Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			IMMUNIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=ALL SPALIVE=1 SEASON=WINTER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after PVQ.		
	BOX IM1	routing	IF SP HAS NEVER BEEN ASKED SHINGVAC (P_SHINGVAC=.), GO TO SHINGVAC. ELSE IF SP HAS NEVER REPORTED RECEIVING SHINGLES VACCINE (P_SHINGVAC^=1), GO TO SHINGYR. ELSE GO TO BOX IM3.		
SHINGVAC	PV6	yes/no	Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots. [Have you/Has (SP)] ever had a vaccine for Shingles? IF THE RESPONDENT HAD ONE DOSE OF A SHINGLES VACCINE, SELECT YES.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) SHNGTIME (02) NSHNGWHY (-8) BOX IM3 (-9) BOX IM3
SHNGTIME	SHNGTIME	code one	Did [you/(SP)] get [you/their] Shingles vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM2
SHINGYR	SHINGYR	yes/no	Shingles is an illness that results in a rash or blisters on the skin and is usually painful. -There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots. Since (LAST IM MONTH YEAR), [have you/has (SP)] had a vaccine for Shingles? IF THE RESPONDENT HAD ONE DOSE OF A SHINGLES VACCINE, SELECT YES.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM2
	BOX IM2	routing	If SHINGVAC=YES or SHINGYR=YES, go to SHNGSITE. ELSE GO TO NSHNGWHY.		
SHNGSITE	SHNGSITE	code one	Where did [you/(SP)] go for [your/(SP)'s] Shingles vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED	(01)-(08) SHINGCOST (91) SHNGSTOS
SHNGSTOS	SHNGSTOS	verbatim text	OTHER (SPECIFY)		SHINGCOST
SHINGCOST	SHINGCOST	yes/no	Did [you/(SP)] pay some or all of the cost of the Shingles vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NSHNGWHY	NSHNGWHY	code all	For what reason didn't [you/(SP)] get a Shingles vaccine? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED	BOX IM3
	BOX IM3	routing	IF SP HAS NEVER BEEN ASKED PNEUSHOT (P_PNEUSHOT=.), GO TO PNEUSHOT. ELSE IF SP HAS NEVER REPORTED RECEIVING PNEUMONIA VACCINE (P_PNEUSHOT^=1), GO TO PNEUYR. ELSE GO TO BOX IM5.		
PNEUSHOT	PV7	yes/no	[Have you/Has (SP)] EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®23, and conjugate, also known as Prevnar®20 or Vaxneuvance®.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PNEUTIME (02) NPNEUWHY (-8) BOX IM5 (-9) BOX IM5
PNEUTIME	PNEUTIME	code one	Did [you/(SP)] get [your/their] pneumonia vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM4
PNEUYR	PNEUYR	yes/no	Since (LAST IM MONTH YEAR), [have you/has (SP)] EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®23, and conjugate, also known as Prevnar®20 or Vaxneuvance®.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM4
	BOX IM4	routing	If PNEUSHOT=YES or PNEUYR=YES, go to PNEUSITE. ELSE GO TO NPNEUWHY.		
PNEUSITE	PNEUSITE	code one	Where did [you/(SP)] go for [your/(SP)'s] pneumonia shot?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED	(01)-(09) PNEUCOST (91) PNEUSTOS
PNEUSTOS	PNEUSTOS	verbatim text	OTHER (SPECIFY)		PNEUCOST
PNEUCOST	PNEUCOST	yes/no	Did [you/(SP)] pay some or all of the cost of the pneumonia shot?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM5

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NPNEUWHY	NPNEUWHY	code all	For what reason didn't [you/(SP)] get a pneumonia shot? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED	BOX IM5
	BOX IM5	routing	IF SP HAS NEVER BEEN ASKED RSVVAC (P_RSVVAC=.), GO TO RSVVAC. ELSE IF SP HAS NEVER REPORTED RECEIVING RSV VACCINE (P_RSVVAC^=1), GO TO RSVYR. ELSE GO TO BOX IM7.		
RSVVAC	RSVVAC	yes/no	Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Adults aged 60 years and older may receive a single dose of RSV vaccine. [Have you/Has (SP)] EVER had a vaccine for RSV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) RSVTIME (02) NRSVWHY (-8) BOX IM7 (-9) BOX IM7
RSVTIME	RSVTIME	code one	Did [you/(SP)] get [your/their] RSV vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM6
RSVYR	RSVYR	yes/no	Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Adults aged 60 years and older may receive a single dose of RSV vaccine Since (LAST IM MONTH YEAR), [have you/has (SP)] had a vaccine for RSV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IM6
	BOX IM6	routing	If RSVVAC=YES or RSVYR=YES, go to RSVSITE. ELSE GO TO NRSVWHY.		
RSVSITE	RSVSITE	code one	Where did [you/(SP)] go for [your/(SP)'s] RSV vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED	(01)-(09) RSVCOST (91) RSVSTOS
RSVSTOS	RSVSTOS	verbatim text	OTHER (SPECIFY)		RSVCOST
RSVCOST	RSVCOST	yes/no	Did [you/(SP)] pay some or all of the cost of the RSV vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX IMEND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NRSVWHY	NRSVWHY	code all	For what reason didn't [you/(SP)] get an RSV vaccine? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED	BOX IMEND
	BOX IMEND	routing	GO TO CVQ.		