

Screener section

S1. How many children between the ages of 12 months and 3 years old are living or staying in your household?

*If 0 go to question S3.
Otherwise, go to question S2.*

S2. *Please fill out the table for children ONLY between the ages of 12 months and 3 years that are living or staying in the household.*

a	b	c	d	e	f	h
Line number	First name What is the name of the FIRST/Next child in your household who is between 12 months and 3 years old?	Middle initial	Last name	Sex <i>Ask if not apparent</i> Is . . . male or female?	Date of birth What is ...'s date of birth?	Age in months What is (child's Name)'s age in months?
1				__M __F	__/__/____	
2				“	“	
3				“	“	
4				“	“	

Field Representative Check Item

Are there any children listed on the roster where Age in months is 19 – 35 months old?

__ Yes → Go to question S4
__ No

S3. **This completes the interview.
Thank you for your time, you've been very helpful.**

End Interview

S4. **Since this survey asks about immunizations children may have received, the person living in your household who knows the most about the immunizations or shots that *(Read children listed in S2 who are between 19 and 35 months old)* have received.**

Are you this person?

Yes → Go to question S9

No

S5. **May I speak to this person now?**

Yes → Go to question S9

No

S6 **Before we hang up, please tell me the name of the person who knows the most about *(this child's/these children's)* immunizations?**

S7 **Would I call the same telephone number where I reached you?**

Yes → End Interview

No

S8 **What number should I call?**

_____ End Interview

S9. **What is your name?**

S10. **The following questions ask about immunizations or shots for *(Read children listed in S2 who are between 19 and 35 months old)*.**

Since some of the immunizations are difficult to remember it would be helpful if you could refer to shot records.

S11.

Only ask S11 for children who are 19-35 months old.

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

Line number	
____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Field
Representative
Check Item*

Are there any "Yes" boxes marked in S11

Yes → Go to Section A

No → Go to Section B

Section A

Field Representative – Ask a separate Section B for each child 19-36 months old where a shot record IS available.

Field Representative item. Enter the Name and line number of each child 19-36 months old where a shot record IS available.

- a. Name _____
- b. Line Number _____

A1. 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.

_____ Number
 0 → Go to question A3.

If “Don’t know” or “Refused”, go to question A3

What is the date (on the shot record) for the (*first/second/....*) D-T-P, D-T-A-P, or D-T shot?

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/____
2	__/__/____
3	__/__/____
4	__/__/____
5	__/__/____
6	__/__/____
7	__/__/____
8	__/__/____

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.

_____ Number
 __0 → Go to question A5.

If “Don’t know” or “Refused”, go to question A5

A4. **What is the date (on the shot record) for the (first/second/...) Polio shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

A5. **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.**

___ Number
 __0 → Go to question A7.

If "Don't know" or "Refused", go to question A7

A6.

	a	b
Shot number	What is the date (on the shot record) for the (first/second/...) measles or M-M-R shot?	Was that shot measles only or a full M-M-R only?
1	__/__/__ (MM/DD/YYYY)	__ Measles only __ MMR only
2	__/__/__	__ Measles only __ MMR only
3	__/__/__	__ Measles only __ MMR only
4	__/__/__	__ Measles only __ MMR only
5	__/__/__	__ Measles only __ MMR only
6	__/__/__	__ Measles only __ MMR only
7	__/__/__	__ Measles only __ MMR only
8	__/__/__	__ Measles only __ MMR only

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.)

____ Number
 __0 → Go to question A9.

If "Don't know" or "Refused", go to question A9

A8. **What is the date (on the shot record) for the (first/second/...) H-I-B shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

A9. **Looking at the shot record, please tell me how many times (Child's Name) has received a hepatitis B shot.**

____ Number
 __0 → Go to question A11.

If "Don't know" or "Refused", go to question A11

What is the date (on the shot record) for the (first/second/...) hepatitis B shot?

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

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

___ Number
__0 → Go to question A13.

If "Don't know" or "Refused", go to question A13

What is the date (on the shot record) for the (first/second/...) chicken pox shot?

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

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?

__Yes
__No → Go to question A16.

If "Don't know" or "Refused", go to question A16

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

___ Age in Months → Go to question A16
__Don't know

If "Refused", go to question A16

Was (Child's Name) . . .

- 1 to 6 months old?
- 7 to 12 months old?
- 13 to 18 months old?
- 19 to 24 months old?
- 25 to 30 months old?
- 31 to 35 months old?

A16 **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.**

_____ Number
__0 → Go to question A18.

If "Don't know" or "Refused", go to question A18

A17 **What is the date (on the shot record) for the (first/second/...) pneumococcal shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

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.

_____ Number
__0 → Go to question A20.

If "Don't know" or "Refused", go to question A20

	a	b
Shot number	What is the date (on the shot record) for the <i>(first/second/...)</i> flu shot or flu nasal spray?	Was this a shot, the spray, or both?
1	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
2	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
3	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
4	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
5	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
6	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
7	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both
8	__/__/____	<input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Both

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

Yes
 No → Go to question A22

If "Don't know" or "Refused", go to question A22

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

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

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

- Yes
 No → Go to next child

If "Don't know" or "Refused", go to next child

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

Mark (X) only one

- BCG (Tuberculosis)
- DTaP
- DTP/HepB
- DTP/HiB
- Four-in-One
- Hepatitis A
- Influenza
- Malaria
- Pneumococcal
- Typhoid
- Yellow Fever
- Other (Specify) → Go to A24

Go to A25

If "Don't know" or "Refused", go to next child

Please write the name of the shot

If "Don't know" or "Refused", go to question A27

How many times has (Child's name) received the (Shot marked in A23) shot?"

_____ Number

If "Don't know" or "Refused", go to question A27

What is the date (on the shot record) for the (first/second/....) (Shot marked in A23) shot?

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

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

Mark (X) only one

- BCG (Tuberculosis)
- DTaP
- DTP/HepB
- DTP/HiB
- Four-in-One
- Hepatitis A
- Influenza
- Malaria
- Pneumococcal
- Typhoid
- Yellow Fever
- Other (Specify) → Go to A28

Go to A29

No Others → Go to next child

If "Don't know" or "Refused", go to next child

A28. Please write the name of the shot

If "Don't know" or "Refused", go to question A31

A29. **How many times has (Child's Name) received the (Shot marked in A27) shot?**

_____ Number

If "Don't know" or "Refused", go to question A31

A30. **What is the date (on the shot record) for the (first/second/...) (Shot marked in A27) shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

A31. **What is the name of the third “other shot” listed on the record?**

Mark (X) only one

- BCG (Tuberculosis)
- DTaP
- DTP/HepB
- DTP/HiB
- Four-in-One
- Hepatitis A
- Influenza
- Malaria
- Pnuemococcal
- Typhoid
- Yellow Fever
- Other (Specify) → Go to A32

Go to A33

No Others → Go to next child

If “Don’t know” or “Refused”, go to next child

A32. Please write the name of the shot

If “Don’t know” or “Refused”, go to question A35

A33. **How many times has (Child’s Name) received the (Shot marked in A31) shot?**

_____ Number

If “Don’t know” or “Refused”, go to question A35

A34. **What is the date (on the shot record) for the (first/second/...) (Shot marked in A31) shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

A35. **What is the name of the fourth “other shot” listed on the record?**

Mark (X) only one

- BCG (Tuberculosis)
- DTaP
- DTP/HepB
- DTP/HiB
- Four-in-One
- Hepatitis A
- Influenza
- Malaria
- Pnuemococcal
- Typhoid
- Yellow Fever
- Other (Specify) → Go to A36
- No Others → Go to next child

Go to A37

If “Don’t know” or “Refused”, go to next child

A36. Please write the name of the shot

If “Don’t know” or “Refused”, go to question A39

A37. **How many times has (Child’s Name) received the (Shot marked in A35) shot?**

_____ Number

If “Don’t know” or “Refused”, go to question A39

A38. **What is the date (on the shot record) for the (first/second/....) (Shot marked in A35) shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/____
2	__/__/____
3	__/__/____
4	__/__/____
5	__/__/____
6	__/__/____
7	__/__/____
8	__/__/____

A39. **What is the name of the fifth “other shot” listed on the record?**

Mark (X) only one

- BCG (Tuberculosis)
- DTaP
- DTP/HepB
- DTP/HiB
- Four-in-One
- Hepatitis A
- Influenza
- Malaria
- Pnuemococcal
- Typhoid
- Yellow Fever
- Other (Specify) → Go to A40

Go to A41

No Others → Go to next child

If “Don’t know” or “Refused”, go to next child

A40. Please write the name of the shot

If “Don’t know” or “Refused”, go to next child

A41. **How many times has (Child's Name) received the (Shot marked in A39) shot?**

_____ Number

If "Don't know" or "Refused", go to next child

A42. **What is the date (on the shot record) for the (first/second/....) (Shot marked in A39) shot?**

Shot number	Date of Shot (MM/DD/YYYY)
1	__/__/__
2	__/__/__
3	__/__/__
4	__/__/__
5	__/__/__
6	__/__/__
7	__/__/__
8	__/__/__

Go to next child. If no more children, go to next section.

**** MAKE 4 Copies of this section in the actual questionnaire.**

Section B

Field Representative – Ask a separate Section B for each child 19-36 months old where a shot record is NOT available.

Field Representative item. Enter the Name and line number of each child 19-36 months old where a shot record is NOT available.

- c. Name _____
- d. Line Number _____

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?

- Yes
- No → Go to question B8

If “Don’t know” or “Refused”, go to question B8

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)?*

- Yes
- No
- Don’t know - child is up to date on shots → Go to question B8

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?*

- Yes
- No
- Don’t know - child is up to date on shots → Go to question B8

B4. **Has (Child’s Name) ever received a measles or M-M-R (Measles-Mumps-Rubella) shot?**

- Yes
- No
- Don’t know- child is up to date on shots → Go to question B8

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)?**

Yes

No

Don't know - child is up to date on shots → Go to question B8

B6. **Has (Child's Name) ever received a hepatitis B shot?
This shot is for hepatitis and is often called HepB.**

Yes

No

Don't know - child is up to date on shots → Go to question B8

B7. **Has (Child's Name) ever received a chicken pox or varicella shot?**

Yes

No

Don't know - child is up to date on shots

B8. **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?**

Yes

No → Go to question B11

If "Don't know" or "Refused", go to question B11

B9. **How old was (Child's Name) in months, when (he/she) had chicken pox?**

Age in Months → Go to question B11

Don't know

If "Refused", go to question B11

B10. **Was (Child's Name)...**

- 1 to 6 months old
- 7 to 12 months old
- 13 to 18 months old
- 19 to 24 months old
- 25 to 30 months old
- 31 to 35 months old

B11 **Has (Child's Name) ever received a pneumococcal shot, sometimes called a PCV or Prevnar shot?**

- Yes
- No
- Don't know - child is up to date on shots

B12. **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.

- Yes
- No → Go to B14

If "Don't know" or "Refused", go to question B14

B13. **During what month and year did (Child's Name) receive the most recent flu shot?**

/ Date (MM/YYYY)

B14 **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.

- Yes
- No → Go to next child

If “Don’t know” or “Refused”, go to next child

During what month and year did *(Child’s Name)* receive the most recent flu nasal spray?

___/___ Date (MM/YYYY)

Go to next appropriate child. If no more children, go to Section C

**** MAKE 4 Copies of this section in the actual questionnaire.**

Section C
Section C

Part 1 – WIC Program

C1. **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.**

Field Representative item *Field Representative – Ask C2 for all eligible children aged 19 – 35 months.*

a	b	c
Line Number	Has (Child's Name) ever received WIC benefits?	Is (Child's Name) currently receiving WIC benefits?
_____	__Yes <input type="checkbox"/> go to (c) __No	__Yes __No
_____	__Yes <input type="checkbox"/> go to (c) __No	__Yes __No

C3. **Now I have a couple of questions on breastfeeding.**

Section C Part 2 – Breastfeeding

Field Representative item *Field Representative – Ask Part 2 for all eligible children aged 19 – 35 months.*

Field Representative item. Enter the Name and line number of child 19-35 months old.

Name _____

Line Number _____

C4 a **Was (Child's Name) ever breastfed or fed breast milk?**

__Yes
__No go to (e)

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

__ Still breastfeeding/ feeding breast milk go to (d)

c

- ___ Days
- ___ Weeks
- ___ Months
- ___ Years

d

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

- _____
- ___ At birth □ go to (f)
 - ___ Never fed formula □ go to (f)

e

- ___ Days
- ___ Weeks
- ___ Months
- ___ Years

f

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*) was first fed anything other than breast milk or formula?

- _____
- ___ At birth □ go to next child
 - ___ Never fed formula □ go to next child

g

- ___ Days
- ___ Weeks
- ___ Months
- ___ Years

Section C *Part 3 -*

Now I have some questions about your entire household.

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

_____ Number of people

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

____ Number of adults

If “Don’t Know” or “Refused”, go to question C8

And that means that (C5 – C6) persons are under 18 years of age?

__ Yes

__ No → Please go back to question C5 and correct your answer

Field Representative item

Field Representative – If C5 = (C6 + (C6-C5) then go to question C8.

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

____ (Number of children)

Section C

Part 4 – Child demographics

Field Representative – Ask Part 4 for all eligible children aged 19 – 35 months.

Field Representative item. Enter the Name and line number of child 19-35 months old.

Name _____

Line Number _____

- a **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.)**

__ Yes → go to (d)

__ No

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

Mark (X) all that apply.

- Mexican/Mexicano
- Mexican-American
- Central American
- South American
- Puerto Rican
- Cuban/Cuban American Spanish-Caribbean
- Other Spanish/Hispanic (Specify)

□

- c *Now, I am going to read a list of categories. Please choose one or more of the following categories to describe (*Child's Name*)'s race.*
Is (*Child's Name*) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

- White
- Black or African American
- American Indian
- Alaska Native
- Asian
- Native Hawaiian
- Pacific Islander
- Other (Specify)

□

- d **What is your
*Relationship to
(Child's Name)*?**

- Mother (Step, Foster, Adoptive) or
Female Guardian
- Father (Step, Foster, Adoptive) or Male Guardian
- Sister or Brother (Step/Foster/Half/Adoptive)
- In-law of any type
- Aunt/Uncle
- Grandparent
- Other Family Member
- Friend/Other

Section C PART 5 – NOTE: START NEW PAGE – 2 COPIES of questions

Section C Part 5 - Mother's Demographics

Field Representative item

Field Representative – If there is only 1 eligible child in the household ask C10-C18 once.

If there are more than one eligible child,

A. ask C10-C18 for a child ONLY if this is the first child where the respondent is the mother

(C9(e) = 1).

B. ALWAYS ask C10-C18 when the respondent is not the mother (C9(e) is not 1)

Field Representative item. Enter the name and line number of child

e. Name _____

b. Line Number _____

(C6) **What is the highest grade or year of school (you have/... 's mother has) completed?**

__ 8th grade or less

__ 9th-12th grade NO diploma

__ High school graduate or GED completed

__ Completed a vocational, trade, or business school program

__ Some college credit but no degree

__ Associate degree (AA, AS)

__ Bachelor's degree (BA, BS, AB)

__ Master's degree (MA, MS, MSW, MBA)

__ Doctorate (PhD, EdD) or Professional degree (MD, DDS, DVM, JD)

(C7) **(Are you/Is ... 's mother) now married, widowed, divorced, separated, or (have you/has she) never been married?**

__ Married

__ Widowed

__ Divorced

__ Separated

__ Never Married

__ Deceased

C12 **The next few questions ask for some background information about (...'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.**

If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

(C8) ***(Was ...'s mother /Is ... 's mother/Are you) Hispanic or Latino origin? (Includes Mexican, Mexican-American, Central American, South American or Puerto Rican, Cuban, or other Spanish-Caribbean.)***

- Yes
- No → Go to question C15

C14. ***(Are you/Is ...'s mother/Was ...'s mother) Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean?***

- Mexican/Mexicano
 - Mexican-American
 - Central American
 - South American
 - Puerto Rican
 - Cuban/Cuban American
 - Spanish-Caribbean
 - Other Spanish/Hispanic (Specify)
□
-

C15.
(C9)

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

Mark (X) all that apply.

- White
 - Black or African American
 - American Indian
 - Alaska Native
 - Asian
 - Native Hawaiian
 - Pacific Islander
 - Other (Specify)
□
-

*Field
Representative
item*

*If only one category is selected at C15, go to question C17
If more than one category is selected at C15, go to question C16*

C16.
(C10)

Which do you feel best describes (your/... 's mother's) race?

- White
- Black or African American
- American Indian
- Alaska Native
- Asian
- Native Hawaiian
- Pacific Islander
- (Race specified at question C15.)

C17.
(C10AM,
C10AD,
C10AY)

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

__/__/____

If "Don't Know" or "Refused", go to question C18

C18. **What (is your/is . . . 's mother's/was . . . 's mother's) current age?**
 (VERIFY
 _AGE)
 (ASK_
 AGE)

_____ Age

Section C PART 6 – NOTE: START NEW PAGE – 2 COPIES of questions

Section C Part 6 - Mother's Address when child born

Field Representative – Ask C19 for all eligible children aged 19 – 35 months.

C19.
 (C11A1,
 C11A2,
 C11A3)

a	b	c	d	e	f
Line Number	(Do you/ Does . . . 's mother) live at the same address as (you/she) did when (. .) was born?	In what city, county, and state did (you/. . . 's mother) live when (. .) was born? City	County	State Enter FC for foreign country	Zipcode
_____	__Yes __No → __Refused __Don't know				

Section C Part 7 – START NEW PAGE ***

Section C Part 7 - Family Income

C20. **Please think about your total combined family income during 2008 for all members of the family.**
 (CFAMINC) **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?

\$_____ → Go to section C, part 8

If “Don't Know”, go to question C21

If “Refused”, go to question C22

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?

- More than \$20,000 → Go to question C28
- \$20,000 → Go to section C, part 8
- Less than \$20,000 → Go to question C23

If “Don’t know” of “refused”, go to section C, part 8

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?

- More than \$20,000 → Go to question C28
- \$20,000 → Go to section C, part 8
- Less than \$20,000 → Go to question C23

If “Don’t know” of “refused”, go to section C, part 8

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

- More than \$10,000 → Go to question C25
- \$10,000 → Go to section C, part 8
- Less than \$10,000 → Go to question C24

If “Don’t know” of “refused”, go to section C, part 8

Was it more than \$7,500?

- Yes
- No

Go to section C, part 8

Was it more than \$15,000?

- Yes → Go to question C26
- No → Go to question C27

If “Don’t know” of “refused”, go to section C, part 8

Was it more than \$17,500?

- Yes
- No

Go to section C, part 8

Was it more than \$12,500?

- Yes
- No

Go to section C, part 8

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

- More than \$40,000 → Go to question C29
- \$40,000 → Go to section C, part 8
- Less than \$40,000 → Go to question C32

If “Don’t know” of “refused”, go to section C, part 8

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

- More than \$60,000 → Go to question C35
- \$60,000 → Go to section C, part 8
- Less than \$60,000 → Go to question C30

If “Don’t know” of “refused”, go to section C, part 8

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

- More than \$50,000 → Go to section C, part 8
- \$50,000 → Go to section C, part 8
- Less than \$50,000 → Go to question 31

If “Don’t know” of “refused”, go to section C, part 8

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

- More than \$45,000
- \$45,000
- Less than \$45,000

Go to section C, part 8

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

More than \$30,000 → Go to question C33

\$30,000 → Go to section C, part 8

Less than \$30,000 → Go to question C34

If “Don’t know” of “refused”, go to section C, part 8

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

More than \$35,000

\$35,000

Less than \$350,000

Go to section C, part 8

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

More than \$25,000

\$25,000

Less than \$25,000

Go to section C, part 8

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

More than \$75,000

\$75,000

Less than \$75,000

Go to section C, part 8

Section C *Part 8 -*

<i>Field Representative</i>	<i>If there is a zip code on the label then transcribe the zipcode from the label to C36 and go to the next Field representative item Otherwise ask C36</i>
-----------------------------	---

What is your zip code?

Field Representative If there is a city on the label then transcribe the city from the label to C37 and go to the next Field representative item
Otherwise ask C37

In what city do you live?

In what county do you live?

Field Representative If there is a state on the label then transcribe the state from the label to C39 and go to question C40
Otherwise ask C39

What state do you live in?

Do you live within the city limits?

Yes
 No

**Which of the following best describes your house or apartment?
Is it owned or being bought, rented, or occupied by some other arrangement
by you?**

Owned or being bought
 Rented
 Other arrangement

**The next few questions are about the telephone numbers in your household.
Do you have any land line home phone numbers?
Please do not include cellular phones in your answers.**

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

- Yes
- No → Go to question C44

C43. **How many telephone numbers are residential numbers?**

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

- One
- Two
- Three or more

During the past 12 months, has your household been without telephone service for 1 week or more?

Please do not include cellular phones in your answer.

Do not include interruptions of phone service due to weather or natural disasters.

- Yes
- No → Go to question C47

C45. **For how long was your household without telephone service in the past 12 months?**

If a number is filled in column 1, please select a time period in column 2. The time period should not be more than one year.

Column 1	Column 2
<input type="checkbox"/> One week or less	<input type="checkbox"/> Day(s)
<input type="checkbox"/> Don't know	<input type="checkbox"/> Week(s)
<input type="checkbox"/> Refuse	<input type="checkbox"/> Month(s)
	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Refused

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

- Yes
- No

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.

- None → Go to question C49
- One
- Two
- Three or more
- Don't know → Go to question C49
- Refuse → Go to question C49

C48. **How many (*cell / of these cell*) phones do (*Read names of eligible children*) parents and guardians who live in this household usually use?**

- None
- One
- Two
- Three or more

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.

- Nearly all received on cell phones
- Nearly all received on regular phones
- Some received on cell phones and some received on regular phones

Go to section D.

Section D

D1. **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 has/children have 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.**

Section D Part 1 – Provider information. Ask for each eligible child

Field Representative item. Enter the Name and line number of child 19-35 months old where a shot record IS available.

- f. Name _____
- g. Line Number _____

D2. **How many locations have provided vaccinations for your child named (. . .) (whose age is (age))?**

- __ Number → Go to question D4
- __0 → Go to question D3
- __Don't know → Go to question D3
- __Refused →

D3. **How many locations have provided health care for your child? Please include the hospital or birthing center where (he/she) was born, and any other clinics or doctor's offices that have seen (him/her).**

- __ Number
- __Never seen a doctor or other health care provider →
- __Don't know →
- __Refused →

D4. **Please tell me the name and contact information of the most each provider.**

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

Prov. #	Dr. last name	Dr. first name	Office/ clinic name	Office/ clinic address	Suite, floor, or room no.	City	State	Zip	Phone no.
1									

Section D Part 2 – Locating an appropriate respondent. Ask once per household.

D5. **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 doctor's or clinics, will not be used in reporting the study results.

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

I need to verify that I am speaking with someone who can authorize the release of immunization records (*Read names of all eligible children*).

Are you that person?

- Yes → Go to question D11
- No
- Refused → Go to section E

D6. **Please give me the full name of someone who can authorize the release of these immunization records.**

Name: _____
 Refused → End of survey

D7. **What is that person's relationship to (*Read names of all eligible children*)?**

- Mother (Step, Foster, Adoptive) or Female Guardian
- Father (Step, Foster, Adoptive) or Male Guardian
- Sister or Brother (Step/Foster/Half/Adoptive)
- In-law of any type
- Aunt/Uncle
- Grandparent
- Other Family Member
- Friend/Other

D8. **May I speak with that person now?**

- Yes
- No → End of survey

D9. Am I now speaking with someone who can authorize the release of these immunization records?

- Yes
- No → Go back to D8

D10. 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 names of eligible children)*. This study is voluntary and is authorized by ??????. 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 names of eligible children)*. Are you that person?

- Yes
- No → Go back to question D9D1
- Refused → ???

D11. **What is your full name?**

First: _____
Middle: _____
Last: _____

Section 5 Part 3 – Authorization for each child. Ask for each eligible child.

Field Representative item. Enter the Name and line number of child 19-35 months old where a shot record IS available.

- h. Name _____
- i. Line Number _____

D12. **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 (. . .) and request that information relevant to his/her immunization history be sent to the U.S. Census Bureau for study purposes only?

Yes → Go to question D14

No

D13. 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.

???

D14. **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 *(Read child's full name)*.

Is that correct?

Yes → Go to question D16

No

D15. **What is your child's full name?**

First: _____

Middle: _____

Last: _____

D16. Please fill out a permission form for this child.

*Field Representative
item*

Enter the following information onto the permission form:

Control Number, LNO, Child's Name, DOB, Sex, CNTRLNUM, LNO, CHILDNAME, DOBM/DOBD/DOBY, SEX

D17. Please write down the identification number printed on permission form NIS-2A for this child.

*Field Representative
item*

_____ ID Number

D18. Date written permission given.

*Field Representative
item*

D19. Time written permission given.

*Field Representative
item*

D20. Interview ID of interviewer when parent gave permission.

*Field Representative
item*

Go to section E

Section E

Field Representative – Ask a separate Section E for each child 19-35 months

Field Representative item. Enter the Name and line number of child 19-35 months old.

Name _____

Line Number _____

E1.

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?

Yes → go to question E2

No

If respondent live in AL or GA then go to question E3

Otherwise go to question E5

E2

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

Yes

No

If respondent live in AL or GA then go to question E3

Otherwise go to question E5

E3.

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 (read program from flashcard))

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?

Yes
 No

- E4. **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 *(State program from card)*.**

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?

Yes
 No

Go to question E6

- E5. **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 *(State program from card)*.

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?

- Yes
- No

E6. **At this time, is (Child's Name) covered by the Indian Health Service?**

- Yes
- No

E7. **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.

- Yes
- No

E8. **Besides what you have already told me about, is (Child's Name) covered by any other health insurance or health care plan?**

Please do not include dental, vision, school, or accident insurance.

- Yes → go to question E9
- No

If E2 = "yes" or E3 = "Yes" or E4 = "yes" or E5 = "Yes" or E6 = "Yes" or E7 = "Yes" then go to question E19

Otherwise go to question E13

E9. **Does this health insurance help pay for both doctor and hospital stays?**

- Yes → go to question E19

No

If E2 = "yes" or E3 = "Yes" or E4 = "yes" or E5 = "Yes" or E6 = "Yes" or E7 = "Yes" then go to question E19

Otherwise go to question E13

E10. **Is this health insurance provided through an employer or union?**

Yes → Go to question E19

No

E11. **Is this health insurance purchased directly from an insurance company?**

Yes → Go to question E19

No

E12. **I recorded that (Child's Name) was covered by some other health insurance. What is the name of the plan?**

_____ Plan Name

Go to question E19

E13. **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?**

Yes → Go to question E15

No

If "Don't know" or "Refused", go to question E18

E14. **At this time, what kind of health coverage does (Child's Name) have?**

Mark (X) all that apply

Medicaid → Go to question E19

Medicare

S-CHIP → Go to question E19

Medigap

Military → Go to question E19

Indian Health Service → Go to question E19

- Private Insurance
- Single service plan (dental, vision, prescriptions, etc) → If this is the only option you have selected go to question E16
- Other

E15. **Does this health insurance help pay for both doctor and hospital stays?**

- Yes → Go to question E19
- No

If “Don’t know” or “Refused”, go to question E19

E16. **Since (Child’s Name)’s birth, has (Child’s Name) always been uninsured?**

- Yes → Go to question E22
- No

If “Don’t know” or “Refused”, go to question E22

E17. **How old was (Child’s Name) THE FIRST TIME (Child’s Name) became uninsured?**

If less than one month, round up to one month

Mark 0 if uninsured at birth

a	b
_____ Age → Go to (b)	__ Months
__ 0	__ Years

E18. **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?**

Mark (X) all that apply

- Medicaid
- Medicare
- S-CHIP
- Medigap
- Military
- Indian Health Service

Private Health Service
 Other Insurance Type

Go to question E22

E19. **Since (Child's Name)'s birth was there any time when (Child's Name) was not covered by any health insurance for any reason?**

Yes → Go to question E20
 No

*If you answered yes to question E3, E4, or E5, go to question E22
Otherwise, go to question E21*

E20. **How old was (Child's Name) THE FIRST TIME (Child's Name) became uninsured?**

*If less than one month, round up to one month
Mark 0 if uninsured at birth*

a	b
<input type="text"/> → Go to (b)	<input type="text"/> Months
<input type="text"/> 0	<input type="text"/> Years

*If you answered yes to question E3, E4, or E5, go to question E22
Otherwise, go to the next question*

E21. **Has (Child's Name) ever been covered by any Medicaid plan or the State Children's Health Insurance Program?**

(IF AL or GA: In this state, the program is sometimes called (Patient 1st program/Georgia Better Health Care Program or Georgia Healthy Families.))

Yes

No

E22. **Did cost of vaccinations ever cause you to delay or not get a vaccination for (Child's Name)?**

Yes

No

If you answered yes to question S6 (Section screener) or question B1 (Section B), or if you answered 1 – 20 (10?) on question D6 (Section D), and you DID NOT answer yes to question E16, go to question INS_15
Otherwise, go to section F.

E23. **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.**

All of the cost → Go to next child

Some of the cost

None of the cost

E24. **How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?**

All of the cost

Some of the cost

None of the cost

Go to Next Child

Section F

F1. 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 statements. . . .

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

- "vaccines are necessary to protect the health of children." _____
- "children receive too many vaccines." _____
- "vaccines do a good job in preventing the diseases they are intended to prevent." _____
- "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.
- "vaccines are safe." _____
- "I have a good relationship with my child's health care provider." _____
- "I make a point to read and watch stories about health." _____
- "In general medical professionals in charge of vaccinations have my child's best interest at heart." _____
- "If I vaccinate my child, he/she may have serious side effects." _____
- "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." _____
- "Vaccinations should be delayed if a child has a minor illness." _____

Field Representative – Ask the remaining questions about the youngest eligible child.
(Youngest child between 19 and 36 months old.)

Field Representative item. Enter the Name and line number of the youngest child who is between

j. Name _____

k. Line Number _____

F2. **I'd like to ask you some questions about the visits to the place where you most often took (Youngest Child's Name) to be vaccinated.**

At visits you made for (Youngest Child's Name)'s vaccinations, did you talk to

. . . . a Doctor? Yes No

. . . . a Nurse? Yes No

. . . . Another health professional other than a doctor or nurse? Yes No
□

Specify _____

F3. *At visits you made for (Youngest Child's Name)'s vaccinations, were you told about the benefits of childhood vaccinations?*

Yes

No

F4. **Were you told about the possible side-effects of childhood vaccinations?**

Yes

No

F5. *Do you feel you were given enough time to discuss issues that concerned you about the vaccinations?*

Yes

No

F6. **On a scale of 0 to 10 with "0" being "very dissatisfied" and "10" being "very satisfied," how satisfied were you with**

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

. . . . *The information you received about vaccines at those visits?* _____

. . . . *All aspects of (Youngest Child's Name)'s visits for vaccinations?* _____

F7. **Now I'd like to ask you about different people who may have influenced your decision about vaccinations for *(Youngest Child's Name)*.**

Did a DOCTOR influence your decision about vaccinating *(Youngest Child's Name)*?

Yes

No

F8. **Did a NURSE influence your decision about vaccinating *(Youngest Child's Name)*?**

Yes

No

F9. **Did ANOTHER HEALTH CARE WORKER other than a doctor or nurse influence your decision about vaccinating *(Youngest Child's Name)*?**

Yes Specify _____

No

F10. **Did a CHIROPRACTOR influence your decision about vaccinating *(Youngest Child's Name)*?**

Yes

No

F11. **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 *(Youngest Child's Name)*?

Yes

No

F12. **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 (Youngest Child's Name)?

- Yes
- No

F13. **Did ANYONE ELSE influence your decision about vaccinating (Youngest Child's Name)?**

- Yes
- No → Go to question F15.

F14. **And who was that?**

Mark (X) only one

- Child's other parent
- Another family member.
- Friends
- Other (Specify) □ _____

F15. **Now I'd like to ask you about times when you decided not to get a vaccination for (Youngest Child's Name), and then about times when you delayed getting a vaccination for (Youngest Child's Name).**

Has there ever been a time when you REFUSED OR DECIDED NOT TO GET a vaccination for (Youngest Child's Name)?

- Yes
- No → Go to question F19

F16. **I'd like to ask you which vaccines you refused or decided not to get. Did you refuse or decide not to get:**

D-T-P, D-T-A-P or D-T (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A polio vaccine (by mouth, pink drops, sometimes called O-P-V, or a polio shot,	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of

sometimes called I-P-V)		
Measles or M-M-R (Measles-Mumps-Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
HIB (sometimes called Haemophilus Influenzae of H flu)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Hepatitis B (sometimes called Hep B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Chicken Pox/Varicella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Influenza (flu shot or flu nasal spray, also called "FluMist®")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Hepatitis A (sometimes called Hep A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Pneumococcal (Pneumococcal Shot/Pneumococcal Conjugate/Prevnar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Rotavirus (diarrhea vaccine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of

F17. **Did you refuse or decide not to get any other vaccines?**

Yes Specify _____
 No
 Not offered
 Never heard of

Ask F18 if 1 selected in any F16 or F17

F18. **Please tell me all the reasons why you refused or decided not to get the (read vaccines where F16 or F17 = 1) vaccines.**

Was it because . . .

Your child was ill at the time? Yes No

You have safety or side-effects concerns? Yes No

What were the safety or side effects? _____

You heard or read bad things through the media? Yes No

What did you hear or read about through the media? _____

You missed or couldn't get an appointment? Yes No

You felt that there are too many shots? Yes No

You wonder about the effectiveness of the vaccine? Yes No

You have concerns about the cost? Yes No

You have transportation problems? Yes No

It was not convenient? Yes No

You have concerns about autism? Yes No

Any other reason? Yes No
□

Specify the reason. _____

F19. **Now, has there ever been a time when you DELAYED OR PUT OFF GETTING a vaccination for (Youngest Child's Name)?**

Yes

No → END Interview

F20. **I'd like to ask you which vaccines you delayed or put off getting. Did you delay or put off getting:**

D-T-P, D-T-A-P or D-T (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
A polio vaccine (by mouth, pink drops, sometimes called O-P-V, or a polio shot, sometimes called I-P-V)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Measles or M-M-R (Measles-Mumps-Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
HIB (sometimes called Haemophilus Influenzae of H flu)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Hepatitis B (sometimes called Hep B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Chicken Pox/Varicella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Influenza (flu shot or flu nasal spray, also called "FluMist®")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Hepatitis A (sometimes called Hep A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of
Pneumococcal (Pneumococcal Shot/Pneumococcal Conjugate/Prevnar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of

Rotavirus (diarrhea vaccine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not offered	<input type="checkbox"/> Never heard of

F21. **Did you delay or put off getting any other vaccines?**

- Yes Specify _____
 No
 Not offered
 Never heard of

Ask F22 if 1 selected in any F20 or F21

F22. **Please tell me all the reasons why you delayed or put off getting (read vaccines where F20 or F21 = 1) vaccines.**

Was is because

Your child was ill at the time? Yes No

You have safety or side-effects concerns? Yes No

What were the safety or side effects? _____

You heard or read bad things through the media? Yes No

What did you hear or read about through the media? _____

You missed or couldn't get an appointment? Yes No

You felt that there are too many shots? Yes No

You wonder about the effectiveness of the vaccine? Yes No

You have concerns about the cost? Yes No

You have transportation problems? Yes No

It was not convenient? Yes No

You have concerns about autism? Yes No

Any other reason? Yes No

Specify _____

