

**NIS Teen (NIS-TEEN)  
Hard Copy Questionnaire  
Q3/2022**

Section S – Screener

Section B – No Shot Records

Section C – Demographics

Section D – Provider

Section E – Health Insurance Module

**Confidential Information**

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

## SECTION S

### *Screener*

- Instruction1
- (1) IF ANY S3\_3M = 77 or S3\_3Y = 7777 THEN GO TO INSRUCTION2
  - (2) ELSE IF (S\_NUMB=C1\_DIFF AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_ASKADULT=0 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=C1\_DIFF AND GO TO TIS\_S1AQT
  - (3) ELSE IF (S\_NUMB > ELIGMEMBERS AND S\_NUMB=C1\_DIFF AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_ASKADULT =0 AND P\_ASKFLU=1 NO FLU AGE ELIGIBLE CHILDREN THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO TIS\_S1AQT
  - (4) ELSE IF (S\_NUMB > ELIGMEMBERS AND S\_NUMB=C1\_DIFF AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC = 1 AND P\_ASKADULT=0 AND P\_ASKFLU = 1 AND FLU AGE ELIGIBLE CHILDREN THEN FILL LF\_UNDR18 = C1\_DIFF AND GO TO LFQSTART
  - (5) ELSE IF (S\_NUMB=C1\_DIFF AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_ASKADULT=1 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO ADLT\_INTRO
  - (6) ELSE IF (S\_NUMB=C1\_DIFF AND >=1 YAGE\_x = 13, 14, 15, 16 OR 17) THEN FILL TIS\_UNDER18 = C1\_DIFF AND GO TO CP\_TISMULTIAGE.
  - (7) ELSE GO TO INSTRUCTION2
- Instruction2
- (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW AND C1\_DIFF not in (77, 99), THEN FILL TIS\_UNDER18 WITH C1\_DIFF AND DO:  
IF C1\_DIFF =S\_NUMB, THEN GO TO TIS\_S3INTRO  
ELSE IF C1\_DIFF > S\_NUMB, THEN GO TO TIS\_C2Q0A
  - (2) ELSE SKIP TO TIS\_UNDER18
- INTRO\_1B
- Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, someone in your household started a survey about [IF ADULT COVID MODULE ON, DISPLAY: "vaccinations for COVID and other diseases affecting adults and children"; IF ADULT COVID MODULE OFF, DISPLAY: "the health and vaccinations of children and teens"]. I'm calling back now to continue the interview. This call will be recorded or monitored.

TIS\_Under18 How many people less than 18 years old live in this household?

ENTER # OF CHILDREN \_\_\_\_\_ (ENTER 0 to 9)

DON'T KNOW ..... 77 GO TO TIS\_S1ADK

REFUSED..... 99 GO TO TIS\_S1AREF

(1) IF S\_NUMB > TIS\_UNDER18, THEN GO TO TIS\_UNDER18\_CONF

(2) IF TIS\_UNDER18 = 0 AND P\_ASKADULT=0 THEN GO TO TIS\_S1AQT

(3) IF TIS\_UNDER18=0 AND P\_ASKADULT=1 THEN GO TO ADLT\_INTRO

(4) IF TIS\_UNDER18=1-9 AND (TIS\_UNDER18 > S\_NUMB>0 AND NIS ELIG\_X<>0), THEN GO TO TIS\_C2Q0A

(5) IF TIS\_UNDER18=1-9 AND (TIS\_UNDER18 > S\_NUMB>0 AND NIS ELIG\_X=0) OR S\_NUMB = 0 THEN GO TO TIS\_S3AGE\_x

(6) IF TIS\_UNDER18=77, THEN GO TO TIS\_S1ADK

(7) IF TIS\_UNDER18=99, THEN GO TO TIS\_S1AREF

(8) IF P\_ASKFLU=0 AND P\_ASKADULT=0 AND TIS\_UNDER18=1-9 AND TIS\_UNDER18=S\_NUMB AND NIS ELIG\_X=0 AND NO TEENS REPORTED IN CHILD DOB ROSTER, THEN GO TO TIS\_S1AQT

(9) IF (P\_ASKFLU=1 OR P\_ASKADULT=1 OR TEENS REPORTED IN CHILD DOB ROSTER) AND TIS\_UNDER18=1-9 AND TIS\_UNDER18=S\_NUMB AND NIS\_ELIG\_X=0, THEN GO TO TIS\_AGECONF

TIS\_Under18\_Conf

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

PLEASE RE-ASK TIS\_UNDER18 ASKING FOR ALL OF THE CHILDREN IN THE HOUSEHOLD.

HELP SCREEN: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

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

COUNT INCORRECT - CHANGE TOTAL NUMBER OF CHILDREN .....01 GO BACK TO TIS\_UNDER18  
 TOTAL NUMBER OF CHILDREN CONFIRMED AS CORRECT.....02 GO TO GO TO TIS\_AGE\_CONFIRM

TIS\_C2Q0A You have already given me [NAME OF NIS-ELIGIBLE CHILD OR CHILDREN FROM S3\_5\_x]'s birth date(s). Now, would you please tell me the age(s) of your other [IF C\_TMP - S\_NUMB = 1; INSERT 'child'/ IF C\_TMP - S\_NUMB > 1; INSERT 'children'] under the age of 18?

YES..... 01 GO TO TIS\_S3AGE\_X  
 WRONG # OF CHILDREN UNDER 18 ..... 02 GO TO TIS\_UNDER18

TIS\_S1ADK Is there anyone in your household who knows how many people in this household are less than 18 years old?

NEW PERSON COMES TO PHONE..... 1 GO TO TIS\_DKINTRO  
 NO..... 2 GO TO TIS\_S1TERM

TIS\_DKINTRO

[CELL SAMPLE:]

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling on behalf of the [IF IAP=105  
DISPLAY: "Department of Public Health and Social Services and the"; ELSE IF IAP=106  
DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and  
Prevention. We're conducting a survey with cell phone users regarding childhood  
immunizations. Your cell phone number has been selected at random. This call will be  
recorded or monitored.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO TO TIS\_UNDER18

TIS\_S1TERM Thank you, we'll try back another time.

EXIT SURVEY

TIS\_S1AREF The only reason we need to know how many children in this household are in this age group is  
to determine if you're eligible to participate in this survey.

CONTINUE..... 1 GO TO TIS\_UNDER18

R STILL REFUSES..... 2 GO TO TIS\_REFKID

[IF P\_INCENT>0, THEN GO TO VRYADD / ELSE DISPLAY TIS\_REFKID]

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

CONTINUE .....1 GO TO X\_R1

BEGIN LOOP FOR X NUMBER OF TIMES, WHERE X=TIS\_UNDER18 less S\_NUMB

[IF S3\_3MDY\_x NE NULL, THEN FILL AND CONTINUE WITH FIRST CHILD WITH AN UNKNOWN AGE]

TIS\_S3AGE\_X What is the age of the [first/second...] child under the age of 18?

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

ENTER AGE ..... \_\_\_\_ GO TO TIS\_S3AGE1\_X  
DON'T KNOW ..... 77 GO TO TIS\_AGEDK  
REFUSED..... 99 GO TO TIS\_AGEREF

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

TIS\_S3AGE1\_X

MONTHS ..... 1 GO TO TIS\_AGE\_CONFIRM  
YEARS ..... 2 GO TO TIS\_AGE\_CONFIRM

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

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

- (1) IF 01, THEN GO TO TIS\_S3AGE\_x
- (2) IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS\_S3AGE\_x
- (3) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO TIS\_AGE\_CONFIRM
- (4) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P\_INCENT>0, THEN GO TO VRYADD
- (5) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P\_INCENT=0, GO TO TIS\_AGEQUIT. ON CALLBACK POINT OF RETURN IS TIS\_UNDER18.

TIS\_AGEQUIT Since we need an age in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

CONTINUE .....1 GO TO X\_R1

TIS\_AGEDK Is there anyone available who would know the child's age?

NEW PERSON COMES TO PHONE..... 1

NO..... 2

(1) IF 01, THEN GO TO TIS\_DKAGEINTRO

(2) IF 02 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS\_S3AGE\_x

(3) IF 02 AND THERE ARE NO REMAINING CHILDREN, AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO TIS\_AGE\_CONFIRM

(4) IF 02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER, THEN GO TO TIS\_S1TERM. ON CALLBACK POINT OF RETURN IS TIS\_S3AGE\_x.

TIS\_DKAGEINTRO

[CELL SAMPLE:]

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling on behalf of the [IF IAP=106 DISPLAY "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

(00)CONTINUE WITH INTERVIEW without RECORDING

(01)CONTINUE WITH INTERVIEW and RECORDING

TIS\_AGE\_CONFIRM

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

- YES..... 1 GO TO CP\_TISMULTIAGE
- NO, WRONG AGES OF CHILDREN..... 2 GO TO TIS\_S3AGE\_1  
[Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD]
- NO, WRONG # OF CHILDREN ..... 3 GO TO TIS\_UNDER18  
[Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD]
- DON'T KNOW ..... 77 GO TO GO TO CP\_TIS\_MULT
- REFUSED..... 99 GO TO GO TO CP\_TIS\_MULT

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

CP\_TISMULTIAGE

- (1) IF P\_ASKFLU = 1 and S\_NUMB = 0 and ZTUNDR18 = 1-9 and ALL TIS\_3AGE NOT IN (13, 14, 15, 16, 17) and ELIGMEMBERS = 0, THEN GO TO LFQSTART
- (2) ELSE IF ANY TIS\_3AGE IN (13, 14, 15, 16, 17) AND MORE THAN ONE TEEN SAME AGE, GO TO TIS\_MULTIAGE
- (3) ELSE GO TO TIS\_SELECTION\_INSTRUCTIONS1

TIS\_MULTIAGE

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

IF RESPONDENT SAYS DONT KNOW OR REFUSES ENTER CONTINUE

- CONTINUE..... 1 GO TO TIS\_NAME\_X

TIS\_NAME\_X What is the (other) [FILL AGE] year old child's name or initials?

IF RESPONDENT REFUSES ENTER NAME1/NAME2/NAME3

- ENTER NAME..... LOOP FOR ALL TIS\_NAME, THEN SKIP TO TIS\_SELECTON\_INSTRUCTIONS1

TIS\_SELECTION\_INSTRUCTIONS1

- (1) IF 12 MONTHS <= TIS\_S3AGE\_x = < 36 MONTHS OR 1 YEAR = < TIS\_S3AGE\_x AND 3 YEARS THEN GO TO TIS\_S2Q02A BEFORE GOING TO S3\_INTRO IN NIS CHILD
- (2) ELSE IF ANY YAGE\_x = 13, 14, 15, 16, 17, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 YEARS TO BE THE SELECTED TEEN FOR THE TEEN SURVEY AND GO TO TIS\_S3INTRO
- (3) ELSE IF (S\_NUMB>0 OR TIS\_UNDER18>0) AND (TEENELIG=2) AND P\_ASKFLU=1, THEN GO TO LFQSTART
- (4) ELSE IF (S\_NUMB>0 OR TIS\_UNDER18>0) AND (TEENELIG=2) AND P\_ASKFLU=1, AND CIM is OFF, THEN GO TO LF\_EXT
- (5) ELSE IF P\_ASKFLU=0 AND ALL TIS\_S3AGE\_x NOT IN (13, 14, 15, 16, 17) AND MIX OF TIS\_S3AGE\_x =VALID AGES ONLY OR VALID AGES AND (77 AND/OR 99), THEN GO TO K\_D16
- (6) ELSE GO TO INSTRUCTION1

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

CONTINUE..... 01 GO TO S3\_INTRO IN NIS CHILD

TIS\_S3INELG      The child who was selected is [FILL YAGESEL] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.

CONTINUE..... 01 GO TO TIS\_S3INTRO

TIS\_S3INTRO      [IF NUMBTEEN > 1, THEN DISPLAY : "The computer randomly chose the child for the interview who is [FILL SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T\_Y(age)NMx]] years old."] Most of the remaining questions will be about immunizations or shots [IF NUMBTEEN > 1, THEN DISPLAY: "he/she", ELSE DISPLAY: "your [FILL: SELECTED TEEN AGE IN YEARS] old"] may have received.

CONTINUE..... 1 GO TO CP\_INTRO

CP\_INTRO      (1) IF TIS\_S3INELG HAS BEEN READ, GO TO TIS\_S3\_MDY  
(2) ELSE IF NIS INFORMED CONSENT (S3\_INTRO) HAS NOT BEEN READ, GO TO TIS\_INTRO1

TIS\_INTRO1 Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE..... 1 GO TO TIS\_S3\_MDY  
R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S3\_LAW

TIS\_S3\_LAW

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE..... 1 GO TO TIS\_S3\_MDY

TIS\_S3

So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [the child who is [FILL: SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T\_Y(age)NMx]"].

ENTER 77 / 77 / 7777 FOR DON'T KNOW

ENTER 99 / 99 / 9999 FOR REFUSED

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

MONTH	DAY	YEAR

After TIS\_S3 and YAGESEL are computed, skip logic from TISS3MTH, TISS3DAY, TISS3YR can take place:

- 1) IF TISS3YR = 7777 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRDK.
- 2) ELSE IF TISS3YR = 9999 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRREF.
- 3) ELSE GO TO TIS3CONF

TIS3CONF

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

YES..... 1  
 NO..... 2

- (1) IF (TIS3CONF=1 AND TEENELIG=1 (i.e. YAGESEL = 13, 14, 15, 16, 17), THEN GO TO TIS\_S4
- (2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS\_S3INELG
- (3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS\_SELECTION\_INSTRUCTION
- (4) IF TIS3CONF=2 THEN GO TO TIS\_S3

TIS\_S1AQT [IF NIS INTERVIEW COMPLETED, READ]

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

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

[ELSE READ]

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

EXIT SURVEY

NO\_CHILD [IF P\_INCENT > 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.

EXIT SURVEY

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

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

RETURN TO QUESTIONNAIRE ..... 1 GO TO TIS\_S3  
R STILL REFUSES ..... 2 GO TO TISYRQUIT

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

NEW PERSON COMES TO PHONE..... 1 GO TO TYRDKINT  
RETURN TO QUESTIONNAIRE ..... 2 GO TO TIS\_S1TERM

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

CONTINUE WITH INTERVIEW WITHOUT RECORDING.....(00) GO TO ZTYRDKPS  
CONTINUE WITH INTERVIEW AND RECORDING.....(01) GO TO TIS\_S3\_MDY

TISYRQUIT       [IF P\_INCENT>0, THEN GO TO VRYADD / ELSE DISPLAY TISYRQUIT]

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

EXIT SURVEY

TIS\_S4            Is this child male or female?

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

GO TO CP\_TISS5

CP\_TISS5            (1) IF TIS\_NAME IS NOT FILLED, GO TO TIS\_S5  
(2) ELSE IF TIS\_NAME IS FILLED, GO TO TIS\_S4A

TIS\_S5            So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials

\_\_\_\_\_

GO TO TIS\_S4A

TIS\_S4A            Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [FILL FROM TIS\_S5: TEEN NAME] has received. Are you this person?

YES..... 1 GO TO TIS\_SR1  
NO..... 2 GO TO TIS\_S5A

TIS\_S5A            May I speak with this person now?

YES..... 1 GO TO TIS\_S5LAW\_BOX  
NO..... 2 GO TO CB1

TIS\_S5BOX            Hi. I'm calling on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important [IF NOT GUAM THEN DISPLAY: 'national'] survey on immunizations. I'd like you to know that this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE..... 1 GO TO TIS\_S5LAW\_BOX  
R ASKS FOR DESCRIPTION OF LAW..... 2 GO TO TIS\_S5EVAL\_BOX

TIS\_S5EVAL\_BOX

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

TIS\_S5LAW\_BOX

CONTINUE WITH INTERVIEW WITHOUT RECORDING.....0 GO TO ZTS5LBX1  
CONTINUE WITH INTERVIEW AND RECORDING.....1 GO TO TIS\_SR1

GO TO TIS\_S5LAW\_BOX

TIS\_SR1

Do you have any shot records for [FILL FROM TIS\_S5: TEEN NAME]?

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

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

GO TO TIS\_B1

**SECTION B**

*No Shot Records*

TIS\_B1 The remainder of the survey will take about 10 minutes.

Has [FILL FROM TIS\_S5: TEEN NAME] ever received an immunization that is a shot or drops?

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

***NO SHOT RECORD FOR INFLUENZA***

TIS\_BINFLU [IF TIS\_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu; ELSE DISPLAY: The next questions are about influenza [IF GUAM DISPLAY: or flu] vaccination.

Since July 1, 2022 has [FILL FROM TIS\_S5: TEEN NAME] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES..... 1 GO TO TIS\_BINFLU\_NUM
- NO.....2
- DON'T KNOW..... 77
- REFUSED.....99

IF TIS\_BINFLU= 2, 77, 99, THEN DO:  
GO TO TIS\_BNEXTFLU

TIS\_BINFLU\_NUM

How many flu vaccinations has [FILL FROM TIS\_S5: TEEN NAME] received since July 1, 2022?

- ONE VACCINATION OR DOSE..... 1 GO TO TIS\_BINFLU\_DATE\_X
- TWO VACCINATIONS OR DOSES.....2 GO TO TIS\_BINFLU\_DATE\_X
- DON'T KNOW..... 77 GO TO TIS\_BFLUPLACE
- REFUSED..... 99 GO TO TIS\_BFLUPLACE

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

TIS\_BINFLU\_DATE\_X

During what month and year did [FILL FROM TIS\_S5: TEEN NAME] receive [his/her] first dose of flu vaccine since July 1, 2022?

ENTER 77 / 7777 FOR DON'T KNOW

ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2022

MONTH		YEAR

DATE..... \_/\_\_\_\_

IF TIS\_BINFLU\_DATE\_M = THE CURRENT MONTH AND TIS\_BINFLU\_DATE\_Y =CURRENT YEAR, GO TO TIS\_BWEEK ELSE, GO TO TIS\_B8DTYPE.

IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH ANSWER MUST BE ON OR AFTER 07/2022 AND NOT AFTER INTERVIEW DATE

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

- YES..... 1 GO TO TIS\_B8D\_TYPE
- NO..... 2 GO TO TIS\_B8D\_TYPE
- DON'T KNOW.... 77 GO TO TIS\_B8D\_TYPE
- REFUSED..... 99 GO TO TIS\_B8D\_TYPE

TIS\_B8D\_TYPE

Was this a shot or a spray in the nose?

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

- (1) IF TIS\_BINFLU\_NUM=2 GO TO TIS\_B9DM\_X
- (2) ELSE GO TO TIS\_BFLUPLACE.

TIS\_B9DM\_X During what month did [FILL FROM TIS\_S5: TEEN NAME] receive [his/her] second dose of flu vaccine since July 1, 2022?

ENTER 77 / 7777 FOR DON'T KNOW

ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2022

MONTH	YEAR

DATE..... \_/\_\_\_\_

IF TIS\_B9DM\_M = THE CURRENT MONTH AND TIS\_B9DM\_Y=CURRENT YEAR, GO TO TIS\_BWEEK\_2 ELSE, GO TO TIS\_B9D\_TYPE.

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

IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH ANSWER MUST BE ON OR AFTER 07/2022 AND NOT AFTER INTERVIEW DATE

TIS\_BWEEK\_2 Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL: Date with most recent Sunday's date]"]?

YES..... 1 GO TO TIS\_B9D\_TYPE

NO..... 2 GO TO TIS\_B9D\_TYPE

DON'T KNOW.... 77 GO TO TIS\_B9D\_TYPE

REFUSED..... 99 GO TO TIS\_B9D\_TYPE

TIS\_B9D\_TYPE Was this a shot or a spray in the nose?

FLU SHOT ..... 1

FLU NASAL SPRAY OR "FLU MIST" ..... 2

DON'T KNOW ..... 77

REFUSED..... 99

GO TO TIS\_BLUPLACE

TIS\_BFLUPLACE

At what kind of place did [FILL FROM TIS\_S5: TEEN NAME] get [his/her] most recent flu vaccination?

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

READ RESPONSES IF NECESSARY

- DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW: Interviewer note: DOCTOR'S OFFICE includes private provider and reforma provider.] ..... 1
- HEALTH DEPARTMENT..... 2
- CLINIC OR HEALTH CENTER ..... 3
- HOSPITAL .....4
- OTHER MEDICALLY-RELATED PLACE.....5
- PHARMACY OR DRUG STORE..... 6
- WORKPLACE .....7
- ELEMENTARY/MIDDLE/HIGH SCHOOL .....8
- OTHER NONMEDICALLY-RELATED PLACE  
[IF PUERTO RICO, THEN SHOW: Interviewer note:  
OTHER NON-MEDICALLY RELATED PLACE  
includes mass vaccination clinics held at sports arenas] .....9
- MALL OUTREACH [DISPLAY ONLY IF GUAM]..... 10
- VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] .....11
- DON'T KNOW.....77
- REFUSED.....99

IF TIS\_BFLUPLACE = 05 OR 09, THEN GO TO TIS\_BFLUPLACE\_OTHER

ELSE IF TIS\_BINFLU\_NUM =01 AND (TIS\_BINFLU\_DATE\_Y= 7777, 9999), THEN GO TO TIS\_BNEXTFLU

ELSE IF TIS\_BINFLU\_NUM =02 AND (TIS\_BINFLU\_DATE\_Y= 7777, 9999 AND TIS\_B9DM\_Y = 7777, 9999), THEN GO TO TIS\_BNEXTFLU

ELSE, GO TO TIS\_BHES2

TIS\_BFLUPLACE\_OTHER

OTHER LOCATION: \_\_\_\_\_

IF TIS\_BINFLU\_NUM=01 AND (TIS\_BINFLU\_DATE\_Y = 7777, 9999), THEN GO TO TIS\_BNEXTFLU

ELSE IF TIS\_BINFLU\_NUM=02 AND (TIS\_BINFLU\_DATE\_Y = 7777, 9999 AND TIS\_B9DM\_Y = 7777, 9999), THEN GO TO CP\_BNEXTFLU

ELSE, GO TO TIS\_BHES2

CP\_BNEXTFLU

(1) IF TIS\_BINFLU\_NUM=01 AND (TIS\_BINFLU\_DATE\_Y , 9999), THEN GO TO TIS\_BNEXTFLU

(2) ELSE IF TIS\_BINFLU\_NUM=02 AND (TIS\_BINFLU\_DATE\_Y = 7777, 9999 AND TIS\_B9DY = 7777, 9999), THEN GO TO TIS\_BNEXTFLU

(3) ELSE, GO TO TIS\_BHES2

TIS\_BNEXTFLU

How likely is [FILL FROM TIS\_S5: TEEN NAME] to get a flu vaccination between now and the end of June, 2023? Would you say [FILL: IF S3\_4=1, DISPLAY: "he", ELSE IF S3\_4=2, DISPLAY "she"]:

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

ALL GO TO TIS\_BHES2

TIS\_BHES2

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

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

ALL GO TO TIS\_BMISS

TIS\_BMISS      In the last two months, was a medical check-up, well child visit, or vaccination appointment for [FILL FROM TIS\_S5: TEEN NAME] delayed, missed, or not scheduled for any reason?

YES..... 1      GO TO TIS\_BMISS2  
 NO.....2      GO TO TIS\_BCOVID1  
 DON'T KNOW .....77      GO TO TIS\_BCOVID1  
 REFUSED.....99      GO TO TIS\_BCOVID1

TIS\_BMISS2      Was [FILL FROM TIS\_S5: TEEN NAME]'s visit or appointment delayed, missed, or not scheduled because of COVID-19? Please include anything that could be related to COVID-19, such as fear of exposure to COVID, the doctor's office was closed, COVID-related loss of health insurance, or anything else.

YES..... 1      GO TO LOGIC\_BTET  
 NO.....2      GO TO LOGIC\_BTET  
 DON'T KNOW .....77      GO TO LOGIC\_BTET  
 REFUSED.....99      GO TO LOGIC\_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 [FILL FROM TIS\_S5: TEEN NAME] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

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

- YES..... 1 GO TO TIS\_BMEN
- NO..... 2 GO TO TIS\_BTET\_REASON
- DON'T KNOW..... 77 GO TO TIS\_BMEN
- REFUSED..... 99 GO TO TIS\_BMEN

TIS\_BTET\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] did not receive Td or Tdap shots?

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

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- SCHOOL DOES NOT REQUIRE .....4
- SAFETY CONCERNS.....5
- TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE ..... 6
- UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES).....7
- SHOT COULD BE PAINFUL .....8
- INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED .....9
- NOT AVAILABLE IN PROVIDER'S OFFICE ..... 10
- DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS .....11
- OTHER .....12
- DON'T KNOW.....77
- REFUSED.....99

IF TIS\_BTET\_REASON=12, THEN GO TO TIS\_BTET\_OTHER  
ELSE GO TO TIS\_BMEN

TIS\_BMEN\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] did not receive meningitis shots?

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

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

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE - DID NOT KNOW ABOUT
- DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY ..... 3
- SCHOOL DOES NOT REQUIRE .....4
- SAFETY CONCERNS.....5
- TEEN IS NOT THE APPROPRIATE AGE/PROVIDER
- INDICATED COULD VACCINATE AT OLDER AGE ..... 6
- UNINSURED/INSURANCE DOESN'T FULLY COVER
- SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH
- (ADMINSTRATION FEES/OFFICE VISIT CHARGES).....7
- SHOT COULD BE PAINFUL .....8
- INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED .....9
- NOT AVAILABLE IN PROVIDER'S OFFICE ..... 10
- DIFFICULTY MAKING OR GETTING
- TO APPOINTMENT/TRANSPORTATION PROBLEMS .....11
- OTHER .....12
- DON'T KNOW.....77
- REFUSED.....99

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

The next few questions are about the HPV vaccine.

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

Has a doctor or other health care professional ever recommended that [FILL FROM TIS\_S5: TEEN NAME] receive HPV shots?

- YES..... 1 GO TO TIS\_BHPV\_AGE
- NO..... 2 GO TO TIS\_BHPV2
- DON'T KNOW..... 77 GO TO TIS\_BHPV2
- REFUSED..... 99 GO TO TIS\_BHPV2

TIS\_BHPV\_AGE

At what age did the doctor or health care professional recommend that [FILL FROM TIS\_S5: TEEN NAME] should start receiving the HPV shots?

- BEFORE AGE 11..... 1
- 11 OR 12 YEARS OF AGE ..... 2
- 13 OR 14 YEARS OF AGE ..... 3
- 15 OR 16 YEARS OF AGE ..... 4
- 17 OR 18 YEARS OF AGE ..... 5
- AFTER 18 YEARS OF AGE ..... 6
- NO SPECIFIC AGE WAS  
RECOMMENDED OR DISCUSSED .....7
- DON'T KNOW..... 77
- REFUSED..... 99

GO TO TIS\_BHPV2

TIS\_BHPV2

Has [FILL FROM TIS\_S5: TEEN NAME] ever received HPV shots?

- YES..... 1 GO TO TIS\_BHPV\_DOSE
- NO..... 2 GO TO TIS\_BHPV\_INTENT
- DON'T KNOW..... 77 GO TO TIS\_BHPV\_INTENT
- REFUSED..... 99 GO TO TIS\_BHPV\_INTENT

TIS\_BHPV\_DOSE

How many HPV shots did [FILL FROM TIS\_S5: TEEN NAME] ever receive?

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

GO TO TIS\_BHPV\_LOCATION

TIS\_BHPV\_LOCATION

Please tell me all the types of places where [FILL FROM TIS\_S5: TEEN NAME] has received an HPV shot. READ IF NECESSARY: This question is referring to the location of the vaccine provider, not to the location on the body where the shot was given.

[READ ONLY IF NECESSARY, MARK ALL THAT APPLY]

DOCTOR'S OFFICE .....	1
EMERGENCY ROOM .....	2
HEALTH DEPARTMENT .....	3
CLINIC OR HEALTH CENTER .....	4
HOSPITAL-BASED CLINIC.....	5
WHILE HOSPITALIZED .....	6
OTHER MEDICALLY-RELATED PLACE .....	7
PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY .....	8
WORKPLACE .....	9
PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY .....	10
OTHER NONMEDICALLY-RELATED PLACE.....	11
MALL OUTREACH [DISPLAY ONLY IF GUAM].....	12
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] .....	13
DON'T KNOW.....	77
REFUSED.....	99

IF TIS\_BHPV\_LOCATION = (07,11) GO TO TIS\_BHPV\_LOC\_OTHER

ELSE IF TIS\_BHPV\_DOSE IN (1,77,99) GO TO TIS\_BHPV\_INTENT

ELSE TIS\_BHPV\_DOSE = 2 THEN DO: IF AGE < 15 GO TO TIS\_HEALTH\_VAR; ELSE IF AGE >=15 GO TO TIS\_BHPV\_INTENT

ELSE IF TIS\_BHPV\_DOSE IN (3,50) GO TO TIS\_HEALTH\_VAR

TIS\_BHPV\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] will not receive [FILL: IF TIS\_BHPV\_DOSE = 0, THEN READ: “any” / ELSE READ “all”] HPV shots in the next 12 months?

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

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

- PROVIDER DID NOT RECOMMEND ..... 1
- KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN ..... 2
- VACCINE IS NOT NEEDED OR NECESSARY- ADOLESCENT HAS RECEIVED ALL OF THE RECOMMENDED DOSES ..... 3
- VACCINE IS NOT NEEDED OR NECCESARY-OTHER REASON..... 4
- SCHOOL DOES NOT REQUIRE .....5
- SAFETY CONCERNS.....6
- TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE .....7
- UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES).....8
- SHOT COULD BE PAINFUL .....9
- 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
- CONCERN ABOUT INCREASING SEXUAL ACTIVITY IF RECEIVE SHOT.....13
- IS NOT SEXUALLY ACTIVE.....14
- R NOT SURE IF THEY HAVE ALREADY RECEIVED ALL OF THE HPV SHOTS THEY NEED..... 15
- OTHER ..... 16

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

IF 03, THEN GO TO TIS\_HEALTH\_VAR  
IF 16, THEN GO TO TIS\_BHPV\_OTHER  
ELSE GO TO TIS\_BHPV\_AGE

TIS\_BHPV\_OTHER

OTHER REASON: \_\_\_\_\_

GO TO TIS\_BHPV\_PLAN\_AGE

TIS\_BHPV\_PLAN\_AGE

At what age do you plan to have [FILL FROM TIS\_S5: TEEN NAME] receive the HPV shots?

\_\_\_\_\_ YEARS

- NEVER/NO AGE.....1
- IT WILL BE MY CHILD'S DECISION IN THE FUTURE.....2
- DON'T KNOW.....77
- REFUSED.....99

GO TO TIS\_HEALTH\_VAR

**SECTION C**  
*Demographics*

TIS\_HEALTH\_VAR

I've been asking about shots received by [FILL FROM TIS\_S5: TEEN NAME]. Now I would like to ask, has [FILL FROM TIS\_S5: TEEN NAME] ever had chicken pox or varicella?

- YES..... 1 GO TO TIS\_HEALTH\_VAR\_AGE  
NO..... 2 GO TO TIS\_HEALTH\_CHECKUPA  
DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA  
REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUPA

TIS\_HEALTH\_VAR\_AGE

How old was [FILL FROM TIS\_S5: TEEN NAME], in years, when [he/she] had chicken pox?

AGE: \_\_\_\_\_

- (1) IF TIS\_HEALTH\_VAR\_AGE > TIS\_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS\_HEALTH\_CHECKUPA  
(2) IF TIS\_HEALTH\_VAR\_AGE=77, THEN GO TO TIS\_HEALTH\_VAR\_AGE2  
(3) ELSE GO TO TIS\_HEALTH\_CHECKUPA

TIS\_HEALTH\_VAR\_AGE2

Was [FILL FROM TIS\_S5: TEEN NAME]...

- ...less than one year old?..... 1  
...one to five years old?..... 2  
...five to ten years old?..... 3  
...over ten years old?..... 4  
DON'T KNOW ..... 77  
REFUSED..... 99

GO TO TIS\_HEALTH\_CHECKUPA

TIS\_HEALTH\_CHECKUPA

How old was [FILL FROM TIS\_S5: TEEN NAME] at the time of [his/her] last check-up?  
Please do not include visits for medical treatment or illness.

AGE: \_\_\_\_\_

- (1) IF <=12 YEARS, THEN GO TO TIS\_HEALTH\_VISITS  
(2) IF >=13 YEARS AND <=YAGE\_X, THEN GO TO TIS\_HEALTH\_CHECKUP2A  
(4) IF >[YAGE\_X], THEN DISPLAY WARNING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN  
(5) IF 77 OR 99, THEN GO TO TIS\_HEALTH\_CHECKUP2A

TIS\_HEALTH\_CHECKUP2A

Did [FILL FROM TIS\_S5: TEEN NAME] have an 11-12 year old well child exam or check-up?

- YES..... 1 GO TO TIS\_HEALTH\_VISITS
- NO..... 2 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW.....77 IF TIS\_HEALTH\_CHECKUPA=77/99,  
GO TO TIS\_HEALTH\_CHECKUP3A,  
ELSE GO TO TIS\_HEALTH\_VISITS
  
- REFUSED..... 99 IF TIS\_HEALTH\_CHECKUPA=77/99,  
GO TO TIS\_HEALTH\_CHECKUP3A,  
ELSE GO TO TIS\_HEALTH\_VISITS

TIS\_HEALTH\_CHECKUP3A

Was [FILL FROM TIS\_S5: TEEN NAME]'s last check-up more than [YAGE\_x minus 12] years ago or less than [YAGE\_x minus 12] years ago?

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

GO TO TIS\_HEALTH\_VISITS

TIS\_HEALTH\_VISITS

During the past 12 months, how many times has [FILL FROM TIS\_S5: TEEN NAME] seen a doctor or other health care professional about [his/her] health at a doctor's office, a clinic, or some other place? Do not include times [FILL FROM TIS\_S5: TEEN NAME] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

- NONE ..... 1
- 1 ..... 2
- 2-3 ..... 3
- 4-5 ..... 4
- 6-7 ..... 5
- 8-9 ..... 6
- 10-12 ..... 7
- 13-15 ..... 8
- 16+ ..... 9

TIS\_HEALTHASTHMA\_A

Has [FILL FROM TIS\_S5: TEEN NAME] ever been told by a doctor or other health professional that [he/she] has asthma?

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

GO TO TIS\_HIRISK

TIS\_HIRISK

Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [FILL FROM TIS\_S5: TEEN NAME] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [FILL FROM TIS\_S5: TEEN NAME] had had any of the listed conditions.

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

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

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

- YES..... 1 GO TO TIS\_HIRISK\_NOW
- NO..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED..... 4 GO TO TIS\_HIRISK\_ANY

TIS\_HIRISK\_NOW

Does [FILL FROM TIS\_S5: TEEN NAME] still have any of these conditions?

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

GO TO TIS\_HIRISK\_ANY

TIS\_HIRISK\_ANY

Do any other members of [FILL FROM TIS\_S5: TEEN NAME]'s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

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

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

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

GO TO TIS\_ACDIS1

TIS\_ACDIS1

Is [FILL FROM TIS\_S5: TEEN NAME] deaf or does [FILL: he/she] have serious difficulty hearing?

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

GO TO TIS\_ACDIS2

TIS\_ACDIS2

Is [FILL FROM TIS\_S5: TEEN NAME] blind or does [FILL: he/she] have serious difficulty seeing even when wearing glasses?

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

GO TO TIS\_ACDIS3

TIS\_ACDIS3

Does [FILL FROM TIS\_S5: TEEN NAME] have serious difficulty walking or climbing stairs?

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

GO TO TIS\_ACDIS4

TIS\_ACDIS4

Because of a physical, mental, or emotional condition, does [FILL FROM TIS\_S5: TEEN NAME] have serious difficulty concentrating, remembering, or making decisions?

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

GO TO TIS\_ACDIS5

TIS\_ACDIS5

Does [FILL FROM TIS\_S5: TEEN NAME] have difficulty dressing or bathing?

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

IF AGE >=15 THEN GO TO TIS\_ACDIS6; ELSE GO TO TIS\_NOSCHOOL

TIS\_ACDIS6

Because of a physical, mental, or emotional condition, does [FILL FROM TIS\_S5: TEEN NAME] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

GO TO TIS\_NOSCHOOL

TIS\_NOSCHOOL

During the past 12 months, that is, since [FILL1], about how many days did [FILL FROM TIS\_S5: TEEN NAME] miss school because of illness or injury?

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

GO TO TIS\_GRADE

TIS\_GRADE

What is [FILL FROM TIS\_S5: TEEN NAME]'s current grade level in school?

- 6TH GRADE ..... 6 GO TO TIS\_C1
- 7TH GRADE ..... 7 GO TO TIS\_C1
- 8TH GRADE ..... 8 GO TO TIS\_C1
- 9TH GRADE/FRESHMAN IN HS ..... 9 GO TO TIS\_C1
- 10TH GRADE/SOPHOMORE IN HS ..... 10 GO TO TIS\_C1
- 11TH GRADE/JUNIOR IN HS..... 11 GO TO TIS\_C1
- 12TH GRADE/SENIOR IN HS ..... 12 GO TO TIS\_C1
- GRADUATED FROM HS ..... 13 GO TO TIS\_C1
- ENROLLED IN GED PROGRAM ..... 14 GO TO TIS\_C1
- COMPLETED GED PROGRAM ..... 15 GO TO TIS\_C1
- NOT IN SCHOOL..... 16 GO TO TIS\_C1
- OTHER ..... 17 GO TO TIS\_GRADE\_SPECIFY
- DON'T KNOW ..... 77 GO TO TIS\_C1
- REFUSED..... 99 GO TO TIS\_C1

TIS\_GRADE\_SPECIFY

ENTER [FILL FROM TIS\_S5: TEEN NAME]'S CURRENT GRADE IN SCHOOL  
OTHER: \_\_\_\_\_

TIS\_C1

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

The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]. Please know we are asking them because they're important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

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

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

TIS\_C2

[IF NIS INTERVIEW CONDUCTED, READ:]

The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]. Please know we are asking them because they're important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

[IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] of Hispanic or Latino origin?

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

[ELSE READ:]

Is [FILL FROM TIS\_S5: TEEN NAME] of Hispanic or Latino origin?

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

YES..... 1 GO TO TIS\_C3  
NO..... 2 GO TO TIS\_C4  
DON'T KNOW ..... 77 GO TO TIS\_C4  
REFUSED..... 99 GO TO TIS\_C4

TIS\_C3

[IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or of Spanish origin?

CLICK ALL THAT APPLY

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

(1) IF 10 IS SELECTED, THEN GO TO TIS\_C3\_OTHR

(2) ELSE GO TO TIS\_C4

TIS\_C3\_OTHR

ENTER OTHER SPECIFY: \_\_\_\_\_

GO TO TIS\_C4

TIS\_C4

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL FROM TIS\_S5: TEEN NAME]'s race. Is [FILL FROM TIS\_S5: TEEN NAME] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

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

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

(1) IF 8 SELECTED, GO TO TIS\_C4\_OTHER

(2) ELSE IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN  
ELSE GO TO TIS\_C5

(3) ELSE IF NOT USVI, THEN DO:

IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN  
ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE  
ELSE GO TO TIS\_C5

TIS\_C4\_OTHER

ENTER OTHER SPECIFY: \_\_\_\_\_

(1) IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN  
ELSE GO TO TIS\_C5

(2) ELSE IF NOT GUAM, THEN DO:

IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN  
ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE  
ELSE GO TO TIS\_C5

TIS\_C4\_ASIAN

Is [FILL FROM TIS\_S5: TEEN NAME] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

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

(1) IF TIS\_C4 INCLUDES 07 GO TO TIS\_C4\_PACISLE

(2) ELSE GO TO TIS\_C5

TIS\_C4\_PACISLE

Is [FILL FROM TIS\_S5: TEEN NAME] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

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

GO TO TIS\_C5

TIS\_C4\_GUAM\_ASIAN

Is [FILL FROM TIS\_S5: TEEN NAME] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

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

(1) IF 14, THEN GO TO TIS\_C4\_ASIAN\_OTH

(2) ELSE GO TO TIS\_C5

TIS\_C4\_ASIAN\_OTH

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C5           What is your relationship to [FILL FROM TIS\_S5: TEEN NAME]?

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

- (1) IF C5\_x (IN NIS) FILLED, THEN GO TO TIS\_C5A
- (2) ELSE GO TO TIS\_C6

TIS\_C5A           [IF TIS\_C5=01, THEN ASK:]

Are you also [FILL1]'s mother?

[ELSE ASK:]

Is [FILL FROM TIS\_S5: TEEN NAME]'s mother the same as [FILL1]'s mother?

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

- (1) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_C6 THROUGH TIS\_C10\_CHECK AND TIS\_CFAMINC THROUGH TIS\_C\_AWAY
- (2) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A>=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_CFAMINC THROUGH TIS\_C\_AWAY
- (3) ELSE GO TO TIS\_C6

TIS\_C6 What is the highest grade or year of school [FILL] completed?

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

TIS\_C7 [FILL1] now married, widowed, divorced, separated, never married, or living with a partner?

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

- MARRIED..... 1 GO TO TIS\_C8
- WIDOWED ..... 2 GO TO TIS\_C8
- DIVORCED..... 3 GO TO TIS\_C8
- SEPARATED ..... 4 GO TO TIS\_C8
- NEVER MARRIED..... 5 GO TO TIS\_C8
- DECEASED ..... 6 GO TO C8\_INTRO
- LIVING WITH PARTNER ..... 7 GO TO TIS\_C8
- DON’T KNOW ..... 77 GO TO TIS\_C8
- REFUSED..... 99 GO TO TIS\_C8

TIS\_C8\_INTRO The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]’s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they’re important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

TIS\_C8

[IF TIS\_C7\_X= 6, THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

[ELSE **DISPLAY:**]

[FILL1] of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES..... 1 GO TO TIS\_C8\_A  
NO..... 2 GO TO TIS\_C9  
DON'T KNOW ..... 77 GO TO TIS\_C9  
REFUSED..... 99 GO TO TIS\_C9

TIS\_C8\_A

[IF TIS\_C7=6 AND USVI THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7=6 AND NOT USVI THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7 NOT 6 AND USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7 NOT 6 AND NOT USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

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

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

(1) IF TIS\_C8\_A=10, THEN GO TO TIS\_C8\_OTHR1

(2) ELSE GO TO TIS\_C9

TIS\_C8\_OTHR1

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C9

Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

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

(1) IF 8 IS SELECTED, GO TO TIS\_C9\_OTHR1

(2) ELSE IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, GO TO TIS\_C9\_API

ELSE IF MORE THAN ONE SELECTED AND NONE IN 05, 07, GO TO 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 TO TIS\_C10

ELSE GO TO TIS\_C10A

(2) ELSE IF NOT GUAM THEN DO:

IF RESPONSE INCLUDES 5, GO TO TIS\_C9\_ASIAN

ELSE IF RESPONSE INCLUDES 7, GO TO TIS\_C9\_PACISLE

ELSE GO TO TIS\_C10A

TIS\_C9\_ASIAN

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

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

- (1) IF TIS\_C9 INCLUDES 7 GO TO TIS\_C9\_PACISLE
- (2) ELSE IF MORE THAN ONE ANSWER AT TIS\_C9 GO TO TIS\_C10
- (3) ELSE GO TO TIS\_C10A

TIS\_C9\_PACISLE

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

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

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

- (1) IF MORE THAN ONE ANSWER AT TIS\_C9, GO TO TIS\_C10
- (2) ELSE GO TO TIS\_C10A

TIS\_C9\_API

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

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

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

- (1) IF 14, THEN GO TO TIS\_C9\_API\_OTH
- (2) ELSE IF MORE THAN ONE SELECTED AT TIS\_C9, THEN GO TO TIS\_10
- (3) ELSE GO TO TIS\_10A

TIS\_C9\_API\_OTH

ENTER OTHER SPECIFY: \_\_\_\_\_

- (1) IF MORE THAN ONE SELECTED AT TIS\_C9, GO TO TIS\_C10
- (2) ELSE GO TO TIS\_C10

TIS\_C10

Which do you feel best describes [FILL] race?

- WHITE ..... 1 GO TO TIS\_C10A
- BLACK/AFRICAN AMERICAN ..... 2 GO TO TIS\_C10A
- AMERICAN INDIAN ..... 3 GO TO TIS\_C10A
- ALASKA NATIVE ..... 4 GO TO TIS\_C10A
- ASIAN ..... 5 GO TO TIS\_C10A
- NATIVE HAWAIIAN ..... 6 GO TO TIS\_C10A
- PACIFIC ISLANDER ..... 7 GO TO TIS\_C10A
- [TIS\_C9\_OTHR1] ..... 8 GO TO TIS\_C10A
- OTHER (SPECIFY) ..... 9 GO TO TIS\_C10\_OTHR1
- DON'T KNOW ..... 77 GO TO TIS\_C10A
- REFUSED ..... 99 GO TO TIS\_C10A

TIS\_C10\_OTHR1

ENTER OTHER SPECIFY: \_\_\_\_\_

GO TO TIS\_C10A

TIS\_C10A

What [IF TIS\_C7=6, DISPLAY: "was", ELSE DISPLAY "is"] [IF TIS\_C5=1, DISPLAY "your", ELSE DISPLAY: "[FILL FROM TIS\_S5: TEEN NAME]'s mother's"] month, day, and year of birth?

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

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

- (1) IF YEAR IS INVALID (NOT IN 1920-[CURRENT YEAR],7777,9999) OR mm/dd/yyyy date is in the future, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID" (can't continue until corrected)
- (2) ELSE YEAR NOT IN (7777,9999) AND MONTH NOT IN (77,99) AND CALCULATED AGE < 14 YEARS, DISPLAY WARNING TEXT THAT READS: "MOTHER MUST BE 14 OR OLDER" (can't continue until corrected)
- (3) ELSE IF TIS\_C7=6, THEN DO:
  - IF IAP=105, THEN GO TO TIS\_C11C
  - ELSE IF IAP=106, THEN GO TO TC11CPR
  - ELSE GO TO TIS\_C11A
- (4) ELSE IF MONTH OR YEAR IS DK OR REF, THEN GO TO TIS\_C10B
- (5) ELSE IF CALCULATED AGE IS LESS THAN 25 YEARS OR GREATER THAN 75 YEARS THEN GO TO TISC10CH
- (6) ELSE GO TO TIS\_C11

TIS\_C10B      What is [FILL] current age?

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

IF TIS\_C10B < 14 YEARS OF AGE, DISPLAY WARNING: Mother must be 14 or older.

AGE ..... \_\_\_\_\_  
DON'T KNOW ..... 77  
REFUSED..... 99

- (1) IF TIS\_C7=6, THEN DO:
  - IF GUAM, THEN GO TO TIS\_C11C
  - ELSE IF PUERTO RICO, THEN GO TO TIS\_C11APR
  - ELSE GO TO TIS\_C11A
- (2) ELSE GO TO TIS\_C11

TIS\_C10\_CHECK

This would make [FILL1] [CALCULATED AGE FROM TIS\_C10\_A] years old; is that correct?

YES..... 1  
NO..... 2

- (1) IF 1 AND (TIS\_C7=06 OR (TIS\_C5A=01 AND C7=06)), THEN GO TO TIS\_C11A
- (2) IF 1 AND TIS\_C7 IS NOT 6, THEN GO TO TIS\_C11
- (3) IF 2 THEN GO TO TIS\_C10A

TIS\_C11      [FILL1] live at the same [IF GUAM FILL: 'house or apartment' ELSE FILL: 'address'] as [FILL2] was born?

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

- (1) IF 2 AND GUAM, THEN GO TO TIS\_C11C
- (2) IF 2 AND PUERTO RICO, THEN GO TO TIS\_C11C\_PR
- (3) IF 2 AND NOT GUAM OR PUERTO RICO, THEN GO TO TIS\_C11A
- (4) ELSE GO TO TIS\_CFAMINC

TIS\_C11C      Did [FILL1] live on Guam when [FILL FROM TIS\_S5: TEEN NAME] was born?

YES..... 1    GO TO TIS\_C11D  
NO..... 2    GO TO TIS\_C11A  
DON'T KNOW ..... 77    GO TO TIS\_CFAMINC  
REFUSED..... 99    GO TO TIS\_CFAMINC

TIS\_C11D In what village did [FILL1] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

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

GO TO TIS\_C11B

TIS\_C11CPR Did [you/[FILL FROM TIS\_S5: TEEN NAME]'s mother] live in Puerto Rico when [FILL FROM TIS\_S5: TEEN NAME] was born?

- YES..... 1 GO TO TIS\_C11APR
- NO..... 2 GO TO TIS\_C11A
- DON'T KNOW ..... 77 GO TO TIS\_CFAMINC
- REFUSED..... 99 GO TO TIS\_CFAMINC

TIS\_C11APR\_X

In what city did [you/[FILL FROM TIS\_S5: TEEN NAME]'s mother] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

ENTER CITY: \_\_\_\_\_

GO TO TIS\_C11B\_X

TIS\_C11A In what city, county, and state did [FILL1] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

ENTER CITY. \_\_\_\_\_

ENTER COUNTY. \_\_\_\_\_

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

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

(1) IF 'FOREIGN COUNTRY' SELECTED, GO TO TIS\_C11A\_VERBATIM

(2) ELSE GO TO TIS\_C11B

TIS\_C11A\_VERBATIM

READ IF NECESSARY: In what country was that?

ENTER COUNTRY: \_\_\_\_\_

GO TO TIS\_CFAMINC

TIS\_C11B What was [FILL] zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_

(1) IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5

(2) ELSE GO TO TIS\_CFAMINC

TIS\_CFAMINC

Please think about your total combined family income during 2021 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

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

\$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_, \_\_ \_\_ \_\_ GO TO TIS\_CINC

DON'T KNOW ..... 77 GO TO TIS\_C12\_DONT\_KNOW

REFUSED..... 99 GO TO TIS\_C12\_REFUSED

TIS\_C12\_DONT\_KNOW

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2021 more or less than \$20,000?

More than \$20,000..... 1 GO TO TIS\_C16

\$20,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

Less than \$20,000 ..... 3 GO TO TIS\_C13

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C12\_REFUSED

Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2021 more or less than \$20,000?

- More than \$20,000..... 1 GO TO TIS\_C16
- \$20,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- Less than \$20,000 ..... 3 GO TO TIS\_C13
- DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C13

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

- More than \$10,000..... 1 GO TO TIS\_C15
- \$10,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- Less than \$10,000 ..... 3 GO TO TIS\_C14\_A
- DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C14A

Was it more than \$7,500?

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

- (1) IF USVI GO TO TIS\_C\_ISLAND
- (2) IF GUAM, THEN GO TO TIS\_C19VIL
- (3) ELSE GO TO TIS\_C19A

TIS\_C15            Was it more than \$15,000?

YES..... 1 GO TO TIS\_C15\_A

NO..... 2 GO TO TIS\_C15\_B

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C15A            Was it more than \$17,500?

YES..... 1

NO..... 2

DON'T KNOW. .... 77

REFUSED..... 99

(1) IF USVI GO TO TIS\_C\_ISLAND

(2) IF GUAM, THEN GO TO TIS\_C19VIL

(3) ELSE GO TO TIS\_C19A

TIS\_C15B            Was it more than \$12,500?

YES..... 1

NO..... 2

DON'T KNOW. .... 77

REFUSED..... 99

(1) IF USVI GO TO TIS\_C\_ISLAND

(2) IF GUAM, THEN GO TO TIS\_C19VIL

(3) ELSE GO TO TIS\_C19A

TIS\_C16 Was the total combined FAMILY income more or less than \$40,000?

More than \$40,000..... 1 GO TO TIS\_C16\_A

\$40,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

Less than \$40,000..... 3 GO TO TIS\_C17

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C16\_A Was the total combined FAMILY income more or less than \$60,000?

More than \$60,000..... 1 GO TO TIS\_C18

\$60,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

Less than \$60,000..... 3 GO TO TIS\_C16\_B

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C16\_B Was the total combined FAMILY income more or less than \$50,000?

More than \$50,000..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

\$50,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

Less than \$50,000..... 3 GO TO TIS\_C16\_C

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C16\_C Was the total combined FAMILY income more or less than \$45,000?

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

- (1) IF USVI GO TO TIS\_C\_ISLAND
- (2) IF GUAM, THEN GO TO TIS\_C19VIL
- (3) ELSE GO TO TIS\_C19A

TIS\_C17 Was the total combined FAMILY income more or less than \$30,000?

More than \$30,000..... 1 GO TO TIS\_C17\_A  
\$30,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A  
Less than \$30,000 ..... 3 GO TO TIS\_C17\_B  
DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A  
REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C17\_A Was the total combined FAMILY income more or less than \$35,000?

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

- (1) IF USVI GO TO TIS\_C\_ISLAND
- (2) IF GUAM, THEN GO TO TIS\_C19VIL
- (3) ELSE GO TO TIS\_C19A

TIS\_C17\_B Was the total combined FAMILY income more or less than \$25,000?

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

- (1) IF USVI GO TO TIS\_C\_ISLAND
- (2) IF GUAM, THEN GO TO TIS\_C19VIL
- (3) ELSE GO TO TIS\_C19A

TIS\_C18 Was the total combined FAMILY income more or less than \$75,000?

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

- (1) IF USVI GO TO TIS\_C\_ISLAND
- (2) IF GUAM, THEN GO TO TIS\_C19VIL
- (3) ELSE GO TO TIS\_C19A

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

YES..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A  
NO..... 2 GO TO TIS\_CFAMINC  
DON'T KNOW ..... 77 GO TO TIS\_CFAMINC  
REFUSED..... 99 GO TO TIS\_CFAMINC

TIS\_C\_ISLAND

On what island do you live?

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

TIS\_C19VIL

On which village do you live?

AGANA HEIGHTS .....	1
AGAT .....	2
ASAN .....	3
BARRIGADA.....	4
CHALAN PAGO .....	5
DEDEDO .....	6
HAGATNA / AGANA .....	7
INARAJAN .....	8
MAINA.....	9
MAITE.....	10
MANGILAO.....	11
MERIZO .....	12
MONGMONG .....	13
ORDOT.....	14
PITI.....	15
SANTA RITA.....	16
SINAJANA.....	17
TALOFOFO .....	18
TAMUNING-TUMON.....	19
TOTO.....	20
UMATAC .....	21
YIGO .....	22
YONA.....	23
DO NOT LIVE IN GUAM.....	98
DON'T KNOW .....	77
REFUSED.....	99

GO TO TIS\_C19A

TIS\_C19A      What is your zip code?

    — — — — —

DON'T KNOW ..... 77777

REFUSED..... 99999

(1) IF IAP=105 AND TC19VIL NE 98, THEN GO TO TIS\_C19C

(2) ELSE IF IAP=106, THEN GO TO TC19PR

(3) ELSE DO: IF TIS\_C19A= 77777 or 99999 or ZIP Code not in the ZIP CODE Lookup Table, THEN GO TO TIS\_C19

(4) ELSE GO TO TIS\_C19A\_CONF

TIS\_C19      In what city, county and state do you live?

ENTER CITY \_\_\_\_\_ GO TO TIS\_C19\_ COUNTY

ENTER COUNTY \_\_\_\_\_ GO TO TIS\_ C19 \_STATE

ENTER STATE \_\_\_\_\_ GO TO TIS\_C19\_ZIP\_CONF

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

(1) IF ZIP GIVEN AT TIS\_C19A=77777,99999, THEN GO TO TIS\_C19B

(2) ELSE GO TO TIS\_C19\_ZIP\_CONF

TIS\_C19A\_CONF

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

YES..... 1 GO TO TIS\_C19B

NO..... 2 GO TO TIS\_C19

TIS\_C19\_ZIP\_CONF

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

YES ..... 1 GO TO TIS\_C19B

NO ..... 2 GO TO TIS\_C19\_NEW\_ZIP

DON'T KNOW ..... 77 GO TO TIS\_C19B

REFUSED ..... 99 GO TO TIS\_C19B

TIS\_C19\_NEW\_ZIP

What is your zip code?

    — — — — —

DON'T KNOW ..... 77777 GO TO TIS\_C19B

REFUSED ..... 99999 GO TO TIS\_C19B



TIS\_C19C Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you [IF TIS\_C1 – TIS\_UNDER18)>1: or someone in your household]?

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

GO TO TIS\_C\_LANDLINE

TIS\_C\_LANDLINE

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

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

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

- YES..... 1 GO TO TIS\_C21
- NO..... 2 GO TO TIS\_C21\_06Q3\_CELL
- DON'T KNOW ..... 77 GO TO TIS\_C21\_06Q3\_CELL
- REFUSED..... 99 GO TO TIS\_C21\_06Q3\_CELL

TIS\_C21 How many landline telephone numbers are residential numbers?

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

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

GO TO TIS\_C21\_06Q3\_CELL

TIS\_C21\_06Q3\_CELL

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

- ONE ..... 1 GO TO TIS\_C\_USUAL\_USE\_CELL
- TWO ..... 2 GO TO TIS\_C\_USUAL\_USE\_CELL
- THREE OR MORE ..... 3 GO TO TIS\_C\_USUAL\_USE\_CELL
- NONE ..... 4 IF NIS\_CELL\_AWAY = 1 GO TO TIS\_C\_AWAY, ELSE GO TO TIS\_D5
- DON'T KNOW ..... 77 GO TO TIS\_C\_USUAL\_USE\_CELL
- REFUSED..... 99 GO TO TIS\_C\_USUAL\_USE\_CELL

TIS\_C\_USUAL\_USE\_CELL

How many [of these] cell phones do [FILL FROM TIS\_S5: TEEN NAME]'s *parents and guardians* usually use?

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

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

- (1) IF TIS\_C\_LANDLINE = 2, 77, OR 99 AND P\_LRC=2,3 SKIP TO C\_AWAY
- (2) ELSE IF TIS\_C\_LANDLINE = 2, 77, OR 99 AND P\_LRC=1 GO TO TIS\_D5
- (3) ELSE GO TO TIS\_C11Q78

TIS\_C11Q78 Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on landline phones, or some received on cell phones and some received on landline phones?

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

NEARLY ALL RECEIVED ON  
CELL PHONES..... .1  
NEARLY ALL RECEIVED ON  
LANDLINE PHONES..... 2  
SOME RECEIVED ON CELL PHONES  
AND SOME RECEIVED  
ON LANDLINE PHONES ..... 3  
DON'T KNOW ..... 77  
REFUSED..... 99

- (1) IF NIS\_CELL\_AWAY = 1 GO TO TIS\_C\_AWAY
- (2) ELSE IF P\_LRC=2,3 GO TO TIS\_C\_AWAY
- (3) ELSE GO TO TIS\_D5

TIS\_C\_AWAY Would you mind telling me if I reached you today away from home or at home?

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

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

GO TO TIS\_D5

## SECTION D

### *Provider Questions*

TIS\_D5

[IF SHOT RECORDS PRESENT, THEN DISPLAY:]

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

[ELSE DISPLAY:]

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

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

**FAQ HELP:**

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

- - The doctor's office has information about the exact brands or types of vaccines that were given, and this information is needed to track vaccination rates for each vaccine.
- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

That's too personal:

- - I understand your concern. Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.
- - The National Immunization Survey has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.
- - Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

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

-- The **(IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’ ELSE IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”)** Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

What are you sending to my doctor?

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

TIS\_D6\_X

[IF PUERTO RICO THEN DISPLAY:]

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

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

READ IF NECESSARY: Has [FILL FROM TIS\_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

How many locations have provided vaccinations for your child named [FILL FROM TIS\_S5: TEEN NAME] whose birth date is [FILL1]?

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

FAQ HELP:

Why contact my doctor? Why give consent?

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

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

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

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

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

-- The **(IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’ ELSE IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”)** Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

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

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

What are you sending to my doctor?

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

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

TIS\_D6AA\_X [IF PUERTO RICO THEN DISPLAY:]

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

READ IF NECESSARY: Has [FILL FROM TIS\_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

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

FAQ HELP:

Why contact my doctor? Why give consent?

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

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - The (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

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

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

What are you sending to my doctor?

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

IF PUERTO RICO DISPLAY:

What is a vaccination center?

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

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

TIS\_D6 A\_1\_X

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

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

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

FAQ HELP:

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

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

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

Why contact my doctor? Why give consent?

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

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

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - The (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

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

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

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

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

What are you sending to my doctor?

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

CONTINUE TO PLU ..... 1 GO TO TIS\_PLU  
 REFUSED..... 99 GO TO SECT\_D\_TERM; INS\_INTRO  
 (on callback)

***NIS-TEEN PROVIDER LOOKUP***  
***Provider Search Information Screen***

Please locate the (first/second/...) provider for [FILL FROM TIS\_S5: TEEN NAME]

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

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

What is the last name of the (first/next) doctor? [variable: TIS\_D6B1\_1\_1]

Do you know the doctor's first name? [variable: TIS\_D6B2\_1\_1]

Please tell me the name of the office or the clinic. [variable: TIS\_D6B3\_1\_1]

What is the street address of the office or the clinic? [variable: TIS\_D6B4\_1\_1]

Is there a suite, floor or room number? [variable: TIS\_D6B5\_1\_1]

What city is that in? [variable: TIS\_D6B6\_1\_1]

What state is that in? [variable: TIS\_D6B7\_1\_1]

What is the zip code? [variable: TIS\_D6B8\_1\_1]

What is their telephone number? [variable: TIS\_D6B9\_1\_1]

SEARCH

DK

REF

***Search Results Screen***

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

DK

REF

MODIFY SEARCH

ADD NEW PROVIDER

***Provider Details Screen***

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

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

***Modify Provider Screen:***

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

- First Name
- Last Name
- Practice
- Address
- Suite
- City
- State
- Zip
- Phone

New Provider Screen:

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

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

- First Name  
*LEAVE BLANK IF UNKNOWN*
- Last Name  
*LEAVE BLANK IF UNKNOWN*
- Practice  
*LEAVE BLANK IF UNKNOWN*

Address

*LEAVE BLANK IF UNKNOWN*

Suite

*LEAVE BLANK IF UNKNOWN*

City

*LEAVE BLANK IF UNKNOWN*

State

*LEAVE BLANK IF UNKNOWN*

Zip

*LEAVE BLANK IF UNKNOWN*

Phone

*LEAVE BLANK IF UNKNOWN*

TIS\_D8

In order to help the doctor or clinic locate your child's vaccination records, what is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last name?

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

FAQ HELP:

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

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

Why do you need the child's name?

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

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

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

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

What are you sending to my doctor?

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

CONTINUE..... 1 GOT TO TIS\_D8A  
RESPONDENT STILL REFUSES ..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

TIS\_D8A What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last name?  
FIRST NAME: IF R REFUSES LEAVE BLANK\_\_\_\_\_

TIS\_D8B (What is the [FILL FROM TIS\_S5: TEEN NAME]'s full name – first, middle, and last name?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_D8C (What is the [FILL FROM TIS\_S5: TEEN NAME]'s full name – first, middle, and last name?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

CP\_TISD9 (1) IF NIS IS COMPLETED AND TIS\_C5 = 1 AND C5\_1 = TIS\_C5 AND TIS\_C5A = 1,  
THEN GO TO TIS\_D9D  
(2) ELSE IF NIS IS COMPLETED AND TIS\_C5 <> 1 AND C5\_1 = TIS\_C5, THEN GO TO  
TIS\_D9D  
(3) ELSE GO TO TIS\_D9

TIS\_D9 So the doctor knows we talked with you, may I have your name– first, middle, and last?

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

FAQ HELP:

Why do you need my name?

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

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

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

What are you sending to my doctor?

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

CONTINUE..... 1 GO TO TIS\_D9A  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

TIS\_D9A What is your full name – first, middle, and last?

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

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

TIS\_D9B What is your middle name?

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

TIS\_D9C What is your last name?

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

TIS\_D9D I need to verify that I am speaking with someone who can authorize the release of immunization records for [FILL FROM TIS\_S5: TEEN NAME]. Are you that person?

YES..... 1 GO TO TIS\_D6C  
NO..... 2 GO TO TIS\_D9D1  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

TIS\_D6C The vaccination records collected from the provider(s) will be kept in strict confidence.

TIS\_D7\_ID Capture Interviewer ID upon entering question D7

TIS\_D7 Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for study purposes only?

FAQ HELP:

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

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

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

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

I'm not comfortable with that:

I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a letter of consent and an immunization history form to your health care provider.

The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization. Once your child's doctor returns the form, we remove all names from the immunization information we collect. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the survey.

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

I don't want you to contact my doctor:

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

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

What are you sending to my doctor?

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

YES..... 1 IF P\_TISD7G=1, THEN GO TO TIS\_D7G, ELSE GO TO TIS\_DCG

NO (Only choose this when you have made all appropriate aversion attempts)..... 2 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_INTRO

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

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

TIS\_D7G Sometimes to get a complete record of your child’s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

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

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

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

What is a registry?

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

Why do you need to contact a registry?

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

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

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

TIS\_DCG1 I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

- YES..... 1 GO TO TIS\_DCG2\_X
- NO..... 2 GO TO TIS\_D9A\_C\_X

TIS\_D9A\_C What is your full name - first, middle, and last?  
FIRST NAME: IF R REFUSES LEAVE BLANK\_\_\_\_\_

TIS\_D9B\_C (What is your full name - first, middle, and last?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK\_\_\_\_\_

TIS\_D9C\_C (What is your full name - first, middle, and last?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_DCG2 The name I have for [FILL FROM TIS\_S5: TEEN NAME] is [FILL1]. Is this correct?  
YES..... 1 GO TO TIS\_DCONFDOB\_X  
NO..... 2 GO TO TIS\_DA\_1\_C

TISD8AC What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?  
FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TISD8BC (What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TISD8CC (What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_DCONFDOB  
The birth date I have for [FILL FROM TIS\_S5: TEEN NAME] is [FILL1]. Is this correct?  
  
YES..... 1 GO TO TIS\_INS\_1  
NO..... 2 GO TO TIS\_DNEWDOB

TIS\_DNEWDOB\_X  
What is the correct month, day and year of birth of [FILL FROM TIS\_S5: TEEN NAME]?  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
  
GO TO TIS\_INS\_1

TIS\_D9D1 Please give me the full name of someone who can authorize the release of these immunization records.  
CONTINUE..... 1 GO TO TIS\_D9D1F  
RESPONDENT STILL REFUSES ..... 2 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

TIS\_D9D1F What is the full name of this person (who can authorize the release of these immunization records) - first, middle, and last name.  
FIRST NAME: \_\_\_\_\_

TIS\_D9D1M MIDDLE NAME: \_\_\_\_\_

TIS\_D9D1L LAST NAME: \_\_\_\_\_

TIS\_D9DREL What is this person's relationship to [FILL FROM TIS\_S5: TEEN NAME]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE

GUARDIAN ..... 1

FATHER (STEP, FOSTER, ADOPTIVE)

OR MALE GUARDIAN ..... 2

SISTER OR BROTHER

(STEP, FOSTER, HALF, ADOPTIVE) ..... 3

IN-LAW OF ANY TYPE ..... 4

AUNT/UNCLE ..... 5

GRANDPARENT ..... 6

OTHER FAMILY MEMBER ..... 7

FRIEND ..... 8

TIS\_D9D1A May I speak with that person now?

YES ..... 1 GO TO TIS\_D9D1NEW

NO ..... 2 GO TO TIS\_D9D2

TIS\_D9D2 When would be a good time to call this person?

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

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

APPOINTMENT ..... 1 GO TO  
UNIVERSAL EXIT-CB1

CONTINUE ..... 2 GO TO TIS\_D9D1NEW

TIS\_SECT\_D\_TERM

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

EXIT SURVEY

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

TIS\_D9D1NEW READ IF NECESSARY: Hello, my name is \_\_\_\_\_. Am I speaking with [FILL]?

YES..... 1 GO TO TIS\_D9D2ANEW

NO..... 2 GO TO TIS\_D9D2

TIS\_D9D2ANEW

I'm calling on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We talked with [FILL1] and collected immunization and provider information for [FILL FROM TIS\_S5: TEEN NAME].

We understand that you could authorize the release of immunization information for [FILL FROM TIS\_S5: TEEN NAME]. This survey is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only. This call will be recorded or monitored.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO BACK TO TIS\_D9D

**SECTION E**

***Health Insurance Module***

TIS\_INS\_1 Next I'm going to ask you a few questions about [FILL FROM TIS\_S5: TEEN NAME]'s health insurance.

At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by health insurance that is provided through an employer or union?

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

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

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

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

(1) IF STATE = HI, KS, MA, MN, OK, OE, WI GO TO TIS\_INS3A

(2) ELSE GO TO TIS\_INS2

\*IF C19\_STATE IN (., 77, 99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE TIS\_C19\_STATE

TIS\_INS\_1A Does this health insurance help pay for both doctor visits and hospital stays?

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

IF STATE = HI, KS, MA, MN, OK, OE, WI THEN GO TO TIS\_INS3A;  
 ELSE GO TO TIS\_INS2

TIS\_INS\_2 At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by any Medicaid plan? Medicaid [IF TIS\_C19\_STATE =PR OR ((TIS\_C19\_STATE==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE="PR")]DISPLAY “also known as La Reforma/Vital”] is a health insurance program for persons with certain income levels and persons with disabilities. [IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, the program is sometimes called [FILL: MEDICAID NAME].

READ IF NECESSARY:

Medicaid [IF C19\_STA ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR")] DISPLAY “also known as La Reforma/Vital”] is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

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

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

GO TO TIS\_INS\_3

TIS\_INS\_3 At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by the Children's Health Insurance Program or CHIP? [IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR")] DISPLAY: In this state, the program is sometimes called [FILL: CHIP NAME].

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

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

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

IF TIS\_C19\_STATE eq "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE eq "VI" of "GU" or "PR" GO TO T\_INS\_5;

ELSE GO TO T\_INS\_4

TIS\_INS\_3A At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by any Medicaid plan or the Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL MEDICAID NAME].

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

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

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

GO TO TIS\_INS\_4

TIS\_INS\_4 At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by the Indian Health Service?

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

GO TO TIS\_INS\_5

TIS\_INS\_5 At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

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

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

GO TO TIS\_INS\_6

TIS\_INS\_6 Besides what you have already told me, is [TEEN] covered by any other health insurance or health care plan?

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

- YES..... 1 GO TO TIS\_INS\_6A
- NO ..... 2 GO TO TIS\_INS\_7
- DON'T KNOW ..... 77 GO TO TIS\_INS\_7
- REFUSED..... 99 GO TO TIS\_INS\_7

TIS\_INS\_6A Does this health insurance help pay for both doctor visits and hospital stays?

- YES..... 1 GO TO TIS\_INS\_6B
- NO ..... 2 GO TO TIS\_INS\_7
- DON'T KNOW ..... 77 GO TO TIS\_INS\_7
- REFUSED..... 99 GO TO TIS\_INS\_7

- TIS\_INS\_6B Is this health insurance provided through an employer or union?
- YES..... 1 GO TO TIS\_INS\_11  
 NO..... 2 GO TO TIS\_INS\_6C  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_6C  
 REFUSED..... 99 GO TO TIS\_INS\_6C
- TIS\_INS\_6C Is this health insurance purchased directly from an insurance company?
- YES..... 1 GO TO TIS\_INS\_11  
 NO..... 2 GO TO TIS\_INS\_6D  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_6D  
 REFUSED..... 99 GO TO TIS\_INS\_6D
- TIS\_INS\_6D I recorded that [FILL FROM TIS\_S5: TEEN NAME] was covered by some other health insurance. What is the name of the plan?
- CONTINUE..... 1 GO TO TIS\_INS\_6D\_1  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
 REFUSED..... 99 GO TO TIS\_INS\_11
- TIS\_INS-6D-1 Record verbatim response #1 \_\_\_\_\_
- TIS\_INS-6D-2 Record verbatim response #2 \_\_\_\_\_
- TIS\_INS\_7 It appears that [FILL FROM TIS\_S5: TEEN NAME] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?
- YES..... 1 GO TO TIS\_INS\_8  
 NO ..... 2 GO TO TIS\_INS\_7A  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
 REFUSED..... 99 GO TO TIS\_INS\_11

TIS\_INS\_7A At this time, what kind of health coverage does [FILL FROM TIS\_S5: TEEN NAME] have?  
Any other kind?

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

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

- (1) IF 1, 3, 5, OR 6 IS SELECTED, GO TO TIS\_INS\_11
- (2) ELSE IF 2, 4, 7, 9, OR 10 IS SELECTED, GO TO TIS\_INS\_7B
- (3) ELSE IF ONLY 8 IS SELECTED, GO TO TIS\_INS\_8
- (4) ELSE IF 77 OR 99 IS SELECTED, GO TO TIS\_INS\_8

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

- YES..... 1 GO TO TIS\_INS\_11
- NO ..... 2 GO TO TIS\_INS\_8
- DON'T KNOW ..... 77 GO TO TIS\_INS\_11
- REFUSED ..... 99 GO TO TIS\_INS\_11

**UNINSURED SUB SECTION**

TIS\_INS\_8      Since [FILL FROM TIS\_S5: TEEN NAME] was 11 years old, has [FILL FROM TIS\_S5: TEEN NAME] always [IF TIS\_INS\_6A=02, 77, 99 OR TIS\_INS\_7B=02 THEN “had partial coverage”; ELSE “been uninsured”]?

- YES..... 1 GO TO TIS\_INS\_14
- NO ..... 2 GO TO TIS\_INS\_9
- DON'T KNOW ..... 77 GO TO TIS\_INS\_14
- REFUSED ..... 99 GO TO TIS\_INS\_14

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

TIS\_INS\_9      How old was [FILL FROM TIS\_S5: TEEN NAME] THE FIRST TIME [FILL FROM TIS\_S5: TEEN NAME] became [IF TIS\_INS\_6A=02, 77, 99 OR TIS\_INS\_7B=02 THEN “only partially insured”; ELSE “uninsured”]?

- YEARS ..... \_\_\_\_
- DON'T KNOW ..... 77
- REFUSED ..... 99

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

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

GO TO TIS\_INS\_10

TIS\_INS\_10 [IF TIS\_C\_ISLAND ne '05' OR TIS\_C19VIL ne '98' DISPLAY:]

During the months when [FILL FROM TIS\_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS\_S5: TEEN NAME] have? Medicaid, Medicare, CHIP, Medigap, Military, Private Health Insurance or another insurance type? CLICK ALL THAT APPLY

[ELSE:]

During the months when [FILL FROM TIS\_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS\_S5: TEEN NAME] have? Medicaid [IF TIS\_C19\_STATE = "PR" OR ((TIS\_C19\_STATE ==0 OR C19\_STA=77,99) AND P\_STATE="PR") DISPLAY: "(La Reforma/Vital)", Medicare, CHIP, Medigap, Military, [IF TIS\_C19\_STATE ne "PR" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "PR"), DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

CLICK ALLTHAT APPLY

Medicaid [IF PUERTO RICO THEN DISPLAY: (LA REFORMA/VITAL)

[FILL: MEDICAID NAME]. ..... 1

Medicare ..... 2

CHIP [FILL: CHIP NAME] ..... 3

Medigap ..... 4

Military ..... 5

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

Indian Health ..... 6

Private Health Insurance..... 7

Single Service (DENTAL, VISION, PRESCRIPTIONS, ETC).....8

Other Insurance Type..... 9

[IF GUAM DISPLAY] MIP/GOVGUAM . 10

DON'T KNOW ..... 77

REFUSED..... 99

GO TO TIS\_INS\_14

TIS\_INS\_11 Since age 11 was there any time when [FILL FROM TIS\_S5: TEEN NAME] was not covered by any health insurance for any reason?

YES..... 1 GO TO TIS\_INS\_12  
 NO..... 2 GO TO TIS\_INS\_13  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_13  
 REFUSED..... 99 GO TO TIS\_INS\_13

TIS\_INS\_12 How old was [FILL FROM TIS\_S5: TEEN NAME] *the first time* [FILL FROM TIS\_S5: TEEN NAME] became uninsured?

YEARS ..... \_\_\_\_  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

INTERVIEWER NOTE: IF CHILD UNINSURED SINCE BIRTH, SELECT 0 YEARS  
 GO TO TIS\_INS\_13

TIS\_INS\_13 Has [FILLFROM TIS\_S5: TEEN NAME] ever been covered by any Medicaid plan [IF TIS\_C19\_STATE = "PR" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE="PR" THEN DISPLAY: (La Reforma/Vital)] or the Children's Health Insurance Program?

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

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

ELSE IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, it is sometimes called [MEDICAID NAME] or [CHIP NAME].

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

GO TO TIS\_INS\_14

SHOULD USE RESPONDENT REPORTED STATE FROM TIS\_C19, TIS\_C19A, OR IF FILLED FROM SAME NIS VARIABLES. IF REPORTED STATE IS 77/99, USE STATE PRELOAD

TIS\_INS\_14 Did cost of vaccinations ever cause you to delay or not get a vaccination for [FILL FROM TIS\_S5: TEEN NAME]?

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

(1) IF TIS\_SR1=1 or TIS\_B1=1 OR (IF D6\_X ≠ 0, 77, OR 99), THEN GO TO TIS\_INS\_15  
(2) ELSE VFC\_KNOWLEDGE\_1

TIS\_INS\_15 [IF TIS\_INS\_8=1 SKIP TO VFC\_KNOWLEDGE\_1]

When [FILL FROM TIS\_S5: TEEN NAME] received [his/her] most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

- All of the cost..... 1 GO TO VFC\_KNOWLEDGE\_1
- Some of the cost..... 2 GO TO TIS\_INS\_16
- None of the cost ..... 3 GO TO TIS\_INS\_16
- DON'T KNOW ..... 77 GO TO TIS\_INS\_16
- REFUSED..... 99 GO TO TIS\_INS\_16

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

- All of the cost..... 1
- Some of the cost..... 2
- None of the cost ..... 3
- DON'T KNOW ..... 77
- REFUSED ..... 99

GO TO VFC\_KNOWLEDGE\_1

VFC\_KNOWLEDGE\_1

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

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

- YES..... 1 GO TO VFC\_KNOWLEDGE\_2
- NO..... 2 GO TO CP\_TISEND
- DON'T KNOW ..... 77 GO TO CP\_TISEND
- REFUSED ..... 99 GO TO CP\_TISEND

VFC\_KNOWLEDGE\_2

Has [FILL FROM TIS\_S5: TEEN NAME] ever received vaccines at no cost through this program?

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

- YES..... 1 GO TO VFC\_KNOWLEDGE\_3
- NO..... 2 IF VFC\_KNOWLEDGE\_1 = 1,  
THEN GO TO  
VFC\_KNOWLEDGE\_4; ELSE  
KGO TO CP\_TISEND
- DON'T KNOW ..... 77 GO TO CP\_TISEND
- REFUSED ..... 99 GO TO CP\_TISEND

VFC\_KNOWLEDGE\_3

Has [FILL FROM TIS\_S5: TEEN NAME] received vaccines through this program since [his/her] 9<sup>th</sup> birthday?

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

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

GO TO CP\_TISEND

VFC\_KNOWLEDGE\_4

To the best of your knowledge, has [FILL FROM TIS\_S5: TEEN NAME] been eligible for this program since [his/her] 9<sup>th</sup> birthday?

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

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

GO TO CP\_TISEND

CP\_TISEND (1) IF P\_SUC = 1 AND P\_ASKFLU = 0 AND P\_ASKADULT=0, THEN GO TO TIS\_D16  
 (2) ELSE IF P\_SUC = 1 AND P\_ASKFLU = 1 AND P\_ASKADULT=0, THEN GO TO LF\_CP\_SE  
 (3) ELSE IF P\_SUC=1 AND P\_ASKFLU = 0 AND P\_ASKADULT=1, THEN GO TO ADLT\_INTRO  
 (4) ELSE IF P\_SUC = 4 AND P\_ASKADULT=0, THEN GO TO TIS\_ENDTEEN  
 (5) ELSE IF P\_SUC =4 AND P\_ASKADULT=1, THEN GO TO ADLT\_INTRO

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

DOES NOT WANT TO GIVE ADDRESS.....1	GO TO TIS_D16
WILL GIVE ADDRESS.....2	GO TO AC_NAME
DON'T KNOW .....77	GO TO TIS_D16
REFUSED.....99	GO TO TIS_D16

TIS\_D16 [IF P\_INCENT>0, THEN GO TO VRYADD / ELSE DISPLAY TIS\_D16]

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

EXIT SURVEY