

**Section IZ - IMMUNIZATION**

<b>ITEM IZ1</b>	Enter person number and first name of sample child under 6.	Person number _____	3-4
	Enter person number of respondent.	First name _____	5-6

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 IZ2</b>	Refer to shot record.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Not available (8)	7
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**1. Transcribe from shot record**

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

<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 }	84
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<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 }	85
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<b>b. How many additional DTP shots has -- received?</b>	_____ Shots (Number)	86
	<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 }	87
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<b>b. How many additional polio vaccines has -- received?</b>	_____ Vaccines (Number)	88
	<input type="checkbox"/> All <input type="checkbox"/> DK	

**Section IZ – 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	98	
<b>b. How many additional measles or MMR shots has -- received?</b>		_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	99	
<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	91	
<b>b. How many additional HIB shots has -- received?</b>		_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	92	
<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	93	
<b>b. How many additional Hepatitis B shots has -- received?</b>		_____ Shots } (10) (Number) }  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	94	
<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 } (Item IZ3) 9 <input type="checkbox"/> DK	95	
<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>	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>	<b>(3) A measles or MMR (Measles - Mumps - Rubella) shot?</b>	<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>	<b>(5) A Hepatitis B shot?</b>
1 <input type="checkbox"/> Yes (9b) } 96 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) } 99 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) } 102 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) } 105 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) } 108 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK
<b>9b. How many (vaccine) shots did -- ever receive?</b>				
(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
97-98	100-101	103-104	106-107	109-110
_____ 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		111
<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		112

**Section IZ – IMMUNIZATION – Continued**

<b>ITEM IZ3</b>	<i>About how often did the respondent appear to answer the questions in Immunization accurately?</i>	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	113
<b>ITEM IZ4</b>	<i>About how often did the respondent appear to answer the questions in Immunization honestly?</i>	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	114

**CONTINUE WITH SECTION AC ON PAGE 6**

Notes