NIS-Child Hard Copy Questionnaire

Q1/2015

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

Key to Preload Variables

Variable Name	Response Definition
RDD_NCCELL_CCELL	1 = Landline phone number 2 = Non-consented cell (consent to dial cellular number not received prior to dialing) 3 = Consented cell (consent to dial cellular number received prior to dialing)
INCENT_GRP	1 - Address known, offer $10 2 - Address unknown, offer $11
sample_use_code	1 = NIS AND TEEN 2 = NIS-NSCH 3 = NSCH-only 4 = NIS-TEEN-NSCH 5 = NIS STALLED CASES 6 = NIS-TEEN STALLED CASES
ASK_TEEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview

Screener

INTRO_1 **[IF RDD_NCCELL_CCELL = 1 DISPLAY]** Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting [IF IAP NOT 105, FILL: 'a nationwide' ELSE IF IAP=105 FILL: 'an'] a nationwide immunization study to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study. This call will be recorded or monitored.

ELSE IF RDD_NCCELL_CCELL = 2 DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

ELSE IF RDD_NCCELL_CCELL = 3 DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a study with cell phone users regarding childhood immunizations. This call will be recorded or monitored.

ELSE IF P_REGIST=4 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from all 19-35 month old children in the Washington State Immunization Information System (WAIIS) for this study. This call will be recorded or monitored.

ELSE IF P_REGIST = 2 or 3 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=2 DISPLAY: 'Nevada'; IF P_REGIST=3 DISPLAY: 'Oregon'] Immunization Program to be included in the study. This call will be recorded or monitored.

ELSE IF P_REGIST = 1 or 5 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=1 DISPLAY: 'Minnesota'; IF P_REGIST=5 DISPLAY: 'Wisconsin'] Public Health Department to be included in the study. This call will be recorded or monitored.

ELSE IF P_LAV = 1, 2, 3 or 4 DISPLAY

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_LAV=1 DISPLAY: 'Michigan'; IF P_LAV=2 DISPLAY: 'Minnesota'; IF P_LAV=3 DISPLAY: 'New York City'; IF P_LAV=4 DISPLAY: 'North Dakota'] Public Health Department to be included in the study. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING 0	GO TO S3_EVAL_R	
CONTINUE WITH INTERVIEW and RECORDING . 1	IF RDD_NCCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCCELL_CCELL=2, 3, GO TO S_WARM	
CONFIRM BUSINESS 2	GO TO SALZ	
OUT OF SCOPE, NOT A PERMANENT RESIDENCE 3	GO TO THANK_YOU_OOS	
TERMINATE THE INTERVIEW 4	GO TO T1	
SEE SKIP INSTRUCTIONS 5	IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TO CELL_1, ELSE IF RDD_NCCELL_CCELL=2,3 DISPLAY (5) LANDLINE =>GO TO LANDLINE EXIT	
ANSWERING MACHINE 6	GO TO SASERV IF MESSAGE TO BE LEFT ELSE HANG UP	
R WILL CALL 800 LINE/VERIFY WEBSITE 7	GO TO CNOTES_1_1	
R ASKS FOR LETTER.. 8	GO TO M1_NAME	
SUPERVISOR REVIEW 9	GO TO CNOTES_1_1	
CONTINUE CASE WITH LANGUAGE LINE 16	CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1	
DROPPED CALL.. 17	GO TO CNOTES_1_1	
INBOUND TEXT MESSAGE 18	GO TO T1	

S3_EVAL_R/S3_EVAL_R_INCENT

YES, RESPONDENT AGREES TO RECORDING/LISTENING.. 1

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

If RDD_NCCELL_CCELL=1, GO TO S1; ELSE IF RDD_NCCELL_CCELL=2,3 GO TO S_WARM

S_WARM   If you are currently driving a car or doing anything that requires your full attention I need to call you back at a later time.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [OLD_NUMBER].

CONTINUE.. 1   GO TO S1

R UNABLE TO CONTINUE....................................... 2   GO TO S_ATTN

NOT A CELL PHONE... 3   GO TO LANDLINE_EXIT AND SET RDD_NCCELL_CCELL = 1

S_ATTN   For your safety, we will call you back at another time.

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

CALL BACK AT ANOTHER TIME............................. 1   GO TO CB1

CALL BACK AT ANOTHER NUMBER

REQUESTED 2   GO TO CB1N_WARNING

WRONG TIME ZONE FOR CELL PHONE................ 3   GO TO CELL_TZ_1

GO BACK TO S_WARM 4   GO TO S_WARM

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

ATLANTIC TIME.. 1   SET TZ TO 58 AND GO TO CB1

EASTERN STANDARD TIME..................................... 2   SET TZ TO 62 AND GO TO CB1

CENTRAL STANDARD TIME 3   SET TZ TO 65 AND GO TO CB1

STANDARD MOUNTAIN TIME 4   SET TZ TO 69 AND GO TO CB1

US STANDARD MOUNTAIN TIME (AZ) 5   SET TZ TO 68 AND GO TO CB1

PACIFIC STANDARD TIME.. 6   SET TZ TO 70 AND GO TO CB1

ALASKAN STANDARD TIME.................................... 7   SET TZ TO 71 AND GO TO CB1

HAWAIIAN STANDARD TIME 8   SET TZ TO 72 AND GO TO CB1

GUAM/CHAMORRO STANDARD TIME................... 9   SET TZ TO 66 AND GO TO CB1

RETURN TO INTRO_1 10   GO TO INTRO_1 ELSE GO TO N_INTRO1

RESPONDENT DOESN'T KNOW/KEEP CURRENT

TIME ZONE... 12   GO TO CB1

REFUSED TO CONTINUE/HUNG UP 99   TERMINATE

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

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

CELL PHONE 1   GO TO CELL_EXIT

NUMBER FORWARDED TO CELL PHONE 2   GO TO CB1

RESPONDENT HUNG UP BEFORE

CONFIRMATION 3   TERMINATE

GO BACK TO INTRO_1 4   GO TO INTRO_1

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

  NO CALL NOTES

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

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 TO INTRO_1

SALZ   Is this telephone number for business use only?

Yes 1   GO TO SALZ_BUS

 No 2   GO TO INTRO_1

DORM/PRISON/HOSTEL 3   GO TO SALZ_BUS

PAGING SERVICE 4   GO TO SALZ_BUS

MSG_Y   Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about childhood immunization. Would you please call us toll-free at 1-877-267-8154 to let us know whether or not there are any children between 12 months and 4 years old living or staying in this household? The number again is 1-877-267-8154. 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   GO TO SASERV

COULD NOT LEAVE A MESSAGE 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST" 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

SASERV   WAS THIS A BUSINESS, [IF RDD_NCCELL_CCELL = 1 DISPLAY "CELL PHONE"] [IF RDD_NCCELL_CCELL = 2 OR 3 DISPLAY "LANDLINE / HOUSEHOLD"], OR COULD NOT BE DETERMINED?

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.BUSINESS1 TERMINATE

BUSINESS 1	TERMINATE	
SEE SKIP LOGIC 3	IF RDD_NCCELL_CCELL = 1 DISPLAY (3) HOUSEHOLD – SET TO CALL BACK ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (3) LANDLINE - SET RDD_NCCELL_CCELL = 1	
COULD NOT DETERMINE 4	TERMINATE, SET AS CALL BACK	
ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST"..................................... 5	TERMINATE	
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) CELL PHONE ELSE IF RDD_NCCELL_CCELL = 2 OR 3 DO NOT DISPLAY	

S1   READ: Am I speaking to someone [IF RDD_NCCELL_CCELL=1 "who lives in this household"] who is over 17 years old?

               IF RDD_NCCELL_CCELL = 1 then display: IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD.

I AM THAT PERSON 1	GO TO S_NUMB	
THIS IS A BUSINESS.. 2	GO TO SALZ	
NEW PERSON COMES TO PHONE 3	GO TO INTRO_1	
SEE SKIP LOGIC 8	IF RDD_NCCELL_CCELL = 1 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE	
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) NO PERSON AT HOME WHO IS OVER 17 => GO TO S2_B	
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B	
REFUSED 99	GO TO R1	

SALZ   Is this telephone number for business use only?

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

SALZ_BUS   [IF RDD_NCCELL_CCELL = 1 READ] We are interviewing only private residences. Thank you very much.

               [ELSE IF RDD_NCCELL_CCELL = 2 OR 3 READ] We are interviewing only persons on their personal cell phones. Thank you very much.

               [TERMINATE INTERVIEW]

S2_B   Does anyone [IF RDD_NCCELL_CCELL = 1 live in your household / IF RDD_NCCELL_CCELL = 2, 3 use this cell phone] who is over 17 years old?

IF THE RESPONDENT SAYS NO, READ "Just to clarify, no one is 18 years of age or older lives in this household?"

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 S2_B_1_WARNING_TEXT

NO, NO ADULTS [IF RDD_NCCELL_CCELL = 1

LIVE IN THE HOUSEHOLD AT ANY TIME / IF

RDD_NCCELL_CCELL = 2, 3 USE THIS CELL

PHONE] 3   GO TO MINOR_EXIT

IF RDD_NCCELL_CCELL = 1, DISPLAY: TEEN

LINE (COLLECT ANOTHER PHONE NUMBER) 4   GO TO S2_C

REFUSED 99   GO TO R1

S2B_B_1_WARNING_TEXT

 Thank you, we'll try back another time.

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

MINOR_EXIT   Those are all the questions I have. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

[TERMINATE INTERVIEW]

S2_C   Is there another telephone number that I should call? _____

GO TO INSTRUCTION: S2_CWARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X.

GO TO CB1 (APPOINTMENT SCREEN) THEN C_NOTES_1_1

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 ONE OR MORE,

ENTER # OF CHILDREN .... ___   (ENTER 01 to 09) GO TO CP_S3_LTR

  IF NO CHILDREN ENTER 0 00   IF P_S3EXP=1 AND P_S3LTR=1 THEN GO TO CP_S3_LTR. ELSE IF P_S3EXP=0 OR IF P_S3EXP=1 AND P_S3LTR=0 THEN: IF SAMPLE_USE_CODE=1 AND ASK_TEEN=0 THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 THEN GO TO S_UNDR18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18

DON'T KNOW 77   GO TO S_NUMB_TERM
REFUSED 99   GO TO S_NUMB_TERM

S_NUMB_TERM

Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

[TERMINATE THE INTERVIEW; GO TO UE/R1]

CP_S3_LTR   IF P_S3LTR=0 GO TO S3_INTRO, ELSE IF P_S3LTR=1 GO TO S3_LTR

S3_LTR   A letter describing the National Immunization Survey may have been sent to your home recently. Do you remember seeing the letter?

        YES 1

        NO 2

        DON'T KNOW 77

        REFUSED 99

        IF P_S3EXP=0 OR [IF P_S3EXP=1 AND S_NUMB = 1-9] THEN TO GO TO S3_INTRO;

        ELSE IF S_NUMB=0 THEN: SAMPLE_USE_CODE=1 AND ASK_TEEN=0 THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 THEN GO TO S_UNDR18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18

S3_INTRO/
S3_INTRO_
INCENT   Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on 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 research. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

        CONTINUE 1   IF RDD_NCCELL_CCELL = 2 GO TO S3_X AND SET RDD_NCCELL_CCELL = 3

        RESPONDENT ASKS FOR DESCRIPTION
        OF LAW 2   GO TO S3_LAW

S3_LAW/S3_LAW_INCENT

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

        IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

        The information you provide will be used for statistical purposes only. Section308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating contractor, NORC at the University of Chicago, and their agents and contractors, has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE .... GO TO S3_X

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

AGREE.. 1 GO TO S3_3M_X

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

REFUSED .... 99 GO TO YEARREF_X

S3_3M/D/Y_X Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 4 years old.

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

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE .... GO TO S3_CONF_X, IF S_NUMB=2

AND 1 DOB IS INELIGIBLE AND
EITHER S3_X OR S3_3_X=77 THEN
GO TO YEARKDK_X

DON'T KNOW .... GO TO YEARDK_X

REFUSED .... GO TO YEARREF_X

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

YES .... 1 IF CHILD IS ELIGIBLE GO TO
S3_4_X, IF NOT GO TO NEXT CHILD

NO .... 2 GO TO S3_CONF_WARNING

S3_CONF_

WARNING Please correct the date of birth for this child.

GO TO S3.3, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TO THIS SCREEN.

YEARREF_X I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birthdate is to know which immunization questions to ask (IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

R STILL REFUSES .... 1 GO TO YEARQUIT

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

YEARQUIT_X Since we need a birth date in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

GO TO R1

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

YES 1   GO TO PERSON
NO 2   GO TO WHEN_CALL

PERSON_X   May I speak with this person now?

YES 1   GO TO BITHD_BOX
NO 2   GO TO WHEN_CALL

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   GO TO CB1
CONTINUE.. 2   GO TO BITHD_BOX

BITHD_BOX   Hi. I'm calling for the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national study of immunization. I'd like you to know that this study is voluntary and is authorized by the U.S. Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. You may choose not to answer any question you don't want to answer or stop at any time with no impact on the benefits you may receive. This call will be recorded or monitored.

CONTINUE.. 1   GO TO S3_X

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

MALE.. 1   GO TO S3_5_X
FEMALE.. 2   GO TO S3_5_X
DON'T KNOW 77   GO TO S3_5_X
REFUSED 99   GO TO S3_5_X

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

_____   GO TO S3_C

DON'T KNOW 77   GO TO S3_C
REFUSED 99   GO TO S3_C

S3_C   I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 4 years old living or staying in this household that we haven't talked about yet?

YES. 1   GO TO S3_C_WARNING
NO 2   IF SAMPLE_USE_CODE = 2 OR 4
AND ASK_TEEN =0 GO TO
S_UNDR18 ELSE IF
SAMPLE_USE_CODE = 4 AND
ASK_TEEN =1 GO TO TIS_UNDR18
ELSE GO TO S3_D_1_1

S3_TERM   Those are all the questions I have. This survey is collecting information on the health of children 17 to 37 months old only. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

[TERMINATE INTERVIEW – IF CELLUSE=1, 2, 77, OR 99, THEN TERMINATE, ELSE SKIP TO R1]

S3_D_1_X   Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3_5].

GO TO S4

S4   Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [FIRST NAMES/INITIALS OF ELIGIBLE CHILD(REN) FROM S3.5] (has/have) received. Are you this person?

YES 1   GO TO
S6_INTRO
NO 2   GO TO S5

S5   May I speak with this person now?

YES 1   GO TO S5_BOX
NO, NOT AT HOME 2   GO TO MR1

S5_BOX   Hi. I'm calling for the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national]study of immunization. I'd like you to know that this study 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 research. I'd like to continue now unless you have any questions.

CONTINUE 1   GO TO S5_EVAL_R

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S5_LAW

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 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.

GO TO S5_EVAL_R

S5_EVAL_R   YES, RESPONDENT AGREES TO
RECORDING/LISTENING... 1   GO TO
S6_INTRO

NO, THE RESPONDENT DOES NOT AGREE TO
RECORDING/LISTENING... 2   GO TO
S6_INTRO

S6_INTRO   The remainder of the survey will take about 10 minutes.

ALL GO TO S6_X

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

YES. 1   GO TO NEXT CHILD OR B1_X

NO 2   GO TO NEXT CHILD OR B1_X

DONT KNOW 77   GO TO B1_X

REFUSED 99   GO TO B1_X

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

      FIRST NAME:_____GO TO MR3

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

      YES .... 1 GO TO MR_APP
      NO .... 2 GO TO MR4

MR4   What number should I call?
      ENTER AREA CODE AND PHONE NUMBER ONLY (10 DIGITS)
      _____

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 GO TO CB1
      CONTINUE.. 2 GO TO S5_BOX

B1_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received an immunization that is a shot or drops?

                YES 1   GO TO B8_X

                NO..2   GO TO B8_X

                DON'T KNOW..77   GO TO B8_X

                REFUSED..99   GO TO B8_X

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 VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5]'s influenza vaccinations.

                Since July 1, 2014 has [FILL VAR: 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   GO TO B8DMA_X

                NO 2   GO TO BNEXTFLU

                DON'T KNOW 77   GO TO BNEXTFLU

                REFUSED 99   GO TO BNEXTFLU

B8DMA_X   How many flu vaccinations has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2014?

                ONE VACCINATION OR DOSE 1   GO TO B8DM_X

                TWO VACCINATIONS OR DOSES...........................2   GO TO B8DM_X

                DON'T KNOW 77   GO TO BLOCATION

                REFUSED 99   GO TO BLOCATION

B8DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/…eighth] flu vaccine since July 1, 2014?

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

MONTH	YEAR
_ _	_ _ _ _

                ANSWER MUST BE AFTER 07/2014 AND NOT AFTER INTERVIEW DATE

                GO TO B8D_TYPE
                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"

B8D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT 1   IF B8DMA_X = 2 GO TO B9DM_X,
ELSE GO TO BLOCATION

FLU NASAL SPRAY OR "FLUMIST" 2   IF B8DMA_X = 2 GO TO B9DM_X,
ELSE GO TO BLOCATION

DON'T KNOW 77   IF B8DMA_X = 2 GO TO B9DM_X,
ELSE GO TO BLOCATION

REFUSED 99   IF B8DMA_X = 2 GO TO B9DM_X,
ELSE GO TO BLOCATION

B9DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive [his/her] second dose of the flu vaccine since July 1, 2014?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED
IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2014 AND NOT AFTER INTERVIEW DATE

IF DATE NOT 77/7777 OR 99/9999 GO TO B9D_TYPE
ELSE GO TO BLOCATION

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"

B9D_TYPE   Was this a shot or the spray in the nose?

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

BLOCATION At what kind of place did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] get [FILL VAR: his/her] most recent flu vaccination?

DOCTOR'S OFFICE
[IF IAP=106 DISPLAY: INTERVIEWER NOTE:
DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER
AND REFORMA PROVIDER] 01
HEALTH DEPARTMENT 02
CLINIC OR HEALTH CENTER 03
HOSPITAL 04
OTHER MEDICALLY-RELATED PLACE 05
PHARMACY OR DRUG STORE 06
WORKPLACE 07
ELEMENTARY/MIDDLE/HIGH SCHOOL..................08
OTHER NONMEDICALLY-RELATED PLACE
[IF IAP=106 DISPLAY: INTERVIEWER NOTE:
INCLUDES MASS VACCINATION CLINICS HELD
AT SPORTS ARENAS] 09
DON'T KNOW 77
REFUSED 99

IF B8DM OR B9DM NOT 7777/9999 GO TO B10A_X

BNEXTFLU DISPLAY: How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of June, 2015? Would you say [FILL VAR: he/she]:

Will definitely get one 1   GO TO B10A_X
Will probably get one 2   GO TO B10A_X
Will probably not get one, or...3   GO TO B10A_X
Will definitely not get one 4   GO TO B10A_X
DON'T KNOW 77   GO TO B10A_X
REFUSED 99   GO TO B10A_X

B10A_X   Did [S.C.] receive any flu vaccinations during the last flu season? This would be from July 1, 2013 to end of June, 2014?

YES...1	GO TO B6_G_X	
NO 2	IF DOB AFTER 12/1/2012, GO TO B6_G_X, ELSE GO TO B10B_X	
DON'T KNOW 77	IF DOB AFTER 12/1/2012, GO TO B6_G_X, ELSE GO TO B10B_X	
REFUSED 99	IF DOB AFTER 12/1/2012, GO TO B6_G_X, ELSE GO TO B10B_X	

B10B_X   Did [S.C.] receive any flu vaccinations during the three flu seasons before that? This would be from July 1, 2010 to end of June, 2013?

YES 1	GO TO B11A_X
NO 2	GO TO B6_G_X
DON'T KNOW 77	GO TO B6_G_X
REFUSED 99	GO TO B6_G_X

B11A_X   How many flu vaccinations did [S.C.] receive from since July 1, 2010 to end of June, 2013?

ONE VACCINATION OR DOSE.................................	1	GO TO B6_G_X
TWO OR MORE VACCINATIONS OR DOSES..........	2	GO TO B6_G_X
DON'T KNOW...77		GO TO B6_G_X
REFUSED 99		GO TO B6_G_X

B6_G_X   I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]. Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] ever been ill with chicken pox or varicella?

Yes...1	GO TO B6_H_X
No 2	GO TO CWIC_01
DON'T KNOW 77	GO TO CWIC_01
REFUSED 99	GO TO CWIC_01

B6_H_X   How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5], in months, when [FILL VAR: he/she] had chicken pox?

AGE IN MONTHS..._____	GO TO CWIC_01
DON'T KNOW 77	GO TO B6_I_X
REFUSED 99	GO TO B6_I_X

B6_I_X   Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]…

…one to six months old? 01   GO TO CWIC_01

…seven to twelve months old? 02   GO TO CWIC_01

..…13 to 18 months old?...03   GO TO CWIC_01

….19 to 24 months old?...04   GO TO CWIC_01

….25 to 30 months old?...05   GO TO CWIC_01

….31 to 38 months old?...06   GO TO CWIC_01

DON'T KNOW...77   GO TO CWIC_01

REFUSED...99   GO TO CWIC_01

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 VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received WIC benefits?

YES	1	GO TO CWIC_02_X
NO..	2	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 VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] currently receiving WIC benefits?

YES	1	GO TO CBF_01_X
NO..	2	GO TO CBF_01_X
DON'T KNOW...	77	GO TO CBF_01_X
REFUSED..	99	GO TO CBF_01_X

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

Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?

YES	1	GO TO CBF_02_X
NO..	2	GO TO C1
DON'T KNOW...	77	GO TO C1
REFUSED..	99	GO TO C1

CBF_02L_X   How old was [FILL CHILD'S NAME] when [FILL CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?

ENTER 888 FOR STILL BREASTFEEDING
ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

NUMBER..___		GO TO CBF_02RU_X
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   GO TO CBF_03_X

        WEEKS..2   GO TO CBF_03_X

        MONTHS..3   GO TO CBF_03_X

        YEARS 4   GO TO CBF_03_X

CBF_03_X   How old was [FILL CHILD'S NAME] 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.. ___   GO TO CBF_04_X

        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   GO TO CBF_N_X

        WEEKS..2   GO TO CBF_N_X

        MONTHS..3   GO TO CBF_N_X

        YEARS 4   GO TO CBF_N_X

CBF_N_X   This next question is about the first thing that [FILL CHILD'S NAME] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL CHILD'S NAME] might have been given, even water,. How old was [FILL CHILD'S NAME] 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   GO TO C1

        AT BIRTH 000   GO TO C1

        DON'T KNOW...777   GO TO C1

        REFUSED...999   GO TO C1

CBF_U_X   ENTER PERIOD:

        DAYS...1   GO TO C1

        WEEKS..2   GO TO C1

        MONTHS..3   GO TO C1

        YEARS 4   GO TO C1

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 .... ____   GO TO C1_A

        DON'T KNOW 77   GO TO C1_C

        REFUSED 99   GO TO C1_C

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 .... ____   GO TO C1_B

        DON'T KNOW 77   GO TO C1_C

        REFUSED 99   GO TO C1_C

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

        YES 1   GO TO C1_C IF ANSWER TO C1_B
                                 IS GREATER THAN OR EQUAL TO
                                S_NUMB+1, ELSE GO TO C2_06Q3

        NO 2   C1 AND/OR C1_A

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

        REFUSED ....99 GO TO C2_06Q3

[IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1_C,
OTHERWISE, SKIP TO C2]

C1_C   How many children less than 12 months old live in this household?
      ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

        NUMBER .... ____ 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:

      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? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES 1   GO TO C2_A_06Q3_X

NO..2   GO TO C3

DON'T KNOW...77   GO TO C3

REFUSED...99   GO TO C3

C2_A_06Q3_X   IF IAP=095 THEN DISPLAY:

Is [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE 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 [child] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin? CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANO/A 1   GO TO C3_X

PUERTO RICAN...2   GO TO C3_X

CUBAN...3   GO TO C3_X

CENTRAL AMERICAN...4   GO TO C3_X

SOUTH AMERICAN 5   GO TO C3_X

OTHER HISPANIC, LATINO/A, OR SPANISH
ORIGIN (SPECIFY) 10   GO TO C2_OTHR1_06Q3_X

DOMINICAN [DISPLAY IF IAP=095]......................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

_____   GO TO C3_X

C3_X   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]'s race. Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?
CLICK ALL THAT APPLY

WHITE...1
BLACK/AFRICAN AMERICAN 2
AMERICAN INDIAN 3
ALASKA NATIVE...4
ASIAN 5
NATIVE HAWAIIAN 6
PACIFIC ISLANDER...7
OTHER 8   GO TO C3_OTHRX
DON'T KNOW...77
REFUSED..99
ALL EXCEPT 8 GO TO C3_LOGIC

C3_OTHRX   ENTER OTHER SPECIFY

_____   GO TO C3_LOGIC

C3_LOGIC   IF C3_X INCLUDES 5 , GO TO C3_ASIAN,
ELSE IF C3_X INCLUDES 7 AND NOT 5 GO TO C3_PACISLE,
ELSE GO TO C5_X

C3_ASIAN   Is [child] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

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

ASIAN INDIAN 1
CHINESE..2
FILIPINO 3
JAPANESE..4
KOREAN..5
VIETNAMESE 6
OTHER ASIAN 7
DON'T KNOW...77
REFUSED..99
IF C3_X INCLUDES 7 GO TO C3_PACISLE,
ELSE GO TO C5_X

C3_PACISLE   Is [child] Guamanian or Chamorro, Samoan, or other Pacific Islander?

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

C5_X   What is your relationship to [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR

FEMALE GUARDIAN 1   GO TO C6_06Q3_X

FATHER (STEP, FOSTER, ADOPTIVE) OR

MALE GUARDIAN 2   GO TO C6_06Q3_X

SISTER OR BROTHER (STEP/FOSTER/

HALF/ADOPTIVE) 3   GO TO C6_06Q3_X

IN-LAW OF ANY TYPE 4   GO TO C6_06Q3_X

AUNT/UNCLE 5   GO TO C6_06Q3_X

GRANDPARENT 6   GO TO C6_06Q3_X

OTHER FAMILY MEMBER...7   GO TO C6_06Q3_X

FRIEND 8   GO TO C6_06Q3_X

DON'T KNOW 77   GO TO C6_06Q3_X

REFUSED 99   GO TO C6_06Q3_X

RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (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=01)
    B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01)

C6_06Q3_X   What is the highest grade or year of school (you have /[FILL VAR: NAME OF
             FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother has) completed?
             READ IF NESSESSARY

             8th GRADE OR LESS 1   GO TO C7_X
             9th-12th GRADE NO DIPLOMA 2   GO TO C7_X
             HIGH SCHOOL GRADUATE OR
             GED COMPLETED 3   GO TO C7_X
             COMPLETED A VOCATIONAL, TRADE,
             OR BUSINESS SCHOOL PROGRAM..........................4   GO TO C7_X
             SOME COLLEGE CREDIT BUT NO DEGREE...........5   GO TO C7_X
             ASSOCIATE DEGREE (AA, AS) 6   GO TO C7_X
             BACHELOR'S DEGREE (BA, BS, AB) 7   GO TO C7_X
             MASTER'S DEGREE (MA, MS, MSW, MBA)............8   GO TO C7_X
             DOCTORATE (PhD, EdD) or PROFESSIONAL
             DEGREE (MD, DDS, DVM, JD) 9   GO TO C7_X
             DON'T KNOW...77   GO TO C7_X
             REFUSED..99   GO TO C7_X

C7_X   (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'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   GO TO C8_INTRO
             LIVING WITH PARTNER 7   GO TO C8_06Q3_X
             DON'T KNOW...77   GO TO C8_06Q3_X
             REFUSED..99   GO TO C8_06Q3_X

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

C8_06Q3_X   IF C7_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

IF C7_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES	1	GO TO C8_A_06Q3
NO	2	GO TO C9_X
DON'T KNOW	77	GO TO C9_X
REFUSED	99	GO TO C9_X

C8_A_06Q3   IF IAP=095 THEN DISPLAY:

(IF C5=1 THEN DISPLAY "Are you"/ELSE DISPLAY "is [child]'s mother") Mexican, Mexican-American, , Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?)

ELSE DISPLAY:

Are you / Is [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	GO TO C8_OTHR1_06Q3_X
DOMINICAN [DISPLAY IF IAP=095]	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

_____GO TO C9_X

C9_X   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race. (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) 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 (SPECIFY)...8   GO TO C9_OTHRX

        DON'T KNOW 77

        REFUSED 99

        ALL RESPONSES EXCEPT 8 TO GO C9_LOGIC

C9_OTHRX   ENTER OTHER SPECIFY

        _____

        GO TO C9_LOGIC

C9_LOGIC   IF C9 INCLUDES 5 , GO TO C10_ASIAN,
        ELSE IF C9 INCLUDES 7 AND NOT 5 GO TO C10_PACISLE,
        ELSE IF MORE THAN ONE ANSWER AT C9 AND RESPONSE NOT 5 OR 7 GO TO C10,
        ELSE GO TO C10A_X

C10_ASIAN   (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?READ IF NECESSARY: Please choose the one category that describes your/[child]'s mother best.

        ASIAN INDIAN 1

        CHINESE...2

        FILIPINO 3

        JAPANESE 4

        KOREAN 5

        VIETNAMESE 6

        OTHER ASIAN 7

        DON'T KNOW..77

        REFUSED 99

IF C9 INCLUDES 7 GO TO C10_PACISLE,
ELSE IF MORE THAN ONE ANSWER AT C9 GO TO C10,
ELSE GO TO C10A_X

C10_PACISLE (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes your/[child]'s mother best.

GUAMANIAN OR CHAMORRO 1

SAMOAN 2

OTHER PACIFIC ISLANDER 3

DON'T KNOW...77

REFUSED..99

IF MORE THAN ONE ANSWER AT C9 GO TO C10,
ELSE GO TO C10A_X

C10_X   Which do you feel best describes (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race?

WHITE 1

BLACK/AFRICAN AMERICAN 2

AMERICAN INDIAN 3

ALASKA NATIVE..4

ASIAN. 5

NATIVE HAWAIIAN 6

PACIFIC ISLANDER..7

OTHER (SPECIFY)..8   GO TO C10_OTHR

C9_OTHRX 9

DON'T KNOW...77

REFUSED..99

ALL BUT 8 GO TO C10A_X

C10_OTHR   ENTER OTHER SPECIFY

_____

C10A_X   What is (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'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)_____/_____/_____

[IF MONTH=DK/REF OR YEAR=DK/REF, THEN GO TO C10B_X, ELSE GO TO CHMAGE_X
IF C10AMDY_X < 13 YEARS OR > 60 YEARS, ELSE SKIP TO C11_X]

C10B_X   What is (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE.._____
DON'T KNOW 77
REFUSED 99

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

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

YES 1   GO TO C11_X
NO 2   C10AM_X

C11_X   (Do you/Does [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother live at the same address as (you/she) did when [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

YES 1   GO TO CFAMINC
NO 2   IF IAP=106 GO TO C11CPR; ELSE
                  GO TO C11A_X
DON'T KNOW 77   GO TO CFAMINC
REFUSED 99   GO TO CFAMINC

C11C_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live on Guam when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

YES ....   01 (SKIP TO C11D_X)
NO ....   02 (SKIP TO C11A_X)
DON'T KNOW ....   77 (SKIP TO CFAMINC)
REFUSED ....   99 (SKIP TO CFAMINC)

C11CPR_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

YES ....   01 (SKIP TO C11APR_X)
NO ....   02 (SKIP TO C11A_X)
DON'T KNOW ....   77 (SKIP TO CFAMINC)
REFUSED ....   99 (SKIP TO CFAMINC)

C11APR_X   In what city and state did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

ENTER CITY _____ GO TO C11APR_STATE_X

C11APR_STATE_X

ENTER STATE _____

GO TO C11B_X

C11A_X   In what city, county, and state did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was born?

ENTER CITY _____ GO TO C11A_COUNTY_X

C11A_COUNTY_X

ENTER COUNTY _____GO TO C11A_STATE_X

C11A_STATE_X

ENTER STATE _____

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

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

C11A_VERBATIM_1

READ IF NECESSARY: In what country was that?

ENTER COUNTRY _____ GO TO CFAMINC

C11B_X   What was (your/ [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'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 FAMINC
REFUSED..999999   GO TO FAMINC

CFAMINC   Please think about your total combined family income during 2014 for all members of the family.
                 Include money for jobs, social security, retirement income, unemployment payments, public
                 assistance, and so forth. Also include income from interest, dividends, net income from business,
                 farm, rent, or any other money income received. Can you tell me that amount before taxes? ENTER
                 77 FOR DON'T KNOW AND 99 FOR REFUSED

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

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

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 2014 more or less than $20,000?

                 More than $20,000. 1   GO TO C16
                 $20,000..2   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

                 Less than $20,000..3   GO TO C13
                 DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

                 REFUSED 99   IF IAP=095 GO TO C_ISLAND, 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 2014 more or less than $20,000?

                 More than $20,000. 1   GO TO C16
                 $20,000..2   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

                 Less than $20,000..3   GO TO C13
                 DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

                 REFUSED 99   IF IAP=095 GO TO C_ISLAND, 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 IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

                 Less than $10,000 3   GO TO C14_A
                 DON'T KNOW 77   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

                 REFUSED 99   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

C14_A	Was it more than $7,500?		
	YES 1	IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
	NO	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLANDELSE GO TO C19A
C15	Was it more than $15,000?		
	YES 1	GO TO C15_A
	NO. 2	GO TO C15_B
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
C15_A	Was it more than $17,500?		
	YES 1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	NO	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
C15_B	Was it more than $12,500?		
	YES 1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	NO	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
C16	Was the total combined FAMILY income more or less than $40,000?		
	More than $40,000. 1	GO TO C16_A
	$40,000 2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	Less than $40,000 3	GO TO C17
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $60,000. 1   GO TO C18

$60,000 2   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $60,000 3   GO TO C16_B

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $50,000. 1   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$50,000 2   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $50,000 3   GO TO C16_C

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $45,000. 1   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$45,000 2   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $45,000 3   GO TO C19A

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $30,000. 1   GO TO C17_A

$30,000 2   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $30,000 3   GO TO C17_B

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $35,000.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$35,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $35,000	3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $25,000.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$25,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $25,000	3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

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

More than $75,000.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$75,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $75,000	3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

CINC   Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, CFAMINC]?

YES.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
NO	2	GO TO CFAMINC
DON'T KNOW	77	GO TO CFAMINC
REFUSED	99	GO TO CFAMINC

C_ISLAND   On what island do you live?

SAINT CROIX………………………………………..01 GO TO C19C

SAINT THOMAS……………………………………02 GO TO C19C

SAINT JOHN……………………………………..03 GO TO C19C

WATER ISLAND……………………………………04 GO TO C19C

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 IAP=106 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 IAP=106 GO TO C19PR; ELSE GO
TO C19
REFUSED..99999   IF IAP=106 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?

ENTER CITY _____   IF "NOT IN PUERTO RICO"
SELECTED, GO TO C19; ELSE GO TO C19PR_STATE

C19PR_STATE   ENTER STATE_____   GO TO C19C

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

                     ENTER CITY _____   GO TO C_19 COUNTY

C19_COUNTY   ENTER COUNTY_____   GO TO C_19 STATE

C19_STATE   ENTER STATE_____   GO TO C_19_ZIP_CONF

C19_ZIP_CONF

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

                     YES ....1 GO TO C19B
                     NO..2 GO TO C19_NEW_ZIP
                     DON'T KNOW...77 GO TO C19B
                     REFUSED..99 GO TO C19B

C19_NEW_ZIP

               What is your zip code?
               ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

                               _____   GO TO C19B

                     DON'T KNOW.....................................77777 GO TO C19B
                     REFUSED..99999 GO TO C19B

C19B   Do you live within the city limits?

                     YES ....1 GO TO C19C
                     NO..2 GO TO C19C
                       DON'T KNOW...77 GO TO C19C
                       REFUSED..99 GO TO C19C

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?

OWNED OR BEING BOUGHT 1   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

RENTED...2   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

OTHER ARRANGEMENT...3   IF RDD_NCCELL_CCELL = 1GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

DON'T KNOW...77   IF RDD_NCCELL_CCELL = 1GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3GO TO C_LANDLINE

REFUSED...99   IF RDD_NCCELL_CCELL = 1 GO TO C20_06Q3, ELSE IF RDD_CCELL_NCCELL = 2 OR 3 GO TO C_LANDLINE

C20_06Q3   The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to (XXX) XXX-XXXX? Please do not include cellular phones in your answers.

INTERVIEWER INSTRUCTION: COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.

YES 1   GO TO C21_06Q3
NO..2   GO TO CNOSERV
DON'T KNOW...77   GO TO CNOSERV
REFUSED...99   GO TO CNOSERV

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   GO TO C21_06Q3

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 [IF RDD_NCCELL_CCELL = 2 OR 3 AND TAKE_ALL_CELL_FLAG = 1 DISPLAY "landline"] telephone numbers are residential numbers?

THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED).

ONE 1   GO TO CNOSERV

TWO 2   GO TO CNOSERV

THREE OR MORE...3   GO TO CNOSERV

DON'T KNOW 77   GO TO CNOSERV

REFUSED 99   GO TO CNOSERV

CNOSERV   IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 SKIP TO C21_06Q3_CELL
ELSE:

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer. Do not include interruptions of phone service due to weather or natural disasters.

YES 1   GO TO C21_06Q3_CELL

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_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..01   GO TO C_USUAL_USE_CELL

TWO..02   GO TO C_USUAL_USE_CELL

THREE OR MORE 03   GO TO C_USUAL_USE_CELL

NONE...04   IF NIS_CELL_AWAY = 1

GO TO C_AWAY; ELSE GO TO D5

DON'T KNOW 77   GO TO C_USUAL_USE_CELL

REFUSED 99   GO TO C_USUAL_USE_CELL

C_USUAL_USE_CELL

IF RDD_NCCELL_CCELL = 1 read: "How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use?"

ELSE IF RDD_NCCELL_CCELL = 2 or 3 read: "How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use? Please include the number we called.

INTERVIEWER: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED.

ONE..01   GO TO C_CELLUSE

TWO..02   GO TO C_CELLUSE

THREE OR MORE 03   GO TO C_CELLUSE

NONE...04   GO TO C_CELLUSE

DON'T KNOW 77   GO TO C_CELLUSE

REFUSED 99   GO TO C_CELLUSE

C_CELLUSE   IF RDD_NCCELL_CCELL = 2 OR 3 SKIP TO C11Q78, ELSE IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 1, SKIP TO C_AWAY, ELSE IF LANDLINE = 2, 77, 99 OR C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 0 SKIP TO D5, ELSE: Thinking just about the landline home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?.

EXTREMELY LIKELY 01   GO TO C11Q78

SOMEWHAT LIKELY...02   GO TO C11Q78

SOMEWHAT UNLIKELY...03   GO TO C11Q78

NOT AT ALL LIKELY 04   GO TO C11Q78

DON'T KNOW 77   GO TO C11Q78

REFUSED 99   GO TO C11Q78

C11Q78   IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 1
SKIP TO C_AWAY, ELSE IF LANDLINE = 2, 77, OR 99 OR C_LANDLINE = 2, 77, OR 99
AND NIS_CELL_AWAY=0 GO TO D5, ELSE:

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular 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   IF NIS_CELL_AWAY = 1 GO TO
                                                 C_AWAY, ELSE GO TO D5

NEARLY ALL RECEIVED ON REGULAR
PHONES. 2   IF NIS_CELL_AWAY = 1 GO TO
                                                 C_AWAY, ELSE GO TO D5

SOME RECEIVED ON CELL PHONES AND
SOME RECEIVED ON REGULAR PHONES..............3   IF NIS_CELL_AWAY = 1 GO TO
                                                 C_AWAY, ELSE GO TO D5

DON'T KNOW..77   IF NIS_CELL_AWAY = 1 GO TO
                                                 C_AWAY, ELSE GO TO D5

REFUSED 99   IF NIS_CELL_AWAY = 1 GO TO
                                                 C_AWAY, ELSE GO TO D5

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 01   GO TO D5
AT HOME...02   GO TO D5
DON'T KNOW 77   GO TO D5
REFUSED 99   GO TO D5

D5   To get a complete picture of the vaccinations received by your (children/child), we would like to contact doctors or health clinics to obtain a copy of the vaccination records. These records contain only the immunizations and dates of the immunizations for your (children/child).

FAQs

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

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

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

That's too personal:

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

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

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

What will this information be used for?

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

-- The 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.

D6_X   IF IAP = 095;

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]].

ELSE;

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

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

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

Why contact my doctor? Why give consent?

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

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

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

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

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

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

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

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

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

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

Why can't I just get the information from my doctor and send it to you?
--In order to standardize the type of information that we receive, it is required that we contact the providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so we can accept only immunization history forms filled out by health care professionals.

ENTER NUMBER..____   GO TO D6A_1_X

ZERO 0   IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

DON'T KNOW...77   GO TO SECT_D_TERM OR INS_INTRO (ON CALLBACK)

REFUSED...99   IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

D6 A_1_X   Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

         YES, CONTINUE ON CLINIC NAME FIRST 1   GO TO PLU, PROVIDER LIST SHALL BE SORTED BY CLINIC NAME

         YES, CONTINUE ON LAST NAME FIRST................2   GO TO PLU, PROVIDER LIST SHALL BE SORTED BY LAST NAME

         NO, CAN'T FIND, CONTINUE 3   GO TO PLU

         REFUSED..99   GO TO SECT_D_TERM; INS_INTRO (ON CALLBACK)

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 this information is not used for any purpose other than this study.

Why contact my doctor? Why give consent?

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

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

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

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

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up-to-date statistics (from this 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.

NIS PROVIDER LOOKUP
Provider Search Information Screen
Please locate the (first/second/…) provider for (child name)

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

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

IF PROVIDERS=4: PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.
* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
* Would you mind looking the information up in the phone book or on the internet?
* Do you remember the city and state?

What is the last name of the (first/next) doctor? [variable: D6B1]
Do you know the doctor's first name? [variable: D6B2]
Please tell me the name of the office or the clinic. [variable: D6B3]
What is the street address of the office or the clinic? [variable: D6B4]
Is there a suite, floor or room number? [variable: D6B5]
What is the zip code? [variable: D6B8]
What city is that in? [variable: D6B6]
What state is that in? [variable: D6B7]
What is their telephone number? [variable: D6B9]
IF PROVIDERS=4 What other information do you remember about the location of this provider? [variable: D6B10]

SEARCH
DK
REF

Search Results Screen
READ IF NECESSARY: Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action
DK
REF
MODIFY SEARCH
ADD NEW PROVIDER

Provider Details Screen

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	GO TO DXPROV
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:

D6B1   What is the last name of the doctor?
LEAVE BLANK IF UNKNOWN
D6B2   Do you know the doctor's first name?
LEAVE BLANK IF UNKNOWN
D6B3   Please tell me the name of the office or the clinic.
LEAVE BLANK IF UNKNOWN
D6B4   What is the street address of the office or the clinic?
LEAVE BLANK IF UNKNOWN
D6B5   Is there a suite, floor or room number?
LEAVE BLANK IF UNKNOWN
D6B6   What city is that in?
LEAVE BLANK IF UNKNOWN
D6B7   What state is that in?
LEAVE BLANK IF UNKNOWN
D6B8   What is the zip code?
LEAVE BLANK IF UNKNOWN
D6B9   What is their telephone number?
LEAVE BLANK IF UNKNOWN
D6B10   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?
LEAVE BLANK IF UNKNOWN

POST-PROVIDER LOOKUP PATHS

IF D6>1…...D8
IF D6=0(NO VACCINATION PROVIDERS), D6AA>1…...D8M

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 [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 your child's name -- first, middle, and last?

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

FAQs

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

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

Why do you need the child's name?

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

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

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

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

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

CONTINUE 1   GOT TO D8A_X
REFUSED 99   GO TO SECT_D_TERM; INS_INTRO

(on callback)

(*Note: The hardcopy variable below, D8M, appears as one of the two version of D8_x in CATI. These two versions of D8_x depend on the value of D6.)

D8M   [ASK IF D6AA_X GE 1] 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 [CHILD] and request any vaccination information they may have.

CONTINUE 1   GO TO D8A_X
REFUSED 99   GO TO D15B

D8A_X   In order to help the doctor or clinic locate your child's vaccination records, what is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

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

FIRST NAME: _____ GO TO D8B_X

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

MIDDLE NAME: _____ GO TO D8C_X

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

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

LAST NAME: _____ GO TO D9A

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.

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

CONTINUE. 1	GO TO D9
REFUSED 2	GO TO SET_D_TERM; INS_INTRO (ON CALLBACK)

D9A What is your first name?

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

FIRST NAME: _____ GO TO D9B

D9B What is your middle name?

MIDDLE NAME: _____ GO TO D9C

D9C What is your last name?

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

LAST NAME: _____ GO TO D9D_X

D9D_X I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF ELIGIBLE CHILD(REN)]. Are you that person?

YES 1	GO TO D6_C
NO...2	GO TO D9D1
REFUSED 99	GO TO SECT_D_TERM

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

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 IAP=106 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.

     YES 1   GO TO D7G_X

     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(ren), and request that information relevant to your child(ren)'s immunization history be sent to the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

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

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)
WHAT IS A REGISTRY?
Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

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

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.

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

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

YES 1   GO TO DCG2_X

NO..2   GO TO D9A_C_X

D9A_C_X   What is your full name – first, middle and last?

FIRST NAME: _____

D9B_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

    MIDDLE NAME: _____

D9C_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

    LAST NAME: _____

DCG2_x   The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND…/ NINTH CHILD, FROM S3.5]. Is this correct?

                    YES 1   GO TO DCONFDOB_X
                    NO 2   GO TO D8A_C_X

D8A_C_X   What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

        FIRST NAME: _____

D8B_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

    MIDDLE NAME: _____

D8C_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

    LAST NAME: _____

DCONFDOB_x
        The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?
                    YES 1   GO TO NEXT CHILD OR INS_INTRO
                    NO 2   GO TO DNEWDOB_1

DNEWDOB[M,D,Y]_X
        What is the correct month, day and year of birth of [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE2]?
                    _____/_____/_____   GO TO NEXT CHILD OR INS_INTRO

ASK ONLY IF D9D=2

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

                    CONTINUE 1   GO TO D9D1F
                    REFUSAL..2   GO TO SECT_D_TERM; INS_INTRO
                                                                                       (ON CALLBACK)

D9D1F   What is the first name?

        FIRST_____

D9D1M   What is the middle name?

        ..MIDDLE_____

D9D1L   What is the last name?

             . LAST_____

D9DREL_x   What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND.../ NINTH CHLD,
             FROM S3.5]?

             MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
             GUARDIAN 01   GO TO D9D1A
             FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
             GUARDIAN 02   GO TO D9D1A
             SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)......... 03   GO TO D9D1A
             IN-LAW OF ANY TYPE 04   GO TO D9D1A
             AUNT/UNCLE 05   GO TO D9D1A
             GRANDPARENT 06   GO TO D9D1A
             OTHER FAMILY MEMBER 07   GO TO D9D1A
             FRIEND 08   GO TO D9D1A

D9D1A   May I speak with that person now?

             YES 1   GO TO D9D1NEW

             NO...2   GO TO D9D2

D9D2   When would be a good time to call this person? SELECT APPOINTMENT AND ENTER THE
             APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

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

             APPOINTMENT 1   GO TO CB1

             CONTINUE 2   GO TO D9D1NEW

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. 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 IAP=106 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 Study, please call the study's toll-free number, 1-877-267-8154. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

<div align="center">

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

</div>

D9D1NEW   Hello, my name is _____. Am I speaking with [NAME LISTED IN D9D1, WHO CAN AUTHORIZE RELEASE OF SHOT RECORDS]?

YES 1   GO TO D9D2ANEW

NO…..2   GO TO D9D2

D9D2ANEW I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We talked with [FILL: NAME FROM D9A] and collected immunization and provider information for [NAME OF ELIGIBLE CHILD(REN)]. We understand that you could authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN)]. This study is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't wish to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only. This call will be recorded or monitored.

D9D_X   I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF (FIRST) ELIGIBLE CHILD]. Are you that person?

YES 1   GO TO D6C

NO..2   RETURN TO D9D1

REFUSED 99   GO TO D9D_R

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

INS_INTRO   Next I'm going to ask you a few questions about (CHILD)'s health insurance.

INS_1_X   At this time, is (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	GO TO INS_2_X
DON'T KNOW 77	GO TO INS_2_X
REFUSED 99	GO TO INS_2_X

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

        GO TO INS_2_X

INS_2 _X   [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI,
                SC, SD, or WI, THEN SKIP TO INS_3A_X]

                At this time, is (CHILD) covered by any Medicaid plan? Medicaid [IF IAP=106 DISPLAY "also
                known as Plan La Reforma"] is a health insurance program for persons with certain income levels and
                persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called
                [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

                READ IF NECESSARY: Medicaid [IF IAP=106 DISPLAY "also known as Plan La Reforma"] is a
                federal-state medical assistance program. It serves low-income people of every age. Medical bills are
                paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical
                expenses. It is run by state and local governments within federal guidelines.

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

                    YES 1   IF IAP=106 THEN SKIP TO INS_5_X;
                        ELSE GO TO INS_3_X

                    NO...2   IF IAP=106 THEN SKIP TO INS_5_X;
                        ELSE GO TO INS_3_X

                    DON'T KNOW..77   IF IAP=106 THEN SKIP TO INS_5_X;
                        ELSE GO TO INS_3_X

                    REFUSED..99   IF IAP=106 THEN SKIP TO INS_5_X;
                        ELSE GO TO INS_3_X

INS_3_X   At this time, is (CHILD) covered by the State Children's Health Insurance Program or S-CHIP? In
                this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

                READ IF NECESSARY: The State Children's Health Insurance Program (S-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   GO TO INS_4_X

                    NO 2   GO TO INS_4_X

                    DON'T KNOW..77   GO TO INS_4_X
                    REFUSED..99   GO TO INS_4_X

INS_3A_X   At this time, is (CHILD) covered by any Medicaid plan or the State Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: Medicaid and S-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   GO TO INS_4_X

NO..2   GO TO INS_4_X

DON'T KNOW..77   GO TO INS_4_X

REFUSED..99   GO TO INS_4_X

INS_4_X   At this time, is (CHILD) covered by the Indian Health Service?

YES 1   GO TO INS_5_X

NO 2   GO TO INS_5_X

DON'T KNOW..77   GO TO INS_5_X

REFUSED..99   GO TO INS_5_X

INS_5_X   At this time, is (CHILD) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

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

YES 1   GO TO INS_6_X

NO 2   GO TO INS_6_X

DON'T KNOW..77   GO TO INS_6_X

REFUSED..99   GO TO INS_6_X

INS_6_X   Besides what you have already told me about, is (CHILD) covered by any other health insurance or health care plan?

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

YES...1	GO TO INS_6A_X
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	GO TO INS_6B_X
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	GO TO INS_6C_X
DON'T KNOW 77	GO TO INS_6C_X
REFUSED 99	GO TO INS_6C_X

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

      YES 1   GO TO INS_11_X

      NO 2   GO TO INS_6D_X

      DON'T KNOW 77   GO TO INS_6D_X

      REFUSED 99   GO TO INS_6D_X

INS_6D_X   I recorded that (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   GO TO INS_6D_1_X

      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 (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   GO TO INS_7A_X

      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 (CHILD) have? Any other kind?
            [MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS
            TYPE OF HEALTH INSURANCE.]

      MEDICAID [IF IAP=106 THEN DISPLAY: (PLAN LA REFORMA) [STATE NAME]

     1

      MEDICARE...2

      [IF IAP NOT 106 DISPLAY] S-CHIP [STATE NAME]3

      MEDIGAP 4

      MILITARY 5

      [IF IAP NOT 106 DISPLAY] INDIAN HEALTH SERVICE 6

      PRIVATE INSURANCE 7

      SINGLE SERVICE PLAN

      (DENTAL, VISION, PRESCRIPTIONS, ETC) 8

      OTHER 9

      DON'T KNOW...77

      REFUSED..99

IF INS_7A_X = 8 ONLY, SKIP TO INS-8
ELSE IF INS_7A_X = 1, 3, 5, OR 6, SKIP TO INS-11

THE ABOVE RULE TAKES PRIORITY OVER:

ELSE IF INS_7A_X = 2, 4, 7, or 9 THEN ASK:

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   GO TO INS_8_X
        DON'T KNOW 77   GO TO INS_11_X
        REFUSED 99   GO TO INS_11_X

INS_8_X   Since (CHILD)'s birth, has (CHILD) always been uninsured?

        YES 1   GO TO INS_14_X
        NO 2   GO TO INS_9_X
        DON'T KNOW 77   GO TO INS_14_X
        REFUSED 99   GO TO INS_14_X

INS_9_X   How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

        IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

        ____NUMBER...   GO TO INS_9A_X
        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   GO TO INS_10_X
        YEAR(S)...2   GO TO INS_10_X

INS_10_X   During the months when (CHILD) DID have health coverage, what kinds of health coverage did (CHILD) have? Medicaid [IF IAP=106 THEN DISPLAY: (plan La Reforma)], Medicare, [IF IAP NOT 106 THEN DISPLAY "S-CHIP,"] Medigap,] Military, [IF IAP NOT 106 THEN DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

    MEDICAID [IF IAP=106 DISPLAY: (PLAN LA REFORMA)] [FILL STATE PROGRAM NAME,

    IF APPLICABLE] 1   GO TO INS_14_X

    MEDICARE..2   GO TO INS_14_X

    [IF IAP NOT 106 DISPLAY] S-CHIP [FILL STATE PROGRAM NAME,

    IF APPLICABLE]...3   GO TO INS_14_X

    MEDIGAP [FILL STATE PROGRAM NAME,

    IF APPLICABLE]...4   GO TO INS_14_X

    MILITARY 5   GO TO INS_14_X

    [IF IAP NOT 106 DISPLAY] INDIAN HEALTH SERVICE [FILL STATE PROGRAM NAME,

    IF APPLICABLE]...3   GO TO INS_14_X

    PRIVATE HEALTH INSURANCE 7   GO TO INS_14_X

    OTHER INSURANCE TYPE..8   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 (CHILD)'s birth was there any time when (CHILD) was not covered by any health insurance for any reason?

    YES 1   GO TO INS_12_X

    NO 2   GO TO INS_13_X

    DON'T KNOW 77   GO TO INS_13_X

    REFUSED 99   GO TO INS_13_X

INS_12_X   How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

    IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

    ____NUMBER..   GO TO INS_12A_X

    UNINSURED AT BIRTH 44   GO TO INS_13_X

    DON'T KNOW 77   GO TO INS_13_X

    REFUSED 99   GO TO INS_13_X

INS_12A_X   ENTER PERIOD:

    MONTH(S)...1   GO TO INS_14_X

    YEAR(S)..2   GO TO INS_14_X

    [DO NOT ASK INS-13 IF CHILD IS CURRENTLY INSURED BY MEDICAID OR S-CHIP: IF INS-2 = 1 or INS-3 = 1 OR INS-3A = 1]

INS_13_X   Has (CHILD) ever been covered by any Medicaid plan [IF IAP=106 DISPLAY: (plan La Reforma)] [IF IAP NOT 106 DISPLAY "or the State Children's Health Insurance Program"]? [IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

     YES 1   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

     NO 2   GO TO INS_14_X

     DON'T KNOW 77   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

     REFUSED 99   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

INS_13A_X   Has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] ever been covered by the State Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].

     YES 1   GO TO INS_14_X

     NO 2   GO TO INS_14_X

     DON'T KNOW 77   GO TO INS_14_X

     REFUSED 99   GO TO INS_14_X

INS_14_X   Did cost of vaccinations ever cause you to delay or not get a vaccination for (CHILD)?

     YES 1   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

     NO 2   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO 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 NOT = 1 GO TO INS_15_X, ELSE GO TO D16

     REFUSED 99   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

INS_15_X   When (CHILD) received (his/her) most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

      ALL OF THE COST 1   GO TO HIM_STATUS_X

      SOME OF THE COST 2   GO TO INS_16_X

      NONE OF THE COST 3   GO TO INS_16_X

      DON'T KNOW...77   GO TO INS_16_X

      REFUSED...99   GO TO INS_16_X

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   GO TO HIM_STATUS_X

      SOME OF THE COST 2   GO TO HIM_STATUS_X

      NONE OF THE COST 3   GO TO HIM_STATUS_X

      DON'T KNOW...77   GO TO HIM_STATUS_X

      REFUSED 99   GO TO HIM_STATUS_X

HIM_STATUS_X

      FLAG VARIABLE FOR EACH CHILD:

      1. HIM_STATUS_X=0 IF ELIG_X = 0 OR IF IT IS A VIRGIN CASE
      2. HIM_STATUS_X=1 IF ELIG_X = 1 AND INS_INTRO HAS NOT BEEN DISPLAYED
      3. HIM_STATUS_X=2
         IF INS_INTRO HAS BEEN DISPLAYED
       AND
         [INS-14 IS NOT ANSWERED
       OR
          (IF INS-15-FLAG=1 AND INS-15 IS NOT ANSWERED)
       OR
          (IF {INS-15 ≠ 1} AND INS-16 IS NOT ANSWERED)]   ]
      4. HIM_STATUS_X=3 IF (INS-14 IS ANSWERED AND INS-15-FLAG=0) OR (IF INS-15=1) OR (IF INS-16 IS ANSWERED)

D16   Those are all the questions I have. You may be re-contacted in the future to participate in related studies. 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 IAP=106 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 Study, please call the study's toll-free number, 1-877-267-8154. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.