

**Section A – IMMUNIZATION**

<b>ITEM A1</b>	Refer to household composition.	<input type="checkbox"/> Child under 6 in family (A2) <input type="checkbox"/> No child under 6 in family (Section B)
<b>ITEM A2</b>	Enter person number and first name of sample child under 6.	Person number _____ <span style="float:right">3-4</span>
	Enter person number of respondent.	First name _____ Person number _____ <span style="float:right">5-6</span>

**These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.**

<b>ITEM A3</b>	Refer to shot record	<input type="checkbox"/> Available (1) <input type="checkbox"/> Not available (8)
----------------	----------------------	--

**1. Transcribe from shot record**

Shot	Immunization				
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
	8 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	57 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	5 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	34 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	59 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (2)
<b>1st</b>	9-14 ____/____/19 MO DAY YR	58-63 ____/____/19 MO DAY YR	6 7-12 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	35-40 ____/____/19 MO DAY YR	60-65 ____/____/19 MO DAY YR
<b>2nd</b>	15-20 ____/____/19 MO DAY YR	64-69 ____/____/19 MO DAY YR	13 14-19 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	41-46 ____/____/19 MO DAY YR	66-71 ____/____/19 MO DAY YR
<b>3rd</b>	21-26 ____/____/19 MO DAY YR	70-75 ____/____/19 MO DAY YR	20 21-26 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	47-52 ____/____/19 MO DAY YR	72-77 ____/____/19 MO DAY YR
<b>4th</b>	27-32 ____/____/19 MO DAY YR	76-81 ____/____/19 MO DAY YR	27 28-33 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	53-58 ____/____/19 MO DAY YR	78-83 ____/____/19 MO DAY YR
<b>5th</b>	33-38 ____/____/19 MO DAY YR	82-87 ____/____/19 MO DAY YR			
<b>6th</b>	39-44 ____/____/19 MO DAY YR	88-93 ____/____/19 MO DAY YR			
<b>7th</b>	45-50 ____/____/19 MO DAY YR	94-99 ____/____/19 MO DAY YR			
<b>8th</b>	51-56 ____/____/19 MO DAY YR	100-105 ____/____/19 MO DAY YR			

<b>2. Are all the immunizations that -- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (3) <input type="checkbox"/> DK }
<b>3a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</b>	<input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }
<b>b. How many additional DTP shots has -- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK
<b>4a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }
<b>b. How many additional polio vaccines has -- received?</b>	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK

**Section A — IMMUNIZATION — Continued**

<b>5a. Has — ever received an additional measles or MMR (Measles — Mumps — Rubella) shot?</b>	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)	<b>89</b>		
<b>b. How many additional measles or MMR shots has — received?</b>	_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>90</b>		
<b>6a. Has — ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</b>	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7a)	<b>91</b>		
<b>b. How many additional HIB shots has — received?</b>	_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>92</b>		
<b>7a. Has — ever received an additional Hepatitis B shot?</b>	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (10)	<b>93</b>		
<b>b. How many additional Hepatitis B shots has — received?</b>	_____ Shots (Number) } (10)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>94</b>		
<b>8. Has — ever received an immunization (that is a shot or drops)?</b>	1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section B)	<b>95</b>		
<b>9a. Has — ever received:</b>				
<b>(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>96</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>99</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(3) A measles or MMR (Measles - Mumps - Rubella) shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>102</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>105</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(5) A Hepatitis B shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>108</b></span> 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }
<b>9b. How many (vaccine) shots did — ever receive?</b>				
<b>(1) DTP/DT</b>	<b>(2) Polio</b>	<b>(3) Measles or MMR</b>	<b>(4) HIB</b>	<b>(5) Hepatitis B</b>
_____ Shots (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (10) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK
<b>10. Are you the person who took — for most of — shots? (Most means at least 1/2 of the shots)</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>111</b>
<b>11. In your opinion, has — received all of the recommended shots for — age?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>112</b>

Section M – IMMUNIZATION

<b>ITEM M1</b>	Refer to household composition.	<input type="checkbox"/> Child under 6 in family (M2) <input type="checkbox"/> No child under 6 in family (Section N)
<b>ITEM M2</b>	Enter person number and first name of sample child under 6.	Person number _____ <span style="float:right">3-4</span>
	Enter person number of respondent.	First name _____ Person number _____ <span style="float:right">5-6</span>
These questions refer to (read name), and are about immunizations that --- may have received. It would be helpful if we could refer to --- shot record.		
<b>ITEM M3</b>	Refer to shot record	<input type="checkbox"/> Available (1) <input type="checkbox"/> Not available (8)

1. Transcribe from shot record

Shot	Immunization				
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
	8 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	57 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	5 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	34 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	59 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (2)
1st	9-14 ____/____/19 MO DAY YR	58-63 ____/____/19 MO DAY YR	6 7-12 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	35-40 ____/____/19 MO DAY YR	60-65 ____/____/19 MO DAY YR
2nd	15-20 ____/____/19 MO DAY YR	64-69 ____/____/19 MO DAY YR	13 14-19 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	41-46 ____/____/19 MO DAY YR	66-71 ____/____/19 MO DAY YR
3rd	21-26 ____/____/19 MO DAY YR	70-75 ____/____/19 MO DAY YR	20 21-26 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	47-52 ____/____/19 MO DAY YR	72-77 ____/____/19 MO DAY YR
4th	27-32 ____/____/19 MO DAY YR	76-81 ____/____/19 MO DAY YR	27 28-33 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	53-58 ____/____/19 MO DAY YR	78-83 ____/____/19 MO DAY YR
5th	33-38 ____/____/19 MO DAY YR	82-87 ____/____/19 MO DAY YR			
6th	39-44 ____/____/19 MO DAY YR	88-93 ____/____/19 MO DAY YR			
7th	45-50 ____/____/19 MO DAY YR	94-99 ____/____/19 MO DAY YR			
8th	51-56 ____/____/19 MO DAY YR	100-105 ____/____/19 MO DAY YR			

<b>2. Are all the immunizations that --- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (3) <input type="checkbox"/> DK }
<b>3a. Has --- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</b>	<input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }
<b>b. How many additional DTP shots has --- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK
<b>4a. Has --- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }
<b>b. How many additional polio vaccines has --- received?</b>	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK

**Section M — IMMUNIZATION — Continued**

<b>5a. Has — ever received an additional measles or MMR (Measles — Mumps — Rubella) shot?</b>	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK	<b>89</b>			
<b>b. How many additional measles or MMR shots has — received?</b>	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>90</b>			
<b>6a. Has — ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</b>	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7a) 9 <input type="checkbox"/> DK	<b>91</b>			
<b>b. How many additional HIB shots has — received?</b>	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>92</b>			
<b>7a. Has — ever received an additional Hepatitis B shot?</b>	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK	<b>93</b>			
<b>b. How many additional Hepatitis B shots has — received?</b>	_____ Shots } (10) (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>94</b>			
<b>8. Has — ever received an immunization (that is a shot or drops)?</b>	1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No } (Section N) 9 <input type="checkbox"/> DK	<b>95</b>			
<b>9a. Has — ever received:</b>					
<b>(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>96</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>99</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	<b>(3) A measles or MMR (Measles — Mumps — Rubella) shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>102</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	<b>(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>105</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	<b>(5) A Hepatitis B shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>108</b></span> 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK	
<b>9b. How many (vaccine) shots did — ever receive?</b>					
<b>(1) DTP/DT</b>	<b>(2) Polio</b>	<b>(3) Measles or MMR</b>	<b>(4) HIB</b>	<b>(5) Hepatitis B</b>	
<b>97-98</b>	<b>100-101</b>	<b>103-104</b>	<b>106-107</b>	<b>109-110</b>	
_____ Shots } (9a, Next vaccine) (Number) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (9a, Next vaccine) (Number) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (9a, Next vaccine) (Number) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (9a, Next vaccine) (Number) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (10) (Number) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	
<b>10. Are you the person who took — for most of — shots? (Most means at least 1/2 of the shots)</b>			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>111</b>
<b>11. In your opinion, has — received all of the recommended shots for — age?</b>			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>112</b>