

FORM HIS-2 (1995)
(5-1-95)

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

1995 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(c) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

| | | | | | |
|---|--------------------|--------------|--|-------------------------|-------------------|
| 1. RO 9-10 | 2. Sample 11-13 | Suffix 14 | 3. Week 15-18 | 4. Book ___ of books | RT 51 3-7 8 |
| 5. Control number PSU Segment Suffix Serial Suffix Check digit 17-21 22-25 26-27 28-29 30 31 | | | | 6. Family number 32 | |
| 7. Field Representative's name | | | | Code | 33-35 |
| 8. Beginning time 38-39 40 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. | | | 9. Ending time 41-44 45 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 1995 | 02/92 - 06/93 |
| February 1995 | 03/92 - 07/93 |
| March 1995 | 04/92 - 08/93 |
| April 1995 | 05/92 - 09/93 |
| May 1995 | 06/92 - 10/93 |
| June 1995 | 07/92 - 11/93 |
| July 1995 | 08/92 - 12/93 |
| August 1995 | 09/92 - 01/94 |
| September 1995 | 10/92 - 02/94 |
| October 1995 | 11/92 - 03/94 |
| November 1995 | 12/92 - 04/94 |
| December 1995 | 01/93 - 05/94 |
| January 1996 | 02/93 - 06/94 |

Complete final status on Back Cover

Section I - IMMUNIZATION - Continued

RT 54
3-4
5-6

| | | | | |
|----------------|---|---------------------|------------------|--|
| ITEM 13 | Enter person number and first name of <u>sample child under 6</u> . | Person number _____ | First name _____ | |
| | Enter person number of respondent. | Person number _____ | | |

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.

| | | | | |
|----------------|-----------------------|--|--|---|
| ITEM 14 | Refer to shot record. | 1 <input type="checkbox"/> Available (2) | | 7 |
| | | 2 <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? | 1 <input type="checkbox"/> Yes (Arrange callback, then 15 on page 6) | | 8 |
| | | 2 <input type="checkbox"/> No } (9) | | |
| | | 3 <input type="checkbox"/> DK } | | |

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> | (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 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } | 59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } | RT 55 3-4 5-6 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } | 35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } | 61-62 Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK } |
| 1st | 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 ____/____/19 MO DAY YR | 37-42 ____/____/19 MO DAY YR |
| 2nd | 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 ____/____/19 MO DAY YR | 43-48 ____/____/19 MO DAY YR |
| 3rd | 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 ____/____/19 MO DAY YR | 49-54 ____/____/19 MO DAY YR |
| 4th | 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 ____/____/19 MO DAY YR | 55-60 ____/____/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

| | | |
|--|--|-----------|
| <p>3. Are all the immunizations that -- ever received included on this shot record?</p> | <p>1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK</p> | <p>87</p> |
| <p>4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</p> | <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK</p> | <p>88</p> |
| <p>b. How many additional DTP shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>89</p> |
| <p>5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</p> | <p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK</p> | <p>90</p> |
| <p>b. How many additional polio vaccines has -- received?</p> | <p>_____ Vaccines (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>91</p> |
| <p>6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</p> | <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p> | <p>92</p> |
| <p>b. How many additional measles or MMR shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>93</p> |
| <p>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.</p> | <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK</p> | <p>94</p> |
| <p>b. How many additional HIB shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>95</p> |

Section I - IMMUNIZATION - Continued

| | | |
|--|--|-----------|
| 8a. Has -- ever received an additional Hepatitis B shot? | <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (11) <input type="checkbox"/> DK } | 96 |
| b. How many additional Hepatitis B shots has -- received? | _____ Shots (Number) } (11) <input type="checkbox"/> All <input type="checkbox"/> DK | 97 |

| | | |
|---|---|-----------|
| 9. Has -- ever received an immunization (that is a shot or drops)? | <input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (Item 15 on page 6) <input type="checkbox"/> DK } | 98 |
|---|---|-----------|

10a. Has -- ever received:

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

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 |

| | | |
|--|--|------------|
| 11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 114 |
|--|--|------------|

| | | |
|--|--|------------|
| 12. In your opinion, has -- received all of the recommended shots for -- age? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 115 |
|--|--|------------|

Section I - IMMUNIZATION - Continued

| | | | | | | | |
|---|---|---|-----------------|-------------------|---|---|------------|
| ITEM 15 | 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) | 116 | | | | |
| ITEM 16 | 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) | 117 | | | | |
| ITEM 17 | Status of HIS-2A for SC. Mark (X) one in each column. | <table 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) | 118 |
| <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 | 119 |
|-------|--|-----------------------|------------|

Section I - IMMUNIZATION - Continued

| | | | | |
|----------------|--|---------------------|------------------|--------------|
| ITEM 18 | Enter person number and first name of other 19-35 month old child. | Person number _____ | First name _____ | RT 54 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.

| | | | |
|----------------|-----------------------|---|---|
| ITEM 19 | Refer to shot record. | 1 <input type="checkbox"/> Available (14) | 7 |
| | | 2 <input type="checkbox"/> Not available (13) | |

| | | | |
|------------|---|--|---|
| 13. | 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) | 8 |
| | | 2 <input type="checkbox"/> No } (21) | |
| | | 9 <input type="checkbox"/> DK } | |

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? If telephone ask: Was each shot measles only or MMR? | RT 55 3-4 5-6 | (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 | | | 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 |
| 1st | 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 |
| 2nd | 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 |
| 3rd | 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 |
| 4th | 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 | 81-88 ____/____/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

| | | |
|---|--|-----------|
| <p>15. Are all the immunizations that -- ever received included on this shot record?</p> | <p>1 <input type="checkbox"/> Yes (23) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p> | <p>87</p> |
| <p>16a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</p> | <p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17) 9 <input type="checkbox"/> DK }</p> | <p>88</p> |
| <p>b. How many additional DTP shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>89</p> |
| <p>17a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</p> | <p>1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK }</p> | <p>90</p> |
| <p>b. How many additional polio vaccines has -- received?</p> | <p>_____ Vaccines (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>91</p> |
| <p>18a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</p> | <p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No } (19) 9 <input type="checkbox"/> DK }</p> | <p>92</p> |
| <p>b. How many additional measles or MMR shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>93</p> |
| <p>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.</p> | <p>1 <input type="checkbox"/> Yes (19b) 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK }</p> | <p>94</p> |
| <p>b. How many additional HIB shots has -- received?</p> | <p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p> | <p>95</p> |

Section I - IMMUNIZATION - Continued

| | | |
|--|---|----|
| 20a. Has -- ever received an additional Hepatitis B shot? | 1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK | 95 |
| b. How many additional Hepatitis B shots has -- received? | _____ Shots } (Number) } (23) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK | 97 |

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

22a. Has -- ever received:

| | | | | |
|--|---|---|--|--|
| (1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? 1 <input type="checkbox"/> Yes (22b) 99 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK | (2) A polio vaccine by mouth (pink drops) or a polio shot? 1 <input type="checkbox"/> Yes (22b) 102 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK | (3) A measles or MMR (Measles - Mumps - Rubella) shot? 1 <input type="checkbox"/> Yes (22b) 105 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK | (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) 1 <input type="checkbox"/> Yes (22b) 108 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK | (5) A Hepatitis B shot? 1 <input type="checkbox"/> Yes (22b) 111 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK |
|--|---|---|--|--|

22b. How many (vaccine) shots did -- ever receive?

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

| | | |
|--|--|-----|
| 23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 114 |
|--|--|-----|

| | | |
|--|--|-----|
| 24. In your opinion, has -- received all of the recommended shots for -- age? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 115 |
|--|--|-----|