

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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib
11	18	2011									

^aPedvaxHIB®, PRP-OMP ^bActHIB®, PRP-T ^cHiberix®, 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 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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<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 ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-IPV-Hib			
<small>^aPedvaxHIB[®], PRP-OMP ^bActHIB[®], PRP-T ^cHiberix[®], booster</small>														
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 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c					
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c					
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c					
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c					
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c					
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c						
<small>^aPneumovax[®] ^bPneumovax13[®] ^cPneumovax[®]</small>														
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 [®] – Merck		<input type="checkbox"/> Rotarix [®] – GSK					
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] – Merck		<input type="checkbox"/> Rotarix [®] – GSK					
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] – Merck		<input type="checkbox"/> Rotarix [®] – 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	Please remember to answer all questions on page 1.							
	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 [®])		Inhaled nasal flu spray (e.g., FluMist [®])						
	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. <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
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.

If you have any questions or comments about this study, please call (800) 817-4316 or email 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. **Please complete items 5-9 and return form as instructed above.**
- You have no record of providing care to this adolescent.

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

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"/>	<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"/>
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"/>					

Please remember to answer all questions on page 1.

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.

If you have any questions or comments about this study, please call (800) 817-4316 or email 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).

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2014 Q1 NHIS Instrument Spec Report

Section name: Child Immunization Provider

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	
Variable Name	PQSTAT
Universe	
Universe-text	
Question Text	** Indicates the status of the immunization provider questions for each person in the family. **
Answer Codes	Blank, 0-7
Question Type	Status Variable
Field Pane Description	
Fill Instructions	
Special Instructions	<pre>If (PVAG_FLG(PX) = '0' OR PVAG_FLG(PX) = '2') AND HHSTAT <> 'D' AND FX = '1' THEN PQSTAT(PX) := '0' Endif If PVAG_FLG(PX) = '1' AND HHSTAT <> '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>

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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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	
Variable Name	PVSTAT
Universe	
Universe-text	
Question Text	** Indicates the status of the immunization provider section for the family. **
Answer Codes	Blank, 0-4
Question Type	Status Variable
Field Pane Description	
Fill Instructions	
Special Instructions	<pre> PVSTAT := empty If PVAG_FLG(PX) <> empty AND HHSTAT(PX) <> '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>
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.001
Variable Name	PVAG_FLG
Universe	All persons in family
Universe-text	All persons in family
Question Text	** Indicates whether or not a person is eligible for the immunization provider questions. **
Answer Codes	Blank,0,1,2
Question Type	Flag
Field Pane Description	
Fill Instructions	
Special Instructions	<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 > 17, set PVAG_FLG = '0'</p>
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.003
Variable Name	INTRO_IPV
Universe	PVAG_FLG=1 and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
Universe-text	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
Question Text	*You are about to enter the Child Immunization Section. *Enter 1 to continue.
Answer Codes	*Enter 1 to continue.
Question Type	Enter 1 to Continue
Field Pane Description	Continue
Fill Instructions	
Special Instructions	
Skip Instructions	If PVAG_FLG=1 and not a single adult family [goto PVRESP]; else [goto PVCHILD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.005
Variable Name	PVRESP
Universe	PVAG_FLG=1 and not a single adult family and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
Universe-text	Families with more than 1 adult in the family and case is part of base sample
Question Text	* Enter the line number of the person you are speaking to.
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Description	Provider respondent
Fill Instructions	
Special Instructions	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.
Skip Instructions	<1-25> [goto PVCHILD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.010
Variable Name	PVCHILD
Universe	PVAG_FLG=1 and PVRESP ne empty and and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
Universe-text	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
Question Text	<p>The next questions are about immunizations for {fill: child's name}. To get a complete picture of the vaccinations received by {fill: child's name}, we would like to contact doctors or health clinics to obtain a copy of the vaccination records for {fill: him/her}. These records contain only the immunizations and dates of the immunizations for {fill: him/her}.</p> <p>*Read if necessary: Information we collect from you and your health care provider will be used to monitor and report childhood immunizations. Participation by you and your child's provider helps the CDC understand the potential for childhood diseases.</p> <p>Would you know about the immunization providers for {fill: child's name}?</p> <p>*Enter '0' if child has never had immunizations.</p>
Answer Codes	0. Never received immunizations 1. Yes 2. No Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Eligible children
Fill Instructions	
Special Instructions	If there is a sample child in the family 19-35 months or 13-17 years, please fill this name in the first cycle. Fill additional children 19-35 months or 13-17 years of age for subsequent cycles in the order they were entered in the household roster. 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).
Skip Instructions	<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]
Hard Edits	

<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>	

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.015
Variable Name	PVRELTIV
Universe	PVAG_FLG=1 and (PVCHILD=1 and (HHSTAT4 ne C or (HHSTAT4=C and CSRESP ne PVRESP)))
Universe-text	Child 19-35 months, child 13-17 years, or child 1 or 3 years old with missing DOB and is not the sample child or who is the sample child but the Sample Child respondent was switched at PVRESP to another person
Question Text	(book) C1 What is your relationship to [fill: ALIAS of child]?
Answer Codes	1. Parent (Biological, adoptive, or step) 2. Grandparent 3. Aunt/Uncle 4. Brother/Sister 5. Other relative 6. Legal guardian 7. Foster parent 8. Other non-relative Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Relationship to child
Fill Instructions	fill: fill name of eligible child
Special Instructions	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.
Skip Instructions	<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
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.020
Variable Name	IPVVERF_S
Universe	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))
Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS 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>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question Type	Yes/No
Field Pane Description	Verified child's sex
Fill Instructions	
Special Instructions	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.
Skip Instructions	<p><1> goto IPVVERF_A</p> <p><2> goto PVNEWSEX</p>
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.030
Variable Name	IPVVERF_A
Universe	(HHSTAT4 ne C and PVRESP ne HHRESP) or (HHSTAT4=C and PVRESP ne HHRESP and PVRESP ne CSRESP))
Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s age as [fill2: Age of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question Type	Yes/No
Field Pane Description	Verified child's age
Fill Instructions	<pre>If child's age in AGE is > "0" [fill2: <AGE> years] else [fill2: less than a year] endif</pre>
Special Instructions	<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>
Skip Instructions	<pre><1> goto IPVVERF_D <2> goto PVNEWAGE</pre>
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.035
Variable Name	PVNEWAGE
Universe	IPVVERF_A = "2" (No)
Universe-text	Respondent said child's age is not correct
Question Text	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".
Answer Codes	
Question Type	Integer
Field Pane Description	Child's revised age
Fill Instructions	
Special Instructions	
Skip Instructions	<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
Hard Edits	ERR_PVNEWAGE *Age of [fill1: ALIAS of child] remains [fill2: Age of child] years old. goto IPVVERF_A
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.040
Variable Name	IPVVERF_D
Universe	(HHSTAT4 ne C and PVRESP ne HHRESP) or (HHSTAT4=C and PVRESP ne HHRESP and PVRESP ne CSRESP))
Universe-text	Current respondent is not the person entered in HHRESP and this is not the Sample Child
Question Text	<p>* Please verify the following information about the child before proceeding:</p> <p>I have recorded [fill1: ALIAS of child]'s birthday as [fill2: Birthday of child]. Is this correct?</p> <p>* If respondent "refuses" or says "don't know", enter "1" for "yes".</p>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question Type	Yes/No
Field Pane Description	Verified child's date of birth
Fill Instructions	[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.
Special Instructions	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
Skip Instructions	<pre> <1> if AGE of provider child ge '18' set PVAG_FLG=2 goto PVNO_MOR else goto PVLOCVAC <2> goto PVDOB_M </pre>
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.045
Variable Name	PVDOB_M
Universe	IPVVERF_D = '2' (No) or IPVVERF_A = '2' (No)
Universe-text	Respondent said child's date of birth is not correct or child's age is not correct
Question Text	1 of 3 What is [fill: ALIAS of child]'s birthday? *Enter month of birth.
Answer Codes	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
Question Type	Pick One - answer list pane
Field Pane Description	Child's revised month of birth
Fill Instructions	
Special Instructions	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.
Skip Instructions	<01-12, R,D> goto PVDOB_D
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.055
Variable Name	PVDOB_Y
Universe	IPVVERF_D = '2' (No) or IPVVERF_A = '2' (No)
Universe-text	Respondent said child's date of birth is not correct or child's age is not correct
Question Text	3 of 3 * Enter year of birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Child's revised year of birth
Fill Instructions	[fill2: <PVDOB_M> <PVDOB_D>, <PVDOB_Y>] = date of birth, where <PVDOB_M> 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. [fill3: <DOB_M> <DOB_D>, <DOB_Y>] = date of birth, where <DOB_M> 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.
Special Instructions	
Skip Instructions	<1880-2020, Refused, Don't know> if IPVVERF_A = '2' (No) then reset IPVVERF_A to empty goto IPVVERF_A elseif IPVVERF_D = '2' (No) then reset IPVVERF_D to empty goto IPVVERF_D endif if (year GT current year) or (year = current year and month GT current month) or (year = current year and month = current month and day GT current day) goto ERR1_PVDOB_Y endif if birth month = '02' and birth day = '29' and this is not a leap year goto ERR2_PVDOB_Y endif if (PVDOB_M = 'Ref' or 'DK') or (PVDOB_D = 'Ref' or 'DK') or (PVDOB_Y = 'Ref' or 'DK') goto ERR3_PVDOB_Y else store PVDOB_M in DOBM store PVDOB_D in DOBD store PVDOB_Y in DOBY if IPVVERF_A = '2' (No) then reset IPVVERF_A to empty goto IPVVERF_A elseif IPVVERF_D = '2' (No) then reset IPVVERF_D to empty goto IPVVERF_D

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

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.061
Variable Name	PVLOCVAC
Universe	PVAG_FLG=1 and (IPV_TYPE=' ' or (IPV_TYPE='2' and SCREENIN='1'))
Universe-text	Child 19-35 months or 13-17 years and case is part of base sample
Question Text	How many locations have provided vaccinations for {fill: child's name}? *Enter '0' for none. *If respondent answers more than 4 locations, enter '4'.
Answer Codes	
Question Type	Integer
Field Pane Description	# of vaccination locations
Fill Instructions	
Special Instructions	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'.
Skip Instructions	<0,D> [goto PVLOCHC] <1-4> [goto PVCONTCT] <R> set PQSTAT=4 and [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.062
Variable Name	PVLOCHC
Universe	PVLOCVAC=0,D
Universe-text	No places of vaccination for child or DK places of vaccination
Question Text	<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>
Answer Codes	
Question Type	Integer
Field Pane Description	# of health care locations
Fill Instructions	
Special Instructions	Use the number entered in PVLOCHC to set up the number of provider lookups/data entry fields if PVLOCVAC = '0' or 'don't know'.
Skip Instructions	<p><0> set PQSTAT=6 and [goto next child/next section]</p> <p><D> [goto PVLATER2]</p> <p><R> set PQSTAT=4 and [goto next section]</p> <p><1-4> [goto PVCONTCT]</p>
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.063_01
Variable Name	ROSTER_LNO
Universe	Eligible provider children
Universe-text	
Question Text	This is not a question.
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	<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>
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.063_02
Variable Name	LNO
Universe	PVCONTCT <> EMPTY
Universe-text	
Question Text	This is not a question.
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	<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>
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.064_01
Variable Name	PVCONTCT
Universe	PVLOCVAC=1-4 or PVLOCHC=1-4
Universe-text	Child had been to vaccination location or received health care
Question Text	<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>
Answer Codes	
Question Type	Pick One-popup window
Field Pane Description	Contact info intro
Fill Instructions	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.
Special Instructions	There can be a maximum of 4 providers for a maximum of 10 children.
Skip Instructions	<p><Allow 10, Provider located> store data from lookup table in PVLNAME through PVTELN1 (including PVZIP4) and goto PVCOMPLT</p> <p><ZZ> empty data stored from lookup table in PVLNAME through PVTELN1 (including PVZIP4) and goto PVLNAME</p> <p><XX> 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 IPVFNAM;</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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.064_02
Variable Name	LKUP_FLG
Universe	PVCONTCT = RESPONSE
Universe-text	
Question Text	
Answer Codes	
Question Type	Flag
Field Pane Description	
Fill Instructions	
Special Instructions	<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>
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.064_03
Variable Name	LKUPVER
Universe	PVCONTCT = RESPONSE
Universe-text	
Question Text	
Answer Codes	
Question Type	Flag
Field Pane Description	
Fill Instructions	
Special Instructions	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.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_03
Variable Name	PVOFFNAM
Universe	PVCONTCT='ZZ'
Universe-text	Provider could not be found from look-up table
Question Text	Please tell me the name of the office or the clinic. * Press enter if no office or clinic name.
Answer Codes	
Question Type	Text
Field Pane Description	Office/clinic name
Fill Instructions	
Special Instructions	
Skip Instructions	<pre> <Allow 50> goto PVADDR1 <R> 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 <D,empty> 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>
Hard Edits	

<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>	

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

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

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

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

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_10
Variable Name	PVZIP4
Universe	PVCONTCT = provider located
Universe-text	Provider located in the lookup table.
Question Text	** Variable from the provider lookup table ** This is not a question.
Answer Codes	<0000-9999, empty>
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	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
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_11
Variable Name	PVCOMPLT
Universe	(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'))
Universe-text	All cases that entered provider information or selected a provider from the look-up table
Question Text	I have recorded that [child's name]'s provider is [fill_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?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Verify info
Fill Instructions	<p>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</p> <p>Fill3: if PVOFFNAM NE R,D,empty, fill PVOFFNAM=Office/Clinic name elseif PVOFFNAM = D,empty, then "Unknown " elseif PVOFFNAM = R, then "Refused "</p> <p>Fill 4: if PVADDR1 NE R,D, fill PVADDR1=Address elseif PVADDR1 = D, then "Unknown "</p>

```
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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Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_12
Variable Name	PWHAT2
Universe	PVCOMPLT=2
Universe-text	Provider information is incorrect
Question Text	<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>
Answer Codes	<p>1. Provider Name 2. Office Name 3. Address</p>
Question Type	Enter All That Apply
Field Pane Description	Change provider info
Fill Instructions	
Special Instructions	<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>

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_14
Variable Name	CHG_PVFNAME
Universe	PWHAT2=2
Universe-text	Respondent indicated the provider's name was incorrect
Question Text	* If first name is the same as displayed, refused or don't know, press Enter. Otherwise, enter the new first name. * Enter first name.
Answer Codes	
Question Type	Text
Field Pane Description	New first name
Fill Instructions	
Special Instructions	Store PVFNAME in CHG_PVFNAME and display in answer codes.
Skip Instructions	<allow 30,R,D> 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)
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_15
Variable Name	CHG_PVOFFNAM
Universe	PWHAT2=2
Universe-text	Respondent indicated office/clinic name was incorrect
Question Text	<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>
Answer Codes	
Question Type	Text
Field Pane Description	New office/clinic
Fill Instructions	
Special Instructions	Store PVOFFNAME in CHG_PVOFFNAME and display in answer codes.
Skip Instructions	<pre> <allow 50,empty,R,D> if PWHAT=3 (Address change needed) goto CHG_PVADDR1 else goto PVCOMPLT_1 (to reverify the changed information) </pre>
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_16
Variable Name	CHG_PVADDR1
Universe	PWHAT2=3
Universe-text	Respondent indicated provider address was incorrect
Question Text	<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>
Answer Codes	
Question Type	Text
Field Pane Description	New address
Fill Instructions	
Special Instructions	Store PVADDR1 in CHG_PVADDR1 and display in answer codes.
Skip Instructions	<allow 35,R,D> goto CHG_PVADDR2
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_17
Variable Name	CHG_PVADDR2
Universe	PWHAT2=3
Universe-text	Respondent indicated provider address was incorrect
Question Text	* 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.
Answer Codes	
Question Type	Text
Field Pane Description	New address 2
Fill Instructions	
Special Instructions	Store PVADDR2 in CHG_PVADDR2 and display in answer codes.
Skip Instructions	<Allow 35,empty,R,D> goto CHG_PVADDR3
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_21
Variable Name	PVCOMPLT_1
Universe	PWHAT2 IN ('1','2','3') and PWHAT2 is on route
Universe-text	Children with a change made to their provider information
Question Text	<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>
Answer Codes	1. Yes, information is correct 2. No, correction(s) needed/more corrections needed Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Reverify info
Fill Instructions	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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.180_22
Variable Name	CHG_PVZIP4
Universe	PWHAT2=3
Universe-text	Respondent indicated provider address was incorrect
Question Text	** Variable from the provider lookup table ** This is not a question.
Answer Codes	<0000-9999, empty>
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	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
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.181
Variable Name	PVLATER2
Universe	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)
Universe-text	DK places of vaccination or health care locations, DK provider information, or DK last name of doctor and DK name of office or clinic
Question Text	Could you provide this information if I call back later?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Call back later
Fill Instructions	
Special Instructions	
Skip Instructions	<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]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.189_02
Variable Name	IPVFNAME
Universe	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'))))
Universe-text	Verified that you are talking to someone who can authorize the release of immunization records
Question Text	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.
Answer Codes	
Question Type	Text
Field Pane Description	First name check
Fill Instructions	
Special Instructions	Store NAME_FNAME in IPVFNAME and display in Answer Codes. If IPVFNAME NE D,R, update NAME_FNAME.
Skip Instructions	<allow 20> Goto IPVLNAME
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.189_03
Variable Name	IPVLNAME
Universe	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'))))
Universe-text	Verified that you are talking to someone who can authorize the release of immunization records
Question Text	* If this is {fill: HISHER} correct name, press ENTER. Otherwise, enter the child's correct last name.
Answer Codes	
Question Type	Text
Field Pane Description	Last name check
Fill Instructions	
Special Instructions	Store NAME_LNAME in IPVLNAME and display in Answer Codes If IPVLNAME NE D,R, update NAME_LNAME. Set ALIAS = IPVFNAM<>IPVLNAME
Skip Instructions	<allow 20>Goto PERMIS2
Hard Edits	
Soft Edits	
AssocHelp	

Module	60
Section Name	Child Immunization Provider
Part	
Question ID	IPV.190
Variable Name	PERMIS2
Universe	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'))))
Universe-text	Verified that you are talking to someone who can authorize the release of immunization records
Question Text	<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>
Answer Codes	<p>1. Yes</p> <p>2. No</p>
Question Type	Yes/No
Field Pane Description	Permission status
Fill Instructions	
Special Instructions	Do not allow Refused or Don't know
Skip Instructions	<pre><1> if additional eligible children set PQSTAT = '1' and goto PVRESP else set PQSTAT = '1' and goto next section <2> [goto PERMNT2]</pre>
Hard Edits	
Soft Edits	
AssocHelp	

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