

FORM HIS-2 (1994)  
(4-1-94)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL  
NATIONAL CENTER FOR HEALTH STATISTICS

**NATIONAL HEALTH INTERVIEW SURVEY**

**1994 SUPPLEMENT BOOKLET**  
**I. IMMUNIZATION**  
**II. DISABILITY**

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 30 to 40 minutes per response, with an average of 35 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

<b>2. R.O. number</b>	9-10	<b>3. Sample</b>	11-13	<b>1. Book ____ of ____ books</b>	RT 51 3-7 8
<b>4. Control number</b>	PSU 14-16	Segment 17-23	Serial 24-25		<b>5. Family number</b>
<b>6. Field Representative's name</b>				<b>Code</b>	27-29
<b>7. Beginning time</b>		30-32 34	<b>8. Ending time</b>		35-38 39
		1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.			1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.

**SAMPLE CHILD LIST**

**ITEM 11**

Are there any nondeleted persons under 6 years old in this family?

Yes (List by age, oldest to youngest)  
 No (Section II on page 12)

RT 52	3-4	5-6	7			8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	SC	19-35 months	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

**ITEM 12A**

Are there any non-selected 2 year olds in the above list?

Yes (Mark (X) box in "19-35 months" column for EACH, then I2B)  
 No (I2B)

**ITEM 12B**

Are there any non-selected 1 year olds in the above list?

Yes (Refer to Eligibility Chart below for EACH 1 year old)  
 No (Section I)

**ELIGIBILITY CHART**

If month of Interview is: Mark (X) box in "19-35 months" column if child's Date of Birth is Within:

January 1994	02/91 - 06/92
February 1994	03/91 - 07/92
March 1994	04/91 - 08/92
April 1994	05/91 - 09/92
May 1994	06/91 - 10/92
June 1994	07/91 - 11/92
July 1994	08/91 - 12/92
August 1994	09/91 - 01/93
September 1994	10/91 - 02/93
October 1994	11/91 - 03/93
November 1994	12/91 - 04/93
December 1994	01/92 - 05/93
January 1995	02/92 - 06/93

Complete final status on Back Cover

**Section I - IMMUNIZATION - Continued**

RT 54

<b>ITEM 13</b>	Enter person number and first name of sample child under 6.	Person number _____	First name _____	3-4
	Enter person number of respondent.	Person number _____		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 14</b>	Refer to shot record.	<input type="checkbox"/> Available (2)	7
		<input type="checkbox"/> Not available (1)	

1. Ask only on initial interview. On callback, skip to 9. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	<input type="checkbox"/> Yes (Arrange callback, then 15 on page 6) <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }	8
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2. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	RT 55	(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)	(5) A Hepatitis B shot?
	9-10	59-60		3-4 5-6	35-36	61-62
	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }		Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)		HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-65 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

**Section I - IMMUNIZATION - Continued**

<b>3. Are all the immunizations that -- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (11) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }	87
<b>4a. 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 (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }	88
<b>b. How many additional DTP shots has -- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	89
<b>5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6) <input type="checkbox"/> DK }	90
<b>b. How many additional polio vaccines has -- received?</b>	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	91
<b>6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</b>	<input type="checkbox"/> Yes (6b) <input type="checkbox"/> No } (7) <input type="checkbox"/> DK }	92
<b>b. How many additional measles or MMR shots has -- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	93
<b>7a. 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>	<input type="checkbox"/> Yes (7b) <input type="checkbox"/> No } (8) <input type="checkbox"/> DK }	94
<b>b. How many additional HIB shots has -- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	95

**Section I - IMMUNIZATION - Continued**

<b>8a. Has -- ever received an additional Hepatitis B shot?</b>	<input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (11) <input type="checkbox"/> DK }	96
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<b>b. How many additional Hepatitis B shots has -- received?</b>	_____ Shots (Number) } (11) <input type="checkbox"/> All <input type="checkbox"/> DK	97
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<b>9. Has -- ever received an immunization (that is a shot or drops)?</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (Item 15 on page 6) <input type="checkbox"/> DK }	98
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**10a. Has -- ever received:**

<b>(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)?</b>  <input type="checkbox"/> Yes (10b) } 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>  <input type="checkbox"/> Yes (10b) } 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	<b>(3) A measles or MMR (Measles - Mumps - Rubella) shot?</b>  <input type="checkbox"/> Yes (10b) } 105 <input type="checkbox"/> No } (Next vaccine) <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>  <input type="checkbox"/> Yes (10b) } 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	<b>(5) A Hepatitis B shot?</b>  <input type="checkbox"/> Yes (10b) } 111 <input type="checkbox"/> No } (11) <input type="checkbox"/> DK }
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**10b. How many (vaccine) shots did -- ever receive?**

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (11) <input type="checkbox"/> All <input type="checkbox"/> DK

<b>11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	114
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<b>12. In your opinion, has -- received all of the recommended shots for -- age?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	115
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**Section I – IMMUNIZATION – Continued**

<b>ITEM 15</b>	Refer to Sample Child List on Cover.	1 <input type="checkbox"/> Additional 19-35 month old child (Item 18 on page 7) 2 <input type="checkbox"/> No additional 19-35 month old child (16)				
<b>ITEM 16</b>	Refer to questions 2 and 10 for SC. Mark (X) first appropriate box.	1 <input type="checkbox"/> Callback required } (Fill HIS-2A if appropriate, then 17) 2 <input type="checkbox"/> Any immunizations } 3 <input type="checkbox"/> No immunizations (Section II on page 12)				
<b>ITEM 17</b>	Status of HIS-2A for SC. Mark (X) one in each column.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;"><u>Provider</u></td> <td style="width:50%; text-align:center;"><u>Permission</u></td> </tr> <tr> <td style="vertical-align:top;">                     0 <input type="checkbox"/> Not required                      1 <input type="checkbox"/> Complete                      2 <input type="checkbox"/> Refused                      3 <input type="checkbox"/> Other (Explain in notes)                 </td> <td style="vertical-align:top;">                     0 <input type="checkbox"/> Not required                      1 <input type="checkbox"/> Complete                      2 <input type="checkbox"/> Refused                      3 <input type="checkbox"/> Other (Explain in notes)                 </td> </tr> </table>	<u>Provider</u>	<u>Permission</u>	0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)
<u>Provider</u>	<u>Permission</u>					
0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)					

Notes		1 Sample child
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**Section I - IMMUNIZATION - Continued**

RT 54

<b>ITEM 18</b>	Enter person number and first name of other 19-35 month old child.	Person number _____ First name _____	3-4
	Enter person number of respondent.	Person number _____	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 19</b>	Refer to shot record.	1 <input type="checkbox"/> Available (14) 2 <input type="checkbox"/> Not available (13)	7
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<b>13.</b> Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then I10 on page 10) 2 <input type="checkbox"/> No } (21) 9 <input type="checkbox"/> DK }	8
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**14.** Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>		(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-F-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10	59-60	RT 55 3-4 5-6		35-36	61-62
	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }		____ Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	____ Shots (Record dates, then 15) (Number) 00 <input type="checkbox"/> None } (15) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)		HIB (Shot)	Hepatitis B
<b>1st</b>	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles    2 <input type="checkbox"/> MMR    9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
<b>2nd</b>	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles    2 <input type="checkbox"/> MMR    9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
<b>3rd</b>	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles    2 <input type="checkbox"/> MMR    9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
<b>4th</b>	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles    2 <input type="checkbox"/> MMR    9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
<b>5th</b>	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
<b>6th</b>	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
<b>7th</b>	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
<b>8th</b>	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

**Section I - IMMUNIZATION - Continued**

<b>15. Are all the immunizations that -- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (23) <input type="checkbox"/> No } (16) <input type="checkbox"/> DK }	87
<b>16a. 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 (16b) <input type="checkbox"/> No } (17) <input type="checkbox"/> DK }	88
<b>b. How many additional DTP shots has -- received?</b>	_____ Shots (Number)  <input type="checkbox"/> All <input type="checkbox"/> DK	89
<b>17a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }	90
<b>b. How many additional polio vaccines has -- received?</b>	_____ Vaccines (Number)  <input type="checkbox"/> All <input type="checkbox"/> DK	91
<b>18a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</b>	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No } (19) <input type="checkbox"/> DK }	92
<b>b. How many additional measles or MMR shots has -- received?</b>	_____ Shots (Number)  <input type="checkbox"/> All <input type="checkbox"/> DK	93
<b>19a. 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>	<input type="checkbox"/> Yes (19b) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }	94
<b>b. How many additional HIB shots has -- received?</b>	_____ Shots (Number)  <input type="checkbox"/> All <input type="checkbox"/> DK	95

**Section I - IMMUNIZATION - Continued**

<b>20a. Has -- ever received an additional Hepatitis B shot?</b>	1 <input type="checkbox"/> Yes (20b) <span style="float:right">96</span> 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK }
<b>b. How many additional Hepatitis B shots has -- received?</b>	_____ Shots } (Number) } (23) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK

<b>21. Has -- ever received an immunization (that is a shot or drops)?</b>	1 <input type="checkbox"/> Yes (22) <span style="float:right">98</span> 2 <input type="checkbox"/> No } (Item 110) 9 <input type="checkbox"/> DK }
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**22a. Has -- ever received:**

<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 (22b) <span style="float:right">99</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 (22b) <span style="float:right">102</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 (22b) <span style="float:right">105</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 (22b) <span style="float:right">108</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 (22b) <span style="float:right">111</span> 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK }
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**22b. How many (vaccine) shots did -- ever receive?**

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (23) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK

<b>23. 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 <span style="float:right">114</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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<b>24. In your opinion, has -- received all of the recommended shots for -- age?</b>	1 <input type="checkbox"/> Yes <span style="float:right">115</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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**Section I - IMMUNIZATION - Continued**

<b>ITEM I10</b>	Refer to questions 14 and 22 for additional 19-35 month old. Mark (X) first appropriate box.	<input type="checkbox"/> Callback required <input type="checkbox"/> Any immunizations <input type="checkbox"/> No immunizations (Return to 16 on page 6)	116 } (Fill HIS-2A, then I11) } (Return to 16 on page 6)
<b>ITEM I11</b>	Status of HIS-2A for additional 19-35 month old. Mark (X) one in each column.	<p align="center"><u>Provider</u></p> <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	<p align="center"><u>Permission</u></p> <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)

Notes		2 Other 19-35 month child 119
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