

NIS Child Influenza Module (NIS-CIM)
Hard Copy Questionnaire
Q1/2026

Confidential Information

Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m)

Variable Name	Response Definition
P_INCENT	0 - No incentive offer 1-3 - \$20 incentive 4-6 - \$10 incentive
P_ASKFRVM	0 - Do not ask Fall Respiratory Virus Module (FRVM) interview 1 – Invoke Fall Respiratory Virus Module (FRVM) interview
FRVMONOFF	ON- FRVM is enabled OFF- FRVM is disabled

LF_INTRO Thank you for your answers, now I have some questions about other children in your household.

CONTINUE TO LF_UNDR18 1

LF_UNDR18 Please tell me how many people less than 18 years old live in this household.

ENTER NUMBER OF CHILDREN _____

IF NO CHILDREN ENTER 0 IF P_ASKFRVM=1 AND FRVMONOFF=ON GO TO FVRM_INTRO; ELSE IF P_ASKFRVM=0 AND IF P_INCENT>0 GO TO VRYADD; ELSE GO TO LF_NOCHILD

IF GREATER THAN 0 SEE ADDITIONAL INSTRUCTIONS

DON'T KNOW 77 GO TO LF_ASK_ANOTHER

REFUSED 99 GO TO LF_AREF

ADDITIONAL INSTRUCTIONS:
ELSE IF P_ASKTEN=0 THEN DO:

IF LF_UNDR18=0 and S_NUMB > LF_UNDR18, THEN GO TO LF_U18CF; ELSE IF LF_UNDR18=0 AND IF P_ASKFRVM=1 AND FRVMONOFF=ON, GO TO FRVM_INTRO; ELSE IF LF_UNDR18=0, P_ASKFRVM=0, AND P_INCENT > 0, GO TO VRYADD; ELSE IF LF_UNDR18=0, GO TO LF_NOCHILD; ELSE IF LF_UNDR18 > 0 AND S_NUMB > LF_UNDR18, GO TO LF_U18CF; ELSE IF LF_UNDR18 > 0, GO TO LF_AGE; END

LF_U18CF WARNING: ACCORDING TO NIS THERE [IF S_NUMB=1 THEN FILL: IS / IF S_NUMB >1 THEN FILL: ARE] AT LEAST [FILL: S_NUMB] [IF S_NUMB = 1 THEN FILL: CHILD / IF S_NUMB > 1 then FILL: CHILDREN] IN THE HOUSEHOLD.

PLEASE RE-ASK LF_UNDR18 ASKING FOR ALL OF THE CHILDREN IN THE HOUSEHOLD.

HELP SCREEN: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

Count incorrect-change total number of children 1 GO BACK TO LF_UNDR18
Total number of children confirmed as correct 2 SEE ADDITIONAL

INSTRUCTIONS

ADDITIONAL INSTRUCTIONS:

IF P_ASKFRVM=1 AND FRVMONOFF=ON GO TO FVRM_INTRO; ELSE IF P_ASKFRVM=0, P_INCENT > 0, LF_U18CF = 2, AND LF_UNDR18 = 0 GO TO VRYADD; ELSE IF P_INCENT = 0, LF_U18CF = 2, AND LF_UNDR18 = 0 GO TO LF_NOCHILD

LF_AREF 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 LF_UNDR18
R STILL REFUSES 99 IF P_INCENT = 0, GO TO LF_REFKID, IF P_INCENT > 0, GO TO VRYADD

LF_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 GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

EXIT SURVEY

LF_ASK_ANOTHER

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

- NEW PERSON COMES TO PHONE 1
- NO 2 GO TO LF_TERM

LF_NEWR

Hello, my name is _____ I'm calling on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the"] [IF PUERTO RICO DISPLAY: "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the children in this household.

Before we continue, I'd like you to know that taking part in 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 the 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 analyses. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

- YES, I AM THAT PERSON (recording ok) 1 IF FS3MTH = 7777 THEN
GO TO FS3MTH, IF
LF_AGE=77, GO TO
LF_AGE; ELSE GO TO
LF_UNDR18
- YES, I AM THAT PERSON (no recording) 2
- NO, I AM NOT THAT PERSON 3 IF LF_AGE=77, GO TO
LF_S1TERM; ELSE IF
FS3MTH=7777, GO TO
LF_S1TERM; ELSE GO TO
LF_ASK_ANOTHER

LF_TIS_S3_EVAL_R

(ADD RECORDING MASK HERE TO TURN OFF RECORDING)
(02) Respondent wants to continue without recording > IF FS3MTH = 7777 GO TO FS3MTH; IF LF_AGE = 77 GO TO LF_AGE; ELSE GO TO LF_UNDR18

LF_TERM/LF_S1TERM

Thank you, we'll try back another time.

EXIT SURVEY

LF_NOCHILD

Those are all the questions I have. I'd like to thank you on behalf of the (IF GUAM DISPLAY: "Department of Public Health and Social Services and the") (IF PUERTO RICO 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.

EXIT SURVEY

LF_AGE

IF LF_UNDR18 = 1, FILL: ["age" AND "child"]. ELSE, FILL: ["ages" and "children"].
IF S_NUMB = 0, DISPLAY THIS TEXT WHEN ASKING ABOUT FIRST CHILD:
"Many of my questions are only for children of certain ages. So, I'll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household."

FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN = LF_UNDR18) DISPLAY: (READ IF NECESSARY: Please tell me the age of the next child who lives in this household.)

DISPLAY FOR LF_AGE_1: (INTERVIEWER NOTE: IF RESPONDENT PROVIDES AGES FOR ALL CHILDREN UP FRONT, TYPE IN THE AGES AS CATI PROMPTS FOR THEM.)

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF AGE IS LESS THAN 1 MONTH OLD, RECORD 0 MONTHS.

A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:
- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

ENTER VALUE _____ GO TO LAGECONF

IF 77 GO TO LF_AGEDK
IF 99 GO TO LF_AGERF

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

NEW PERSON COMES TO PHONE 1 GO TO LF_NEWR
NO 2

IF 2 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE; ELSE IF 2 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF; ELSE IF 2 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND ALL AGES ARE 77, THEN GO TO LF_S1TERM. ON CALLBACK POINT OF RETURN IS LF_AGE; ELSE IF 2 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND ALL AGES ARE 77 AND 99, AND P_INCENT = 0 THEN GO TO FNOCHILD. ON CALLBACK POINT OF RETURN IS LF_AGE; ELSE IF P_INCENT > 0 GO TO VRYADD

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

RETURN TO QUESTIONNAIRE 1 GO TO LF_AGE
R STILL REFUSES 99

IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P_INCENT > 0, THEN GO TO VRYADD; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P_INCENT = 0, GO TO FNOCHILD ON CALLBACK POINT OF RETURN IS LF_AGE

LAGECONF

So, you have a [FILL WITH AGE IN YEARS FOR ALL CHILDREN 2 YEARS OLD OR OLDER, OR AGE IN MONTHS FOR ALL CHILDREN UNDER 2 YEARS OLD, INCLUDING AGE FOR ANY NIS-ELIGIBLE CHILDREN. E.G., 12 month old, 10 year old, and 15 year old, OR IF CHILD IS LESS THAN ONE MONTH OLD FILL WITH newborn/IF > 1 CHILD, INSERT 'and' BEFORE THE LAST AGEID] [IF Count DK/REF Ages >= 1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?

YES 1
NO, WRONG AGES OF CHILDREN [DISPLAY:
PLEASE CORRECT THE AGE OF CHILDREN IN
THE HOUSEHOLD] 2 GO TO LF_AGE
NO, WRONG NUMBER OF CHILDREN [DISPLAY:
PLEASE CORRECT THE NUMBER OF CHILDREN
IN THE HOUSEHOLD] 3 GO TO LF_UNDR18
DON'T KNOW 77
REFUSED 99

INCLUDE ANY DK (77) OR REF (99) AGE AS A COUNT IN TEXT FILL

CP_LMULT

- (1) IF THERE ARE CHILDREN WITH THE SAME AGE GO TO LF_NAME
- (2) ELSE GO TO LF_CP_SELECTION

LF_NAME

Since you have more than one child who is [FILL: AGE] years old, I need a way to refer to each of them during the interview. What is the name of your first [FILL: AGE] old child?

IF RESPONDENT SAYS DON'T KNOW OR REFUSES ENTER CHILD1/CHILD2/CHILD3 AND CONTINUE

CONTINUE > [RECORD NAMES IN
 LF_NAME_1 – LF_NAME_9]..... 1
 DON'T KNOW 77
 REFUSED 99

EXIT LOGIC

LOOP FOR ALL LF_NAME, THEN GO TO LF_CP_SELECTION

LF_CP_SELECTION

IF S3_EVAL_R OR TIS_S3_EVAL_R ARE NOT MISSING AND IF HH HAS CHILD OR CHILDREN 6-18 MONTHS AND/OR 36-155 MONTHS [AND ELIG_X = 0 AND TEEN_ELIG_FLAG = 2] THEN COMPLETE A RANDOM SELECTION OF THIS/THESE CHILD/CHILDREN AND GO TO C12_INTRO;

ELSE IF S3_EVAL_R AND TIS_S3_EVAL_R ARE MISSING AND IF HH HAS CHILD OR CHILDREN 0-18 MONTHS AND/OR 36-155 MONTHS [AND ELIG_X = 0 AND TEEN_ELIG_FLAG = 2] THEN COMPLETE A RANDOM SELECTION OF THIS/THESE CHILD/CHILDREN AND GO TO LF_TIS_S3_INTRO;

ELSE IF P_ASKFRVM = 0 GO TO LF_12_EXIT; ELSE IF P_ASKFRVM = 1 GO TO FRVM_INTRO;

ELSE IF S3_EVAL_R IS MISSING AND P_ASKTEN = 0 AND IF HH HAS CHILD OR CHILDREN NE 6-18 MONTHS AND/OR 36-155 MONTHS [NOT ELIGIBLE FOR FLU] THEN GO TO K_D16;

ELSE IF P_ASKFRVM = 1 GO TO FRVM_INTRO

FNOCHILD

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 GUAM DISPLAY: "Department of Public Health and Social Services and the" ELSE [IF PUERTO RICO DISPLAY "Puerto Rico Department of Health and the"]] Centers for Disease Control and Prevention for the time you spent answering these questions.

EXIT SURVEY

LF_TIS_S3_INTRO

Before we continue, I'd like you to know that taking part in 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 the 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 analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE 1 GO TO C12_INTRO
RESPONDENT ASKS FOR
DESCRIPTION OF LAW 2

LF_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. In accordance with Section 308d 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 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. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINUE 1

C12_INTRO

Thank you for your answers about your household.
[(IF NIS OR TEEN COMPLETE, DISPLAY: I now have a few questions about your [your (age of selected child)] and other childhood vaccinations, including vaccinations to prevent respiratory diseases.) [ELSE DISPLAY: I now have a few questions about your [your (age of selected child)] and other childhood vaccinations, including vaccinations to prevent respiratory diseases.]

CONTINUE 1

LF_C1Q01 What is the sex of [age of selected child] child?

 MALE 1

 FEMALE 2

 IF CIM Children \leq 9 year old at LF_AGE GO TO FS3MTH; ELSE GO TO LF_C1Q02

FS3MTH So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of your [FILL: AGE FROM LF_AGE, E.G. 7 month old] child.

 ENTER 77 / 77 / 7777 FOR DON'T KNOW

 ENTER 99 / 99 / 9999 FOR REFUSED

 IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/12/201

 ENTER BIRTH DATES _____MM/DD/YYYY

 IF YEAR = 7777 GO TO FYRDK

 IF YEAR = 9999 GO TO FYRREF

FYRDK 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 LF_NEWR

 NO 2 IF P_INCENT>0 GO TO VRYADD; ELSE GO TO LF_S1TERM

FYRREF I understand you may be uncomfortable; however, all information is confidential under Federal Law. The only reason we need your child's birthdate 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 QUESITONNAIRE 1 GO TO FS3MTH

 R STILL REFUSES 2 IF P_INCENT>0 GO TO VRYADD; ELSE GO TO FYRQUIT

FYRQUIT 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 Centers for Disease Control and Prevention for the time you spent answering these questions.

 EXIT SURVEY

LF_A_CON That would make this child [calculated age from FS3MTH]; is that correct?

YES 1 IF ELIG, GO TO LF_C1Q02;
 ELSE IF P_ASKFRVM=1
 AND FRVMONOFF=ON GO
 TO FRVM_INTRO; ELSE IF
 P_INCENT>0 GO TO
 VRYADD; ELSE GO TO
 K_D16

NO 2 GO TO FS3MTH

K_D16 Those are all the questions I have. [FILL: Your [child’s age does/children’s ages do] not qualify your household for the survey at this time. 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 GUAM DISPLAY: “Department of Public Health and Social Services and the”] [IF PUERTO RICO 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, 1-877-220-4805.

EXIT SURVEY

LF_C1Q02 What is your relationship to [FILL: him/her]?

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

LF_C12Q6 Since July 1, 2025 has [your (age of selected child)] 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

NO 2 GO TO LF_C12Q15

DON’T KNOW 77 GO TO LF_C12Q15

REFUSED 99 GO TO LF_C12Q15

LF_C12Q8 How many flu vaccinations has [your (age of selected child)] received since July 1, 2025?

INTERVIEWER NOTE: IF R SAYS CHILD HAS RECEIVED MORE THAN TWO VACCINATIONS, SELECT "2 VACCINATIONS OR DOSES." FOLLOW-UP INFORMATION WILL BE COLLECTED ABOUT THE FIRST TWO VACCINATIONS SINCE JULY.

- 1 VACCINATION OR DOSE 1
- 2 VACCINATIONS OR DOSES 2
- DON'T KNOW 77 GO TO LF_C12Q12
- REFUSED 99 GO TO LF_C12Q12

LF_C12Q9_M During what month did your [(age of selected child)] receive [FILL: his/her] first dose of the flu vaccine, since July 1, 2025?

INTERVIEWER NOTE: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

- MONTH \ [FILL: YEAR]
- DON'T KNOW 77 GO TO LF_C12Q9_A
- REFUSED 99 GO TO LF_C12Q9_A

LF_C12Q9_C That was [FILL: MONTH] of [FILL: YEAR], correct?

- YES 1
- NO 2 GO TO LF_C12Q9_M

LF_WEEK_CHK

IF LF_C12Q9C = THE CURRENT MONTH GO TO LF_WEEK; ELSE GO TO LF_C12Q9_A

LF_WEEK Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"]; ELSE [FILL: "on or after Sunday, [FILL: Date with most recent Sunday's date]]?

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

LF_C12Q9_A 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 LF_C12Q8=2 GO TO LF_C12Q10_M; ELSE GO TO LF_C12Q12

LF_C12Q10_M

During what month did [your (age of selected child)] receive [FILL: his/her] second dose of the flu vaccine, since July 1, 2025?

INTERVIEWER NOTE: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

- MONTH \ [FILL: YEAR]
- DON'T KNOW 77 GO TO LF_C12Q10_A
- REFUSED 99 GO TO LF_C12Q10_A

LF_C12Q10_C

That was [FILL: MONTH] of [FILL: YEAR], correct?

- YES 1
- NO 2 GO TO LF_C12Q10_M

LF_WEEK_CHK2

IF LF_C12Q10C = THE CURRENT MONTH GO TO LF_WEEK2; ELSE GO TO LF_C12Q10_A

LF_WEEK2 Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"]; ELSE [FILL: "on or after Sunday, [FILL: Date with most recent Sunday's date]]?

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

LF_C12Q10_A

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

LF_C12Q12 At what kind of place did [your (age of selected child)] get [FILL: his/her] most recent flu vaccination?

READ RESPONSES IF NECESSARY

INTERVIEWER NOTE: IF RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE BELOW PROVIDED THIS OPTION.

DOCTOR'S OFFICE [IF PUERTO RICO INCLUDE: INTERVIEWER NOTE:

- DOCTOR'S OFFICE includes private provider and reforma provider] 1
- HEALTH DEPARTMENT 2
- CLINIC OR HEALTH CENTER 3
- HOSPITAL 4
- OTHER MEDICALLY-RELATED PLACE 5
- PHARMACY OR DRUG STORE 6
- WORKPLACE 7
- ELEMENTARY/MIDDLE/HIGH SCHOOL 8
- AT HOME (ADMINISTERED BY PARENT, GUARDIAN, OR SELF).....9
- OTHER NON-MEDICALLY-RELATED PLACE [IF PUERTO RICO INCLUDE: INTERVIEWER NOTE: INCLUDES MASS VACCINATION CLINICS HELD AT SPORTS ARENAS] 10
- MALL OUTREACH [DISPLAY ONLY IF GUAM] .. 11
- VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] 12
- DON'T KNOW 77
- REFUSED 99

IF 5 or 10 GO TO LF_Q12Q12OTH; ELSE GO TO LF_C12REC

LF_Q12Q12OTH

Other location: _____ GO TO LF_C12REC

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

LF_C12Q15 How likely is [your (age of selected child)] to get a flu vaccination between now and the end of June, 2026? Would you say [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

LF_C12REC Since July 1st 2025, has a doctor, nurse, or other health professional recommended that you get a flu vaccine for [your (age of selected child)]?

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

IF CHILD >=8 MONTHS OLD AND <9 YEARS OLD AS OF AUGUST 1, 2025 GO TO LF_LIFE; ELSE GO TO LF_COV1

LF_LIFE Thinking about all of the flu vaccinations [your (age of selected child)] received in [FILL: his/her] life before this flu season, that is before July 1, 2025, how many flu vaccinations did [your (age of selected child)] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

INTERVIEWER NOTE: IF NEEDED, LET THE RESPONDENT KNOW TO INCLUDE BOTH SHOT AND SPRAY WHEN CONSIDERING THE NUMBER OF VACCINATIONS.

- ONE FLU VACCINATION 1
- TWO OR MORE FLU VACCINATIONS 2
- ZERO FLU VACCINATIONS 3
- DON'T KNOW 77
- REFUSED 99

LF_COV1 Next, we have a few questions for you about [your (age of selected child)] and COVID.

Has [your (age of selected child)] received at least one dose of a COVID vaccine?

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

LF_COVSEP Since September 1, 2025, has [your (age of selected child)] had a COVID vaccination?

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

IF 1 AND AGE <19 MONTHS THEN GO TO LF_COV2; ELSE IF 1 AND AGE > 4 GO TO LF_COV4M; ELSE GO TO LF_COVINTV

LF_COV2 Thinking about all of the COVID vaccinations [your (age of selected child)] has received in [FILL: his/her] life, how many COVID vaccinations has your child received?

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE 5
- DON'T KNOW 77
- REFUSED 99

LF_COV4M During what month did [your (age of selected child)] receive their **most recent** COVID vaccine?

ENTER 77 FOR DON'T KNOW
ENTER 99 FOR REFUSED

[IF DATE IS BEFORE 9/2025, DISPLAY: DATE MUST BE AFTER 9/2025]

- MONTH/YEAR
- DON'T KNOW 77
- REFUSED 99

IF LF_COV4M IN (77,99) AND IF AGE <19 MONTHS AND LF_COV2 IN (1,77,99) GO TO LF_COVINTV; ELSE IF COV4M IN (77,99) GO TO LF_COVREC; ELSE GO TO LF_COV4C

LF_COV4C That was [FILL: MONTH] of [FILL: YEAR], correct?

- YES 1
- NO 2 GO TO LF_COV4M

LCV_WK_CHK

IF LF_CCM4M = THE CURRENT MONTH GO TO LF_CCMWK; ELSE IF AGE <19 MONTHS AND LF_COV2 IN (1,77,99) GO TO LF_COVINTV; ELSE GO TO LF_COVREC

LF_COVWK Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: ["today"]; ELSE ["on or after Sunday [FILL: PREVIOUS SUNDAY'S DATE]"]].

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

IF AGE <19 MONTHS AND LF_COV2 IN (1,77,99) GO TO LF_COVINTV; ELSE GO TO LF_COVREC

LF_COVINTV How likely are you to get [your (age of selected child)] another COVID vaccine between now and August 2026?

Would you say you would definitely get another vaccine, probably get another vaccine, probably not get another vaccine, definitely not get another vaccine, or are not sure?

- DEFINITELY GET ANOTHER VACCINE 1
- PROBABLY GET ANOTHER VACCINE 2
- PROBABLY NOT GET ANOTHER VACCINE 3
- DEFINITELY NOT GET ANOTHER VACCINE 4
- NOT SURE 5
- DON'T KNOW 77
- REFUSED 99

GO TO LF_COVREC

LF_COVINTUV

How likely are you to get [your (age of selected child)] a COVID vaccine between now and August 2026?

Would you say you would definitely get a vaccine, probably get a vaccine, probably not get a vaccine, definitely not get a vaccine, or are not sure?

- DEFINITELY GET A VACCINE 1
- PROBABLY GET A VACCINE 2
- PROBABLY NOT GET A VACCINE 3
- DEFINITELY NOT GET A VACCINE 4
- NOT SURE 5
- DON'T KNOW 77
- REFUSED 99

LF_COVREC Since September 1st 2025, has a doctor, or nurse, or other health professional recommended that you get a COVID vaccine for [your (age of selected child)]?

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

LF_HIRISKC 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 [your (age of selected child)] has had any of the following health conditions? A lung condition, for example asthma, a genetic disorder or a neurologic disorder, a heart condition, diabetes, a kidney condition, blood cancers, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [your (age of selected child)] has any of the listed conditions.

INTERVIEWER NOTE: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE 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
- NO 2
- DON'T KNOW 77
- REFUSED 99

LF_RISKPA Does your child have any other health conditions that you believe puts them at a higher risk for severe COVID?

- YES 1
- NO 2 IF CHILD OR TEEN COMPLETE THEN GO LF_INSURE; ELSE GO TO LF_HESINTRO
- DON'T KNOW 77 IF CHILD OR TEEN COMPLETE THEN GO LF_INSURE; ELSE GO TO LF_HESINTRO
- REFUSED 99 IF CHILD OR TEEN COMPLETE THEN GO LF_INSURE; ELSE GO TO LF_HESINTRO

LF_RISKPAO Can you please tell me what that is?

ENTER: _____

INTERVIEWER NOTE: IF THE RESPONDENT DOES NOT WANT TO OFFER THE
CONDITION, CODE OUT AS 77 OR 99

DON'T KNOW 77

REFUSED 99

IF CHILD OR TEEN COMPLETE THEN GO LF_INSURE; ELSE GO TO
LF_HESINTRO

LF_HESINTRO

Next, I'm going to ask a few questions about your feelings toward some specific vaccines
for your child.

CONTINUE 1

RANDOMIZE ORDER OF LF_HESHPV (IF AGE OF SELECTED CHILD IS >= 9
YEARS OLD), LF_HESFLU, LF_HESCOV

LF_HESHPV How hesitant are you about the HPV vaccine for your child? Would you say not at all
hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT 1

NOT THAT HESITANT 2

SOMEWHAT HESITANT 3

VERY HESITANT 4

DON'T KNOW 77

REFUSED 99

LF_HESFLU How hesitant are you about the flu vaccine for your child? Would you say not at all
hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT 1

NOT THAT HESITANT 2

SOMEWHAT HESITANT 3

VERY HESITANT 4

DON'T KNOW 77

REFUSED 99

LF_HESCOV How hesitant are you about the COVID vaccine for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT 1
NOT THAT HESITANT 2
SOMEWHAT HESITANT 3
VERY HESITANT 4
DON'T KNOW 77
REFUSED 99

LF_HES2 Now, please think about all other routine vaccines, such as those for measles, polio, and tetanus. Overall, how hesitant are you about those other vaccines for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT 1
NOT THAT HESITANT 2
SOMEWHAT HESITANT 3
VERY HESITANT 4
DON'T KNOW 77
REFUSED 99

LF_INSURE Now I have a few more general questions about [your (age of selected child)] and your household. Does [your (age of selected child)] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

LF_INSURE_TYPE

Is that coverage Medicaid, [IF STATE FILL NOT "Medicaid" THEN FILL: "[STATE MEDICAID PROGRAM NAME]," the Children's Health Insurance Program, CHIP, [IF STATE FILL NOT "CHIP", "Children's Health Insurance Program", or the same as the Medicaid name, THEN FILL: "[STATE CHIP PROGRAM NAME]," or some other type of insurance?"

CHECK ALL THAT APPLY

- MEDICAID 1
- CHIP [FILL: PROGRAM NAME] 2
- SOMETHING ELSE/PRIVATE INSURANCE /
HMO PREPAID PLAN 3
- DON'T KNOW 7
- REFUSED 99

LF_HHSIZE Including the adults and all the children, how many people live in this household?

- ENTER NUMBER
- DON'T KNOW 77
- REFUSED 99

LF_11Q01 Is [your (age of selected child)] of Hispanic or Latino origin?

INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF VIRGIN ISLANDS DISPLAY: "DOMINICAN"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.

- YES 1
- NO 2 GO TO LF_11Q02
- DON'T KNOW 77 GO TO LF_11Q02
- REFUSED 99 GO TO LF_11Q02

LF_11Q01A Is [your (age of selected child)] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, [IF VIRGIN ISLANDS THEN DISPLAY: Dominican], or of other Hispanic, Latino/a, or Spanish origin?

CHECK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANO/A 1 GO TO LF_11Q02
PUERTO RICAN 2 GO TO LF_11Q02
CUBAN 3 GO TO LF_11Q02
CENTRAL AMERICAN 4 GO TO LF_11Q02
SOUTH AMERICAN 5 GO TO LF_11Q02
OTHER SPANISH/HISPANIC (SPECIFY) 10
(IF VIRGIN ISLANDS, THEN DISPLAY
(DOMINICAN) 11 GO TO LF_11Q02
DON'T KNOW 77 GO TO LF_11Q02
REFUSED 99 GO TO LF_11Q0

LF_11Q01A_OS

ENTER OTHER _____

LF_11Q02 Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [your (age of selected child)]'s race. Is [your (age of selected child)] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CHECK 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

IF LF_11Q02 INCLUDES 8 GO TO LF_11Q02_OS [FOLLOW THIS LOGIC FIRST];
ELSE IF GUAM & OPTION 5 OR 7 SELECTED GO TO LF_AAPIO; ELSE IF LF_11Q02
INCLUDES 5 GO TO LF_11Q02A_AS; ELSE IF LF_11Q02 INCLUDES 7 GO TO
LF_11Q02A_PI; ELSE IF LF_11Q02 INCLUDES 5,7 GO TO LF_11Q02A_AS FIRST;

ELSE IF NIS COMPLETE GO TO LF_11NIS; ELSE IF TEEN COMPLETE GO TO
LF_11TEEN; ELSE GO TO LF_11Q01B

LF_11Q02_OS ENTER OTHER _____

IF GUAM & OPTION 5 OR 7 SELECTED GO TO LF_AAPI; ELSE IF LF_11Q02 INCLUDES 5 GO TO LF_11Q02A_AS; ELSE IF LF_11Q02 INCLUDES 7 GO TO LF_11Q02A_PI; ELSE IF LF_11Q02 INCLUDES 5, 07 GO TO LF_11Q02A_AS FIRST; ELSE IF NIS COMPLETE GO TO LF_11NIS; ELSE IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_11Q02A_AS

Is [your (age of selected child)] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [your (age of selected child)] best.

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

IF LF_11Q02 INCLUDES 7 GO TO LF_11Q02A_PI; ELSE IF NIS COMPLETE GO TO LF_11NIS; ELSE IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_11Q02A_PI

Is [your (age of selected child)] Guamanian or Chamorro, Samoan, or another Pacific Islander?

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

IF NIS COMPLETE GO TO LF_11NIS; ELSE IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_AAPI Is [your (age of selected child)] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [your (age of selected child)] best.

- CHAMORRO 1
- FILIPINO 2
- CHUUKESE 3
- POHNPEIAN 4
- PALAUAN 5
- YAPESE 6
- KOSRAEAN 7
- MARSHALLESE 8
- JAPANESE 9
- KOREAN 10
- CHINESE 11
- VIETNAMESE 12
- THAI 13
- OTHER 14
- DON'T KNOW 77
- REFUSED 99

IF LF_AAPI = 14 GO TO LF_AAPI_OTH; ELSE IF NIS COMPLETE GO TO LF_11NIS
ELSE IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_AAPI_OTH

ENTER OTHER _____

IF NIS COMPLETE GO TO LF_11NIS; ELSE IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_11NIS [IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother] also the mother of [NIS S.C.]?

YES 1 IF P_ASKFRVM=1 GO TO FRVM_INTRO; ELSE IF P_ASKFRVM=0 AND P_INCENT > 0 GO TO VRYADD; ELSE IF P_ASKFRVM=0 GO TO K_D16

NO 2 EXIT LOGIC

DON'T KNOW 77 EXIT LOGIC

REFUSED 99 EXIT LOGIC

EXIT LOGIC
 IF TEEN COMPLETE GO TO LF_11TEEN; ELSE GO TO LF_11Q01B

LF_11TEEN [IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother] also the mother of [TEEN S.C.]?

YES 1 IF P_ASKFRVM=1 GO TO FRVM_INTRO; ELSE IF P_ASKFRVM=0 AND P_INCENT > 0 GO TO VRYADD; ELSE IF P_ASKFRVM=0 GO TO K_D16

NO 2

DON'T KNOW 77

REFUSED 99

LF_11Q01B [IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother] of Hispanic or Latino origin?

INCLUDES: HISPANIC OR LATINO INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF VIRGIN ISLANDS DISPLAY: "DOMINICAN"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.

YES 1

NO 2 GO TO LF_11Q02B

DON'T KNOW 77 GO TO LF_11Q02 B

REFUSED 99 GO TO LF_11Q02 B

LF_11Q01B_HISP

[IF LF_C1Q02 = 1", Are you"] ELSE [Is [your (age of selected child)]'s mother] Mexican, Mexican-American, Chicana, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latina, [IF VIRGIN ISLANDS THEN DISPLAY: Dominican], or of Spanish origin?

CHECK ALL THAT APPLY

- MEXICAN/MEXICANO, MEXICAN-AMERICAN,
- CHICANO/A 1 GO TO LF_11Q02 B
- PUERTO RICAN 2 GO TO LF_11Q02 B
- CUBAN 3 GO TO LF_11Q02 B
- CENTRAL AMERICAN 4 GO TO LF_11Q02 B
- SOUTH AMERICAN 5 GO TO LF_11Q02 B
- OTHER HISPANIC, LATINO/A, OR SPANISH
- ORIGIN (SPECIFY) 10
- (IF VIRGIN ISLANDS, THEN DISPLAY
- (DOMINICAN)..... 11 GO TO LF_11Q02B
- DON'T KNOW 77
- REFUSED 99 GO TO LF_11Q02 B

LF_11Q01B_HISPOS

ENTER OTHER_____

LF_11Q02B Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe [IF LF_C1Q02 = 1, "your"] ELSE [[your (age of selected child)]'s mother's] race. [IF LF_C1Q02 = 1", Are you"] ELSE [Is [your (age of selected child)]'s mother] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander?

CHECK 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

IF OPTION 8 IS SELECTED GO TO LF_11Q02B_OS; ELSE IF GUAM & OPTION 5 OR 7 SELECTED GO TO LF_BAPI; ELSE IF 5 IS SELECTED GO TO LF_11Q02B_AS; ELSE IF 7 IS SELECTED GO TO LF_11Q02B_PI; ELSE IF 5 AND 7 ARE SELECTED GO TO LF_11Q02B_AS FIRST; ELSE GO TO LF_11Q20

LF_11Q02B_OS

ENTER OTHER_____

IF GUAM & LF_11Q02B INCLUDES 5 OR 7 GO TO LF_BAPI; ELSE IF LF_11Q02B INCLUDES 5 GO TO LF_11Q02B_AS; ELSE IF LF_11Q02B INCLUDES 7 GO TO LF_11Q02B_PI; ELSE IF LF_11Q02B INCLUDES 5 AND 7 GO TO LF_11Q02B_AS FIRST; ELSE GO TO LF_11Q20

LF_11Q02B_AS

[IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the category that describes [IF LFC1Q02 = 1, "you"] ELSE [[your (age of selected child)]'s mother] best.

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

ELSE IF LF_11Q02B INCLUDES 7 GO TO LF_11Q02B_PI; ELSE GO TO LF_11Q20

LF_11Q02B_PI

[IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother] Guamanian or Chamorro, Samoan, or another Pacific Islander?

READ IF NECESSARY: Please choose the category that describes [IF LFC1Q02 = 1, "you"] ELSE [[your (age of selected child)]'s mother] best.

- GUAMANIAN OR CHAMORRO 1 GO TO LF_11Q20
- SAMOAN 2 GO TO LF_11Q20
- OTHER PACIFIC ISLANDER 3 GO TO LF_11Q20
- DON'T KNOW 77 GO TO LF_11Q20
- REFUSED 99 GO TO LF_11Q20

LF_BAPI [IF LF_C1Q02 = 1, "Are you"] ELSE [Is [your (age of selected child)]'s mother]
Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese,
Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the category that describes
[IF LFC1Q02 = 1, "you"] ELSE [[your (age of selected child)]'s mother] best.

- CHAMORRO 1
- FILIPINO 2
- CHUUKESE 3
- POHNPEIAN 4
- PALAUAN 5
- YAPESE 6
- KOSRAEAN 7
- MARSHALLESE 8
- JAPANESE 9
- KOREAN 10
- CHINESE 11
- VIETNAMESE 12
- THAI 13
- OTHER 14
- DON'T KNOW 77
- REFUSED 99

IF LF_BAPI = 14 GO TO LF_BAPI_OTH; ELSE GO TO LF_11Q20

LF_BAPI_OTH

ENTER OTHER _____

LF_11Q20 What is the highest grade or year of school [IF LF_C1Q02 = 1, “you have”] ELSE [[your (age of selected child)]’s mother has] completed?

INTERVIEWER NOTE: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- 8TH GRADE OR LESS 1 EXIT LOGIC
- 9TH-12TH GRADE NO DIPLOMA 2 EXIT LOGIC
- HIGH SCHOOL GRADUATE OR
GED COMPLETED 3 EXIT LOGIC
- COMPLETED A VOCATIONAL, TRADE,
OR BUSINESS SCHOOL PROGRAM 4 EXIT LOGIC
- SOME COLLEGE CREDIT BUT NO DEGREE 5 EXIT LOGIC
- ASSOCIATE DEGREE (AA, AS) 6 EXIT LOGIC
- BACHELOR’S DEGREE (BA, BS, AB) 7 EXIT LOGIC
- MASTER’S DEGREE (MA, MS, MSW, MBA) 8 EXIT LOGIC
- DOCTORATE (PhD, EdD) or PROFESSIONAL
DEGREE (MD, DDS, DVM, JD) 9 EXIT LOGIC
- DON’T KNOW 77 EXIT LOGIC
- REFUSED 99 EXIT LOGIC

EXIT LOGIC

IF CHILD OR TEEN COMPLETE THEN DO: IF P_ASKFRVM = 1 AND FRVMONOFF=ON GO TO FRVM_INTRO; ELSE IF P_INCENT>0 GO TO VRYADD; ELSE GO TO K_D16; END; ELSE GO TO LF_C19C

LF_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 or someone in your household?

- OWNED OR BEING BOUGHT 1
- RENTED 2
- OTHER ARRANGEMENT 3
- DON’T KNOW 77
- REFUSED 99

LF_11Q51 Now I am going to ask you a few questions about your income. Please think about your total combined FAMILY income during [FILL: LAST CALENDAR YEAR] for all members of the family. Can you tell me that amount before taxes?

HELP SCREEN: INCLUDE MONEY FROM JOBS, CHILD SUPPORT, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE, AND SO FORTH. ALSO, INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT, AND ANY OTHER MONEY INCOME RECEIVED.

ENTER INCOME \$
 DON'T KNOW 77 GO TO LF_11Q52
 REFUSED 99 GO TO LF_11Q52

LF_11Q51_CONF

Just to confirm that I entered the number correctly, the total combined family income was [FILL: FROM LF_11Q51]?

YES 1 GO TO LF_LNDLN
 NO 2 GO TO LF_11Q51
 DON'T KNOW 77 GO TO LF_11Q51
 REFUSED 99 GO TO LF_11Q51

LF_11Q52 For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in [FILL: LAST CALENDAR YEAR]. Would you say that the total combined income, before taxes, was above or below \$20,000?

MORE THAN \$20,000 1 GO TO LF_11Q56
 \$20,000 2 GO TO LF_LNDLN
 LESS THAN \$20,000 3
 DON'T KNOW 77 GO TO LF_LNDLN
 REFUSED 99 GO TO LF_LNDLN

LF_11Q53 Was the total combined household income more or less than \$10,000?

MORE THAN \$10,000 1 GO TO LF_11Q55
 \$10,000 2 GO TO LF_LNDLN
 LESS THAN \$10,000 3
 DON'T KNOW 77 GO TO LF_LNDLN
 REFUSED 99 GO TO LF_LNDLN

LF_11Q54 Was it more than \$7,500?

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

LF_11Q55	Was it more than \$15,000?		
	YES	1	
	NO	2	GO TO LF_11Q55B
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN
LF_11Q55A	Was it more than \$17,500?		
	YES	1	GO TO LF_LNDLN
	NO	2	GO TO LF_LNDLN
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN
LF_11Q55B	Was it more than \$12,500?		
	YES	1	GO TO LF_LNDLN
	NO	2	GO TO LF_LNDLN
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN
LF_11Q56	READ IF NECESSARY: Was the total combined household income more or less than \$40,000?		
	MORE THAN \$40,000	1	
	\$40,000	2	GO TO LF_LNDLN
	LESS THAN \$40,000	3	GO TO LF_11Q57
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN
LF_11Q56A	READ IF NECESSARY: Was the total combined household income more or less than \$60,000?		
	MORE THAN \$60,000	1	GO TO LF_11Q58
	\$60,000	2	GO TO LF_LNDLN
	LESS THAN \$60,000	3	
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN
LF_11Q56B	READ IF NECESSARY: Was the total combined household income more or less than \$50,000?		
	MORE THAN \$50,000	1	GO TO LF_LNDLN
	\$50,000	2	GO TO LF_LNDLN
	LESS THAN \$50,000	3	
	DON'T KNOW	77	GO TO LF_LNDLN
	REFUSED	99	GO TO LF_LNDLN

LF_11Q56C READ IF NECESSARY: Was the total combined household income more or less than \$45,000?

MORE THAN \$45,000	1	GO TO LF_LNDLN
\$45,000	2	GO TO LF_LNDLN
LESS THAN \$45,000	3	
DON'T KNOW	77	GO TO LF_LNDLN
REFUSED	99	GO TO LF_LNDLN

LF_11Q57 READ IF NECESSARY: Was the total combined household income more or less than \$30,000?

MORE THAN \$30,000	1	
\$30,000	2	GO TO LF_LNDLN
LESS THAN \$30,000	3	GO TO LF_11Q57B
DON'T KNOW	77	GO TO LF_LNDLN
REFUSED	99	GO TO LF_LNDLN

LF_11Q57A READ IF NECESSARY: Was the total combined household income more or less than \$35,000?

MORE THAN \$35,000	1	GO TO LF_LNDLN
\$35,000	2	GO TO LF_LNDLN
LESS THAN \$35,000	3	GO TO LF_LNDLN
DON'T KNOW	77	GO TO LF_LNDLN
REFUSED	99	GO TO LF_LNDLN

LF_11Q57B READ IF NECESSARY: Was the total combined household income more or less than \$25,000?

MORE THAN \$25,000	1	GO TO LF_LNDLN
\$25,000	2	GO TO LF_LNDLN
LESS THAN \$25,000	3	GO TO LF_LNDLN
DON'T KNOW	77	GO TO LF_LNDLN
REFUSED	99	GO TO LF_LNDLN

LF_11Q58 READ IF NECESSARY: Was the total combined household 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	

LF_LANDLINE

The next few questions are about the telephones in your household.

Do you have a landline telephone in your household?

READ IF NECESSARY: Please do not include

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers

YES	1	
NO	2	EXIT LOGIC
DON'T KNOW	77	EXIT LOGIC
REFUSED	99	EXIT LOGIC

EXIT LOGIC
GO TO LF_11Q15_CELL

LF_C12Q14 How many landline telephone numbers are residential numbers?

INTERVIEWER NOTE: THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF LANDLINE TELEPHONE NUMBERS

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

LF_11Q15_CELL

In total, how many working cell phones do you and your household members have available for personal use? Please do not count cell phones that are used exclusively for business purposes

ONE	1	
TWO	2	
THREE OR MORE	3	
NONE	4	IF VIRGIN ISLANDS GO TO LF_ISLAND; ELSE IF GUAM, GO TO LF_VIL; ELSE GO TO LF_11Q22
DON'T KNOW	77	
REFUSED	99	

LF_11Q15_CELL_US

How many [IF C11Q15_CELL = 1, 2, 3 THEN DISPLAY: "of these"] cell phones do the adults in this household usually use?

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

IF VIRGIN ISLANDS & IF LF_LNDLN = 2, 77, OR 99 GO TO LF_ISLAND; ELSE IF GUAM & IF LF_LNDLN = 2, 77, OR 99 GO TO LF_VIL; ELSE IF LF_LNDLN = 2, 77, OR 99 GO TO LF_Q22; ELSE GO TO LF_11Q16

LF_11Q16

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

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

IF VIRGIN ISLANDS GO TO LF_ISLND; ELSE IF GUAM GO TO LF_VIL; ELSE GO TO LF_Q22

LF_VIL

In which village do you live?

AGANA HEIGHTS	1	GO TO LF_Q22
AGAT	2	GO TO LF_Q22
ASAN	3	GO TO LF_Q22
BARRIGADA	4	GO TO LF_Q22
CHALAN PAGO	5	GO TO LF_Q22
DEDEDO	6	GO TO LF_Q22
HAGATNA/AGANA	7	GO TO LF_Q22
INARAJAN	8	GO TO LF_Q22
MAINA	9	GO TO LF_Q22
MAITE	10	GO TO LF_Q22
MANGILAO	11	GO TO LF_Q22
MERIZO	12	GO TO LF_Q22
MONGMONG	13	GO TO LF_Q22
ORDOT	14	GO TO LF_Q22
PITI	15	GO TO LF_Q22
SANTA RITA	16	GO TO LF_Q22
SINAJANA	17	GO TO LF_Q22
TALOFOFO	18	GO TO LF_Q22
TAMUNING-TUMON	19	GO TO LF_Q22
TOTO	20	GO TO LF_Q22
UMATAC	21	GO TO LF_Q22
YIGO	22	GO TO LF_Q22
YONA	23	GO TO LF_Q22
DON'T KNOW	77	GO TO LF_Q22
DO NOT LIVE IN GUAM	98	GO TO LF_Q22
REFUSED	99	GO TO LF_Q22

LF_ISLND

On what island do you live?

SAINT CROIX	1	EXIT LOGIC
SAINT THOMAS	2	EXIT LOGIC
SAINT JOHN	3	EXIT LOGIC
WATER ISLAND	4	EXIT LOGIC
DON'T LIVE IN VIRGIN ISLANDS	5	
DON'T KNOW	77	EXIT LOGIC
REFUSED	99	EXIT LOGIC

EXIT LOGIC

IF P_ASKFRVM = 1 AND FRVMONOFF=ON GO TO FRVM_INTRO; ELSE IF
P_INCENT>0 GO TO VRYADD; ELSE GO TO K_D16

LF_11Q22 Please tell me your zip code.
 _____ GO TO LF_11Q22CONF
 DON'T KNOW 77777 EXIT LOGIC
 REFUSED 99999 EXIT LOGIC

EXIT LOGIC
 IF PUERTO RICO GO TO LF_11Q22APR; ELSE GO TO LF_11Q22A; ELSE IF GUAM,
 LF_VIL = 98, P_ASKFRVM = 1, AND FRVMONOFF=ON GO TO FRVM_INTRO;
 ELSE IF P_INCENT>0 GO TO VRYADD; ELSE GO TO K_D16

LF_11Q22APR_CITY

In what city and state do you live?

CITY _____ IF "NOT IN PUERTO RICO"
 SELECTED, GO TO
 LF_11Q22A; ELSE GO TO
 STATE. STATE _____ GO TO LF_11Q22D

LF_11Q22A In what city, county, and state do you live?

CITY _____
 COUNTY _____
 STATE _____

IF LF_11Q22 = 77777 OR 99999 GO TO LF_11Q22F; ELSE GO TO
 LF_11Q22CONF

LF_11Q22CONF

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

YES 1 GO TO LF_11Q22F
 NO 2 GO TO LF_11Q22B

LF_11Q22D Just to confirm, I have your zip code as [FILL: FROM LF_11Q22]. Is that correct?

YES 1 GO TO LF_11Q22F
 NO 2

LF_11Q22E What is your zip code?

ENTER ZIP CODE _____

IF PUERTO RICO THEN DO: IF P_ASKFRVM = 0 AND IF P_INCENT > 0 GO TO
 VRYADD; ELSE IF P_ASKFRVM = 1 AND FRVMONOFF=ON GO TO
 FRVM_INTRO; ELSE GO TO K_D16; END; ELSE GO TO LF_11Q22F

LF_11Q22F Do you live within city limits?

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

IF P_ASKFRVM = 0 AND IF P_INCENT > 0 GO TO VRYADD; ELSE IF P_ASKFRVM = 1 AND FRVMONOFF=ON GO TO FRVM_INTRO; ELSE GO TO K_D16

VRYADD So we can text you a link to your [FILL: \$10/\$20] electronic gift card for completing this survey, we need to verify your phone number. The link in the text message will direct you to a website to confirm your identity, and from there, you will be directed to the incentive website, where you can choose from various electronic gift cards, such as Amazon, Target, Walmart, and more. According to our records, we have your phone number as [FILL: PHONE NUMBER]. Please confirm that this is where we should text you your electronic gift card.

By confirming, you consent to receive a text message. Message and data rates may apply.

INTERVIEWER NOTE: IF R DOES NOT WANT A TEXT MESSAGE, FIRST OFFER TO SEND LINK BY EMAIL.

- CONFIRM PHONE NUMBER 1 GO TO AC_CONFIRM
- ENTER NEW PHONE NUMBER 2
- ENTER EMAIL ADDRESS INSTEAD 3 GO TO AC_EMAIL
- DOES NOT WANT INCENTIVE 5 GO TO K_D16
- DON'T KNOW 77 GO TO K_D16
- REFUSED 99 GO TO K_D16

AC_TEXT Please provide the phone number where you would like to receive the text, including your area code, so we can text you a link to claim your gift card.

ENTER PHONE NUMBER _____ GO TO AC_CONFIRM

AC_EMAIL Please provide your email address so we can email you a link to claim your gift card.

ENTER EMAIL ADDRESS _____

AC_CONFIRM

Thank you for providing your information, you should receive your electronic gift card shortly. If you have questions or do not receive the link, please call (877) 220 - 4805.

- CONTINUE 1 GO TO K_D16
- RESEND LINK 2 GO TO VRYADD

K_D16

Those are all the questions I have. I'd like to thank you on behalf of the [IF GUAM DISPLAY: "Department of Public Health and Social Services and the"] [IF PUERTO RICO 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 1-877-220-4805. Thank you again.

EXIT SURVEY