NIS-TEEN Hard Copy Questionnaire

Q4 2015

SECTION S

Screener

Instruction1   (1) IF ANY S3_3M/D/Y_x=77 OR 99 GO TO INSRUCTION2

(2) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND SAMPLE_USE_CODE=1,7 AND ASK_FLU = 0 THEN FILL TIS_UNDER18 AND GO TO TIS_S1AQT

(3) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND SAMPLE_USE_CODE=1,7 AND ASK_FLU = 1 AND LONG_FLU_FLAG = 1 THEN FILL ` TIS_UNDER18 AND GO TO LF_CP_SELECTION

(4) ELSE IF (S_NUMB=C_TMP AND ALL YAGE_x ne 13, 14, 15, 16 OR 17) AND SAMPLE_USE_CODE=4,8 THEN FILL TIS_UNDER18 AND GO TO LL_TYPE IN NSCH

(5) ELSE IF (S_NUMB=C_TMP AND >=1 YAGE_x = 13, 14, 15, 16 OR 17) THEN GO TO CP_TISMULTIAGE.

(6) ELSE GO TO INSTRUCTION2

Instruction2   (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW, THEN FILL TIS_UNDER18 WITH C_TMP AND GO TO TIS_C2Q0A

(2) ELSE SKIP TO TIS_UNDER18

TIS_Under18   How many people less than 18 years old live in this household?

IF ONE OR MORE,

ENTER # OF CHILDREN _____ (ENTER 01 to 76)

(1) IF S_NUMB > TIS_UNDER18, THEN GO TO TIS_UNDER18_CONF

(2) IF TIS_UNDER18 = 0 AND SAMPLE_USE_CODE=1,4,7,8 THEN GO TO TIS_S1AQT

(3) IF TIS_UNDER18=1-76 AND (S_NUMB>0 AND NIS ELIG_X<>0), THEN GO TO TIS_C2Q0A

(4) IF TIS_UNDER18=1-76 AND (S_NUMB>0 AND NIS ELIG_X=0) OR S_NUMB = 0, PR SAMPLE_USE_CODE =7,8 THEN GO TO TIS_S3AGE_x

(5) IF TIS_UNDER18=1-76 AND S3_INTRO=null, THEN GO TO TIS_S3AGE_x

(6) IF TIS_UNDER18=77, THEN GO TO TIS_S1ADK

(7) IF TIS_UNDER18=99, THEN GO TO TIS_S1AREF

(8) IF TIS_UNDER18=1-76 AND TIS_UNDER18<=S_NUMB, THEN GO TO TIS_AGE_CONFIRM

IF NO CHILDREN

ENTER 0 00   GO TO TIS_S1AQT

DON'T KNOW 77   GO TO TIS_S1ADK

REFUSED.. 99   GO TO TIS_S1AREF

TIS_Under18_Conf

The total number of children in the household is less than the number of children entered for NIS. Please confirm the value you just entered is correct.

YES.. 1 Continue with TIS_Under18 skip logic
NO.. 2 GO TO TIS_Under18

TIS_C2Q0A You have already given me (NAME OF NIS-ELIGIBLE CHILD OR CHILDREN from S3_5_x)'s birth date(s). Now, would you please tell me the age(s) of your other (IF C_TMP - S_NUMB = 1; INSERT 'child'/ IF C_TMP - S_NUMB > 1; INSERT 'children') under the age of 18?

YES.. 1 GO TO TIS_S3AGE_X
WRONG # OF CHILDREN .... 2 GO TO TIS_UNDER18 AND IF TIS_UNDER18=1-76, THEN RETURN TO TIS_C2Q0A

TIS_S1ADK Is there anyone in your household who knows how many people in this household who are less than 18 years old?

NEW PERSON COMES TO PHONE........... 1 GO TO TIS_DKINTRO
NO.. 2 GO TO TIS_S1TERM

TIS_DKINTRO

[LANDLINE SAMPLE]   Hello, my name is _____. I'm calling on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

[CELL SAMPLE] Hello, my name is _____. I'm calling on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING........ 0
CONTINUE WITH INTERVIEW and RECORDING 1

ALL GO TO TIS_UNDER18

TIS_S1TERM Thank you, we'll try back another time.

TIS_S1AREF   The only reason we need to know how many children in this household are in this age group is to determine if you're eligible to participate in this survey.

CONTINUE 1	GO TO TIS_Under18
R STILL REFUSES 2	GO TO TIS_REFKID

TIS_REFKID   [IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TIS_REFKID]
Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

TIS_S3AGE_X   What is the age of the [FILL1] child under the age of 18?

ENTER AGE .... ___	GO TO TIS_S3AGE1_X
DON'T KNOW 77	GO TO TIS_AGEDK
REFUSED.. 99	GO TO TIS_AGEREF

TIS_S3AGE1_X

MONTHS 1	GO TO TIS_AGE_CONFIRM
YEARS 2	GO TO TIS_AGE_CONFIRM

TIS_AGEREF   I understand you may be uncomfortable, however, all information is confidential under Federal Law.

RETURN TO QUESTIONNAIRE 1	GO TO TIS_S3AGE_X
R STILL REFUSES 99	GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS_AGEQUIT

TIS_AGEQUIT   [IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TIS_AGEQUIT]
Since we need an age in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

TIS_AGEDK   Is there anyone available who would know the child's age?

NEW PERSON COMES TO PHONE 1	GO TO TIS_DKAGEINTRO
NO.. 2	GO TO AGE LOOP FOR REMAINING CHILDREN/ ELSE GO TO TIS_S1TERM

TIS_DKAGEINTRO [LANDLINE SAMPLE]

Hello, my name is _____. I'm calling on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many teenagers are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

[CELL SAMPLE] Hello, my name is _____. I'm calling on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING 0

CONTINUE WITH INTERVIEW and RECORDING 1

ALL GO TO TIS_S3AGE_X

TIS_AGE_CONFIRM

So, you have a (FILL) [IF Count DK/REF Ages >=1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?

YES	1	GO TO CP_TISMULTIAGE
NO, WRONG AGES OF CHILDREN	2	GO TO TIS_S3AGE_X [Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD,
NO, WRONG # OF CHILDREN	3	GO TO TIS_UNDER18 Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD
DON'T KNOW	77	GO TO CP_TISMULTIAGE
REFUSED	99	GO TO CP_TISMULTIAGE

CP_TISMULTIAGE

(1) IF THERE ARE CHILDREN WITH THE SAME AGE AND ALL TIS_S3AGE_x NOT IN (13, 14, 15, 16, 17) AND SUC = 1,7, GO TO TIS_S1AQT

(2) ELSE IF THERE ARE CHILDREN WITH THE SAME AGE AND SUC <> 1, GO TO TIS_MULTIAG

(3) ELSEIF ALL TIS_S3AGE_x = 77 and/or 99 AND SUM(ELIG_X = 1 FROM NIS) > 0, GO TO INSTRUCTION1

(4) ELSE GO TO TIS_SELECTION_INSTRUCTIONS1

TIS_MULTIAGE

Since you have more than one child who is [FILL DUPLICATE AGES], I need a way to refer to each of them during the interview.

CONTINUE.. 1   RECORD NAMES IN TIS_NAME_1 – TIS_NAME_9]

TIS_NAME_X   What is the (other) [FILL AGE] year old child's name or initials?

CONTINUE.. 1   RECORD NAMES IN TIS_NAME_1 – TIS_NAME_9]

TIS_SELECTION_INSTRUCTIONS1

(1) IF YAGE_x >12 months and < 3 years THEN GO TO TIS_S2Q02A before going to S3_INTRO in NIS

(2) ELSEIF ANY YAGE_x >12 and <18, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 TO BE THE SELECTED CHILD FOR THE TEEN SURVEY AND GO TO TIS_S3INTRO

(3) ELSE GO TO INSTRUCTION1

TIS_S2Q02A   Based on the ages you have given me, I now have some questions about your [FILL YAGE] old.

CONTINUE.. 1   GO TO S3_INTRO in NIS

TIS_S3INELG   The child who was selected is [FILL YAGE] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.

CONTINUE.. 1   GO TO TIS_S3INTRO

TIS_S3INTRO   [If TIS_UNDER18 > 1, then "The computer randomly chose the child for the interview who is [FILL YAGE] years old."] Most of the remaining questions will be about immunizations or shots [If TIS_UNDER18>1 then "he/she", ELSE Fill YAGE] may have received.

CONTINUE.. 1   GO TO CP_INTRO

CP_INTRO   (1) IF TIS_S3INELG HAS BEEN READ, GO TO TIS_S3

(2) ELSEIF NIS INFORMED CONSENT (S3_INTRO) HAS BEEN READ, GO TO TIS_INTRO2

(3) ELSE NIS INFORMED CONSENT (S3_INTRO) HAS NOT BEEN READ, GO TO TIS_INTRO1

TIS_INTRO1   Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish I'd like to continue now unless you have any questions.

CONTINUE.. 1 GO TO TIS_S3
R ASKS FOR DESCRIPTION OF LAW....... 2 GO TO TIS_S3_LAW

TIS_S3_LAW   The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. Section308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating contractor, NORC at the University of Chicago, and their agents and contractors, has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE.. GO TO TIS_S3_EVAL_R

TIS_INTRO2   As we said earlier, you may choose not to answer any question you don't want to answer or stop at any time. I'd like to continue now unless you have any questions.

CONTINUE.. 1 GO TO TIS_S3

TIS_S3   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [FILL].

MONTH	DAY	YEAR

DATE... GO TO TIS3CONF
DON'T KNOW .... 77 GO TO TISYRDK
REFUSED.. 99 GO TO TISYRREF

TIS3CONF   That would make this child [FILL YAGE] years old; is that correct?

YES.. 1

(1) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD = 13, 14, 15, 16, or 17), THEN GO TO TIS_S4

(2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS_S3INELG

(3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD ne 13, 14, 15, 16, or 17) AND AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS_SELECTION_INSTRUCTION

NO... 2   GO TO TIS_S3

TIS_S1AQT   [IF SAMPLE_USE_CODE=4,7,8 AND S_NUMB=0 AND TIS_UNDER18=0 GO TO NO_CHILD. ELSE READ TIS_S1AQT.]

[IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TIS_S1AQT (using rules below)]

[IF NIS INTERVIEW COMPLETED, READ]

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Study, please call the survey's toll-free number, 1-877-267-8154. If you have questions about your rights as a survey participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

[ELSE IF SAMPLE USE CODE=7, READ:] Those are all the questions I have. This survey is collecting information on the health of teenagers 13 to 17 years old. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

[ELSE READ]

Those are all the questions I have. This survey is collecting information on the health of children [IF PA_INFANT_FLAG=1 and RDD_NCCELL_CCELL = 1 THEN DISPLAY "7" ELSE "19"] months to 35 months old and teenagers 13 to 17 years old. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

NO_CHILD   [IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION, THEN READ NO_CHILD]
Those are all the questions I have. We are only interviewing in households with children. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

TISYRREF   I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birth date is to know which immunization questions to ask.

(READ IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.)

RETURN TO QUESTIONNAIRE .... 1 GO TO TIS_S3
R STILL REFUSES .... 2 GO TO TISYRQUIT

TISYRDK   The reason we need your child's birth date is to know which immunization questions to ask. Is there anyone available who would know the child's month, day, and year of birth?

NEW PERSON COMES TO PHONE .... 1 GO TO TYRDKINT
RETURN TO QUESTIONNAIRE .... 2 GO TO TIS_S1TERM

TYRDKINT   Hi. I'm calling for the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national study of immunizations. I'd like you to know that this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

(00) CONTINUE WITH INTERVIEW WITHOUT RECORDING   (01) CONTINUE WITH INTERVIEW AND RECORDING

ALL GO TO TIS_S3

TISYRQUIT   [IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TISYRQUIT]

Since we need a birth date in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

TIS_S4   Is the child born [insert month and year of birth] male or female?

Male .... 1 GO TO CP_TISS5
Female .... 2 GO TO CP_TISS5
DON'T KNOW .... 77 GO TO CP_TISS5
REFUSED .... 99 GO TO CP_TISS5

CP_TISS5   (1) IF TIS_NAME IS NOT FILLED, GO TO TIS_S5
(2) ELSE IF TIS_NAME IS FILLED, GO TO TIS_S4A

TIS_S5   So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials

_____GO TO TIS_S4A

TIS_S4A   Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [TEEN] has received. Are you this person?

YES. .... 1 GO TO TIS_SR1
NO .... 2 GO TO TIS_S5A

TIS_S5A   May I speak with this person now?

YES. .... 1 GO TO TIS_S5BOX
NO .... 2 GO TO CB1

TIS_S5BOX   Hi. I'm calling for the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national study of immunizations. I'd like you to know that this study is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE. .... 1 GO TO TIS_S5EVAL_BOX
R ASKS FOR DESCRIPTION OF LAW ...... 2 GO TO TIS_S5LAW_BOX

TIS_S5LAW_BOX

The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. . Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

TIS_S5EVAL_BOX

       YES, R AGREES TO RECORDING/LISTENING 1   GO TO TIS_SR1

       NO, R DOES NOT AGREE TO RECORDING/LISTENING......2   GO TO TIS_SR1

TIS_SR1   Do you have any shot records for [TEEN]?

       YES 1   GO TO TIS_B1

       NO... 2   GO TO TIS_B1

       DON'T KNOW... 77   GO TO TIS_B1

       REFUSED.. 99   GO TO TIS_B1

SECTION B

No Shot Records

TIS_B1

The remainder of the survey will take about 10 minutes.

Has [TEEN] ever received an immunization that is a shot or drops?

YES... 1 GO TO TIS_BINFLU
NO... 2 GO TO TIS_BINFLU
DON'T KNOW .... 77 GO TO TIS_BINFLU
REFUSED... 99 GO TO TIS_BINFLU

NO SHOT RECORD FOR INFLUENZA

TIS_BINFLU [IF TIS_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu; ELSE DISPLAY: The next questions are about influenza vaccination.

Since July 1, 2015 has [FILL] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

YES…………... 1 GO TO TIS_BINFLU_NUM
NO………….. 2 GO TO TIS_BNEXTFLU
DON'T KNOW….. 77 GO TO TIS_BNEXTFLU
REFUSED…….. 99 GO TO TIS_BNEXTFLU

TIS_BINFLU_NUM

How many flu vaccinations has [TEEN] received since July 1, 2015?

ONE VACCINATION OR DOSE.................. 1 GO TO TIS_BINFLU_DATE_X
TWO VACCINATIONS OR DOSES............ 2 GO TO TIS_BINFLU_DATE_X
DON'T KNOW... 77 GO TO TIS_BINFLU_DATE_X
REFUSED... 99 GO TO TIS_BINFLU_DATE_X

TIS_BINFLU_DATE_X

During what month and year did [TEEN] receive [his/her] first dose of flu vaccine since July 1, 2015?

MONTH   YEAR

DATE... _____/____   GO TO TIS_B8D_TYPE.

ANSWER MUST BE AFTER 07/2015 AND NOT AFTER INTERVIEW DATE

TIS_B8D_TYPE

Was this a shot or a spray in the nose?

FLU SHOT...1
FLU NASAL SPRAY OR "FLU MIST".........................2
DON'T KNOW...77
REFUSED..99

IF TIS_BINFLU_NUM=2 GO TO TIS_B9DM_X. ELSE GO TO TIS_BFLUPLACE.

TIS_B9DM_X

During what month did [TEEN] receive [his/her] second dose of flu vaccine since July 1, 2014?

MONTH   YEAR

DATE... _____/____   GO TO TIS_B9D_TYPE.
....

ANSWER MUST BE AFTER 07/2014 AND NOT AFTER INTERVIEW DATE

TIS_B9D_TYPE

Was this a shot or a spray in the nose?

FLU SHOT...1
FLU NASAL SPRAY OR "FLU MIST".................2
DON'T KNOW...77
REFUSED..99

TIS_BFLUPLACE

At what kind of place did [TEEN] get [GENDER2] most recent flu vaccination?

[READ ONLY IF NECESSARY]

(01) DOCTOR'S OFFICE [IF IAP=106, THEN SHOW: Interviewer note: DOCTOR'S OFFICE includes private provider and reforma provider.]

(02) HEALTH DEPARTMENT

(03) CLINIC OR HEALTH CENTER

(04) HOSPITAL

(05) OTHER MEDICALLY-RELATED PLACE
[GOTO TIS_BFLUPLACE_OTHER]

(06) PHARMACY OR DRUG STORE

(07) WORKPLACE

(08) ELEMENTARY/MIDDLE/HIGH SCHOOL

(09) OTHER NONMEDICALLY-RELATED PLACE [IF IAP=106, THEN SHOW: Interviewer note: OTHER NON-MEDICALLY RELATED PLACE includes mass vaccination clinics held at sports arenas] [GO TO TIS_BFLUPLACE_OTHER]

(77) DON'T KNOW

(99) REFUSED

[IF TBFLUNUM=01,77,99 AND (TBFLUYR = 7777, 9999) > GO TO TBNXTFLU

ELSE IF TBFLUNUM=02 AND (TBFLUYR = 7777, 9999 AND TB9DY = 7777, 9999) > GO TO TBNXTFLU

ELSE IF TODAY'S DATE IS BEFORE JULY 1, 2015 > GO TO TBPREF

ELSE GO TO TBTET]

TIS_BFLUPLACE_OTHER

OTHER LOCATION: _____

GO TO CP_BNEXTFLU

CP_BNEXTFLU

IF TIS_BINFLU_DATE_X >=07/01/2015 or TIS_B9DM_X >=07/01/2015, THEN DO:
GO TO TIS_BTET
ELSE GO TO TIS_BNEXTFLU

TIS_BNEXTFLU

How likely is [TEEN] to get a flu vaccination between now and the end of June, 2016? Would you say [FILL VAR: he/she]:

Will definitely get one 1
Will probably get one...2
Will probably not get one, or 3
Will definitely not get one 4
DON'T KNOW...77
REFUSED...99

LOGIC_BTET

IF TIS_B1 = 2, 77, OR 99 GO TO TIS_HEALTH_VAR, ELSE GO TO TIS_BTET

NO SHOT RECORD FOR TETANUS

TIS_BTET   Has [TEEN] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Dtap, DT, or DTP shots, which children usually receive before age six.)

YES 1   GO TO TIS_BMEN
NO... 2   GO TO TIS_BTET_REASON
DON'T KNOW... 77   GO TO TIS_BMEN
REFUSED.. 99   GO TO TIS_BMEN

TIS_BTET_REASON

What is the MAIN reason [TEEN] did not receive tetanus booster shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

(1) PROVIDER DID NOT RECOMMEND   GO TO TIS_BMEN

(2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN

(3) VACCINE IS NOT NEEDED OR NECESSARY

(4) SCHOOL DOES NOT REQUIRE

(5) SAFETY CONCERNS

(6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE

(7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)

(8) SHOT COULD BE PAINFUL

(9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED

(10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE

(11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS

(12) OTHER- SPECIFY: GO TO TIS_BTET_OTHER

(77) DON'T KNOW

(99) REFUSED

IF NOT 12, GO TO TIS_BMEN

TIS_BTET_OTHER

Other Reason:_____

GO TO TIS_BMEN

TIS_BMEN   Has [TEEN] ever received a meningitis shot, sometimes called MENACTRA, MENVEO or MENOMUNE?

YES .... 1 GO TO TIS_BMEN_DOSE
NO .... 2 GO TO TIS_BMEN_REASON
DON'T KNOW .... 77 GO TO TIS_BHPV_RECOM
REFUSED .... 99 GO TO TIS_BHPV_RECOM

TIS_BMEN_DOSE

How many meningitis shots did [TEEN] ever receive?

SHOTS.. ___ GO TO TIS_BHPV_RECOM
ALL SHOTS... 50 GO TO TIS_BHPV_RECOM
DON'T KNOW .... 77 GO TO TIS_BHPV_RECOM
REFUSED... 99 GO TO TIS_BHPV_RECOM

TIS_BMEN_REASON

What is the MAIN reason [TEEN] did not receive meningitis shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

(1) PROVIDER DID NOT RECOMMEND   GO TO TIS_BHPV_RECOM

(2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN

(3) VACCINE IS NOT NEEDED OR NECESSARY

(4) SCHOOL DOES NOT REQUIRE

(5) SAFETY CONCERNS

(6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE

(7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)

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(10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE

(11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS

(12) OTHER - SPECIFY: GO TO TIS_BMEN_OTHER

(77) DON'T KNOW

(99) REFUSED

IF NOT 12, GO TO TIS_BHPV_RECOM

TIS_BMEN_OTHER

Other Reason:_____

GO TO TIS_BHPV_RECOM

NO SHOT RECORD FOR HPV

TIS_BHPV_RECOM

Has a doctor or other health care professional ever recommended that [TEEN] receive HPV shots?

YES .... 1 GO TO TIS_BHPV_AGE

NO .... 2 GO TO TIS_BHPV2

DON'T KNOW .... 77 GO TO TIS_BHPV2

REFUSED .... 99 GO TO TIS_BHPV2

TIS_BHPV_AGE

At what age did the doctor or health care professional recommend that [TEEN] should start receiving the HPV shots?

(01)　BEFORE AGE 11

(02)　11 OR 12 YEARS OF AGE

(03)　13 OR 14 YEARS OF AGE

(04)　15 OR 16 YEARS OF AGE

(05)　17 OR 18 YEARS OF AGE

(06)　AFTER 18 YEARS OF AGE

(07)　 NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED

(77)　DON'T KNOW

(99)　REFUSED

TIS_BHPV2　Has [TEEN] ever received HPV shots?

YES…………... 1 GO TO TIS_BHPV_DOSE

NO………... 2 GO TO TIS_BHPV_INTENT

DON'T KNOW…. .... 77 GO TO TIS_BHPV_INTENT

REFUSED……….. 99 GO TO TIS_BHPV_INTENT

TIS_BHPV_DOSE

How many HPV shots did [TEEN] ever receive?

SHOTS .... ____

ALL SHOTS 50

DON'T KNOW 77

REFUSED 99

IF TIS_BHPV_DOSE=0 GO TO TIS_BHPV_INTENT, ELSE GO TO TIS_BHPV_LOCATION

TIS_BHPV_LOCATION

Please tell me all the types of places where [TEEN] has received an HPV shot. READ IF NECESSARY: This question is referring to the location of the vaccine provider, not to the location on the body where the shot was given.

[READ ONLY IF NECESSARY

MARK ALL THAT APPLY]

(01) DOCTOR'S OFFICE
(02) EMERGENCY ROOM
(03) HEALTH DEPARTMENT
(04) CLINIC OR HEALTH CENTER
(05) HOSPITAL-BASED CLINIC
(06) WHILE HOSPITALIZED
(07) OTHER MEDICALLY-RELATED – GO TO TIS_BHPV_LOC_OTHER
(08) PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY
(09) WORKPLACE
(10) ELEMENTARY/MIDDLE/HIGH SCHOOL
(11) OTHER NONMEDICALLY-RELATED PLACE – GO TO TIS_BHPV_LOC_OTHER
(77) DON'T KNOW
(99) REFUSED

IF TIS_BHPV_LOCATION IN 07, 11 GO TO TIS_BHPV_LOC_OTHER. ELSE IF TIS_BHPV_DOSE IN (1,2,77,99) GO TO TIS_BHPV_INTENT. ELSE IF TIS_BHPV_DOSE IN (3,50) GO TO TIS_HEALTH_VAR.

TIS_BHPV_LOC_OTHER

Other location: _____

IF TIS_BHPV_DOSE IN (1,2,77,99) GO TO TIS_BHPV_INTENT. ELSE IF TIS_BHPV_DOSE IN (3,50) GO TO TIS_HEALTH_VAR.

TIS_BHPV_INTENT

How likely is it that [TEEN] will receive HPV shots in the next 12 months?

Very Likely	1	GO TO TIS_HEALTH_VAR
Somewhat Likely	2	GO TO TIS_HEALTH_VAR
Not too likely	3	GO TO TIS_BHPV_REASON
Not likely at all	4	GO TO TIS_ BHPV_REASON
Not Sure/ Don't Know	5	GO TO TIS_ BHPV_REASON
REFUSED	99	GO TO TIS_HEALTH_VAR

TIS_BHPV_REASON

What is the MAIN reason [TEEN] will not receive [FILL: IF TIS_BHPV_DOSE = 0, THEN READ: "any" / ELSE READ "all"] HPV shots in the next 12 months?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

(1) PROVIDER DID NOT RECOMMEND
(2) KNOWLEDGE - DID NOT KNOW ABOUT DISEASE/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN
(3) VACCINE IS NOT NEEDED OR NECESSARY
(4) SCHOOL DOES NOT REQUIRE
(5) SAFETY CONCERNS
(6) TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE
(7) UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES)
(8) SHOT COULD BE PAINFUL
(9) INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY
(10) VACCINE NOT AVAILABLE IN PROVIDER'S OFFICE
(11) DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS
(12) CONCERN ABOUT INCREASING SEXUAL ACTIVITY IF RECEIVE SHOT   (13) TEEN IS NOT SEXUALLY ACTIVE
(14) OTHER- SPECIFY: GO TO TIS_BHPV_OTHER
(77) DON'T KNOW
(99) REFUSED
[IF NOT 14, GO TO TIS_BHPV_PLAN_AGE]

TIS_BHPV_OTHER

Other Reason:_____
GO TO TIS_BHPV_PLAN_AGE

TIS_BHPV_PLAN_AGE

At what age do you plan to have [TEEN] receive the HPV shots?

_____ YEARS

(1)   NEVER/NO AGE
(2)   IT WILL BE MY CHILD'S DECISION IN THE FUTURE
(77)   DON'T KNOW
(99)   REFUSED

ALL GO TO TIS_HEALTH_VAR

SECTION C

Demographics

TIS_HEALTH_VAR

I've been asking about shots received by [TEEN]. Now I would like to ask, has [TEEN] ever had chicken pox or varicella?

YES .... 1 GO TO TIS_HEALTH_VAR_AGE
NO.. 2 GO TO TIS_HEALTH_CHECKUPA
DON'T KNOW .... 77 GO TO TIS_HEALTH_CHECKUPA
REFUSED.. 99 GO TO TIS_HEALTH_CHECKUPA

TIS_HEALTH_VAR_AGE

How old was [TEEN], in years, when (GENDER3) had chicken pox?

AGE:_____

(1) IF TIS_Health_Var_Age > TIS_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS_Health_CHECKUPA

(2) IF TIS_HEALTH_VAR_AGE=77, THEN GO TO TIS_Health_Var_Age2

(3) IF TIS_HEALTH_VAR_AGE=99, THEN GO TO TIS_Health_CHECKUPA

(4) ELSE GO TO TIS_HEALTH_CHECKUPA

TIS_HEALTH_VAR_AGE2

Was [TEEN]…

…less than one year old?................................ 1 GO TO TIS_HEALTH_CHECKUPA
…one to five years old?.................................. 2 GO TO TIS_HEALTH_CHECKUPA
…five to ten years old?................................... 3 GO TO TIS_HEALTH_CHECKUPA
…over ten years old?...................................... 4 GO TO TIS_HEALTH_CHECKUPA

DON'T KNOW .... 77 GO TO TIS_HEALTH_CHECKUPA
REFUSED.. 99 GO TO TIS_HEALTH_CHECKUPA

TIS_HEALTH_CHECKUPA

How old was [TEEN] at the time of [GENDER2] last check-up? Please do not include visits for medical treatment or illness.

AGE:_____

(1) IF <=10 YEARS, GO TO TIS_HEALTH_VISITS

(2) IF 11-12 YEARS, GO TO TIS_HEALTH_VISITS

(3) IF 13-[YAGE_X], GO TO CHECKUP2A

(4) IF >[YAGE_X], THEN DISPLAY WARING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN

(5) IF 77 OR 99, GOTO TIS_Health_CHECKUP2A

TIS_HEALTH_CHECKUP2A

Did [TEEN] have an 11-12 year old well child exam or check-up?

YES	1	GO TO TIS_HEALTH_VISITS
NO	2	GO TO TIS_ HEALTH_VISITS
DON'T KNOW	77	GO TO TIS_HEALTH_CHECKUP3A
REFUSED	99	GO TO TIS_HEALTH_CHECKUP3A

TIS_HEALTH_CHECKUP3A

Was [TEEN]'s last check-up more than [FILL1] years ago or less than [FILL1] years ago?

MORE THAN [YAGE_x minus 12] YEARS AGO	1	GO TO TIS_HEALTH_VISITS
EXACTLY [YAGE_x minus 12] YEARS AGO	2	GO TO TIS_ HEALTH_VISITS
LESS THAN [YAGE_x minus 12] YEARS AGO	3	GO TO TIS_ HEALTH_VISITS
DON'T KNOW	77	GO TO TIS_HEALTH_VISITS
REFUSED	99	GO TO TIS_HEALTH_VISITS

TIS_HEALTH_VISITS

During the past 12 months, how many times has [TEEN] seen a doctor or other health care professional about [GENDER2] health at a doctor's office, a clinic, or some other place? Do not include times [TEEN] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

NONE .... 1 GO TO TIS_HEALTHASTHMA_A
1 .... 2 GO TO TIS_HEALTHASTHMA_A
2-3 .... 3 GO TO TIS_HEALTHASTHMA_A
4-5 .... 4 GO TO TIS_HEALTHASTHMA_A
6-7 .... 5 GO TO TIS_HEALTHASTHMA_A
8-9 .... 6 GO TO TIS_HEALTHASTHMA_A
10-12 .... 7 GO TO TIS_HEALTHASTHMA_A
13-15 .... 8 GO TO TIS_HEALTHASTHMA_A
16+ .... 9 GO TO TIS_HEALTHASTHMA_A
DON'T KNOW .... 77 GO TO TIS_HEALTHASTHMA_A
REFUSED.. 99 GO TO TIS_HEALTHASTHMA_A

TIS_HEALTHASTHMA_A

Has [TEEN] ever been told by a doctor or other health professional that [GENDER3] has asthma?

YES... 1 GO TO TIS_HIRISK
NO.. 2 GO TO TIS_HIRISK
DON'T KNOW .... 77 GO TO TIS_HIRISK
REFUSED.. 99 GO TO TIS_HIRISK

TIS_HIRISK Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [TEEN] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [TEEN] had had any of the listed conditions.

[INTERVIEWER INSTRUCTION:

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRALVALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

[READ IF NECESSARY]:

BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL.]

[READ IF RESPONDENT SAYS DK, OR NOT SURE]:

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?

YES.. 1 GO TO TIS_HIRISK_NOW
NO.. 2 GO TO TIS_HIRISK_ANY
DON'T KNOW .... 3 GO TO TIS_HIRISK_ANY
REFUSED.. 4 GO TO TIS_HIRISK_ANY

TIS_HIRISK_NOW

Does [TEEN] still have any of these conditions?

YES .... 1 GO TO TIS_HIRISK_ANY
NO.. 2 GO TO TIS_HIRISK_ANY
DON'T KNOW... 3 GO TO TIS_HIRISK_ANY
REFUSED... 4 GO TO TIS_HIRISK_ANY

TIS_HIRISK_ANY

Do any other members of [TEEN]'s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

INTERVIEWER INSTRUCTION:

IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

[READ IF RESPONDENT SAYS DK, OR NOT SURE:

ILLNESSES SUCH AS CANCER OR HIV/AIDS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. MEDICINES SUCH AS STEROIDS OR TRANSPLANT MEDICATIONS CAN CAUSE A PERSON TO HAVE A WEAKENED IMMUNE SYSTEM. WOULD YOU LIKE ME TO REPEAT THE QUESTION?]

YES 1   GO TO TIS_NOSCHOOL
NO.. 2   GO TO TIS_NOSCHOOL
DON'T KNOW 3   GO TO TIS_NOSCHOOL
REFUSED 4   GO TO TIS_NOSCHOOL

TIS_NOSCHOOL

During the past 12 months, that is, since [FILL1], about how many days did [TEEN] miss school because of illness or injury?

NUMBER OF DAYS .... ___   GO TO TIS_GRADE
NONE .... 000 GO TO TIS_GRADE
CHILD DID NOT GO TO SCHOOL .... 996 GO TO TIS_GRADE
DON'T KNOW .... 777 GO TO TIS_GRADE
REFUSED.. 999 GO TO TIS_GRADE

TIS_GRADE

What is [TEEN]'s current grade level in school?

6TH GRADE	6	GO TO TIS_CINTRO
7TH GRADE	7	GO TO TIS_CINTRO
8TH GRADE	8	GO TO TIS_CINTRO
9TH GRADE	9	GO TO TIS_CINTRO
10TH GRADE	10	GO TO TIS_CINTRO
11TH GRADE	11	GO TO TIS_CINTRO
12TH GRADE	12	GO TO TIS_CINTRO
GRADUATED FROM HS	13	GO TO TIS_CINTRO
ENROLLED IN GED PROGRAM	14	GO TO TIS_CINTRO
COMPLETED GED PROGRAM	15	GO TO TIS_CINTRO
NOT IN SCHOOL	16	GO TO TIS_CINTRO
OTHER	17	GO TO TIS_GRADE_SPECIFY
DON'T KNOW	77	GO TO TIS_CINTRO
REFUSED	99	GO TO TIS_CINTRO

TIS_GRADE_SPECIFY

ENTER [TEEN]'S CURRENT GRADE IN SCHOOL

TIS_GRADE_OTH_____

TIS_C1

The next few questions ask for some background information about [TEEN]. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

Including the adults and all the children, how many people live in this household? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE_____

TIS_C2

[IF NIS INTERIVEW CONDUCTED, READ:] The next few questions ask for some background information about [TEEN]. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

Is [TEEN] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES	1	GO TO TIS_C3
NO	2	GO TO TIS_C4
DON'T KNOW	77	GO TO TIS_C4
REFUSED	99	GO TO TIS_C4

TIS_C3   IF IAP=095 DISPLAY:

Is [TEEN] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE DISPLAY**:** Is [TEEN] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or of Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANO/A 1
PUERTO RICAN 2
CUBAN 3
CENTRAL AMERICAN...................................4
SOUTH AMERICAN..5
OTHER HISPANIC, LATINO/A, OR
SPANISH ORIGIN (SPECIFY) 10   GO TO TIS_C3_OTHR
DOMINICAN (SHOWN ONLY IF IAP=095).11
DON'T KNOW 77
REFUSED..99

TIS_C3_OTHR

ENTER OTHER SPECIFY _____

TIS_C4   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [TEEN]'s race. Is [TEEN] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

WHITE 1
BLACK/AFRICAN AMERICAN 2
AMERICAN INDIAN...................................... 3
ALASKA NATIVE 4
ASIAN 5
NATIVE HAWAIIAN.................................... 6
PACIFIC ISLANDER 7
OTHER 8
DON'T KNOW 77
REFUSED... 99

(1) IF 8 SELECTED, GO TO TIS_C4_OTHER
(2) ELSE GO TO TIS_C4_LOGIC
[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

TIS_C4_OTHER

ENTER OTHER SPECIFY

_____

GO TO TIS_C4_LOGIC

TIS_C4_LOGIC

IF 05 IS SELECTED, GO TO TIS_C4_ASIAN, ELSE IF 07 IS SELECTED GO TO TIS_C4_PACISLE, IF 05 AND 07 ARE SELECTED GO TO TIS_C4_ASIAN FIRST. IF MORE THAN ONE ANSWER AT TIS_C4 AND RESPONSE NE 05, 07, 08 GO TO TIS_C5. ELSE GO TO TIS_C5] IF TIS_C4 INCLUDES 5 , GO TO TIS_C4_ASIAN, ELSE IF TIS_C4 INCLUDES 7 AND NOT 5 GO TO TIS_C4_PACISLE, ELSE GO TO TIS_C5

TIS_C4_ASIAN

Is [TEEN] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?
READ IF NECESSARY.
READ IF NECESSARY "Please choose the one category that describes [TEEN] best."

ASIAN INDIAN 1
CHINESE 2
FILIPINO 3
JAPANESE 4
KOREAN 5
VIETNAMESE 6
OTHER ASIAN 7
DON'T KNOW 77
REFUSED 99

IF TIS_C4 INCLUDES 05, GO TO TIS_C4_ASIAN, IF TIS_C4 INCLUDES 7 GO TO TIS_C4_PACISLE,
ELSE GO TO TIS_C5

TIS_C4_PACISLE

Is [TEEN] Guamanian or Chamorro, Samoan, or other Pacific Islander?

GUAMANIAN OR CHAMORRO 1
SAMOAN 2
OTHER PACIFIC ISLANDER 3
DON'T KNOW 77
REFUSED 99

TIS_C5   What is your relationship to [TEEN]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR
FEMALE GUARDIAN 1
FATHER (STEP, FOSTER, ADOPTIVE) OR
MALE GUARDIAN 2
SISTER OR BROTHER (STEP/FOSTER/
HALF/ADOPTIVE) 3
IN-LAW OF ANY TYPE 4
AUNT/UNCLE 5
GRANDPARENT 6
OTHER FAMILY MEMBER 7
FRIEND 8
DON'T KNOW 77
REFUSED.. 99

(1) IF C5_x (IN NIS) FILLED, THEN GO TO TIS_C5A

(2) ELSE GO TO TIS_C6

TIS_C5A   IF TIS_C5=01, THEN ASK: Are you also [FILL1]'s mother?

IF TIS_C5 NE 01, THEN ASK: Is [TEEN]'s mother the same as [FILL1]'s mother?

YES.. 1
NO.. 2
DON'T KNOW 77
REFUSED.. 99

(1) IF COMPLETED THE NIS INTERVIEW AND TIS_C5A=1, FILL IN ALL QUESTIONS
FROM HERE TO TIS_C_AWAY WITH FIRST NIS-ELIG CHILD'S DATA, THEN
CONTINUE INTERVIEW AT TIS_D5

(2) ELSE GO TO TIS_C6

TIS_C6 What is the highest grade or year of school [FILL] completed?

8th GRADE OR LESS...................................... 1

9th-12th GRADE NO DIPLOMA 2

HIGH SCHOOL GRADUATE OR
GED COMPLETED 3

COMPLETED A VOCATIONAL, TRADE,
OR BUSINESS SCHOOL PROGRAM 4

SOME COLLEGE CREDIT BUT
NO DEGREE.. 5

ASSOCIATE DEGREE (AA, AS) 6

BACHELOR'S DEGREE (BA, BS, AB)....... 7

MASTER'S DEGREE
(MA, MS, MSW, MBA)................................. 8

DOCTORATE (PhD, EdD) or
PROFESSIONAL DEGREE
(MD, DDS, DVM, JD)................................... 9

DON'T KNOW 77

REFUSED... 99

TIS_C7 [FILL1] now married, widowed, divorced, separated, never married, or living with a partner?

INSTRUCTIONS FOR INTERVIEWER: IF R SAYS BOTH "NEVER MARRIED" AND "LIVING WITH PARTNER", ASK THE R TO SELECT THE OPTION THAT FITS BEST.

MARRIED .... 1 GO TO TIS_C8

WIDOWED..................................... 2 GO TO TIS_C8

DIVORCED.................................... 3 GO TO TIS_C8

SEPARATED.................................. 4 GO TO TIS_C8

NEVER MARRIED .... 5 GO TO TIS_C8

DECEASED.................................... 6 GO TO C8_INTRO

LIVING WITH PARTNER .... 7 GO TO TIS_C8

DON'T KNOW.............................. 77 GO TO TIS_C8

REFUSED...................................... 99 GO TO TIS_C8

TIS_C8_INTRO

The next few questions ask for some background information about [TEEN]'s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

TIS_C8　　　　　**[IF TIS_C7_X= 6, THEN DISPLAY:**

Was [TEEN]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

ELSE DISPLAY

[FILL1] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES .... 1　GO TO TIS_C8_A
NO... 2　GO TO TIS_C9
DON'T KNOW... 77　GO TO TIS_C9
REFUSED... 99　GO TO TIS_C9

TIS_C8_A   [IF TIS_C7=6 AND IAP=095 THEN DISPLAY;

Was [TEEN]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE IF TIS_C7=6 AND IAP NOT 095 DISPLAY:

Was [TEEN]s mother Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

ELSE IF TIS_C7 NOT 6 AND IAP=095 DISPLAY;

Are you/ is [TEEN]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE IF TIS_C7 NOT 6 AND IAP NOT 095, DISPLAY:

Are you/ is [TEEN]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANA 1
PUERTO RICAN 2
CUBAN 3
CENTRAL AMERICAN 4
SOUTH AMERICAN 5
OTHER HISPANIC, LATINO/A, OR SPANISH
ORIGIN (SPECIFY).................................... 10   GO TO TIS_C8_OTHR1
DOMINICAN (SHOWN ONLY IF IAP=095)11
DON'T KNOW 77
REFUSED.. 99
(1) IF TIS_C8_A=10, THEN GO TO TIS_C8_OTHR1
(2) ELSE GO TO TIS_C9

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 10, BUT 77 AND 99 MUST BE SELECTED ALONE]

TIS_C8_OTHR1

ENTER OTHER SPECIFY

_____

TIS_C9   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

WHITE 1
BLACK/AFRICAN AMERICAN 2
AMERICAN INDIAN 3
ALASKA NATIVE 4
ASIAN 5
NATIVE HAWAIIAN 6
PACIFIC ISLANDER 7
OTHER 8
DON'T KNOW 77
REFUSED 99
(1) IF 8 IS SELECTED, GO TO TIS_C9_OTHR1.
(2) ELSE GO TO TIS_C9_LOGIC

TIS_C9_OTHR1

ENTER OTHER SPECIFY

_____

GO TO TIS_C9_LOGIC

TIS_ C9_LOGIC

IF 8 IS SELECTED, GO TO TISC9OTH.
ELSE DO: IF RESPONSE INCLUDES 05, GO TO TIS_C9_ASIAN.
ELSE IF RESPONSE INCLUDES 07, GO TO TIS_C9_PACISLE.
IF RESPONSE INCLUDES 05 AND 07, GO TO TIS_C9_ASIAN   ELSE IF
05,07,08 NOT SELECTED GO TO TIS_C10A

TIS_C9_ASIAN

Is [FILL2] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?
READ IF NECESSARY "Please choose the one category that describes [FILL1] best."

ASIAN INDIAN 1

CHINESE 2

FILIPINO.. 3

JAPANESE 4

KOREAN... 5

VIETNAMESE.. 6

OTHER ASIAN 7

DON'T KNOW 77

REFUSED.. 99

IF TIS_C9 INCLUDES 7 GO TO TIS_C9_PACISLE,
ELSE IF MORE THAN ONE ANSWER AT TIS_C9 GO TO TIS_C10,
ELSE GO TO TIS_C10A

TIS_C9_PACISLE Is [FILL] Guamanian or Chamorro, Samoan, or other Pacific Islander?

GUAMANIAN OR CHAMORRO................................. 1

SAMOAN 2

OTHER PACIFIC ISLANDER 3

DON'T KNOW 77

REFUSED.. 99

IF MORE THAN ONE ANSWER AT TIS_C9, GO TO TIS_C10, ELSE GO TO TIS_C10A

TIS_C9_API_OTH

ENTER OTHER SPECIFY

[IF MORE THAN ONE SELECTED AT TIS_C9 GO TO TIS_C10, ELSE IF ONLY ONE SELECTED AT TIS_C9 GO TO TIS_C10A.]

TIS_C10   Which do you feel best describes [FILL] race?

WHITE 1
BLACK/AFRICAN AMERICAN 2
AMERICAN INDIAN 3
ALASKA NATIVE 4
ASIAN. 5
NATIVE HAWAIIAN 6
PACIFIC ISLANDER 7
[TIS_C9_OTHR1] 8
OTHER (SPECIFY) 9
DON'T KNOW 77
REFUSED 99
IF RESPONSE IS 9 GO TO TIS_C10_OTHR1, ELSE GO TO TIS_C10A

TIS_C10_OTHR1

ENTER OTHER SPECIFY

_____

TIS_C10A   What is [FILL] month, day, and year of birth?

ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR REFUSED

ENTER BIRTH DATE (MM/DD/YYYY)   _____/_____/_____

(1) IF TIS_C7=6, THEN GO TO TIS_C11A
(2) ELSE IF Any part of Date is DK or REF --> skip to C10B
(3) ELSE IF year < 1940 or if year > 2001, GO TO C10_check
(4) ELSE IF YEAR IS INVALID, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID."
(5) ELSE GO TO TIS_C11

TIS_C10B   What is [FILL] current age?

AGE ____
DON'T KNOW 77
REFUSED 99
(1) IF TIS_C7=6, THEN GO TO TIS_C11A
(2) ELSE GO TO TIS_C11

IF TIS_C10B < 14 years of age, DISPLAY WARNING: "Mother must be 14 or older."

TIS_C10_check This would make [FILL1] [FILL2] years old; is that correct?

YES.. 1
1. IF TIS_C7=6, THEN GO TO TIS_C11A
2. ELSE GO TO TIS_C11
NO.. 2 GO TO TIS_C10A

TIS_C11 [FILL1] live at the same address as [FILL2] was born?

YES.. 1 GO TO TIS_CFAMINC
NO.. 2 IF IAP=PR GO TO TIS_C11CPR;
                                                                         ELSE GO TO TIS_C11A
DON'T KNOW .... 77 GO TO TIS_CFAMINC
REFUSED... 99 GO TO TIS_CFAMINC

TIS_C11CPR Did (you/the [TEEN]'s mother) live in Puerto Rico when [TEEN] was born?
YES .... 01 (SKIP TO TIS_C11APR)
NO... 02 (SKIP TO TIS_C11A)
DON'T KNOW... 77 (SKIP TO TIS_CFAMINC)
REFUSED... 99 (SKIP TO TIS_CFAMINC)

TIS_C11APR_X In what city and state did (you//[TEEN]'s mother) live when /[TEEN] was born?

ENTER CITY _____ GO TO TIS_C11APR_STATE_X

TIS_C11APR_STATE_X ....

ENTER STATE_____

GO TO TIS_C11B_X

TIS_C11A In what city, county, and state did [FILL2] live when [FILL1] was born?

ENTER CITY _____
ENTER COUNTY_____
ENTER STATE_____
IF CHILD IS FOREIGN BORN, SELECT 'FC' (Foreign Country)
IF 'FOREIGN COUNTRY' SELECTED, GO TO TIS_C11A_VERBATIM, ELSE GO TO TIS_C11B

TIS_C11A_VERBATIM

READ IF NECESSARY: In what country was that?
ENTER COUNTRY: _____ GO TO TIS_CFAMINC

TIS_C11B   What was [FILL] zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____ _____ _____ _____ _____

(1) IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO TIS_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS_D5

(2) ELSE GO TO TIS_CFAMINC

TIS_CFAMINC

Please think about your total combined family income during 2014 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

IF RESPONDENT GIVES INCOME RANGE READ: What amount would you like me to enter?

$ ____ ____ ____, ____ ____ ____, ____ ____ ____   GO TO TIS_CINC

DON'T KNOW .... 77 GO TO TIS_ C12_DONT_KNOW

REFUSED.. 99 GO TO TIS_C12_REFUSED

TIS_C12 _DONT_KNOW

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2014 more or less than $20,000?

More than $20,000.. 1	GO TO TIS_C16
$20,000 2	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A
Less than $20,000 3	GO TO TIS_C13
DON'T KNOW 77	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A
REFUSED.. 99	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

TIS_C12_REFUSED

Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2014 more or less than $20,000?

More than $20,000..1 GO TO TIS_ C16

$20,000 ....2 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

Less than $20,000 ....3 GO TO TIS_C13

DON'T KNOW ....77 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

REFUSED...99 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

TIS_C13   Was the total combined FAMILY income more or less than $10,000?

More than $10,000..1 GO TO TIS_C15

$10,000 ....2 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

Less than $10,000 ....3 GO TO TIS_C14_A

DON'T KNOW ....77 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

REFUSED...99 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

TIS_C14A   Was it more than $7,500?

YES.. 1
NO.. 2
DON'T KNOW 77
REFUSED... 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_C15   Was it more than $15,000?

YES.. 1 GO TO TIS_C15_A
NO.. 2 GO TO TIS_C15_B
DON'T KNOW .... 77 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A
REFUSED... 99 IF IAP=095 GO TO TIS_C_ISLAND,
                                                                ELSE GO TO TIS_C19A

TIS_C15A   Was it more than $17,500?

YES..1

NO..2

DON'T KNOW. 77

REFUSED..99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_C15B   Was it more than $12,500?

YES..1

NO..2

DON'T KNOW. 77

REFUSED..99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

TIS_C16   Was the total combined FAMILY income more or less than $40,000?

More than $40,000...1	GO TO TIS_C16_A	
$40,000 2	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	
Less than $40,000 3	GO TO TIS_C17	
DON'T KNOW 77	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	
REFUSED..99	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	

TIS_C16_A   Was the total combined FAMILY income more or less than $60,000?

More than $60,000...1	GO TO TIS_C18	
$60,000 2	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	
Less than $60,000 3	GO TO TIS_C16_B	
DON'T KNOW 77	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	
REFUSED..99	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A	

TIS_C16_B   Was the total combined FAMILY income more or less than $50,000?

More than $50,000 1   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

$50,000 2   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

Less than $50,000   3   GO TO TIS_C16_C

DON'T KNOW 77   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

REFUSED 99   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

TIS_C16_C   Was the total combined FAMILY income more or less than $45,000?

More than $45,000 1

$45,000 2

Less than $45,000 3

DON'T KNOW 77

REFUSED 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_C17   Was the total combined FAMILY income more or less than $30,000?

More than $30,000 1   GO TO TIS_C17_A

$30,000 2   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

Less than $30,000 3   GO TO TIS_C17_B

DON'T KNOW 77   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

REFUSED 99   IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A

TIS_C17_A   Was the total combined FAMILY income more or less than $35,000?

More than $35,000 1

$35,000 2

Less than $35,000 3

DON'T KNOW 77

REFUSED 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_C17_B   Was the total combined FAMILY income more or less than $25,000?

More than $25,000... 1
$25,000 2
Less than $25,000 3
DON'T KNOW 77
REFUSED.. 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_C18   Was the total combined FAMILY income more or less than $75,000?

More than $75,000... 1
$75,000 2
Less than $75,000 3
DON'T KNOW 77
REFUSED.. 99

IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A.

TIS_CINC   Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, TIS_CFAMINC]?

YES... 1	IF IAP=095 GO TO TIS_C_ISLAND, ELSE GO TO TIS_C19A
NO.. 2	GO TO TIS_CFAMINC
DON'T KNOW 77	GO TO TIS_CFAMINC
REFUSED.. 99	GO TO TIS_CFAMINC

19A   What is your zip code?
ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____	IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND GO TO TIS_C19A_CONF, ; ELSE IF IAP=PR GO TO TIS_C19PR; ELSE GO TO TIS_C19
DON'T KNOW 77777	IF IAP=PR GO TO TIS_C19PR; ELSE GO TO TIS_C19
REFUSED... 99999	IF IAP=PR GO TO TIS_C19PR; ELSE GO TO TIS_C19

TIS_C19A_CONF

To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES.. 1 GO TO TIS_C19B
NO.. 2 GO TO TIS_C19

TIS_C_ISLAND

On what island do you live?

SAINT CROIX .... 1 GO TO TIS_C19C
SAINT THOMAS .... 2 GO TO TIS_C19C
SAINT JOHN.. 3 GO TO TIS_C19C
WATER ISLAND .... 4 GO TO TIS_C19C
DON'T KNOW... 77 GO TO TIS_C19C
REFUSED.. 99 GO TO TIS_C19C

TIS_C19PR   In what city and state do you live?

ENTER CITY _____   IF "NOT IN PUERTO RICO"
                                                                       SELECTED, GO TO TIS_C19; ELSE
                                                                       GO TO TIS_C19PR_STATE

TIS_C19PR_STATE

ENTER STATE_____   GO TO TIS_C19C

TIS_C19   In what city, county and state do you live?

ENTER CITY _____ [ALL GO TO TIS_C19_ COUNTY]
ENTER COUNTY_____ [ALL GO TO TIS_ C19 _STATE]
ENTER STATE_____ [ALL GO TO TIS_C19_ZIP_CONF]
IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC-Foreign Country'

TIS_C19_ZIP_CONF

To confirm, I have your zip code as [FILL]. Is that correct?

YES .... 1 GO TO TIS_C19B
NO.. 2 GO TO TIS_C19_NEW_ZIP
DON'T KNOW... 77 GO TO TIS_C19B
REFUSED.. 99 GO TO TIS_C19B

TIS_C19_NEW_ZIP

What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

___ ___ ___ ___ ___

DON'T KNOW..................................... 77777 GO TO TIS_C19B
REFUSED.. 99999 GO TO TIS_C19B

TIS_C19B   Do you live within the city limits?

YES 1
NO... 2
DON'T KNOW... 77
REFUSED... 99

TIS_C19C   Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you?

Owned or being bought.................................. 1
Rented 2
Other arrangement... 3
DON'T KNOW... 77
REFUSED... 99

IF RDD_NCCELL_CCELL = 1 OR, GO TO TIS_C20, ELSE IF RDD_CCELL_NCCELL = 2 OR 3, GO TO TIS_C_LANDLINE

TIS_C20   The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to (XXX) XXX-XXXX? Please do not include cellular phones in your answers.

INTERVIEWER INSTRUCTION: COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE. [IF RDD_NCCELL_CCELL = 2 or 3 DISPLAY: This should include only landline telephone numbers. If the household does not have a landline, enter 'NO'.]

YES 1
NO... 2 GO TO TIS_CNOSERV
DON'T KNOW... 77 GO TO TIS_CNOSERV
REFUSED... 99 GO TO TIS_CNOSERV

TIS_C_LANDLINE

The next few questions are about the telephones in your household. Do you have a landline telephone in your household?

YES.. 1 GO TO TIS_C21

NO.. 2 GO TO TIS_C21_06Q3_CELL

DON'T KNOW .... 77 GO TO TIS_C21_06Q3_CELL

REFUSED.. 99 GO TO TIS_C21_06Q3_CELL

TIS_C21   How many [if RDD_NCCELL_CCELL = 2 OR 3 and TIS_C_LANDLINE=-1, display "landline"] telephone numbers are residential numbers?

THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED).

ONE 1

TWO 2

THREE OR MORE 3

DON'T KNOW 77

REFUSED.. 99

[IF LANDLINE IN (2,77,99) OR C_LANDLINE IN (2,77,99) GO TO TIS_C21_06Q3_CELL. ELSE GO TO TIS_CNOSERV]

TIS_CNOSERV

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer. Do not include interruptions of phone service due to weather or natural disasters.

YES.. 1

NO.. 2

DON'T KNOW 77

REFUSED.. 99

TIS_C21_06Q3_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=0 then display: "and please include the number we called." ELSE IF RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display: and please include [OLD_NUMBER].?]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.?]

ONE	1	GO TO TIS_C_USUAL_USE_CELL
TWO	2	GO TO TIS_C_USUAL_USE_CELL
THREE OR MORE	3	GO TO TIS_C_USUAL_USE_CELL
NONE	4	IF NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE GO TO TIS_D5
DON'T KNOW	77	GO TO TIS_C_USUAL_USE_CELL
REFUSED	99	GO TO TIS_C_USUAL_USE_CELL

TIS_C_USUAL_USE_CELL

How many [of these] cell phones do [TEEN]'s parents and guardians usually use?

[If RDD_NCCELL_CELL=2,3 then display: "Please include the number we called. INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE."”

ONE	1	GO TO TIS_C_CELLUSE
TWO	2	GO TO TIS_C_CELLUSE
THREE OR MORE	3	GO TO TIS_C_CELLUSE
NONE	4	GO TO TIS_C_CELLUSE
DON'T KNOW	77	GO TO TIS_C_CELLUSE
REFUSED	99	GO TO TIS_C_CELLUSE

TIS_C_CELLUSE

IF RDD_NCCELL_CCELL = 2 OR 3 AND TIS_C_LANDLINE = 01, SKIP TO TIS_C11Q78, ELSE IF LANDLINE = 2, 77, OR 99 OR TIS_C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 1, SKIP TO TIS_C_AWAY, ELSE IF TIS_LANDLINE = 2, 77, OR 99 OR TIS_C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 0 SKIP TO TIS_D5, ELSE:

Thinking just about the landline home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

Extremely likely.. 1
Somewhat likely 2
Somewhat unlikely 3
Not at all likely 4
DON'T KNOW 77
REFUSED... 99

IF LANDLINE = 2, 77, OR 99 OR TIS_C_LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 1 GO TO TIS_C_AWAY, ELSE IF LANDLINE = 2, 77, OR 99 AND NIS_CELL_AWAY = 0 GO TO TIS_D5

TIS_C11Q78 Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

NEARLY ALL RECEIVED ON
CELL PHONES... 1
NEARLY ALL RECEIVED ON
REGULAR PHONES. 2
SOME RECEIVED ON CELL PHONES
AND SOME RECEIVED
ON REGULAR PHONES 3
DON'T KNOW 77
REFUSED... 99

ALL RESPONSES: IF NIS_CELL_AWAY = 1 GO TO   TIS_C_AWAY, ELSE IF P_LRC=2,3 GO TO T_CAWAY, ELSE GO TO TIS_D5

TIS_C_AWAY Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

AWAY FROM HOME................................... 1
AT HOME. 2
DON'T KNOW 77
REFUSED.. 99

 ALL RESPONSES GO TO TIS_D5

SECTION D

TIS_D5   To get a complete picture of the vaccinations received by your child, we would like to contact doctors, health clinics, pharmacies or drug stores, or any other place where your child received vaccinations to obtain a copy of the vaccination records. These records contain only the types and dates of the immunizations for your child.

READ IF NECESSARY: Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. You and your provider's participation will help the CDC prevent many serious childhood diseases.

FAQ HELP: I've already given you the shot dates/Why do you need to contact my doctor?

--Information from the medical providers are used in the primary scientific analyses for this study. Information from families like yours provide valuable information that support what is received by the medical community.

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

-- That's too personal:

-- I understand your concern. Confidentiality is mandated by law and I can assure you that the information is reported only in summary form and neither you nor the child will be identified.

-- The National Immunization Survey has been conducted for nearly 15 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

-- Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

-- Information we collect is used to summarize childhood immunization rates in your community and to study vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

-- The (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

TIS_D6_X   How many locations have provided vaccinations for your child named [TEEN] whose birth date is [FILL1]? Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics or doctor's offices that have provided vaccinations for [GENDER1].

ENTER 77 FOR DON'T KNOW AND 99 REFUSED

ENTER NUMBER .... ____   GO TO TIS_D6A_1
ZERO 0   GO TO TIS_D6AA
DON'T KNOW 77   GO TO TIS_D6AA
REFUSED.. 99   GO TO TIS_SECT_D_TERM;
                                                                              TIS_INS_INTRO (on callback)

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 10 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

-- Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

-- In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

-- The (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

TIS_D6AA_X How many locations have provided health care for your child? Please include the hospital and any other clinics or doctor's offices that have seen [GENDER1].

ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

ENTER NUMBER .... ____   GO TO D6A_1_X

ZERO 0   GO TO SECT_D_TERM; INS_INTRO (on callback)

DON'T KNOW 77   GO TO SECT_D_TERM; INS_INTRO (on callback)

REFUSED.. 99   GO TO SECT_D_TERM; INS_INTRO (on callback)

FAQ HELP:

Why contact my doctor? Why give consent?

-- The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

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-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

TIS_D6 A_1_X

Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

READ IF NECESSARY: If a non-medical location (e.g. mall, thrift store, school) is given, ask the respondent for information about the third party (e.g. clinic, health department, organization giving vaccinations) that gave the vaccination to the child. If third party is unknown, collect the non-medical location.

YES, CONTINUE ON CLINIC NAME FIRST.................1   GO TO PLU
YES, CONTINUE ON LAST NAME FIRST 2   GO TO PLU
NO, CAN'T FIND, CONTINUE.......................................3   GO TO PLU
REFUSED..99   GO TO TIS_SECT_D_TERM; TIS_INS_INTRO (on callback)

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

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Why can't I just get the information from my doctor and send it to you?

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

Please locate the (first/second/…) provider for (child name)

In order to help me accurately record the information for your child's health care provider, I will need to try and find that provider in a "lookup" database. The most efficient search is typically the doctor's last name in combination with the city and state where the office is located. Do you have that information?

READ IF R DOESN'T HAVE THE LAST NAME: Do you have the clinic or office name?

What is the last name of the (first/next) doctor? [variable: D6B1]

Please tell me the name of the office or the clinic. [variable: D6B3]

What is the street address of the office or the clinic? [variable: D6B4]

Is there a suite, floor or room number? [variable: D6B5]

What is the zip code? [variable: D6B8]

What city is that in? [variable: D6B6]

What state is that in? [variable: D6B7]

What is their telephone number? [variable: D6B9]

Do you know the doctor's first name? [variable: D6B2]

> SEARCH
> DK
> REF

Search Results Screen

READ IF NECESSARY:

Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action

> DK
> REF
> MODIFY SEARCH
> ADD NEW PROVIDER

Provider Details Screen

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

DK..	GO TO PLU FINISHED
REF	GO TO PLU FINISHED
MODIFY...	GO TO MODIFY PROVIDER
MODIFY SEARCH...	GO TO PROVIDER SEARCH SCREEN
CANCEL	GO TO SEARCH RESULTS
EXACT MATCH (MATCH=A)	GO TO PLU FINISHED
UPDATE ADDRESS (MATCH=B)	GO TO MODIFY PROVIDER
UPDATE PROVIDER NAME (MATCH=C)..	GO TO MODIFY PROVIDER
ADD NEW PROVIDER (MATCH=D)	GO TO MODIFY PROVIDER

Modify Provider Screen:

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

First Name
Last Name
Practice
Address
Suite
City
State
Zip
Phone

New Provider Screen:

I'm still unable to find an exact match in the data base for your child's health care provider. This happens occasionally, but I can add it now. Please give me the name, address and telephone number of that provider.

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

First Name

LEAVE BLANK IF UNKNOWN

Last Name

LEAVE BLANK IF UNKNOWN

Practice

LEAVE BLANK IF UNKNOWN

Address

LEAVE BLANK IF UNKNOWN

Suite

LEAVE BLANK IF UNKNOWN

City

LEAVE BLANK IF UNKNOWN

State

LEAVE BLANK IF UNKNOWN

Zip

LEAVE BLANK IF UNKNOWN

Phone

LEAVE BLANK IF UNKNOWN

TIS_D8   In order to help the doctor or clinic locate your child's vaccination records, what is [TEEN]'s full name - first, middle, and last name?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

FAQs

I'm not comfortable with that/I don't want to give you my child's name.

-- I understand your concern (sir/ma'am). The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

Why do you need the child's name?

In order to locate the vaccination information for the child, the medical practice or clinic needs the child's name. This is the only reason we are asking for the child's name.

-- Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

-- The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

-- I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

-- If you would feel more comfortable, I could enter just the child's first initial and the full last name.

Continue...1   GOT TO TIS_D8A
REFUSED 99   GO TO TIS_SECT_D_TERM/
                                                                      TIS_INS_INTRO

TIS_D8A   What is [TEEN]'s full name - first, middle, and last name?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

TIS_D8B   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TIS_D8C   (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

TIS_D9   Could I know…what is your full name – first, middle, and last?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

CONTINUE..1   GO TO TIS_D9A
REFUSED...99   GO TO TIS_SECT_D_TERM/
                                                                                     TIS_INS_INTRO

FAQ HELP:

Why do you need my name?

Before they can fill out the form, medical practices and clinics need the name of the person authorizing the release of the information. This is the only reason we are asking for your name.

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide

TIS_D9A   What is your first name?

FIRST_____

TIS_D9B   What is your middle name?

MIDDLE_____

TIS_D9C   What is your last name?

LAST_____

TIS_D9D.   I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?

YES..1   GO TO TIS_D6C
NO..2   GO TO TIS_D9D1
REFUSED...99   GO TO TIS_SECT_D_TERM/
                                                                                    TIS_INS_INTRO

TIS_D6C   The vaccination records collected from the provider(s) will be kept in strict confidence.

TIS_D7_ID   Capture Interviewer ID upon entering question D7

TIS_D7   Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for study purposes only?

FAQ HELP:

What am I consenting to? What is going to happen if I say 'yes' to this?

-- With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

-- Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the Adolescent Survey.

-- In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

Why contact my doctor? Why give consent?

-- The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey, which the Adolescent Survey is part of, has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

-- Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

-- I'm not comfortable with that:

-- I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization. Once the form is returned, all identifiable information is separated from the immunization information. Neither you nor your child will be identified as a participant in the National Immunization Survey.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

-- I don't want you to contact my doctor:

-- In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

YES.. 1 GO TO TIS_D7G

NO (Only choose this when you have made
all appropriate aversion attempts)................... 2 GO TO TIS_SECT_D_TERM/
                                            TIS_INS_INTRO

D7_DATE   Capture date at the time the answer to D7 is given

D7_TIME   Capture time at the time the answer to D7 is given

TIS_D7G   Sometimes to get a complete record of your child's vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

YES... 1
NO... 2
DON'T KNOW 77
REFUSED... 99

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

WHAT IS A REGISTRY?   Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

WHY DO YOU NEED TO CONTACT A REGISTRY?   Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

TIS_DCG   I would like to confirm that I have the correct information for you and the children in this household.

[INTERVIEWER: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]

TIS_DCG1   I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

YES... 1 GO TO DCG2_X
NO... 2 GO TO D9A_C_X

TIS_D9A_C   What is your full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

D9B_C   (What is your full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

D9C_C   (What is your full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

DCG2   The name I have for [TEEN] is [FILL1]. Is this correct?

YES.. 1 GO TO TIS_DCONFDOB_X

NO... 2 GO TO TIS_DA_1_C

TIS_A_1_C   What is [TEEN]'s full name - first, middle, and last?

FIRST NAME: IF R REFUSES LEAVE BLANK_____

TIS_B_1_C   (What is [TEEN]'s full name - first, middle, and last?)

MIDDLE NAME: IF R REFUSES LEAVE BLANK _____

TIS_C_1_C   (What is [TEEN]'s full name - first, middle, and last?)

LAST NAME: IF R REFUSES LEAVE BLANK _____

TIS_DCONFDOB

The birth date I have for [TEEN] is [FILL1]. Is this correct?

YES.. 1 GO TO TIS_INS INTRO

NO... 2 GO TO TIS_DNEWDOB

TIS_DNEWDOB_X

What is the correct month, day and year of birth of [TEEN]?

_____/_____/_____ (mm/dd/yyyy)

ASK ONLY IF D9D=2

TIS_D9D1   Please give me the full name of someone who can authorize the release of these immunization records.

Continue 1   GO TO TIS_D9D1F

Refusal 2   GO TO TIS_SECT_D_TERM;
                                                                                    TIS_INS_INTRO (on callback)

TIS_D9D1F What is the first name?

FIRST_____

TIS_D9D1M   What is the middle name?

MIDDLE_____

TIS_D9D1L   What is the last name?

LAST_____

TIS_D9DREL   What is this person's relationship to [TEEN]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
GUARDIAN 1
FATHER (STEP, FOSTER, ADOPTIVE)
OR MALE GUARDIAN 2
SISTER OR BROTHER
(STEP/FOSTER/HALF/ADOPTIVE)............ 3
IN-LAW OF ANY TYPE 4
AUNT/UNCLE.. 5
GRANDPARENT... 6
OTHER FAMILY MEMBER 7
FRIEND... 8

TIS_D9D1A   May I speak with that person now?

YES...1   GO TO TIS_D9D1NEW
NO..2   GO TO TIS_D9D2

TIS_D9D2   When would be a good time to call this person?

**SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE
NEXT APPOINTMENT SCREEN**

**IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT
FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK
INTRODUCTION**

APPOINTMENT 1   GO TO
                                                    UNIVERSAL EXIT-CB1
CONTINUE 2   GO TO TIS_D9D1NEW

TIS_SECT_D_TERM

Those are all the questions I have. You may be re-contacted in the future for some follow-up
questions or to participate in future surveys. If you are contacted to participate in future
surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF IAP=PR
DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and
Prevention for the time and effort you've spent answering these questions. If you would like
more information about the National Immunization Survey, please call the survey's toll-free
number, 1-877-267-8154. If you have questions about your rights as a survey participant, you
may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of
the Ethics Review Board.

READ WHEN NEW PERSON COMES TO THE PHONE
OR FOR Authorized Consent Respondent CALLBACK INTRODUCTION

TIS_D9D1NEW Hello, my name is _____. Am I speaking with [FILL]?

> YES.. 1 GO TO TIS_D9D2ANEW
> NO….. 2 GO TO TIS_D9D2

TIS_D9D2ANEW

> I'm calling on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We talked with [FILL1] and collected immunization and provider information for [TEEN].
>
> We understand that you could authorize the release of immunization information for [TEEN]. This survey is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only. This call will be recorded or monitored.
>
> (00) CONTINUE WITH INTERVIEW WITHOUT RECORDING   (01) CONTINUE WITH INTERVIEW AND RECORDING

TIS_D9D_1   I need to verify that I am speaking with someone who can authorize the release of immunization records for [TEEN]. Are you that person?

> YES..1   GO TO TIS_D6C
> NO...2   RETURN TO TIS_D9D1
> REFUSED...99   GO TO TIS_SECTTERM

Section E

Health Insurance Module

TIS_ INS_1 Next I'm going to ask you a few questions about [TEEN]'s health insurance. At this time, is (TEEN) covered by health insurance that is provided through an employer or union?

READ ONLY IF NECESSARY:

These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1	GO TO TIS_INS_1A
NO 2	IF IAP=095 GO TO TIS_INS_5, ELSE GO TO TIS_INS_2
DON'T KNOW 77	IF IAP=095 GO TO TIS_INS_5, ELSE GO TO TIS_INS_2
REFUSED 99	IF IAP=095 GO TO TIS_INS_5, ELSE GO TO TIS_INS_2

TIS_INS_1A Does this health insurance help pay for both doctor visits and hospital stays?

YES... 1
NO 2
DON'T KNOW 77
REFUSED.. 99

IF IAP=095 ALL GO TO TIS_INS_5, ELSE ALL GO TO TIS_INS_2

TIS_INS_2   [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI, THEN SKIP TO TIS_INS_3A else read TIS_INS_2]

At this time, is (TEEN) covered by any Medicaid plan? Medicaid [IF IAP=PR DISPLAY "also known as Plan La Reforma"] is a health insurance program for persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY:

Medicaid [IF IAP=PR DISPLAY "also known as Plan La Reforma"] is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES...1	IF IAP=PR THEN SKIP TO TIS_INS_5_X; ELSE GO TO GO TO TIS_INS_3	
NO..2	IF IAP=PR THEN SKIP TO TIS_INS_5_X; ELSE GO TO GO TO TIS_INS_3	
DON'T KNOW 77	IF IAP=PR THEN SKIP TO TIS_INS_5_X; ELSE GO TO GO TO TIS_INS_3	
REFUSED..99	IF IAP=PR THEN SKIP TO TIS_INS_5_X; ELSE GO TO GO TO TIS_INS_3	

TIS_INS_3   At this time, is (TEEN) covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY:

The State Children's Health Insurance Program (S-CHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES...1	GO TO GO TO TIS_INS_4
NO..2	GO TO GO TO TIS_INS_4
DON'T KNOW 77	GO TO GO TO TIS_INS_4
REFUSED..99	GO TO GO TO TIS_INS_4

TIS_INS_3A At this time, is (TEEN) covered by any Medicaid plan or the State Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY:

Medicaid and S-CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY):

Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_4 At this time, is (TEEN) covered by the Indian Health Service?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_5 At this time, is (TEEN) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY:

CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_6   Besides what you have already told me about, is (TEEN) covered by any other health insurance or health care plan?

[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK 'NO'.]

YES 1   GO TO TIS_INS_6A
NO 2   GO TO TIS_INS_7
DON'T KNOW 77   GO TO TIS_INS_7
REFUSED 99   GO TO TIS_INS_7

TIS_INS_6A   Does this health insurance help pay for both doctor visits and hospital stays?

YES 1
NO 2   GO TO TIS_INS_7
DON'T KNOW 77   GO TO TIS_INS_7
REFUSED 99   GO TO TIS_INS_7

TIS_INS_6B   Is this health insurance provided through an employer or union?

YES 1   GO TO TIS_INS_11
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_6C   Is this health insurance purchased directly from an insurance company?

YES 1   GO TO TIS_INS_11
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_6D   I recorded that (TEEN) was covered by some other health insurance. What is the name of the plan? ENTER 77 FOR DON'T KNOW OR 99 FOR REFUSED

CONTINUE 1   GO TO TIS_INS_6D
DON'T KNOW 77   GO TO TIS_INS_11
REFUSED 99   GO TO TIS_INS_11

TIS_INS-6D-1   Record verbatim response #1 _____

TIS_INS-6D-2   Record verbatim response #2 _____

NEXT SECTION: ASK TIS_INS-7 THROUGH TIS_INS-10 IF UNINSURED:

IF TIS_INS-1A, TIS_INS-2, TIS_INS-3, TIS_INS-3A, TIS_INS-4, TIS_INS-5, or TIS_INS-6A = 1, THEN SKIP TO TIS_INS-11

TIS_INS_7   It appears that (TEEN) does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

YES... 1   GO TO TIS_INS_8
NO 2
DON'T KNOW 77   GO TO TIS_INS_11
REFUSED.. 99   GO TO TIS_INS_11

TIS_INS_7A   At this time, what kind of health coverage does (TEEN) have? Any other kind?

[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

(1) MEDICAID [IF IAP=PR THEN DISPLAY: (PLAN LA REFORMA) [STATE NAME]
(2) MEDICARE
(3) [IF IAP NOT PR DISPLAY] S-CHIP [STATE NAME] (show only if IAP not 095)
(4) MEDIGAP   (show only if IAP not 095)
(5) MILITARY
(6) [IF IAP NOT PR DISPLAY] INDIAN HEALTH SERVICE (show only if IAP not 095)
(7) PRIVATE INSURANCE
(8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
(9) OTHER
(10) MIP/GOVGUAM
(77) DON'T KNOW
(99) REFUSED

(1) IF TIS_INS_7A = 1, 3, 5, OR 6 [SKIP TO INS-11]
(2) ELSE IF TIS_INS_7A = 2, 4, 7, OR 9 [SKIP TO TIS_INS_7B]
(3) ELSE IF ONLY (8) IS SELECTED [SKIP TO TIS_INS_8]
(4) ELSE (77 or 99) [SKIP TO TIS_INS_8]

TIS_INS_7B   Does this health insurance help pay for both doctor visits and hospital stays?

YES... 1   GO TO TIS_INS-11
NO 2
DON'T KNOW 77   GO TO TIS_INS-11
REFUSED 99   GO TO TIS_INS-11

UNINSURED SUB SECTION

TIS_INS_8   Since [TEEN] was 11 years old, has [TEEN] always been uninsured?

YES... 1   GO TO TIS_INS-14
NO 2
DON'T KNOW 77   GO TO TIS_INS-14
REFUSED 99   GO TO TIS_INS-14

TIS_INS_9   How old was (TEEN) THE FIRST TIME (TEEN) became uninsured?

YEARS ....___   GO TO TIS_INS-10
DON'T KNOW 77   GO TO TIS_INS-10
REFUSED 99   GO TO TIS_INS-10

TIS_INS_10   During the years when [TEEN] DID have health coverage, what kinds of health coverage did [TEEN] have? Medicaid [IF IAP=PR THEN DISPLAY: (plan La Reforma)], Medicare, [IF IAP NOT PR DISPLAY: S-CHIP], Military, [IF IAP NOT PR DISPLAY: Indian Health Service,] Private Health Insurance, or another insurance type?

Medicaid [IF IAP=PR DISPLAY: (PLAN LA
REFORMA)] [Fill state program name, if
applicable] 1
Medicare 2
S-CHIP [Fill state program name,
 if applicable] 3   DO NOT DISPLAY IF IAP=PR
Medigap 4
Military 5
Indian Health Service...................................... 6   DO NOT DISPLAY IF IAP=PR
Private Health Insurance................................. 7
Other Insurance Type....................................... 8
DON'T KNOW 77
REFUSED... 99

SKIP TO LAST SECTION (TIS_INS_14) IF TIS_INS_10 WAS ASKED

TIS_INS_11   Since age 11 was there any time when [TEEN] was not covered by any health insurance for any reason?

YES 1
NO.. 2 GO TO TIS_INS-13
DON'T KNOW... 77 GO TO TIS_INS-13
REFUSED.. 99 GO TO TIS_INS-13

TIS_INS_12   How old was [TEEN] THE FIRST TIME [TEEN] became uninsured?

YEARS .... ___ GO TO TIS_INS-12
UNINSURED AT BIRTH............................ 44 GO TO TIS_INS-13
DON'T KNOW .... 77 GO TO TIS_INS-13
REFUSED .... 99 GO TO TIS_INS-13

TIS_INS_13   [IF TIS_INS_2 = 1 or TIS_INS_3 = 1 OR TIS_INS_3A = 1 [SKIP TO TIS_INS_14]

DISPLAY: Since age 11, has [TEEN] ever been covered by any Medicaid plan [IF IAP=PR DISPLAY: (plan La Reforma)] [IF IAP NOT PR DISPLAY " or the State Children's Health Insurance Program"? [IF STATE AK, AR, CT, DC, HI, IL, IN, KS, KY, MA, ME, MN, MO, MT, NE, NJ, NM, OH, OK, OR, RI, SC, VA, VI, WA, or WI THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

TIS_INS_14   Did cost of vaccinations ever cause you to delay or not get a vaccination for (TEEN)?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

(1) IF TIS_SR1=1 or TIS_B1=1 or (if D6_X ≠ 0, 77, or 99), THEN GO TO TIS_INS_15
(2) ELSE VFC_KNOWLEDGE_1

TIS_INS_15   [IF TIS_INS_8=1 SKIP TO VFC_KNOWLEDGE_1]

When [TEEN] received (GENDER2) most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

All of the cost 1
GO TO VFC_KNOWLEDGE_1
Some of the cost 2
None of the cost 3
DON'T KNOW 77
REFUSED 99

TIS_INS_16   How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

All of the cost 1
Some of the cost 2
None of the cost 3
DON'T KNOW 77
REFUSED 99

GO TO VFC_KNOWLEDGE_1

VFC_KNOWLEDGE_1

Have you heard of a program that makes it possible for eligible children less than 19 years of age to get shots at no cost at places like doctor's offices and local health departments?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

YES..1   GO TO VFC_KNOWLEDGE_2

NO..2   GO TO CP_TISEND

DON'T KNOW 77   GO TO CP_TISEND

REFUSED 99   GO TO CP_TISEND

VFC_KNOWLEDGE_2

Has [TEEN] ever received vaccines at no cost through this program?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

YES..1		GO TO VFC_KNOWLEDGE_3
NO..		2 IF VFC_KNOWLEDGE_1 = 1, THEN GO TO VFC_KNOWLEDGE_4; ELSE GO TO CP_TISEND
DON'T KNOW 77		GO TO CP_TISEND
REFUSED 99		GO TO CP_TISEND

VFC_KNOWLEDGE_3

Has [TEEN] received vaccines through this program since [his/her] 9th birthday?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

YES..1   GO TO CP_TISEND

NO..2   GO TO CP_TISEND

DON'T KNOW..77   GO TO CP_TISEND

REFUSED 99   GO TO CP_TISEND

VFC_KNOWLEDGE_4

To the best of your knowledge, has [TEEN] been eligible for this program since [his/her] 9th birthday?

[READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.]

YES .... 1 GO TO CP_TISEND
NO ....2 GO TO CP_TISEND
DON'T KNOW .... 77 GO TO CP_TISEND
REFUSED .... 99 GO TO CP_TISEND

CP_TISEND   (1) IF SUC=1,7 AND ASK_FLU = 0 GO TO TIS_D16
(2) IF SUC=1,7 AND ASK_FLU = 1 AND LONG_FLU_FLAG = 1
 GO TO LF_CP_SELECTION
(3) IF SUC=4,8 GO TO TIS_ENDTEEN

TIS_D16   [IF INCENTIVE>0, THEN GO TO ADDRESS_CONF1 / ELSE DISPLAY TIS_D16]

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF IAP=PR DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's toll-free number, 1-877-267-8154. If you have questions about your rights as a survey participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.