

IMMUNIZATION PAGE		5	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17+ (NP)
1a. Since the first of (month) 1978, has -- received a DPT shot?— A DPT shot is to prevent diphtheria, tetanus, and pertussis or whooping cough.		1a.	1 Y 2 N (2) 9 DK (2)
b. When did -- receive the DPT shot?		b.	Mo. _____ Date _____
c. Where did -- receive the DPT shot — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		c.	1 2 3 4 8 7 (Specify) _____
2a. Since the first of (month) 1978, has -- received a polio shot or polio vaccine by mouth?		2a.	1 Y 2 N (3) 9 DK (3)
b. Was it a shot or did -- receive the vaccine by mouth?		b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot
c. When did -- receive the polio (vaccine/shot)?		c.	Mo. _____ Date _____
d. Where did -- receive the polio (vaccine/shot) — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		d.	1 2 3 4 8 7 (Specify) _____
3a. Since the first of (month) 1978, has -- received a mumps shot?		3a.	1 Y 2 N (4) 9 DK (4)
b. When did -- receive the mumps shot?		b.	Mo. _____ Date _____
c. Where did -- receive the mumps shot — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		c.	1 2 3 4 8 7 (Specify) _____
There are two basic types of measles for which shots can be received: German measles, sometimes known as Rubella or 3-day measles AND Red measles, sometimes known as 8-day measles.			
4a. Since the first of (month) 1978, has -- received any kind of measles shot?		4a.	1 Y 2 N (NP) 9 DK (NP)
b. What types of measles shots did -- receive? (Was it for German measles, sometimes known as Rubella or 3-day measles, OR was it for Red measles, sometimes known as 8-day measles, OR did -- receive shots for both?)		b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind
5a. When did -- receive the measles shot?		5a.	Mo. _____ Date _____
b. Where did -- receive the measles shot — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		b.	1 2 3 4 8 7 } (NP) (Specify) _____
6a. When did -- receive the shot for Red measles, sometimes known as 8-day measles?		6a.	Mo. _____ Date _____
b. Where did -- receive this shot — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		b.	1 2 3 4 8 7 (Specify) _____
7a. When did -- receive the shot for German measles, sometimes known as Rubella or 3-day measles?		7a.	Mo. _____ Date _____
b. Where did -- receive this shot — at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 — Doctor's office (Group practice or doctor's clinic) 3 — Public Health Clinic 8 — Other — Specify 2 — Hospital outpatient clinic or emergency room 4 — School		b.	1 2 3 4 8 7 (Specify) _____

1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	S	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	S	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)	1 <input type="checkbox"/> Under 17 2 <input type="checkbox"/> 17 + (NP)
1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)
Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)
1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	b.	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot	1 <input type="checkbox"/> Vaccine by mouth 2 <input type="checkbox"/> Shot
Mo. _____ Date _____	c.	Mo. _____ Date _____	Mo. _____ Date _____	c.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	d.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	d.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)
Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____	b.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	c.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)
1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	b.	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind	1 <input type="checkbox"/> Both Red and German (6) 2 <input type="checkbox"/> Red measles (8-day) only 3 <input type="checkbox"/> German measles (Rubella, 3-day) only 9 <input type="checkbox"/> DK kind
Mo. _____ Date _____	5a.	Mo. _____ Date _____	Mo. _____ Date _____	5a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 } (NP) _____ (Specify)	b.	1 2 3 4 8 7 } (NP) _____ (Specify)	1 2 3 4 8 7 } (NP) _____ (Specify)	b.	1 2 3 4 8 7 } (NP) _____ (Specify)	1 2 3 4 8 7 } (NP) _____ (Specify)
Mo. _____ Date _____	6a.	Mo. _____ Date _____	Mo. _____ Date _____	6a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)
Mo. _____ Date _____	7a.	Mo. _____ Date _____	Mo. _____ Date _____	7a.	Mo. _____ Date _____	Mo. _____ Date _____
1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)	b.	1 2 3 4 8 7 _____ (Specify)	1 2 3 4 8 7 _____ (Specify)