FORM HIS-2 (1996) 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 need, 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. 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 1. RO 2. Sample Suffix 3. Week 4. Book RT 51 3-7 9-10 11-13 14 15-16 books 8 **NATIONAL HEALTH INTERVIEW** 5. Control number 6. Family number 32 SURVEY **PSU** Seament Suffix Serial Suffix Check digit 17-21 28-29 22-25 26-27 30 31 1996 SUPPLEMENT BOOKLET I. IMMUNIZATION 33-35 7. Field Representative's name Code 36-39 40 9. Ending time 41-44 45 8. Beginning time 1 🔲 a.m. 1 □ a.m. 2 🔲 p.m. 2 🗌 p.m. **SAMPLE CHILD LIST** ITEM List all nondeleted persons under 6 years old in this family by age, oldest to youngest. 11 RT 52 10 5-6 7 9 8 19-35 Line No. Person No. Age Sex Last name First name sc List No. months 1 M 2 F 1 🗆 1 2 🔲 1 2 1 M 2 F 1 🗆 2 1 2 🗌 1 🗆 3 1 □ M 2 □ F 1 2 🔲 4 1 ☐ M 2 ☐ F 1 🔲 1 5 1 □ M 2 □ F 1 🗆 2 🗆 1 6 1 ☐ M 2 ☐ F 1 🗆 2 🗌 1 1 ☐ M 2 ☐ F 1 🗆 2 1 7 2 8 1 M 2 F 1 🔲 1 9 1 ☐ M 2 ☐ F 1 🗌 2 🗌 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 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 (12B) **12A** ITEM 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) **12B ELIGIBILITY CHART** Mark (X) box in "19-35 months" column if child's Date of Birth is Within: If month of Interview is: January 1996 02/93 – 06/94 February 1996 03/93 – 07/94 March 1996 04/93 – 08/94 June 1996 07/93 – 11/94 July 1996 08/93 – 12/94 August 1996 09/93 – 01/95 September 1996 10/93 – 02/95 November 1996 12/93 – 04/95 December 1996 01/94 - 05/95 January 1997 02/94 – 06/95

OMB No. 0920-0214: Approval Expires 03/31/97

			S	ectio	n I – IMMUNIZ	ATION - Con	tinue	d		
	EM		ımber and first nam			T				RT 54
	I3	sample child ur				Person number		First name		5-6
		· · · · · · · · · · · · · · · · · · ·	ımber of responden			Person number				
		er to – – shot reco		e about	immunizations the	at - – may nave re	ceivea.	It would be helpful if we		
IT	EM					l 1 ☐ Available (2	- ?)			7
	14	Refer to shot re	cord.			2 Not availab	•			
			n callback, skip to 9.			│ 」 ☐ Yes (Arrano	ne callbac	ck, then I5 on page 4)		8
1	f I called	you within the nex	d to complete this : kt few days, would			2 No 1 (9)	o canbac	ny tron ie en page 47		
		d available?				9 DK J "				
								y times – – has received <u>(r</u> for second, third, etc., shots		?
		P/DT shot (some	(2) A polio vaccine	e by		IMR (Measles - Mun	nps -	(4) An HIB shot? (This is for	(5) A Hepatitis E	shot?
	shot	s called a DPT , diphtheria-	mouth (pink dr a polio shot?	ops) or	Rubella) shot?			meningitis and called Haemophilus influenzae		
	shot	nus-pertussis- , baby shot, or			measles only o	Was each shot r MMR?	RT 55	(HA-MA-FI-LUS IN-FLU- EN-ZI) HIB vaccine or H.		
	three	e-in-one shot)?		59-60			3-4 5-6	flu vaccine) 35-36		61-62
		Shots (Record		(Record		Shots (Record		Shots (Record		(Record
	(Numbe		(IVallibel)	dates)	(Number) ∞ □ None 〕	dates)		(Number) dates)	(Number) 00 ☐ None] (3)	dates, then 3)
	99 DK	ne	00 ☐ None		99 🗖 DK	(Next vaccine)		99 DK Vaccine)	99 DK (3)	
	DTF	P/DT (Shot)	Polio (Drops or sh	ots)	Measles	/MMR (Shots)		HIB (Shot)	Hepatitis E	3
1st		11-16		61-66	1 ☐ Measles 2 ☐	MMR 9□DK	7 8-13	37-42		63-68
	MO	/ 19 DAY YR	MO DAY Y	R	MO DA	/ 19 \Y YR	0-13		//19	YR
2nd	,	/ 17-22	/ /19	67-72	1 ☐ Measles 2 ☐	☐ MMR 9 ☐ DK	14 15-20	/ / 19	/ /19	69-74
2114	MO	DAY YR		R	MO DA	/		MO DAY YR	MO DAY	YR
3rd	,	/19	/ /19	73-78	1 ☐ Measles 2 ☐	☐ MMR 9 ☐ DK / 19	21 22-27	/ /19	/ /15	75-80
	мо	DAY YR	MO DAY Y		MO DA	Y YR		MO DAY YR	I	YR
4th	ļ ,	/19	/ /19	79-84	1 ☐ Measles 2 ☐ /	☐ MMR 9 ☐ DK / 19	28 29-34	<u>55-60</u> / /19	/ /19	81-86
	MO	DAY YR 35-40	MO DAY Y	R 85-90	MO DA	YR YR		MO DAY YR	MO DAY	YR
5th	/	/19	/ /19	65-90	*					
	МО	DAY YR 41-46	MO DAY Y	R 91-96						
6th		/19							la de la composición	
	МО	DAY YR 47-52	MO DAY Y	97-102						
7th	/_	JAY YR	// <u>19</u> 	R						
_	1110	53-58	MIO BAT I	103-108						
8th	/_	/ 19 DAY YR	// 19 MO DAY Y							
			ns that – – ever r	eceive	d included	1 ☐ Yes (11)			·	87
•	on this si	hot record?				2 □ No } (4)				
						9 UN				1
	alled a l	OPT shot, dipht	additional DTP: heria-tetanus-pe			1 ☐ Yes (4b)				88
•	hot, or 1	hree-in-one-sh	ot)?			2 □ No } 9 □ DK } (5)				
b. i	low mar	 v additional D	TP shots has	 receive	 ed?	<u> </u> 			_ _ _ _	89
		•				(Number)	Shots			
						l s□All				
						9 □ DK				
5a. Has ever received an additional polio vaccine by mouth					l 1 ☐ Yes (5b)				90	
(pink dro	ps) or a polio s	hot?			l 2□Nol (c)				
_						I 9□DK ∫ ⁽⁰⁾ 				
b. i	low mar	y additional po	olio vaccines has	rec	eived?	 	_ Vaccin	AS		91
						(Number)	_ vucciii	~		
						8 □ A 9 □ DK				
Page 2						3 L DK			FORM	HIS-2 (8-1-95)

	Section I	- IMMUNIZ	ATION - Co	ntinued		
6a. Has – – ever received a (Measles-Mumps-Rub	an additional measles or MI ella) shot?	VIR	1 ☐ Yes (6b) 2 ☐ No			92
b. How many additional received?	measles or MMR shots has		' 	Shots		93
			Number) (Number)	Shots		
			9 □ DK 			- - 04
for meningitis and cal	an additional HIB shot? This lled Haemophilus influenza J-EN-ZI), HIB vaccine or H. fl	•	1			94
b. How many additional	HIB shots has received?		1	Shots		95
			(Number) 8 All 9 DK	Silvis		
8a. Has – ever received a	an additional Hepatitis B sh	ot?	1 ☐ Yes (8b) 2 ☐ No)		96
b. How many additional	Hepatitis B shots has – – red	eived?	!; ! ; (Number)	Shots		97
			l (Number) l 8 ☐ All l 9 ☐ DK	\(\) (11)		
9. Has – ever received a drops)?	an immunization (that is a s	hot or	1 Yes (10) 2 No (1te	m l5 on page 4)		98
10a. Has – – ever received	ı:					
(1) A DTP/DT shot (sometimes 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 measle (Measles Rubella) s	– Mumps –	(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 s	hot?
1 ☐ Yes (10b) ☐ 99 2 ☐ No 9 ☐ DK	1 ☐ Yes (10b) ☐ 102 2 ☐ No 9 ☐ DK	1 ☐ Yes (16 2 ☐ No } 9 ☐ DK }	0b) 105 Next vaccine)	1 ☐ Yes (10b) ☐ 108 2 ☐ No 9 ☐ DK	1 □ Yes (10b) 2 □ No 9 □ DK } (11)	111
10b. How many (vaccine)	shots did – – ever receive?					
(1) DTP/DT	(2) Polio	(3) Measle	es or MMR	(4) HIB	(5) Hepatitis	В
100-101	103-104		106-107	109-110		112-113
Number) Shots (Next vaccine) SS □ AII SS □ DK	(Number) 88 All 99 DK	Sh (Number) 88 ☐ All 99 ☐ DK	(Next vaccine)	Number) 88 All (Next vaccine)	(Number) 88 All 99 DK	(11)
11. Are you the person was (Most means at least	who took – – for most of – – t 1/2 of the shots)	shots?	1 ☐ Yes 2 ☐ No 9 ☐ DK			114
12. In your opinion, has shots for – – age?	– – received all of the recon	nmended	1 □ Yes 2 □ No 9 □ DK	-		115

FORM HIS-2 (8-1-95)

			Sectio	n I – IMMUNIZ	ATION – Con	tinue	d				
	EM I5	Refer to Sampl	le Child List on Cover.				onth old child (Ite month old child				
	ЕМ 16		tions 2 and 10 for SC. appropriate box.		1 Callback required 2 Any immunizations (Fill HIS-2A if appropriate, then Item I7) 3 No immunizations (HIS-3)						
ITEM Status of HIS-2A for SC. Mark (X) one in each column.				0			P Not re 1 ☐ Comp 2 ☐ Refus: 3 ☐ Other in not	olete ed (Explain	(HIS-3)	118	
			40.					1 Sampl	le child		119 RT 54
Enter person number and first name of other 19–35 month old child.					Person number First name						3-4
	18	,	umber of respondent.		Person number						
		estions refer to <u>(r</u> er to – – shot reco	read <u>name)</u> , and are about ord.	immunizations tha	T		It would be hel	pful if we			7
	19	Refer to shot re			│ 1 ☐ Available <i>(1</i> │ 2 ☐ Not availabl						
ľ	Ne will ned If I called y	ed the shot record	On callback, skip to 21. d to complete this section of xt few days, would you be a		1 Yes (Arrang 2 No (21) 9 DK	e callbac	ck, then Item I10	on page 6)		L	8
14. Ţ	Franscribe Record nur	from shot record - nber of times for e	- If telephone ask: Looking each vaccine. What is the d	at the shot record, ate on the record f	, please tell me ho for (first) <u>(vaccine)</u>	w many ? Repeat	y times – – has for second, thir	received (n d, etc., shots	ames of vaccii	nes) ?	
	time: shot, tetan shot,	P/DT shot (some s called a DPT , diphtheria- nus-pertussis- , baby shot, or e-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or M Rubella) shot? If telephone ask: measles only or	Was each shot	RT 55	(4) An HIB shot meningitis a Haemophilu (HA-MA-FI-L EN-ZI) HIB v flu vaccine)	and called is influenzae .US IN-FLU- accine or H.	(5) A Hepati	tis B sh	10 t ?
	(Numbe	9-10 Shots (Record	Shots (Record dates) O O None (Next vaccine)	S (Number) 00 ☐ None } 99 ☐ DK	Shots (Record dates) (Next vaccine)	5-6		35-36 ots (Record dates)	(Number) 00 None 99 DK	hots (R da th	61-62 Record ates, nen 15)
		P/DT (Shot)	Polio (Drops or shots)	Measles/	/MMR (Shots)		HIB (Sh	ot)	Hepati	itis B	
1st	/_ MO	/19 / YR / 17-22	MO DAY YR 67-72	MO DAY	MMR 9 □ DK /19 Y YR MMR 9 □ DK	7 8-13		/19 YR 43-48	MO DAY	/ 19 YR	63-68
2nd	/_ MO	/19 DAY YR 23-28	/ /19 MO DAY YR 73-78	MO DAY	/19 _Y YR	15-20	MO DAY	/19 YR 49-54	MO DAY	/ 19 YR	
3rd	/_ MO	/19 DAY YR 29-34	/ / 19 MO DAY YR 79-84	MO DAY	/ 19 Y YR DMMR 9 □ DK	22-27		/19 YR 55-60	MO DAY		81-86
4th	/_	/19 DAY YR 35-40	// 19 	MO DAY		29-34	MO DAY	/ 19 YR	MO DAY	/ 19 YR	
5th	/_ 	/19 DAY YR 41-46	/ /19 MO DAY YR 91-96								
6th	/_ MO	/19 DAY YR 47-52	/ /19 MO DAY YR 97-102								
7th		/19 DAY YR 53-58	//19 								
8th	/_	/19 DAY YR	//19								

Section I – IMMUNIZ	ATION – Continued
15. Are all the immunizations that – ever received included on this shot record?	1 Yes (23 on page 6) 2 No
16a. Has – – ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	1
b. How many additional DTP shots has - ~ received?	Shots (Number) 8
17a. Has – – ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	90 1 Yes (17b) 2 No (18) 9 DK
b. How many additional polio vaccines has – – received?	Shots (Number) 8
18a. Has – – ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	92 1
b. How many additional measles or MMR shots has – – received?	Shots (Number) 8
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.	94 1 Yes (19b) 2 No (20) 9 DK (20)
b. How many additional HIB shots has – – received?	95 Shots Shots
20a. Has – – ever received an additional Hepatitis B shot?	96 1
b. How many additional Hepatitis B shots has – – received?	Shots (Number) (23 on page 6)

FORM HIS-2 (8-1-95)

		Section I	- IMMUNIZ	ATION - Co	ntinued					
	1. Has ever received an immunization (that is a shot or drops)? 1									
22a. Has -	- ever received	l:						Yes (22b)		
(1) A DTP/DT shot (sometimes 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 measle (Measles Rubella) s	– Mumps –	(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 I	3 shot?		
1 ☐ Yes (2 2 ☐ No } 9 ☐ DK ∫	2b) 99 (Next vaccine)	1 ☐ Yes (22b)	1 ☐ Yes (22b) 105 2 ☐ No 9 ☐ DK (Next vaccine)		1 ☐ Yes (22b) 2 ☐ No } 9 ☐ DK } (Nex	108 t vaccine)	1 ☐ Yes (22b) 2 ☐ No } 9 ☐ DK } (23)	111		
22b . How n	nany <u>(vaccine)</u> s	shots did – – ever receive?								
(1) D	TP/DT	(2) Polio	(3) Measles or MMR		(4) HIB		(5) Hepati	tis B		
	100-101	103-104		106-107	:	109-110		112-113		
(Number) 88 All 99 DK	(Next vaccine)	(Number) Shots (Next vaccine) 99 DK	(Number) 88 All 99 DK	(Next vaccine)	(Number) 88 All 99 DK	(Next vaccine)	(Number) 88 All 99 DK			
		who took – – for most of – – t 1/2 of the shots)	shots?	1 ☐ Yes 2 ☐ No 9 ☐ DK				114		
	r opinion, has for – – age?	– received all of the recon	nmended	1 Yes 2 No 9 DK				115		
ITEM I10	Refer to Samp	ole Child List on Cover.		l <u> </u>	l 19-35 month old ch onal 19-35 month old					
ITEM I11	Refer to que month old ch	stions 14 and 22 for additional hild. Mark (X) first appropriate	l 19–35 box.		required } (Fill a nunizations / (Fill a nuizations / (Return t					
			1	l <u>Pro</u>	vider 117		Permission	118		
ITEM I12	Status of HIS Mark (X) one	5-2A for additional 19–35 mont in each column.	th old child.	2 ☐ Refused 2 ☐ Refused > Item 16				m 16		
Notes				t.		2 Other	19–35 month child	119		

			Sec	tion	I – IMMUNIZ	ATION - Con	tinue	d			DT 54
Į.	EM		ımber and first name of			T					RT 54
	13	other 19–35 mo	n <u>th old child. </u>			Person number		First name			5-6
-			read name), and are ab			Person number			in if we		
		er to – – shot reco		Jour III	inunizations th	at – – may nave re	ceivea.	it would be neip	rui ii we		
l IT	EM	Defends about				ı 1 ☐ Available (2	?6)				7
ŀ	14	Refer to shot re	cora.			2 Not availab	le <i>(25)</i>				
25.			On callback, skip to 33.	otion o	of the interview			ck, then Item I15 or	n page 9)		8
	If I called		ext few days, would y			2 No (33 o	n page 8)			
26.											
20.	Record n	ie from shot record umber of times fo	d – If telephone ask: Loc r each vaccine. What is	oking a the da	it the shot recor ite on the recor	rd, please tell me d for (first) <u>(vaccin</u>	now ma <u>e)</u> ? Repe	ny times – – has at for second, third	received d, etc., sho	ts.	<u>s)</u> ?
		P/DT shot (some s called a DPT	(2) A polio vaccine by mouth (pink drops			IMR (Measles - Mun	nps –	(4) An HIB shot? ((5) A Hepatitis I	3 shot?
	shot	s called a DF1 , diphtheria- lus-pertussis-	a polio shot?	or	Rubella) shot?	Was each shot		Haemophilus i	influenzae		
	shot	, baby shot, or e-in-one shot)?			measles only o		RT 55	(HA-MA-FI-LU: EN-ZI) HIB vac			
·	tillet	9-10	59	9-60			5-6	flu vaccine)	35-36		61-62
		Shots (Record	Shots (Red			Shots (Record			Record		Record
	(Numbe		(Number) date	es)	(Number)	dates)		(Number)	dates)	(Number)	dates, then 27)
	00 ∐ Nor 99 ∏ DK	ne	00 ☐ None 】 (Next 99 ☐ DK	,	00 □ None 〕 99 □ DK	(Next vaccine)		00 ☐ None) (Ne	ext cine)	00)
	DTF	P/DT (Shot)	Polio (Drops or shots)	Measles	/MMR (Shots)		HIB (Shot)	Hepatitis I	3
1st		11-16	61	1-66	☐ Measles 2 ☐	MMR 9 DK	7		37-42		63-68
	/_	/ 19 DAY YR	// 19 MO	-	MO DA	<u>/19</u> YR	8-13	MO DAY	9 YR	MO DAY	9 YR
		17-22	67	7-72 1	☐ Measles 2 ☐	MMR 9□DK	14		43-48		69-74
2nd	/_	/ 19	MO DAY YR	-	MO DA	<u>/19</u> Y YR	15-20	// <u>1</u> !	9 YR	// <u>1</u> !	9 YR
		23-28	73	3-78 1	☐ Measles 2 ☐	MMR 9□DK	21		49-54		75-80
3rd	/	/19 DAY YR	// <u>19</u> /	-	MO DA	/ <mark>19</mark> YR	22-27	MO DAY	9 YR	MO DAY	9 YR
	MIC	29-34		9-84		☐MMR 9☐DK	28	MIG BAT	55-60	WC BAT	81-86
4th		/ 19 DAY YR	// 19 MODAYYR	-	MO DA	/ 19 Y YR	29-34	MO DAY	9 YR	MO DAY	9 YR
	WIO	35-40		5-90	MO DA	·		INO DAT		INC DAT	
5th		/ 19 DAY YR	// <u>19</u> 	-							
		41-46		1-96		A.,					
6th	/_	/ 19 DAY YR	// 19 	-							
		47-52	_ 	-102				-	1		
7th	MO -	/ 19 DAY YR	MO DAY YR	- .							
8th	,	53-58	103	3-108							44 .344
Ottii	МО	DAY YR	MO DAY YR	-	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				<u></u>		
27.		the immunizati shot record?	ons that ever re	ceived	d included	 1 □ Yes_(<i>35 on</i>	page 8,	}			87
	on tins	silot recordi				2 □ No					
20-						•					88
28a.			ın additional DTP sl htheria-tetanus-per			1 ☐ Yes (28b) 2 ☐ No					
	shot, o	three-in-one-s	hot)?			1 2 NO (29)					
b.	How ma	any additional		eceive	 d?	<u> </u>					89
		-				(Number)	_ Shots				
						1					
						! 8 ☐ AII ! 9 ☐ DK					
29a. Has ever received an additional polio vaccine by mouth										90	
	(pink dı	ops) or a polio	shot?			1 ☐ Yes (29b) 2 ☐ No 1 (20			•		
						9 □ DK } (30 °	on page	8/			
b.	How ma	any additional		– – rec	 eived?	 					91
		•				(Number)	_ Vaccin	es			
						(Number)					
						! 8 ☐ All ! 9 ☐ DK					

	Section I	- IMMUNIZ	ATION - Co	ntinued	
30a. Has – – ever received (Measles-Mumps-Ru	l an additional measles or N bella) shot?	IMR	 1))	92
b. How many additiona received?	Il measles or MMR shots ha	 s	(Number)	Shots	93
for meningitis and c	l an additional HIB shot? Th alled Haemophilus influenz: .U-EN-ZI), HIB vaccine or H.	ae	1		94
b. How many additiona	Il HIB shots has – – received	?	 (Number) 8 All 9 DK	Shots	95
32a. Has – – ever received	an additional Hepatitis B s	hot?	1 Yes (32b) 2 No (35)	96
b. How many additiona	Il Hepatitis B shots has – – r	eceived?	(Number)	Shots (35)	97
33. Has ever received drops)?	an immunization (that is a	shot or	1	m I15 on page 9)	98
34a. Has ever received	ł:				
(1) A DTP/DT shot (sometimes 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 measle (Measles Rubella) s	– Mumps –	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MÁ-FI- LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
1 ☐ Yes (34b)	1 ☐ Yes (34b) 102 2 ☐ No 9 ☐ DK (Next vaccine)	1 ☐ Yes <i>(3</i> - 2 ☐ No } 9 ☐ DK ∫ (4b) 105 Next vaccine)	1 ☐ Yes (34b)	1 ☐ Yes (34b) 111 2 ☐ No (35) 9 ☐ DK
34b. How many (vaccine)	shots did – – ever receive?				
(1) DTP/DT	(2) Polio	(3) Measle	es or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104		106-107	109-110	112-113
(Number) 88 All 99 DK	(Number) 88 □ AII 99 □ DK Shots (Next vaccine)	Sh (Number) 88 All 99 DK	(Next vaccine)	Shots (Number) 88 All 99 DK	Shots (Number) 88 All 99 DK
35. Are you the person of (Most means at least	who took – – for most of – – t 1/2 of the shots)	shots?	1		114
36. In your opinion, has shots for age?	– – received all of the recon	nmended	 1 □ Yes 2 □ No 9 □ DK		115
Page 8			I		FORM HIS-2 (8-1-95)

	Section I – IMMUNIZ	ATION - Continued	
ITEM I15	Refer to questions 26 and 34 for additional 19-35 month old child. Mark (X) first appropriate box.	1 Callback required (Fill HIS- 2 Any immunizations 3 No immunizations (Return to It	-2A, then Item I16) em I11 on page 6)
ITEM I16	Status of HIS-2A for additional 19-35 month old child. Mark (X) one in each column.	Provider 1 Complete 2 Refused 3 Other (Explain in notes)	Permission O Not required O Complete O Geturn to Item 111 on page 6)
Notes			3 Other 19-35 month child 119
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FORM HIS-2 (8-1-95)

Response Status					
3. Section I (Immunization)	b. Mode of interview: All or most –	[
Interview: 1 ☐ Complete 2 ☐ Partial Mark (X) mode in 10b. Explain "Partial" in notes.	1 ☐ In person 2 ☐ By telephone				
Noninterview: 3 ☐ Refused Explain in notes 4 ☐ Other					