

# National Health Interview Provider Survey Immunization History Questionnaire



**Confidential Information. If received in error, please call 1-800-817-4316.**

**START HERE** Please review your records and complete this questionnaire for the child identified on the label below. Complete pages 1 and 3 only. Return the questionnaire in the postage-paid envelope or fax toll-free to (866) 324-8659. This information is confidential; if faxing, please take extra care to dial the correct number.

## 1. Which of the following best describes your immunization records for this child?

- You have all or partial immunization records for this child, for vaccines given by your practice or other practices.

Was any of the immunization information for this child obtained from your community or state registry?

- Yes  No  Don't Know

Go to question 2 below.

- This facility gives immunizations only at birth (hospital).

Go to question 2 below.

- Other-Explain

- You have provided care to this child, but do not have immunization records.

- You have no record of providing care to this child.

**Please complete items 5-9 and return form as instructed above.**

## 2. According to your records, what is this child's date of birth?

Month Day Year

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- Don't know

## 3. What was the date of this child's first visit, for any reason, to this place of practice?

Month Day Year

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- Don't know

## 4. What was the date of this child's most recent visit, for any reason, to this place of practice?

Month Day Year

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- Don't know

## 5a. Is your practice a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), or a "look alike" FQHC or RHC? Please see Page 4 for definitions.

- Yes (Go to 5c)  No  Don't know

## 5b. Has your practice been deputized (sometimes known as delegated authority) to administer Vaccines for Children (VFC) vaccines to underinsured children? Please see Page 4 for definition of a deputized or delegated authority.

- Yes  No  Don't know

## 5c. Which of the following describes this facility?

Check all that apply.

- Private practice (If yes, select  
 Solo,  Group, or  Health Maintenance Organization (HMO))
- Hospital-based clinic, including university clinic, or residency teaching practice
- Public health department-operated clinic
- Community health center
- Rural Health Clinic
- Migrant health center
- Indian Health Service (IHS)-operated center, Tribal health facility, or urban Indian health care facility
- Military health care facility (Army, Navy, Air Force, Marines, Coast Guard)
- WIC clinic
- School-based health center
- Pharmacy
- Other-Explain

## 6. Does your practice order vaccines from your state or local health department to administer to children?

- Yes  No  Don't know
- Not applicable (Practice does not administer vaccines)

## 7. Did you or your facility report any of this child's immunizations to your community or state registry?

- Yes  No  Don't know
- Not applicable (No registry in my community/state)
- Not applicable (Practice does not administer vaccines)

## 8. Contact information for the person returning this form.

Name:

- Physician  Nurse
- Office Manager/Receptionist  Medical Records Administrator/Technician
- Other

Phone: ( ) ( ) ( ) ext.

Fax: ( ) ( ) ( ) ext.

## 9. Go to next page

**Please review the instructions and examples below. Then complete the “Shot Grid” on the next page.**

Refer to your vaccination records for the child named on the labels on the front cover and next page of this form.

- ▶ Be sure to mark the box for the correct combination vaccine for each dose as shown in the example below. If the combination included both DTaP and Hib, or HepB and Hib, be sure to enter the information in both vaccine categories. Note that the same vaccine (a combination DTaP-Hib vaccine) is entered under both DTaP and Hib in the example below.

**EXAMPLE**

Vaccine	Date Given	Given by other practice	Type of Vaccine								
DTaP	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;">11</td><td style="width: 30px;">20</td><td style="width: 30px;">2010</td></tr> </table>	11	20	2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Mark one box for each vaccine dose</i>				
	11	20	2010								
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;">11</td><td style="width: 30px;">18</td><td style="width: 30px;">2011</td></tr> </table>	11	18	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input checked="" type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib		
11	18	2011									
Hib	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;">11</td><td style="width: 30px;">20</td><td style="width: 30px;">2010</td></tr> </table>	11	20	2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Mark one box for each vaccine dose</i>				
	11	20	2010								
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;">11</td><td style="width: 30px;">18</td><td style="width: 30px;">2011</td></tr> </table>	11	18	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
11	18	2011									

<sup>a</sup>PedvaxHIB®, PRP-OMP    <sup>b</sup>ActHIB®, PRP-T    <sup>c</sup>Hiberix®, booster

- ▶ Be sure to mark the “Yes” or “No” box under “Given by other practice?” for each vaccination (see example above).
- ▶ Be sure to mark the “Yes” or “No” box indicating “Given at birth?” for the first Hep B dose (see example below).

Hepatitis B	Date Given	Given by other practice	Type of Vaccine								
1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th style="font-size: x-small;">Month</th><th style="font-size: x-small;">Day</th><th style="font-size: x-small;">Year</th></tr> <tr><td style="width: 30px;">07</td><td style="width: 30px;">19</td><td style="width: 30px;">2010</td></tr> </table>	Month	Day	Year	07	19	2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Mark one box for each vaccine dose</i>		
Month	Day	Year									
07	19	2010									
Dose 1 given at birth? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV						
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td></tr> </table>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV			

- ▶ Use the “Other” space to enter any vaccines not listed on the next page or any additional doses of listed vaccines that were given to this child (see example below).

Other	Date Given	Given by other practice	Description						
1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th style="font-size: x-small;">Month</th><th style="font-size: x-small;">Day</th><th style="font-size: x-small;">Year</th></tr> <tr><td style="width: 30px;">11</td><td style="width: 30px;">20</td><td style="width: 30px;">2011</td></tr> </table>	Month	Day	Year	11	20	2011	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please enter a description of each vaccine dose.
Month	Day	Year							
11	20	2011							
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td></tr> </table>				<input type="checkbox"/> Yes <input type="checkbox"/> No				
			BCG						

- ▶ After completing the “Shot Grid” on the next page, please return this form in the envelope provided.
- (Optional) You may also attach a copy of your immunization history records for this child to this form and send it back to NORC at the University of Chicago, National Health Interview Survey, 1 N State St FL 16, Chicago, IL 60602. If you choose this option, please answer all questions on page 1.

Or you may fax this confidential information to (866) 324-8659. If faxing this form, cut along fold to separate pages, then fax pages 1 and 3. Do not fax this page.

Vaccine	Date Given			Given by other practice?	Type of Vaccine							
	Month	Day	Year		Mark one box for each vaccine dose							
Hepatitis B	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV			
	Dose 1 given at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV			
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV			
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV			
DTaP						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib		
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib		
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib		
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib		
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib			
Hib						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Merck <sup>a</sup>	<input type="checkbox"/> sanofi <sup>b</sup>	<input type="checkbox"/> GSK <sup>c</sup>	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib	
							<sup>a</sup> PedvaxHIB <sup>®</sup> , PRP-OMP <sup>b</sup> ActHIB <sup>®</sup> , PRP-T <sup>c</sup> Hiberix <sup>®</sup> , booster					
Polio						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib	<input type="checkbox"/> OPV		
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib	<input type="checkbox"/> OPV		
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib	<input type="checkbox"/> OPV		
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV	<input type="checkbox"/> DTaP-IPV-Hib	<input type="checkbox"/> OPV			
Pneumo-coccal						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>			
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>			
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>			
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>			
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>			
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 <sup>a</sup>	<input type="checkbox"/> Conjugate-13 <sup>b</sup>	<input type="checkbox"/> Polysaccharide <sup>c</sup>				
							<sup>a</sup> Pneumovax <sup>®</sup> <sup>b</sup> Pneumovax13 <sup>®</sup> <sup>c</sup> Pneumovax <sup>®</sup>					
Rotavirus						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> RotaTeq <sup>®</sup> – Merck		<input type="checkbox"/> Rotarix <sup>®</sup> – GSK			
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> RotaTeq <sup>®</sup> – Merck		<input type="checkbox"/> Rotarix <sup>®</sup> – GSK			
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> RotaTeq <sup>®</sup> – Merck		<input type="checkbox"/> Rotarix <sup>®</sup> – GSK				
MMR						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> Measles only	<input type="checkbox"/> MMR-Varicella			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> Measles only	<input type="checkbox"/> MMR-Varicella				
Varicella						Mark one box for each vaccine dose						
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Varicella only	<input type="checkbox"/> MMR-Varicella	<input type="checkbox"/> Child has a history of chickenpox			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Varicella only	<input type="checkbox"/> MMR-Varicella					
Hepatitis A	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Please remember to answer all questions on page 1.</b>					
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Seasonal Influenza						Injected flu vaccines (e.g., Fluzone <sup>®</sup> )		Inhaled nasal flu spray (e.g., FluMist <sup>®</sup> )				
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> TIV		<input type="checkbox"/> LAIV			
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> TIV		<input type="checkbox"/> LAIV			
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> TIV		<input type="checkbox"/> LAIV			
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> TIV		<input type="checkbox"/> LAIV				
2009 H1N1 (Pandemic) Influenza						Injected flu vaccines		Inhaled nasal flu spray				
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MIV		<input type="checkbox"/> LAMV			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MIV		<input type="checkbox"/> LAMV				
Other	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please enter a description of each vaccine dose.					
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

**If you need more space to report vaccines, please attach additional sheets.**

# Thank you!



Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
Thank you for your help with this important study!

If you would like more information about the vaccine recommendations, or data and statistics, go to [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

If you have any questions or comments about this study, please call (800) 817-4316 or email [nis@cdc.gov](mailto:nis@cdc.gov).

**Note: Do NOT send any confidential patient information, such as patient's name or date of birth, in an email message.**

#### Definitions:

**Federally Qualified Health Center (FQHC):** A Federally Qualified Health Center as defined under section 1905(l)(2) of the Social Security Act. FQHCs receive grants under Section 330 of the Public Health Service Act. (B) The term "Federally-qualified health center" means an entity which:

- (i) is receiving a grant under section 330 of the Public Health Service Act[282],
- (ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and
- (II) meets the requirements to receive a grant under section 330 of such Act.

**Rural Health Clinic (RHC):** A Rural Health Clinic as defined under section 1905(l)(1) of the Social Security Act. A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement.

**FQHC Look-Alike:** An organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding.

**Deputization:** The formal extension of VFC authority to provide VFC vaccines to eligible underinsured children from a participating FQHC or RHC to another VFC-enrolled provider. Under this arrangement, the deputizing FQHC or RHC retains its full scope of authority as a VFC provider while extending the authority to deputized VFC providers to immunize underinsured children with VFC vaccine.

Notice: Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0214).

Assurance of Confidentiality (NOTICE): Information collected on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence and will be used only for statistical purposes by employees or agents of NCHS. No information that would identify an individual or establishment will be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note). If any federal employee, contractor, or agent knowingly shares identifiable information collected under this pledge of confidentiality with a person not entitled to have it, he or she can be fined up to \$250,000, and/or imprisoned for up to 5 years.

# National Health Interview Provider Survey – Teen Teen Immunization History Questionnaire



**Confidential Information. If received in error, please call 1-800-817-4316.**

**START HERE** ➔ Please review your records and complete this questionnaire for the adolescent identified on the label below. Complete pages 1 and 3 only. Return the questionnaire in the postage-paid envelope or fax toll-free to (866) 324-8659. This information is confidential; if faxing, please take extra care to dial the correct number.

**1. Which of the following best describes your immunization records for this adolescent?**

- You have all or partial immunization records for this adolescent for vaccines given by your practice or other practices.
  - ➔ Was any of the immunization information for this adolescent obtained from your community or state registry?
    - Yes    No    Don't Know
  - Go to question 2 below.
- Other-Explain
- You have provided care to this adolescent, but do not have immunization records.
- You have no record of providing care to this adolescent.

**Please complete items 5-9 and return form as instructed above.**

**2. According to your records, what is this adolescent's date of birth?**

Month	Day	Year	
			<input type="checkbox"/> Don't know

**3. What were the dates of this adolescent's first and most recent visit, for any reason, to this place of practice?**

	Month	Day	Year	
First Visit				<input type="checkbox"/> Don't know
	Month	Day	Year	
Most Recent Visit				<input type="checkbox"/> Don't know

**4. Did this adolescent receive an 11-12 year old well child exam or check-up at this place?**

- Yes    No    Don't know

**5a. Is your practice a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), or a "look alike" FQHC or RHC? Please see Page 4 for definitions.**

- Yes (**Go to 5c**)    No    Don't know

**5b. Has your practice been deputized (sometimes known as delegated authority) to administer Vaccines for Children (VFC) vaccines to underinsured children? Please see Page 4 for definition of a deputized or delegated authority.**

- Yes    No    Don't know

**5c. Which of the following describes this facility?**

Check all that apply.

- Private practice (If yes, select
  - Solo,  Group, or  Health Maintenance Organization (HMO))
- Hospital-based clinic, including university clinic, or residency teaching practice
- Public health department-operated clinic
- Community health center
- Rural Health Clinic
- Migrant health center
- Indian Health Service (IHS)-operated center, Tribal health facility, or urban Indian health care facility
- Military health care facility (Army, Navy, Air Force, Marines, Coast Guard)
- WIC clinic
- School-based health center
- Pharmacy
- Non-medical facility that hosted a vaccination clinic run by the health department or other sponsor
- Other-Explain

**5d. Which of the following best describe the main specialties of this facility? Check all that apply.**

- Pediatrics    Family Practice
- General Practice    Internal Medicine
- OB/GYN
- Other-Explain

**6. Does your practice order vaccines from your state or local health department to administer to children?**

- Yes    No    Don't know  
 Not applicable (Practice does not administer vaccines)

**7. Did you or your facility report any of this adolescent's immunizations to your community or state registry?**

- Yes    No    Don't know  
 Not applicable (No registry in my community/state)  
 Not applicable (Practice does not administer vaccines)

**8. Contact information for the person returning this form.**

Name:

Physician    Nurse  
 Office Manager/Receptionist    Medical Records Administrator/Technician  
 Other

Phone: (   )            ext.

Fax: (   )            ext.

**9. Go to next page** ➔



**Please review the instructions and examples below.  
Then complete the "Shot Grid" on the next page.**

Refer to your vaccination records for the adolescent named on the labels on the front cover and next page of this form.

- ▶ Record the month, day and year that each type of shot was given.

**EXAMPLE**

Vaccine	Date Given			Given by other practice?		Type of Vaccine			
	Month	Day	Year	Yes	No	Mark one box for each vaccine dose received after age 6			
Td/Tdap boosters received after age 6	1	11	18	2002	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Td	<input type="checkbox"/> Tdap (Adacel® or Boostrix®)	
	2				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Td	<input type="checkbox"/> Tdap (Adacel® or Boostrix®)	
	3				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Td	<input type="checkbox"/> Tdap (Adacel® or Boostrix®)	

MMR	1	9	20	2002	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> MMR-Varicella	<input type="checkbox"/> Measles only
	2				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> MMR-Varicella	<input type="checkbox"/> Measles only

- ▶ Be sure to mark the "Yes" or "No" box under "Given by other practice?" for vaccinations given by another practice (see example above).
- ▶ Use the "Other" space to enter any vaccines not listed on the next page or any additional doses of listed vaccines that were given to this adolescent (see example below)

Other	1	11	20	2001	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	} Please do not record Polio, Hib, or Pneumococcal conjugate vaccine (Prevnar®) given before 5 years old	Please enter a description of each vaccine dose	
	2				<input type="checkbox"/> Yes	<input type="checkbox"/> No		TYPHOID	

- ▶ After completing the "Shot Grid" on the next page, please return this form in the envelope provided.
- (Optional)** You may also attach a copy of your immunization history records for this adolescent to this form and send it back to NORC at the University of Chicago, National Health Interview Survey – Teen, 1 N State St FL 16, Chicago, IL 60602.
- Or you may fax the confidential information to (866) 324-8659. If faxing this form, cut along fold to separate pages, then fax pages 1 and 3. Do not fax this page.

Please record all vaccination dates in your records for these vaccine types. We realize you might not have the full immunization history of this adolescent.

Vaccine	Date Given			Given by other practice?		Type of Vaccine				
	Month	Day	Year	Yes	No	Mark one box for each vaccine dose received after age 6				
Td/Tdap boosters received after age 6	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B received since birth	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza received in the past three years	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2009 H1N1 (Pandemic) Influenza	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child has a history of chickenpox										
Hepatitis A	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal polysaccharide	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human papillomavirus (HPV)	1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please remember to answer all questions on page 1.
	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	1			<input type="checkbox"/>	<input type="checkbox"/>	Please do not record Polio, Hib, or Pneumococcal conjugate vaccine (Prevnar®) given before 5 years old	Please enter a description of each vaccine dose			
	2			<input type="checkbox"/>	<input type="checkbox"/>					
	3			<input type="checkbox"/>	<input type="checkbox"/>					
	4			<input type="checkbox"/>	<input type="checkbox"/>					
	5			<input type="checkbox"/>	<input type="checkbox"/>					

If you need more space to report vaccines, please attach additional sheets.

# Thank you!



**Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
Thank you for your help with this important study!**

**If you would like more information about vaccine recommendations, or data and statistics, go to [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).**

**If you have any questions or comments about this study, please call (800) 817-4316 or email [nis@cdc.gov](mailto:nis@cdc.gov).**

**Note: Do NOT send any confidential patient information, such as patient's name or date of birth, in an email message.**

#### **Definitions:**

**Federally Qualified Health Center (FQHC):** A Federally Qualified Health Center as defined under section 1905(l)(2) of the Social Security Act. FQHCs receive grants under Section 330 of the Public Health Service Act. (B) The term "Federally-qualified health center" means an entity which:

- (i) is receiving a grant under section 330 of the Public Health Service Act[282],
- (ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and
- (II) meets the requirements to receive a grant under section 330 of such Act.

**Rural Health Clinic (RHC):** A Rural Health Clinic as defined under section 1905(l)(1) of the Social Security Act. A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement.

**FQHC Look-Alike:** An organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding.

**Deputization:** The formal extension of VFC authority to provide VFC vaccines to eligible underinsured children from a participating FQHC or RHC to another VFC-enrolled provider. Under this arrangement, the deputizing FQHC or RHC retains its full scope of authority as a VFC provider while extending the authority to deputized VFC providers to immunize underinsured children with VFC vaccine.

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Assurance of Confidentiality (NOTICE): Information collected on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence and will be used only for statistical purposes by employees or agents of NCHS. No information that would identify an individual or establishment will be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note). If any federal employee, contractor, or agent knowingly shares identifiable information collected under this pledge of confidentiality with a person not entitled to have it, he or she can be fined up to \$250,000, and/or imprisoned for up to 5 years.



## 2014 Q1 NHIS Instrument Spec Report

**Section name:** Child Immunization Provider

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	
<b>Variable Name</b>	PQSTAT
<b>Universe</b>	
<b>Universe-text</b>	
<b>Question Text</b>	** Indicates the status of the immunization provider questions for each person in the family. **
<b>Answer Codes</b>	Blank, 0-7
<b>Question Type</b>	Status Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<pre>If (PVAG_FLG(PX) = '0' OR PVAG_FLG(PX) = '2') AND HHSTAT &lt;&gt; 'D' AND FX = '1' THEN   PQSTAT(PX) := '0' Endif  If PVAG_FLG(PX) = '1' AND HHSTAT &lt;&gt; 'D' THEN   PQSTAT(PX) := empty    If PVCHILD(PX) = '0' THEN     PQSTAT(PX) := '6'   ElseIf PVCHILD(PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf PVSWITCH(PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf PVLATER1(PX) = '2' OR PVLATER1(PX) = 'don't know' THEN     PQSTAT(PX) := '3'   ElseIf PVLATER1(PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf PVNO_MOR(PX) = '1' THEN     PQSTAT(PX) := '0'   ElseIf PVLOCVAC(PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf PVLOCHC(PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf PVLOCHC(PX) = '0' THEN     PQSTAT(PX) := '6'   ElseIf PVCONTCT[1](PX) = 'refused' THEN     PQSTAT(PX) := '4'   ElseIf (PVLOCVAC(PX) = '1' OR PVLOCHC(PX) = '1') AND (PVCONTCT[1](PX) = 'XX')     PQSTAT(PX) := '7'</pre>

```

Elseif (PVLOCVAC(PX) = '2' OR PVLOCHC(PX) = '2') AND (PVCONTCT[1](PX) =
'XX' AND PVCONTCT[2](PX) = 'XX')
  PQSTAT(PX) := '7'
Elseif (PVLOCVAC(PX) = '3' OR PVLOCHC(PX) = '3') AND (PVCONTCT[1](PX) =
'XX' AND PVCONTCT[2](PX) = 'XX' AND PVCONTCT[3](PX) = 'XX')
  PQSTAT(PX) := '7'
Elseif (PVLOCVAC(PX) = '4' OR PVLOCHC(PX) = '4') AND (PVCONTCT[1](PX) =
'XX' AND PVCONTCT[2](PX) = 'XX' AND PVCONTCT[3](PX) = 'XX' AND
PVCONTCT[4](PX) = 'XX')
  PQSTAT(PX) := '7'
Elseif PVOFFNAM[1](PX) = 'refused' AND PVLNAME[1](PX) = 'refused' THEN
  PQSTAT(PX) := '4'
Elseif PVLATER2(PX) = '2' OR PVLATER2(PX) = 'don't know' THEN
  PQSTAT(PX) := '3'
Elseif PVLATER2(PX) = 'refused' THEN
  PQSTAT(PX) := '4'
Elseif PVERIFY(PX) = 'refused' THEN
  PQSTAT(PX) := '5'
Elseif PVNEWATH(PX) = 'refused' THEN
  PQSTAT(PX) := '5'
Elseif PERMIS2(PX) = '2' AND PERMNT2 <> empty THEN
  PQSTAT(PX) := '5'
Elseif PERMIS2(PX) = '1' THEN
  PQSTAT(PX) := '1'
Elseif PCALLBK1 = '1' THEN
  PQSTAT(PX) := '2'
Elseif PCALLBK1 = '2' THEN
  PQSTAT(PX) := '3'
Endif
Endif

```

PQSTAT - Empty - Immunization section not completed or not started

- 0 - Not eligible for immunization section
- 1 - Immunization section completed
- 2 - Immunization section has callback set up
- 3 - Cannot set up a callback for immunization section
- 4 - Immunization provider questions refused
- 5 - Immunization permission form refused
- 6 - No immunizations received
- 7 - Provider located in foreign country

*Skip Instructions*

*Hard Edits*

*Soft Edits*

*AssocHelp*

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	
<b>Variable Name</b>	PVSTAT
<b>Universe</b>	
<b>Universe-text</b>	
<b>Question Text</b>	** Indicates the status of the immunization provider section for the family. **
<b>Answer Codes</b>	Blank, 0-4
<b>Question Type</b>	Status Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<pre> PVSTAT := empty If PVAG_FLG(PX) &lt;&gt; empty AND HHSTAT(PX) &lt;&gt; 'D' THEN   If all PQSTAT(PX) = '0' THEN     PVSTAT := '0'   ElseIf any PQSTAT(PX) = '2' THEN     PVSTAT := '2'   ElseIf no PQSTAT(PX) = '2' and any PQSTAT(PX) = '3' THEN     PVSTAT := '3'   ElseIf any PQSTAT(PX) = '4' and all other PQSTAT(PX) = '0' or empty THEN     PVSTAT := '4'   ElseIf no PQSTAT(PX) = '2' or '3' or '4' and any PQSTAT(PX) = empty THEN     PVSTAT := empty   Else     PVSTAT := '1'   Endif Endif </pre> <p>PVSTAT - Empty - Immunization section not completed or not started  0 - No one eligible for immunization section  1 - Immunization section completed  2 - Immunization section has callback set up  3 - Cannot set up a callback for immunization section  4 - Immunization section refused</p>
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.001
<b>Variable Name</b>	PVAG_FLG
<b>Universe</b>	All persons in family
<b>Universe-text</b>	All persons in family
<b>Question Text</b>	** Indicates whether or not a person is eligible for the immunization provider questions. **
<b>Answer Codes</b>	Blank,0,1,2
<b>Question Type</b>	Flag
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<p>Create this flag variable using the AGE/DOB fields from HHC. PVAG_FLG should be '1' if child should fall into the age range to be eligible for the immunization provider section, or if child is 1 or 3 years old with a missing DOB:</p> <p>If AGE = 2 or (13-17 and HHSTAT4 ne 'E'), set PVAG_FLG = 1;  If AGE = 1 or 3 and (DOBM = D,R or DOBY = D,R), set PVAG_FLG = 1;  If AGE = 1 and (DOBM ne D,R and DOBY ne D,R), calculate age in months and store in AGEMO; if AGEMO = 19-24 months, set PVAG_FLG = 1;  If it is determined through verification screens to fall out of the age range for the section, set PVAG_FLG = 2;  If the child originally did not qualify for this section, set PVAG_FLG = '0';  If AGE &gt; 17, set PVAG_FLG = '0'</p>
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.003
<b>Variable Name</b>	INTRO_IPV
<b>Universe</b>	PVAG_FLG=1 and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
<b>Universe-text</b>	Children 19-35 months, children 13-17 years, or children 1 or 3 years old with missing DOB and case is part of base sample
<b>Question Text</b>	*You are about to enter the Child Immunization Section.  *Enter 1 to continue.
<b>Answer Codes</b>	*Enter 1 to continue.
<b>Question Type</b>	Enter 1 to Continue
<b>Field Pane Description</b>	Continue
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	If PVAG_FLG=1 and not a single adult family [goto PVRESP]; else [goto PVCHILD]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.005
<b>Variable Name</b>	PVRESP
<b>Universe</b>	PVAG_FLG=1 and not a single adult family and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
<b>Universe-text</b>	Families with more than 1 adult in the family and case is part of base sample
<b>Question Text</b>	* Enter the line number of the person you are speaking to.
<b>Answer Codes</b>	
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Provider respondent
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Have this be the first screen for the provider question section in case of a callback when the case is re-entered. In the case of an eligible Sample Child (HHSTAT4=C and PVAG_FLG=1), prefill SC Respondent line number here, but still display question. If a single adult, prefill PVRESP with respondent's line number and don't display question.
<b>Skip Instructions</b>	<1-25> [goto PVCHILD]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.010
<b>Variable Name</b>	PVCHILD
<b>Universe</b>	PVAG_FLG=1 and PVRESP ne empty and and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
<b>Universe-text</b>	Children 19-35 months, children 13-17 years, or children 1 or 3 years old with missing DOB and case is part of base sample
<b>Question Text</b>	<p>The next questions are about immunizations for {fill: child's name}. To get a complete picture of the vaccinations received by {fill: child's name}, we would like to contact doctors or health clinics to obtain a copy of the vaccination records for {fill: him/her}. These records contain only the immunizations and dates of the immunizations for {fill: him/her}.</p> <p>*Read if necessary: Information we collect from you and your health care provider will be used to monitor and report childhood immunizations. Participation by you and your child's provider helps the CDC understand the potential for childhood diseases.</p> <p>Would you know about the immunization providers for {fill: child's name}?</p> <p>*Enter '0' if child has never had immunizations.</p>
<b>Answer Codes</b>	0. Never received immunizations 1. Yes 2. No Refused Don't know
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Eligible children
<b>Fill Instructions</b>	
<b>Special Instructions</b>	If there is a sample child in the family 19-35 months or 13-17 years, please fill this name in the first cycle. Fill additional children 19-35 months or 13-17 years of age for subsequent cycles in the order they were entered in the household roster. If more than one eligible child and PVRESP stays the same for subsequent children, gray out all text but the last line. If coming back into the section after a callback, or switch respondents at PVRESP for other children, keep all text in bold black or blue (FR instructions in blue).
<b>Skip Instructions</b>	<0> set PQSTAT=6 and [goto next child/section] <1> if HHSTAT4=C and CSRESP=PVRESP and (AGE ne 3 and (AGE ne 1 or AGEMO = empty)) [goto PVLOCVAC]; else if HHSTAT4=C and CSRESP=PVRESP and (AGE eq 3 or (AGE = 1 and AGEMO = empty)) [goto BIRTHCK]; else [goto PVRELTIV]; <2,D> if single adult family [goto PVLATER1]; else [goto PVSWITCH]; <R> set PQSTAT=4 and goto [next section]
<b>Hard Edits</b>	

<i>Soft Edits</i>	
<i>AssocHelp</i>	
<i>Module</i>	60
<i>Section Name</i>	Child Immunization Provider
<i>Part</i>	
<i>Question ID</i>	IPV.011
<i>Variable Name</i>	PVSWITCH
<i>Universe</i>	PVCHILD=2,D and more than 1 adult in family
<i>Universe-text</i>	Don't know provider information or indicate someone else may know
<i>Question Text</i>	Is someone else now available to give the provider information?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Switch respondents
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> reset PVRESP, reset PVCHILD, reset PVSWITCH, [goto ERR_PVSWITCH] <2,D> [goto PVLATER1] <R> set PQSTAT=4 and [goto next section]
<i>Hard Edits</i>	ERR_PVSWITCH  * Please go back and select a new respondent.  Goto PVRESP (as the default goto)
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.012
<b>Variable Name</b>	PVLATER1
<b>Universe</b>	PVCHILD=2,D and single adult family or PVSWITCH=2,D
<b>Universe-text</b>	No one is available to give the provider information at this time
<b>Question Text</b>	{fill: Could you provide this information if I call back later?/Could someone provide this information if I call back later?}
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Call back later
<b>Fill Instructions</b>	{fill: If PVCHILD=2,D and single person family: Could you provide this information if I call back later?; else if PVSWITCH=2,D fill: Could someone provide this information if I call back later?}
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<1> set PQSTAT=2 and [goto PCALLBK1] <2,D> set PQSTAT=3 and [goto next section] <R> set PQSTAT=4 and [goto next section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.015
<b>Variable Name</b>	PVRELTIV
<b>Universe</b>	PVAG_FLG=1 and (PVCHILD=1 and (HHSTAT4 ne C or (HHSTAT4=C and CSRESP ne PVRESP)))
<b>Universe-text</b>	Child 19-35 months, child 13-17 years, or child 1 or 3 years old with missing DOB and is not the sample child or who is the sample child but the Sample Child respondent was switched at PVRESP to another person
<b>Question Text</b>	(book) C1 What is your relationship to [fill: ALIAS of child]?
<b>Answer Codes</b>	1. Parent (Biological, adoptive, or step) 2. Grandparent 3. Aunt/Uncle 4. Brother/Sister 5. Other relative 6. Legal guardian 7. Foster parent 8. Other non-relative Refused Don't know
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Relationship to child
<b>Fill Instructions</b>	fill: fill name of eligible child
<b>Special Instructions</b>	The Sample Child should not get this question if Sample Child Respondent and Immunization Provider Respondent are the same person because they already would have verified this early if needed.
<b>Skip Instructions</b>	<1-8,R,D> if PVRESP=HHRESP and (AGE ne 3 and (AGE ne 1 or AGEMO = empty)) goto PVLOCVAC else if PVRESP=HHRESP and (AGE eq 3 or (AGE = 1 and AGEMO = empty)) goto BIRTHCK else goto IPVVERF_S
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.020
<b>Variable Name</b>	IPVVERF_S
<b>Universe</b>	PVAG_FLG=1 and PVRELTIV=response and ((HHSTAT4 ne C and PVRESP ne HHRESP) or (HHSTAT4=C and PVRESP ne HHRESP and PVRESP ne CSRESP))
<b>Universe-text</b>	Current respondent is not the person entered in HHRESP and this is not the Sample Child
<b>Question Text</b>	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS child]'s sex as [fill2: Sex of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
<b>Answer Codes</b>	<p>1. Yes</p> <p>2. No</p>
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Verified child's sex
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Do not allow "Don't Know" or "Refused" as an answer. Sample Child does not need to get this question because this information would have already been verified previously.
<b>Skip Instructions</b>	<p>&lt;1&gt; goto IPVVERF_A</p> <p>&lt;2&gt; goto PVNEWSEX</p>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.025
<b>Variable Name</b>	PVNEWSEX
<b>Universe</b>	IPVVERF_S = '2' (No)
<b>Universe-text</b>	Respondent said child's sex is not correct.
<b>Question Text</b>	Is [fill: ALIAS of child] Male or Female? *If don't know or refused enter your best guess.
<b>Answer Codes</b>	1. Male 2. Female
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Child's revised sex
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Do not allow "Don't Know" or "Refused" as an answer.
<b>Skip Instructions</b>	<1,2> store PVNEWSEX in SEX then goto ERR_PVNEWSEX close ERR_PVNEWSEX then goto IPVVERF_S
<b>Hard Edits</b>	ERR_PVNEWSEX  * The gender will now be changed to [fill: PVNEWSEX].  goto IPVVERF_S (as the default goto)
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.030
<b>Variable Name</b>	IPVVERF_A
<b>Universe</b>	(HHSTAT4 ne C and PVRESP ne HHRESP) or (HHSTAT4=C and PVRESP ne HHRESP and PVRESP ne CSRESP))
<b>Universe-text</b>	Current respondent is not the person entered in HHRESP and this is not the Sample Child
<b>Question Text</b>	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s age as [fill2: Age of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
<b>Answer Codes</b>	<p>1. Yes</p> <p>2. No</p>
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Verified child's age
<b>Fill Instructions</b>	<pre>If child's age in AGE is &gt; "0"   [fill2: &lt;AGE&gt; years] else   [fill2: less than a year] endif</pre>
<b>Special Instructions</b>	<p>Do not allow "Don't Know" or "Refused" as an answer.</p> <p>Display the most recently updated age in years to the right of the answer box in the field pane, e.g., if the age is '15' display '15 years old'. For the case where the age is '0' years, display 'less than a year old'.</p>
<b>Skip Instructions</b>	<pre>&lt;1&gt; goto IPVVERF_D &lt;2&gt; goto PVNEWAGE</pre>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.035
<b>Variable Name</b>	PVNEWAGE
<b>Universe</b>	IPVVERF_A = "2" (No)
<b>Universe-text</b>	Respondent said child's age is not correct
<b>Question Text</b>	How old is [fill1: ALIAS of child]?  * If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	Child's revised age
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<0-120, Refused, Don't know> if PVNEWAGE = 'Refused' or PVNEWAGE = 'Don't know' or PVNEWAGE = AGE goto ERR_PVNEWAGE else store PVNEWAGE in AGE goto PVDOB_M
<b>Hard Edits</b>	ERR_PVNEWAGE  *Age of [fill1: ALIAS of child] remains [fill2: Age of child] years old.  goto IPVVERF_A
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.040
<b>Variable Name</b>	IPVVERF_D
<b>Universe</b>	(HHSTAT4 ne C and PVRESP ne HHRESP) or (HHSTAT4=C and PVRESP ne HHRESP and PVRESP ne CSRESP))
<b>Universe-text</b>	Current respondent is not the person entered in HHRESP and this is not the Sample Child
<b>Question Text</b>	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s birthday as [fill2: Birthday of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
<b>Answer Codes</b>	<p>1. Yes</p> <p>2. No</p>
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Verified child's date of birth
<b>Fill Instructions</b>	[fill2: <DOBM> <DOBD>, <DOBY>] = date of birth, where <DOBM> should be filled with the name of the month, not the number. For any part of the birth date that is "refused", "don't know", or otherwise "blank", put a "?" for that field.
<b>Special Instructions</b>	Do not allow "Don't Know" or "Refused" as an answer. If AGE information changes so that child is now not 19-35 months or 13-17 years (unless the child is 1 or 3 with incomplete DOB information) or now person ge 18, set PVAG_FLG=2
<b>Skip Instructions</b>	<pre> &lt;1&gt; if AGE of provider child ge '18'     set PVAG_FLG=2     goto PVNO_MOR else     goto PVLOCVAC &lt;2&gt; goto PVDOB_M </pre>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.045
<b>Variable Name</b>	PVDOB_M
<b>Universe</b>	IPVVERF_D = '2' (No) or IPVVERF_A = '2' (No)
<b>Universe-text</b>	Respondent said child's date of birth is not correct or child's age is not correct
<b>Question Text</b>	1 of 3 What is [fill: ALIAS of child]'s birthday? *Enter month of birth.
<b>Answer Codes</b>	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don't know
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Child's revised month of birth
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Display the name of the month for the answer entered in this question to the right of the answer box in the field pane, e.g., if '10' is entered, display 'October'. If 'Refused' or 'Don't know' is entered, do not display anything to the right of the answer box.
<b>Skip Instructions</b>	<01-12, R,D> goto PVDOB_D
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.050
<b>Variable Name</b>	PVDOB_D
<b>Universe</b>	IPVVERF_D = '2' (No) or IPVVERF_A = '2' (No)
<b>Universe-text</b>	Respondent said child's date of birth is not correct or child's age is not correct
<b>Question Text</b>	2 of 3 * Enter day of birth.
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	Child's revised day of birth
<b>Fill Instructions</b>	[fill3: PVDOB_M] = month of birth, where <PVDOB_M> should be filled with the name of the month, not the number.
<b>Special Instructions</b>	Only allow valid days for month entered.
<b>Skip Instructions</b>	<01-31,R,D> goto PVDOB_Y If days not valid, goto ERR_PVDOB_D
<b>Hard Edits</b>	ERR_PVDOB_D  * [fill2: PVDOB_D] is not a valid day for [fill3: PVDOB_M].  * Please correct.  goto PVDOB_D (as the default goto)
<b>Soft Edits</b>	
<b>AssocHelp</b>	



Calculate age from PVDOB\_M, PVDOB\_D, and PVDOB\_Y.

```
if age from PVDOB items is ne AGE and age from PVDOB items is valid
  goto ERR4_PVDOB_Y
endif
```

***Hard Edits***

ERR1\_PVDOB\_Y

\*Future date invalid: [fill2: <PVDOB\_M> <PVDOB\_D>, <PVDOB\_Y>]  
\*Please correct.

goto PVDOB\_M (as the default goto)

ERR2\_PVDOB\_Y

\*Not a valid day: [fill2: <PVDOB\_M> <PVDOB\_D>, <PVDOB\_Y>]  
\*Please correct.

goto PVDOB\_M (as the default goto)

ERR3\_PVDOB\_Y

\*DOB of [fill1: ALIAS of child] remains [fill3: <DOBM> <DOBD>, <DOBY>]

goto IPVVERF\_A (as the default goto)

ERR4\_PVDOB\_Y

\*Data mismatched. Please fix Age or Birthday.

goto IPVVERF\_A (as the default goto)

***Soft Edits***

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***AssocHelp***

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<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.056
<b>Variable Name</b>	BIRTHCK
<b>Universe</b>	PVAG_FLG=1 and PVCHILD=1 and (AGE eq 3 or (AGE = 1 and AGEMO = empty))
<b>Universe-text</b>	Children 1 or 3 years old with incomplete DOB information
<b>Question Text</b>	[fill1: Is {fill: child's name} 18 months or younger? / fill2: Has {fill: child's name} reached {his/her} third birthday?]
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Age check
<b>Fill Instructions</b>	If AGE=1 and DOB information is incomplete, fill1: "Is {fill: child's name} 18 months or younger?" If AGE=3 and DOB information is incomplete, fill2: "Has {fill: child's name} reached {his/her} third birthday?"
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<1> set PVAG_FLG=2 goto PVNO_MOR <2,R,D> goto PVLOCVAC
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.060
<b>Variable Name</b>	PVNO_MOR
<b>Universe</b>	(PVAG_FLG=2 and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1')))) or BIRTHCK=1
<b>Universe-text</b>	Child whose age is now not either 19-35 months or 13-17 years
<b>Question Text</b>	[fill: ALIAS of child] is no longer in the age range for these questions. Those are all the questions I have about [fill: child's name] at this time.  * You may need to ask additional questions before continuing with the rest of the interview.
<b>Answer Codes</b>	1. Enter 1 to Continue
<b>Question Type</b>	Enter 1 to Continue
<b>Field Pane Description</b>	No longer eligible
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Do not allow "Don't Know" or "Refused" as an answer.
<b>Skip Instructions</b>	<1> store '0' in PQSTAT for this child; [goto next eligible child or next section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.061
<b>Variable Name</b>	PVLOCVAC
<b>Universe</b>	PVAG_FLG=1 and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
<b>Universe-text</b>	Child 19-35 months or 13-17 years and case is part of base sample
<b>Question Text</b>	How many locations have provided vaccinations for {fill: child's name}?  *Enter '0' for none.  *If respondent answers more than 4 locations, enter '4'.
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	# of vaccination locations
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Have number entered in here be used to set up the number of provider lookups/data entry fields unless answer is '0', 'refused' or 'don't know'.
<b>Skip Instructions</b>	<0,D> [goto PVLOCHC] <1-4> [goto PVCONTCT] <R> set PQSTAT=4 and [goto next section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.062
<b>Variable Name</b>	PVLOCHC
<b>Universe</b>	PVLOCVAC=0,D
<b>Universe-text</b>	No places of vaccination for child or DK places of vaccination
<b>Question Text</b>	<p>How many locations have provided health care for {fill: child's name}? Please include the hospital or birthing center where {fill: he/she} was born, and any other clinics or doctor's offices that have seen {fill: him/her}.</p> <p>*Enter '0' if child has never seen a doctor or other health care provider.</p> <p>*If respondent answers more than 4 locations, enter '4'.</p>
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	# of health care locations
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Use the number entered in PVLOCHC to set up the number of provider lookups/data entry fields if PVLOCVAC = '0' or 'don't know'.
<b>Skip Instructions</b>	<p>&lt;0&gt; set PQSTAT=6 and [goto next child/next section]</p> <p>&lt;D&gt; [goto PVLATER2]</p> <p>&lt;R&gt; set PQSTAT=4 and [goto next section]</p> <p>&lt;1-4&gt; [goto PVCONTCT]</p>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.063_01
<b>Variable Name</b>	ROSTER_LNO
<b>Universe</b>	Eligible provider children
<b>Universe-text</b>	
<b>Question Text</b>	This is not a question.
<b>Answer Codes</b>	
<b>Question Type</b>	Instrument Out Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<p>This is a linking variable to the PROV_CHILD, PROVIDER, and CHG_IPV blocks for use in the data output. This variable is defined as follows:</p> <p>ROSTER_LNO - This should be the HH roster line number of the child (1-25).</p> <p>The ROSTER_LNO variable should be added to the PROV_CHILD, PROVIDER, and CHG_IPV blocks as part of the CHILD_IPV ARRAY, the PROVINFO ARRAY, and the CHG_IPV ARRAY. These will link the provider information to the correct child.</p>
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.063_02
<b>Variable Name</b>	LNO
<b>Universe</b>	PVCONTCT <> EMPTY
<b>Universe-text</b>	
<b>Question Text</b>	This is not a question.
<b>Answer Codes</b>	
<b>Question Type</b>	Instrument Out Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<p>This a linking variable to the PROVIDER, and CHG_IPV blocks for use in the data output. This variable is defined as follows:</p> <p>LNO - This should be the line number of which provider information is being collected (1-4).</p> <p>The LNO variable already exists in the PROVIDER block as part of the PROVINFO ARRAY, so we just need to add the same information in the CHG_IPV block as part of the CHG_IPV ARRAY.</p>
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.064_01
<b>Variable Name</b>	PVCONTCT
<b>Universe</b>	PVLOCVAC=1-4 or PVLOCHC=1-4
<b>Universe-text</b>	Child had been to vaccination location or received health care
<b>Question Text</b>	<p>Please tell me the name for the [fill: most recent/next] provider, beginning with the state.</p> <p>*Read if necessary: Would you take a moment to find shot records, appointment cards, or other records you may have?</p> <p>*Try to locate the provider information in the lookup table by entering a state abbreviation followed by a provider's last name. If given the name of a clinic or office, change the search type to 'Organization' and enter the state abbreviation followed by the clinic or office name.</p> <p>*If provider information not found, type 'ZZ'</p> <p>*Enter 'XX' for providers located in a foreign country.</p>
<b>Answer Codes</b>	
<b>Question Type</b>	Pick One-popup window
<b>Field Pane Description</b>	Contact info intro
<b>Fill Instructions</b>	Fill "most recent" if PVLOCVAC=1 or PVLOCHC=1 or (PVLOCVAC=2-4 and first time through) or (PVLOCHC=2-4 and first time through). Fill "next" if PVLOCVAC=2-4 or PVLOCHC and not first time through.
<b>Special Instructions</b>	There can be a maximum of 4 providers for a maximum of 10 children.
<b>Skip Instructions</b>	<p>&lt;Allow 10, Provider located&gt; store data from lookup table in PVLNAME through PVTELN1 (including PVZIP4) and goto PVCOMPLT</p> <p>&lt;ZZ&gt; empty data stored from lookup table in PVLNAME through PVTELN1 (including PVZIP4) and goto PVLNAME</p> <p>&lt;XX&gt; empty data stored from lookup table in PVLNAME through PVTELN1 (including PVZIP4)</p> <p style="padding-left: 40px;">If PVLOCVAC GE 1 OR PVLOCHC GE 1 and not last time through  go to next provider;  else If PVLOCVAC GE 1 OR PVLOCHC GE 1 and good provider entered (PVCONTCT=ZZ or 'provider located') and last time through AND (HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6')) OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6')) OR (HHSTAT4 NE 'C' AND PVRELTIV NOTIN ('1','6'))  go to PVERIFY;  else If PVLOCVAC GE 1 OR PVLOCHC GE 1 and good provider entered (PVCONTCT=ZZ or 'provider located') and last time through  go to IPVFNAME;</p>

```
else if All PVCONTCT=XX OR (PVLOCVAC=1 OR PVLOCHC=1)
  set PQSTAT=7
  goto next child/section
```

<R> empty data stored from lookup table in PVLNAME through PVTELN1 (including PVZIP4)

```
If first time through
  set PQSTAT=4
  goto next section;
else if second, third, or fourth time through AND
(HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6'))
OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6'))
OR (HHSTAT4 NE 'C' AND PVRELTIV NOT IN ('1','6'))
  go to PVERIFY;
else if second, third, or fourth time through
  go to IPVFNAME
```

<D> empty data stored from lookup table in PVLNAME through PVTELN1 (including PVZIP4)

```
If first time through
  goto PVLATER2;
else if second, third, or fourth time through AND
(HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6'))
OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6'))
OR (HHSTAT4 NE 'C' AND PVRELTIV NOT IN ('1','6'))
  go to PVERIFY;
else if second, third, or fourth time through
  go to IPVFNAME
```

*Hard Edits*

*Soft Edits*

*AssocHelp*

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.064_02
<b>Variable Name</b>	LKUP_FLG
<b>Universe</b>	PVCONTCT = RESPONSE
<b>Universe-text</b>	
<b>Question Text</b>	
<b>Answer Codes</b>	
<b>Question Type</b>	Flag
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<pre> if (PVLOCVAC=1-4 or PVLOCHC=1-4) AND (PVCONTCT = RESPONSE) THEN   if PVCONTCT NE 'ZZ' and PVCONTCT NE 'XX' THEN     LKUP_FLG := '1'   elseif PVCONTCT='ZZ' or PVCONTCT = 'XX'     LKUP_FLG := '0'   else     LKUP_FLG := EMPTY   endif endif </pre>
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.064_03
<b>Variable Name</b>	LKUPVER
<b>Universe</b>	PVCONTCT = RESPONSE
<b>Universe-text</b>	
<b>Question Text</b>	
<b>Answer Codes</b>	
<b>Question Type</b>	Flag
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	For each provider record created, store the value of the ZIP4 field on the 'ZZ' record of the provider lookup table into this variable. This will indicate the version of the provider lookup table used for a particular interview.
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_01
<b>Variable Name</b>	PVLNAME
<b>Universe</b>	PVCONTCT='ZZ'
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What is the last name of the {fill: first/next} doctor?
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	Doctor's last name
<b>Fill Instructions</b>	Fill "first" if first time through. Fill "next" if PVLOCVAC=2-4 and not first time through.
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<allow 30,R,D> goto PVFNAME
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_02
<b>Variable Name</b>	PVFNAME
<b>Universe</b>	PVCONTCT='ZZ'
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What is the doctor's first name?
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	Doctor's first name
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<allow 30,R,D> goto PVOFFNAM
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_03
<b>Variable Name</b>	PVOFFNAM
<b>Universe</b>	PVCONTCT='ZZ'
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	Please tell me the name of the office or the clinic.  * Press enter if no office or clinic name.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	Office/clinic name
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<pre> &lt;Allow 50&gt; goto PVADDR1  &lt;R&gt; If PVLNAME NE R,D     goto PVADDR1;     else if first time through AND PVLNAME was Refused         store 4 in PQSTAT         goto next section;     else if first time through AND PVLNAME was Don't know         goto PVLATER2;     else if second, third, or fourth time through AND PVLNAME=R,D AND         (HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6'))         OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6'))         OR (HHSTAT4 NE 'C' AND PVRELTIV NOT IN ('1','6'))         goto PVERIFY;     else if second, third, or fourth time through AND PVLNAME=R,D         goto IPVFNAME  &lt;D,empty&gt; If PVLNAME NE R,D     goto PVADDR1;     else if first time through AND PVLNAME=D,R         goto PVLATER2;     else if second, third, or fourth time through AND PVLNAME=D,R AND         (HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6'))         OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6'))         OR (HHSTAT4 NE 'C' AND PVRELTIV NOT IN ('1','6'))         go to PVERIFY;     else if second, third, or fourth time through AND PVLNAME=D,R         go to IPVFNAME </pre>
<b>Hard Edits</b>	

<i>Soft Edits</i>	
<i>AssocHelp</i>	
<i>Module</i>	60
<i>Section Name</i>	Child Immunization Provider
<i>Part</i>	
<i>Question ID</i>	IPV.180_04
<i>Variable Name</i>	PVADDR1
<i>Universe</i>	PVOFFNAM=response or (PVOFFNAM=R,D,'empty' and PVLNAME NE R,D)
<i>Universe-text</i>	Provider could not be found from look-up table and respondent provided a last name or office name
<i>Question Text</i>	What is the street address of the office or the clinic?
<i>Answer Codes</i>	
<i>Question Type</i>	Text
<i>Field Pane Description</i>	Address 1
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<Allow 35,R,D> goto PVADDR2
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_05
<b>Variable Name</b>	PVADDR2
<b>Universe</b>	All from PVADDR1
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	Is there a suite, floor, or room number? * Press enter if no additional address information.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	Address 2
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<Allow 35, empty,R,D> goto PVADDR3
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_06
<b>Variable Name</b>	PVADDR3
<b>Universe</b>	All from PVADDR2
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What city is that in?
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	City
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<Allow 30,R,D> goto PVADDR4
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_07
<b>Variable Name</b>	PVADDR4
<b>Universe</b>	All from PVADDR3
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What state is that in?
<b>Answer Codes</b>	
<b>Question Type</b>	Other - Drop down list
<b>Field Pane Description</b>	State
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Allow Don't know or Refused
<b>Skip Instructions</b>	<Allow 2,R,D> goto PVADDR5
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_08
<b>Variable Name</b>	PVADDR5
<b>Universe</b>	All from PVADDR4
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What is the zip code?
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	Zip code
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<01000-99996,R,D> goto PVTELN1 <0-9999> goto ERR_PVADDR5
<b>Hard Edits</b>	ERR_PV1ADDR5  * The entire zip code must be entered.  * Please correct.
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_09
<b>Variable Name</b>	PVTELN1
<b>Universe</b>	All from PVADDR5
<b>Universe-text</b>	Provider could not be found from look-up table
<b>Question Text</b>	What is the telephone number? * Enter 'N' for no phone.
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	Phone #
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Use standard telephone field format <( ) - >
<b>Skip Instructions</b>	<2000000000-9999999996,N,R,D> goto PVCOMPLT <0-1999999999> goto ERR_PVTELN1
<b>Hard Edits</b>	ERR_PV1TELN1  * The entire phone number must be entered.  * Please correct.
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_10
<b>Variable Name</b>	PVZIP4
<b>Universe</b>	PVCONTCT = provider located
<b>Universe-text</b>	Provider located in the lookup table.
<b>Question Text</b>	** Variable from the provider lookup table **  This is not a question.
<b>Answer Codes</b>	<0000-9999, empty>
<b>Question Type</b>	Instrument Out Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Storage variable for the ZIP4 value of a provider from the immunization provider lookup table.  If PVCONTCT = provider located (PROVIDER_CLINIC_ID from provider lookup table) THEN PVZIP4 := ZIP4 (from provider lookup table) else PVZIP4 := EMPTY endif
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_11
<b>Variable Name</b>	PVCOMPLT
<b>Universe</b>	(PVAG_FLG=1 AND (PVCONTCT='ZZ' AND ((PVOFFNAM = RESPONSE) OR ((PVOFFNAM = DONTKNOW OR PVOFFNAM = REFUSAL OR PVOFFNAM = EMPTY) AND PVLNAME = RESPONSE))) OR (PVCONTCT NE 'ZZ' AND PVCONTCT NE 'XX'))
<b>Universe-text</b>	All cases that entered provider information or selected a provider from the look-up table
<b>Question Text</b>	I have recorded that [child's name]'s provider is [fill_name]. The provider's office/clinic name is [fill 3] and the address is  [fill 4] [fill 5] [fill 6], [fill 7] [fill 8].  Is this information correct?
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Verify info
<b>Fill Instructions</b>	<pre> Fill_name: if (PVFNAME = RESPONSE) AND (PVLNAME = RESPONSE) THEN   fill_name := PVFNAME [space] PVLNAME elseif (PVFNAME = RESPONSE) AND (PVLNAME = 'refused' OR PVLNAME = 'don't know' OR PVLNAME = empty) THEN   fill_name := PVFNAME elseif (PVLNAME = RESPONSE) AND (PVFNAME = 'refused' OR PVFNAME = 'don't know' OR PVFNAME = empty) THEN   fill_name := PVLNAME elseif (PVFNAME = 'don't know' OR PVFNAME = empty) AND (PVLNAME = 'don't know' OR PVLNAME = empty) THEN   fill_name := 'unknown' elseif PVFNAME = 'refused' AND (PVLNAME = 'refused' OR PVLNAME = 'don't know' OR PVLNAME = empty) THEN   fill_name := 'refused' elseif PVLNAME = 'refused' AND (PVFNAME = 'refused' OR PVFNAME = 'don't know' OR PVFNAME = empty) THEN   fill_name := 'refused' endif  Fill3: if PVOFFNAM NE R,D,empty, fill PVOFFNAM=Office/Clinic name       elseif PVOFFNAM = D,empty, then "Unknown "       elseif PVOFFNAM = R, then "Refused "  Fill 4: if PVADDR1 NE R,D, fill PVADDR1=Address       elseif PVADDR1 = D, then "Unknown " </pre>

```
elseif PVADDR1 = R, then "Refused "

Fill 5: if PVADDR2 NE empty,R,D, fill PVADDR2=Address 2
elseif PVADDR2 = D, then "Unknown "
elseif PVADDR2 = R, then "Refused "
elseif PVADDR2 = empty, then leave Fill 5 blank

Fill 6: if PVADDR3 NE R,D, fill PVADDR3=City
elseif PVADDR3 = D, then "Unknown "
elseif PVADDR3 = R, then "Refused "

Fill 7: if PVADDR4 NE R,D, fill PVADDR4=State
elseif PVADDR4 = D, then "Unknown "
elseif PVADDR4 = R, then "Refused "

Fill 8: if PVADDR5 NE R,D, fill PVADDR5=Zip code
elseif PVADDR5 = D, then "Unknown "
elseif PVADDR5 = R, then "Refused "
```

**Special Instructions**

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**Skip Instructions**

```
<1,R,D>
if PVLOCVAC or PVLOCHC ge 1
  goto next provider
elseif (HHSTAT4='C' and CSRESP=PVRESP and CSRELTIV NOT IN ('1','6')) or
(HHSTAT4='C' and CSRESP NE PVRESP and PVRELTIV NOT IN ('1','6')) or
(HHSTAT4 NE 'C' and PVRELTIV NOT IN ('1','6'))
  go to PVERIFY
else
  go to IPVFNAME
endif
<2> goto PWHAT2
endif
```

**Hard Edits**

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**Soft Edits**

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**AssocHelp**

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<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_12
<b>Variable Name</b>	PWHAT2
<b>Universe</b>	PVCOMPLT=2
<b>Universe-text</b>	Provider information is incorrect
<b>Question Text</b>	<p>* Change(s) needed for [fill: child's name]'s provider information.</p> <p>* Enter each number that applies. If a wrong choice, type that choice again.</p>
<b>Answer Codes</b>	<p>1. Provider Name  2. Office Name  3. Address</p>
<b>Question Type</b>	Enter All That Apply
<b>Field Pane Description</b>	Change provider info
<b>Fill Instructions</b>	
<b>Special Instructions</b>	<p>Do not allow Don't Know or Refused.</p> <p>After this question (PWHAT2) is answered, copy the values from the following variables to the corresponding CHG_ variables:</p> <p>PVFNAME into CHG_PVFNAME  PVLNAME into CHG_PVLNAME  PVOFFNAM into CHG_PVOFFNAM  PVADDR1 into CHG_PVADDR1  PVADDR2 into CHG_PVADDR2  PVADDR3 into CHG_PVADDR3  PVADDR4 into CHG_PVADDR4  PVADDR5 into CHG_PVADDR5</p> <p>Set change flags as follows:</p> <pre> if '1' in PWHAT2 THEN   CHG_NAME_FLAG := '1' endif if '2' in PWHAT2 THEN   CHG_PROV_FLAG := '1' endif if '3' in PWHAT2 THEN   CHG_ADDR_FLAG := '1' endif </pre> <p>Empty out the value of the PVZIP4 variable under the following conditions:</p> <pre> if CHG_ADDR_FLAG = '1' THEN   PVZIP4 := EMPTY endif </pre>

<b>Skip Instructions</b>	<1> goto CHG_PVLNAME <2> goto CHG_PVLOFFNAM <3> goto CHG_PVADDR1
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	
<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_13
<b>Variable Name</b>	CHG_PVLNAME
<b>Universe</b>	PWHAT2=1
<b>Universe-text</b>	Respondent indicated the provider's name was incorrect
<b>Question Text</b>	What is the provider's correct name?  * If last name is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new last name.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New last name
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVLNAME in CHG_PVLNAME and display in answer codes.
<b>Skip Instructions</b>	<allow 30,R,D> goto CHG_PVFNAM
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_14
<b>Variable Name</b>	CHG_PVFNAME
<b>Universe</b>	PWHAT2=2
<b>Universe-text</b>	Respondent indicated the provider's name was incorrect
<b>Question Text</b>	<p>* If first name is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new first name.</p> <p>* Enter first name.</p>
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New first name
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVFNAME in CHG_PVFNAME and display in answer codes.
<b>Skip Instructions</b>	<pre> &lt;allow 30,R,D&gt; if PWHAT2=2 (Office/clinic name change is needed)     goto CHG_PVOFFNAM elseif PWHAT2=3 (Address change needed)     goto CHG_PVADDR1 else     goto PVCOMPLT_1 (to reverify the changed information) </pre>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_15
<b>Variable Name</b>	CHG_PVOFFNAM
<b>Universe</b>	PWHAT2=2
<b>Universe-text</b>	Respondent indicated office/clinic name was incorrect
<b>Question Text</b>	<p>What is the correct name of the provider's office or clinic?</p> <p>* If office or clinic name is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new office or clinic name.</p>
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New office/clinic
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVOFFNAME in CHG_PVOFFNAME and display in answer codes.
<b>Skip Instructions</b>	<pre> &lt;allow 50,empty,R,D&gt; if PWHAT=3 (Address change needed)     goto CHG_PVADDR1 else     goto PVCOMPLT_1 (to reverify the changed information) </pre>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_16
<b>Variable Name</b>	CHG_PVADDR1
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	<p>What is the correct address of the office or clinic?</p> <p>* If street address is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new street address.</p>
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New address
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVADDR1 in CHG_PVADDR1 and display in answer codes.
<b>Skip Instructions</b>	<allow 35,R,D> goto CHG_PVADDR2
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_17
<b>Variable Name</b>	CHG_PVADDR2
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	* If suite, floor, or room number is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new suite, floor, or room number.  * Enter suite, floor, or room number.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New address 2
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVADDR2 in CHG_PVADDR2 and display in answer codes.
<b>Skip Instructions</b>	<Allow 35,empty,R,D> goto CHG_PVADDR3
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_18
<b>Variable Name</b>	CHG_PVADDR3
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	* If city is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new city.  * Enter city.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	New city
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVADDR3 in CHG_PVADDR3 and display in answer codes.
<b>Skip Instructions</b>	<Allow 30,R,D> goto CHG_PVADDR4
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_19
<b>Variable Name</b>	CHG_PVADDR4
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	* If state is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new state.  * Enter state.
<b>Answer Codes</b>	
<b>Question Type</b>	Other - Drop down list
<b>Field Pane Description</b>	New state
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVADDR4 in CHG_PVADDR4 and display in answer codes.
<b>Skip Instructions</b>	<Allow 2,R,D> goto CHG_PVADDR5
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_20
<b>Variable Name</b>	CHG_PVADDR5
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	* If zip code is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new zip code.  * Enter zip code.
<b>Answer Codes</b>	
<b>Question Type</b>	Integer
<b>Field Pane Description</b>	New zip code
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store PVADDR5 in CHG_PVADDR5 and display in answer codes.
<b>Skip Instructions</b>	<01000-99996,R,D> goto PVCOMPLT_1 <0-9999> goto ERR_CHG_PVADDR5
<b>Hard Edits</b>	* The entire zip code must be entered.  * Please correct.
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_21
<b>Variable Name</b>	PVCOMPLT_1
<b>Universe</b>	PWHAT2 IN ('1','2','3') and PWHAT2 is on route
<b>Universe-text</b>	Children with a change made to their provider information
<b>Question Text</b>	<p>I have recorded that [child's name]'s provider is [fill_name]. The provider's office/clinic name is [fill 3] and the address is</p> <p>[fill 4] [fill 5]  [fill 6], [fill 7] [fill 8].</p> <p>Is this information correct?</p>
<b>Answer Codes</b>	1. Yes, information is correct 2. No, correction(s) needed/more corrections needed Refused Don't know
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Reverify info
<b>Fill Instructions</b>	Fill_name: if (CHG_PVFNAME = RESPONSE) AND (CHG_PVLNAME = RESPONSE) THEN fill_name := CHG_PVFNAME [space] CHG_PVLNAME elseif (CHG_PVFNAME = RESPONSE) AND (CHG_PVLNAME = 'refused' OR CHG_PVLNAME = 'don't know' OR CHG_PVLNAME = empty) THEN fill_name := CHG_PVFNAME elseif (CHG_PVLNAME = RESPONSE) AND (CHG_PVFNAME = 'refused' OR CHG_PVFNAME = 'don't know' OR CHG_PVFNAME = empty) THEN fill_name := CHG_PVLNAME elseif (CHG_PVFNAME = 'don't know' OR CHG_PVFNAME = empty) AND (CHG_PVLNAME = 'don't know' OR CHG_PVLNAME = empty) THEN fill_name := 'unknown' elseif CHG_PVFNAME = 'refused' AND (CHG_PVLNAME = 'refused' OR CHG_PVLNAME = 'don't know' OR CHG_PVLNAME = empty) THEN fill_name := 'refused' elseif CHG_PVLNAME = 'refused' AND (CHG_PVFNAME = 'refused' OR CHG_PVFNAME = 'don't know' OR CHG_PVFNAME = empty) THEN fill_name := 'refused' endif  Fill3: if PVOFFNAM NE R,D, fill PVOFFNAM=Office/Clinic name elseif PVOFFNAM = D, then "Unknown " elseif PVOFFNAM = R, then "Refused "  Fill 4: if PVADDR1 NE R,D, fill PVADDR1=Address elseif PVADDR1 = D, then "Unknown " elseif PVADDR1 = R, then "Refused "  Fill 5: if PVADDR2 NE empty,R,D, fill PVADDR2=Address 2

```

elseif PVADDR2 = D, then "Unknown "
elseif PVADDR2 = R, then "Refused "

Fill 6: if PVADDR3 NE R,D, fill PVADDR3=City
elseif PVADDR3 = D, then "Unknown "
elseif PVADDR3 = R, then "Refused "

Fill 7: if PVADDR4 NE R,D, fill PVADDR4=State
elseif PVADDR4 = D, then "Unknown "
elseif PVADDR4 = R, then "Refused "

Fill 8: if PVADDR5 NE R,D, fill PVADDR5=Zip code
elseif PVADDR5 = D, then "Unknown "
elseif PVADDR5 = R, then "Refused "

```

**Special Instructions**

**Skip Instructions**

```

<1,R,D>
if PVLOCVAC gt 1 or PVLOCHC gt 1
  go to next provider
elseif (PVAG_FLG='1' and HHSTAT4='C' and CSRESP=PVRESP and CSRELTIV
NOT IN ('1','6')) or (PVAG_FLG='1' and HHSTAT4='C' and CSRESP NE PVRESP and
PVRELTIV NOT IN ('1','6')) or (PVAG_FLG='1' and HHSTAT4 NE 'C' and PVRELTIV
NOT IN ('1','6'))
  go to PVERIFY
else
  go to IPVFNAME
endif
<2> goto ERR_PVCOMPLT_1

```

**Hard Edits**

\* Press enter to go back to change some provider information or arrow down and press enter to change your answer.

Default goto should be PWHAT2

**Soft Edits**

**AssocHelp**

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.180_22
<b>Variable Name</b>	CHG_PVZIP4
<b>Universe</b>	PWHAT2=3
<b>Universe-text</b>	Respondent indicated provider address was incorrect
<b>Question Text</b>	** Variable from the provider lookup table **  This is not a question.
<b>Answer Codes</b>	<0000-9999, empty>
<b>Question Type</b>	Instrument Out Variable
<b>Field Pane Description</b>	
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Storage variable for changing the ZIP4 value of a provider from the immunization provider lookup table.  Store PVZIP4 in CHG_PVZIP4  If PVCOMPLT = 2 (no) and PWHAT2 = 3 (address) THEN CHG_PVZIP4 := EMPTY else CHG_PVZIP4 := PVZIP4 endif
<b>Skip Instructions</b>	
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.181
<b>Variable Name</b>	PVLATER2
<b>Universe</b>	PVLOCHC=D or (PVCONTACT=D and first time through) or (PVOFFNAM=R and PVLNAME=D and first time through) or (PVOFFNAM=D and PVLNAME=D,R and first time through)
<b>Universe-text</b>	DK places of vaccination or health care locations, DK provider information, or DK last name of doctor and DK name of office or clinic
<b>Question Text</b>	Could you provide this information if I call back later?
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Call back later
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<1> set PQSTAT=2 and [goto PCALLBK1] <2,D> set PQSTAT=3 and [go to next child/section] <R> set PQSTAT=4 and [go to next section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.188
<b>Variable Name</b>	PVERIFY
<b>Universe</b>	((PVCOMPLT IN ('1','refused','don't know') OR PVCOMPLT_1 IN ('1','refused','don't know')) AND (HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV NOT IN ('1','6')) OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV NOT IN ('1','6')) OR (HHSTAT4 NE 'C' AND PVRELTIV NOT IN ('1','6'))))
<b>Universe-text</b>	Unsure if speaking to parent/legal guardian of child
<b>Question Text</b>	I need to verify that I am speaking with someone who can authorize the release of immunization records for {fill: child's name}. This should be a parent or legal guardian. Are you that person?
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Authorize release of records
<b>Fill Instructions</b>	
<b>Special Instructions</b>	
<b>Skip Instructions</b>	<1> [goto IPVFNAME] <2,D> [goto PVNEWATH] <R> store 5 in PQSTAT and [goto next child/next section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	



<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.189
<b>Variable Name</b>	PVNEWATH
<b>Universe</b>	PVERIFY=2,D
<b>Universe-text</b>	Not able to authorize release of immunization records
<b>Question Text</b>	Is there someone else now available who can authorize the release of immunization records for this child?
<b>Answer Codes</b>	1. Yes 2. No Refused Don't know
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Someone else can authorize
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Keep value.
<b>Skip Instructions</b>	<1> [goto PVRESP2] <2,D> set PQSTAT=2 and [goto PCALLBK1] <R> set PQSTAT=5 and [goto next child/section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.189_01
<b>Variable Name</b>	PVRESP2
<b>Universe</b>	PVNEWATH='1'
<b>Universe-text</b>	Someone else to authorize release of immunization records
<b>Question Text</b>	* Enter the line number of the parent or legal guardian who can authorize the release of immunization records for this child.
<b>Answer Codes</b>	
<b>Question Type</b>	Pick One - answer list pane
<b>Field Pane Description</b>	Who can authorize
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Display all persons 18+ in answer codes. Do not allow Don't Know or Refused.
<b>Skip Instructions</b>	<1-25> goto ERR_PVRESP2
<b>Hard Edits</b>	* Please go back and verify that the new respondent can authorize release of immunization records.  goto PVERIFY (as the default goto)
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.189_02
<b>Variable Name</b>	IPVFNAME
<b>Universe</b>	PVERIFY=1 OR ((PVCOMPLT IN ('1','refused','don't know') OR PVCOMPLT_1 IN ('1','refused','don't know')) AND ( HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV IN ('1','6')) OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV IN ('1','6')) OR (HHSTAT4 NE 'C' AND PVRELTIV IN ('1','6'))))
<b>Universe-text</b>	Verified that you are talking to someone who can authorize the release of immunization records
<b>Question Text</b>	In order to ask your child's provider for the correct information, we need to be sure that we have {fill: HISHER} correct name. Our records show that this child's name is {fill: Child's ALIAS}. Is this {fill: HISHER} correct name?  * If this is {fill: HISHER} correct name, press ENTER. Otherwise, enter the child's correct first name.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	First name check
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store NAME_FNAME in IPVFNAME and display in Answer Codes. If IPVFNAME NE D,R, update NAME_FNAME.
<b>Skip Instructions</b>	<allow 20> Goto IPVLNAME
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.189_03
<b>Variable Name</b>	IPVLNAME
<b>Universe</b>	PVERIFY=1 OR ((PVCOMPLT IN ('1','refused','don't know') OR PVCOMPLT_1 IN ('1','refused','don't know')) AND ( HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV IN ('1','6')) OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV IN ('1','6')) OR (HHSTAT4 NE 'C' AND PVRELTIV IN ('1','6'))))
<b>Universe-text</b>	Verified that you are talking to someone who can authorize the release of immunization records
<b>Question Text</b>	* If this is {fill: HISHER} correct name, press ENTER. Otherwise, enter the child's correct last name.
<b>Answer Codes</b>	
<b>Question Type</b>	Text
<b>Field Pane Description</b>	Last name check
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Store NAME_LNAME in IPVLNAME and display in Answer Codes If IPVLNAME NE D,R, update NAME_LNAME. Set ALIAS = IPVFNAM<>IPVLNAME
<b>Skip Instructions</b>	<allow 20>Goto PERMIS2
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.190
<b>Variable Name</b>	PERMIS2
<b>Universe</b>	PVERIFY=1 OR ((PVCOMPLT IN ('1','refused','don't know') OR PVCOMPLT_1 IN ('1','refused','don't know')) AND (HHSTAT4='C' AND CSRESP=PVRESP AND CSRELTIV IN ('1','6')) OR (HHSTAT4='C' AND CSRESP NE PVRESP AND PVRELTIV IN ('1','6')) OR (HHSTAT4 NE 'C' AND PVRELTIV IN ('1','6'))))
<b>Universe-text</b>	Verified that you are talking to someone who can authorize the release of immunization records
<b>Question Text</b>	<p>The vaccination records collected from the provider(s) will be kept in strict confidence.</p> <p>Do we have your permission to contact the provider(s) named in this interview? We would only give the provider(s) basic information that identifies [fill: Child Name] and request the information relevant to [fill: his/her] immunization history.</p> <p>* Read if necessary.</p> <p>Your consent allows the provider(s) you name to release their immunization records only for this child to the Centers for Disease Control and Prevention and its contractors in order to obtain the most complete information possible. The information 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, your child, or your child's provider(s).</p>
<b>Answer Codes</b>	<p>1. Yes</p> <p>2. No</p>
<b>Question Type</b>	Yes/No
<b>Field Pane Description</b>	Permission status
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Do not allow Refused or Don't know
<b>Skip Instructions</b>	<pre>&lt;1&gt; if additional eligible children     set PQSTAT = '1' and goto PVRESP     else     set PQSTAT = '1' and goto next section &lt;2&gt; [goto PERMNT2]</pre>
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	

<b>Module</b>	60
<b>Section Name</b>	Child Immunization Provider
<b>Part</b>	
<b>Question ID</b>	IPV.195
<b>Variable Name</b>	PERMNT2
<b>Universe</b>	PERMIS2=2
<b>Universe-text</b>	Permission was not given
<b>Question Text</b>	*Specify the reason permission was not given.
<b>Answer Codes</b>	Verbatim
<b>Question Type</b>	Verbatim
<b>Field Pane Description</b>	Specify
<b>Fill Instructions</b>	
<b>Special Instructions</b>	Do not allow Refused and Don't Know
<b>Skip Instructions</b>	<allow 75>store 5 in PQSTAT [goto next child/section]
<b>Hard Edits</b>	
<b>Soft Edits</b>	
<b>AssocHelp</b>	