



## Well-Child/Vaccination Grid Module (with Core)

|  |  |
|--|--|
| <b>Event Category:</b>                       | Time-Based                                   |
| <b>Event:</b>                                | Core (12M, 24M, 36M, 48M, 60M)               |
| <b>Administration:</b>                       | N/A  |
| <b>Instrument Target:</b>                    | Child  |
| <b>Instrument Respondent:</b>                | Primary Caregiver                            |
| <b>Domain:</b>                               | Questionnaire                                |
| <b>Document Category:</b>                    | Questionnaire                                |
| <b>Method:</b>                               | Data Collector Administered                  |
| <b>Mode (for this instrument*):</b>          | In-Person, PAPI;<br>Phone, PAPI              |
| <b>OMB Approved Modes:</b>                   | In-Person, PAPI;<br>Phone, PAPI;<br>Web, CAI |
| <b>Estimated Administration Time:</b>        | 0  |
| <b>Multiple Child/Sibling Consideration:</b> | Per Child                                    |
| <b>Special Considerations:</b>               | N/A  |
| <b>Version:</b>                              | 1.0  |
| <b>MDES Release:</b>                         | 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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### 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            | <ul style="list-style-type: none"> <li>Limit text to 255 characters</li> </ul>  |
| FIRST NAME AND LAST NAME                             | 30   | CHARACTER            | <ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>   |
| 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<br>CHARACTER | <ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS:<br/>MM MUST EQUAL 01 TO 12<br/>DD MUST EQUAL 01 TO 31<br/>YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul> |
| TIME VARIABLES                                       | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC              | <ul style="list-style-type: none"> <li>HARD EDITS:<br/>HOURS MUST BE BETWEEN 00 AND 12;<br/>MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>  |

### **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).

|                                |
|--------------------------------|
| <b>PROGRAMMER INSTRUCTIONS</b> |
|--------------------------------|

- |  |
|--|
| <ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> </ul> |
|--|

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

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

|                                |
|--------------------------------|
| <b>PROGRAMMER INSTRUCTIONS</b> |
|--------------------------------|

- |   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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:             <ul style="list-style-type: none"> <li>o HEPB_REC = 2.</li> <li>o NUMBER OF LOOPS = 4.</li> </ul> </li> <li>• THEN GO TO DTAP_REC.</li> <li>• IF HEPB_REC =1 AND             <ul style="list-style-type: none"> <li>o FIRST LOOP, GO TO HEPB_BIRTH.</li> <li>o SUBSEQUENT LOOP, GO TO SV04000.</li> </ul> </li> </ul> |
|---|

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  |
|--|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o DTAP_REC = 2.</li> <li>o NUMBER OF LOOPS = 5.</li> </ul> </li> <li>• THEN GO TO HIB_REC.</li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• IF HIB_PROB = 1, GO TO HIB_PROB_OTH.</li> <li>• IF HIB_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER HIB_PROB_OTH.</li> </ul> |

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

\_\_\_\_\_

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

| PROGRAMMER INSTRUCTIONS  |
|--|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP: <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 5, GO TO HIB_REC.</li> <li>o IF NUMBER OF LOOPS = 5, GO TO IPV_REC.</li> </ul> </li> </ul> |

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   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o IPV_REC = 2.</li> <li>o NUMBER OF LOOPS = 4.</li> </ul> </li> <li>• THEN GO TO PCV7_REC.</li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o ROTA_REC = 2.</li> <li>o NUMBER OF LOOPS = 3.</li> </ul> </li> <li>• THEN GO TO CKNPX_REC.</li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• IF CKNPX_PROB = 1, GO TO CKNPX_PROB_OTH.</li> <li>• IF CKNPX_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER CKNPX_PROB_OTH.</li> </ul> |

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

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

| PROGRAMMER INSTRUCTIONS   |
|---|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP: <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 2, GO TO CKNPX_REC.</li> <li>o IF NUMBER OF LOOPS = 2, GO TO HEPA_REC.</li> </ul> </li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• LOOP THROUGH HEPA_REC, HEPA_DATE_MM, HEPA_DATE_DD, HEPA_DATE_YY, HEPA_HEIGHT, HEPA_WEIGHT,</li> </ul> |

**PROGRAMMER INSTRUCTIONS**

HEPA\_PROB, AND HEPA\_PROB\_OTH (IF HEPA\_PROB = 1) UNTIL EITHER:

- o HEPA\_REC = 2.
- o NUMBER OF LOOPS = 2.
- THEN GO TO MEN\_REC.

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  |
|--|
| <ul style="list-style-type: none"> <li>• IF HEPA_PROB = 1, GO TO HEPA_PROB_OTH.</li> <li>• IF HEPA_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER HEPA_PROB_OTH.</li> </ul> |

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

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

| PROGRAMMER INSTRUCTIONS   |
|---|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP: <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 2, GO TO HEPA_REC.</li> <li>o IF NUMBER OF LOOPS = 2, GO TO MEN_REC.</li> </ul> </li> </ul> |

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   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o MEN_REC = 2.</li> <li>o NUMBER OF LOOPS = 2.</li> </ul> </li> </ul> |

**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   |       |

**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?

---

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

**PROGRAMMER INSTRUCTIONS**

- COMPLETE LOOP:
  - o IF NUMBER OF LOOP < 2, GO TO MEN\_REC.
  - o 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:
  - o PALI\_REC = 2.
  - o NUMBER OF LOOPS = 2.
- THEN GO TO FLU\_MIST\_REC.



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  |
|--|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP:               <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 2, GO TO PALI_REC.</li> <li>o IF NUMBER OF LOOPS = 2, GO TO FLU_MIST_REC.</li> </ul> </li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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:               <ul style="list-style-type: none"> <li>o FLU_MIST_REC = 2.</li> <li>o NUMBER OF LOOPS = 3.</li> </ul> </li> <li>• THEN GO TO FLU_INJCT_REC.</li> </ul> |

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   |       |

**PROGRAMMER INSTRUCTIONS**

- COMPLETE LOOP:
  - o IF NUMBER OF LOOP < 3, GO TO **FLU\_MIST\_REC.**
  - o 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:
  - o **FLU\_INJCT\_REC** = 2.
  - o NUMBER OF LOOPS = 4.
- THEN GO TO **H1N1\_REC.**

**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   |       |

**PROGRAMMER INSTRUCTIONS**

- COMPLETE LOOP:
  - o IF NUMBER OF LOOP < 4, GO TO **FLU\_INJCT\_REC**.
  - o 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:
  - o **H1N1\_REC** = 2.
  - o NUMBER OF LOOPS = 5.
- THEN GO TO **OTHVAC\_REC**.

**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  |
|--|
| <ul style="list-style-type: none"> <li>IF OTHVAC_PROB = 1, GO TO OTHVAC_PROB_OTH.</li> <li>IF OTHVAC_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER OTHVAC_PROB_OTH.</li> </ul> |

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

\_\_\_\_\_

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

| PROGRAMMER INSTRUCTIONS  |
|--|
| <ul style="list-style-type: none"> <li>COMPLETE LOOP:</li> </ul> |

**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  |
|--|
| <ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> </ul> |

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

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

| PROGRAMMER INSTRUCTIONS   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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:               <ul style="list-style-type: none"> <li>o MMR_REC = 2.</li> <li>o NUMBER OF LOOPS = 2.</li> </ul> </li> <li>• THEN GO TO MMRV_REC.</li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• IF MMR_PROB = 1, GO TO MMR_PROB_OTH.</li> <li>• IF MMR_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER MMR_PROB_OTH.</li> </ul> |

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

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

| PROGRAMMER INSTRUCTIONS   |
|---|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP: <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 2, GO TO MMR_REC.</li> <li>o IF NUMBER OF LOOPS = 2, GO TO MMRV_REC.</li> </ul> </li> </ul> |

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   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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:               <ul style="list-style-type: none"> <li>o DTAP_HEPB_IPV_REC = 2.</li> <li>o NUMBER OF LOOPS = 4.</li> </ul> </li> <li>• THEN GO TO HIB_HEPB_REC.</li> </ul> |

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   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o HIB_HEPB_REC = 2.</li> <li>o NUMBER OF LOOPS = 4.</li> </ul> </li> <li>• THEN GO TO DTAP_HIB_REC.</li> </ul> |

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   |
|---|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>o DTAP_IPV_REC = 2.</li> <li>o NUMBER OF LOOPS = 4.</li> </ul> </li> <li>• THEN GO TO DTAP_IPV_HIB_REC.</li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• IF DTAP_IPV_PROB = 1, GO TO DTAP_IPV_PROB_OTH.</li> <li>• IF DTAP_IPV_PROB = 2 OR -8, GO TO PROGRAMMER INSTRUCTIONS AFTER DTAP_IPV_PROB_OTH.</li> </ul> |

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

\_\_\_\_\_

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

| PROGRAMMER INSTRUCTIONS  |
|--|
| <ul style="list-style-type: none"> <li>• COMPLETE LOOP: <ul style="list-style-type: none"> <li>o IF NUMBER OF LOOP &lt; 4, GO TO DTAP_IPV_REC.</li> <li>o IF NUMBER OF LOOPS = 4, GO TO DTAP_IPV_HIB_REC.</li> </ul> </li> </ul> |

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  |
|--|
| <ul style="list-style-type: none"> <li>• DISPLAY LOOP NUMBER (E.G., FIRST, SECOND).</li> <li>• 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: <ul style="list-style-type: none"> <li>• DTAP_IPV_HIB_REC = 2.</li> <li>• NUMBER OF LOOPS = 4.</li> <li>• THEN GO TO TIME_STAMP_CV_ET</li> </ul> </li> </ul> |

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