IMMUNIZATION

**Check item CIDCCI2:** Only non-deleted children 0-4 years old other than the sample child in each family for this section. Sample child and children age 5+, go to next section — Immunization.

CID.050 What is {IMESPNO name}’s relationship to {child name}?

**FR:** SHOW FLASHCARD C1.

>ICRELTV<
01 Parent (Biological, adoptive, or step)
02 Grandparent
03 Aunt/Uncle
04 Brother/Sister
05 Other relative
06 Legal guardian
07 Foster parent
08 Other non-relative
09 Refused
99 Don’t know

**Check item IC_CCI1:** If IMESPNO is the household respondent, go to check item IAGECHK; Else go to CID.060.

CID.060 **FR:** PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE CHILD.

(1) Yes (2) No

>ICVERF_S< Gender = {male/female} Is it correct?
>ICVERF_A< Age = {3 digit format} Is it correct?
>ICVERF_D< Birthday = {spoken word format} Is it correct?

**Check item CIDCCI2A:** If ICVERF_S equals 2 then go to CID.062; If ICVERF_A equals 2 then go to CID.064; If ICVERF_D equals 2 then go to CID.068; If no changes or when changes complete go to IAGECHK.

CID.062 Is {child name} Male or Female?

**FR:** ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON’S SEX.

>INEWSEX< (1) Male (2) Female

[Update revised INEWSEX in SEX]

CID.064 How old is {child name}?

>INEWAGE< (00-04) 0-4 years old
(97) Refused
(99) Don’t know

[Update revised INEWAGE in AGE]
CID.068 What is {child name}’s birthday?

>INEWDOB1< MONTH:

(01) January (05) May (09) September (97) Refused
(02) February (06) June (10) October (99) Don’t Know
(03) March (07) July (11) November
(04) April (08) August (12) December

>INEWDOB2< DAY:

(01-31) 1-31
(97) Refused
(99) Don’t Know

>INEWDOB3< YEAR:

(9997) Refused
(9999) Don’t Know

[Update revised birth dates in DOB_M, DOB_D, DOB_Y_P]

Check item IAGECHK: Verify that the age and birth date are consistent, if not go to CID.060. CAPI calculates children 0-4 years old age in months and stores data in ICAGEM. If child’s age is 3 or 4 and birth date is unknown, go to CID.080.

CID.080 Has {S.C. name} had {his/her} 3rd birthday?

>IC3BD<

(1) Yes (IC3BD1) (7) Refused (IC3BD1)
(2) No (CIM.060) (4) Don’t know (IC3BD1)

Check item IC3BD1: If IC3BD = ‘1’, ICAGEM = ‘88’
If IC3BD = ‘7’, ICAGEM = ‘97’
If IC3BD = ‘9’, ICAGEM = ‘99’

(Go to next section-Immunization)
Section II -- CHILD IMMUNIZATION

Check item CIMCCI1: Ask all immunization questions for the sample child and all 12-35 months old children. For the sample child, go to CIM.010. For other 12-35 months old child/children, go to CIM.011.

CIM.010 These questions are about immunizations that {sample child’s name} may have received. It would be helpful if we could refer to {his/her} shot record.

[If additional children ages 12-35 months, read:]

We will also need to see shot records for any children 12-35 months of age in the family.

[Else continue to read:]

Are shot records available for {sample child’s name}?

>SHOTRC<
  (1) Yes (CIMCCI2)  (7) Refused (CIM.020)
  (2) No (CIM.020)  (9) Don’t know (CIM.020)

CIM.011 Are shot records available for {child’s name}? 

>SHOTRC2<
  (1) Yes (CIMCCI2)  (7) Refused
  (2) No  (9) Don’t know

CIM.020 We will need the shot record to complete this section of the interview. If I call you within the next few days, would you be able to have {Child’s name}’s shot record available?

>SHOTFT<
  (1) Yes (CIM.750)  (7) Refused (CIM.290)
  (2) No (CIM.290)  (9) Don’t know (CIM.290)

Check item CIMCCI2: If age GE 7 go to CIM.060.

CIM.030 FR: TRANSSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a DTP, DtaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

>DTP<
  (00) None (CIM.040)  (97) Refused (CIM.040)
  (01-08) 1-8 shots  (99) Don’t know (CIM.040)
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<td>Looking at the shot record, please tell me how many times {Child’s name} has received a polio vaccine by mouth (pink drops) or a polio shot?</td>
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<td>&gt;POLIO&lt;</td>
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<td>(00) None (CIM.050)</td>
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<td></td>
<td>(01-08) 1-8 shots or doses</td>
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<tr>
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<td>(97) Refused (CIM.050)</td>
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<td>(99) Don’t Know (CIM.050)</td>
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</table>
Looking at the shot record, please tell me how many times {Child’s name} has received a HIB shot? (This is for meningitis and called Haemophilus influenza (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H.Flu vaccine).

**HIB**

- (00) None (CIM.057)
- (01-08) 1-8 shots
- (97) Refused (CIM.057)
- (99) Don’t Know (CIM.057)

**FR:** ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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CIM.057

**FR:** TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a rotavirus vaccine by mouth?

**FR:** READ IF NECESSARY: This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

**ROT**

- (00) None (CIM.060)
- (01-08) 1-8 doses
- (97) Refused (CIM.060)
- (99) Don’t Know (CIM.060)
FR: ENTER THE DATE FOR EACH DOSE; PRESS ‘N’ FOR NO MORE:

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<td>\texttt{ROTDT_Y1} \hspace{1cm} \texttt{ROTDT_Y5}</td>
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Second dose date

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| \texttt{ROTDT_D2} \hspace{1cm} \texttt{ROTDT_D6} | \texttt{ROTDT_D2} \hspace{1cm} \texttt{ROTDT_D6} |
| \texttt{ROTDT_Y2} \hspace{1cm} \texttt{ROTDT_Y6} | \texttt{ROTDT_Y2} \hspace{1cm} \texttt{ROTDT_Y6} |

Third dose date

| \texttt{ROTDT_M3} \hspace{1cm} \texttt{ROTDT_M7} | \texttt{ROTDT_M3} \hspace{1cm} \texttt{ROTDT_M7} |
| \texttt{ROTDT_D3} \hspace{1cm} \texttt{ROTDT_D7} | \texttt{ROTDT_D3} \hspace{1cm} \texttt{ROTDT_D7} |
| \texttt{ROTDT_Y3} \hspace{1cm} \texttt{ROTDT_Y7} | \texttt{ROTDT_Y3} \hspace{1cm} \texttt{ROTDT_Y7} |

Fourth dose date

| \texttt{ROTDT_M4} \hspace{1cm} \texttt{ROTDT_M8} | \texttt{ROTDT_M4} \hspace{1cm} \texttt{ROTDT_M8} |
| \texttt{ROTDT_D4} \hspace{1cm} \texttt{ROTDT_D8} | \texttt{ROTDT_D4} \hspace{1cm} \texttt{ROTDT_D8} |
| \texttt{ROTDT_Y4} \hspace{1cm} \texttt{ROTDT_Y8} | \texttt{ROTDT_Y4} \hspace{1cm} \texttt{ROTDT_Y8} |

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times \{Child’s name\} has received a measles or MMR (Measles-Mumps-Rubella) shot?

\(\texttt{MMR}\)

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<tr>
<th>None (CIM.070)</th>
<th>7) Refused (CIM.070)</th>
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</thead>
<tbody>
<tr>
<td>1-4 shots</td>
<td>9) Don’t know (CIM.070)</td>
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FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

Was the First shot:

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<td>(1) Measles ONLY or</td>
<td>(1) Measles ONLY or</td>
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<tr>
<td>(2) MMR</td>
<td>(2) MMR</td>
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<tr>
<td>(7) Refused</td>
<td>(7) Refused</td>
</tr>
<tr>
<td>(9) Don’t know</td>
<td>(9) Don’t know</td>
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First shot date

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| \texttt{MMRDT_D1} \hspace{1cm} \texttt{MMRDT_D3} | \texttt{MMRDT_D1} \hspace{1cm} \texttt{MMRDT_D3} |
| \texttt{MMRDT_Y1} \hspace{1cm} \texttt{MMRDT_Y3} | \texttt{MMRDT_Y1} \hspace{1cm} \texttt{MMRDT_Y3} |

Was the Second shot:

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<td>(9) Don’t know</td>
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Second shot date

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| \texttt{MMRDT_D2} \hspace{1cm} \texttt{MMRDT_D4} | \texttt{MMRDT_D2} \hspace{1cm} \texttt{MMRDT_D4} |
| \texttt{MMRDT_Y2} \hspace{1cm} \texttt{MMRDT_Y4} | \texttt{MMRDT_Y2} \hspace{1cm} \texttt{MMRDT_Y4} |
CIM.070  FR:  TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a Hepatitis B shot?

>HEP<
(00) None (CIM.080)  (97) Refused (CIM.080)
(01-08) 1-8 shots  (99) Don’t know (CIM.080)

CIM.075  FR:  ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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CIM.080  FR:  TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a chickenpox (or Varicella) shot?

>VAR<
(0) None (CIM.087)  (7) Refused (CIM.100)
(1-4) 1-4 shots  (9) Don’t know (CIM.100)

CIM.085  FR:  ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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</table>
FR: TRANSSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, Prevnar E, Pnuimune E or Pneumovax E)

(0) None (CIMCCI3) (7) Refused (CIMCCI3)
(1-4) 1-4 shots (9) Don’t know (CIMCCI3)

FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date Second shot date
>PNEDT_M1< __________ (Month) >PNEDT_M2< __________ (Month)
>PNEDT_D1< __________ (Day) >PNEDT_D2< __________ (Day)
>PNEDT_Y1< __________ (Year) >PNEDT_Y2< __________ (Year)

Third shot date Fourth shot date
>PNEDT_M3< __________ (Month) >PNEDT_M4< __________ (Month)
>PNEDT_D3< __________ (Day) >PNEDT_D4< __________ (Day)
>PNEDT_Y3< __________ (Year) >PNEDT_Y4< __________ (Year)

Check item CIMCCI3: If age LE 6, go to CIM.100.

FR: TRANSSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a tetanus-diptheria booster (Td) shot?

(0) None (CIM.100) (7) Refused (CIM.100)
(1-4) 1-4 shots (9) Don’t know (CIM.100)

FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date Second shot date
>TDBDT_M1< __________ (Month) >TDBDT_M2< __________ (Month)
>TDBDT_D1< __________ (Day) >TDBDT_D2< __________ (Day)
>TDBDT_Y1< __________ (Year) >TDBDT_Y2< __________ (Year)

Third shot date Fourth shot date
>TDBDT_M3< __________ (Month) >TDBDT_M4< __________ (Month)
>TDBDT_D3< __________ (Day) >TDBDT_D4< __________ (Day)
>TDBDT_Y3< __________ (Year) >TDBDT_Y4< __________ (Year)

CIM.100 Are there any OTHER immunizations listed on the shot record that I have NOT asked you about?

>OTHRNT< (1) Yes (7) Refused (CIM.140)
(2) No (CIM.140) (9) Don’t know (CIM.140)
What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?

(1) Influenza vaccine
(3) Hepatitis A vaccine

[If age LE 6 ]

(4) Tetramune
(5) ACTHib

[Else continue to read: ]

(6) Other
(7) Refused
(9) Don’t Know

Check item CIMCCI4: (LOOP UNTIL ALL SELECTIONS HAVE BEEN EXHAUSTED)

If CIM.110 equals 1 go to CIM.121, else; If CIM.110 equals 3 go to CIM.125, else;
If CIM.110 equals 4 go to CIM.127, else; If CIM.110 equals 5 go to CIM.129, else;
If CIM.110 equals 6 go to CIM.120, else; go to CIM.140

What is the name of the vaccine not listed on the shot record?

__________

(Go to CIM.131)

FR: TRANSSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received an influenza vaccine shot?

(1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don’t know (CIMCCI4)

FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date

Second shot date

Third shot date

Fourth shot date

Fifth shot date

Sixth shot date

(Go to CIMCCI4)
FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a Hepatitis A vaccine shot?

>OTH3<

(1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don’t know (CIMCCI4)

FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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<thead>
<tr>
<th>First shot date</th>
<th>Fourth shot date</th>
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Second shot date

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Third shot date

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<tr>
<td>&gt;OTH3D_Y3&lt;</td>
<td>&gt;OTH3D_Y6&lt;</td>
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</table>

(Go to CIMCCI4)

FR: TRANSCRIBE FORM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child’s name} has received a Tetramune shot?

>OTH4<

(1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don’t know (CIMCCI4)

FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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<thead>
<tr>
<th>First shot date</th>
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Second shot date

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Third shot date

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(Go to CIMCCI4)
CIM.129  
**FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

Looking at the shot record, please tell me how many times {Child’s name} has received an ACTHib shot?

>OTH5<

(1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don’t know (CIMCCI4)

CIM.130  
**FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:**

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(Go to CIMCCI4)

CIM.131  
**FR: TRANSCRIBE FROM SHOT RECORD OR ASK:**

Looking at the shot record, please tell me how many times {Child’s name} has received a [Fill OTHEVO] shot?

>OTH6<

(1-6) 1-6 times
(7) Refused (CIMCCI4)
(9) Don’t know (CIMCCI4)

CIM.132  
**FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:**

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<tr>
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<td>&gt;OTH6D_Y6&lt;</td>
</tr>
</tbody>
</table>
CIM.140 Are all the immunizations that {Child’s name} ever received included on this shot record?

>SHOTAI<
(1) Yes (CIM.440)  (7) Refused
(2) No (CIM.440) (9) Don’t know

Check item CIMCCI5: If age GE 7 go to CIM.210.

CIM.150 Has {Child’s name} ever received an additional DTP shot (sometimes called a DPT shot, diphtheria- tetanus-pertussis shot, baby shot, or three-in-one-shot)?

>DTPMOR<
(1) Yes (CIM.170)  (7) Refused
(2) No (CIM.170) (9) Don’t know

CIM.160 How many additional DTP shots has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>DTPMNO<
(01-08) 1-8 Shots (97) Refused
(96) All (99) Don’t know

CIM.170 Has {Child’s name} ever received additional polio vaccine by mouth (pink drops) or a polio shot?

>POLMOR<
(1) Yes (CIM.190)  (7) Refused
(2) No (CIM.190) (9) Don’t know

CIM.180 How many additional polio vaccines has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>POLMNO<
(01-08) 1-8 Shots (97) Refused
(96) All (99) Don’t know

CIM.190 Has {Child’s name} ever received an additional Hib shot? This shot is for meningitis and called Haemophilus influenza (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine.

>HIBMOR<
(1) Yes (CIM.205)  (7) Refused
(2) No (CIM.205) (9) Don’t know

CIM.200 How many additional Hib shots has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>HIBMNO<
(01-08) 1-8 Shots (97) Refused
(96) All (99) Don’t know

CIM.205 Has {Child’s name} ever received an additional rotavirus vaccine by mouth? This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

>ROTMBV<
(1) Yes (CIM.210)  (7) Refused
(2) No (CIM.210) (9) Don’t Know
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIM.207 How many additional rotavirus vaccines has {Child’s name} received?</td>
<td>FR: <strong>ENTER 96 IF “ALL” IS REPORTED.</strong></td>
</tr>
<tr>
<td>&gt;ROTMNO&lt; (01-08) 1-8 Shots (96) All (97) Refused (99) Don’t Know</td>
<td></td>
</tr>
<tr>
<td>CIM.210 Has {Child’s name} ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</td>
<td></td>
</tr>
<tr>
<td>&gt;MMRMOR&lt; (1) Yes (2) No (CIM.230) (7) Refused (CIM.230) (9) Don’t know (CIM.230)</td>
<td></td>
</tr>
<tr>
<td>CIM.220 How many additional measles or MMR shots has {Child’s name} received?</td>
<td>FR: <strong>ENTER 96 IF “ALL” IS REPORTED.</strong></td>
</tr>
<tr>
<td>&gt;MMRMNMO&lt; (01-04) 1-4 Shots (96) All (97) Refused (99) Don’t know</td>
<td></td>
</tr>
<tr>
<td>CIM.230 Has {Child’s name} ever received an additional Hepatitis B shot?</td>
<td></td>
</tr>
<tr>
<td>&gt;HEPMOR&lt; (1) Yes (2) No (CIM.250) (7) Refused (CIM.250) (9) Don’t know (CIM.250)</td>
<td></td>
</tr>
<tr>
<td>CIM.240 How many additional Hepatitis B shots has {Child’s name} received?</td>
<td>FR: <strong>ENTER 96 IF “ALL” IS REPORTED.</strong></td>
</tr>
<tr>
<td>&gt;HEPMNMO&lt; (01-08) 1-8 Shots (96) All (97) Refused (99) Don’t know</td>
<td></td>
</tr>
<tr>
<td>CIM.250 Has {Child’s name} ever received an additional shot for chickenpox?</td>
<td></td>
</tr>
<tr>
<td>&gt;VARMOR&lt; (1) Yes (2) No (CIM.260) (7) Refused (CIM.260) (9) Don’t know (CIM.260)</td>
<td></td>
</tr>
<tr>
<td>CIM.255 How many additional shots for chickenpox has {Child’s name} received?</td>
<td>FR: <strong>ENTER 96 IF “ALL” IS REPORTED</strong></td>
</tr>
<tr>
<td>&gt;VARMNMO&lt; (01-04) 1-4 shots (96) All (98) Refused (99) Don’t know</td>
<td></td>
</tr>
<tr>
<td>CIM.260 Has {Child’s name} ever received an additional shot for pneumonia?</td>
<td></td>
</tr>
<tr>
<td>&gt;PNEMOR&lt; (1) Yes (2) No (CIMCCI6) (7) Refused (CIMCCI6) (9) Don’t know (CIMCCI6)</td>
<td></td>
</tr>
</tbody>
</table>
CIM.265 How many additional pneumococcal vaccines has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>PNEMN0< (01-04) 1-4 shots (97) Refused
(96) All (99) Don’t know

Check item CIMCCI6: If age LE 6, go to CIM.440.

CIM.270 Has {Child’s name} ever received an additional tetanus-diphtheria booster shot?

>TDBMOR< (1) Yes (7) Refused (CIM.440)
(2) No (CIM.440) (9) Don’t know (CIM.440)

CIM.280 How many additional tetanus-diphtheria booster shots has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>TDBMN0< (01-04) 1-4 Shots (97) Refused
(96) All (99) Don’t know

(Go to CIM.440)

CIM.290 FR: ASK SHOT HISTORY

Has {Child’s name} ever received an immunization (that is a shot or drops)?

>SHOTAY< (1) Yes (7) Refused (CIMCCI11)
(2) No (CIMCCI11) (9) Don’t know (CIMCCI11)

Check item CIMCCI7: If age GE 7 go to CIM.360.

CIM.300 Has {Child’s name} ever received a DTP/DTaP/DT shot (sometimes called a DPT shot, diphtheria-
tetanus-pertussis shot, baby shot, or three-in-one-shot)?

>DTPEV< (1) Yes (7) Refused (CIM.320)
(2) No (CIM.320) (9) Don’t know (CIM.320)

CIM.310 How many DTP shots has {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>DTPENO< (01-08) 1-8 Shots (97) Refused
(96) All (99) Don’t know

CIM.320 Has {Child’s name} ever received a polio vaccine by mouth (pink drops) or a polio shot?

>POLEV< (1) Yes (7) Refused (CIM.340)
(2) No (CIM.340) (9) Don’t know (CIM.340)
CIM.330 How many polio vaccines did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>POLENO<
(01-08) 1-8 Shots
(96) All
(97) Refused
(99) Don’t know

CIM.340 Has {Child’s name} ever received a Hib shot? (This shot is for meningitis and called Haemophilus influenza, (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine)

>HIBEV<
(1) Yes
(2) No
(7) Refused (CIM.355)
(9) Don’t know (CIM.355)

CIM.350 How many Hib shots did {Child’s name} ever receive?

FR: TYPE 96 IF “ALL” IS REPORTED.

>HIBENO<
(01-08) 1-8 Shots
(96) All
(97) Refused
(99) Don’t know

CIM.355 Has {Child’s name} ever received a rotavirus vaccine by mouth?

FR: READ IF NECESSARY:
This vaccine is to prevent diarrhea caused by rotavirus. It is given by mouth and is usually yellow-orange in color.

>ROTEV<
(1) Yes
(2) No
(7) Refused (CIM.360)
(9) Don’t know (CIM.360)

CIM.357 How many rotavirus vaccines did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>ROTENO<
(01-08) 1-8 shots
(96) All
(97) Refused
(99) Don’t Know

CIM.360 Has {Child’s name} ever received a measles or MMR (Measles-Mumps-Rubella) shot?

>MMREV<
(1) Yes
(2) No
(7) Refused (CIM.380)
(9) Don’t know (CIM.380)

CIM.370 How many measles or MMR shots did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>MMRENO<
(01-04) 1-4 Shots
(96) All
(97) Refused
(99) Don’t know
CIM.380 Has {Child’s name} ever received a Hepatitis B shot?

>HEPEV<
(1) Yes (7) Refused (CIM.400)
(2) No (CIM.400) (9) Don’t know (CIM.400)

CIM.390 How many Hepatitis B shots did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>HEPENO<
(01-08) 1-8 Shots (97) Refused
(96) All (99) Don’t know

CIM.400 Has {Child’s name} ever received a shot for chickenpox?

>VAREV<
(1) Yes (7) Refused (CIM.415)
(2) No (CIM.415) (9) Don’t know (CIM.415)

CIM.410 How many shots for chickenpox did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>VARENO<
(01-04) 1-4 Shots (97) Refused
(96) All (99) Don’t know

CIM.415 Has {Child’s name} ever received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, PrevnarE, PPV, PnuimuneE or PneumovaxE).

>PNEEV<
(1) Yes (7) Refused (CIMCCI8)
(2) No (CIMCCI8) (9) Don’t know (CIMCCI8)

CIM.417 How many pneumococcal vaccines did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>PNEENO<
(01-04) 1-4 Shots (97) Refused
(96) All (99) Don’t know

Check item CIMCCI8: If age LE 6, go to SHOTPR.

CIM.420 Has {Child’s name} ever received a tetanus-diphtheria (Td) or tetanus booster shot?

>TDBEV<
(1) Yes (7) Refused (CIM.440)
(2) No (CIM.440) (9) Don’t know (CIM.440)
CIM.430  How many tetanus-diphtheria booster shots did {Child’s name} ever receive?

FR: ENTER 96 IF “ALL” IS REPORTED.

>TDBENO<  (01-04) 1-4 Shots  (97) Refused
(96) All  (99) Don’t know

CIM.440  Are you the person who took {Child’s name} for most {his/her} shots?
(Most means at least half of the shots).

>SHOTPR<  (1) Yes  (7) Refused
(2) No  (9) Don’t know

CIM.450  In your opinion, has {Child’s name} received all of the recommended shots for {his/her} age?

>SHOTA2<  (1) Yes  (7) Refused
(2) No  (9) Don’t know

Check item CIMCCI9: If age NE 12-35 months, go to CIMCCI11.

Check item CIMCCI10: If all items CIM.030, CIM.040, CIM.050, CIM.057, CIM.060, CIM.070, CIM.080,
CIM.087, CIM.090, CIM.121, CIM.125, CIM.127, CIM.129, CIM.131 LE 0, AND all items CIM.300, CIM.320, CIM.340, CIM.355, CIM.360, CIM.380, CIM.400, CIM.415,
CIM.420 NE 1, go to CIMCCI11.

CIM.460  To get a complete picture of the vaccinations received by {Child’s name}, we would like to contact
doctors or health clinics to obtain a copy of {his/her} vaccination records. This study is voluntary
and authorized by the U.S. Public Health Service Act. It’s all right to skip any questions you don’t
want to answer. The information you give will be kept in strict confidence and will be summarized
for research purposes only.

>PROVID<  NAME: {S.C.’s name}
DATE OF BIRTH: {fill month/day/year}

CIM.470  What is the name, address, and telephone number, including area code, of the place where {Child’s
name} received {his/her} most recent immunization?

>PQNA1_N<  Name:
>PQNA1_A1<  Address:
>PQNA1_A2<  Address:
>PQNA1_PO<  City:
>PQNA1_ST<  State:
>PQNA1_Z1<  Zip code (5 numbers):
>PQNA1_Z2<  Zip code (4 number):
>PQNA1_PH<  Phone number:
>PQNA1_EX<  Phone extension:

Check item PQNA1:  If PQNA1@N or PQNA1@AD1 or PQNA1@PO or PQNA1@ST eq <D> or <R> goto
CIM.472; else goto CIM.474.
CIM.472 FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;

[List NAME, or ADDRESS, or CITY, or STATE, if any of the items are missing]

CAN YOU OBTAIN THE MISSING INFORMATION?

>PQNR1<  (1) Yes (CIM.470)  (7) Refused
(2) No  (9) Don’t know

Check item PQNR1: If PQNA1@N and PQNA1@AD1 and PQNA1@AD2 and PQNA1@PO and PQNA1@ST and PQNA1@ZP5 and PQNA1@PHN eq <R>, then goto CIM.700; else goto CIM.474.

CIM.474 What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

>PQPL1<  (1) Doctor’s office (CIM.478)  (4) Other place (CIM.476)
(2) Public health Clinic (CIM.478)  (7) Refused (CIM.478)
(3) Hospital outpatient clinic (CIM.478)  (9) Don’t know (CIM.478)

CIM.476 FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.

Other places (3 max)

>PWPO1_1<  __________
>PWPO1_2<  __________
>PWPO1_3<  __________

CIM.478 Are there any other places where {Child’s name} received immunization since birth?

>PQTOP<  (1) Yes  (7) Refused (CIM.700)
(2) No (CIM.700)  (9) Don’t know (CIM.700)

CIM.480 How many OTHER places are there?

FR: IF THE RESPONDENT ANSWERS MORE THAN 6, ENTER “6”

>PQTOPN<  (1-6) 1-6 other places
(7) Refused (CIM.700)
(9) Don’t know (CIM.700)
What is the name, address, and telephone number, including area code, of {one of the other places/the other place} where {Child's name} received immunization?

Name:
Address:
City:
State:
Zip code (5 numbers):
Zip code (4 numbers):
Phone number:
Phone extension:

Check item PQNA2: If PQNA2@N or PQNA2@AD1 or PQNA2@PO or PQNA2@ST eq <D> or <R> goto CIM.500; else goto CIM.510.

CIM.500 FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;
{List NAME, or ADDRESS, or CITY, or STATE, if any of the items are missing}
CAN YOU OBTAIN THE MISSING INFORMATION?

YES (1) (2) No (7) Refused (9) Don’t know

Check item PQNR2: If PQNA2@N and PQNA2@AD1 and PQNA2@AD2 and PQNA2@PO and
PQNA2@ST and PQNA2@ZP5 and PQNA2@PHN eq <R>, then goto CIM.700; else
goto CIM.510.

What type of place is this?

READ THE FOLLOWING ANSWER CATEGORIES.

(1) Doctor’s Office (4) Other Place (CIM.520)
(2) Public Health Clinic (7) Refused (9) Don’t know
(3) Hospital Outpatient Clinic

Check item: If CIM.480 GE 2, go to CIM.530; else go to CIM.700.

Specify type of other place. Enter (N) for no more.

Other places (3 max)
CIM.530 What is the name, address, and telephone number, including area code, of {one of the other places/another place} where {Child’s name} received immunization?

>PQNA3_N< Name:
>PQNA3_A1< Address:
>PQNA3_A2< Address:
>PQNA3_PO< City:
>PQNA3_ST< State:
>PQNA3_Z1< Zip code (5 numbers):
>PQNA3_Z2< Zip code (4 numbers):
>PQNA3_PH< Phone number:
>PQNA3_EX< Phone extension:

Check item PQNA3: If PQNA3@N or PQNA3@AD1 or PQNA3@PO or PQNA3@ST eq <D> or <R> goto CIM.550; else goto CIM.560.

CIM.550 FR: ONE OR MORE OF THE FOLLOWING ITEMS FROM THE PREVIOUS QUESTION IS MISSING;
{List NAME, or ADDRESS, or CITY, or STATE, if any of the items are missing}

CAN YOU OBTAIN THE MISSING INFORMATION?

>PQNR3< (1) Yes (CIM.530) (7) Refused (2) No (9) Don't know

Check item PQNR3: If PQNA3@N and PQNA3@AD1 and PQNA3@AD2 and PQNA3@PO and PQNA3@ST and PQNA3@ZP5 and PQNA3@PHN eq <R> then goto CIM.700; else goto CIM.560.

CIM.560 What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

>PQPL1< (1) Doctor’s office (CIM.700) (4) Other place (CIM.580) (2) Public Health Clinic (CIM.700) (7) Refused (CIM.700) (3) Hospital outpatient clinic (CIM.700) (9) Don’t know (CIM.700)

CIM.580 FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.

Other places (3 max)
>PWPO3_1< ________
>PWPO3_2< ________
>PWPO3_3< ________
CIM.700 ENTER ANY OTHER NOTES ABOUT THE IMMUNIZATION PROVIDER INFORMATION. ENTER (N) FOR NO MORE NOTES NEEDED OR WHEN FINISHED ENTERING NOTES.

Notes
>PQN_NOT1< __________
>PQN_NOT2< __________
>PQN_NOT3< __________
>PQN_NOT4< __________
>PQN_NOT5< __________
>PQN_NOT6< __________

CIM.710 FR: (IF IN PERSON), HAD THE HIS-2A (PT) TO THE RESPONDENT FOR COMPLETION OF THE PERMISSION TIME ON THE FORM ON THE LEFT SIDE.

**IMPORTANT! GET SIGNATURE NOW!**

(IF OVER THE TELEPHONE), READ THE STATEMENT IN THE TELEPHONE PERMISSION ITEM ON THE FORM TO THE RESPONDENT REQUESTING PERMISSION. IF RESPONDENT AGREES, SIGN AND DATE THE FORM ON THE RIGHT SIDE.

**IMPORTANT! FR MUST SIGN FORM!**

NAME: {fill child’s name}  DATE OF BIRTH: {fill birthdate}

>PERMIS< RECORD STATUS OF PERMISSION ITEM.

(0) Respondent not parent/legal guardian-not signed (CIM.750)
(1) Signed (CIM.730)
(2) Not signed-recontact by personal visit or telephone (CIM.750)
(3) Not signed-no callback possible-specify
(4) Signed-provider information incomplete-callback (CIM.730)
(7) Refused {blind} (CIM.730)

CIM.720 FR: SPECIFY THE REASON THE PERMISSION ITEM IS NOT SIGNED.

>PERMNT< __________ (Allow 80) Reason

CIM.730 FR: ENTER BARCODE IDENTIFICATION NUMBER PRINTED ON PERMISSION FORM HIS-2A (PT).

>BARCODE< __________ (allow 8) ID number

(Go to CIMCCI11)
CIM.750  What day and time would be best to get the shot record?

FR:  TODAY IS : (fill today’s date).
ENTER CALLBACK DATE AND TIME, OR ENTER (A) FOR
ANYDAY/ANYTIME, OR ENTER (N) IF NO CALLBACK BEFORE CLOSEOUT
IS POSSIBLE.

>CALLMOR2<  (Allow 25) Date and Time

Check item:  If ICSTAT ne <1> and CIM.750 eq <N>, then goto CIM.760; else goto CIM.770.  If CIM.750 eq
<N> and PERMIS eq <0> or PERMIS eq <2>, then goto CIM.755; else goto CIM.760.  Otherwise
goto CIM.770.

CIM.760  FR:  EXPLAIN WHY THIS SECTION CANNOT BE COMPLETED.

>SCNONI<  (Allow 50) Reason (CIMCCI11)

CIM.770  May I call back on the telephone instead of making a return visit?

>CPHONEI<  (1) Yes
(2) No (CIMCCI11)

If there is a telephone number, goto CIM.780; else goto CIM.790.

CIM.780  I recorded the telephone number as [fill 10 digit telephone number].  Is that correct?

>CVERIFYI<  (1) Yes (CIMCCI11)
(2) No

CIM.790  To what telephone number should I call back?

FR:  ENTER THE AREA CODE AND THE NUMBER OR ENTER (N) IF NO PHONE.

>CNEWNUMI<  Area Code and Phone Number
(7) Refused
(9) Don’t know

Check item CIMCCI11:  If additional children aged 12-35 months, go to SHOTRC2

>RCI_GOTO3<  If the Recontact section is not complete, go to Recontact section

>FAM_LOOP<  If sample adult is not interviewed, got the beginning of the Adult section; else if call back is needed
for any of the Adult, Family, or Child section, got FIN (Back section); else got Back section to
assign an OUTCOME code.