NIS-Child Hard Copy Questionnaire

Q4/2022

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section B – Flu Vaccination

Section C – Demographics

Section D – Provider

Section E – Health Insurance Module

Confidential Information

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

Key to Preload Variables

Variable Name	Response Definition
P_INCENT	0 - no incentive offer 1-3 - $20 incentive 4-6 - $10 incentive
P_LCS	0 - cases that have not yet received calls 2 - cases that have had no live contacts or answering machine outcomes 3 - cases that have had live contact with a respondent but have not yet completed the screener 4 - cases that have completed the NIS Child screener 5 - cases that have started the Teen screener 6 - cases that have completed the Teen screener 9 - cases that have started the Flu screener
P_ASKTEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview
P_ASKFLU	0 - Do not ask Flu interview 1 - Invoke Flu screener/interview
P_ASKADULT	0 - Do not ask Adult COVID Module interview 1 – Invoke Adult COVID Module interview
P_ASKCCM	0 - Do not ask Child COVID Module interview 1 – Invoke Child COVID Module interview
ADULTONOFF	ON- ACM is enabled OFF-ACM is disabled
FLUONOFF	ON- CIM is enabled OFF- CIM is disabled

INTRO_1

Hi, my name is _____, and I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] Centers for Disease Control and Prevention. How are you today? [PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting an important study about [IF ADULTONOFF= ON, DISPLAY: "vaccinations for COVID and other diseases affecting adults, teens, and children"; [IF ADULTONOFF=OFF, DISPLAY: "the health and vaccinations of children and teens"], which will provide crucial information about the risk of diseases in our communities. Just to let you know: my call will be recorded or monitored for quality purposes.

CONTINUE WITHOUT RECORDING	0	GO TO S3_LAW/S3_LAW_INCENT
CONTINUE WITH INTERVIEW AND RECORDING	1	GO TO S_WARM
CONFIRM BUSINESS	2	GO TO S_WARM
OUT OF SCOPE, NOT A PERMANENT RESIDENCE	3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW	4	
SEE SKIP INSTRUCTIONS	5	DISPLAY (5) LANDLINE
ANSWERING MACHINE	6	[FILL: "(WON'T LEAVE MESSAGE)"/"(WILL LEAVE MESSAGE)"
R WILL CALL 800 LINE/VERIFY WEBSITE	7	GO TO VERINFO
R ASKS FOR LETTER	8	GO TO M1_NAME
SUPERVISOR REVIEW	9	GO TO CNOTES_1_1
CONTINUE CASE WITH LANGUAGE LINE	16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1
DROPPED CALL	17	DISPLAY: DROPPED CELL CALL
INBOUND TEXT MESSAGE	18	

S3_LAW/S3_LAW_INCENT

        NO, THE RESPONDENT DOES NOT AGREE TO

        RECORDING/LISTENING.. 2

        GO TO S_WARM

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

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

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

        INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [FILL: OLD_NUMBER].

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

        SAFE TO CONTINUE.. 33   GO TO S1

        NOT SAFE TO CONTINUE 44   GO TO S_ATTN

        NOT A CELL PHONE... 55   GO TO LL_EXIT

S_ATTN [IF INTRO_1=01, DISPLAY:] For your safety, we will call you back at another time.

[IF INTRO_1=02, DISPLAY:] For your safety, I need to end the call at this time.

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

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

INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [FILL: OLD_NUMBER].

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

CALL BACK AT ANOTHER TIME	1	SET CALLBACK
CALL BACK AT ANOTHER NUMBER REQUESTED	2	GO TO CB1N_WARNING
WRONG TIME ZONE FOR CELL PHONE	3	GO TO CELL_TZ_1
GO BACK TO S_WARM	4	GO TO S_WARM
[IF INTRO_1=02, DISPLAY:] NUMBER IS NATIONALLY RECOGNIZED BUSINESS, AN ACADEMIC, HEALTH OR GOVERNMENT INSTITUTION, OR HOME BUSINESS NOT USED FOR PERSONAL CALLS	5	FINALIZE CASE

CELL_TZ_1 In what time zone would you like to be called back?

ATLANTIC TIME	1	SET CALLBACK
EASTERN STANDARD TIME	2	SET CALLBACK
CENTRAL STANDARD TIME	3	SET CALLBACK
STANDARD MOUNTAIN TIME	4	SET CALLBACK
US STANDARD MOUNTAIN TIME (AZ)	5	SET CALLBACK
PACIFIC STANDARD TIME	6	SET CALLBACK
ALASKAN STANDARD TIME	7	SET CALLBACK
HAWAIIAN STANDARD TIME	8	SET CALLBACK
GUAM/CHAMORRO STANDARD TIME	9	SET CALLBACK
RETURN TO INTRO_1	10	GO TO INTRO_1 ELSE GO TO N_INTRO1
RESPONDENT DOESN'T KNOW/KEEP CURRENT TIME ZONE	12	SET CALLBACK
REFUSED TO CONTINUE/HUNG UP	99	TERMINATE

CELL_1   I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or has this number been forwarded to your cell phone?

INTERVIEWER INSTRUCTION: DO NOT USE THE HAND ON THIS SCREEN, IF YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

CELL PHONE... 1   GO TO CELL_EXIT

NUMBER FORWARDED TO CELL PHONE 2   SET CALLBACK

RESPONDENT HUNG UP BEFORE

CONFIRMATION 3   TERMINATE

GO BACK TO INTRO_1... 4   GO TO INTRO_1

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

TERMINATE INTERVIEW

NO CALL NOTES

THANK_YOU_OOS

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

TERMINATE INTERVIEW

GO BACK TO INTRO_1... 1   GO TO INTRO_1

TERMINATE INTERVIEW... 2   TERMINATE

P1   IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, CLEARLY SAY YOUR NAME AND [IF GUAM DISPLAY "On behalf of the Department of Public Health and Social Services." ELSE DISPLAY: "On behalf of the Centers for Disease Control and Prevention."] REPEAT THIS AS NECESSARY.

IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE CALLING FROM, ENTER THE NIS NUMBER (1-877-220-4805).

IF THE R LOOPS YOU MORE THAN TWICE WITHOUT ANSWERING THE PHONE OR DISCONNECTING THE CALL, CODE THE CASE A REFUSAL THROUGH THE UE

P_1GOO   IF A PRIVACY MANAGER ASKS YOU TO SAY MORE ABOUT WHY YOU'RE CALLING, SAY: [IF GUAM DISPLAY: "The Department of Public Health and Social Services" ELSE DISPLAY: "The Centers for Disease Control and Prevention"] is conducting a really important study about kids' health and vaccinations to find out about the risk for certain diseases in our communities, and we're asking for your help. I'd like to ask you a few questions to see if your household is eligible for the study."

IF THE R LOOPS YOU MORE THAN TWICE WITHOUT ANSWERING THE PHONE OR DISCONNECTING THE CALL, CODE THE CASE A REFUSAL THROUGH THE UE

MSG_Y   Hello. I am calling on behalf of the [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY: "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We are conducting a nationwide survey about ([IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: "childhood immunization"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON THEN DISPLAY: "about vaccinations for COVID and other diseases affecting adults, teens, and children"]). Would you please call us at 1-877-220-4805 [IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: to let us know whether or not there are any children between 12 months and 4 years old living or staying in this household]? The number again is 1-877-220-4805. Thank you.

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

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST".................................... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_INCENT   Hello. I'm calling on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey ([IF ADULTSTRT=0 THEN DISPLAY: "regarding the immunizations of the children who live there"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=1 THEN DISPLAY: "about COVID vaccinations"]). I'm calling back to continue the interview. If you would like to participate immediately, please call our number, 1-877-220-4805. In appreciation for your time, we will send you [FILL: $10/$20] after we speak with you. Again, our number is 1-877-220-4805. Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE 2   TERMINATE

ANSWERING MACHINE SAID "TAKE ME

OFFYOUR LIST"... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_Y_APPT   Hello. I am calling on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention regarding a nationwide survey ([IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: "about childhood immunization"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=0 THEN DISPLAY: "about vaccinations for COVID and other diseases affecting adults, teens, and children"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=1 THEN DISPLAY: "about COVID vaccinations in adults"]). When we spoke previously about this important survey, you or someone in your household asked us to call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1-877-220-4805. [IF P_INCENT=1-6 fill: "In appreciation for your time, we will send you [FILL: $10/$20] after we speak with you."] Also, if you have any questions, that number again is 1-877-220-4805. Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_PENDING_SCREENED

Hello. I am calling on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. We recently spoke with someone in this household regarding an important nationwide survey ([IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: "about childhood immunization"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=0 THEN DISPLAY: "about vaccinations for COVID and other diseases affecting adults, teens, and children"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=1 THEN DISPLAY: "about COVID vaccinations in adults"]). Your participation is very important to us, we would like to finish the interview at your earliest convenience. Please call us at 1-877-220-4805 to either complete the interview or to make an appointment to do so. The number again is 1-877-220-4805.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

CONTINUE INTERVIEW 2   IF INTERVIEW HAS NOT BEEN STARTED YET, GO TO S1
IF INTERVIEW WAS BROKEN OFF, RETURN TO POINT OF BREAKOFF

MSG_CLOSE_DOWN

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a nationwide survey ([IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: "about childhood immunization"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=0 THEN DISPLAY: "about vaccinations for COVID and other diseases affecting adults, teens, and children"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=1 THEN DISPLAY: "about COVID vaccinations in adults"]).. I'm sorry that we've missed you. When we spoke previously about this important survey you requested that we call you back at this time. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our number is 1-877-220-4805. [IF P_INCENT>0, FILL: In appreciation for your time, we will send you [FILL: $10/$20] Thank you.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_PENDING_SCREENED_CLOSE_DOWN

Hello. I am calling on behalf of [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. We recently spoke with someone in this household regarding an important nationwide survey ([IF P_ASKADULT=0 OR ADULTONOFF=OFF THEN DISPLAY: "about childhood immunization"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=0 THEN DISPLAY: "about vaccinations for COVID and other diseases affecting adults, teens, and children"] ELSE [IF P_ASKADULT=1 AND ADULTONOFF=ON AND ADULTSTRT=1 THEN DISPLAY: "about COVID vaccinations in adults"]).. Your participation is very important to us, we would like to finish the interview at your earliest convenience. Please call us at 1-877-220-4805 to either complete the interview or to make an appointment to do so. The survey will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. The number again is 1-877-220-4805.

LEAVE MESSAGE AND TERMINATE...................... 1   TERMINATE

COULD NOT LEAVE A MESSAGE 2   TERMINATE

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST"..................................... 3   TERMINATE

CONTINUE INTERVIEW 4   GO TO INTRO_1

S1   Am I speaking to someone who is 18 years old or older?

YES, I AM THAT PERSON	1	GO TO S_NUMB
THIS IS A BUSINESS	2	GO TO SALZ
NEW PERSON COMES TO PHONE	3	GO TO INTRO_1
SEE SKIP LOGIC	8	DOESN'T USUALLY USE THIS PHONE - SET CALLBACK AND TERMINATE
SEE SKIP LOGIC	9	DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B
REFUSED	99	GO TO SCRFEXIT

SALZ   Is this telephone number for business use only?

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

SALZ_BUS   We are interviewing only persons on their personal cell phones. Thank you very much.

              TERMINATE INTERVIEW

P1   IF A PRIVACY MANAGER ASKS YOU TO STATE YOUR NAME, SAY "On behalf of
              the Centers for Disease Control and Prevention."

              IF A PRIVACY MANAGER ASKS YOU TO ENTER THE NUMBER YOU ARE
              CALLING FROM, ENTER THE NIS NUMBER (1-877-220-4805)

              GOOGLE SERVICE ASKS TO SAY MORE ABOUT WHY YOU'RE
              CALLING………………………………………..00   GO TO P_1GOO

              CONTINUE INTERVIEW 1   GO TO INTRO_1

              ANSWERING MACHINE... 2   IF LEAVING MESSAGE AND
                                                                               P_LCS>4, GO TO S_AM,
                                                                               ELSE IF LEAVING MESSAGE
                                                                               AND P_LCS<4, GO TO
                                                                               S_ARMI, ELSE TERMINATE

              RING NO ANSWER... 3   TERMINATE

              REFUSED/NUMBER IS NOT ACCEPTED 4   TERMINATE

              TAKE ME OFF YOUR LIST...................................... 5   TERMINATE

P_1GOO   IF A PRIVACY MANAGER ASKS YOU TO SAY MORE ABOUT WHY YOU'RE
              CALLING, SAY: "The [IF GUAM DISPLAY: 'Department of Public Health and
              Social Services and the') (IF PUERTO RICO DISPLAY "Puerto Rico Department of
              Health and the"] Centers for Disease Control and Prevention is conducting a really
              important study about kids' health and vaccinations to find out about the risk for certain
              diseases in our communities, and we're asking for your help. I'd like to ask you a few
              questions to see if your household is eligible for the study."

              CONTINUE INTERVIEW……………………………..1   GO TO INTRO_1

              ANSWERING MACHINE... 2   IF LEAVING MESSAGE AND
                                                                               P_LCS>4, GO TO S_AM,
                                                                               ELSE IF LEAVING MESSAGE
                                                                               AND P_LCS<4, GO TO
                                                                               S_ARMI, ELSE TERMINATE

              RING NO ANSWER... 3   TERMINATE

              REFUSED/NUMBER IS NOT ACCEPTED 4   TERMINATE

              TAKE ME OFF YOUR LIST...................................... 5   TERMINATE

              GENERAL CALL BACK…………………………….6   TERMINATE

VERIFY_INFO   REFER TO FAQ/JOB AID TO ANSWER

RESPONDENT QUESTIONS.. 1   TERMINATE INTERVIEW

CONTINUE INTERVIEW 2   IF INTRO_1=7 GO TO
INTRO_1. ELSE IF
INTRO_1=4 AND
RESPONDENT WILL CALL
800 LINE OR VERIFY
WEBSITE, RETURN TO
INTRO_1

M1_NAME   In order to send you a letter, I will need to collect your name and mailing address. The letter
will contain a number that you may call to complete the interview at your convenience.

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

Name:_____

M1_STREET1   Street1:_____

M1_SHEET2   Street2:_____

M1_CITY   City:_____

M1_STATE   State:_____

M1_ZIP   Zip:_____

M1_REFUSED   SEND LETTER AND TERMINATE

(NOT A REFUSAL).. 1   CALL NOTES BOX APPEARS;
TERMINATE

SEND LETTER AND TERMINATE (REFUSAL)....... 2   TERMINATE INTERVIEW

REEFUSED TO GIVE INFORMATION 3   TERMINATE INTERVIEW

S2_B   Does anyone use this cell phone who is 18 years old or older?

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

YES, THEY ARE COMING TO THE PHONE 1   GO TO INTRO_1

YES, BUT NO ONE IS HOME, SO SET A

CALLBACK 2   GO TO S2B_WARN

NO, NO ADULTS USE THIS CELL PHONE 3   GO TO MINOR_EXIT

REFUSED 99   GO TO SCRFEXIT

SCRFEXIT   Those are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

TERMINATE INTERVIEW

S2B_WARN

Thank you, we'll try back another time.

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

TERMINATE INTERVIEW

MINOR_EXIT   Those are all the questions I have. I'd like to thank you on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

TERMINATE INTERVIEW

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

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

IF WHENCALL = 02 THEN DISPLAY HELP TEXT: ROSTER IS BEING RE-ASKED BECAUSE ONE OR MORE OF THE DOBs REPORTED IS DON'T KNOW

IF ONE OR MORE,

ENTER # OF CHILDREN .... ___	(ENTER 01 to 09) GO TO S3_INTRO
IF NO CHILDREN ENTER 0 00	SEE ADDITIONAL INSTRUCTIONS BELOW
DON'T KNOW 77	GO TO S_NUMB_WARNING
REFUSED 99	GO TO SNUMBREF

IF P_ASKTEN=0 AND P_ASKFLU=1 THEN GO TO LF_UNDR18. ELSE IF P_ASKTEN=1 THEN GO TO TIS_UNDER18. ELSE IF P_ASKADULT=1, P_ASKTEN=0 AND P_ASKFLU=0, GO TO ADLT_INTRO. ELSE IF P_ASKADULT=0, P_ASKTEN=0 AND P_ASKFLU=0, THEN GO TO S3_TERM.

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

CONTINUE 1	GO TO S_NUMB
R STILL REFUSES 2	SKIP TO S_NUMB_TERM

S_NUMB_TERM

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

TERMINATE THE INTERVIEW

S_NUMB_WARNING

ASK FOR ANOTHER PERSON OR SCHEDULE
APPOINTMENT ON THE NEXT SCREEN

CONTINUE.. 1   GO TO SNUMWAR1

APPOINTMENT.. 2   SET CALLBACK

SNUMWAR1   Hi, my name is [INTERVIEWER NAME], and I'm calling on behalf of the Centers for Disease Control and Prevention. How are you today?

[PAUSE FOR RESPONSE, REPLY APPROPRIATELY]

The CDC is conducting an important study about the health and vaccinations of children and teens, which will provide crucial information about the risk of diseases in our communities. Just to let you know: my call will be recorded or monitored for quality purposes.

CONTINUE WITH RECORDING 1   GO TO S_NUMB

CONTINUE WITHOUT RECORDING 2

SNUMREC   (ADD RECORDING MASK HERE TO TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE
WITHOUT RECORDING 2   GO TO S_NUMB

S3_INTRO/S3_INTRO_INCENT

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

CONTINUE 1   GO TO S3_X

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S3_LAW

S3_LAW/S3_LAW_INCENT

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE...   1

S3_X   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the [TEXT FILL: FIRST, SECOND,….] child in your household who is between 12 months and 4 years old.

AGREE.. 1	GO TO S3_3M_X
DON'T KNOW 77	GO TO YEARDK_X
REFUSED 99	GO TO YEARREF_X

S3_3MDY_X   Please tell me the month, day, and year of birth of the [TEXT FILL: FIRST, SECOND,….] child in your household who is between 12 months and 4 years old.

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE	GO TO S3_CONF_X, IF S_NUMB=2 AND 1 DOB IS INELIGIBLE AND EITHER S3_X OR S3_3_X=77 THEN GO TO YEARKDK_X
DON'T KNOW	GO TO YEARDK_X
REFUSED	GO TO YEARREF_X

S3_CONF_X   That would make the [original # of kids derived from S_NUMB] child [if child is under 3 years of age, display age of child in months and years; if child is over 3 years of age, display age of child in years] old; is that correct?

YES 1	IF CHILD IS ELIGIBLE GO TO S3_4_X, IF NOT GO TO NEXT CHILD
NO 2	GO TO S3_CONF_WARNING

AGEMONTH1   Compute the age in months at the beginning of the quarter (10/01/2022)

AGEMONTH2   Compute the age in months at the end of the quarter (12/30/2022)

S3_CONF_WARNING

Please correct the date of birth for this child.

GO TO S3_X, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TO THIS SCREEN.

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

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

    R STILL REFUSES 1   GO TO YEARQUIT

    RETURN TO QUESTIONNAIRE.................................. 2   GO TO S3_X

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

    TERMINATE INTERVIEW

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

    YES 1   GO TO PERSON_X

    NO 2   GO TO WHEN_CALL

PERSON_X   May I speak with this person now?

    YES 1   GO TO BITHD_BOX

    NO 2

WHEN_CALL   When would be a good time to reach a person who knows the child's birthdate?

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

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

    APPOINTMENT.. 1   SET CALLBACK

    CONTINUE... 2

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

CONTINUE WITH RECORDING 1   GO TO S3_X

CONTINUE WITHOUT RECORDING 2   GO TO BITHREC

RESPONDENT ASKS FOR

DESCRIPTION OF LAW 3

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE WITH RECORDING 1   GO TO S3_X

CONTINUE WITHOUT RECORDING 2

BITHREC   (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE

WITHOUT RECORDING 2   GO TO S_3_X

S3_4_X   Is the child born [insert month and year of birth] male or female?

                MALE... 1

                FEMALE 2

                DON'T KNOW 77

                REFUSED 99

S3_5_X   So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first
                name or initials

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

S3_C   I have [FILL: number of child/children] child/children listed with a birthdate/birthdates of
                [FILL FROM S3_3: DOB OF FIRST/SECOND.../NINTH CHILD]Do you have any other
                children between 12 months and 4 years old living or staying in this household that we
                haven't talked about yet?

                YES. 1   GO TO S3_C_WARNING

                NO 2

                IF THERE IS AN NIS ELIGIBLE CHILD, GO TO S3_D_1. ELSE IF P_ASKTEN=1, GO
                TO TIS_UNDER18. ELSE IF P_ASKFLU=1, GO TO LF_INTRO. ELSE IF
                P_ASKADULT=1, GO TO ADLT_INTRO. ELSE TERMINATE.

S3_C_WARNING
                PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD

                HIT ENTER TO CORRECT S_NUMB.......................... 1   GO TO S_NUMB

S3_D_1   Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3_5].

GO TO S4

S4   Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [IF S3_5="77" OR "99", "your [AGE] year old", ELSE FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] (has/have) received.

Are you this person?

YES 1   GO TO S6_INTRO
NO 2

S5   May I speak with this person now?

YES 1
NO, NOT AT HOME 2   GO TO MR1

S5_BOX   Hi. I'm calling for the [IF GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important [IF NOT GUAM, FILL: 'national'] survey on immunization. I'd like you to know that this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE WITH RECORDING 1   GO TO S6_INTRO
CONTINUE WITHOUT RECORDING 2   GO TO S5_EVAL_R
RESPONDENT ASKS FOR A DESCRIPTION OF THE
LAW 3

S5_LAW   The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE WITH RECORDING 1   GO TO S6_INTRO

CONTINUE WITHOUT RECORDING 2

S5_EVAL_R

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

S6_INTRO   [IF GUAM, DISPLAY: The following questions ask about immunizations or shots for [FILL FROM S3_5: CHILD NAME]. Since some of the immunizations are difficult to remember it would be helpful if you could refer to shot records.]

[ELSE DISPLAY: The remainder of the survey will take about 10 minutes.]

S6_X   Do you have any shot records for [NAME OF FIRST CHILD]?

YES. 1   GO TO B1_X

NO 2   GO TO B1_X

DONT KNOW 77   GO TO B1_X

REFUSED 99   GO TO B1_X

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

FIRST NAME: _____   GO TO MR3

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

YES 1   GO TO MR_APP
NO 2   GO TO MR4

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

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

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

APPOINTMENT 1   SET CALLBACK
CONTINUE 2   GO TO S5_BOX

B1_X   Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever received an immunization, that is a shot or drops?

YES 1

NO...2

DON'T KNOW..77

REFUSED...99

B8_X   [IF B1_X = 2, 77, OR 99 DISPLAY: Some children who don't receive other immunizations still get vaccinated for the flu.] The next questions are about [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3_5]'s influenza vaccinations.

Since July 1, 2022 has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3_5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

YES 1

NO...2   GO TO BNEXTFLU_X

DON'T KNOW..77   GO TO BNEXTFLU_X

REFUSED...99   GO TO BNEXTFLU_X

B8DMA_X   How many flu vaccinations has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3_5] received since July 1, 2022?

ONE VACCINATION OR DOSE..................................1

TWO VACCINATIONS OR DOSES 2

DON'T KNOW..77   GO TO BLOCATIO_X

REFUSED...99   GO TO BLOCATIO_X

B8DM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3_5] receive [FILL: his/her] first dose of the flu vaccine since July 1, 2022?

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

MONTH	YEAR
_ _	_ _ _

ANSWER MUST BE AFTER 07/2022 AND NOT AFTER INTERVIEW DATE

IF B8DM_X=THE CURRENT MONTH AND B8DY_X=CURRENT YEAR , GO TO BWEEK

ELSE GO TO B8D_TYPE_X

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

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

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

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

B8D_TYPE_X   Was this a shot or a spray in the nose?

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

IF B8DMA_X = 2 GO TO B9DM_X, ELSE GO TO BLOCATIO_X

B9DM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3_5] receive [his/her] second dose of the flu vaccine since July 1, 2022?

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

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

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2022 AND NOT AFTER INTERVIEW DATE

IF B9DM_X=THE CURRENT MONTH AND B9DY_X=CURRENT YEAR, GO TO BWEEK2_X

ELSE GO TO B9D_TYPE_X

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

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

BWEEK2_X   Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: on or after Sunday, [FILL: Date with most recent Sunday's date]?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

B9D_TYPE_X   Was this a shot or the spray in the nose?

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

BLOCATIO_X   At what kind of place did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] get [FILL: his/her] most recent flu vaccination?

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

READ RESPONSES IF NECESSARY

DOCTOR'S OFFICE
[IF PUERTO RICO DISPLAY:] INTERVIEWER NOTE:
DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER
AND REFORMA PROVIDER] 1
HEALTH DEPARTMENT 2
CLINIC OR HEALTH CENTER 3
HOSPITAL 4
OTHER MEDICALLY-RELATED PLACE..................5   GO TO BLOCATIOO
PHARMACY OR DRUG STORE.................................6
WORKPLACE...7
ELEMENTARY/MIDDLE/HIGH SCHOOL 8
OTHER NONMEDICALLY-RELATED PLACE
[IF PUERTO RICO DISPLAY: INTERVIEWER NOTE:
INCLUDES MASS VACCINATION CLINICS HELD
AT SPORTS ARENAS] 9   GO TO BLOCATIOO
MALL OUTREACH [display only if GUAM].............10
VILLAGE OUTREACH [dislay only if GUAM].........11
DON'T KNOW..77
REFUSED...99

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

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

ELSE GO TO B10LIFE_X

BLOCATIOO   Other location: _____

        ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

        IF B8DMA=1 AND (B8DY = 7777, 9999), THEN GO TO BNEXTFLU_X

        ELSE IF B8DMA=2 AND (B8DY = 7777, 9999 AND B9DY = 7777, 9999), THEN GO TO BNEXTFLU_X

        ELSE GO TO B10LIFE_X

BNEXTFLU_X How likely is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] to get a flu vaccination between now and the end of June, 2023? 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

B10LIFE_X Thinking about all of the flu vaccinations [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] received in [FILL: his/her] life before this flu season, that is before July 1, 2022, how many flu vaccinations did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

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

ONE FLU VACCINATION 1
TWO OR MORE FLU VACCINATIONS 2
ZERO FLU VACCINATIONS......................................3
DON'T KNOW...77
REFUSED...99

[ASK B_HESINTRO THROUGH B_HES2 ONLY FOR THE FIRST SELECTED CHILD]

B_HESINTRO Next, I'm going to ask a few questions about your feelings towards some specific vaccines.

CONTINUE 1
RANDOMIZE ORDER OF B_HESFLU, B_HESCOV

B_HESFLU How hesitant are you about the flu vaccine for your child? Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

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

B_HESCOV How hesitant are you about the COVID-19 vaccine for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

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

B_HES2   Now, please think about all other routine childhood vaccines, such as measles, polio, and tetanus. Overall, how hesitant are you about those other vaccines for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT 1

NOT THAT HESITANT 2

SOMEWHAT HESITANT 3

VERY HESITANT 4

DON'T KNOW 77

REFUSED 99

B_MISS_X   In the last two months, was a medical check-up, well child visit, or vaccination appointment for [FILL FROM S3_5: NAME OF FIRST/SECOND…/NINTH CHILD] delayed, missed, or not scheduled for any reason?

YES 1

NO..2   GO TO B6_G_X

DON'T KNOW..77   GO TO B6_G_X

REFUSED...99   GO TO B6_G_X

B_MISS2_X   Was [FILL FROM S3_5: NAME OF FIRST/SECOND…/NINTH CHILD]'s visit or appointment delayed, missed, or not scheduled because of COVID-19? Please include anything that could be related to COVID-19, such as fear of exposure to COVID, the doctor's office was closed, COVID-related loss of health insurance, or anything else.

YES 1

NO..2

DON'T KNOW..77

REFUSED...99

B6_G_X   I've been asking about shots received by [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]. Now I would like to ask, has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been ill with chicken pox or varicella?

Yes 1

No..2   GO TO CWIC_01_X

DON'T KNOW..77   GO TO CWIC_01_X

REFUSED...99   GO TO CWIC_01_X

B6_H_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD], in months, when [FILL VAR: he/she] had chicken pox?

AGE IN MONTHS ....   GO TO CWIC_01_X

DON'T KNOW...77

REFUSED...99   GO TO CWIC_01_X

B6_I_X   Was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]…

…one to six months old? 1

…seven to twelve months old? 2

…13 to 18 months old?...3

…19 to 24 months old?...4

…25 to 30 months old?...5

…31 to 38 months old?...6

DON'T KNOW 77

REFUSED 99

CWIC_01_X   The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever received WIC benefits?

YES 1

NO...2   GO TO CBF_01_X

NEVER HEARD OF WIC..3   GO TO CBF_01_X

DON'T KNOW..77   GO TO CBF_01_X

REFUSED..99   GO TO CBF_01_X

CWIC_02_X   Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] currently receiving WIC benefits?

YES 1

NO...2

DON'T KNOW..77

REFUSED..99

CBF_01_X   Now I have a couple of questions on infant feeding.

Was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever breastfed or fed breastmilk?

YES 1

NO...2   GO TO C1

DON'T KNOW..77   GO TO C1

REFUSED..99   GO TO C1

CBF_02L_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] completely stopped breastfeeding or being fed breast milk?

ENTER 888 FOR STILL BREASTFEEDING

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

NUMBER...___

STILL BREASTFEEDING 888   GO TO CBF_03_X

DON'T KNOW..777   GO TO CBF_03_X

REFUSED..999   GO TO CBF_03_X

CBF_02RU_X   ENTER PERIOD:

DAYS...1

WEEKS..2

MONTHS..3

YEARS 4

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_02_WARNING; ELSE ALL RESPONSES GO TO CBF_03_X

CBF_02_WARNING

Response must not be greater than [FILL: VALUE OF S3_AGE]

INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

GO TO CBF_02L_X

CBF_03_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] when (he/she) was first fed formula?

ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

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

IF RESPONSE IS GREATER THAN THE CHILD'S AGE THEN GO TO CBF_04_W;

ELSE ALL RESPONSES GO TO CBF_N.

CBF_04_X   ENTER PERIOD:

DAYS...1

WEEKS..2

MONTHS..3

YEARS 4

IF RESPONSE IS GREATER THAN THE CHILD'S AGE IN MONTHS AND NOT 777, 888, 999 THEN GO TO CBF_04_WARNING

ELSE ALL RESPONSES GO TO CBF_N

CBF_04_WARNING

    Response must not be greater than [FILL VAR: VALUE OF S3_AGE]

    INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

    GO TO CBF_04_X

CBF_N_X   This next question is about the first thing that [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] might have been given, even water,. How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] when (he/she) was first fed anything other than breast milk or formula?

    ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH

    ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

    ENTER NUMBER..____   GO TO CBF_U_X

    NEVER 888

    AT BIRTH 000

    DON'T KNOW...777

    REFUSED..999

    IF CBF_N=0, FILL CBF_U=1

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

    ELSE ALL RESPONES GO TO C1

CBF_U_X   ENTER PERIOD:

    DAYS...1

    WEEKS...2

    MONTHS..3

    YEARS 4

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

    ELSE ALL RESPONES GO TO C1

CBF_U_WARNING

        Response must not be greater than [FILL VAR: VALUE OF S3_AGE]

        INTERVIEWER INSTRUCTION: PLEASE CORRECT THE NUMBER

        GO TO CBF_N_X

C1   Now I have some questions about your entire household.

        Including the adults and all the children, how many people live in this household?
ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

        NUMBER OF PEOPLE...____

        DON'T KNOW ....77 GO TO C1_C

        REFUSED..99 GO TO C1_C

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

        IF C1=S_NUMB, GO TO C1_WARN

        IF C1=77 or 99, GO TO C1_C

        ELSE GO TO C1_A

C1_A   How many of these are adults 18 years of age or older?

        ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

        NUMBER OF PEOPLE...____

        DON'T KNOW ....77 GO TO C1_C

        REFUSED..99 GO TO C1_C

        IF C1-C1_A < S_NUMB, THEN DISPLAY "Answer is out of bounds 1-99"

        IF C1-C1_A ≤ S_NUMB, THEN GO TO C1_A_WARNING

        ELSE IF C1_A=77 or 99, GO TO C1_C

        ELSE GO TO C1_B

C1_WARNING Response must be greater than [FILL VAR: S_NUMB]

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

        GO TO C1

C1_A_WARNING

Response must not be greater than [FILL VAR: C1-S_NUMB]

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

Correction 1   GO TO C1_C

If number does not change after this warning, then

continue...2

IF C1_A_WARNING=2, THEN:

IF FIRST TIME RESPONDING C1_AWARN=02, THEN GO BACK TO C1

ELSE IF C1-C1A<1, THEN GO TO C2_06Q3_X

ELSE IF C1-C1A<S_NUMB, THEN GO TO C1_B

C1_B   And that means that [FILL VAR: ANSWER TO C1-ANSWER TO C1A] of these people are under 18 years of age?

YES 1	IF C1_B IS >= S_NUMB+1, GO TO C1_C. ELSE GO TO C2_06Q3
NO..2	GO TO C1
DON'T KNOW...7	GO TO C2_06Q3_X
REFUSED..99	GO TO C2_06Q3_X

IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1_C. ELSE GO TO C2

C1_C   How many children less than 12 months old live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER..____

DON'T KNOW...77

REFUSED...99

IF C1_C <= C1_A WHEN C1 AND C1_A <> 77 OR 99 GO TO C1_C_WARNING. ELSE GO TO C2_06Q3_X

C1_C_WARNING

IF NUMBER AT C1_C <=C1_A WHEN C1 AND C1_A <> 77 OR 99, DISPLAY:

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

C2_06Q3_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5] of Hispanic or Latino origin? [IF USVI, DISPLAY:INCLUDES MEXICANO/A, MEXICANO-AMERICANO/A, CHICANO/A, PUERTORRIQUEÑO/A, CUBANO/A, CENTROAMERICANO/A, SURAMERICANO/A, DOMINICANO/A, O DE OTRO ORIGEN HISPANO, LATINO O ESPAÑOL] [ELSE DISPLAY: INCLUDES MEXICANO/A, MEXICANO-AMERICANO/A, CHICANO/A, PUERTORRIQUEÑO/A, CUBANO/A, CENTROAMERICANO/A, SURAMERICANO/A, O DE OTRO ORIGEN HISPANO, LATINO O ESPAÑOL]

YES 1

NO...2   GO TO C3_X

DON'T KNOW...77   GO TO C3_X

REFUSED...99   GO TO C3_X

C2_A_06Q3_X   IF USVI THEN DISPLAY:

Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE DISPLAY:

Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

CHICANO/A 1   GO TO C3_X

PUERTO RICAN..2   GO TO C3_X

CUBAN...3   GO TO C3_X

CENTRAL AMERICAN 4   GO TO C3_X

SOUTH AMERICAN 5   GO TO C3_X

OTHER HISPANIC, LATINO/A, OR SPANISH

ORIGIN (SPECIFY) 10   GO TO C2_OTHR1_06Q3_X

DOMINICAN [DISPLAY IF USVI]............................11   GO TO C3_X

DON'T KNOW..77   GO TO C3_X

REFUSED...99   GO TO C3_X

C2_OTHR1_06Q3_X

ENTER OTHER SPECIFY

_____

C3_X   Now, I am going to read a list of categories. Please choose one or more of the following
             categories to describe [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s
             race. Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] White, Black or
             African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific
             Islander?

             CLICK ALL THAT APPLY

             WHITE...1
             BLACK/AFRICAN AMERICAN 2
             AMERICAN INDIAN 3
             ALASKA NATIVE...4
             ASIAN 5
             NATIVE HAWAIIAN 6
             PACIFIC ISLANDER...7
             OTHER 8   GO TO C3_OTHRX
             DON'T KNOW...77
             REFUSED..99

             IF OPTION 8 IS SELECTED, FOLLOW THAT LOGIC FIRST.

             IF GUAM THEN DO: IF 5 OR 7 SELECTED, GO TO C3_GUAM_ASIAN, ELSE GO TO C5_X.

             ELSE IF NOT GUAM DO: IF 5 IS SELECTED GO TO C3_ASIAN,

             IF 7 IS SELECTED GO TO C3_PACI,

             IF 5 AND 7 ARE SELECTED GO TO C3_ASIAN FIRST

             IF MORE THAN ONE ANSWER AT C3_X AND RESPONSE NE 5, 7 GO TO C5_X,

             ELSE GO TO C5_X

C3_OTHRX   ENTER OTHER SPECIFY

             _____

             IF GUAM THEN DO: IF 5 OR 7 SELECTED, GO TO C3_GUAM_ASIAN, ELSE GO TO
             C5_X.

             ELSE IF NOT GUAM DO: IF C3_X INCLUDES 5, GO TO C3_ASIAN,

             ELSE IF C3_X INCLUDES 7 GO TO C3_PACI,

             ELSE IF C3_X INCLUDES 5 AND 7 GO TO C3_ASIAN FIRST

             ELSE GO TO C5_X

C3_ASIAN   Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

ASIAN INDIAN 1

CHINESE...2

FILIPINO 3

JAPANESE 4

KOREAN 5

VIETNAMESE 6

OTHER ASIAN 7

DON'T KNOW..77

REFUSED 99

IF C3_X INCLUDES 7 GO TO C3_PACISLE,

ELSE GO TO C5_X

C3_PACISLE   Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

GUAMANIAN OR CHAMORRO 1

SAMOAN 2

OTHER PACIFIC ISLANDER 3

DON'T KNOW..77

REFUSED 99

C3_GUAM_ASIAN

Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] best.

CHAMORRO	1	GO TO C5_X
FILIPINO	2	GO TO C5_X
CHUUKESE	3	GO TO C5_X
POHNPEIAN	4	GO TO C5_X
PALAUAN	5	GO TO C5_X
YAPESE	6	GO TO C5_X
KOSRAEAN	7	GO TO C5_X
MARSHALLESE	8	GO TO C5_X
JAPANESE	9	GO TO C5_X
KOREAN	10	GO TO C5_X
CHINESE	11	GO TO C5_X
VIETNAMESE	12	GO TO C5_X
THAI	13	GO TO C5_X
OTHER	14	
DON'T KNOW	77	GO TO C5_X
REFUSED	99	GO TO C5_X

C3_ASIOT   ENTER OTHER SPECIFY

_____ GO TO C5_X

C5_X   What is your relationship to [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH
                CHILD]?

                MOTHER (STEP, FOSTER, ADOPTIVE) OR

                FEMALE GUARDIAN 1

                FATHER (STEP, FOSTER, ADOPTIVE) OR

                MALE GUARDIAN 2

                SISTER OR BROTHER (STEP/FOSTER/

                HALF/ADOPTIVE)...3

                IN-LAW OF ANY TYPE 4

                AUNT/UNCLE 5

                GRANDPARENT 6

                OTHER FAMILY MEMBER.......................................7

                FRIEND 8

                DON'T KNOW...77

                REFUSED..99

                IF FIRST ELIGIBLE CHILD, GO TO C6_06Q3_X. ELSE IF SECOND OR LATER
                ELIGIBLE CHILD, GO TO C5_A.

RULES FOR ASKING C6_06Q3_X (EDUCATION), C7_X (MARITAL STATUS), C8-C10_X (RACE-
ETHNICITY) AND C11_X (RESIDENCE AT CHILD'S BIRTH):
I. ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE
II. TWO OR MORE CHILDREN IN HOUSEHOLD:
        A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER
            (C5_X=1)
        B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01) THEN DO:
            i. IF C5_A =1, ASK ONLY FOR THE FIRST CHILD.
            ii. IF C5_A ≠ 1, ASK FOR EACH CHILD

C5_A   Is [FILL VAR: NAME OF SECOND…NINTH CHILD FROM S3_5_X]'s mother the same as
                [first child]'s mother?

                YES 1

                NO...2

                DON'T KNOW...77

                REFUSED..99

C6_06Q3_X   What is the highest grade or year of school (you have /[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother has) completed?

READ IF NECESSARY

8th GRADE OR LESS 1

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

C7_X   (Are you/is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'S mother) now married, widowed, divorced, separated, never married, or living with a partner?

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

MARRIED 1   GO TO C8_06Q3_X

WIDOWED..2   GO TO C8_06Q3_X

DIVORCED...3   GO TO C8_06Q3_X

SEPARATED...4   GO TO C8_06Q3_X

NEVER MARRIED 5   GO TO C8_06Q3_X

DECEASED...6

LIVING WITH PARTNER 7   GO TO C8_06Q3_X

DON'T KNOW..77   GO TO C8_06Q3_X

REFUSED...99   GO TO C8_06Q3_X

C8_INTRO   The next few questions ask for some background information about (eligible child)'s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

C8_06Q3_X   IF C7_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

IF C7_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES 1

NO 2   GO TO C9_X

DON'T KNOW 77   GO TO C9_X

REFUSED 99   GO TO C9_X

C8_A_06Q3_X   IF USVI THEN DISPLAY:

(IF C5=1 THEN DISPLAY "Are you"/ELSE DISPLAY "is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother") Mexican, Mexican-American, , Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?)

ELSE DISPLAY:

Are you / Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

CHICANO/A 1   GO TO C9_X

PUERTO RICAN 2   GO TO C9_X

CUBAN 3   GO TO C9_X

CENTRAL AMERICAN 4   GO TO C9_X

SOUTH AMERICAN 5   GO TO C9_X

OTHER HISPANIC, LATINO/A, OR SPANISH

ORIGIN (SPECIFY) 10

DOMINICAN [DISPLAY IF USVI] 11   GO TO C9_X

DON'T KNOW 77   GO TO C9_X

REFUSED 99   GO TO C9_X

C8_OTHR1_06Q3_X

        ENTER OTHER SPECIFY

        _____

C9_X   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race. (Are you/is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

WHITE	1	GO TO C9_LOGIC
BLACK/AFRICAN AMERICAN	2	GO TO C9_LOGIC
AMERICAN INDIAN	3	GO TO C9_LOGIC
ALASKA NATIVE	4	GO TO C9_LOGIC
ASIAN	5	GO TO C9_LOGIC
NATIVE HAWAIIAN.	6	GO TO C9_LOGIC
PACIFIC ISLANDER	7	GO TO C9_LOGIC
OTHER (SPECIFY)	8	
DON'T KNOW	77	GO TO C9_LOGIC
REFUSED	99	GO TO C9_LOGIC

C9_OTHRX   ENTER OTHER SPECIFY

        _____

C9_LOGIC   IF GUAM THEN DO: IF 5 OR 7 SELECTED, GO TO C9_API. ELSE IF MORE THAN ONE SELECTED AND NOT IN 5,7 GO TO C10. ELSE IF ONLY ONE SELECTED, GO TO C10AMDY. ELSE IF NOT GUAM DO: IF 5 IS SELECTED, GO TO C10_ASIA, IF 7 IS SELECTED GO TO C10_PACISLE, IF 5 AND 7 ARE SELECTED GO TO C10_ASIA FIRST.IF MORE THAN ONE ANSWER AT C9 AND RESPONSE NE 5, 7, 8 GO TO C10 ELSE IF ONLY ONE ANSWER GO TO C10AMDY

C9_API_X   Are you/Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes your/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) best.

CHAMORRO 1

FILIPINO 2

CHUUKESE 3

POHNPEIAN 4

PALAUAN 5

YAPESE 6

KOSRAEAN 7

MARSHALLESE 8

JAPANESE 9

KOREAN 10

CHINESE 11

VIETNAMESE 12

THAI 13

OTHER 14   GO TO C9_APIOT_X

DON'T KNOW 77

REFUSED 99

IF MORE THAN ONE SELECTED AT C9_X GO TO C10_X, ELSE IF ONLY ONE SELECTED AT C9_X GO TO C10AMDY.

C9_APIOT_X ENTER OTHER SPECIFY

_____

IF MORE THAN ONE SELECTED AT C9_X GO TO C10_X,
ELSE IF ONLY ONE SELECTED AT C9_X GO TO C10A_X.

C10_ASIAN_X (Are you/Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother)
Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother best.

ASIAN INDIAN 1

CHINESE..2

FILIPINO 3

JAPANESE 4

KOREAN 5

VIETNAMESE 6

OTHER ASIAN 7

DON'T KNOW..77

REFUSED...99

IF C9 INCLUDES 7 GO TO C10_PACISLE

ELSE IF MORE THAN ONE ANSWER AT C9 GO TO C10

ELSE GO TO C10A_X

C10_PACISLE_X (Are you/Is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother)
Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother best.

GUAMANIAN OR CHAMORRO 1

SAMOAN 2

OTHER PACIFIC ISLANDER 3

DON'T KNOW..77

REFUSED...99

IF MORE THAN ONE ANSWER AT C9_X GO TO C10_X

ELSE GO TO C10A_X

C10_X   Which do you feel best describes (your/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race?

WHITE..1   GO TO C10A_X

BLACK/AFRICAN AMERICAN 2   GO TO C10A_X

AMERICAN INDIAN 3   GO TO C10A_X

ALASKA NATIVE...4   GO TO C10A_X

ASIAN. 5   GO TO C10A_X

NATIVE HAWAIIAN 6   GO TO C10A_X

PACIFIC ISLANDER..7   GO TO C10A_X

C9_OTHRX 8   GO TO C10A_X

OTHER 9

DON'T KNOW..77   GO TO C10A_X

REFUSED..99   GO TO C10A_X

C10_OTHR_X   ENTER OTHER SPECIFY

_____

C10A_X   What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "/[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's") month, day, and year of birth?

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

ENTER BIRTH DATE (MM/DD/YYYY)_____/_____/_____

ELSE IF C7_X=6 AND GUAM, THEN GO TO C11C_X
ELSE IF C7_X=6 AND PUERTO RICO, THEN GO TO C11CPR_X
ELSE IF C7_X=6, GO TO C11A_X
ELSE IF MONTH OR YEAR IS DK OR REF, GO TO C10B
ELSE IF CALCULATED AGE IS LESS THAN 14 YEARS OR GREATER THAN 60 YEARS THEN GO TO CHMAGE_1
ELSE GO TO C11_X

C10B_X   What [IF C7=6 DISPLAY "was", ELSE DISPLAY "is"] (IF C5=1 THEN DISPLAY "your"/ELSE DISPLAY "[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's") current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE .... _____

DON'T KNOW 77

REFUSED 99

GO TO CHMAGE_X IF C10AMDY_X < 13 Years or > 60 Years

ELSE GO TO C11_X

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

YES 1

NO 2   C10A_X

C11_X   (Do you/Does [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother live at the same address as (you/she) did when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

YES 1   GO TO CFAMINC

NO 2   IF GUAM GO TO C11C, IF PUERTO RICO GO TO C11CPR; ELSE GO TO C11A_X

DON'T KNOW 77   GO TO CFAMINC

REFUSED 99   GO TO CFAMINC

C11C_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5]'s mother) live on Guam when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5] was born?

YES 01   GO TO C11D_X

NO 02   GO TO C11A_X

DON'T KNOW 77   GO TO CFAMINC

REFUSED 99   GO TO CFAMINC

C11CPR_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5]'s mother) live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5] was born?

YES 01   GO TO C11APR_X

NO 02   GO TO C11A_X

DON'T KNOW 77   GO TO CFAMINC

REFUSED 99   GO TO CFAMINC

C11APR_X   In what city did (you//[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

        [CITIES IN PUERTO RICO] _____ 01-78   GO TO C11B_X

        DON'T KNOW _____ 88   GO TO C11B_X

        REFUSED _____ 99   GO TO C11B_X

C11A_X   In what city, county, and state did (you//[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live when /[FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was born?

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

        IF CITY OR COUNTY IS REFUSED, ENTER "REF"

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

        ENTER CITY _____

C11A_COUNTY_X

        ENTER COUNTY _____

C11A_STATE_X

        ENTER STATE _____

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

        IF "FC" WAS SELECTED, GO TO C11A_VERBATIM_1; ELSE GO TO C11B_X

C11A_VERBATIM_1

        READ IF NECESSARY: In what country was that?

        ENTER COUNTRY _____   GO TO CFAMINC

C11B_X   What was (your/ [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) zip code at that time?

        ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

        _____...   GO TO CFAMINC

        DON'T KNOW..77777   GO TO CFAMINC

        REFUSED...999999   GO TO CFAMINC

C11D_X   In what village did (you/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5]'s mother) live when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3_5] was born?

READ IF NECESSARY

AGANA HEIGHTS 1

AGAT 2

ASAN...3

BARRIGADA 4

CHALAN PAGE..5

DEDEDO 6

HAGATNA/AGANA 7

INARAJAN...8

MAINA 9

MAITE 10

MANGILAO 11

MERIZO 12

MONGMONG 13

ORDOT...14

PITI. 15

SANTA RITA 16

SINAJANA 17

TALOFOFO...18

TAMUNING-TUMON 19

TOTO..20

UMATAC 21

YIGO..22

YONA 23

DON'T KNOW 77

REFUSED 99

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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

$ _____		GO TO CINC
DON'T KNOW	77	GO TO C12_DONT_KNOW
REFUSED	99	GO TO C12_REFUSED

CINC   Just to confirm that I entered the number correctly, the total combined family income was [IF > $999,999.99 FILL RESPONSE, CFAMINC 'MILLION'. ELSE FILL RESPONSE, CFAMINC]?

YES.	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
NO	2	GO TO CFAMINC
DON'T KNOW	77	GO TO CFAMINC
REFUSED	99	GO TO CFAMINC

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 (FILL LAST CALENDAR YEAR) more or less than $20,000?

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

C12_REFUSED Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during (FILL LAST CALENDAR YEAR) more or less than $20,000?

MORE THAN $20,000. 1   GO TO C16

$20,000 2   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

LESS THAN $20,000 3   GO TO C13

DON'T KNOW 77   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C13   Was the total combined FAMILY income more or less than $10,000?

MORE THAN $10,000. 1   GO TO C15

$10,000 2   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

LESS THAN $10,000 3   GO TO C14_A

DON'T KNOW 77   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C14_A   Was it more than $7,500?

YES 1   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

NO 2   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

DON'T KNOW 77   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C15   Was it more than $15,000?

YES 1

NO. 2   GO TO C15_B

DON'T KNOW 77   IF USVI GO TO C_ISLAND, IF
                                                      GUAM GO TO C19VIL, ELSE
                                                      GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF
                                                       GUAM GO TO C19VIL, ELSE
                                                      GO TO C19A

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

C16_A   Was the total combined FAMILY income more or less than $60,000?

MORE THAN $60,000. 1   GO TO C18

$60,000..2   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

LESS THAN $60,000 3   GO TO C16_B

DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

C16_B   Was the total combined FAMILY income more or less than $50,000?

MORE THAN $50,000. 1   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

$50,000..2   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

LESS THAN $50,000 3   GO TO C16_C

DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

C16_C   Was the total combined FAMILY income more or less than $45,000?

MORE THAN $45,000. 1   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

$45,000..2   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

LESS THAN $45,000 3   GO TO C19A

DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

REFUSED 99   IF USVI GO TO C_ISLAND, IF
                                                                            GUAM GO TO C19VIL, ELSE
                                                                            GO TO C19A

C17   Was the total combined FAMILY income more or less than $30,000?

MORE THAN $30,000. 1

$30,000..2   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

LESS THAN $30,000 3   GO TO C17_B

DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED...99   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_A   Was the total combined FAMILY income more or less than $35,000?

MORE THAN $35,000. 1   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

$35,000..2   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

LESS THAN $35,000 3   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

DON'T KNOW...77   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED...99   IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C17_B   Was the total combined FAMILY income more or less than $25,000?

MORE THAN $25,000.	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
$25,000	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
LESS THAN $25,000	3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
DON'T KNOW	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C18   Was the total combined FAMILY income more or less than $75,000?

MORE THAN $75,000.	1	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
$75,000	2	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
LESS THAN $75,000	3	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
DON'T KNOW	77	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A
REFUSED	99	IF USVI GO TO C_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

C19VIL   In what village do (you/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM
              S3_5]'s mother) live?

              READ IF NECESSARY

              AGANA HEIGHTS 1   GO TO C19A
              AGAT 2   GO TO C19A
              ASAN...3   GO TO C19A
              BARRIGADA 4   GO TO C19A
              CHALAN PAGE..5   GO TO C19A
              DEDEDO 6   GO TO C19A
              HAGATNA/AGANA 7   GO TO C19A
              INARAJAN..8   GO TO C19A
              MAINA 9   GO TO C19A
              MAITE 10   GO TO C19A
              MANGILAO...11   GO TO C19A
              MERIZO 12   GO TO C19A
              MONGMONG 13   GO TO C19A
              ORDOT 14   GO TO C19A
              PITI. 15   GO TO C19A
              SANTA RITA 16   GO TO C19A
              SINAJANA 17   GO TO C19A
              TALOFOFO...18   GO TO C19A
              TAMUNING-TUMON 19   GO TO C19A
              TOTO 20   GO TO C19A
              UMATAC 21   GO TO C19A
              YIGO..22   GO TO C19A
              YONA 23   GO TO C19A
              DON'T KNOW..77   GO TO C19A
              DO NOT LIVE IN GUAM 98   GO TO C19A
              REFUSED..99   GO TO C19A

C_ISLAND	On what island do you live?		

SAINT CROIX ....1 GO TO C19C

SAINT THOMAS ....2 GO TO C19C

SAINT JOHN...3 GO TO C19C

WATER ISLAND ....4 GO TO C19C

NOT IN USVI..5

DON'T KNOW...77 GO TO C19C

REFUSED ....9 GO TO C19C

C19A What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____.. IF GUAM, AND C19VIL NE 98, GO TO C19C, ELSE IF PUERTO RICO GO TO C19PR; ELSE IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND GO TO C19A_CONF, ELSE GO TO C19

DON'T KNOW...77777 IF PUERTO RICO GO TO C19PR; ELSE GO TO C19

REFUSED ....99999 IF PUERTO RICO GO TO C19PR; ELSE GO TO C19

C19A_CONF To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES ....1 GO TO C19B

NO..2 GO TO C19

C19PR In what city and state do you live?

[CITIES IN PUERTO RICO] _____ 1-78

DON'T KNOW _____ 88

REFUSED _____ 99

IF "NOT IN PUERTO RICO" SELECTED, GO TO C19; IF DON'T KNOW OR REFUSED, GO TO C19C; ELSE GO TO C19PR_STATE

C19PR_STATE ENTER STATE _____   GO TO C19C

    IF C19PR=98 AND C19PR_STATE=PR, HARD CHECK AND DISPLAY "'NOT IN PUERTO RICO' IS THE SELECTION FOR CURRENT CITY. PLEASE SELECT "NOT IN PUERTO RICO" FOR STATE OR SELECT A CITY.."

    IF C19PR=01-78 AND C19PR_STATE IS NOT PR, HARD CHECK AND DISPLAY "A CITY IN PUERTO RICO IS THE SELECTION FOR CURRENT CITY. PLEASE CHANGE THE CITY TO 'NOT IN PUERTO RICO' OR CHANGE THE STATE TO 'PUERTO RICO'."

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

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

    IF CITY OR COUNTY IS REFUSED, ENTER "REF"

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

    ENTER CITY _____

C19_COUNTY ENTER COUNTY _____

C19_STATE ENTER STATE _____ IF ZIP GIVEN AT C19A=77777, 99999, GO TO C19B; ELSE GO TO C_19_ZIP_CONF

C19_ZIP_CONF

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

    YES ....1 GO TO C19B

    NO...2 GO TO C19_NEW_ZIP

    DON'T KNOW...77 GO TO C19B

    REFUSED ....99 GO TO C19B

C19_NEW_ZIP

    What is your zip code?

    ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

    _____...

    DON'T KNOW.......................................77777

    REFUSED 99999

C19B   Do you live within the city limits?

    YES 1

    NO...2

    DON'T KNOW...77

    REFUSED 99

C19C   Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you [IF C1_A >1 THEN DISPLAY: "or someone in your household"]?

OWNED OR BEING BOUGHT 1

RENTED..2

OTHER ARRANGEMENT..3

DON'T KNOW..77

REFUSED..99

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

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

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

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

YES 1

NO..2   GO TO C21_06Q3_CELL

DON'T KNOW..77   GO TO C21_06Q3_CELL

REFUSED..99   GO TO C21_06Q3_CELL

C21_06Q3   How many landline telephone numbers are residential numbers?

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

ONE 1

TWO 2

THREE OR MORE..3

NONE 4

DON'T KNOW..77

REFUSED..99

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

TWO 2

THREE OR MORE.. 3

NONE 4   GO TO C_AWAY

DON'T KNOW 77

REFUSED 99

C_USUAL_USE_CELL

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

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

ONE 1

TWO 2

THREE OR MORE.. 3

NONE 4

DON'T KNOW 77

REFUSED 99

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

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

D5   [IF S6=1, THEN DISPLAY:]

To get a complete picture of the vaccinations received by your [FILL: IF NUMBCHIL=1, DISPLAY: "your child" ELSE IF NUMBCHIL>1, DISPLAY: "your children"], the Centers for Disease Control and Prevention would like to obtain a copy of your child's vaccination records from the doctors or health clinics who provided them. These records contain only the immunizations and dates of the immunizations for your [FILL: IF NUMBCHIL=1, DISPLAY: "your child" ELSE IF NUMBCHIL>1, DISPLAY: "your children"].

[ELSE IF S6=2, 77, or 99), THEN DISPLAY:]

Thank you for the valuable information you've shared with us. We find that it's often difficult to remember specifics about vaccinations. The Centers for Disease Control and Prevention would like to collect the dates and types of vaccinations your [FILL: IF NUMBCHIL=1, DISPLAY: "your child has" ELSE IF NUMBCHIL>1, DISPLAY: "your children have"] received from the doctors or health clinics who provided them.

FAQs

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

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

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

That's too personal:

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

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

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

What will this information be used for?

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

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

What are you sending to my doctor?

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

D6_X   [IF USVI, DISPLAY:]

How many locations have provided vaccinations for your child named [NAME OF (FIRST/SECOND…NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? Please include the hospital or birthing center where [FILL VAR: HE/SHE] was born, and any other clinics or doctor's offices that have seen [FILL VAR: HIM/HER].

[IF PUERTO RICO, DISPLAY:]

How many locations have provided vaccinations for your child named [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] whose birth date is [FILL FROM S3: DOB OF FIRST/SECOND.../NINTH CHILD]? Please include the hospital or birthing center where [FILL: IF S3_4=1, DISPLAY: "he", ELSE IF S3_4=2, DISPLAY "she"] was born, and any other clinics, doctor's offices, or Vaccination Centers that have seen [FILL: IF S3_4=1, DISPLAY: "him", ELSE IF S3_4=2, DISPLAY "her"].

[ELSE, DISPLAY:]

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

ENTER 77 FOR DON'T KNOW AND 99 REFUSED

FAQs:

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

What are you sending to my doctor?

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

ENTER NUMBER...____ GO TO D6A_1_X

ZERO ....0 GO TO D6AA_X

DON'T KNOW..77 GO TO D6AA_X

REFUSED...99 GO TO SECT_D_TERM

D6AA_X   How many locations have provided health care for your child? Please include the hospital or birthing center where [he/she] was born, and any other clinics or doctor's offices that have seen [him/her].

[IF PUERTO RICO, DISPLAY:]

How many locations have provided health care for your child? Please include the hospital or birthing center where [FILL: IF S3_4=1, DISPLAY "he"; ELSE IF S3_4 =2, DISPLAY "she"] was born, and any other clinics, doctor's offices, or Vaccination Centers that have seen [FILL: IF S3_4=1, DISPLAY "him"; ELSE IF S3_4 =2, DISPLAY "her"] .

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

FAQs:

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

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

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

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

What are you sending to my doctor?

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

ENTER NUMBER.._____		GO TO D6A_1_X
ZERO 0		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_1_X
DON'T KNOW...77		GO TO SECT_D_TERM OR INS_1_X (ON CALLBACK)
REFUSED...99		IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_1_X

D6A_1_X   Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

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

FAQs

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

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

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

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

What are you sending to my doctor?

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

CONTINUE TO PLU 1

REFUSED 99   GO TO SECT_D_TERM;
INS_1_X (ON CALLBACK)

NIS PLU

INTERVIEWER NOTE: "IF THE ZIP WHERE R CURRENTLY LIVES IS NOT FOUND/MISSING/REFUSED CLEAR THE FIRST SEARCH FIELD AND ASK: Please tell me the zip code or city and state where the provider is located.

Please tell me the zip code or city and state where the provider is located.

Next, can you tell me the doctor or clinic name?

ADD A NEW PROVIDERDON'T KNOWREFUSED

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

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

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

* Do you remember the city and state?

What is the last name of the 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 the telephone number? [Variable: D6B9]

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

Search Results Screen

READ IF NECESSARY: NO PROVIDER MATCHES FOUND IN… WOULD YOU LIKE TO MODIFY THE SEARCH OR ADD A NEW PROVIDER?
MODIFY SEARCH

ADD NEW PROVIDER

REFUSED

D6A_3   ***Provider Details Screen***

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

EXACT MATCH..1

MODIFY LAST NAME 2   GO TO MOD_PROVN_LAST

MODIFY FIRST NAME 3   GO TO MOD_PROVN_FIRST

MODIFY PRACTICE..4   GO TO MOD_PROVC

MODIFY ADDRESS...5   GO TO MOD_PROVA_STREET

MODIFY SUITE...6   GO TO MOD_PROVA_SUITE

MODIFY CITY..7   GO TO MOD_PROVA_CITY

MODIFY STATE 8   GO TO MOD_PROVA_STATE

MODIFY ZIP...9   GO TO MOD_PROVA_ZIP

MODIFY PHONE...10   GO TO MOD_PROVA_PROVP

New Provider Screen:

[FIRST, SECOND….ETC….] PROVIDER FOR [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]

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

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

Please enter information about the Second provider for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]

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

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 the telephone number? [Variable: D6B9]

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

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

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

NO ADDITIONAL PROVIDERS.................................2   GO TO D8_X

D6_R   Vaccination information from doctors and clinics is often the most up-to-date and comprehensive. So, in order to obtain the most complete information possible about children's vaccinations, we need to collect the vaccination histories from both the parents or guardians of the children and the doctors and clinics that provide the immunizations.

All information about your child and your child's health care provider is held in strict confidence and used for study purposes only. Any names of children, as well as any names of doctors or clinics, will not be used in reporting the study results. We will never release any information that may identify you or your child.

CONTINUE 1   GO TO PROVIDER LOOKUP

REFUSED 99   GO TO SECT_D_TERM

D8_X   IF D6_X=0 AND D6AA_x > 0:

Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] and request any vaccination information they may have. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6_X >= 1:

Thank you. In order to help the doctor or clinic find your child's vaccination records, what is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] name -- first, middle, and last?

ENTER NAMES ONLY. FULL FIRST AND LAST NAME ARE PREFERRED

- IF R REFUSES FULL FIRST NAME, ENTER AN INITIAL FOR THE FIRST NAME

- IF R REFUSES FULL LAST NAME, GO BACK 1 SCREEN TO D8 AND CODE CASE AS A REFUSAL (99)

DO NOT EXIT TO THE UE AT THIS QUESTION TO ENTER A REFUSAL OF THE NAME

DO NOT TYPE REF, REFUSE, REFUSED, REFUSAL, ETC AT THIS QUESTION

FAQs

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

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

Why do you need the child's name?

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

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

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

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

What are you sending to my doctor?

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

CONTINUE 1   GOT TO D8A_X

REFUSED 99   GO TO SECT_D_TERM;
INS_1_X (on callback)

D8A_X   What is [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE CHILD]'s full name – first, middle and last name?

ENTER NAMES ONLY. FULL FIRST AND LAST NAME ARE PREFERRED

- IF R REFUSES FULL FIRST NAME, ENTER AN INITIAL FOR THE FIRST NAME

- IF R REFUSES FULL LAST NAME, GO BACK 1 SCREEN TO D8 AND CODE CASE AS A REFUSAL (99)

DO NOT EXIT TO THE UE AT THIS QUESTION TO ENTER A REFUSAL OR THE NAME

DO NOT TYPE REF, REFUSE, REFUSED, REFUSAL, ETC AT THIS QUESTION

FIRST NAME:_____

D8B_X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____

D8C_X   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

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

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

LAST NAME: _____

D9　　　　So the doctor knows we talked with you, may I have your name -- first, middle, and last?

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

FAQs

Why do you need my name?

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

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

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

What are you sending to my doctor?

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

CONTINUE. 1

REFUSED ....2　　GO TO SET_D_TERM; INS_1_X
　　　　　　　　　　　　　　　　　　　　　　　　　　　　(ON CALLBACK)

D9A　　　　What is your first name?

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

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

FIRST NAME:_____

D9B　　　　What is your middle name?

MIDDLE NAME: _____

D9C   What is your last name?

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

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

             LAST NAME: _____

D9D_X   I need to verify that I am speaking with someone who can authorize the release of
             immunization records for [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM D8A-
             D8C) ELIGIBLE CHILD]. Are you that person?

             YES 1
             NO 2   GO TO D9D1
             REFUSED 99   GO TO SECT_D_TERM

D6C   The vaccination records collected from the provider(s) will be kept in strict confidence.

              GO TO D7

D7_ID   Capture Interviewer ID upon entering question D7

D7_X   Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies (FILL VAR: NAME OF FIRST/SECOND/...NINTH CHILD, FROM D8A-D8C), and request that information relevant to (his/her) immunization history be sent to the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention or its contractors for study purposes only?

FAQs

I'm not comfortable with that:

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

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

I don't want you to contact my doctor:

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

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

What are you sending to my doctor?

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

YES 1

NO (ONLY CHOOSE THIS WHEN YOU HAVE

MADE ALL APPROPRIATE AVERSION

ATTEMPTS) 2   GO TO SECT_D_TERM

D7G_X   Sometimes to get a complete record of your child(ren)'s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

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

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

WHY DO YOU NEED TO CONTACT A REGISTRY?
Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

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

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

YES 1   GO TO DCG1_X

NO 2   GO TO DCG1_X

DON'T KNOW 77   GO TO DCG1_X

REFUSED 99   GO TO DCG1_X

D7_DATE   Capture date at the time the answer to D7 is given

D7_TIME   Capture time at the time the answer to D7 is given

DCG1_X   I would like to confirm that I have the correct information for you and the children in this household.

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

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

YES 1   GO TO DCG2_X

NO 2

D9A_C_X   Please tell me the correct first and last name of the consent giver:

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

FIRST NAME: _____

D9B_C _X   MIDDLE NAME: _____

D9C_C _X   LAST NAME: _____

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

DCG2_X   The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND…/ NINTH CHILD, FROM S3_5_X]. Is this correct?

YES 1   GO TO DCONFDOB_X

NO 2

D8A_C_X   Please tell me the correct first and last name of the child:

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

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

FIRST NAME: _____

D8B_C _X   MIDDLE NAME: _____

D8C_C _X   LAST NAME: _____

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

DCONFDOB_X

The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?

YES 1   GO TO NEXT CHILD OR
                                                                      INS_1_X

NO 2

DNEWDOB_X   What is the correct month, day and year of birth of [IF DCG2=2, FILL CHILD'S NAME FROM D8A_C-D8C_C, ELSE IF DCG=1, FILL FROM D8A-D8C]?

MONTH	DAY	YEAR
_ _	_ _	_ _ _

GO TO D9D FOR NEXT ELIGIBLE CHILD

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

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

ELSE AFTER LOOPING THROUGH ALL CHILDREN GO TO INSINTRO

ASK ONLY IF D9D=2

D9D1   Please give me the full name of someone who can authorize the release of these immunization records.

CONTINUE 1

REFUSAL 2   GO TO SECT_D_TERM;
                                                                 INS_1_X (ON CALLBACK)

D9D1F   What is the first name?

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

FIRST NAME: _____

D9D1M   What is the middle name?

MIDDLE NAME: _____

D9D1L   What is the last name?

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

                 LAST NAME: _____

D9DREL_X   What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND…/ NINTH
                 CHLD, FROM S3_5]?

                 MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
                 GUARDIAN 01

                 FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
                 GUARDIAN 02

                 SISTER OR BROTHER
                 (STEP/FOSTER/HALF/ADOPTIVE) 03

                 IN-LAW OF ANY TYPE 04

                 AUNT/UNCLE 05

                 GRANDPARENT 06

                 OTHER FAMILY MEMBER.......................................07

                 FRIEND 08

D9D1A   May I speak with that person now?

                 YES 1   GO TO D9D1NEW

                 NO 2

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   SET CALLBACK

                 CONTINUE 2   GO TO D9D1NEW

SECT_D_TERM

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

D9D1NEW   (READ IF NECESSARY: Hello, my name is _____.) Am I speaking with [NAME LISTED IN
               D9D1F-D9D1L]?

               YES 1

               NO….. 2   GO TO D9D2

D9D2ANEW   I'm calling on behalf of the [IF PUERTO RICO, DISPLAY: "Puerto Rico Department of
               Health and the"] Centers for Disease Control and Prevention. We talked with [FILL: NAME
               FROM D9A-D9C] and collected immunization and provider information for [NAME OF
               ELIGIBLE CHILD(REN) FROM D8A-D8C WHERE D9D=2]. We understand that you could
               authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN)
               FROM D8A-D8C WHERE D9D=2]. This survey is voluntary and is authorized by the U.S.
               Public Health Service Act. You may choose not to answer any question you don't wish to
               answer or stop at any time. The information you give will be kept in strict confidence and will
               be summarized for research purposes only. This call will be recorded or monitored.

               CONTIUE WITH RECORDING 1   GO TO D9D

               CONTINUE WITHOUT RECORDING 2   GO TO D9D2REC

SECTION E

Health Insurance Module

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

INS_1_X   Next I'm going to ask you a few questions about [FILL FROM S3_5_X: NAME OF FIRST/SECOND.../NINTH CHILD]'s health insurance.

At this time, is [FILL FROM S3_5_X: NAME OF FIRST/SECOND.../NINTH CHILD] covered by health insurance that is provided through an employer or union?

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

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

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

YES 1   GO TO INS_1A_X

NO 2

DON'T KNOW 77

REFUSED 99

IF STATE* = HI, KS, MA, MN, OK, OE, WI GO TO INS_3A;

ELSE GO TO INS_2

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

INS_1A_X   Does this health insurance help pay for both doctor visits and hospital stays?

        YES 1

        NO 2

        DON'T KNOW...77

        REFUSED...99

IF STATE* = HI, KS, MA, MN, OK, OE, WI GO TO INS_3A;

ELSE GO TO INS_2

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

INS_2_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any Medicaid plan? Medicaid [IF C19_STA=PR OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE="PR") DISPLAY: "also known as La Reforma/Vital"] is a health insurance program for persons with certain income levels and persons with disabilities. [IF C19_STA ne "GU" OR "PR" OR "VI" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE ne "VI" of "GU" or "PR"), DISPLAY: "In this state, the program is sometimes called" [FILL: MEDICAID NAME].

READ IF NECESSARY: Medicaid 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

INS_3_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by the Children's Health Insurance Program or CHIP? [IF C19_STA ne "GU" OR "PR" OR "VI" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE ne "VI" of "GU" or "PR"), DISPLAY: In this state, the program is sometimes called [FILL: CHIP NAME].]

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

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

YES 1

NO 2

DON'T KNOW..77

REFUSED..99

IF GUAM, PUERTO RICO, OR USVI, GO TO INS_5. ELSE, GO TO INS_4

INS_3A_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any Medicaid plan or the Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL: MEDICAID NAME].

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

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

YES 1

NO...2

DON'T KNOW..77

REFUSED..99

INS_4_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by the Indian Health Service?

YES 1

NO 2

DON'T KNOW..77

REFUSED..99

INS_5_X   At this time, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-V-A, 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

INS_6_X   Besides what you have already told me, is [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] covered by any other health insurance or health care plan?

YES 1

NO..2   IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

DON'T KNOW..77   IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

REFUSED...99   IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

INS_6A_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES 1

NO 2   IF INS_1A_X, INS_2_X,
                                                                                      INS_3_X, INS_3A_X, INS_4_X,
                                                                                      OR INS_5_X = 1 SKIP TO
                                                                                      INS_11_X ELSE GO TO
                                                                                      INS_7_X

DON'T KNOW 77   IF INS_1A_X, INS_2_X,
                                                                                      INS_3_X, INS_3A_X, INS_4_X,
                                                                                      OR INS_5_X = 1 SKIP TO
                                                                                      INS_11_X ELSE GO TO
                                                                                      INS_7_X

REFUSED 99   IF INS_1A_X, INS_2_X,
                                                                                      INS_3_X, INS_3A_X, INS_4_X,
                                                                                      OR INS_5_X = 1 SKIP TO
                                                                                      INS_11_X ELSE GO TO
                                                                                      INS_7_X

INS_6B_X   Is this health insurance provided through an employer or union?

YES 1   GO TO INS_11_X

NO 2

DON'T KNOW 7

REFUSED 99

INS_6C_X   Is this health insurance purchased directly from an insurance company?

YES 1   GO TO INS_11_X

NO 2

DON'T KNOW 77

REFUSED 99

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

CONTINUE 1

DON'T KNOW 77   GO TO INS_11_X

REFUSED 99   GO TO INS_11_X

INS_6D_1_X   Record verbatim response #1 _____

INS_6D_2_X   Record verbatim response #2 _____

INS_7_X   It appears that [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

YES 1	GO TO INS_8_X
NO 2	
DON'T KNOW..77	GO TO INS_11_X
REFUSED..99	GO TO INS_11_X

INS_7A_X   At this time, what kind of health coverage does [FILL FROM S3_5: NAME OF

FIRST/SECOND.../NINTH CHILD] have? Any other kind?

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

MEDICAID [IF PUERTO RICO THEN DISPLAY: (LA REFORMA/VITAL) [ELSE FILL: MEDICAID NAME]..1 GO TO INS_11_X	
MEDICARE..2	
CHIP [FILL: CHIP NAME] ....3 GO TO INS_11_X	
MEDIGAP 4	
MILITARY ....5 GO TO INS_11_X	
[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY] INDIAN HEALTH SERVICE ....6 GO TO INS_11_X	
PRIVATE INSURANCE 7	
SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC) ....8 GO TO INS_8_X	
OTHER 9	
[IF GUAM DISPLAY] MIP/GOVGUAM 10	
DON'T KNOW..77 GO TO INS_8_X	
REFUSED..99 GO TO INS_8_X	

IF INS_7A=1, 3, 5, OR 6, GO TO INS_11.

ELSE IF INS_7A = 8, 77, OR 99, GO TO INS_8.

ELSE IF INS_7A = 2, 4, 7, 9 OR 10, GO TO INS_7B.

INS_7B_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES 1   GO TO INS_11_X

NO 2

DON'T KNOW 77   GO TO INS_11_X

REFUSED 99   GO TO INS_11_X

INS_8_X   Since [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth, has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] always [IF INS_6A=2, 77, 99 OR INS_7B=2, THEN "had partial coverage"; ELSE "been uninsured"]?

[IF INS_6A=2, 77, 99 OR INS_7B=2 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.]

YES 1   GO TO INS_14_X

NO 2

DON'T KNOW 77   GO TO INS_14_X

REFUSED 99   GO TO INS_14_X

INS_9_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] became [IF INS_6A=2, 77, 99 OR INS_7B=2, THEN "only partially insured"; ELSE "uninsured"]?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

ENTER 44 IF UNINSURED AT BIRTH

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF INS_6A=2, 77, 99 OR INS_7B=2 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.

____NUMBER...

UNINSURED AT BIRTH 44   GO TO INS_10_X

DON'T KNOW 77   GO TO INS_10_X

REFUSED 99   GO TO INS_10_X

INS_9A_X   ENTER PERIOD:

MONTH(S) 1

YEAR(S)...2

INS_10_X [IF C_ISLAND ne '05' OR C19VIL ne '98' DISPLAY:]

During the months when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] DID have health coverage, what kinds of health coverage did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Medicaid, Medicare, CHIP, Medigap, Military, Private Health Insurance, or another insurance type?

[ELSE DISPLAY:]

During the months when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] DID have health coverage, what kinds of health coverage did [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] have? Medicaid [IF C19_STATE= "PR" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE="PR"), DISPLAY: "(La Reforma/Vital)"], Medicare, CHIP, Medigap, Military, [IF C19_STA ne "PR" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE ne "PR"), DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

CLICK ALL THAT APPLY

MEDICAID [IF PUERTO RICO THEN DISPLAY: (LA REFORMA/VITAL) [ELSE FILL: MEDICAID NAME]...1   GO TO INS_14_X

MEDICARE..2   GO TO INS_14_X

CHIP [FILL: CHIP NAME]..3   GO TO INS_14_X

MEDIGAP 4   GO TO INS_14_X

MILITARY 5   GO TO INS_14_X

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
 INDIAN HEALTH SERVICE 6   GO TO INS_14_X

PRIVATE HEALTH INSURANCE 7   GO TO INS_14_X

SINGLE SERVICE PLAN
(DENTAL, VISION, PRESCRIPTIONS, ETC) 8   GO TO INS_14_X

OTHER 9   GO TO INS_14_X

[IF GUAM DISPLAY] MIP/GOVGUAM 10   GO TO INS_14_X

DON'T KNOW...77   GO TO INS_14_X

REFUSED...99   GO TO INS_14_X

INS_11_X   Since [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s birth was there any time when [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] was not covered by any health insurance for any reason?

YES 1   GO TO INS_12_X

NO 2

DON'T KNOW 77

REFUSED 99

IF INS_11_X=2, 77, OR 99, THEN DO:

IF INS_2=1 OR INS_3=1 OR INS_3A=1, GO TO INS_14

ELSE GO TO INS_13

INS_12_X   How old was [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] the first time [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

____NUMBER...

UNINSURED AT BIRTH 44

DON'T KNOW 77

REFUSED 99

IF INS_2=1 OR INS_3=1 OR INS_3A=1, GO TO INS_14

ELSE GO TO INS_13

INS_12A_X   ENTER PERIOD:

MONTH(S) 1

YEAR(S)...2

IF INS_2=1 OR INS_3=1 OR INS_3A=1, GO TO INS_14

ELSE GO TO INS_13

INS_13_X   Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by any Medicaid plan [IF C19_STA= "PR" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE="PR"),THEN DISPLAY: "also known as La Reforma/Vital"] or the Children's Health Insurance Program?

[[IF STATE* = HI, KS, MA, MN, OK, OE, WI, DISPLAY:]
In this state, it is sometimes called [FILL MEDICAID NAME].

ELSE DISPLAY: In this state, it is sometimes called [MEDICAID] or [CHIP NAME].

YES 1

NO 2   GO TO INS_14_X

DON'T KNOW 77

REFUSED 99

INS_13A_X   [IF C19_STA = "GU" OR "PR" OR "VI" OR ((C19_STA==0 OR C19_STA=77,99) AND P_STATE = "VI" of "GU" or "PR"),DISPLAY:]

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by the Children's Health Insurance Program?

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

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by the Children's Health Insurance Program?

.... ELSE DISPLAY:

Has [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] ever been covered by the Children's Health Insurance Program? In this state, it is sometimes called [FILL: CHIP NAME].

YES 1

NO 2

DON'T KNOW 7

REFUSED 99

INS_14_X   Did cost of vaccinations ever cause you to delay or not get a vaccination for [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD]?

YES 1   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NE 1 GO TO INS_15_X, ELSE GO TO K_D16

NO 2   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NE 1 GO TO INS_15_X, ELSE GO TO K_D16

DON'T KNOW 77   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NE 1 GO TO INS_15_X, ELSE GO TO K_D16

REFUSED 99   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NE 1 GO TO INS_15_X, ELSE GO TO K_D16

INS_15_X   When [FILL FROM S3_5: NAME OF FIRST/SECOND.../NINTH CHILD] received [FILL: his/her] most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

ALL OF THE COST.......................................1   GO TO K_D16

SOME OF THE COST 2

NONE OF THE COST 3

DON'T KNOW..77

REFUSED..99

INS_16_X   How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

ALL OF THE COST 1

SOME OF THE COST 2

NONE OF THE COST 3

DON'T KNOW 77

REFUSED 99

IF P_INCENT>0 GO TO VRYADD, ELSE GO TO K_D16

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

DOES NOT WANT TO GIVE ADDRESS……………..1   GO TO K_D16

WILL GIVE ADDRESS…………………………….....2   VERIFY ADDRESS THEN GO TO K_D16

DON'T KNOW……………………………………………77   GO TO K_D16

REFUSED………………………………………………99 GO TO K_D16

K_D16   Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in related surveys. if you are contacted to participate in related surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

EXIT SURVEY