THE NATIONAL
CHILDREN'S
STUDY
HEALTH GROWTH ENVIRONMENT

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)

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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:
   o **HEPB_REC** = 2.
   o NUMBER OF LOOPS = 4.
• THEN GO TO **DTAP_REC**.
• IF **HEPB_REC** =1 AND
   o FIRST LOOP, GO TO **HEPB_BIRTH.**
   o 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	

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
   o IF NUMBER OF LOOP < 4, GO TO **HEPB_REC**.
   o 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	

Label	Code	Go To
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:
o **DTAP_REC** = 2.
o NUMBER OF LOOPS = 5.
• THEN GO TO **HIB_REC.**

SV10000. DATE GIVEN:

(DTAP_DATE_MM)
MONTH: |____|____|
      M   M

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	

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? _____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
    o IF NUMBER OF LOOP < 5, GO TO **DTAP_REC.**
    o 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	

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:
   o **HIB_REC** = 2.
   o NUMBER OF LOOPS = 5.
• THEN GO TO **IPV_REC.**

SV16000. DATE GIVEN:

(HIB_DATE_MM)
MONTH: |____|____|
      M   M

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	

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?
_____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
    o IF NUMBER OF LOOP < 5, GO TO **HIB_REC.**
    o 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	

Label	Code	Go To
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:
    o **IPV_REC** = 2.
    o 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	-8	

Label	Code	Go To
HEALTH CARE LOG		

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**	

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:
   o IF NUMBER OF LOOP < 4, GO TO **IPV_REC.**
   o 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:
    o **PCV7_REC** = 2.
    o 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:
  o IF NUMBER OF LOOP < 6, GO TO **PCV7_REC.**
  o 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:
   o **ROTA_REC** = 2.
   o 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?

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
   o IF NUMBER OF LOOP < 3, GO TO **ROTA_REC.**
   o 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:
o **CKNPX_REC** = 2.
o NUMBER OF LOOPS = 2.
• THEN GO TO **HEPA_REC.**

SV40000. DATE GIVEN:

(CKNPX_DATE_MM)
MONTH: |___|___|
      M   M

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

(CKNPX_DATE_DD)
DAY: |___|___|
     D   D

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

(CKNPX_DATE_YY)
YEAR: |___|___|___|___|
     Y   Y   Y   Y

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? _____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
   o IF NUMBER OF LOOP < 2, GO TO **CKNPX_REC.**
   o 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,**

SV46000. DATE GIVEN:

(HEPA_DATE_MM)
MONTH: |___|___|
      M   M

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

(HEPA_DATE_DD)
DAY: |___|___|
     D   D

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

(HEPA_DATE_YY)
YEAR: |___|___|___|___|
     Y   Y   Y   Y

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	-8	

Label	Code	Go To
HEALTH CARE LOG		

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?
_____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
  o IF NUMBER OF LOOP < 2, GO TO **HEPA_REC.**
  o 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:
  o **MEN_REC** = 2.
  o NUMBER OF LOOPS = 2.

PROGRAMMER INSTRUCTIONS
• THEN GO TO **PALI_REC.**

SV52000. DATE GIVEN:

(MEN_DATE_MM)
MONTH: |___|___|
      M   M

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

(MEN_DATE_DD)
DAY: |___|___|
     D   D

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

(MEN_DATE_YY)
YEAR: |___|___|___|___|
     Y   Y   Y   Y

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	

SV56000/(MEN_PROB_OTH). WHAT WAS THE PROBLEM?

_____

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

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	

SV58000. DATE GIVEN:

(PALI_DATE_MM)
MONTH: |____|____|
　　　　　M　　M

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

(PALI_DATE_DD)
DAY: |____|____|
　　　D　　D

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

(PALI_DATE_YY)
YEAR: |____|____|____|____|
　　　　Y　　Y　　Y　　Y

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?

_____

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

PROGRAMMER INSTRUCTIONS
• COMPLETE LOOP: o IF NUMBER OF LOOP < 2, GO TO **PALI_REC.** o 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: o **FLU_MIST_REC** = 2. o NUMBER OF LOOPS = 3. • THEN GO TO **FLU_INJCT_REC.**

SV62000. DATE GIVEN:

(FLU_MIST_DATE_MM)
MONTH: |____|____|
　　　　 M　 M

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

(FLU_MIST_DATE_DD)
DAY: |___|___|
     D   D

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	

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	

SV68000. DATE GIVEN:

(FLU_INJCT_DATE_MM)
MONTH: |____|____|
       M   M

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

(FLU_INJCT_DATE_DD)
DAY: |___|___|
　　　D　　D

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	

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	

SV74000. DATE GIVEN:

(H1N1_DATE_MM)
MONTH: |＿＿|＿＿|
　　　　M　　M

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

(H1N1_DATE_DD)
DAY: |＿＿|＿＿|

D   D

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

(H1N1_DATE_YY)
YEAR: |___|___|___|___|
          Y   Y   Y   Y

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**	

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
    o IF NUMBER OF LOOP < 2, GO TO **H1N1_REC.**
    o 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:
o **OTHVAC_REC** = 2.
o NUMBER OF LOOPS = 3.
• THEN GO TO **TIME_STAMP_SV_ET.**

SV78000/(OTHVAC_NAME). VACCINE NAME: _____

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

SV79000. DATE GIVEN:

(OTHVAC_DATE_MM)
MONTH: |___|___|
    M   M

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

(OTHVAC_DATE_DD)

DAY: |___|___|
     D   D

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

(OTHVAC_DATE_YY)
YEAR: |___|___|___|___|
     Y   Y   Y   Y

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	

PROGRAMMER INSTRUCTIONS
• COMPLETE LOOP:

PROGRAMMER INSTRUCTIONS
o IF NUMBER OF LOOP < 3, GO TO **OTHVAC_REC.**
o 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:
o **MMR_REC** = 2.
o NUMBER OF LOOPS = 2.
• THEN GO TO **MMRV_REC.**

CV02000. DATE GIVEN:

(MMR_DATE_MM)
MONTH: |___|___|
     M   M

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

(MMR_DATE_DD)
DAY: |___|___|
    D   D

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

(MMR_DATE_YY)
YEAR: |___|___|___|___|
    Y   Y   Y   Y

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? _____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
    o IF NUMBER OF LOOP < 2, GO TO **MMR_REC.**
    o 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	

Label	Code	Go To
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:
     o **MMRV_REC** = 2.
     o NUMBER OF LOOPS = 2.
 • THEN GO TO **DTAP_HEPB_IPV_REC**.

CV08000. DATE GIVEN:

(MMRV_DATE_MM)
MONTH: |___|___|
     M   M

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

(MMRV_DATE_DD)
DAY: |___|___|
    D   D

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

(MMRV_DATE_YY)
YEAR: |___|___|___|___|
    Y Y Y Y

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

CV09000/(MMRV_HEIGHT). HEIGHT/LENGTH: |___|___|___| INCHES

Label	Code	Go To
NOT RECORDED ON	-8	

Label	Code	Go To
HEALTH CARE LOG		

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?
_____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
    o IF NUMBER OF LOOP < 2, GO TO **MMRV_REC.**
    o 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

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

(DTAP_HEPB_IPV_DATE_DD)
DAY: |___|___|
    D   D

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

(DTAP_HEPB_IPV_DATE_YY)
YEAR: |___|___|___|___|
    Y Y Y Y

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?
_____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
  o IF NUMBER OF LOOP < 4, GO TO **DTAP_HEPB_IPV_REC.**
  o 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:
     o **HIB_HEPB_REC** = 2.
     o NUMBER OF LOOPS = 4.
 • THEN GO TO **DTAP_HIB_REC.**

CV20000. DATE GIVEN:

(HIB_HEPB_DATE_MM)
MONTH: |___|___|
       M   M

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

(HIB_HEPB_DATE_DD)
DAY: |___|___|
      D   D

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

(HIB_HEPB_DATE_YY)
YEAR: |___|___|___|___|
      Y   Y   Y   Y

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?

_____

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

PROGRAMMER INSTRUCTIONS
• COMPLETE LOOP: o IF NUMBER OF LOOP < 4, GO TO **HIB_HEPB_REC.** o 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:
     o **DTAP_HIB_REC** = 2.
     o 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

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? _____

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

PROGRAMMER INSTRUCTIONS

• COMPLETE LOOP:
   o IF NUMBER OF LOOP < 5, GO TO **DTAP_HIB_REC.**
   o 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:
o **DTAP_IPV_REC** = 2.
o NUMBER OF LOOPS = 4.
• THEN GO TO **DTAP_IPV_HIB_REC.**

CV32000. DATE GIVEN:

(DTAP_IPV_DATE_MM)
MONTH: |___|___|
       M   M

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

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	**-8**	

Label	Code	Go To
HEALTH CARE LOG		

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:
o IF NUMBER OF LOOP < 4, GO TO **DTAP_IPV_REC.**
o 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:
o IF NUMBER OF LOOP < 4, GO TO **DTAP_IPV_HIB_REC.**
o 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