

Attachment 1 Questions to be cycled into the 2008-2009 NHIS

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Immunization Record Check Questions

Question ID	IPV.010
Universe-text	Children 19-35 months, children 13-17 years, or children 1 or 3 years old with missing DOB
Question Text	<p>The next questions are about immunizations for {fill: child's name}. To get a complete picture of the vaccinations received by {fill: child's name}, we would like to contact doctors or health clinics to obtain a copy of the vaccination records for {fill: him/her}. These records contain only the immunizations and dates of the immunizations for {fill: him/her}.</p> <p>*Read if necessary: Information we collect from you and your health care provider will be used to monitor and report childhood immunizations. Participation by you and your child's provider helps the CDC understand the potential for childhood diseases.</p> <p>Would you know about the immunization providers for {fill: child's name}?</p> <p>*Enter '0' if child has never had immunizations.</p>
Answer Codes	0. Never received immunizations 1. Yes 2. No Refused Don't know
Special Instructions	If there is a sample child in the family 19-35 months or 13-17 years, please fill this name in the first cycle. Fill additional children 19-35 months or 13-17 years of age for subsequent cycles in the order they were entered in the household roster.

Question ID	IPV.011
Universe-text	Don't know provider information or indicate someone else may know
Question Text	Is someone else now available to give the provider information?
Answer Codes	1. Yes 2. No Refused Don't know

Question ID	IPV.012
Universe-text	No one is available to give the provider information at this time
Question Text	{fill: Could you provide this information if I call back later?/Could someone provide this information if I call back later?}
Answer Codes	1. Yes 2. No Refused Don't know
Question ID	IPV.015
Universe-text	Child 19-35 months, child 13-17 years, or child 1 or 3 years old with missing DOB and is not the sample child or who is the sample child but the Sample Child respondent was switched at PVRESP to another person
Question Text	What is your relationship to [fill: ALIAS of child]?
Answer Codes	1. Parent (Biological, adoptive, or step) 2. Grandparent 3. Aunt/Uncle 4. Brother/Sister 5. Other relative 6. Legal guardian 7. Foster parent 8. Other non-relative Refused Don't know
Question ID	IPV.020
Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	* Please verify the following information about the child before proceeding: I have recorded [fill1: ALIAS child]'s sex as [fill2: Sex of child]. Is this correct? * If respondent "refuses" or says "don't know", enter "1" for "yes".
Answer Codes	1. Yes 2. No
Question ID	IPV.025
Universe-text	Respondent said child's sex is not correct.
Question Text	* Ask if appropriate. Is [fill: ALIAS of child] Male or Female?
Answer Codes	1. Male 2. Female
Question ID	IPV.030

Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s age as [fill2: Age of child] old. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question ID	IPV.035
Universe-text	Respondent said child's age is not correct
Question Text	<p>How old is [fill1: ALIAS of child]?</p> <p>* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".</p>
Question ID	IPV.040
Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s birthday as [fill2: Birthday of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question ID	IPV.045
Universe-text	Respondent said child's date of birth is not correct or child's age is not correct
Question Text	<p>What is [fill: ALIAS of child]'s birthday?</p> <p>*Enter month of birth.</p>
Answer Codes	<p>1. January</p> <p>2. February</p> <p>3. March</p> <p>4. April</p> <p>5. May</p> <p>6. June</p> <p>7. July</p> <p>8. August</p> <p>9. September</p> <p>10. October</p> <p>11. November</p> <p>12. December</p> <p>Refused</p> <p>Don't know</p>

Question ID IPV.050
Universe-text Respondent said child's date of birth is not correct or child's age is not correct
Question Text * Enter day of birth.

Question ID IPV.055
Universe-text Respondent said child's date of birth is not correct or child's age is not correct
Question Text * Enter year of birth.

Question ID IPV.056
Universe-text Children 1 or 3 years old with incomplete DOB information
Question Text [fill1: Is {fill: child's name} 18 months or younger? / fill2: Has {fill: child's name} reached {his/her} third birthday?]
Answer Codes 1. Yes
2. No
Refused
Don't know

Question ID IPV.060
Universe-text Child whose age is now not either 19-35 months or 13-17 years
Question Text [fill: ALIAS of child] is no longer in the age range for these questions. Those are all the questions I have about [fill: child's name] at this time.

Question ID IPV.061
Universe-text Child 19-35 months or 13-17 years
Question Text How many locations have provided vaccinations for {fill: child's name}?

*Enter '0' for none.

*If respondent answers more than 4 locations, enter '4'.

Question ID IPV.062
Universe-text No places of vaccination for child or DK places of vaccination
Question Text How many locations have provided health care for {fill: child's name}? Please include the hospital or birthing center where {fill: he/she} was born, and any other clinics or doctor's offices that have seen {fill: him/her}.

*Enter '0' if child has never seen a doctor or other health care provider.

*If respondent answers more than 4 locations, enter '4'.

Question ID IPV.064_01

Universe-text	Child had been to vaccination location or received health care
Question Text	Please tell me the name and address for the [fill: most recent/next] provider, beginning with the state. *Read if necessary: Would you take a moment to find shot records, appointment cards, or other records you may have? *Try to locate the provider information in the lookup table. If provider information not found, type 'ZZ' *Enter 'XX' for providers located in a foreign country.
Question ID	IPV.180_01
Universe-text	Provider could not be found from look-up table
Question Text	What is the last name of the {fill: first/next} doctor?
Question ID	IPV.180_02
Universe-text	Provider could not be found from look-up table
Question Text	What is the doctor's first name?
Question ID	IPV.180_03
Universe-text	Provider could not be found from look-up table
Question Text	Please tell me the name of the office or the clinic. * Press enter if no office or clinic name.
Question ID	IPV.180_04
Universe-text	Provider could not be found from look-up table and respondent provided a last name or office name
Question Text	What is the street address of the office or the clinic?
Question ID	IPV.180_05
Universe-text	Provider could not be found from look-up table
Question Text	Is there a suite, floor, or room number? * Press enter if no additional address information.
Question ID	IPV.180_06
Universe-text	Provider could not be found from look-up table
Question Text	What city is that in?

Question ID	IPV.180_07
Universe-text	Provider could not be found from look-up table
Question Text	What state is that in?
Question ID	IPV.180_08
Universe-text	Provider could not be found from look-up table
Question Text	What is the zip code?
Question ID	IPV.180_09
Universe-text	Provider could not be found from look-up table
Question Text	What is the telephone number?
	* Enter 'N' for no phone.
Question ID	IPV.180_10
Universe-text	Provider could not be found from look-up table
Question Text	Is there an extension?
	* Press enter for no extension.
Question ID	IPV.180_11
Universe-text	All cases that entered provider information or selected a provider from the look-up table
Question Text	I have recorded that [child's name]'s provider is [fill 1] [fill2]. The provider's office/clinic is [fill 3] and the address is
	[fill 4] [fill 5] [fill 6], [fill 7] [fill 8].
	Is this information correct?
Answer Codes	1. Yes 2. No Refused Don't know
Question ID	IPV.180_12
Universe-text	Provider information is incorrect
Question Text	* Change(s) needed for [fill: child's name]'s provider information.
	* Enter each number that applies. If a wrong choice, type that choice again.
Answer Codes	1. Provider Name 2. Office Name

3. Address

Question ID IPV.180_13

Universe-text Respondent indicated the provider's name was incorrect

Question Text What is the provider's correct name?

* If last name is the same as displayed, press Enter. Otherwise, enter the new last name.

Question ID IPV.180_14

Universe-text Respondent indicated the provider's name was incorrect

Question Text * If first name is the same as displayed, press Enter, otherwise, enter the new first name.

* Enter first name.

Question ID IPV.180_15

Universe-text Respondent indicated office/clinic name was incorrect

Question Text What is the correct name of the provider's office or clinic?

Question ID IPV.180_16

Universe-text Respondent indicated provider address was incorrect

Question Text What is the correct address of the office or clinic?

* If street address is the same as displayed, press Enter. Otherwise, enter the new street address.

Question ID IPV.180_17

Universe-text Respondent indicated provider address was incorrect

Question Text * If suite, floor, or room number is the same as displayed, press Enter. Otherwise, enter the new suite, floor, or room number.

* Enter suite, floor, or room number.

Question ID IPV.180_18

Universe-text Respondent indicated provider address was incorrect

Question Text * If city is the same as displayed, press Enter. Otherwise, enter the new city.

* Enter city.

Question ID	IPV.180_19
Universe-text	Respondent indicated provider address was incorrect
Question Text	* If state is the same as displayed, press Enter. Otherwise, enter the new state. * Enter state.
Question ID	IPV.180_20
Universe-text	Respondent indicated provider address was incorrect
Question Text	* If zip code is the same as displayed, press Enter. Otherwise, enter the new zip code. * Enter zip code.
Question ID	IPV.180_21
Universe-text	Children with a change made to their provider information
Question Text	I have recorded that [child's name]'s provider is [fill 1] [fill2]. The provider's office/clinic is [fill 3] and the address is [fill 4] [fill 5] [fill 6], [fill 7] [fill 8]. Is this information correct?
Answer Codes	1. Yes, information is correct 2. No, correction(s) needed/more corrections needed
Question ID	IPV.181
Universe-text	DK places of vaccination or health care locations, DK provider information, or DK last name of doctor and DK name of office or clinic
Question Text	Could you provide this information if I call back later?
Answer Codes	1. Yes 2. No Refused Don't know
Question ID	IPV.188
Universe-text	Unsure if speaking to parent/legal guardian of child
Question Text	I need to verify that I am speaking with someone who can authorize the release of immunization records for {fill: child's name}. This should be a parent or legal guardian. Are you that person?
Answer Codes	1. Yes 2. No Refused Don't know

Question ID IPV.189
Universe-text Not able to authorize release of immunization records
Question Text Is there someone else now available who can authorize the release of immunization records for this child?
Answer Codes 1. Yes
2. No
Refused
Don't know

Question ID IPV.190
Universe-text Verified that you are talking to someone who can authorize the release of immunization records
Question Text *(If in person), if respondent is child's parent/legal guardian, hand the HIS-2A to the respondent for completion of the permission item on the the left side of the form. If not, enter code "2" below; make callback to contact parent/legal guardian and get signature.

*(If over the phone), if respondent is child's parent/legal guardian, read statement in telephone permission item on form to him/her requesting permission. If respondent agrees, sign and date form on right side. If not parent/legal guardian, enter code "2" below and make callback to talk to parent/legal guardian to get permission later.

* If refused to sign form/give permission, enter '3'.

Display:
Control Number
Line Number
Child's Name
Date of Birth
Sex
Answer Codes 1. Signed
2. Not signed-recontact by personal visit/telephone
3. Not signed-no callback possible (specify)

Question ID IPV.192
Universe-text Children who have some complete provider data entered
Question Text * Verify that this is the full name of the child. In cases where an alias was given in the household composition section, but a true name is entered on the immunization provider form, enter the true name below. If this is the same name as entered on the immunization provider form, press ENTER.

Question ID IPV.195
Universe-text Not signed-no call back possible was chosen from the provider status question
Question Text *Specify the reason the permission item is not signed.

Question ID IPV.200
Universe-text Children who have some complete provider data entered
Question Text * Enter identification number printed on permission form HIS-2A.

Disability and Secondary Conditions Questions

Disability Questions from the American Community Survey (ACS)

Answer questions 16 ONLY IF this person is 1 year old or older. Otherwise, SKIP to the questions for person 2 on page 12.

16 a. Is this person deaf or does he/she have serious difficulty hearing?

Yes

No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes

No

Answer questions 17a ONLY IF this person is 5 years old or older. Otherwise, SKIP to the questions for person 2 on page 12.

17 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes

No

b. Does this person have serious difficulty walking or climbing stairs?

Yes

No

c. Does this person have difficulty dressing or bathing?

___Yes

___No

Answer 18 ONLY IF this person is 15 years old or older. Otherwise SKIP to the questions for person 2 on page 12.

18. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

___Yes

___No

Disability Questions from the Current Population Survey (CPS)

This month we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. [fill: /Please answer for household members who are 15 years old or over.]

1. [fill: Is anyone/Are you/Is ALIAS] deaf or [fill: does anyone/do you/does ALIAS] have serious difficulty hearing?

Yes => Go to 1a

No => Go to 2

DK => Go to 2

R => Go to 2

1a Who is it? (Fill)

1b Is anyone else deaf or does anyone else have serious difficulty hearing?

Yes => Ask 1a

No => Go to 2

2. [fill: Is anyone/Are you/Is ALIAS] blind or [fill: does anyone/do you/does ALIAS] have serious difficulty seeing even when wearing glasses?

Yes => Go to 2a

No => Go to 3

DK => Go to 3

R => Go to 3

2a Who is it? (Fill)

2b Is anyone else blind or does anyone else have serious difficulty seeing even when wearing glasses?

Yes => Ask 2a

No => Go to 3

3. Because of a physical, mental, or emotional condition, [fill: does anyone/do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?

Yes => Go to 3a

No => Go to 4

DK => Go to 4

R => Go to 4

3a Who is it? (Fill)

3b Does anyone else have serious difficulty concentrating, remembering, or making decisions?

Yes => Ask 3a

No => Go to 4

4. [fill: Does anyone/Do you/Does ALIAS] have serious difficulty walking or climbing stairs?

Yes => Go to 4a

No => Go to 5

DK => Go to 5

R => Go to 5

4a Who is it? (Fill)

4b Does anyone else have serious difficulty walking or climbing stairs?

Yes => Ask 4a

No => Go to 5

5. [fill: Does anyone/Do you/Does ALIAS] have difficulty dressing or bathing?

Yes => Go to 5a

No => Go to 6

DK => Go to 6

R => Go to 6

5a Who is it? (Fill)

5b Does anyone else have difficulty dressing or bathing?

Yes => Ask 5a

No => Go to 6

6. Because of a physical, mental, or emotional condition, [fill: does anyone/do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes => Go to 6a

No => Go to end of interview

DK => Go to end of interview

R => Go to end of interview

6a Who is it? (Fill)

6b Does anyone else have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes => Ask 6a

No => Go to end of interview