

Well-Child/Vaccination Grid Module (with Core)

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Core (12M, 24M, 36M, 48M, 60M) |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, PAPI; Phone, PAPI |
| OMB Approved Modes: | In-Person, PAPI; Phone, PAPI; Web, CAI |
| Estimated Administration Time: | 0 |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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Well-Child/Vaccination Grid Module (with Core)

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERIC  CHARACTER | * DISPLAY AS MM/DD/YYYY * STORE AS YYYY-MM-DD * HARD EDITS:   MM MUST EQUAL 01 TO 12  DD MUST EQUAL 01 TO 31  YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:   HOURS MUST BE BETWEEN 00 AND 12;  MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

SINGLE VACCINATIONS

**(TIME\_STAMP\_SV\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**SV02000/(HEPB\_REC).** DID CHILD RECEIVE A {LOOP #} HEPATITIS B (HEP B) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **HEPB\_REC, HEPB\_BIRTH** (IF FIRST LOOP), **HEPB\_DATE\_MM, HEPB\_DATE\_DD, HEPB\_DATE\_YY, HEPB\_HEIGHT, HEPB\_WEIGHT, HEPB\_PROB,**AND **HEPB\_PROB\_OTH** (IF **HEPB\_PROB** = 1) UNTIL EITHER:   + **HEPB\_REC** = 2.   + NUMBER OF LOOPS = 4. * THEN GO TO **DTAP\_REC**. * IF **HEPB\_REC** =1 AND   + FIRST LOOP, GO TO **HEPB\_BIRTH.**   + SUBSEQUENT LOOP, GO TO **SV04000**. |

**SV03000/(HEPB\_BIRTH).** DID CHILD RECEIVE FIRST DOSE AT BIRTH?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV04000.** DATE GIVEN:

**(HEPB\_DATE\_MM)** MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HEPB\_DATE\_DD)** DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HEPB\_DATE\_YY)** YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV05000/(HEPB\_HEIGHT).** HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV06000/(HEPB\_WEIGHT).** WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV07000/(HEPB\_PROB).** DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HEPB\_PROB** = 1, GO TO **HEPB\_PROB\_OTH**. * IF **HEPB\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **HEPB\_PROB\_OTH.** |

**SV08000/(HEPB\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **HEPB\_REC**.   + IF NUMBER OF LOOPS = 4, GO TO **DTAP\_REC**. |

**SV08100/(HEPB\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV08200/(HEPB\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV09000/(DTAP\_REC).** DID CHILD RECEIVE A {LOOP #} DIPHTHERIA, TETANUS, AND PERTUSSIS (WHOOPING COUGH) (DTaP) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **DTAP\_REC, DTAP\_DATE\_MM, DTAP\_DATE\_DD, DTAP\_DATE\_YY, DTAP\_HEIGHT, DTAP\_WEIGHT, DTAP\_PROB,** AND **DTAP\_PROB\_OTH**(IF **DTAP\_PROB** = 1) UNTIL EITHER:   + **DTAP\_REC** = 2.   + NUMBER OF LOOPS = 5. * THEN GO TO **HIB\_REC.** |

**SV10000.** ​DATE GIVEN:

**(DTAP\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV11000/(DTAP\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV12000/(DTAP\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV13000/(DTAP\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DTAP\_PROB**= 1, GO TO **DTAP\_PROB\_OTH.** * IF **DTAP\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **DTAP\_PROB\_OTH.** |

**SV14000/(DTAP\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 5, GO TO **DTAP\_REC.**   + IF NUMBER OF LOOPS = 5, GO TO**HIB\_REC.** |

**SV14100/(DTAP\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV14200/(DTAP\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV15000/(HIB\_REC).** DID CHILD RECEIVE A {LOOP #} H. INFLUENZA TYPE B (HIB) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **HIB\_REC, HIB\_DATE\_MM, HIB\_DATE\_DD, HIB\_DATE\_YY, HIB\_HEIGHT, HIB\_WEIGHT, HIB\_PROB,**AND **HIB\_PROB\_OTH**(IF **HIB\_PROB** = 1) UNTIL EITHER:   + **HIB\_REC**= 2.   + NUMBER OF LOOPS = 5. * THEN GO TO **IPV\_REC.** |

**SV16000.** ​DATE GIVEN:

**(HIB\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HIB\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HIB\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV17000/(HIB\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV18000/(HIB\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV19000/(HIB\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HIB\_PROB**= 1, GO TO**HIB\_PROB\_OTH.** * IF **HIB\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **HIB\_PROB\_OTH**. |

**SV20000/(HIB\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 5, GO TO **HIB\_REC.**   + IF NUMBER OF LOOPS = 5, GO TO **IPV\_REC.** |

**SV20100/(HIB\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV20200/(HIB\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV21000/(IPV\_REC).** DID CHILD RECEIVE A {LOOP #} INACTIVATED POLIO (IPV) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **IPV\_REC, IPV\_DATE\_MM, IPV\_DATE\_DD, IPV\_DATE\_YY, IPV\_HEIGHT, IPV\_WEIGHT, IPV\_PROB,** AND **IPV\_PROB\_OTH** (IF **IPV\_PROB** = 1) UNTIL EITHER:   + **IPV\_REC** = 2.   + NUMBER OF LOOPS = 4. * THEN GO TO**PCV7\_REC.** |

**SV22000.** ​DATE GIVEN:

**(IPV\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(IPV\_DATE\_DD)** DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(IPV\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV23000/(IPV\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV24000/(IPV\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV25000/(IPV\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**IPV\_PROB** = 1, GO TO **IPV\_PROB\_OTH.** * IF**IPV\_PROB**= 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **IPV\_PROB\_OTH.** |

**SV26000/(IPV\_PROB\_OTH).** WHAT WAS THE PROBLEM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **IPV\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO**PCV7\_REC.** |

**SV26100/(IPV\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV26200/(IPV\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV27000/(PCV7\_REC).** DID CHILD RECEIVE A {LOOP #} PNEUMOCOCCAL CONJUGATE (PCV7) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **PCV7\_REC, PCV7\_DATE\_MM, PCV7\_DATE\_DD, PCV7\_DATE\_YY, PCV7\_HEIGHT, PCV7\_WEIGHT, PCV7\_PROB,** AND **PCV7\_PROB\_OTH** (IF **PCV7\_PROB** = 1) UNTIL EITHER:   + **PCV7\_REC** = 2.   + NUMBER OF LOOPS = 6. * THEN GO TO **ROTA\_REC.** |

**SV28000.** ​DATE GIVEN:

**(PCV7\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(PCV7\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(PCV7\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV29000/(PCV7\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV30000/(PCV7\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV31000/(PCV7\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PCV7\_PROB**= 1, GO TO **PCV7\_PROB\_OTH.** * IF **PCV7\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **PCV7\_PROB\_OTH.** |

**SV32000/(PCV7\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 6, GO TO **PCV7\_REC.**   + IF NUMBER OF LOOPS = 6, GO TO **ROTA\_REC.** |

**SV32100/(PCV7\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV32200/(PCV7\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV33000/(ROTA\_REC).** DID CHILD RECEIVE A {LOOP #} ROTAVIRUS VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **ROTA\_REC, ROTA\_DATE\_MM, ROTA\_DATE\_DD, ROTA\_DATE\_YY, ROTA\_HEIGHT, ROTA\_WEIGHT, ROTA\_PROB,**AND **ROTA\_PROB\_OTH** (IF **ROTA\_PROB** = 1) UNTIL EITHER:   + **ROTA\_REC** = 2.   + NUMBER OF LOOPS = 3. * THEN GO TO **CKNPX\_REC.** |

**SV34000.** ​DATE GIVEN:

**(ROTA\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(ROTA\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(ROTA\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV35000/(ROTA\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV36000/(ROTA\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV37000/(ROTA\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ROTA\_PROB** = 1, GO TO **ROTA\_PROB\_OTH.** * IF **ROTA\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **ROTA\_PROB\_OTH.** |

**SV38000/(ROTA\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 3, GO TO **ROTA\_REC.**   + IF NUMBER OF LOOPS = 3, GO TO **CKNPX\_REC.** |

**SV38100/(ROTA\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV38200/(ROTA\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV39000/(CKNPX\_REC).** DID CHILD RECEIVE A {LOOP #} VARICELLA (CHICKENPOX) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **CKNPX\_REC, CKNPX\_DATE\_MM, CKNPX\_DATE\_DD, CKNPX\_DATE\_YY, CKNPX\_HEIGHT, CKNPX\_WEIGHT, CKNPX\_PROB**, AND **CKNPX\_PROB\_OTH** (IF **CKNPX\_PROB** = 1) UNTIL EITHER:   + **CKNPX\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **HEPA\_REC.** |

**SV40000.** ​DATE GIVEN:

**(CKNPX\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(CKNPX\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(CKNPX\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV41000/(CKNPX\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV42000/(CKNPX\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV43000/(CKNPX\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CKNPX\_PROB** = 1, GO TO **CKNPX\_PROB\_OTH.** * IF CKNPX\_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **CKNPX\_PROB\_OTH.** |

**SV44000/(CKNPX\_PROB\_OTH).** WHAT WAS THE PROBLEM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **CKNPX\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **HEPA\_REC.** |

**SV44100/(CKNPX\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV44200/(CKNPX\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV45000/(HEPA\_REC).** DID CHILD RECEIVE A {LOOP #} HEPATITIS A VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **HEPA\_REC, HEPA\_DATE\_MM, HEPA\_DATE\_DD, HEPA\_DATE\_YY, HEPA\_HEIGHT, HEPA\_WEIGHT, HEPA\_PROB,** AND **HEPA\_PROB\_OTH** (IF **HEPA\_PROB** = 1) UNTIL EITHER:   + **HEPA\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **MEN\_REC.** |

**SV46000.** ​DATE GIVEN:

**(HEPA\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HEPA\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HEPA\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV47000/(HEPA\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV48000/(HEPA\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV49000/(HEPA\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HEPA\_PROB** = 1, GO TO **HEPA\_PROB\_OTH.** * IF **HEPA\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **HEPA\_PROB\_OTH.** |

**SV50000/(HEPA\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **HEPA\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **MEN\_REC.** |

**SV50100/(HEPA\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV50200/(HEPA\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV51000/(MEN\_REC).** DID CHILD RECEIVE A {LOOP #} MENINGOCOCCAL VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **MEN\_REC, MEN\_DATE\_MM, MEN\_DATE\_DD, MEN\_DATE\_YY, MEN\_HEIGHT, MEN\_WEIGHT, MEN\_PROB,**AND **MEN\_PROB\_OTH** (IF **MEN\_PROB** = 1) UNTIL EITHER:   + **MEN\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **PALI\_REC.** |

**SV52000.** ​DATE GIVEN:

**(MEN\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MEN\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MEN\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV53000/(MEN\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV54000/(MEN\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV55000/(MEN\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MEN\_PROB** = 1, GO TO**MEN\_PROB\_OTH.** * IF **MEN\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **MEN\_PROB\_OTH.** |

**SV56000/(MEN\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **MEN\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **PALI\_REC.** |

**SV56100/(MEN\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV56200/(MEN\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV57000/(PALI\_REC).** DID CHILD RECEIVE A {LOOP #} PALIVIZUMAB VACCINE TO PREVENT RSV?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **PALI\_REC, PALI\_DATE\_MM, PALI\_DATE\_DD, PALI\_DATE\_YY, PALI\_HEIGHT, PALI\_WEIGHT, PALI\_PROB,** AND **PALI\_PROB\_OTH** (IF **PALI\_PROB** = 1) UNTIL EITHER:   + **PALI\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **FLU\_MIST\_REC.** |

**SV58000.** ​DATE GIVEN:

**(PALI\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(PALI\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(PALI\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV59000/(PALI\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV60000/(PALI\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV60100/(PALI\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PALI\_PROB** = 1, GO TO **PALI\_PROB\_OTH.** * IF**PALI\_PROB**= 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **PALI\_PROB\_OTH.** |

**SV60200/(PALI\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **PALI\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **FLU\_MIST\_REC.** |

**SV60300/(PALI\_PROB\_DOC).** Child See Doctor for Problem?

**SV60400/(PALI\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV61000/(FLU\_MIST\_REC).** DID CHILD RECEIVE A {LOOP #} SEASONAL INFLUENZA - NASAL MIST VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **FLU\_MIST\_REC, FLU\_MIST\_DATE\_MM, FLU\_MIST\_DATE\_DD, FLU\_MIST\_DATE\_YY, FLU\_MIST\_HEIGHT, FLU\_MIST\_WEIGHT, FLU\_MIST\_PROB,** AND **FLU\_MIST\_PROB\_OTH** (IF **FLU\_MIST\_PROB** = 1) UNTIL EITHER:   + **FLU\_MIST\_REC** = 2.   + NUMBER OF LOOPS = 3. * THEN GO TO **FLU\_INJCT\_REC.** |

**SV62000.** ​DATE GIVEN:

**(FLU\_MIST\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(FLU\_MIST\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(FLU\_MIST\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV63000/(FLU\_MIST\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV64000/(FLU\_MIST\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV65000/(FLU\_MIST\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**FLU\_MIST\_PROB** = 1, GO TO **FLU\_MIST\_PROB\_OTH.** * IF **FLU\_MIST\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **FLU\_MIST\_PROB\_OTH.** |

**SV66000/(FLU\_MIST\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 3, GO TO **FLU\_MIST\_REC.**   + IF NUMBER OF LOOPS = 3, GO TO **FLU\_INJCT\_REC.** |

**SV66100/(FLU\_MIST\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV66200/(FLU\_MIST\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV67000/(FLU\_INJCT\_REC).** ​DID CHILD RECEIVE A {LOOP #} SEASONAL INFLUENZA - INJECTION VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **FLU\_INJCT\_REC, FLU\_INJCT\_DATE\_MM, FLU\_INJCT\_DATE\_DD, FLU\_INJCT\_DATE\_YY, FLU\_INJCT\_HEIGHT, FLU\_INJCT\_WEIGHT, FLU\_INJCT\_PROB,** AND **FLU\_INJCT\_PROB\_OTH** (IF **FLU\_INJCT\_PROB** = 1) UNTIL EITHER:   + **FLU\_INJCT\_REC**= 2.   + NUMBER OF LOOPS = 4. * THEN GO TO **H1N1\_REC.** |

**SV68000.** ​DATE GIVEN:

**(FLU\_INJCT\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(FLU\_INJCT\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(FLU\_INJCT\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV69000/(FLU\_INJCT\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV70000/(FLU\_INJCT\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV71000/(FLU\_INJCT\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **FLU\_INJCT\_PROB** = 1, GO TO **FLU\_INJCT\_PROB\_OTH.** * IF **FLU\_INJCT\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **FLU\_INJCT\_PROB\_OTH.** |

**SV72000/(FLU\_INJCT\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **FLU\_INJCT\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO **H1N1\_REC.** |

**SV72100/(FLU\_INJCT\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV72200/(FLU\_INJCT\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV73000/(H1N1\_REC).** DID CHILD RECEIVE A {LOOP #} 2009 H1N1 INFLUENZA VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **H1N1\_REC, H1N1\_DATE\_MM, H1N1\_DATE\_DD, H1N1\_DATE\_YY, H1N1\_HEIGHT, H1N1\_WEIGHT, H1N1\_PROB,** AND **H1N1\_PROB\_OTH**(IF**H1N1\_PROB** = 1) UNTIL EITHER:   + **H1N1\_REC** = 2.   + NUMBER OF LOOPS = 5. * THEN GO TO **OTHVAC\_REC.** |

**SV74000.** ​DATE GIVEN:

**(H1N1\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(H1N1\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(H1N1\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV75000/(H1N1\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV76000/(H1N1\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV76100/(H1N1\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **H1N1\_PROB**= 1, GO TO**H1N1\_PROB\_OTH.** * IF**H1N1\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **H1N1\_PROB\_OTH.** |

**SV76200/(H1N1\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **H1N1\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **OTHVAC\_REC**. |

**SV76300/(H1N1\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV76500/(H1N1\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV77000/(OTHVAC\_REC).** DID CHILD RECEIVE A {LOOP #} OTHER SINGLE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **OTHVAC\_REC, OTHVAC\_NAME, OTHVAC\_DATE\_MM, OTHVAC\_DATE\_DD, OTHVAC\_DATE\_YY, OTHVAC\_HEIGHT, OTHVAC\_WEIGHT, OTHVAC\_PROB,**AND **OTHVAC\_PROB\_OTH** (IF**OTHVAC\_PROB** = 1) UNTIL EITHER:   + **OTHVAC\_REC** = 2.   + NUMBER OF LOOPS = 3. * THEN GO TO **TIME\_STAMP\_SV\_ET.** |

**SV78000/(OTHVAC\_NAME).** VACCINE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV79000.** ​DATE GIVEN:

**(OTHVAC\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(OTHVAC\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(OTHVAC\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV80000/(OTHVAC\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV81000/(OTHVAC\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**SV82000/(OTHVAC\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **OTHVAC\_PROB** = 1, GO TO **OTHVAC\_PROB\_OTH.** * IF **OTHVAC\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER**OTHVAC\_PROB\_OTH.** |

**SV83000/(OTHVAC\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 3, GO TO **OTHVAC\_REC.**   + IF NUMBER OF LOOPS = 3, GO TO **TIME\_STAMP\_SV\_ET**. |

**SV84000/(OTHVAC\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**SV85000/(OTHVAC\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(TIME\_STAMP\_SV\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

COMBINATION VACCINATIONS

**(TIME\_STAMP\_CV\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**CV01000/(MMR\_REC).** DID CHILD RECEIVE A {LOOP #} MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **MMR\_REC, MMR\_DATE\_MM, MMR\_DATE\_DD, MMR\_DATE\_YY, MMR\_HEIGHT, MMR\_WEIGHT, MMR\_PROB**, AND **MMR\_PROB\_OTH** (IF **MMR\_PROB** = 1) UNTIL EITHER:   + **MMR\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **MMRV\_REC.** |

**CV02000.** ​DATE GIVEN:

**(MMR\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MMR\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MMR\_DATE\_YY)** ​​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV03000/(MMR\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV04000/(MMR\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV05000/(MMR\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**MMR\_PROB** = 1, GO TO **MMR\_PROB\_OTH.** * IF **MMR\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER**MMR\_PROB\_OTH.** |

**CV06000/(MMR\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **MMR\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **MMRV\_REC.** |

**CV06100/(MMR\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV06200/(MMR\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV07000/(MMRV\_REC).** DID CHILD RECEIVE A {LOOP #} MEASLES, MUMPS, RUBELLA, AND VARICELLA (MMRV) VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **MMRV\_REC, MMRV\_DATE\_MM, MMRV\_DATE\_DD, MMRV\_DATE\_YY, MMRV\_HEIGHT, MMRV\_WEIGHT, MMRV\_PROB,**AND **MMRV\_PROB\_OTH**(IF **MMRV\_PROB** = 1) UNTIL EITHER:   + **MMRV\_REC** = 2.   + NUMBER OF LOOPS = 2. * THEN GO TO **DTAP\_HEPB\_IPV\_REC**. |

**CV08000.** ​DATE GIVEN:

**(MMRV\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MMRV\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(MMRV\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV09000/(MMRV\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV10000/(MMRV\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV11000/(MMRV\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MMRV\_PROB** = 1, GO TO **MMRV\_PROB\_OTH.** * IF **MMRV\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **MMRV\_PROB\_OTH.** |

**CV12000/(MMRV\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 2, GO TO **MMRV\_REC.**   + IF NUMBER OF LOOPS = 2, GO TO **DTAP\_HEPB\_IPV\_REC.** |

**CV12100/(MMRV\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV12200/(MMRV\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV13000/(DTAP\_HEPB\_IPV\_REC).** ​DID CHILD RECEIVE A {LOOP #} DTaP, HEP B, AND IPV VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **DTAP\_HEPB\_IPV\_REC, DTAP\_HEPB\_IPV\_DATE\_MM, DTAP\_HEPB\_IPV\_DATE\_DD, DTAP\_HEPB\_IPV\_DATE\_YY, DTAP\_HEPB\_IPV\_HEIGHT, DTAP\_HEPB\_IPV\_WEIGHT, DTAP\_HEPB\_IPV\_PROB**, AND **DTAP\_HEPB\_IPV\_PROB\_OTH** (IF **DTAP\_HEPB\_IPV\_PROB** = 1) UNTIL EITHER:   + **DTAP\_HEPB\_IPV\_REC** = 2.   + NUMBER OF LOOPS = 4. * THEN GO TO **HIB\_HEPB\_REC.** |

**CV14000.** ​DATE GIVEN:

**(DTAP\_HEPB\_IPV\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_HEPB\_IPV\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_HEPB\_IPV\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV15000/(DTAP\_HEPB\_IPV\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV16000/(DTAP\_HEPB\_IPV\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV17000/(DTAP\_HEPB\_IPV\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DTAP\_HEPB\_IPV\_PROB** = 1, GO TO **DTAP\_HEPB\_IPV\_PROB\_OTH.** * IF **DTAP\_HEPB\_IPV\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **DTAP\_HEPB\_IPV\_PROB\_OTH.** |

**CV18000/(DTAP\_HEPB\_IPV\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

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| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO**DTAP\_HEPB\_IPV\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO **HIB\_HEPB\_REC.** |

**CV18100/(DTAP\_HEPB\_IPV\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV18200/(DTAP\_HEPB\_IPV\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV19000/(HIB\_HEPB\_REC).** ​​DID CHILD RECEIVE A {LOOP #} HIB AND HEP B VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **HIB\_HEPB\_REC, HIB\_HEPB\_DATE\_MM, HIB\_HEPB\_DATE\_DD, HIB\_HEPB\_DATE\_YY, HIB\_HEPB\_HEIGHT, HIB\_HEPB\_WEIGHT, HIB\_HEPB\_PROB,** AND **HIB\_HEPB\_PROB\_OTH** (IF **HIB\_HEPB\_PROB** = 1) UNTIL EITHER:   + **HIB\_HEPB\_REC** = 2.   + NUMBER OF LOOPS = 4. * THEN GO TO **DTAP\_HIB\_REC.** |

**CV20000.** ​DATE GIVEN:

**(HIB\_HEPB\_DATE\_MM)** ​​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HIB\_HEPB\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(HIB\_HEPB\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV21000/(HIB\_HEPB\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV22000/(HIB\_HEPB\_WEIGHT).** ​​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV23000/(HIB\_HEPB\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HIB\_HEPB\_PROB** = 1, GO TO **HIB\_HEPB\_PROB\_OTH.** * IF **HIB\_HEPB\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **HIB\_HEPB\_PROB\_OTH.** |

**CV24000/(HIB\_HEPB\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **HIB\_HEPB\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO **DTAP\_HIB\_REC.** |

**CV24100/(HIB\_HEPB\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV24200/(HIB\_HEPB\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV25000/(DTAP\_HIB\_REC).** ​​​DID CHILD RECEIVE A {LOOP #} DTaP AND HIB VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ​DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **DTAP\_HIB\_REC, DTAP\_HIB\_DATE\_MM, DTAP\_HIB\_DATE\_DD, DTAP\_HIB\_DATE\_YY, DTAP\_HIB\_HEIGHT, DTAP\_HIB\_WEIGHT, DTAP\_HIB\_PROB**, AND **DTAP\_HIB\_PROB\_OTH** (IF **DTAP\_HIB\_PROB** = 1) UNTIL EITHER:   + **DTAP\_HIB\_REC**= 2.   + NUMBER OF LOOPS = 5. * THEN GO TO **DTAP\_IPV\_REC.** |

**CV26000.** ​DATE GIVEN:

**(DTAP\_HIB\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_HIB\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_HIB\_DATE\_YY)** ​​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV27000/(DTAP\_HIB\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV28000/(DTAP\_HIB\_WEIGHT).** ​​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV29000/(DTAP\_HIB\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DTAP\_HIB\_PROB** = 1, GO TO **DTAP\_HIB\_PROB\_OTH**. * IF **DTAP\_HIB\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **DTAP\_HIB\_PROB\_OTH**. |

**CV30000/(DTAP\_HIB\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 5, GO TO **DTAP\_HIB\_REC.**   + IF NUMBER OF LOOPS = 5, GO TO **DTAP\_IPV\_REC.** |

**CV30100/(DTAP\_HIB\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV30200/(DTAP\_HIB\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV31000/(DTAP\_IPV\_REC).** ​​​​​DID CHILD RECEIVE A {LOOP #} DTaP AND IPV VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ​DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **DTAP\_IPV\_REC, DTAP\_IPV\_DATE\_MM, DTAP\_IPV\_DATE\_DD, DTAP\_IPV\_DATE\_YY, DTAP\_IPV\_HEIGHT, DTAP\_IPV\_WEIGHT, DTAP\_IPV\_PROB**, AND **DTAP\_IPV\_PROB\_OTH** (IF **DTAP\_IPV\_PROB** = 1) UNTIL EITHER:   + **DTAP\_IPV\_REC** = 2.   + NUMBER OF LOOPS = 4. * THEN GO TO **DTAP\_IPV\_HIB\_REC.** |

**CV32000.** ​DATE GIVEN:

**(DTAP\_IPV\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_IPV\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_IPV\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

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| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV33000/(DTAP\_IPV\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV34000/(DTAP\_IPV\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV35000/(DTAP\_IPV\_PROB).** ​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DTAP\_IPV\_PROB** = 1, GO TO **DTAP\_IPV\_PROB\_OTH**. * IF **DTAP\_IPV\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **DTAP\_IPV\_PROB\_OTH**. |

**CV36000/(DTAP\_IPV\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **DTAP\_IPV\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO **DTAP\_IPV\_HIB\_REC.** |

**CV36100/(DTAP\_IPV\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV36200/(DTAP\_IPV\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV37000/(DTAP\_IPV\_HIB\_REC).** ​​​DID CHILD RECEIVE A {LOOP #} DTaP, IPV, AND HIB VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * ​DISPLAY LOOP NUMBER (E.G., FIRST, SECOND). * LOOP THROUGH **DTAP\_IPV\_HIB\_REC, DTAP\_IPV\_HIB\_DATE\_MM, DTAP\_IPV\_HIB\_DATE\_DD, DTAP\_IPV\_HIB\_DATE\_YY, DTAP\_IPV\_HIB\_HEIGHT, DTAP\_IPV\_HIB\_WEIGHT, DTAP\_IPV\_HIB\_PROB,** AND **DTAP\_IPV\_HIB\_PROB\_OTH** (IF**DTAP\_IPV\_HIB\_PROB** = 1) UNTIL EITHER: * **DTAP\_IPV\_HIB\_REC** = 2. * NUMBER OF LOOPS = 4. * THEN GO TO **TIME\_STAMP\_CV\_ET** |

**CV38000.** ​DATE GIVEN:

**(DTAP\_IPV\_HIB\_DATE\_MM)** ​

MONTH: |\_\_\_|\_\_\_|

               M     M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_IPV\_HIB\_DATE\_DD)** ​

DAY: |\_\_\_|\_\_\_|

           D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**(DTAP\_IPV\_HIB\_DATE\_YY)** ​

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV39000/(DTAP\_IPV\_HIB\_HEIGHT).** ​HEIGHT/LENGTH: |\_\_\_|\_\_\_|\_\_\_| INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV40000/(DTAP\_IPV\_HIB\_WEIGHT).** ​WEIGHT: |\_\_\_|\_\_\_|\_\_\_| POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

**CV41000/(DTAP\_IPV\_HIB\_PROB).** ​​DID THE CHILD HAVE ANY PROBLEM(S) WITH THE VACCINE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DTAP\_IPV\_HIB\_PROB** = 1, GO TO **DTAP\_IPV\_HIB\_PROB\_OTH**. * IF **DTAP\_IPV\_HIB\_PROB** = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER **DTAP\_IPV\_HIB\_PROB\_OTH**. |

**CV42000/(DTAP\_IPV\_HIB\_PROB\_OTH).** WHAT WAS THE PROBLEM?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT RECORDED ON HEALTH CARE LOG | -8 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * COMPLETE LOOP:   + IF NUMBER OF LOOP < 4, GO TO **DTAP\_IPV\_HIB\_REC.**   + IF NUMBER OF LOOPS = 4, GO TO **TIME\_STAMP\_CV\_ET.** |

**CV43000/(DTAP\_IPV\_HIB\_PROB\_DOC).** Child See Doctor for Problem?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**CV44000/(DTAP\_IPV\_HIB\_PROB\_MED).** ​Given Tylenol, Advil, or Motrin After Receiving Vaccination?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(TIME\_STAMP\_CV\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |