

FORM HIS-2 (1996)
(8-1-95)

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

1996 SUPPLEMENT BOOKLET

I. IMMUNIZATION

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 average 10 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 15-16	4. Book _____ of _____ books	RT 51 3-7 8
5. Control number				6. Family number 32	
PSU 17-21	Segment 22-25	Suffix 26-27	Serial 28-29	Suffix 30	Check digit 31
7. Field Representative's name				Code	33-35
8. Beginning time			36-39 40	9. Ending time 41-44 45	
			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 I1 List all nondeleted persons under 6 years old in this family by age, oldest to youngest.

RT 52	3-4	5-6	7	8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			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 I2A 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 I2B 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 1996	02/93 - 06/94
February 1996	03/93 - 07/94
March 1996	04/93 - 08/94
April 1996	05/93 - 09/94
May 1996	06/93 - 10/94
June 1996	07/93 - 11/94
July 1996	08/93 - 12/94
August 1996	09/93 - 01/95
September 1996	10/93 - 02/95
October 1996	11/93 - 03/95
November 1996	12/93 - 04/95
December 1996	01/94 - 05/95
January 1997	02/94 - 06/95

Section I - IMMUNIZATION - Continued					RT 54
ITEM 13	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.					
ITEM 14	Refer to shot record.	<input type="checkbox"/> Available (2) <input type="checkbox"/> Not available (1)			7
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 4) <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }			8
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, etc., 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	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 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	61-66 ____/____/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
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
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
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
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			
3. Are all the immunizations that -- ever received included on this shot record?		<input type="checkbox"/> Yes (11) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }			87
4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?		<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }			88
b. How many additional DTP shots has -- received?		_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK			89
5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?		<input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6) <input type="checkbox"/> DK }			90
b. How many additional polio vaccines has -- received?		_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK			91

Section I - IMMUNIZATION - Continued

6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?		<input type="checkbox"/> Yes (6b) <input type="checkbox"/> No } (7) <input type="checkbox"/> DK }	92	
b. How many additional measles or MMR shots has -- received?		_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	93	
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.		<input type="checkbox"/> Yes (7b) <input type="checkbox"/> No } (8) <input type="checkbox"/> DK }	94	
b. How many additional HIB shots has -- received?		_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	95	
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 4) <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.	<input type="checkbox"/> Additional 19-35 month old child (Item 18) <input type="checkbox"/> No additional 19-35 month old child (Item 16)	116		
ITEM 16	Refer to questions 2 and 10 for SC. Mark (X) first appropriate box.	<input type="checkbox"/> Callback required <input type="checkbox"/> Any immunizations <input type="checkbox"/> No immunizations (HIS-3)	(Fill HIS-2A if appropriate, then Item 17)		
ITEM 17	Status of HIS-2A for SC. Mark (X) one in each column.	Provider <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	Permission <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)		
		1 Sample child	118		
			RT 54		
ITEM 18	Enter person number and first name of other 19-35 month old child.	Person number _____ First name _____	3-4		
		Enter person number of respondent.	5-6		
		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.	<input type="checkbox"/> Available (14) <input type="checkbox"/> Not available (13)	7		
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?		<input type="checkbox"/> Yes (Arrange callback, then Item 110 on page 6) <input type="checkbox"/> No <input type="checkbox"/> DK	8		
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, etc., 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?	(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	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
1st	11-16	61-66	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK _____ / _____ / 19 MO DAY YR	7 8-13	37-42 63-68
2nd	17-22	67-72	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK _____ / _____ / 19 MO DAY YR	14 15-20	43-48 69-74
3rd	23-28	73-78	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK _____ / _____ / 19 MO DAY YR	21 22-27	49-54 75-80
4th	29-34	79-84	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK _____ / _____ / 19 MO DAY YR	28 29-34	55-60 81-86
5th	35-40	85-90			
6th	41-46	91-96			
7th	47-52	97-102			
8th	53-58	103-108			

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 on page 6) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p>	87
<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>	88
<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>	89
<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>	90
<p>b. How many additional polio vaccines has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	91
<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>	92
<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>	93
<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>	94
<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>	95
<p>20a. Has -- ever received an additional Hepatitis B shot?</p>	<p>1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No } (23 on page 6) 9 <input type="checkbox"/> DK }</p>	96
<p>b. How many additional Hepatitis B shots has -- received?</p>	<p>_____ Shots } (Number) } (23 on page 6)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK }</p>	97

Section I - IMMUNIZATION - Continued				
21. Has -- ever received an immunization (that is a shot or drops)?		<input type="checkbox"/> Yes (22) <input type="checkbox"/> No } (Item 110) <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)? <input type="checkbox"/> Yes (22b) <input type="text" value="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 (22b) <input type="text" value="102"/> <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (22b) <input type="text" value="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 (22b) <input type="text" value="108"/> <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (22b) <input type="text" value="111"/> <input type="checkbox"/> No } (23) <input type="checkbox"/> DK }
22b. How many (vaccine) shots did -- ever receive?				
(1) DTP/DT <input type="text" value="100-101"/> _____ Shots } (Next vaccine) (Number) } 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	(2) Polio <input type="text" value="103-104"/> _____ Shots } (Next vaccine) (Number) } 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	(3) Measles or MMR <input type="text" value="106-107"/> _____ Shots } (Next vaccine) (Number) } 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	(4) HIB <input type="text" value="109-110"/> _____ Shots } (Next vaccine) (Number) } 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	(5) Hepatitis B <input type="text" value="112-113"/> _____ Shots } (23) (Number) } 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		114
24. 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
ITEM 110	Refer to Sample Child List on Cover.	<input type="checkbox"/> Additional 19-35 month old child (Item 113 on page 7) <input type="checkbox"/> No additional 19-35 month old child (Item 111)		116
ITEM 111	Refer to questions 14 and 22 for additional 19-35 month old child. Mark (X) first appropriate box.	<input type="checkbox"/> Callback required } (Fill HIS-2A if appropriate, then Item 112) <input type="checkbox"/> Any immunizations } <input type="checkbox"/> No immunizations (Return to Item 16 on page 4)		117
ITEM 112	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	Provider <input type="text" value="117"/> <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	Permission <input type="text" value="118"/> <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)	118
Notes		2 Other 19-35 month child		119

Section I - IMMUNIZATION - Continued					RT 54
ITEM 113	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.					
ITEM 114	Refer to shot record.	<input type="checkbox"/> Available (26) <input type="checkbox"/> Not available (25)			7
25.	Ask only on initial interview. On callback, skip to 33. 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 Item 115 on page 9) <input type="checkbox"/> No } (33 on page 8) <input type="checkbox"/> DK }			8
26.	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, etc., shots.				
	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)? 9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } DTP/DT (Shot)	(2) A polio vaccine by mouth (pink drops) or a polio shot? 59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Polio (Drops or shots)	(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 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } Measles/MMR (Shots)	(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) 35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK } HIB (Shot)	(5) A Hepatitis B shot? 61-62 Shots (Record dates, then 27) (Number) 00 <input type="checkbox"/> None } (27) 99 <input type="checkbox"/> DK } Hepatitis B
1st	11-16 MO / DAY / 19	61-66 MO / DAY / 19	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK 7 8-13 MO / DAY / 19	37-42 MO / DAY / 19	63-68 MO / DAY / 19
2nd	17-22 MO / DAY / 19	67-72 MO / DAY / 19	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK 14 15-20 MO / DAY / 19	43-48 MO / DAY / 19	69-74 MO / DAY / 19
3rd	23-28 MO / DAY / 19	73-78 MO / DAY / 19	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK 21 22-27 MO / DAY / 19	49-54 MO / DAY / 19	75-80 MO / DAY / 19
4th	29-34 MO / DAY / 19	79-84 MO / DAY / 19	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK 28 29-34 MO / DAY / 19	55-60 MO / DAY / 19	81-86 MO / DAY / 19
5th	35-40 MO / DAY / 19	85-90 MO / DAY / 19			
6th	41-46 MO / DAY / 19	91-96 MO / DAY / 19			
7th	47-52 MO / DAY / 19	97-102 MO / DAY / 19			
8th	53-58 MO / DAY / 19	103-108 MO / DAY / 19			
27.	Are all the immunizations that -- ever received included on this shot record?			<input type="checkbox"/> Yes (35 on page 8) <input type="checkbox"/> No } (28) <input type="checkbox"/> DK }	
28a.	Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?			<input type="checkbox"/> Yes (28b) <input type="checkbox"/> No } (29) <input type="checkbox"/> DK }	
b.	How many additional DTP shots has -- received?			_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	
29a.	Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?			<input type="checkbox"/> Yes (29b) <input type="checkbox"/> No } (30 on page 8) <input type="checkbox"/> DK }	
b.	How many additional polio vaccines has -- received?			_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	

Section I - IMMUNIZATION - Continued				
30a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?		<input type="checkbox"/> Yes (30b) <input type="checkbox"/> No } (31) <input type="checkbox"/> DK }		92
b. How many additional measles or MMR shots has -- received?		_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK		93
31a. 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.		<input type="checkbox"/> Yes (31b) <input type="checkbox"/> No } (32) <input type="checkbox"/> DK }		94
b. How many additional HIB shots has -- received?		_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK		95
32a. Has -- ever received an additional Hepatitis B shot?		<input type="checkbox"/> Yes (32b) <input type="checkbox"/> No } (35) <input type="checkbox"/> DK }		96
b. How many additional Hepatitis B shots has -- received?		_____ Shots } (Number) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK }		97
33. Has -- ever received an immunization (that is a shot or drops)?		<input type="checkbox"/> Yes (34) <input type="checkbox"/> No } (Item 115 on page 9) <input type="checkbox"/> DK }		98
34a. 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 (34b) <input type="checkbox"/> 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 (34b) <input type="checkbox"/> 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 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 (34b) <input type="checkbox"/> 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (34b) <input type="checkbox"/> 111 <input type="checkbox"/> No } (35) <input type="checkbox"/> DK }
34b. 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) } (35) <input type="checkbox"/> All } <input type="checkbox"/> DK }
35. 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
36. 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 I15	Refer to questions 26 and 34 for additional 19-35 month old child. Mark (X) first appropriate box.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to Item I11 on page 6) </div> <div style="width: 35%; font-size: small;"> } (Fill HIS-2A, then Item I16) </div> </div>	116								
ITEM I16	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-bottom: 1px dashed black; padding: 5px;"><u>Provider</u></td> <td style="width: 5%; text-align: center; border-bottom: 1px dashed black; padding: 5px;">117</td> <td style="width: 40%; text-align: center; border-bottom: 1px dashed black; padding: 5px;"><u>Permission</u></td> <td style="width: 5%; text-align: center; border-bottom: 1px dashed black; padding: 5px;">118</td> </tr> <tr> <td style="padding: 5px;"> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="border-left: 1px dashed black; border-right: 1px dashed black;"></td> <td style="padding: 5px;"> 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="font-size: small; vertical-align: middle;"> } (Return to Item I11 on page 6) </td> </tr> </table>	<u>Provider</u>	117	<u>Permission</u>	118	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)	} (Return to Item I11 on page 6)	
<u>Provider</u>	117	<u>Permission</u>	118								
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)	} (Return to Item I11 on page 6)								
Notes		3 Other 19-35 month child	119								

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10. Response Status

a. Section I (Immunization)

3

Interview:

- 1 Complete
 - 2 Partial
- } *Mark (X) mode in 10b. Explain "Partial" in notes.*

Noninterview:

- 3 Refused
 - 4 Other
- } *Explain in notes*

b. Mode of interview:

4

All or most –

- 1 In person
- 2 By telephone

Notes