

HELLO

◆ National Immunization Survey
^STATUS Cutoff date: (Cut-off Date)

Status:

Hello. This is from the U.S. Census Bureau.

May I please speak to (someone who lives in this household who is over 17 years/Respondent Name)?

(OR IF INCOMING CALL)

Thank you for returning our call. My name is from the U.S. Census Bureau.

We contacted your house concerning a very important survey.

If necessary: Am I speaking with (someone who lives in this household who is over 17 years/Respondent Name)?

1. This is correct person/Correct person called to phone
2. Person not home/available now (incl. temp ill/hosp.)
3. Person no longer lives there
4. Person unknown at this number
5. Person deceased
6. Other outcome (Set callback, hang-up, problem, etc)

HELLO_RET

◆ National Immunization Survey
^STATUS Cutoff date: (Cut-off Date)

Status:

Hello. This is from the U.S. Census Bureau.

May I please speak to Respondent name?

(OR IF INCOMING CALL)

Thank you for returning our call. My name is from the U.S. Census Bureau.

We contacted your house concerning a very important survey.

If necessary: Am I speaking with Respondent name?

1. This is correct person/Correct person called to phone
2. Person not home now or not available now (incl. temp ill/hosp.)
3. Person unknown at this number
4. Person no longer lives there
5. Person Deceased
6. Other outcome OR problem interviewing household.

HELLO_NEW

◆ National Immunization Survey Status:
 ^STATUS Cutoff date: (Cut-off Date)

Hello. This is . . . from the U.S. Census Bureau.
**I'm calling on behalf of the Centers for Disease Control and Prevention
 about an immunization survey.**

**Am I speaking to someone who lives in this household who is over 17
 years old?**

◆ If the respondent says NO, ask to speak with someone over 17 who
 lives in the household.

1. Yes, this is correct person/Correct person called to phone
2. No, person not home/available now (callback)
3. Not a Private Residence
4. Other outcome (Hang-up, problem, etc.)

BEFORE_END

Will Respondent name be available before (Cut-off Date)?

1. Yes
2. No

SOMEONE_IN_HH

**I'm trying to reach someone in the
 Respondent name household.
 Does (READ NAMES) live there?**

MEM LN NAME AGE
 (X/) (Line number) (name of person talking about) age

1. Yes, person you are speaking with or someone available now.
2. Yes, but person NOT home or NOT available now.
3. No
4. Household Deceased
5. Wrong Household

GETNAME

◆ Enter the line number of the person you are speaking with.
 (Respondent must be a household member over 17(. / and knowledgeable about the health of the child[ren] in the household.)

1. NAME[1]
2. NAME[2]
3. NAME[3]
4. NAME[4]
5. NAME[5]
6. NAME[6]
7. NAME[7]
8. NAME[8]
9. NAME[9]
10. NAME[10]
11. NAME[11]
12. NAME[12]
13. NAME[13]
14. NAME[14]
15. NAME[15]
16. NAME[16]
98. Respondent is not on the list

VER_RESIDENCE

Have I reached a residence at:

(Original house number) (Original house number)SUF (original prefix direction) (original prefix type) (original street name) (original suffix type) (original suffix direction) (original extension) (original unit designation) (original city), (original state) (original zip)-(original zip 4)

1. Yes
2. No

HELP_OTH

Perhaps you can help me.
I would like to speak to a member of the Respondent name household who usually lives there, is over 17 years old, and is knowledgeable about the health of the child[ren] in the household./household.

◆ IF APPROPRIATE: Would you or someone else there now qualify?

1. Yes
2. No

OTH_NAME

What is your name?

◆ Enter Name

WHO_CALLBACK

◆ IF NECESSARY: Whom should I ask for when I call back?

MEM LN NAME AGE
(X/) (Line number) (name of person talking about) age

0. Thru closeout no eligible household respondent will be available
1. NAME[1]
2. NAME[2]
3. NAME[3]
4. NAME[4]
5. NAME[5]
6. NAME[6]
7. NAME[7]
8. NAME[8]
9. NAME[9]
10. NAME[10]
11. NAME[11]
12. NAME[12]
13. NAME[13]
14. NAME[14]
15. NAME[15]
16. NAME[16]
98. Respondent not on the list
99. No name given/Other problem

CALLBACK_NAME

**Whom should I speak with when I call back?
Who knows the most about the health of the child[ren] in the household?**

EXIT_THANK

Thank you for your time.

◆ [HANG UP.](#)

1. Enter 1 to Continue

HELLO_ALT_AUTH

◆ [Ask for another possible respondent who can give authorization](#)

0. NO ONE available now
1. Someone available now
99. Other - Problem interviewing household

OTH_NAME2

What is your name?

◆ [Enter Name](#)

HELLO_PERM

I'm calling on behalf of the Centers for Disease Control and Prevention. We previously talked with someone in your household and collected immunization

and provider information for ◆ [READ LIST BELOW](#). **We understand that you could authorize the release of immunization information for** ◆ [READ LIST BELOW](#).

The information you give will be kept in strict confidence and will be summarized for research purposes only.

Are you the person who can authorize the release of immunization records?

[Name of child\[ren\] who are 19 - 35 months old](#)

1. Yes
2. No

PERMIS_WHO

Can you please give me the full name of someone who can authorize the release of these immunization records.

◆ [Enter Name](#)

SPEAK_WITH

May I speak with that person now?

1. Yes
2. No

SPEAK_TO

**Hello, my name is
Am I speaking with Respondent name?**

1. Yes
2. No

INTRO_1ST

Hello, I'm from the U.S. Census Bureau.

We are conducting a survey for the Centers for Disease Control and Prevention called the National Immunization Survey. This is a one-time only survey and will take about 10 to 20 minutes.

**Recently, we sent you a letter explaining the survey and the importance of your participation.
Did you receive our letter?**

1. Yes
2. No
3. Other problem (hang-up, refusal, callback, etc.)

LETTER1

A while ago, you or a member of your household participated in the American Community Survey; which provides information about the population of the United States. We thank you for your time and cooperation.

Now we are calling you to ask for your help with a survey that the U.S. Census Bureau is conducting for the Centers for Disease Control and Prevention (CDC), called the National Immunization Survey. We would like to conduct a short telephone interview with you to collect information on your child(ren)'s immunizations.

We understand that parents or guardians might have some concerns regarding their child's immunization records. We guarantee all responses are confidential and will be used only for statistical purposes. Data from this study will not be linked with you/your child(ren)'s name(s) or any other identifying information. The interviewers are trained professionals, sworn to protect the confidentiality of the data.

Your participation is voluntary, and we hope that you will participate in this important study.

1. Enter 1 to Continue

LETTER2

We are calling you to ask for your help with a survey that the U.S. Census Bureau is conducting for the Centers for Disease Control and Prevention (CDC), called the National Immunization Survey. You were selected to participate in this survey through a sampling process. You've been chosen to represent thousands of other people with characteristics similar to yours. We would like to conduct a short telephone interview with you to collect information on your child(ren)'s immunizations.

We understand that parents or guardians might have some concerns regarding their child's immunization records. We guarantee all responses are confidential and will be used only for statistical purposes. Data from this study will not be linked with you/your child(ren)'s name(s) or any other identifying information. The interviewers are trained professionals, sworn to protect the confidentiality of the data.

Your participation is voluntary, and we hope that you will participate in this important study.

1. Enter 1 to Continue

CELLNUMBER

Before we begin however, have I reached you on a cell phone?

1. Yes
2. No

ANOTHER_NUMBER

Is there another number where I might call you back, or may we continue on this phone?

- ◆ If it is an immediate callback the next screen will collect the new number without closing the instrument.
If you need to make a callback appointment, select "3" to exit the instrument and make an appointment in WebCATI.

1. Proceed with Interview
2. Alternate phone number given
3. Call-Back Appointment or other problem

ALT_NUMBER

What is the number I should call?

- ◆ Enter Phone Number

DIAL_NEW_NUM

Thank you, I will call you right back at this number.

- ◆ Interviewer hang up and dial: (Alternate phone number)
Enter 1 to Continue to resume interview after dialing number.

1. Enter 1 to Continue

ADD_VERIFY

Is your address still:

(Original house number) (Original house number)SUF (original prefix direction) (original prefix type) (original street name) (original suffix type) (original suffix direction) (original extension) (original unit designation) (original city), (original state) (original zip)-(original zip 4)

1. Same address
2. Moved, not same address
3. Haven't moved, but address has changed
4. Incorrect address previously recorded

MOVED

For purposes of this survey we are only conducting interviews with households living in Florida, Georgia, Alabama, and South Carolina. This completes the interview. Thank you for your time.

1. Enter 1 to Continue

MAIL_VERIFY

I also need to verify the mailing address. Is this your mailing address?

**21.MHNO 21.MHNOSUF 21.MSTRPRXD 21.MSTRPRXD 21.MSTRNAME
21.MSTRSFXT 21.MSTRSFXD 21.MSTRNAMX
21.MRRDESC 21.MRRID 21.MBOXDESC 21.MBOXID
21.MUNITDES
21.MPO, 21.MST 21.MZIP5**

1. Yes
2. No

ASK_MAILADD

What is your mailing address?

◆ If the mailing address is the same as the address below, enter 1 to proceed with the interview
If not, enter 2 to collect the mailing address

**HNO HNOSUF STRPRXD STRPRXD STRNAME STRSFXT STRSFXD
STRNAMX
RRDESC RRID BOXDESC BOXID
UNITDES
PO, ST ZIP5**

1. Same as location address
2. Enter new mailing address

INTRO_SPECIAL

Hello, I'm from the U.S. Census Bureau.

We are conducting a survey for the Centers for Disease Control and Prevention called the National Immunization Survey. This is a one-time only survey and will take about 10 to 20 minutes. Your participation is voluntary, and we hope that you will participate in this important study.

1. Continue
2. Other problem with interview

VER_CHILDREN

Before we continue the interview, I would like to verify that
◆ READ NAMES BELOW still live here?

Name of child[ren] who are 19 - 35 months old

1. Yes, all still live here
2. Only some still live here
3. No, none still live here

WHO_MOVED

Who no longer lives here?

1. NAME[1]
2. NAME[2]
3. NAME[3]
4. NAME[4]
5. NAME[5]
6. NAME[6]
7. NAME[7]
8. NAME[8]
9. NAME[9]
10. NAME[10]
11. NAME[11]
12. NAME[12]
13. NAME[13]
14. NAME[14]
15. NAME[15]
16. NAME[16]

INTRO_PT

Hello, this is from the U.S. Census Bureau.

We completed part of the interview for this household for the National Immunization Survey and would like to finish it now.

◆ CUTOFF DATE : (Cut-off Date)

1. Enter 1 to Continue

INTROB

My supervisor is working with me today and may listen in to evaluate my performance.

◆ Persuade respondent to complete interview now, if possible

1. Continue
2. Inconvenient time. Callback needed
3. Other outcome or problem

INTRO_RESUME

◆ Respondent: Respondent name

Some of the questions have already been answered.

After you enter 1, Press 'END' to return to the next unanswered question

1. Enter 1 to Continue

HOW_TO_CONTACT

Do you know how I could reach (Respname)?

1. Yes
2. No

MOV_NUMBER

What is the phone number where (Respname) can be reached?

◆ Enter Phone Number

MOV_HNO

What is the address where (Respname) can be reached?

◆ Enter House Number

MOV_HNOSUF

What is the address where (Respname) can be reached?

◆ Enter House Number Suffix

MOV_STRPRXD

What is the address where (Respname) can be reached?

Enter Street Name Prefix Direction
(Examples of possible entries are 'N', 'W', 'SE')

MOV_STRPRXT

What is the address where (Respname) can be reached?

Enter Street Name Prefix Type
(Examples of possible entries are 'Hwy', 'Rt', 'Ave', 'US', 'CoRd')

MOV_STRNAME

What is the address where (Respname) can be reached?

◆ Enter Street Name

MOV_STRSFXT

What is the address where (Respname) can be reached?

Enter Street Name Suffix Type
(Examples of possible entries are 'St', 'Ct', 'Ave', 'Dr')

MOV_STRSFXD

What is the address where (Respname) can be reached?

Enter Street Name Suffix Direction
(Examples of possible entries are 'N', 'W', 'SE')

MOV_STRNAMX

What is the address where (Respname) can be reached?

Enter Street Name Suffix Qualifier
(Examples of possible entries are 'EXT', 'ALT', 'BUS')

MOV_UNITDES

What is the address where (Respname) can be reached?

◆ Enter Unit Designation
(Examples of possible entries are 'Apt A', '#101', 'TRLR Rear', 'Unit upper')

MOV_PO

What is the address where (Respname) can be reached?

◆ Enter City

MOV_ST

? [F1]

What is the address where (Respname) can be reached?

◆ Enter State

MOV_ZIP

What is the address where (Respname) can be reached?

◆ Enter Zipcode

EXIT_THANK2

Thank you for your time.

◆ HANG UP.

1. Enter 1 to Continue

NUMB_KIDS

How many children between the ages of 12 months and 3 years old are living or staying in your household?

DCODE

(* Person status / I have listed * Read names in grid. Are all of these persons still living or s

1. Person deceased
2. Person moved out
3. Person is a URE
4. Correct a previous mistake
9. Reinstate

FNAME

^FNAME_FILL

◆ Enter First Name

Enter 999 if no more persons

MINIT

◆ Enter middle Initial

LNAME

◆ Enter Last Name

SEX

◆ Ask only if necessary

What is (NAME's) sex?

1. Male
2. Female

DOBM

What is (NAME's) date of birth?

◆ Enter Birth Month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

DOBD

◆ Enter Birth Day

DOBY

◆ Enter Birth Year

VERIFY_AGE

To verify, as of today, (Child's name) is (approximately (AGE)/ less than 1 / over 98 / AGE) years old?

Is that correct?

1. Yes
2. No

Months

What is (NAME's) age in months?

NO_CHILDREN

◆ There are no children between the ages of 19 and 35 months in the household.
(If this is not correct, back up and correct the age.)

Entering "1" will exit the case and code it out as resolved.

1. Enter 1 to Continue

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 ◆ READ NAMES BELOW (have/has) received.

Are you this person?

Name of child[ren] who are 19 - 35 months old

1. Yes
2. No

S5

May I speak to this person now?

1. Yes
2. No, not at home

MR1

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

MR3

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

1. Yes
2. No

MR4

What number should I call?

◆ [Enter Phone Number](#)

S5_BOX

Hello, I'm from the U.S. Census Bureau.

We are conducting a survey for the Centers for Disease Control and Prevention called the National Immunization Survey. This is a one-time only survey and will take about 10 to 20 minutes. Your participation is voluntary, and we hope that you will participate in this important study.

1. Enter 1 to Continue

YOUR_NAME

What is your name?

◆ [Enter Name](#)

S6_INTRO

The following questions ask about immunizations or shots for ◆ [READ NAMES BELOW.](#)
Since some of the immunizations are difficult to remember it would be helpful if you could refer to shot records.

[Name of child\[ren\] who are 19 - 35 months old](#)

1. Enter 1 to Continue

S6

Do you have any shot records for (Child's name)?

1. Yes
2. No

AN1

The next few questions ask about shots (Child's name) may have received.

Looking at the shot record, please tell me how many times (Child's name) has received a D-T-P, D-T-A-P, or D-T shot, sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot.

AD1_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) D-T-P, D-T-A-P, or D-T shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD1_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) D-T-P, D-T-A-P, or D-T shot?

◆ Enter day

AD1_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) D-T-P, D-T-A-P, or D-T shot?

◆ Enter year

AN2

Looking at the shot record, please tell me how many times (Child's name) has received a polio vaccine - - pink drops, sometimes called O-P-V or a polio shot, sometimes called I-P-V.

AD2_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) Polio shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD2_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) Polio shot?

◆ Enter day

AD2_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) Polio shot?

◆ Enter year

AN3

Looking at the shot record, please tell me how many times (Child's name) has received a measles shot or an M-M-R shot, that is, a measles, mumps, and rubella shot.

AD3_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) measles or M-M-R shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD3_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) measles or M-M-R shot?

◆ Enter day

AD3_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) measles or M-M-R shot?

◆ Enter year

AM3

Was that shot measles only or a full M-M-R only?

1. Measles only
2. MMR only

AN4

Looking at the shot record, please tell me how many times (Child's name) has received an H-I-B shot. (This is for meningitis and is called HA-MA-FI-LUS IN-FLU-EN-ZA, H-I-B vaccine, or H flu vaccine.)

AD4_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) H-I-B shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD4_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) H-I-B shot?

◆ Enter day

AD4_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) H-I-B shot?

◆ Enter year

AN5

Looking at the shot record, please tell me how many times (Child's name) has received a hepatitis B shot.

AD5_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) hepatitis B shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD5_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) hepatitis B shot?

◆ Enter day

AD5_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) hepatitis B shot?

◆ Enter year

AN6

Looking at the shot record, please tell me how many times (Child's name) has received a chicken pox or varicella shot.

AD6_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) chicken pox shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

AD6_D

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) chicken pox shot?

◆ Enter day

AD6_Y

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) chicken pox shot?

◆ Enter year

A5_C

I've been asking about shots received by (Child's name). Now I would like to ask, has (Child's name) ever been ill with chicken pox or varicella?

1. Yes

2. No

A5_E

How old was (Child's name) in months, when (he/she/ he/she) had chicken pox?

A5_F

Was (Child's name) . . .

◆ [Read answer categories](#)

1. one to six months old?
2. seven to twelve months old?
3. 13 to 18 months old?
4. 19 to 24 months old?
5. 25 to 30 months old?
6. 31 to 35 months old?

AN7

Looking at the shot record, please tell me how many times (Child's name) has received a pneumococcal shot, sometimes called a PCV or Prevnar shot.

AD7_M

What is the date (on the shot record) for the (first/second/third/fourth/fifth/sixth/seventh/eighth) pneumococcal shot?

◆ [Enter month](#)

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

88. Enter 88 to delete this row

AD7_D

What is the date (on the shot record) for the
(first/second/third/fourth/fifth/sixth/seventh/eighth) pneumococcal shot?

◆ Enter day

AD7_Y

What is the date (on the shot record) for the
(first/second/third/fourth/fifth/sixth/seventh/eighth) pneumococcal shot?

◆ Enter year

AN8

Looking at the shot record, please tell me how many times (Child's name) has received a flu shot or flu vaccine sprayed in (his/her) nose by a doctor or other health care professional. A flu shot or nasal spray is usually given in the fall and protects against influenza for the flu season.

A flu shot is injected in the arm. The flu nasal spray vaccine is called FluMist.

AD8_M

**What is the date (on the shot record) for the
(first/second/third/fourth/fifth/sixth/seventh/eighth) flu shot or flu nasal spray?**

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

88. Enter 88 to delete this row

AD8_D

What is the date (on the shot record) for the
(first/second/third/fourth/fifth/sixth/seventh/eighth) flu shot or flu nasal spray?

◆ Enter day

AD8_Y

What is the date (on the shot record) for the
(first/second/third/fourth/fifth/sixth/seventh/eighth) flu shot or flu nasal spray?

◆ Enter year

AD8_3

Was this a shot, the spray, or both?

1. Shot
2. Spray
3. Both

A8R

**Some shots may not be recorded on the shot record.
Has (Child's name) had a flu shot in the past twelve months?**

1. Yes
2. No

A8RD_M

**During what month and year did (Child's name)
receive the most recent flu shot?**

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September

10. October
11. November
12. December

A8RD_Y

During what month and year did (Child's name) receive the most recent flu shot?

◆ Enter year

A6

Has (Child's name) received any other immunizations that are listed on the shot records that I have not asked about?

1. Yes
2. No

A6_B1

What is the name of the first other shot listed on the record?

1. BCG (Tuberculosis)
2. DTaP
3. DTP/HepB
4. DTP/HiB
5. Four-in-One
6. Hepatitis A
7. Influenza
8. Malaria
9. Pneumococcal
10. Typhoid
11. Yellow Fever
12. Other (Specify)

A6_B1_SP

◆ Specify other shot listed on the record.

A7_1

How many times has (Child's name) received the (Description of entry in A6_B1) shot?

A7_1M

What is the date (on the shot record) for the (Description of entry in A6_B1) shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

A7_1D

What is the date (on the shot record) for the (Description of entry in A6_B1) shot?

◆ Enter day

A7_1Y

What is the date (on the shot record) for the (Description of entry in A6_B1) shot?

◆ Enter year

A6_B2

What is the name of the second other shot listed on the record?

Other shots received
(Description of entry in A6_B1)

1. BCG (Tuberculosis)
2. DTaP
3. DTP/HepB
4. DTP/HiB
5. Four-in-One

6. Hepatitis A
7. Influenza
8. Malaria
9. Pneumococcal
10. Typhoid
11. Yellow Fever
12. Other (Specify)
16. No more

A6_B2_SP

- ◆ Specify other shot listed on the record.

A7_2

How many times has (Child's name) received the (Description of entry in A6_B2) shot?

A7_2M

What is the date (on the shot record) for the (Description of entry in A6_B2) shot?

- ◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

A7_2D

What is the date (on the shot record) for the (Description of entry in A6_B2) shot?

- ◆ Enter day

A7_2Y

What is the date (on the shot record) for the (Description of entry in A6_B2) shot?

◆ Enter year

A6_B3

What is the name of the third other shot listed on the record?

Other shots received
(Description of entry in A6_B1)
(Description of entry in A6_B2)

1. BCG (Tuberculosis)
2. DTaP
3. DTP/HepB
4. DTP/HiB
5. Four-in-One
6. Hepatitis A
7. Influenza
8. Malaria
9. Pneumococcal
10. Typhoid
11. Yellow Fever
12. Other (Specify)
16. No more

A6_B3_SP

◆ Specify other shot listed on the record.

A7_3

How many times has (Child's name) received the (Description of entry in A6_B3) shot?

A7_3M

What is the date (on the shot record) for the (Description of entry in A6_B3) shot?

◆ Enter month

1. January
2. February
3. March

4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

A7_3D

What is the date (on the shot record) for the (Description of entry in A6_B3) shot?

◆ Enter day

A7_3Y

What is the date (on the shot record) for the (Description of entry in A6_B3) shot?

◆ Enter year

A6_B4

What is the name of the fourth other shot listed on the record?

Other shots received
(Description of entry in A6_B1)
(Description of entry in A6_B2)
(Description of entry in A6_B3)

1. BCG (Tuberculosis)
2. DTaP
3. DTP/HepB
4. DTP/HiB
5. Four-in-One
6. Hepatitis A
7. Influenza
8. Malaria
9. Pneumococcal
10. Typhoid
11. Yellow Fever
12. Other (Specify)
16. No more

A6_B4_SP

◆ Specify other shot listed on the record.

A7_4

How many times has (Child's name) received the (Description of entry in A6_B4) shot?

A7_4M

What is the date (on the shot record) for the (Description of entry in A6_B4) shot?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

A7_4D

What is the date (on the shot record) for the (Description of entry in A6_B4) shot?

◆ Enter day

A7_4Y

What is the date (on the shot record) for the (Description of entry in A6_B4) shot?

◆ Enter year

A6_B5

What is the name of the fifth other shot listed on the record?

[Other shots received](#)

(Description of entry in A6_B1)

(Description of entry in A6_B2)

(Description of entry in A6_B3)

(Description of entry in A6_B4)

1. BCG (Tuberculosis)
2. DTaP
3. DTP/HepB
4. DTP/HiB
5. Four-in-One
6. Hepatitis A
7. Influenza
8. Malaria
9. Pneumococcal
10. Typhoid
11. Yellow Fever
12. Other (Specify)
16. No more

A6_B5_SP

- ◆ [Specify other shot listed on the record.](#)

A7_5

How many times has (Child's name) received the (Description of entry in A6_B5) shot?

A7_5M

What is the date (on the shot record) for the (Description of entry in A6_B5) shot?

- ◆ [Enter month](#)

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August

9. September
10. October
11. November
12. December
88. Enter 88 to delete this row

A7_5D

What is the date (on the shot record) for the (Description of entry in A6_B5) shot?

◆ Enter day

A7_5Y

What is the date (on the shot record) for the (Description of entry in A6_B5) shot?

◆ Enter year

B1

The next few questions ask about shots (Child's name) may have received.

Has (Child's name) ever received an immunization that is a shot or drops?

1. Yes
2. No

B2

Has (Child's name) ever received a D-T-P, D-T-A-P or D-T shot (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B3

Has (Child's name) ever received a polio vaccination by mouth, pink drops, sometimes called O-P-V, or by polio shot, sometimes called I-P-V?

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B4

Has (Child's name) ever received a measles or M-M-R (Measles-Mumps-Rubella) shot?

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B5

**Has (Child's name) ever received an H-I-B shot?
This shot is for meningitis and is called Haemophilus Influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI)?**

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B6

**Has (Child's name) ever received a hepatitis B shot?
This shot is for hepatitis and is often called HepB.**

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B6_B

Has (Child's name) ever received a chicken pox or varicella shot?

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B6_D

**I've been asking about shots received by (Child's name).
Now I would like to ask, has (Child's name) ever been ill with chicken pox or varicella?**

1. Yes
2. No

B6_E

How old was (Child's name), in months, when (he/she/ he/she) had chicken pox?

B6_F

Was (Child's name).....

◆ [Read answer categories](#)

01. one to six months old?
02. seven to twelve months old?
03. 13 to 18 months old?
04. 19 to 24 months old?
05. 25 to 30 months old?
06. 31 to 35 months old?

B7

Has (Child's name) ever received a pneumococcal shot, sometimes called a PCV or Prevnar shot?

1. Yes
2. No
3. Don't Know-Child is up to date on all shots

B8

During the past 12 months has (Child's name) had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1. Yes
2. No

B8DM

During what month and year did (Child's name) receive the most recent flu shot?

◆ [Enter month](#)

1. January

2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

B8DY

During what month and year did (Child's name) receive the most recent flu shot?

◆ Enter year

B9

During the past 12 months has (Child's name) had a flu vaccine sprayed in (his/her) nose by a doctor or other health care professional? The vaccine is usually given in the fall and protects against influenza for the flu season.

This influenza vaccine is called FluMist.

1. Yes
2. No

B9DM

During what month and year did (Child's name) receive the most recent flu nasal spray?

◆ Enter month

1. January
2. February
3. March
4. April
5. May
6. June
7. July

8. August
9. September
10. October
11. November
12. December

B9DY

During what month and year did (Child's name) receive the most recent flu nasal spray?

◆ Enter year

CWIC_INTRO

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.

1. Enter 1 to Continue

CWIC_01

Has (Child's name) ever received WIC benefits?

1. Yes
2. No

CWIC_02

Is (Child's name) currently receiving WIC benefits?

1. Yes
2. No

CBF_INTRO

Now I have a couple of questions on breastfeeding.

1. Enter 1 to Continue

CBF_01

Was (Child's name) ever breastfed or fed breastmilk?

1. Yes
2. No

CBF_02L

How old was (Child's name) when (he/she/ he/she) completely stopped breastfeeding or being fed breast milk?

◆ Enter "0" if still breastfeeding/feeding breast milk

CBF_02RU

How old was (Child's name) when (he/she/ he/she) completely stopped breastfeeding or being fed breast milk?

◆ Enter Period

1. Days
2. Weeks
3. Months
4. Years

CBF_03

How old was (Child's name) when (he/she/ he/she) was first fed formula?

◆ Enter "0" if at birth
Enter "997" if never fed formula

CBF_04

How old was (Child's name) when (he/she/ he/she) was first fed formula?

◆ Enter Period

1. Days
2. Weeks
3. Months
4. Years

CBF_N

This next question is about the first thing that (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 (Child's name) might have been given, even water.

How old was (Child's name) when (he/she/ he/she) was first fed anything other than breast milk or formula?

- ◆ Enter "0" if at birth
- Enter "997" if never

CBF_U

How old was (Child's name) when (he/she/ he/she) was first fed anything other than breast milk or formula?

- ◆ Enter Period

1. Days
2. Weeks
3. Months
4. Years

C1

Now I have some questions about your entire household.

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

C1_A

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

C1_B

And that means that (Number of persons less than 18) of these people are under 18 years of age?

1. Yes
2. No

C1_C

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

C2

**Is (Child's name) of Hispanic or Latino origin?
(Includes Mexican, Mexican-American, Central American, South American or Puerto Rican, Cuban, or other Spanish-Caribbean.)**

1. Yes
2. No

C2_A

Is (Child's name) Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean?

◆ Enter all that apply, separate with commas

1. Mexican/Mexicano
2. Mexican-American
3. Central American
4. South American
5. Puerto Rican
6. Cuban/Cuban American
7. Spanish-Caribbean
8. Other Spanish/Hispanic (Specify)

C2_OTHR1

◆ Specify other Hispanic or Latino origin

C3

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe (NAME's) race.

Is (Child's name) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

◆ Enter all that apply, separate with commas

1. White

2. Black or African American
3. American Indian
4. Alaska Native
5. Asian
6. Native Hawaiian
7. Pacific Islander
8. Other (Specify)

C3_OTHR1

◆ Specify other Race

C5

What is your relationship to (Child's name)?

1. Mother (Step, Foster, Adoptive) or Female Guardian
2. Father (Step, Foster, Adoptive) or Male Guardian
3. Sister or Brother (Step/Foster/Half/Adoptive)
4. In-law of any type
5. Aunt/Uncle
6. Grandparent
7. Other Family Member
8. Friend/Other

C6

What is the highest grade or year of school (you have/Child's mother has) completed?

◆ Read answer categories if necessary

1. 8th grade or less
2. 9th-12th grade NO diploma
3. High school graduate or GED completed
4. Completed a vocational, trade, or business school program
5. Some college credit but no degree
6. Associate degree (AA, AS)
7. Bachelor's degree (BA, BS, AB)
8. Master's degree (MA, MS, MSW, MBA)
9. Doctorate (PhD, EdD) or Professional degree (MD, DDS, DVM, JD)

C7

(Are you/Is CHILD's mother) now married, widowed, divorced, separated, or (have you/has she) never been married?

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never Married
6. Deceased

C8_INTRO

The next few questions ask for some background information about (Child's name)'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.

1. Enter 1 to Continue

C8

**((Was /Is^CHILDNAME's mother/Are you) Hispanic or Latino origin?)
(Includes Mexican, Mexican-American, Central American, South American or Puerto Rican, Cuban, or other Spanish-Caribbean.)**

1. Yes
2. No

C8_A

(Are you/Is CHILD's mother/Was CHILD's mother) Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean?

◆ Enter all that apply, separate with commas

1. Mexican/Mexicano
2. Mexican-American
3. Central American
4. South American
5. Puerto Rican
6. Cuban/Cuban American
7. Spanish-Caribbean
8. Other Spanish/Hispanic (Specify)

C8_OTHR1

◆ Specify mother's other Hispanic or Latino origin

C9

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe (your/CHILD's mother) race. (Are you/Is CHILD's mother/Was CHILD's mother) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

◆ Enter all that apply, separate with commas

1. White
2. Black or African American
3. American Indian
4. Alaska Native
5. Asian
6. Native Hawaiian
7. Pacific Islander
8. Other (Specify)

C9_OTHR1

◆ Specify other Race

C10AM

What (is your/is CHILD's mother's/was CHILD's mother's) month, day, and year of birth?

◆ Enter Birth Month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

C10AD

◆ Enter Birth Day

C10AY

◆ Enter Birth Year

VERIFY_AGE

To verify, as of today, (you/ (Childs name) mother) would be (approximately (AGE)/ less than 1 / over 97 / AGE) years old?

Is that correct?

1. Yes
2. No

ASK_AGE

What is (your/(Child's name)'s mother) current age?

C11

(Do you/ Does (Childs name) mother) live at the same address as (you/she) did when (Child's name) was born?

1. Yes
2. No

C11A1

In what city, county, and state did (you/ (Childs name) mother) live when (Child's name) was born?

◆ Enter City

C11A2

In what city, county, and state did (you/ (Childs name) mother) live when (Child's name) was born?

◆ Enter County

C11A3

In what city, county, and state did (you/ (Child's name) mother) live when (Child's name) was born?

- ◆ Enter State
- Enter "FC" for Foreign Country

C11B

What was (your/CHILD's mother) zip code at that time?

CFAMINC

Please think about your total combined family income during 2008 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

- ◆ If respondent gives a range, PROBE: What amount would you like me to enter?

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 2008 more or less than \$20,000?

1. More than \$20,000
2. \$20,000
3. Less than \$20,000

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 2008 more or less than \$20,000?

1. More than \$20,000

2. \$20,000
3. Less than \$20,000

C13

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

1. More than \$10,000
2. \$10,000
3. Less than \$10,000

C14_A

Was it more than \$7,500?

1. Yes
2. No

C15

Was it more than \$15,000?

1. Yes
2. No

C15_A

Was it more than \$17,500?

1. Yes
2. No

C15_B

Was it more than \$12,500?

1. Yes
2. No

C16

Was the total combined FAMILY income more or less than \$40,000?

1. More than \$40,000
2. \$40,000
3. Less then \$40,000

C16_A

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

1. More than \$60,000
2. \$60,000
3. Less than \$60,000

C16_B

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

1. More than \$50,000
2. \$50,000
3. Less than \$50,000

C16_C

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

1. More than \$45,000
2. \$45,000
3. Less than \$45,000

C17

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

1. More than \$30,000
2. \$30,000
3. Less than \$30,000

C17_A

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

1. More than \$35,000
2. \$35,000
3. Less than \$35,000

C17_B

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

1. More than \$25,000

2. \$25,000
3. Less than \$25,000

C18

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

1. More than \$75,000
2. \$75,000
3. Less than \$75,000

C19

What is your zip code?

C19_CITY

In what city do you live?

C19_COUNTY

In what county do you live?

C19_STATE

? [F1]

What state do you live in?

C19B

Do you live within the city limits?

1. Yes
2. No

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?**

1. Owned or being bought
2. Rented
3. Other arrangement

C20

The next few questions are about the telephone numbers in your household.

Is there at least one telephone INSIDE your home that is currently working and is NOT a cell phone?

This is often called a home phone or a landline phone.

◆ Count Business telephone numbers that ring to the household if they are used occasionally for home use.

1. Yes
2. No

C21

How many telephone numbers are residential numbers?

◆ Total number of home telephone numbers including the one we called

1. One
2. Two
3. Three or more

CNOSERV

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.

1. Yes
2. No

CHOWLONG1

For how long was your household without telephone service in the past 12 months?

◆ Enter 0 if one week or less

CHOWLONG2

For how long was your household without telephone service in the past 12 months?

◆ [Enter Period](#)

1. Day(s)
2. Week(s)
3. Month(s)

C11Q77

When your household was without telephone service, did someone in your household have a working cell phone?

1. Yes
2. No

C21_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.

0. None
1. One
2. Two
3. Three or more

C_USUAL_USE_CELL

How many (cell / of these cell) phones do ◆ [READ LIST BELOW](#) **parents and guardians who live in this household usually use?**

[Name of child\[ren\] who are 19 - 35 months old](#)

0. None
1. One
2. Two
3. Three or more

C11Q78

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?

1. Nearly all received on cell phones
2. Nearly all received on regular phones
3. Some received on cell phones and some received on regular phones

D5

To get a complete picture of the vaccinations received by your (child/children), we would like to collect the dates and types of vaccinations your (child/children)HAS received by contacting the doctors or health clinics who provided them.

These records contain only the immunizations and dates of the immunizations for your (child/children).

Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. Participation by you and your child's provider helps the CDC understand the potential for childhood diseases.

1. Enter 1 to Continue

D6

? [F1]

How many locations have provided vaccinations for your child named (Child's name)(whose birth date is ^BDATE?/ ?)

D6AA

? [F1]

How many locations have provided health care for your child? Please include the hospital or birthing center where (he/she/ 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 other health care provider

D6A_1

Please tell me the name of the (next/most recent) provider, beginning with the state.

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

◆ Try to locate the information by entering a state abbreviation followed by a provider's last name.

If given the name of a clinic/office, change the search type to "Organization"

and enter the state abbreviation followed by the clinic/office name.

Enter "ZZ" if provider information cannot be found

"XX" for providers located in a foreign country

"DP" To delete this provider

PV_VERIFY

**I have recorded that (NAME's) provider is (Doctor's name).
The provider's office/clinic name is (Office/Clinic Name) and the
address is
(Providers Address).**

Is this information correct?

1. Yes
2. No

D6B1

What is the last name of the (first/next) doctor?

(* Press ENTER if no change needed)

D6B2

What is the doctor's first name?

(* Press ENTER if no change needed)

D6B3

Please tell me the name of the office or the clinic.

◆ Press Enter if no office or clinic name

(* Press ENTER if no change needed)

D6B4

What is the street address of the office or the clinic?

(* Press ENTER if no change needed)

D6B5

Is there a suite, floor, or room number?

◆ Press Enter if none
(* Press ENTER if no change needed)

D6B6

What city is that in?

(* Press ENTER if no change needed)

D6B7

What state is that in?

(* Press ENTER if no change needed)

D6B8

What is the zipcode?

(* Press ENTER if no change needed)

D6B9

What is the telephone number?

- ◆ Enter 0 if no phone
- (* Press ENTER if no change needed)

PV_VERIFY2

**I have recorded the (NAME's) provider is (Doctor's name).
The provider's office/clinic name is (Office/Clinic Name) and the
address is
(Providers Address).**

Is this information correct?

1. Yes
2. No

D9D

**I need to verify that I am speaking with someone who can authorize the
release
of immunization records for ◆ READ NAMES BELOW.
Are you that person?**

Name of child[ren] who are 19 - 35 months old

1. Yes
2. No

D9D_R

**Vaccination information from doctors and clinics is often the most up-
to-date and comprehensive.**

**So, in order to obtain the most complete information possible about
children's vaccinations, we need to collect the vaccination histories
from both the parents and guardians of the children and the doctors
and clinics that provide the immunization.**

**All information about your child and your child's health care provider is
held in strict confidence
and used for study purposes only. Any names of children, as well as
any names of doctors or
clinics, will not be used in reporting the study results.**

**We will never release any information that may identify you or your
child.**

1. Enter 1 to Continue
2. Respondent still refused

D9D1

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

◆ [Enter Name](#)

D9DREL

What is that person's relationship to ◆ [Read Names Below ?](#)

[Name of child\[ren\] who are 19 - 35 months old](#)

1. Mother (Step, Foster, Adoptive) or Female Guardian
2. Father (Step, Foster, Adoptive) or Male Guardian
3. Sister or Brother (Step/Foster/Half/Adoptive)
4. In-law of any type
5. Aunt/Uncle
6. Grandparent
7. Other Family Member
8. Friend/Other

D9D1A

May I speak with that person now?

1. Yes
2. No

D9D1NEW

**Hello, my name is
Am I speaking with RESPNAME?**

1. Yes
2. No

D9D2ANEW

I'm calling on behalf of the Centers for Disease Control and Prevention. We previously talked with someone in your household and collected immunization and provider information for [◆ READ LIST BELOW](#). We understand that you could authorize the release of immunization information for [◆ READ LIST BELOW](#). The information you give will be kept in strict confidence and will be summarized for research purposes only.

I need to verify that I am speaking with someone who can authorize the release of immunization records for [◆ READ LIST BELOW](#). Are you that person?

[Name of child\[ren\] who are 19 - 35 months old](#)

1. Yes
2. No

D9A

What is your full name?

[◆ Enter First Name](#)

D9B

What is your full name?

[◆ Enter middle Initial](#)

D9C

What is your full name?

[◆ Enter Last Name](#)

D7

? [F1]

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

Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies (Child's name) and request that information relevant to (his/her) immunization history be sent to the U.S. Census Bureau for study purposes only?

1. Yes
2. No

D7_R

We appreciate the information you have already provided, but without your consent, we cannot contact your health care provider. We are only requesting the dates and types of vaccinations your child(ren) has received and I can assure you that no further information will be provided to us. All information collected is kept confidential under federal law and the names of you and your child(ren) will be completely separated from the data released in study results. The doctor or health clinic will receive 2 forms, one that I have signed indicating your consent to collect immunization information, and one that looks similar to a shot record with only the names of the vaccines listed and blank spaces for the dates to be filled in.

1. Enter 1 to Continue
2. Respondent still refused

D8

? [F1]

In order to help the doctor or clinic locate your child's vaccination records, I would like to verify that I have your child's full name entered correctly.

I have your child's full name as "FNAME MINIT LNAME

Is that correct?

1. Yes
2. No

D8A

◆ Enter/Update First Name

D8B

◆ Enter/Update middle Initial

D8C

◆ Enter/Update Last Name

INS_1

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

At this time, is (Child's name) covered by health insurance that is provided through an employer or union?

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: Is this insurance provided through an employer or union?

Do not include dental, vision, school, or accident insurance.

TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE,

PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

1. Yes
2. No

INS_1A

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

1. Yes
2. No

INS_2

At this time, is (Child's name) covered by any Medicaid plan? Medicaid is a health insurance program for persons with certain income levels and persons with disabilities. (In this state, the program is sometimes called (Name of state health insurance program))

Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE:

Did you get that insurance through an employer? Does it help pay for both doctors and hospital stays?

1. Yes
2. No

INS_3

At this time, is (Child's name) covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called (Name of state health insurance program).

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.

TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE:

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

1. Yes
2. No

INS_3A

At this time, is (Child's name) 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 (Name of state health insurance program).

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.

TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE:

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

1. Yes
2. No

INS_4

At this time, is (Child's name) covered by the Indian Health Service?

1. Yes
2. No

INS_5

At this time, is (Child's name) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

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.

1. Yes
2. No

INS_6

Besides what you have already told me about, is (Child's name) covered by any other health insurance or health care plan?

◆ If respondent reports dental, vision, school, or accident insurance, mark "No".

1. Yes
2. No

INS_6A

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

1. Yes
2. No

INS_6B

Is this health insurance provided through an employer or union?

1. Yes
2. No

INS_6C

Is this health insurance purchased directly from an insurance company?

1. Yes
2. No

INS_6D

**I recorded that (Child's name) was covered by some other health insurance.
What is the name of the plan?**

INS_7

It appears that (Child's name) does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

1. Yes
2. No

INS_7A

At this time, what kind of health coverage does (Child's name) have?

PROBE: Any other kind?

Enter all that apply, separate with commas
Enter "Single Service Plan" only if
volunteered as type of health insurance.

1. Medicaid
2. Medicare
3. S-CHIP
4. Medigap
5. Military
6. Indian Health Service
7. Private Insurance
8. Single service plan (dental, vision, prescriptions, etc)
9. Other

INS_7B

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

1. Yes
2. No

INS_8

Since (Child's name)'s birth, has (Child's name) always been uninsured?

1. Yes
2. No

INS_9

How old was (Child's name) THE FIRST TIME (Child's name) became uninsured?

- ◆ If less than one month, round up to one month
Enter '0' if uninsured at birth

INS_9A

- ◆ Enter Period

1. Month(s)
2. Year(s)

INS_10

During the months when (Child's name) DID have coverage, what kinds of health coverage did (Child's name) have? Medicaid, Medicare, S-CHIP, Medigap, Military, Indian Health Service, Private Health Insurance, or another insurance type?

- ◆ Enter all that apply, separate with commas

1. Medicaid
2. Medicare
3. S-CHIP
4. Medigap
5. Military
6. Indian Health Service
7. Private Health Service
8. Other Insurance Type

INS_11

Since (Child's name)'s birth was there any time when (Child's name) was not covered by any health insurance for any reason?

1. Yes
2. No

INS_12

How old was (Child's name) THE FIRST TIME (Child's name) became uninsured?

- ◆ If less than one month, round up to one month
Enter '0' if uninsured at birth

INS_12A

◆ Enter Period

1. Month(s)
2. Year(s)

INS_13

? [F1]

**Has (Child's name) ever been covered by any Medicaid plan or the State Children's Health Insurance Program?
(In this state, the program is sometimes called (Name of state health insurance program))**

1. Yes
2. No

INS_14

Did cost of vaccinations ever cause you to delay or not get a vaccination for (Child's name)?

1. Yes
2. No

INS_15

When (Child's name) 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.

1. All of the cost
2. Some of the cost
3. None of the cost

INS_16

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

1. All of the cost
2. Some of the cost
3. None of the cost

A1

Now I'd like to ask your opinion about vaccines for infants and toddlers.

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . "vaccines are necessary to protect the health of children."

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A2

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . "children receive too many vaccines."

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A3

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . "vaccines do a good job in preventing the diseases they are intended to prevent."

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A4

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"too many vaccines can overwhelm a child's immune system."**

Overwhelm means present the immune system with so much that it can't handle it all.



A5

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"vaccines are safe."**



A6

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"I have a good relationship with my child's health care provider."**



A7

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"I make a point to read and watch stories about health."**

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A8

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"In general, medical professionals in charge of vaccinations have my childs' best interest at heart."**

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A9

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"If I vaccinate my child, he/she may have serious side effects."**

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A10

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"If I do not vaccinate my child, he/she may get a disease such as measles and cause other children or adults to get the disease."**

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

A11

On a scale of 0 to 10 with "0" being "strongly disagree" and "10" being "strongly agree," how much do you disagree or agree with the following statement

. . . . **"Vaccinations should be delayed if a child has a minor illness."**

STRONGLY DISAGREESTRONGLY
AGREE
0 1 2 3 4 5 6 7 8
9 10

B1a

I'd like to ask you some questions about the visits to the place where you most often took (Name of youngest child between 19 and 36 months) to be vaccinated.

At visits you made for (Name of youngest child between 19 and 36 months)_PL vaccinations, did you talk to

. . . . **a Doctor?**

1. Yes
2. No

B1b

At visits you made for (Name's of youngest child between 19 and 36 months) vaccinations, did you talk to

. . . . **a Nurse?**

1. Yes
2. No

B1c

At visits you made for (Name's of youngest child between 19 and 36 months) vaccinations, did you talk to

. . . . **Another health professional other than a doctor or nurse?**

1. Yes
2. No

B1C_SPECIFY

◆ Specify other health professional respondent talked to at visits.

B2

At visits you made for (Name's of youngest child between 19 and 36 months) vaccinations, were you told about the benefits of childhood vaccinations?

1. Yes
2. No

B3

Were you told about the possible side-effects of childhood vaccinations?

1. Yes
2. No

B4

Do you feel you were given enough time to discuss issues that concerned you about the vaccinations?

1. Yes
2. No

B5

On a scale of 0 to 10 with "0" being "very dissatisfied" and "10" being "very satisfied," how satisfied were you with

. . . . the information you received about vaccines at those visits?

VERY DISSATISFIEDVERY SATISFIED
0 1 2 3 4 5 6 7 8
9 10

B6

On a scale of 0 to 10 with "0" being "very dissatisfied" and "10" being "very satisfied," how satisfied were you with

. . . . all aspects of (Name's of youngest child between 19 and 36 months) visits for vaccinations?

VERY DISSATISFIEDVERY SATISFIED
0 1 2 3 4 5 6 7 8
9 10

C1a

Now I'd like to ask you about different people who may have influenced your decision about vaccinations for (Name of youngest child between 19 and 36 months).

Did a DOCTOR influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C2

Did a NURSE influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C3

Did ANOTHER HEALTH CARE WORKER other than a doctor or nurse influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C3A

Who was that?

◆ Specify other health care worker who influenced your decision about vaccinating (Name of youngest child between 19 and 36 months).

C4

Did a CHIROPRACTOR influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C5

Naturopathy is an approach to health care that emphasizes preventive measures to maintain health, patient education, and noninterference with the body's natural healing process. It uses diet, herbs, and other natural methods and substances to cure illness without the use of drugs.

Did a NATUROPATH influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C6

Homeopathy is a method of treating disease that uses small doses of plants, minerals, and other substances to stimulate the body's natural defense system. Large amounts of the same substances would cause the disease symptoms in healthy people.

Did a HOMEOPATH influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C7

Did ANYONE ELSE influence your decision about vaccinating (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

C7a

And who was that?

1. Child's other parent
2. Another family member
3. Friends
4. Other (Specify)

C7a_Specify

◆ Specify who else influenced your decision about vaccinating (Name of youngest child between 19 and 36 months).

D1

Now I'd like to ask you about times when you decided not to get a vaccination for (Name of youngest child between 19 and 36 months), and then about times when you delayed getting a vaccination for (Name of youngest child between 19 and 36 months).

Has there ever been a time when you REFUSED OR DECIDED NOT TO GET a vaccination for (Name of youngest child between 19 and 36 months)?

1. Yes
2. No

D2a

I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2b

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2c

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2d

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2e

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2f

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2g

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2h

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2i

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2j

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D2k

I'd like to ask you which vaccines you refused or decided not to get.
Did you refuse or decide not to get:

Any other vaccines?

1. Yes
2. No
3. Not offered
4. Never heard of

D2k_Specify

◆ Specify any other vaccines respondent refused/decided not to get.

D3a

Please tell me all the reasons why you refused or decided not to get the ◆ **READ LIST BELOW** **vaccine(s).**

Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3a_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3b

Please tell me all the reasons why you refused or decided not to get the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3b_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3c

Please tell me all the reasons why you refused or decided not to get the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3c_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3d

Please tell me all the reasons why you refused or decided not to get the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3d_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3e

Please tell me all the reasons why you refused or decided not to get the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3e_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3f

Please tell me all the reasons why you refused or decided not to get the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3f_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3g

Please tell me all the reasons why you refused or decided not to get the
READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

[Vaccines refused/decided not to get](#)
[\(List of Vaccines refused to get or did not get\)](#)

1. Yes
2. No

D3g_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3h

Please tell me all the reasons why you refused or decided not to get the
READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

[Vaccines refused/decided not to get](#)
[\(List of Vaccines refused to get or did not get\)](#)

1. Yes
2. No

D3h_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D3i

Please tell me all the reasons why you refused or decided not to get the
READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

[Vaccines refused/decided not to get](#)
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3i_Specify

**(What were those safety or side effects/What did you hear or read about
through the media)?**

D3j

Please tell me all the reasons why you refused or decided not to get the
READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

[Vaccines refused/decided not to get](#)
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3j_Specify

**(What were those safety or side effects/What did you hear or read about
through the media)?**

D3k

Please tell me all the reasons why you refused or decided not to get the
READ LIST BELOW vaccines.
Was it because

. . . . of any other reason?

Vaccines refused/decided not to get
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D3k_Specify

◆ Specify any other reason respondent refused/decided not to get
vaccine(s).

D4

**Now, has there ever been a time when you DELAYED OR PUT OFF
GETTING
a vaccination for (Name of youngest child between 19 and 36 months)?**

1. Yes
2. No

D5a

**I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:**

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5b

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes

2. No
3. Not offered
4. Never heard of

D5c

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5d

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5e

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5f

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put of getting:

(Vaccine type)?

1. Yes

2. No
3. Not offered
4. Never heard of

D5g

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5h

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5i

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes
2. No
3. Not offered
4. Never heard of

D5j

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

(Vaccine type)?

1. Yes

2. No
3. Not offered
4. Never heard of

D5k

I'd like to ask you which vaccines you delayed or put off getting.
Did you delay or put off getting:

Any other vaccines?

1. Yes
2. No
3. Not offered
4. Never heard of

D5k_Specify

◆ Specify any other vaccines the respondent delayed or put off getting.

D6a

Please tell me all the reasons why you delayed or put off getting the ◆
READ LIST BELOW vaccines.

Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6a_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6b

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6b_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6c

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6c_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6d

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. . . . (Reasons for not getting Vaccine)?

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6d_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6e

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6e_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6f

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6f_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6g

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. . . . **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6g_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6h

Please tell me all the reasons why you delayed or put of getting the READ LIST BELOW vaccines.
Was it because

. . . . **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6h_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6i

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. . . . **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6i_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6j

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. **(Reasons for not getting Vaccine)?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6j_Specify

(What were those safety or side effects/What did you hear or read about through the media)?

D6k

Please tell me all the reasons why you delayed or put off getting the READ LIST BELOW vaccines.
Was it because

. **of any other reason?**

Vaccines delayed/put off getting
(List of Vaccines refused to get or did not get)

1. Yes
2. No

D6k_Specify

◆ Specify any other reason the respondent delayed or put off getting vaccine(s).

EXIT_TO_WEBCATI

◆ [Exit to Webcati](#)

[^Webcati_fill](#)

1. Enter 1 to Continue

THANKYOU

**This completes the interview.
Thank you for your time, you've been very helpful.**

1. Enter 1 to Continue

FAQ

◆ [Frequently Asked Questions](#)

1. How long will this survey take?
2. Why can't you contact somebody else?
3. How are the data used?
4. What confidential protection do I have?
5. What if I have comments about this survey?
6. Toll Free (800) Number
7. Return to Interview

FAQ_1

◆ [How long will this survey take?](#)

It will take approximately 28 minutes to complete the interview.

1. Return to interview
2. Go back to FAQs

FAQ_2

◆ [Why can't you contact someone else?](#)

We are asking for your help instead of calling another household because we can reduce costs and save time. By returning to people who participated in the previous Census Bureau survey we will save tax dollars and collect better information. We hope that you will participate in this study, as information you provide will represent many others in your community.

1. [Return to interview](#)
2. [Go back to FAQs](#)

FAQ_3

◆ [How is the data used?](#)

Although childhood immunization rates are at an all-time high of 80%, many children still do not have all their shots. In response, the Department of Health and Human Services wants to improve immunization services while lowering the cost of vaccines. Local, state, and federal health officials need the results of this survey to help achieve those goals.

Data are collected from households with children between the ages of 19 and 35 months living in the United States at the time of the interview. These data are used to analyze vaccination levels among young children in the US, to identify groups at risk of vaccine-preventable diseases and to evaluate the effectiveness of programs designed to increase vaccination coverage.

The results of this survey also help local, state, and federal health officials understand how to improve health care services for all children. Therefore, some households may be asked questions about the types of health services their children need or use.

1. [Return to interview](#)
2. [Go back to FAQs](#)

FAQ_4

◆ [What confidential protection do I have?](#)

This survey is authorized by Title 42, United States Code, Sections 306 & 2102(a)(7) of the Public Health Service Act and by the National Childhood Vaccine Injury Act of 1986.

Legal authorization for the Census Bureau to conduct the survey is granted by Title 13, United States Code, Section 8. The information you provide will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your child, or the child's medical history. The information collected will be used for statistical purposes only. Although your participation is voluntary, we hope that you will choose to participate in this very important survey.

1. [Return to interview](#)
2. [Go back to FAQs](#)

FAQ_5

◆ [What if I have comments about this survey?](#)

If you have comments about the time estimate or any other aspect of this survey, please send them to:

**Paperwork Project 0607-####
U.S. Census Bureau
4600 Silver Hill Road, AMSD & 3K138
Washington, DC 20233**

You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-####" as the subject. The approval number for the Office of Management and Budget (OMB) is 0607-#### and it will expire on MONTH/DAY/YEAR. Without this approval from the OMB, the Census Bureau could not conduct this survey.

1. [Return to interview](#)
2. [Go back to FAQs](#)

FAQ_6

◆ Toll-Free (800) Number.

To verify that I am calling from the Census Bureau's Tucson Telephone Center,
you may call our toll-free number: 1-800-642-0469

READ IF NECESSARY: To verify that the toll-free number is legitimate,
you may call Directory Assistance on 1-800-555-1212 and ask for the
Census Bureau's Telephone Center in Tucson, Arizona.

1. Return to interview
2. Go back to FAQs