Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			IMMUNIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=ALL SPALIVE=1 SEASON=WINTER or SUMMER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after HIQ ~~PVQ~~.		
	BOX IM1	routing	IF (SEASON= SUMMER), GO TO BOX PVBEG. ELSE, IF SP HAS NEVER BEEN ASKED SHINGVAC (P_SHINGVAC=.), GO TO SHINGVAC. ELSE IF SP HAS NEVER REPORTED RECEIVING SHINGLES VACCINE (P_SHINGVAC=2 (NO), -8 (DK), or -7 (RF)), 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 [your/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 (CURRENT MONTH, CURRENT YEAR - 1), [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	(01) BOX IM2 (02) BOX IM2 (-8) BOX IM3 (-9) BOX IM3
	BOX IM2	routing	If SHINGVAC=YES or SHINGYR=YES, go to ~~SHNGSITE~~ SHINGCOST. 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~~ ~~(-8) SHINGCOST~~ ~~(-9) SHINGCOST~~
~~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~~ code one	~~For~~ What is the main 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 (=2 (NO), -8 (DK), or -7 (RF)), 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 (CURRENT MONTH, CURRENT YEAR - 1), [have you/has (SP)] 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) BOX IM4 (02) BOX IM4 (-8) BOX IM5 (-9) BOX IM5
	BOX IM4	routing	If PNEUSHOT=YES or PNEUYR=YES, go to ~~PNEUSITE~~ PNEUCOST. 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~~ ~~(-8) PNEUCOST~~ ~~(-9) PNEUCOST~~
~~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~~ code one	~~For~~ What is the main 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=2 (NO), -8 (DK), or -7 (RF)), GO TO RSVYR. ELSE GO TO BOX IMEND.		
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 IMEND (-9) BOX IMEND
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 (CURRENT MONTH, CURRENT YEAR - 1), [have you/has (SP)] had a vaccine for RSV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX IM6 (02) BOX IM6 (-8) BOX IMEND (-9) BOX IMEND
	BOX IM6	routing	If RSVVAC=YES or RSVYR=YES, go to ~~RSVSITE~~ RSVCOST. 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~~ ~~(-8) RSVCOST~~ ~~(-9) RSVCOST~~
~~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~~ code one	~~For~~ What is the main 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 PVBEG
	BOX PVBEG	routing	IF (SEASON=WINTER), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT^=1/YES), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT=1/YES), GO TO BOX CVBEG.		
PVINTRO	PVINT	No entry	IF SEASON=WINTER, FILL "Now I'd like to ask you some questions about the seasonal flu vaccine." ELSE IF SEASON=SUMMER, FILL "At the time of the last interview, we recorded that [you/(SP)] had not gotten a seasonal flu vaccine for the [CURRENT YEAR MINUS 1] - [CURRENT YEAR] flu season."		PVF1-FLUSHOT
FLUSHOT	PVF1	yes/no	Since [July 1st, (ROUND YEAR MINUS 1)/[MREFDATE]], [have you/has (SP)] had a seasonal flu vaccine? IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLELESS INJECTOR, CODE AS "YES".	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACPAID (02) BOX PV1 (-8) BOX CVBEG (-9) BOX CVBEG
VACPAID	VACPAID	yes/no	Did [you/(SP)] pay some or all of the cost of the seasonal flu vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV1
	BOX PV1	routing	IF SEASON=WINTER OR (IF SEASON=SUMMER AND P_FLUSHOT in (., -7, -8), GO TO PVF2-FLUCODE. ELSE GO TO BOX CVBEG.		
FLUCODE	PVF2	code one	What is the main reason didn't [you/(SP)] get a seasonal flu vaccine since July 1st?	(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 (91) OTHER (-8) DON'T KNOW (-9) REFUSED	BOX CVBEG

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX CVBEG	routing	IF (SEASON=WINTER), GO TO COVSHOT. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO COVSHOT^=1/YES), GO TO COVSHOT. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO COVSHOT=1/YES), GO TO BOX IMEND.		
COVSHOT	COVSHOT	yes/no	The next questions are about coronavirus or COVID-19 vaccination. Since July 1st, (ROUND YEAR MINUS 1), [have you/has (SP)] had a COVID-19 vaccination? IF NEEDED: Please include booster shots.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX CV1 (02) NOVCREAS-NOVCREAS (-8) BOX CV1 (-9) BOX CV1
NOVCREAS	NOVCREAS	code one	What is the main reason [you/(SP)] did not get a COVID-19 vaccine [in [PREVIOUS YEAR]]? [PROBE: Any other reason?] IF R IS NOT ELIGIBLE FOR THEIR NEXT DOSE, SELECT "NOT ELIGIBLE FOR NEXT DOSE YET."	(01) NOT ELIGIBLE FOR NEXT DOSE YET (02) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (03) VACCINE IS NOT NEEDED OR NECESSARY (04) FORGOT/TOO BUSY (05) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (06) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (07) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (08) PROVIDER DID NOT RECOMMEND VACCINE (09) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (10) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (11) DISEASE IS NOT SERIOUS (12) DOESN'T TRUST THE GOVERNMENT (91) OTHER (-8) DON'T KNOW (-9) REFUSED	BOX CV1
	BOX CV1		IF (SEASON=WINTER), GO TO YRHDCVD. ELSE IF (SEASON=SUMMER) GO TO BOX IMEND.		
YRHDCVD	YRHDCVD	yes/no	Since [PREVIOUS YEAR], [have you/has (SP)] had COVID-19? [IF NEEDED: Include being told by a doctor or other health professional that you had or likely had COVID-19. Also include antibodies or blood tests as well as other forms of testing for COVID-19, such as a nasal swabbing or throat swabbing. Also include if you had close contact with someone who had COVID-19 and you had symptoms.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) CVDSVRE (02) BOX CV2 (-8) BOX CV2 (-9) BOX CV2
	BOX CV2	routing	IF INTTYPE is C007 [sample_person.INTTYPE=7], GO TO EVRCOVID, ELSE GO TO BOX IMEND.		
EVRCOVID	EVRCOVID	yes/no	[Have you/Has (SP)] ever had COVID-19? [IF NEEDED: Include being told by a doctor or other health professional that you had or likely had COVID-19. Also include antibodies or blood tests as well as other forms of testing for COVID-19, such as a nasal swabbing or throat swabbing. Also include if you had close contact with someone who had COVID-19 and you had symptoms.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) LONGCVD (02) BOX CVEND (-8) BOX CVEND (-9) BOX CVEND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CVDSVRE	CVDSVRE	code one	When [you/(SP)] had COVID-19 in [PREVIOUS YEAR], how would you describe [your/(SP)'s] COVID-19 symptoms when they were at their worst? Would you say [you/(SP)] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms?	(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW (-9) REFUSED	CVDHOSP
CVDHOSP	CVDHOSP	yes/no	In [PREVIOUS YEAR] [were you/was (SP)] hospitalized overnight for COVID-19? [IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	LONGCVD
LONGCVD	LONGCVD	yes/no	Did [you/(SP)] have any symptoms lasting 3 months or longer that [you/(SP)] did not have prior to having COVID-19? [IF NEEDED: Long term symptoms may include tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems, sometimes referred to as "brain fog," difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, depression, anxiety or mood changes.]	(01) YES (02) NO (03) NOT APPLICABLE, RECENTLY DIAGNOSED WITH COVID-19 (LESS THAN THREE MONTHS) (-8) DON'T KNOW (-9) REFUSED	BOX IMEND
	BOX IMEND	routing	GO TO ~~CVQ~~ KNQ.		