OR GUAM
Military 5
Indian Health Service...................................... 6   DO NOT DISPLAY IF USVI, GUAM,
OR PUERTO RICO
Private Health Insurance................................. 7
Other Insurance Type...................................... 8
MIP/GOVGUAM 9   DO NOT DISPLAY IF NOT GUAM
DON'T KNOW 77
REFUSED.. 99

GO TO TIS_INS_14

TIS_INS_11   Since age 11 was there any time when [TEEN] 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 [TEEN] *the first time* [TEEN] 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   **[IF TIS_INS_2 = 1 or TIS_INS_3 = 1 OR TIS_INS_3A = 1, SKIP TO TIS_INS_14]**

[IF USVI OR GUAM THEN:]

Has [TEEN] ever been covered by any Medicaid plan?

[ELSE IF PUERTO RICO DISPLAY:]

Since age 11, has [TEEN] ever been covered by any Medicaid plan (plan La Reforma)?

[ELSE:]

Since age 11, has [TEEN] ever been covered by any Medicaid plan or the Children's Health Insurance Program? [IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

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

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

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 [TEEN] 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 [TEEN] 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 GO TO CP_TISEND
DON'T KNOW .... 77 GO TO CP_TISEND
REFUSED .... 99 GO TO CP_TISEND

VFC_KNOWLEDGE_3

Has [TEEN] 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 [TEEN] 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_NISK=0, THEN GO TO TIS_D16

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

                            (3) ELSE IF P_SUC=1 AND P_ASKFLU = 0 AND P_NISK=1, THEN GO TO K_INTRO

                            (4) ELSE IF P_SUC = 4 AND P_NISK=0, THEN GO TO TENDTEEN

                            (5) ELSE IF P_SUC =4 AND P_NISK=1, THEN GO TO K_INTRO

TIS_D16   **[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / 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 1-800-223-8118, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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