

## **NIS-Child Hard Copy Questionnaire**

**Q1/2025**

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
FLUONOFF	ON- CIM is enabled OFF-CIM is disabled
ADULTONOFF	ON- ACM is enabled OFF- ACM is disabled
INTENTONOFF	ON- Flu vaccination intent question is asked OFF – Flu vaccination intent question is not asked

SECTION S

Screener

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	
CONTINUE WITH RECORDING.....	1	GO TO S_WARM
CONFIRM BUSINESS.....	2	GO TO S_WARM
OUT OF SCOPE.....	3	GO TO THANK_YOU_OOS
TERMINATE THE INTERVIEW .....	4	EXIT SURVEY
LANDLINE.....	5	GO TO LANDLINE_EXIT
ANSWERING MACHINE .....	6	[FILL: "(WON'T LEAVE MESSAGE)"/"(WILL LEAVE MESSAGE)"]
R WILL CALL 800 LINE/VERIFY WEBSITE .....	7	GO TO VERIFY_INFO
R ASKS FOR LETTER .....	8	GO TO S_WARM
SUPERVISOR REVIEW .....	9	EXIT SURVEY
DROPPED CELL CALL .....	17	EXIT SURVEY
ANSWERING MACHINE – SPANISH .....	19	[FILL: "(WON'T LEAVE MESSAGE)"/"(WILL LEAVE MESSAGE)"]
REPORTS LIVING OUTSIDE OF U.S., PR, USVI OR GUAM .....	20	GO TO FC_OOS

S3\_EVAL\_R

RESPONDENT WANTS TO CONTINUE WITHOUT  
RECORDING ..... 2

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    IF INTRO\_1=8 GO TO  
M1\_NAME, ELSE GO TO S1

NOT SAFE TO CONTINUE ..... 44

NOT A CELL PHONE ..... 55    GO TO LANDLINE\_EXIT

S\_ATT N [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 ANOTHER TIME.....1 SET CALLBACK
- CALL BACK AT ANOTHER NUMBER REQUESTED.....2 GO TO CBINWARN
- WRONG TIME ZONE FOR CELL PHONE.....3
- 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 STANDARD 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
- GO BACK TO INTRO\_1 .....10 GO TO INTRO\_1
- RESPONDENT DOESN'T KNOW/KEEP CURRENT TIME ZONE.....12 SET CALLBACK
- REFUSED TO CONTINUE/HUNG UP.....99 EXIT SURVEY

THANK\_YOU\_OOS

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

GO BACK TO INTRO\_1 .....1 GO TO INTRO\_1  
TERMINATE INTERVIEW .....2 EXIT SURVEY

LANDLINE\_EXIT

We are not interviewing landline households at this time, sorry for the interruption. Thank you very much.

TERMINATE INTERVIEW ..... 1 EXIT SURVEY

FC\_OOS

We are interviewing families whose usual residence is in the United States, Puerto Rico, USVI, or Guam.

Those are all the questions I have today. Thank you!

GO BACK TO INTRO\_1 .....1 GO TO INTRO\_1  
TERMINATE INTERVIEW.....2 EXIT SURVEY

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 the National Immunization Survey, 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 6 months and 17 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 EXIT SURVEY
- COULD NOT LEAVE A MESSAGE .....2 EXIT SURVEY
- ANSWERING MACHINE SAID  
“TAKE ME OFF YOUR LIST” .....3 EXIT SURVEY, SET AS  
TMOL
- 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 EXIT SURVEY
- COULD NOT LEAVE A MESSAGE .....2 EXIT SURVEY
- ANSWERING MACHINE SAID  
“TAKE ME OFF YOUR LIST” .....3 EXIT SURVEY, SET AS  
TMOL
- 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>0 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 EXIT SURVEY
- COULD NOT LEAVE A MESSAGE .....2 EXIT SURVEY
- ANSWERING MACHINE SAID  
“TAKE ME OFF YOUR LIST” .....3 EXIT SURVEY, SET AS  
TMOL
- 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 EXIT SURVEY
- 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   EXIT SURVEY
- COULD NOT LEAVE A MESSAGE .....2   EXIT SURVEY
- ANSWERING MACHINE SAID  
“TAKE ME OFF YOUR LIST” .....3   EXIT SURVEY, SET AS  
TMOL
- 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 EXIT SURVEY  
 COULD NOT LEAVE A MESSAGE .....2 EXIT SURVEY  
 ANSWERING MACHINE SAID  
 “TAKE ME OFF YOUR LIST” .....3 EXIT SURVEY, SET AS  
 TMOL  
 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  
 NEW PERSON COMES TO PHONE.....3 GO TO INTRO\_1  
 DOESN’T USUALLY USE THIS PHONE.....8 SET CALLBACK  
 NO, R IS NOT 18 OR OLDER.....9 GO TO S2\_B  
 REFUSED.....99 GO TO SCRFEXIT

SALZ

Is this telephone number for business use only?

YES.....1  
 NO.....2 GO TO INTRO\_1  
 DORM/PRISON/HOTEL .....3  
 PAGING SERVICE.....4

SALZ\_BUS We are interviewing only persons on their personal cell phones. Thank you very much.

EXIT SURVEY

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

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\_ARI, ELSE EXIT  
SURVEY  
  
RING NO ANSWER .....3 EXIT SURVEY  
REFUSED/NUMBER IS NOT ACCEPTED .....4 EXIT SURVEY  
TAKE ME OFF YOUR LIST.....5 EXIT SURVEY

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\_ARI, ELSE EXIT  
SURVEY  
  
RING NO ANSWER .....3 EXIT SURVEY  
REFUSED/NUMBER IS NOT ACCEPTED .....4 EXIT SURVEY  
TAKE ME OFF YOUR LIST.....5 EXIT SURVEY  
GENERAL CALL BACK.....6 EXIT SURVEY

VERIFY\_INFO REFER TO FAQ/JOB AID TO ANSWER RESPONDENT QUESTIONS

TERMINATE INTERVIEW.....1 EXIT SURVEY  
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;  
EXIT SURVEY

SEND LETTER AND TERMINATE (REFUSAL).....2 EXIT SURVEY

REFUSED TO GIVE INFORMATION.....3 EXIT SURVEY

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

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.

EXIT SURVEY

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

EXIT SURVEY

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.

EXIT SURVEY

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

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 K\_D16.

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

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.

EXIT SURVEY

S\_NUMB\_WARNING

ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN

CONTINUE.....1  
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 (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

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,.../NINTH] child in your household who is between 12 months and 4 years old.

AGREE .....1  
 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,.../NINTH] 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 YEARDK\_X; ELSE IF S3\_X OR S3\_3\_X=99 THEN GO TO YEARREF\_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 PLEASE CORRECT THE DATE OF BIRTH FOR THIS CHILD .....2 GO TO S3\_3MDY\_X

AGEMONTH1 Compute the age in months at the beginning of the quarter (01/01/2024)

AGEMONTH2 Compute the age in months at the end of the quarter (03/31/2024)



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

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.

EXIT SURVEY

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

NO.....2 GO TO WHEN\_CALL

PERSON\_X May I speak with this person now?

YES.....1 GO TO BITHD\_BOX

NO.....2 IF LAST CHILD IN ROSTER,  
GO TO WHEN\_CALL; ELSE  
GO TO S3\_X FOR NEXT

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 INTERVIEW.....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\_4\_X  
 CONTINUE WITHOUT RECORDING.....2

BITHREC (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE  
 WITHOUT RECORDING .....2

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  
NO.....2

IF S3\_C EQ 1, GO TO S3\_C\_WARNING; ELSE 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 EXIT SURVEY.

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)/INITIAL(S) OF ELIGIBLE CHILD(REN) FROM S3\_5].

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 (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE  
WITHOUT RECORDING .....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/SECOND.../NINTH 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

**SECTION MR**

*Most Knowledgeable Respondent Callback Questions*

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: \_\_\_\_\_

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

YES..... 1

NO.....2 SET CALLBACK

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

**SECTION B**

*Flu Vaccination*

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, 2024 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 IF INTENTONOFF=ON, GO TO BNEXTFLU\_X;  
ELSE GO TO BFLUREC\_X
- DON'T KNOW .....77 IF INTENTONOFF=ON, GO TO BNEXTFLU\_X;  
ELSE GO TO BFLUREC\_X
- REFUSED .....99 IF INTENTONOFF=ON, GO TO BNEXTFLU\_X;  
ELSE GO TO BFLUREC\_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, 2024?

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

- 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.../NINTH CHILD, FROM S3\_5] receive [FILL: his/her] first dose of the flu vaccine since July 1, 2024?

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

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2024

MONTH	YEAR
--	----

ANSWER MUST BE AFTER 07/2024 AND NOT AFTER INTERVIEW DATE

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"

IF B8DM\_X=THE CURRENT MONTH AND B8DY\_X=CURRENT YEAR, GO TO BWEEK\_X; ELSE IF B8DMA\_X = 2 GO TO B9DM\_X, ELSE GO TO BLOCATIO\_X

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



B9DM\_X

During what month and year did [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3\_5] receive [FILL: his/her] second dose of the flu vaccine since July 1, 2024?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED  
IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE:  
77/2024

MONTH	YEAR
--	----

ANSWER MUST BE AFTER 07/2024 AND NOT AFTER INTERVIEW DATE

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"

IF B9DM\_X=THE CURRENT MONTH AND B9DY\_X=CURRENT YEAR, GO TO BWEEK2\_X; ELSE GO TO BLOCATIO\_X

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

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 FACILITY, 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

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

MALL OUTREACH [display only if GUAM]..... 10

VILLAGE OUTREACH [display only if GUAM] ..... 11

DON'T KNOW ..... 77

REFUSED.....99

IF BLOCATIO\_X IN (5,9) GO TO BLOCATIOO; ELSE IF INTENTONOFF=ON AND  
B8DMA=01 AND (B8DY = 7777, 9999), THEN GO TO BNEXTFLU\_X; ELSE IF  
INTENTONOFF=ON AND B8DMA=2 AND (B8DY = 7777, 9999 AND B9DY = 7777,  
9999), THEN GO TO BNEXTFLU\_X; ELSE GO TO BFLUREC\_X

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF INTENTONOFF=ON AND B8DMA=1 AND (B8DY = 7777, 9999), THEN GO TO  
BNEXTFLU\_X; ELSE IF INTENTONOFF=ON AND B8DMA=2 AND (B8DY = 7777, 9999  
AND B9DY = 7777, 9999), THEN GO TO BNEXTFLU\_X; ELSE GO TO BFLUREC\_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, 2025? Would you say [FILL: 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

BFLUREC\_X Since July 1<sup>st</sup> 2024, has a doctor, nurse, or other health professional recommended that you get a flu vaccine for [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]?

YES..... 1  
 NO .....2  
 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, 2024, 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

B\_CCM1\_X Next, we have a few questions for you about [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] and COVID.

Has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] received at least one dose of a COVID vaccine?

YES..... 1  
 NO.....2 GO TO B\_CCMINTUV\_X  
 DON'T KNOW .....77 GO TO B\_CCMINTUV\_X  
 REFUSED.....99 GO TO B\_CCMINTUV\_X

B\_CCMSEP\_X Since August 22, 2024, has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] had a COVID vaccination?

READ IF NECESSARY: This vaccine is sometimes called the ‘updated vaccine’ or the ‘2024-2025 vaccine’.

- YES..... 1
- NO .....2 GO TO B\_CCMINTV\_X
- DON’T KNOW ..... 77 GO TO B\_CCMINTV\_X
- REFUSED..... 99 GO TO B\_CCMINTV\_X

B\_CCM3B\_X Which brand of the COVID vaccine did [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] receive for their most recent dose?

- PFIZER-BIONTECH/COMIRNATY ..... 1
- MODERNA/SPIKEVAX..... 2
- DON’T KNOW ..... 77
- REFUSED..... 99

B\_CCM2\_X How many doses of a COVID vaccine has [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] received?

- ONE ..... 1
- TWO ..... 2
- THREE..... 3
- FOUR..... 4
- FIVE OR MORE ..... 5
- DON’T KNOW ..... 77
- REFUSED..... 99

IF B\_CCM3B\_X IN (1,77,99) AND B\_CCM2\_X IN (3,4,5) GO TO B\_CCM4M\_X; ELSE IF B\_CCM3B\_X IN (2) AND B\_CCM2\_X IN (2,3,4,5) GO TO B\_CCM4M\_X; ELSE GO TO B\_CCMINTV\_X

B\_CCM4M\_X During what month did [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] receive their most recent COVID vaccine?

ENTER 77/7777 FOR DON'T KNOW

ENTER 99/9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE 77/2023.

[IF DATE IS BEFORE 8/2024, DISPLAY: DATE MUST BE AFTER 8/2024]

MONTH/YEAR .....

DON'T KNOW ..... 77/7777

REFUSED..... 99/9999

IF B\_CCM4M\_X IN (77,99) THEN GO TO B\_COVREC\_X; END; ELSE GO TO B\_CCM4C\_X

B\_CCM4C\_X That was [FILL MONTH] of [FILL YEAR], correct?

YES ..... 1

NO ..... 2 GO TO B\_CCM4M\_X

BCV\_WK\_CHK

IF B\_CCM4M\_X=THE CURRENT MONTH GO TO B\_CCMWK\_X; ELSE GO TO B\_COVREC\_X .....

B\_CCMWK\_X Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday {FILL PREVIOUS SUNDAY'S DATE}].

YES..... 1

NO ..... 2

DON'T KNOW ..... 77

REFUSED..... 99

GO TO B\_COVREC\_X

B\_CCMINTV\_X

How likely are you to get [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] another COVID vaccine?

Would you say you would definitely get another vaccine, probably get another vaccine, probably not get another vaccine, definitely not get another vaccine, or are not sure?

- DEFINITELY GET ANOTHER VACCINE ..... 1
- PROBABLY GET ANOTHER VACCINE ..... 2
- PROBABLY NOT GET ANOTHER VACCINE ..... 3
- DEFINITELY NOT GET ANOTHER VACCINE ..... 4
- NOT SURE ..... 5
- DON'T KNOW ..... 77
- REFUSED ..... 99

GO TO B\_COVREC\_X

B\_CCMINTUV\_X

How likely are you to get [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD] a COVID vaccine?

Would you say you would definitely get a vaccine, probably get a vaccine, probably not get a vaccine, definitely not get a vaccine, or are not sure?

- DEFINITELY GET A VACCINE..... 1
- PROBABLY GET A VACCINE ..... 2
- PROBABLY NOT GET A VACCINE..... 3
- DEFINITELY NOT GET A VACCINE..... 4
- NOT SURE ..... 5
- DON'T KNOW ..... 77
- REFUSED ..... 99

B\_COVREC\_X

Since July 1<sup>st</sup> 2024, has a doctor, or nurse, or other health professional recommended that you get a COVID vaccine for [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]?

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

IF OTHER CHILD COMPLETE GO TO B6\_G\_X; ELSE GO TO B\_HESINTRO

B\_HESINTRO Next, I'm going to ask a few questions about your feelings toward some specific vaccines for your child.

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 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

[ASK B\_HESINTRO THROUGH B\_HES2 ONLY FOR THE FIRST SELECTED CHILD]

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

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



**SECTION C**

*Demographics*

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 (he/she) 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

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

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\_WARNING  
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]  
PLEASE CORRECT THE TOTAL NUMBER OF PEOPLE OR NUMBER OF ADULTS  
WHO LIVE IN THIS HOUSEHOLD.  
CORRECTION ..... 1 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 C1\_A] 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

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 ..... \_\_\_\_ GO TO C2\_06Q3\_X

DON'T KNOW ..... 77 GO TO C2\_06Q3\_X

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

IF C3\_X EQ 8, THEN GO TO C3\_OTHRX.

IF GUAM THEN DO: IF 5 OR 7 SELECTED,

GO TO C3\_GUAM\_ASIAN\_X, ELSE GO TO C5\_X.

ELSE IF NOT GUAM DO: IF 5 IS SELECTED GO TO C3\_ASIAN\_X,

IF 7 IS SELECTED GO TO C3\_PACISLE\_X,

IF 5 AND 7 ARE SELECTED GO TO C3\_ASIAN\_X 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 AT C3\_X, GO TO C3\_GUAM\_ASIAN\_X,  
ELSE GO TO C5\_X.

ELSE IF NOT GUAM DO: IF C3\_X INCLUDES 5, GO TO C3\_ASIAN\_X,

ELSE IF C3\_X INCLUDES 7 GO TO C3\_PACISLE\_X,

ELSE IF C3\_X INCLUDES 5 AND 7 GO TO C3\_ASIAN\_X FIRST

ELSE GO TO C5\_X

C3\_ASIAN\_X 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\_X,  
ELSE GO TO C5\_X

C3\_PACISLE\_X

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 GO TO C5\_X
- SAMOAN ..... 2 GO TO C5\_X
- OTHER PACIFIC ISLANDER ..... 3 GO TO C5\_X
- DON'T KNOW ..... 77 GO TO C5\_X
- REFUSED..... 99 GO TO C5\_X



C3\_GUAM\_ASIAN\_X

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\_ASLOT\_X ENTER OTHER SPECIFY

---

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\_X.

RULES FOR ASKING C6\_06Q3\_X (EDUCATION), C7\_X (MARITAL STATUS), C8- C10\_PACISLE\_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\_X 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\_X 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

[FILL: 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:

[FILL: 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 (FILL: your/[FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother's) race. (FILL: 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

IF C9\_X EQ 8, THEN GO TO C3\_OTHRX

IF GUAM THEN DO: IF 5 OR 7 SELECTED, GO TO C9\_API\_X.

ELSE IF NOT GUAM DO: IF 5 IS SELECTED, GO TO C10\_ASIAN\_X,

IF 7 IS SELECTED GO TO C10\_PACISLE\_X,

IF 5 AND 7 ARE SELECTED GO TO C10\_ASIAN\_X.

ELSE GO TO C10A\_X.

C9\_OTHRX

ENTER OTHER SPECIFY

---

IF GUAM THEN DO: IF 5 OR 7 SELECTED AT C9\_X, GO TO C9\_API\_X.

ELSE IF NOT GUAM DO: IF 5 IS SELECTED AT C9\_X, GO TO C10\_ASIAN\_X,

IF 7 IS SELECTED AT C9\_X, GO TO C10\_PACISLE\_X,

IF 5 AND 7 ARE SELECTED AT C9\_X, GO TO C10\_ASIAN\_X.

ELSE GO TO C10A\_X.

C9\_API\_X [FILL: 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 GO TO C10A\_X
- FILIPINO..... 2 GO TO C10A\_X
- CHUUKESSE ..... 3 GO TO C10A\_X
- POHNPEIAN..... 4 GO TO C10A\_X
- PALAUAN ..... 5 GO TO C10A\_X
- YAPESE ..... 6 GO TO C10A\_X
- KOSRAEAN..... 7 GO TO C10A\_X
- MARSHALLESE..... 8 GO TO C10A\_X
- JAPANESE..... 9 GO TO C10A\_X
- KOREAN..... 10 GO TO C10A\_X
- CHINESE ..... 11 GO TO C10A\_X
- VIETNAMESE ..... 12 GO TO C10A\_X
- THAI ..... 13 GO TO C10A\_X
- OTHER..... 14
- DON'T KNOW ..... 77 GO TO C10A\_X
- REFUSED..... 99 GO TO C10A\_X

C9\_APIOT\_X ENTER OTHER SPECIFY

---

GO TO C10A\_X.

C10\_ASIAN\_X [FILL: 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 GO TO C10A\_X.

C10\_PACISLE\_X

[FILL: 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

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 C10A\_X < 13 Years or > 60 Years

ELSE GO TO C11\_X

CHMAGE\_X This would make [FILL: you/r (child's) mother] (age in years) years old, is that correct?

YES ..... 1

NO ..... 2 C10A\_X

C11\_X (FILL: Do you/Does [FILL FROM S3\_5: NAME OF FIRST/SECOND.../NINTH CHILD]'s mother) live at the same address as (FILL: 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 (FILL: 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..... 1 GO TO C11D\_X

NO ..... 2 GO TO C11A\_X

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

REFUSED..... 99 GO TO CFAMINC

C11CPR\_X Did (FILL: 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 ..... 1 GO TO C11APR\_X

NO ..... 2 GO TO C11A\_X

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

REFUSED..... 99 GO TO CFAMINC



C11APR\_X In what city did (FILL: 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 (FILL: 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 (FILL: 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 (FILL: 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?

\$ \_\_\_\_\_

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	
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	
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.....	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

C16	Was the total combined <u>family</u> income more or less than \$40,000?		
	MORE THAN \$40,000.....	1	
	\$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 <u>family</u> 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	
	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 <u>family</u> 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	
	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 <u>family</u> 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 <u>family</u> 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 <u>family</u> 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 (FILL: 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
PITL.....	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.....	99 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
- 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?

READ IF NECESSARY: 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

## SECTION D

### *Provider Questions*

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 since 1994. Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

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

What will this information be used for?

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

-- The [IF 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 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 study). 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 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.....	_____	
ZERO.....	0	IF (LAST CHILD) AND 1 <sup>ST</sup> 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 1 <sup>ST</sup> 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 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 study). 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)

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 PROVIDER

DON'T KNOW

REFUSED

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 first name of the doctor? [Variable: D6B1]

Do you know the doctor's last 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

***Provider Details Screen***

D6A\_3

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 first name of the doctor? [Variable: D6B1]

Do you know the doctor's last 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

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 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 D9D\_X FOR EACH ELIGIBLE CHILD; IF NO ADDITIONAL CHILDREN, 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 study 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 S3\_X]. 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
--	--	----

IF DK OR REF, GO TO INS\_1\_X

DCONFNDOB\_X

The new birth date I have for [IF DCG2=2, FILL CHILD'S NAME FROM D8A\_C-D8C\_C, ELSE IF DCG=1, FILL FROM D8A-D8C] is [FILL BIRTHDATE FROM DNEWDOB\_X]; is that correct?

YES ..... 1

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 INS\_1\_X

ASK ONLY IF D9D=2

NO..... 2 GO TO DNEWDOB\_X

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 ..... 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

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.

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].

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

CONTINUE 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 ..... 77

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 GO TO INS\_7B
- CHIP [FILL: CHIP NAME] ..... 3 GO TO INS\_11\_X
- MEDIGAP ..... 4 GO TO INS\_7B
- 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 GO TO INS\_7B
- SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC) ..... 8 GO TO INS\_8\_X
- OTHER ..... 9 GO TO INS\_7B
- [IF GUAM DISPLAY] MIP/GOVGUAM ..... 10 GO TO INS\_7B
- DON'T KNOW ..... 77 GO TO INS\_8\_X
- REFUSED..... 99 GO TO INS\_8\_X

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 ..... 77
- 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

[IF P\_ASKADULT=0 OR ADULTONOFF=OFF, AND P\_ASKTEN=0, AND P\_ASKFLU=0 OR FLUONOFF=OFF, AND IF CHILD(REN)'S AGE(S) NOT ELIGIBLE FOR NIS\_CHILD, DISPLAY:]

Those are the questions I have. This survey is collecting information on the health of children 19 to 35 months old only. I'd like to thank you on behalf of the [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the", ELSE IF PUERTO RICO, DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time you spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805.

[IF P\_ASKADULT=0 OR ADULTONOFF=OFF, AND P\_ASKTEN=0, AND P\_ASKFLU=0 OR FLUONOFF=OFF, AND S\_NUMB=0, DISPLAY:]

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in 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.

EXIT SURVEY