IMMUNIZATION

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

CID.050  What is [IMRESPNO name]’s relationship to [child name]?

FR:  SHOW FLASHCARD C1.

>ICRELTV<  (01) Parent (Biological, adoptive, or step)  (06) Legal guardian
(02) Grandparent  (07) Foster parent
(03) Aunt/Uncle  (08) Other non-relative
(04) Brother/Sister  (97) Refused
(05) Other relative  (99) Don’t know

Check item IC_CCI1:  If IMRESPNO 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]

(Go to CIDCCI2A)
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 {Child 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: TRANSCRIBE 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)
**FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:**

<table>
<thead>
<tr>
<th>First shot date</th>
<th>Fifth shot date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>&gt;DTPDT_Y4&lt; ______ (Year)</td>
<td>&gt;DTPDT_Y8&lt; ______ (Year)</td>
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</table>

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

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?

>POLIO<

- (00) None (CIM.050)
- (01-08) 1-8 shots or doses
- (97) Refused (CIM.050)
- (99) Don’t Know (CIM.050)

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

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<tr>
<th>First shot or dose date</th>
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<td>&gt;POLDT_D4&lt; ______ (Day)</td>
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<tr>
<td>&gt;POLDT_Y4&lt; ______ (Year)</td>
<td>&gt;POLDT_Y8&lt; ______ (Year)</td>
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</tbody>
</table>
CIM.050  
FR:  TRANSCRIBE FROM SHOT RECORD OR ASK:

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.060)  
(01-08) 1-8 shots  
(97) Refused (CIM.060)  
(99) Don’t Know (CIM.060)

CIM.055  
FR:  ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date  
>HIBDT_M1<  
>HIBDT_D1<  
>HIBDT_Y1<  
Second shot date  
>HIBDT_M2<  
>HIBDT_D2<  
>HIBDT_Y2<  
Third shot date  
>HIBDT_M3<  
>HIBDT_D3<  
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Fourth shot date  
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>HIBDT_D4<  
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Seventh shot date  
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>HIBDT_D7<  
>HIBDT_Y7<  
Eighth shot date  
>HIBDT_M8<  
>HIBDT_D8<  
>HIBDT_Y8<

CIM.060  
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?

>MMR<  
(00) None (CIM.070)  
(01-04) 1-4 shots  
(97) Refused (CIM.070)  
(99) Don’t know (CIM.070)
FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

Was the First shot:
(Month) (Day) (Year)
(Month) (Day) (Year)

Was the Second shot:
(Month) (Day) (Year)
(Month) (Day) (Year)

Was the Third shot:
(Month) (Day) (Year)
(Month) (Day) (Year)

Was the Fourth shot:
(Month) (Day) (Year)
(Month) (Day) (Year)

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?

None (CIM.080) 1-8 shots (99) Don’t know (CIM.080)

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

First shot date
(Month) (Day) (Year)

Fifth shot date
(Month) (Day) (Year)

Second shot date
(Month) (Day) (Year)

Sixth shot date
(Month) (Day) (Year)

Third shot date
(Month) (Day) (Year)

Seventh shot date
(Month) (Day) (Year)

Fourth shot date
(Month) (Day) (Year)

Eighth shot date
(Month) (Day) (Year)
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<

| (00) None (CIM.086) | (97) Refused (CIM.086) |
| (01-04) 1-4 shots | (99) Don’t know (CIM.086) |

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

<table>
<thead>
<tr>
<th>First shot date</th>
<th>Third shot date</th>
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<td>&gt;VARDT_D1&lt; ________ (Day)</td>
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<td>&gt;VARDT_Y1&lt; ________ (Year)</td>
<td>&gt;VARDT_Y3&lt; ________ (Year)</td>
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<tr>
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<td>&gt;VARDT_D4&lt; ________ (Day)</td>
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<tr>
<td>&gt;VARDT_Y2&lt; ________ (Year)</td>
<td>&gt;VARDT_Y4&lt; ________ (Year)</td>
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</table>

CIM.086  **FR:** TRANSCRIBE 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, PNUcn-CRM7, Prevnar , PPV, Pnuimune , or Pneumovax)

>PNEU<

| (00) None (CIMCCI3) | (97) Refused (CIMCCI3) |
| (01-04) 1-4 shots | (99) Don’t know (CIMCCI3) |

CIM.087  **FR:** ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

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<tr>
<th>First shot date</th>
<th>Third shot date</th>
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<td>&gt;PNEDT_Y2&lt; ________ (Year)</td>
<td>&gt;PNEDT_Y4&lt; ________ (Year)</td>
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</tbody>
</table>

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

CIM.090  **FR:** TRANSCRIBE 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?

>TDB<

| (00) None (CIM.100) | (97) Refused (CIM.100) |
| (01-04) 1-4 shots | (99) Don’t know (CIM.100) |
**CIM.095**

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

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<tr>
<th>First shot date</th>
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<tr>
<td>&gt;TDBDT_Y2&lt;</td>
<td>&gt;TDBDT_Y4&lt;</td>
</tr>
</tbody>
</table>

**CIM.100**

If age ≤ 6

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

[else]

Are there any OTHER immunizations listed on the shot record that I have NOT asked you about? I am only interested in shots given after {Child’s name}’s 6th birthday.

>OTHRNT<

1. Yes
2. No (CIM.140)
7. Refused (CIM.140)
8. Don’t know (CIM.140)

**CIM.110**

If age ≤ 6

What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?

<table>
<thead>
<tr>
<th>OTHEV01&lt;</th>
<th>OTHEV02&lt;</th>
<th>OTHEV03&lt;</th>
<th>OTHEV04&lt;</th>
<th>OTHEV05&lt;</th>
<th>OTHEV06&lt;</th>
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<tbody>
<tr>
<td>1. Influenza vaccine</td>
<td>2. Tetramune</td>
<td>3. Hepatitis A vaccine</td>
<td>4. Other</td>
<td>5. ACTHib</td>
<td>6. Other</td>
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</table>

If age > 6

What are the names of OTHER immunizations listed on the shot record AND given after {Child’s name}’s 6th birthday that I have NOT asked you about?

<table>
<thead>
<tr>
<th>OTHEV01&lt;</th>
<th>OTHEV02&lt;</th>
<th>OTHEV03&lt;</th>
<th>OTHEV04&lt;</th>
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<tr>
<td>1. Influenza vaccine</td>
<td>2. Tetramune</td>
<td>3. Hepatitis A vaccine</td>
<td>4. Other</td>
<td>5. ACTHib</td>
<td>6. Other</td>
</tr>
</tbody>
</table>

**FR: ENTER “N” FOR NO MORE**

**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.123, else;
If CIM.110 equals 4 go to CIM.125, else; If CIM.110 equals 5 go to CIM.127, else;
If CIM.110 equals 6 go to CIM.129, else; go to CIM.140
CIM.121  **FR:**  TRANSCRIBE 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?

>OTH1<  
(1-6) 1-6 times  
(7) Refused (CIMCCI4)  
(9) Don’t know (CIMCCI4)

CIM.122  **FR:**  ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date
>OTH1D_M1<  __________ (Month)  >OTH1D_M4<  __________ (Month)
>OTH1D_D1<  __________ (Day)  >OTH1D_D4<  __________ (Day)
>OTH1D_Y1<  __________ (Year)  >OTH1D_Y4<  __________ (Year)

Second shot date
>OTH1D_M2<  __________ (Month)  >OTH1D_M5<  __________ (Month)
>OTH1D_D2<  __________ (Day)  >OTH1D_D5<  __________ (Day)
>OTH1D_Y2<  __________ (Year)  >OTH1D_Y5<  __________ (Year)

Third shot date
>OTH1D_M3<  __________ (Month)  >OTH1D_M6<  __________ (Month)
>OTH1D_D3<  __________ (Day)  >OTH1D_D6<  __________ (Day)
>OTH1D_Y3<  __________ (Year)  >OTH1D_Y6<  __________ (Year)

(Go to CIMCCI4)

CIM.123  **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)

CIM.124  **FR:**  ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

First shot date
>OTH3D_M1<  __________ (Month)  >OTH3D_M4<  __________ (Month)
>OTH3D_D1<  __________ (Day)  >OTH3D_D4<  __________ (Day)
>OTH3D_Y1<  __________ (Year)  >OTH3D_Y4<  __________ (Year)

Second shot date
>OTH3D_M2<  __________ (Month)  >OTH3D_M5<  __________ (Month)
>OTH3D_D2<  __________ (Day)  >OTH3D_D5<  __________ (Day)
>OTH3D_Y2<  __________ (Year)  >OTH3D_Y5<  __________ (Year)

Third shot date
>OTH3D_M3<  __________ (Month)  >OTH3D_M6<  __________ (Month)
>OTH3D_D3<  __________ (Day)  >OTH3D_D6<  __________ (Day)
>OTH3D_Y3<  __________ (Year)  >OTH3D_Y6<  __________ (Year)

(Go to CIMCCI4)
CIM.125  
FR:  
TRANScribe FROM 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)

CIM.126  
FR:  
ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

<table>
<thead>
<tr>
<th>First shot date</th>
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<td>&gt;OTH4D_D1&lt;</td>
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<td>Second shot date</td>
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<td>&gt;OTH4D_Y3&lt;</td>
<td>&gt;OTH4D_Y6&lt;</td>
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(Go to CIMCCI4)

CIM.127  
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.128  
FR:  
ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

<table>
<thead>
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<td>&gt;OTH5D_Y6&lt;</td>
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</table>

(Go to CIMCCI4)
CIM.129 What is the name of the vaccine not listed on the shot record?

>OTHEVO<

CIM.130 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.131 FR: ENTER THE DATE FOR EACH SHOT; PRESS ‘N’ FOR NO MORE:

<table>
<thead>
<tr>
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<td>OTH6D_D4&lt;</td>
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<td>OTH6D_Y1&lt;</td>
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<td>OTH6D_M6&lt;</td>
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<td>OTH6D_D3&lt;</td>
<td>OTH6D_D6&lt;</td>
</tr>
<tr>
<td>OTH6D_Y3&lt;</td>
<td>OTH6D_Y6&lt;</td>
</tr>
</tbody>
</table>

CIM.140 Are all the immunizations that {Child’s name} ever received included on this shot record?

>SHOTA1<

(1) Yes (CIM.440) (7) Refused
(2) No (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 (7) Refused (CIM.170)
(2) No (CIM.170) (9) Don’t know (CIM.170)

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 (7) Refused (CIM.190)
(2) No (CIM.190) (9) Don’t know (CIM.190)
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 7 Refused (CIM.210)  
(2) No (CIM.210) 9 Don’t know (CIM.210)

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.210 Has {Child’s name} ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?

> MMRMOR<  
(1) Yes 7 Refused (CIM.230)  
(2) No (CIM.230) 9 Don’t know (CIM.230)

CIM.220 How many additional measles or MMR shots has {Child’s name} received?

**FR:** ENTER 96 IF “ALL” IS REPORTED.

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

CIM.230 Has {Child’s name} ever received an additional Hepatitis B shot?

> HEPMOR<  
(1) Yes 7 Refused (CIM.250)  
(2) No (CIM.250) 9 Don’t know (CIM.250)

CIM.240 How many additional Hepatitis B shots has {Child’s name} received?

**FR:** ENTER 96 IF “ALL” IS REPORTED.

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

CIM.250 Has {Child’s name} ever received an additional shot for chickenpox?

> VARMOR<  
(1) Yes 7 Refused (CIM.262)  
(2) No (CIM.262) 9 Don’t know (CIM.262)
CIM.260  How many additional shots for chickenpox has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED

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

CIM.262  Has {Child’s name} ever received an additional pneumococcal vaccine?

>PNEMOR<
(1) Yes (7) Refused (CIMCCI6)
(2) No (CIMCCI6) (9) Don’t know (CIMCCI6)

CIM.263  How many additional pneumococcal vaccines has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

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

Check item CIMCCI6: If age LE 6, go to CIM.283.

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

>TDBMOR<
(1) Yes (7) Refused (CIM.283)
(2) No (CIM.283) (9) Don’t know (CIM.283)

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

FR: ENTER 96 IF “ALL” IS REPORTED.

>TDBMNO<
(01-04) 1-4 Shots (97) Refused
(96) All (99) Don’t know
CIM.283 Has {Child’s name} ever received an additional influenza shot NOT included on the shot record?

>INFMOR< (1) Yes (7) Refused (CIM.285)
(2) No (CIM.285) (9) Don’t know (CIM.285)

CIM.284 Did {Child’s name} receive an influenza shot in the PAST 12 MONTHS?

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

CIM.285 Has {Child’s name} ever received an additional Hepatitis A shot NOT included on the shot record?

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

CIM.286 How many additional Hepatitis A shots has {Child’s name} received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>HEPAMNO< (01-04) 01-04 Shots (CIM.440) (97) Refused (CIM.440)
(96) All (CIM.440) (99) Don’t know (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 received?

FR: ENTER 96 IF “ALL” IS REPORTED.

>DTPENO< (01-08) 1-8 Shots or doses (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 or doses  (97) Refused  
(96) All  (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  (7) Refused (CIM.360)  
(2) No (CIM.360)  (9) Don’t know (CIM.360)

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

**FR: ENTER 96 IF “ALL” IS REPORTED.**

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

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

>MMREV<  (1) Yes  (7) Refused (CIM.380)  
(2) No (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  (97) Refused  
(96) All  (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.412)  
(2) No (CIM.412)  (9) Don’t know (CIM.412)
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.412  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, PNUcn CRM7, Prevnar, PPV, Pnuimune, or Pneumovax).

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

CIM.413  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 OTHRAY.

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

> TDBEV <
(1) Yes  (7) Refused (CIM.431)
(2) No (CIM.431)  (9) Don’t know (CIM.431)

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.431  [ If AGE le 6 ]

Has {Child's name} received any OTHER immunizations that I have NOT asked you about?

[else]

Has {Child's name} received any OTHER immunizations that I have NOT asked you about? I am only interested in shots given after [his/her] 6th birthday.

> OTHRAY <
(1) Yes (CIM.432)  (7) Refused (CIM.440)
(2) No (CIM.440)  (9) Don’t know (CIM.440)
CIM.432  [ If AGE le 6 ]

What are the names of OTHER immunizations that I have NOT asked you about?

[else]

What are the names of OTHER immunizations that I have NOT asked you about AND given after {Child’s name}’s 6th birthday?

FR: ENTER “N” FOR NO MORE.

>OTHREV< (1) Influenza vaccine (CIM.434) (7) Refused (CIM.440)
(2) Hepatitis A vaccine (CIM.436) (9) Don’t know (CIM.440)
(3) Other (CIM.438)

CIM.434 Has {Child’s name} received an influenza shot in the PAST 12 MONTHS?

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

If OTHREV@1 eq <2> or OTHREV@2 eq <2> or OTHREV@3 eq <2> goto CIM.436; else goto HEPAENO_END.
CIM.436 How many Hepatitis A vaccines did {Child’s name} ever receive?

**FR: ENTER 96 IF “ALL” IS REPORTED.**

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

If OTHREV@1 eq <3> or OTHREV@2 eq <3> or OTHREV@3 eq <3> goto CIM.438; else goto OTHIENO_END.

CIM.438 What is the name of the OTHER immunization that I have NOT asked you about?

>OTHREVO< ____________________________________________________________

CIM.439 How many [fill OTHREVO] shots did {Child’s name} ever receive?

**FR: ENTER 96 IF “ALL” IS REPORTED.**

>OTH1ENO< (01-04) shots (97) Refused
(96) All (99) Don’t know

CIM.440 Are you the person who took {Child’s name} for most of {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 CIMCCI6.

**Check item CIMCCI10:** If all items CIM.030, CIM.040, CIM.050, CIM.060, CIM.070, CIM.080, CIM.086, CIM.090, CIM.121, CIM.123, CIM.125, CIM.127, CIM.129, CIM.130 EQ 0, AND all items CIM.300, CIM.320, CIM.340, CIM.360, CIM.380, CIM.400, CIM.412, 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: {Child 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_AD1<  Address:
> PQNA1_AD2<  Address:
> PQNA1_PO<  City:
> PQNA1_ST<  State:
> PQNA1_ZP5<  Zip code (5 numbers):
> PQNA1_ZP4<  Zip code (4 number):
> PQNA1_PHN<  Phone number:
> PQNA1_EXT<  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)

> PQPO1_1<  __________
> PQPO1_2<  __________
> PQPO1_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)

CIM.490  [If PQTOPN ≥ 2]

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?

[else]

What is the name, address, and telephone number, including area code, of the other place where {Child’s name} received immunization?

FR: IF ADDRESS IS FOR A FOREIGN COUNTRY, ENTER CITY AND COUNTRY NAME IN THE CITY FIELD AND (XX) IN THE STATE FIELD. IF ADDRESS IS FOR A TERRITORY OF THE UNITED STATES, LOOK AT THE HELP SCREEN TO FIND THE TWO CHARACTER POSTAL ABBREVIATION.

>PQNA2_N< Name:
>PQNA2_AD1< Address:
>PQNA2_AD2< Address:
>PQNA2_PO< City:
>PQNA2_ST< State:
>PQNA2_ZP5< Zip code (5 numbers):
>PQNA2_ZP4< Zip code (4 numbers):
>PQNA2_PHN< Phone number:
>PQNA2 Ext< 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?

>PQNR2< (1) Yes (CIM.490) (7) Refused
(2) No (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.
CIM.510
What type of place is this?

FR: READ THE FOLLOWING ANSWER CATEGORIES.

>PQPL2<
(1) Doctor’s Office                      (4) Other Place (CIM.520)
(2) Public Health Clinic                 (7) Refused
(3) Hospital Outpatient Clinic          (9) Don’t know

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

CIM.520
FR: SPECIFY TYPE OF OTHER PLACE. ENTER (N) FOR NO MORE.

Other places (3 max)

>PQPO2_1< __________
>PQPO2_2< __________
>PQPO2_3< __________

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_AD1< Address:
>PQNA3_AD2< Address:
>PQNA3_PO< City:
>PQNA3_ST< State:
>PQNA3_ZP5< Zip code (5 numbers):
>PQNA3_ZP4< Zip code (4 numbers):
>PQNA3_PHN< Phone number:
>PQNA3_EXT< 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)
(2) No

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.

(PQPL3):
1. Doctor’s office (CIM.700)
2. Public Health Clinic (CIM.700)
3. Hospital outpatient clinic (CIM.700)
4. Other place (CIM.580)
5. Refused (CIM.700)
6. Don’t know (CIM.700)
7. Other places (3 max)

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

(CIM.580)

**FR:**  ENTER ANY OTHER NOTES ABOUT THE IMMUNIZATION PROVIDER INFORMATION.

Notes

(CIM.700)

**FR:**  RECORD STATUS OF PERMISSION ITEM.

(PERMIS):
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)
5. 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  FR: IF YOU ARE SETTING UP A CALLBACK TO COMPLETE THE PROVIDER INFORMATION ON YOUR OWN (WITHOUT TALKING TO THE RESPONDENT), JUST ENTER "A" WITHOUT ASKING THE RESPONDENT THE QUESTION. OTHERWISE, ASK THE QUESTION.

[If SHOTAZ eq < > ]

What day and time would be best to get the shot record?

[else]

What day and time would be best to get the immunization provider information or signature for the permission form?

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

>CALLMORE5<__________ (Allow 25) Date and Time

Check item: If ISTAT 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.750  FR: IF YOU ARE SETTING UP A CALLBACK TO COMPLETE THE PROVIDER INFORMATION ON YOUR OWN (WITHOUT TALKING TO THE RESPONDENT), JUST ANSWER “NO” WITHOUT ASKING THE RESPONDENT THE QUESTION. OTHERWISE, ASK THE QUESTION.

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

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

If there is a telephone number, goto CIM.780; else goto CIM.790.
I recorded the telephone number as {fill 10 digit telephone number}. Is that correct?

(1) Yes (CIMCCI11)
(2) No

To what telephone number should I call back?

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

(7) Refused
(9) Don’t know

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

If the Recontact section is not complete, go to Recontact section

If sample adult is not interviewed, go to 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.