

# NIS-TEEN Hard Copy Questionnaire

Q4 2017

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## **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 states in this survey, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act.  
(42 U.S.C. 242.m)

# SECTION S

## Screeners

- Instruction1**
- (1) IF ANY S3\_3MDY\_x=77 OR 99 GO TO INSRUCTION2
  - (2) ELSE IF (S\_NUMB=C\_TMP AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_NISK=0 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO TIS\_S1AQT
  - (3) ELSE IF (S\_NUMB=C\_TMP AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_NISK=0 AND P\_ASKFLU=1 THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO LF\_CP\_SELECTION
  - (4) ELSE IF (S\_NUMB=C\_TMP AND ALL YAGE\_x ne 13, 14, 15, 16 OR 17) AND P\_SUC=1 AND P\_NISK=1 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO LL\_TYPE IN NSCH
  - (5) ELSE IF (S\_NUMB=C\_TMP AND >=1 YAGE\_x = 13, 14, 15, 16 OR 17) THEN GO TO CP\_TISMULTIAGE.
  - (6) ELSE GO TO INSTRUCTION2

- Instruction2**
- (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW, THEN FILL TIS\_UNDER18 WITH C\_TMP AND DO:

IF C\_TMP=S\_NUMB, THEN GO TO TIS\_S3INTRO

ELSE GO TO T\_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 the health of children and teenagers. I'm calling back now to continue the interview. This call will be recorded or monitored.

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

ENTER # OF CHILDREN \_\_\_\_\_ (ENTER 0 to 76)

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

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

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

(2) IF TIS\_UNDER18 = 0 AND SAMPLE\_USE\_CODE=(1,4,7,8), THEN GO TO TIS\_S1AQT

(3) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS\_ELIG\_X<>0), THEN GO TO TIS\_C2Q0A

(4) IF TIS\_UNDER18=1-76 AND (S\_NUMB>0 AND NIS\_ELIG\_X=0) OR S\_NUMB = 0 OR SAMPLE\_USE\_CODE =7,8 THEN GO TO TIS\_S3AGE\_x

(5) IF TIS\_UNDER18=1-76 AND S3\_INTRO=null, THEN GO TO TIS\_S3AGE\_x

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

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

(8) IF TIS\_UNDER18=1-76 AND TIS\_UNDER18<=S\_NUMB, THEN GO TO TIS\_AGE\_CONFIRM

**TIS\_Under18\_Conf**

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

PLEASE RE-ASK TUNDER18 ASKING FOR ALL OF THE CHILDREN IN THE HOUSEHOLD.

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

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

COUNT INCORRECT ..... 1 GO BACK TO TIS\_UNDER18  
CONFIRMED AS CORRECT ..... 2 GO TO GO TO TIS\_AGE\_CONFIRM

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

YES..... 1 GO TO TIS\_S3AGE\_X  
WRONG # OF CHILDREN ..... 2 GO TO TIS\_UNDER18 AND IF  
TIS\_UNDER18=1-76, THEN RETURN  
TO TIS\_C2Q0A

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

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

**TIS\_DKINTRO**

**[LANDLINE SAMPLE:]**

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

**[CELL SAMPLE:]**

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

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

GO TO TIS\_UNDER18

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

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

CONTINUE..... 1 GO TO TIS\_UNDER18  
R STILL REFUSES..... 2 GO TO TIS\_REFKID

**TIS\_REFKID** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_REFKID]

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

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

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

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

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

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

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

**TIS\_S3AGE1\_X**

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

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

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

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

**TIS\_AGEQUIT [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_AGEQUIT]**

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

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

NEW PERSON COMES TO PHONE..... 1

NO..... 2

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

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

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

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

### **TIS\_DKAGEINTRO**

#### **[LANDLINE SAMPLE:]**

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

#### **[CELL SAMPLE:]**

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

(00)CONTINUE WITH INTERVIEW without RECORDING

(01)CONTINUE WITH INTERVIEW and RECORDING

GO TO TIS\_S3AGE\_X

**TIS\_AGE\_CONFIRM**

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

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

**CP\_TISMULTIAGE**

- (1) IF THERE ARE CHILDREN WITH THE SAME AGE AND ALL TIS\_S3AGE\_x NOT IN (13, 14, 15, 16, 17) AND SUC = 1,7, GO TO TIS\_S1AQT
- (2) ELSE IF THERE ARE CHILDREN WITH THE SAME AGE AND SUC <> 1, GO TO TIS\_MULTIAGE
- (3) ELSE IF ALL TIS\_S3AGE\_x = 77 AND/OR 99 AND SUM(ELIG\_X = 1 FROM NIS) > 0, GO TO INSTRUCTION1
- (4) ELSE GO TO TIS\_SELECTION\_INSTRUCTIONS1

**TIS\_MULTIAGE**

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

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

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

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



**TIS\_SELECTION\_INSTRUCTIONS1**

- (1) IF YAGE\_x >=12 MONTHS AND <= 3 YEARS AND SAMPLE\_USE\_CODE = 1, 4 THEN GO TO TIS\_S2Q02A BEFORE GOING TO S3\_INTRO IN NIS
- (2) ELSE IF ANY YAGE\_x >12 AND <18, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 TO BE THE SELECTED CHILD FOR THE TEEN SURVEY AND GO TO TIS\_S3INTRO
- (3) ELSE IF (S\_NUMB>0 OR TUNDER18>0) AND (TEENELIG=2) AND P\_ASKFLU=1, SKIP TO LFQSTART
- (4) ELSE IF P\_ASKFLU=0 AND ALL TIS\_S3AGE\_x NOT IN (13, 14, 15, 16, 17) AND MIX OF TIS\_S3AGE\_x =VALID AND (77 AND/OR 99), THEN GO TO TIS\_S1AQ
- (5) ELSE GO TO INSTRUCTION1

**TIS\_S2Q02A** Based on the ages you have given me, I now have some questions about your [FILL YAGE] old.

CONTINUE..... 1 GO TO S3\_INTRO IN NIS

**TIS\_S3INTRO** [If TEEN\_COUNT(number of eligible Teens in HH)>1 , then display: "The computer randomly chose the child for the interview who is [FILL YAGE] years old."] Most of the remaining questions will be about immunizations or shots [If TIS\_UNDER18>1 then "he/she", ELSE fill YAGE] may have received.

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

**CP\_INTRO** (1) IF TIS\_S3INELG HAS BEEN READ, GO TO TIS\_S3  
(2) ELSE IF NIS INFORMED CONSENT (S3\_INTRO) HAS BEEN READ, GO TO TIS\_INTRO2  
(3) ELSE NIS INFORMED CONSENT (S3\_INTRO) HAS NOT BEEN READ, GO TO TIS\_INTRO1

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

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

**TIS\_S3\_LAW**

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE..... GO TO TIS\_S3

**TIS\_INTRO2** As we said earlier, you may choose not to answer any question you don't want to answer or stop at any time. I'd like to continue now unless you have any questions.

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

**TIS\_S3** So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [FILL].

MONTH	DAY	YEAR

- (1) IF A VALID YEAR IS GIVEN, GO TO TIS\_S3CONF
- (2) IF YEAR IS NOT KNOWN (7777), GO TO TISYRDK
- (3) IF YEAR IS REFUSED (9999), GO TO TISRREF

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

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

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

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

CONTINUE ..... 1 GO TO TIS\_S3INTRO

**TIS\_S1AQT** [IF SAMPLE\_USE\_CODE = (4,7,8) AND S\_NUMB = 0 AND TIS\_UNDER18 = 0 GO TO NO\_CHILD. ELSE READ TIS\_S1AQT.]

[IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_S1AQT (using rules below)]

**[IF NIS INTERVIEW COMPLETED, READ]**

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

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

**[ELSE READ]**

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

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

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

**NO\_CHILD [IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION, THEN READ NO\_CHILD]**

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

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

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

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

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

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

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

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

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

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO TO TIS\_S3

**TISYRQUIT** [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TISYRQUIT]

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

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

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**TIS\_S4** Is this child male or female?

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

GO TO CP\_TISS5

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

(2) ELSE IF TIS\_NAME IS FILLED, GO TO TIS\_S4A

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

\_\_\_\_\_

GO TO TIS\_S4A

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

YES..... 1 GO TO TIS\_SR1

NO..... 2 GO TO TIS\_S5A

**TIS\_S5A** May I speak with this person now?

YES..... 1 GO TO TIS\_S5BOX

NO..... 2 GO TO CB1

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

CONTINUE..... 1 GO TO TIS\_S5EVAL\_BOX

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

**TIS\_S5LAW\_BOX**

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on

this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

**TIS\_S5EVAL\_BOX**

YES, R AGREES TO RECORDING/LISTENING ..... 1      GO TO TIS\_SR1  
NO, R DOES NOT AGREE TO RECORDING/LISTENING.....2      GO TO TIS\_SR1

**TIS\_SR1**

Do you have any shot records for [TEEN]?

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

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

GO TO TIS\_B1

# SECTION B

## *No Shot Records*

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

Has [TEEN] ever received an immunization that is a shot or drops?

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

## ***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, 2017 has [TEEN] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

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

IF TIS\_BINFLU=02, 77, 99, THEN DO:  
GO TO TIS\_BNEXTFLU

**TIS\_BINFLU\_NUM**

How many flu vaccinations has [TEEN] received since July 1, 2017?

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

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



**TIS\_BINFLU\_DATE\_X**

During what month and year did [TEEN] receive [his/her] first dose of flu vaccine since July 1, 2017?

MONTH	YEAR

DATE..... \_/\_\_\_ GO TO TIS\_B8D\_TYPE.

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED  
IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH  
ANSWER MUST BE ON OR AFTER 07/2017 AND NOT AFTER INTERVIEW DATE

**TIS\_B8D\_TYPE**

Was this a shot or a spray in the nose?

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

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

**TIS\_B9DM\_X** During what month did [TEEN] receive [his/her] second dose of flu vaccine since July 1, 2017?

MONTH	YEAR

DATE..... \_/\_\_\_ GO TO TIS\_B9D\_TYPE.

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED  
IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH  
ANSWER MUST BE ON OR AFTER 07/2017 AND NOT AFTER INTERVIEW DATE

**TIS\_B9D\_TYPE**

Was this a shot or a spray in the nose?

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

**TIS\_BFLUPLACE**

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

READ RESPONSES IF NECESSARY

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

IF TIS\_BFLUPLACE=(05,09) GO TO TIS\_BFLUPLACE\_OTHER. ELSE GO TO CP\_BNEXTFLU

**TIS\_BFLUPLACE\_OTHER**

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

GO TO CP\_BNEXTFLU

**CP\_BNEXTFLU**

- (1) IF TIS\_BINFLU\_NUM =01 AND (TBFLUYR = 7777, 9999), THEN GO TO TIS\_BNEXTFLU
- (2) ELSE IF TIS\_BINFLU\_NUM=02 AND (TBFLUYR = 7777, 9999 AND TB9DY = 7777, 9999), THEN GO TO TIS\_BNEXTFLU
- (3) ELSE IF TIS\_B1=(02, 77, 99), THEN GO TO TIS\_HEALTH\_VAR ELSE GO TO TIS\_BTET

**TIS\_BNEXTFLU**

How likely is [TEEN] to get a flu vaccination between now and the end of June, 2018? Would you say [FILL VAR: he/she]:

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

IF TIS\_B1=(02, 77, 99), THEN GO TO TIS\_HEALTH\_VAR  
ELSE GO TO TIS\_BTET

**LOGIC\_BTET**

IF TIS\_B1 = 02, 77, OR 99, THEN GO TO TIS\_HEALTH\_VAR  
ELSE GO TO TIS\_BTET

***NO SHOT RECORD FOR TETANUS***

**TIS\_BTET**

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

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

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

**TIS\_BTET\_REASON**

What is the MAIN reason [TEEN] did not receive Td or Tdap shots?

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

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

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

**TIS\_BTET\_OTHER**

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

GO TO TIS\_BMEN

**TIS\_BMEN** Has [TEEN] ever received a meningitis shot, sometimes called MENACTRA, MENVEO or MENOMUNE?

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

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

**TIS\_BMEN\_DOSE**

How many meningitis shots did [TEEN] ever receive?

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

- NUMBER OF SHOTS ..... GO TO TIS\_BHPV\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_BHPV\_RECOM
- DON'T KNOW..... 77 GO TO TIS\_BHPV\_RECOM
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

**TIS\_BMEN\_REASON**

What is the MAIN reason [TEEN] did not receive meningitis shots?

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

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

- (01) PROVIDER DID NOT RECOMMEND
- (02) DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
- (03) VACCINE IS NOT NEEDED OR NECESSARY

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

IF TIS\_BMEN\_REASON=12, THEN GO TO TIS\_BMEN\_OTHER. ELSE GO TO TIS\_BHPV\_RECOM

**TIS\_BMEN\_OTHER**

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

GO TO TIS\_BHPV\_RECOM

***NO SHOT RECORD FOR HPV***

**TIS\_BHPV\_RECOM**

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

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

**TIS\_BHPV\_AGE**

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

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

**TIS\_BHPV2** Has [TEEN] ever received HPV shots?

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

**TIS\_BHPV\_DOSE**

How many HPV shots did [TEEN] ever receive?

- NUMBER OF SHOTS..... \_\_\_\_\_
- ALL SHOTS..... 50
- DON'T KNOW..... 77
- REFUSED..... 99

GO TO TIS\_BHPV\_LOCATION

**TIS\_BHPV\_LOCATION**

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

[READ ONLY IF NECESSARY, MARK ALL THAT APPLY]

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

- (1) IF TIS\_BHPV\_LOCATION = (07,11) GO TO TIS\_BHPV\_LOC\_OTHER
- (2) ELSE IF TIS\_BHPV\_DOSE IN (1,2,77,99) GO TO TIS\_BHPV\_INTENT
- (3) ELSE IF TIS\_BHPV\_DOSE IN (3,50) GO TO TIS\_HEALTH\_VAR

**TIS\_BHPV\_LOC\_OTHER**

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

- (1) IF TIS\_BHPV\_DOSE IN (1,2,77,99) GO TO TIS\_BHPV\_INTENT
- (2) ELSE IF TIS\_BHPV\_DOSE IN (3,50) GO TO TIS\_HEALTH\_VAR



**TIS\_BHPV\_INTENT**

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

- Very Likely..... 1 GO TO TIS\_HEALTH\_VAR
- Somewhat Likely..... 2 GO TO TIS\_HEALTH\_VAR
- Not too likely..... 3 GO TO TIS\_BHPV\_REASON
- Not likely at all..... 4 GO TO TIS\_BHPV\_REASON
- Not Sure/ Don't Know..... 77 GO TO TIS\_BHPV\_REASON
- REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

**TIS\_BHPV\_REASON**

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

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

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

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

(16) OTHER - SPECIFY

(77) DON'T KNOW

(99) REFUSED

IF TIS\_BHPV\_REASON=03, THEN GO TO TIS\_HEALTH\_VAR. IF  
TIS\_BHPV\_REASON=16, THEN GO TO TIS\_BHPV\_OTHER. ELSE GO TO  
TIS\_BHPV\_PLAN\_AGE

**TIS\_BHPV\_OTHER**

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

GO TO TIS\_BHPV\_PLAN\_AGE

**TIS\_BHPV\_PLAN\_AGE**

At what age do you plan to have [TEEN] receive the HPV shots?

\_\_\_\_\_ YEARS

(01) NEVER/NO AGE

(02) IT WILL BE MY CHILD'S DECISION IN THE FUTURE

(77) DON'T KNOW

(99) REFUSED

GO TO TIS\_HEALTH\_VAR

# SECTION C

## Demographics

### TIS\_HEALTH\_VAR

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

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

### TIS\_HEALTH\_VAR\_AGE

How old was [TEEN], in years, when [he/she] had chicken pox?

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

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

### TIS\_HEALTH\_VAR\_AGE2

Was [TEEN]...

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

GO TO TIS\_HEALTH\_CHECKUPA

**TIS\_HEALTH\_CHECKUPA**

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

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

- (1) IF <=12 YEARS, THEN GO TO TIS\_HEALTH\_VISITS
- (2) IF >=13 YEARS AND <=YAGE\_X, THEN GO TO TIS\_HEALTH\_CHECKUP2A
- (4) IF >[YAGE\_X], THEN DISPLAY 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 [TEEN] have an 11-12 year old well child exam or check-up?

- YES..... 1 GO TO TIS\_HEALTH\_VISITS
- NO..... 2 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUP3A
- REFUSED..... 99 GO TO TIS\_HEALTH\_CHECKUP3A

**TIS\_HEALTH\_CHECKUP3A**

Was [TEEN]'s last check-up more than [YAGE\_x minus 12] years ago or less than [YAGE\_x minus 12] years ago?

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

GO TO TIS\_HEALTH\_VISITS

**TIS\_HEALTH\_VISITS**

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

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

GO TO TIS\_HEALTHASTHMA\_A

**TIS\_HEALTHASTHMA\_A**

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

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

GO TO TIS\_HIRISK

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

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

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

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

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

**TIS\_HIRISK\_NOW**

Does [TEEN] still have any of these conditions?

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

GO TO TIS\_HIRISK\_ANY

**TIS\_HIRISK\_ANY**

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

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

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

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

GO TO TIS\_NOSCHOOL

**TIS\_NOSCHOOL**

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

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

GO TO TIS\_GRADE

**TIS\_GRADE**

What is [TEEN]'s current grade level in school?

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

**TIS\_GRADE\_SPECIFY**

ENTER [TEEN]'S CURRENT GRADE IN SCHOOL

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

**TIS\_C1**

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

The next few questions ask for some background information about [TEEN]. Please know we are asking them because they're important for the survey.

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

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

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



TIS\_C2

**[IF NIS INTERVIEW CONDUCTED, READ:]**

The next few questions ask for some background information about [TEEN]. Please know we are asking them because they're important for the survey.

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

**[IF USVI, THEN DISPLAY:]**

Is [TEEN] of Hispanic or Latino origin?

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

**[ELSE READ:]**

Is [TEEN] of Hispanic or Latino origin?

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

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

**TIS\_C3**

**[IF USVI, THEN DISPLAY:]**

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

**[ELSE DISPLAY:]**

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

CLICK ALL THAT APPLY

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

- (1) IF 10 IS SELECTED, THEN GO TO TIS\_C3\_OTHR
- (2) ELSE GO TO TIS\_C4

**TIS\_C3\_OTHR**

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

**TIS\_C4**

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

CLICK ALL THAT APPLY

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

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

- (1) IF 8 SELECTED, GO TO TIS\_C4\_OTHER
- (2) ELSE IF GUAM THEN DO:
  - IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN
  - ELSE GO TO TIS\_C5
- (3) ELSE IF NOT USVI, THEN DO:
  - IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN
  - ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE
  - ELSE GO TO TIS\_C5

**TIS\_C4\_OTHER**

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

- (1) IF GUAM THEN DO:
  - IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN
  - ELSE GO TO TIS\_C5
- (2) ELSE IF NOT GUAM, THEN DO:
  - IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN
  - ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE
  - ELSE GO TO TIS\_C5

**TIS\_C4\_ASIAN**

Is [TEEN] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

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

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

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

(2) ELSE GO TO TIS\_C5

**TIS\_C4\_PACISLE**

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

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

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

GO TO TIS\_C5

**TIS\_C4\_GUAM\_ASIAN**

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

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

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

- (1) IF 14, THEN GO TO TIS\_C4\_ASIAN\_OTH
- (2) ELSE GO TO TIS\_C5

**TIS\_C4\_ASIAN\_OTH**

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

**TIS\_C5** What is your relationship to [TEEN]?

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

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

(2) ELSE GO TO TIS\_C6

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

Are you also [FILL1]'s mother?

[ELSE ASK:]

Is [TEEN]'s mother the same as [FILL1]'s mother?

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

(1) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_C6 THROUGH TIS\_C10\_CHECK AND TIS\_CFAMINC THROUGH T\_CAWAY

(2) IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A>=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_CFAMINC THROUGH T\_CAWAY

(3) ELSE GO TO TIS\_C6

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

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

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

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

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

**TIS\_C8\_INTRO**

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

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

**TIS\_C8**

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

Was [TEEN]’s mother of Hispanic or Latino origin?

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

**[ELSE DISPLAY:]**

[FILL1] of Hispanic or Latino origin?

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

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



**TIS\_C8\_A [IF TIS\_C7=6 AND USVI THEN DISPLAY:]**

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

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

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

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

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

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

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

CLICK ALL THAT APPLY

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

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

- (1) IF TIS\_C8\_A=10, THEN GO TO TIS\_C8\_OTHR1
- (2) ELSE GO TO TIS\_C9

**TIS\_C8\_OTHR1**

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

**TIS\_C9**

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

CLICK ALL THAT APPLY

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

- (1) IF 8 IS SELECTED, GO TO TIS\_C9\_OTHR1
- (2) ELSE IF GUAM THEN DO:
  - IF 5 OR 7 IS SELECTED, GO TO TIS\_C9\_API
  - ELSE IF MORE THAN ONE SELECTED AND NONE IN 05,07, GO TI TIS\_C10
  - ELSE GO TO TIS\_C10A
- (3) ELSE IF NOT GUAM THEN DO:
  - IF RESPONSE INCLUDES 5, GO TO TIS\_C9\_ASIAN
  - ELSE IF RESPONSE INCLUDES 7, GO TO TIS\_C9\_PACISLE
  - ELSE GO TO TIS\_C10A

**TIS\_C9\_OTHR1**

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

- (1) IF GUAM THEN DO:
  - IF 5 OR 7 IS SELECTED, GO TO TIS\_C9\_API
  - ELSE IF MORE THAN ONE SELECTED AND NONE IN 05,07, GO TI TIS\_C10
  - ELSE GO TO TIS\_C10A
- (2) ELSE IF NOT GUAM THEN DO:
  - IF RESPONSE INCLUDES 5, GO TO TIS\_C9\_ASIAN
  - ELSE IF RESPONSE INCLUDES 7, GO TO TIS\_C9\_PACISLE
  - ELSE GO TO TIS\_C10A

**TIS\_C9\_ASIAN** Is [FILL2] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?  
READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

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

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

**TIS\_C9\_PACISLE**

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

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

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

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

**TIS\_C9\_API**

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

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

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

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

**TIS\_C9\_API\_OTH**

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

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

**TIS\_C10** Which do you feel best describes [FILL] race?

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

**TIS\_C10\_OTHR1**

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

GO TO TIS\_C10A

**TIS\_C10A** What is [FILL] month, day, and year of birth?

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

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

(1) IF TIS\_C7=6, THEN DO:

IF GUAM, THEN GO TO TIS\_C11C

ELSE IF PUERTO RICO, THEN GO TO TC11CPR

ELSE GO TO TIS\_C11A

(2) ELSE IF MONTH OR YEAR IS DK OR REF, THEN GO TO TIS\_C10B

(3) ELSE IF CALCULATED AGE >75, THEN GO TO TIS\_C10\_CHECK

(4) ELSE IF CALCULATED AGE <14, DISPLAY WARNING TEXT THAT READS:  
"MOTHER MUST BE 14 OR OLDER"

(5) ELSE IF YEAR IS INVALID, DISPLAY WARNING TEXT THAT READS: "DATE IS  
INVALID."

(6) ELSE GO TO TIS\_C11

**TIS\_C10B** What is [FILL] current age?

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

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

- (1) IF TIS\_C7=6, THEN DO:
  - IF GUAM, THEN GO TO TIS\_C11C
  - ELSE IF PUERTO RICO, THEN GO TO TC11CPR
  - ELSE GO TO TIS\_C11A
- (2) ELSE GO TO TIS\_C11

**TIS\_C10\_CHECK**

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

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

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

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

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

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

**TIS\_C11C** Did [FILL1] live on Guam when [TEEN] was born?

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

**TIS\_C11D** In what village did [FILL1] live when [TEEN] was born?

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

GO TO TIS\_C11B

**TIS\_C11CPR** Did [you/[TEEN]'s mother] live in Puerto Rico when [TEEN] was born?

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

**TIS\_C11APR\_X**

In what city did [you/[TEEN]'s mother] live when [TEEN] was born?

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

GO TO TIS\_C11B\_X

**TIS\_C11A** In what city, county, and state did [FILL2] live when [TEEN] was born?

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

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

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

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

- (1) IF 'FOREIGN COUNTRY' SELECTED, GO TO TIS\_C11A\_VERBATIM
- (2) ELSE GO TO TIS\_C11B

**TIS\_C11A\_VERBATIM**

READ IF NECESSARY: In what country was that?

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

GO TO TIS\_CFAMINC

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

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_

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



**TIS\_CFAMINC**

Please think about your total combined family income during 2016 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 2016 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 2016 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\_C19C** Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, TIS\_CFAMINC]?

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

**TIS\_C\_ISLAND**

On what island do you live?

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

**TIS\_C19VIL**

On which village do you live?

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

GO TO TIS\_C19A

**TIS\_C19A** What is your zip code?

\_\_\_\_ \_  
DON'T KNOW ..... 77777  
REFUSED ..... 99999

- (1) IF GUAM, THEN GO TO TIS\_C19C
- (2) ELSE IF PUERTO RICO, THEN GO TO TIS\_C19PR
- (3) ELSE IF TIS\_C19A=77777,99999 OR ZIP CODE NOT IN LOOKUP TABLE, GO TO TIS\_C19
- (4) ELSE IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND GO TO TIS\_C19A\_CONF

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

ENTER CITY \_\_\_\_\_ GO TO TIS\_C19\_COUNTY  
ENTER COUNTY \_\_\_\_\_ GO TO TIS\_C19\_STATE  
ENTER STATE \_\_\_\_\_ GO TO TIS\_C19\_ZIP\_CONF

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

- (1) IF ZIP GIVEN AT TIS\_C19A=77777,99999, THEN GO TO TIS\_C19B
- (2) ELSE GO TO TIS\_C19\_ZIP\_CONF

**TIS\_C19A\_CONF**

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

YES..... 1 GO TO TIS\_C19B  
NO..... 2 GO TO TIS\_C19

**TIS\_C19\_ZIP\_CONF**

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

YES ..... 1 GO TO TIS\_C19B  
NO ..... 2 GO TO TIS\_C19\_NEW\_ZIP  
DON'T KNOW ..... 77 GO TO TIS\_C19B  
REFUSED ..... 99 GO TO TIS\_C19B



**TIS\_C19\_NEW\_ZIP**

What is your zip code?

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

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

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

**TIS\_C19B**

Do you live within the city limits?

YES ..... 1

NO ..... 2

DON'T KNOW ..... 77

REFUSED ..... 99

GO TO TIS\_C19C

**TIS\_C19PR**

In what city and state do you live?

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

(1) IF "NOT IN PUERTO RICO" SKIP TO TIS\_C19

(2) ELSE IF "DK" or "REFUSED" SKIP TO TIS\_C19C

(3) ELSE GO TO TIS\_C19PR\_STATE

**TIS\_C19PR\_STATE**

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

GO TO TIS\_C19C

**TIS\_C19C**

Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you [IF TIS\_C1 – TUNDER18)>1: or someone in your household]?

Owned or being bought..... 1

Rented ..... 2

Other arrangement ..... 3

DON'T KNOW ..... 77

REFUSED ..... 99

GO TO TIS\_C\_LANDLINE

**TIS\_C\_LANDLINE**

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

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

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

**TIS\_C21**

How many landline telephone numbers are residential numbers?

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

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

GO TO TIS\_C21\_06Q3\_CELL

**TIS\_C21\_06Q3\_CELL**

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

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

**TIS\_C\_USUAL\_USE\_CELL**

How many [of these] cell phones do [TEEN]'s *parents and guardians* usually use?

**[IF RDD\_NCCELL\_CELL=2,3 THEN DISPLAY:]** INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE."

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

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

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

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

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

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

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

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

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

GO TO TIS\_D5

## SECTION D

### *Provider Questions*

#### **TIS\_D5**

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

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

#### **FAQ HELP:**

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

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

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

That's too personal:

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

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

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

What will this information be used for?

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

-- The (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease

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

**TIS\_D6\_X [IF PUERTO RICO THEN DISPLAY:]**

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

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

READ IF NECESSARY: Has [TEEN] received any vaccinations at any Vaccination Centers?

**[ELSE DISPLAY:]**

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

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

**FAQ HELP:**

Why contact my doctor? Why give consent?

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

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

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

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

- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on

these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

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

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

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

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

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

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

READ IF NECESSARY: Has [TEEN] received any vaccinations at any Vaccination Centers?

**[ELSE DISPLAY:]**

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

**FAQ HELP:**

Why contact my doctor? Why give consent?

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

-- The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

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

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

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

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

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

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

ENTER NUMBER .....	___	GO TO D6A_1_X
ZERO .....	0	GO TO SECT_D_TERM; INS_INTRO (on callback)
DON'T KNOW .....	77	GO TO SECT_D_TERM; INS_INTRO (on callback)
REFUSED .....	99	GO TO SECT_D_TERM; INS_INTRO (on callback)

**TIS\_D6 A\_1\_X**

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

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

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

**FAQ HELP:**

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's



healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - The (IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’ ELSE IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

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

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

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

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

Please locate the (first/second/...) provider for [TEEN]

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

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

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

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

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

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

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

**What city is that in?** [variable: D6B6]

**What state is that in?** [variable: D6B7]

**What is the zip code?** [variable: D6B8]

**What is their telephone number?** [variable: D6B9]

SEARCH

DK

REF

*Search Results Screen*

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

DK

REF

MODIFY SEARCH

ADD NEW PROVIDER

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

FAQs

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

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

Why do you need the child's name?

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

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

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

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

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

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

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

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

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

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

**TIS\_D9** Could I know...what is your full name – first, middle, and last?

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

FAQ HELP:  
Why do you need my name?  
Before they can fill out the form, medical practices and clinics need the name of the person  
authorizing the release of the information. This is the only reason we are asking for your name.  
--Confidentiality is mandated by law and I can assure you that neither you nor the child will be  
identified as a participant.  
--The U.S. Public Health Service Act requires that identifying information (such as names)  
cannot be associated with the information you and your doctor provide. Once information is  
gathered, names are separated from the data and are not used again.  
--I am a professional interviewer for the National Immunization Survey and am prohibited by  
federal law to breach the confidentiality of any identifying information that you provide.

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

**TIS\_D9A** What is your first name?  
FIRST NAME: IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL  
REFUSAL \_\_\_\_\_

**TIS\_D9B** What is your middle name?  
MIDDLE NAME: \_\_\_\_\_

**TIS\_D9C** What is your last name?  
LAST NAME: \_\_\_\_\_

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

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

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

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

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

**FAQ HELP:**

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

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

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

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

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

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

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

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

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

WHAT IS A REGISTRY?

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

WHY DO YOU NEED TO CONTACT A REGISTRY?

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



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

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

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

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

**TIS\_D9A\_C** What is your full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D9B\_C** (What is your full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_D9C\_C** (What is your full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_DCG2** The name I have for [TEEN] is [FILL1]. Is this correct?

YES..... 1 GO TO TIS\_DCONFDOB\_X  
NO..... 2 GO TO TIS\_DA\_1\_C

**TISD8AC** What is [TEEN]'s full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TISD8BC** (What is [TEEN]'s full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TISD8CC** (What is [TEEN]'s full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

**TIS\_DCONFDOB**

The birth date I have for [TEEN] is [FILL1]. Is this correct?

YES..... 1 GO TO TIS\_INS\_1  
NO..... 2 GO TO TIS\_DNEWDOB

**TIS\_DNEWDOB\_X**

What is the correct month, day and year of birth of [TEEN]?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

GO TO TIS\_INS\_1

**TIS\_D9D1**

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

CONTINUE..... 1 GO TO TIS\_D9D1F

RESPONDENT STILL REFUSES ..... 2 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_INTRO (on callback)

**TIS\_D9D1F**

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

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

**TIS\_D9D1M**

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

**TIS\_D9D1L**

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

**TIS\_D9DREL**

What is this person's relationship to [TEEN]?

- MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN ..... 1
- FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN ..... 2
- SISTER OR BROTHER (STEP, FOSTER, HALF, ADOPTIVE) ..... 3
- IN-LAW OF ANY TYPE ..... 4
- AUNT/UNCLE..... 5
- GRANDPARENT ..... 6
- OTHER FAMILY MEMBER ..... 7
- FRIEND ..... 8

**TIS\_D9D1A**

May I speak with that person now?

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

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

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

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

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

APPOINTMENT ..... 1 GO TO  
UNIVERSAL EXIT-CB1  
CONTINUE ..... 2 GO TO TIS\_D9D1NEW

**TIS\_SECT\_D\_TERM**

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF GUAM DISPLAY: 'Department of Public Health and Social Services and the' ELSE IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-200-4805. If you have questions about your rights as a survey participant, you may call 1-800-223-8118 and leave a message asking to speak to the Chairperson of the Ethics Review Board.

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

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

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

**TIS\_D9D1NEW** Hello, my name is \_\_\_\_\_. Am I speaking with [FILL]?

YES..... 1 GO TO TIS\_D9D2ANEW  
NO..... 2 GO TO TIS\_D9D2

**TIS\_D9D2ANEW**

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

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

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING

(01) CONTINUE WITH INTERVIEW AND RECORDING

GO BACK TO TIS\_D9D

# SECTION E

## HEALTH INSURANCE MODULE

**TIS\_INS\_1** Next I'm going to ask you a few questions about [TEEN]'s health insurance.

At this time, is [TEEN] covered by health insurance that is provided through an employer or union?

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

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

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

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

- (1) IF 01, THEN GO TO TIS\_INS\_1A
- (2) ELSE IF USVI AND TIS\_C\_ISLAND NE 05, THEN GO TO TIS\_INS\_5
- (4) ELSE IF STATE = (AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI), THEN GO TO TIS\_INS\_3A
- (5) ELSE GO TO TIS\_INS\_2

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

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

- (1) IF USVI AND TIS\_C\_ISLAND NE 05, THEN GO TO TIS\_INS\_5
- (2) ELSE IF STATE = (AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI), THEN GO TO TIS\_INS\_3A
- (3) ELSE GO TO TIS\_INS\_2

**TIS\_INS\_2**

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

READ IF NECESSARY:

Medicaid [IF PUERTO RICO DISPLAY “also known as Plan La Reforma”] is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

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

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

- (1) IF PUERTO RICO OR GUAM THEN SKIP TO TIS\_INS\_5\_X
- (2) ELSE GO TO GO TO TIS\_INS\_3

**TIS\_INS\_3**

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

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

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

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

GO TO TIS\_INS\_4

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

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

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

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

**TIS\_INS\_4** At this time, is [TEEN] covered by the Indian Health Service?

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

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

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

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

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

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

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

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

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

**TIS\_INS\_6B** Is this health insurance provided through an employer or union?

YES..... 1 GO TO TIS\_INS\_11  
NO..... 2 GO TO TIS\_INS\_6C  
DON'T KNOW ..... 77 GO TO TIS\_INS\_6C  
REFUSED..... 99 GO TO TIS\_INS\_6C

**TIS\_INS\_6C** Is this health insurance purchased directly from an insurance company?

YES..... 1 GO TO TIS\_INS\_11  
NO..... 2 GO TO TIS\_INS\_6D  
DON'T KNOW ..... 77 GO TO TIS\_INS\_6D  
REFUSED..... 99 GO TO TIS\_INS\_6D

**TIS\_INS\_6D** I recorded that [TEEN] was covered by some other health insurance. What is the name of the plan?

CONTINUE..... 1 GO TO TIS\_INS\_6D\_1  
DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
REFUSED..... 99 GO TO TIS\_INS\_11

**TIS\_INS-6D-1** Record verbatim response #1 \_\_\_\_\_

**TIS\_INS-6D-2** Record verbatim response #2 \_\_\_\_\_



**TIS\_INS\_7** [IF TIS\_INS\_1A, TIS\_INS\_2, TIS\_INS\_3, TIS\_INS\_3A, TIS\_INS\_4, TIS\_INS\_5, or TIS\_INS\_6A = 1, THEN SKIP TO TIS\_INS\_11]

It appears that [TEEN] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

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

**TIS\_INS\_7A** At this time, what kind of health coverage does [TEEN] have? Any other kind?

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

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

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

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

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

**UNINSURED SUB SECTION**

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

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

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

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

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

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

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

GO TO TIS\_INS\_10

**TIS\_INS\_10 [IF USVI OR GUAM THEN:]**

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

**[IF PUERTO RICO THEN:]**

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

**[ELSE:]**

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

Medicaid [IF PUERTO RICO DISPLAY: (PLAN LA REFORMA)] [Fill state program name,

if applicable] ..... 1

Medicare ..... 2

CHIP [Fill state program name, if applicable] ..... 3 DO NOT DISPLAY IF USVI, GUAM, OR PUERTO RICO

Medigap ..... 4 DO NOT DISPLAY IF USVI OR GUAM

Military ..... 5

Indian Health Service..... 6 DO NOT DISPLAY IF USVI, GUAM, OR PUERTO RICO

Private Health Insurance..... 7

Other Insurance Type..... 8

MIP/GOVGUAM ..... 9 DO NOT DISPLAY IF NOT GUAM

DON'T KNOW ..... 77

REFUSED..... 99

GO TO TIS\_INS\_14

**TIS\_INS\_11** Since age 11 was there any time when [TEEN] was not covered by any health insurance for any reason?

YES..... 1 GO TO TIS\_INS\_12

NO..... 2 GO TO TIS\_INS\_13

DON'T KNOW ..... 77 GO TO TIS\_INS\_13

REFUSED..... 99 GO TO TIS\_INS\_13

**TIS\_INS\_12** How old was [TEEN] *the first time* [TEEN] became uninsured?

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

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

GO TO TIS\_INS\_13

**TIS\_INS\_13** [IF TIS\_INS\_2 = 1 or TIS\_INS\_3 = 1 OR TIS\_INS\_3A = 1, SKIP TO TIS\_INS\_14]

[IF USVI OR GUAM THEN:]

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

[ELSE IF PUERTO RICO DISPLAY:]

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

[ELSE:]

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

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

**TIS\_INS\_14** Did cost of vaccinations ever cause you to delay or not get a vaccination for [TEEN]?

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

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

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

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

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

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

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

GO TO VFC\_KNOWLEDGE\_1

**VFC\_KNOWLEDGE\_1**

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

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

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

**VFC\_KNOWLEDGE\_2**

Has [TEEN] ever received vaccines at no cost through this program?

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

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

**VFC\_KNOWLEDGE\_3**

Has [TEEN] received vaccines through this program since [his/her] 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 [TEEN] 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\_NISK=0, THEN GO TO TIS\_D16
  - (2) ELSE IF P\_SUC = 1 AND P\_ASKFLU = 1 AND P\_NISK=0, THEN GO TO LF\_CP\_SE
  - (3) ELSE IF P\_SUC=1 AND P\_ASKFLU = 0 AND P\_NISK=1, THEN GO TO K\_INTRO
  - (4) ELSE IF P\_SUC = 4 AND P\_NISK=0, THEN GO TO TENDTEEN
  - (5) ELSE IF P\_SUC =4 AND P\_NISK=1, THEN GO TO K\_INTRO

**TIS\_D16 [IF INCENTIVE>0, THEN GO TO ADDRESS\_CONF1 / ELSE DISPLAY TIS\_D16]**

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

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