NIS Child Influenza Module (NIS-CIM)
Hard Copy Questionnaire
Q4/2019

Confidential Information
Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m)
Thank you for your answers, now I have some additional questions about other children in your household.

CONTINUE TO LF_UND18

Please tell me how many people less than 18 years old live in this household.

ENTER NUMBER OF CHILDREN ___ ___

IF NO CHILDREN ENTER 00

IF GREATER THAN 0

DON'T KNOW

REFUSED

ADDITIONAL INSTRUCTIONS: VALID VALUES: 0-9, 77, 99

IF C1_A AND C1 ARE NOT MISSING IN NIS, FILL WITH C1-C1A (NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD MINUS NUMBER OF PEOPLE 18 YEARS OF AGE OR OLDER)

ELSE IF P_ASKTEN=1 and ZTUNDR18 not missing, fill with ZTUNDR18

ELSE IF P_ASKTEN=0 THEN DO THE FOLLOWING:

IF LF_UND18=0 and S_NUMB > LF_UND18, THEN GO TO LF_U18CF

ELSE IF LF_UND18=0 --- > IF INCENTIVE > 0 THEN GO TO VRYADD, ELSE GO TO LF_NOCHD

IF LF_UND18 > 0 and S_NUMB > LF_UNDR18, THEN GO TO LF_U18CF

WARNING: ACCORDING TO NIS THERE [if S_NUMB=1 then fill: IS / if S_NUMB > 1 then fill: ARE] AT LEAST [FILL S_NUMB] [if S_NUMB=1 then fill: CHILD / if S_NUMB > 1 then fill: CHILDREN] IN THE HOUSEHOLD.

PLEASE RE-ASK LF_UNDR18 ASKING FOR ALL OF THE CHILDREN IN THE HOUSEHOLD.

HELP SCREEN: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:
- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO
MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING
SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES,
BUT IS STAYING THERE AT THE TIME OF THE CALL

Count incorrect-change total number
of children.................................................................1   GO BACK TO LF_UND18
Total number of children confirmed
as correct.................................................................2   GO TO LF_CP_SE

IF INCENTIVE >0 & LF_UND18CF=2 & LF_UND18=0 GO TO ADDRESS_CONF.
ELSE INCENTIVE =0 & LF_UNDCF=2 & LF_UND18=0, GO TO LF_NOCHD

LF_AREF

The only reason we need to know how many children in this household are in this
age group is to determine if you’re eligible to participate in this survey.

CONTINUE ............... Go to LF_UNDR18
R STILL REFUSES ...... IF INCENTIVE = 0 THEN GO TO LF_REFKID, IF
INCENTIVE > 0 THEN GO TO VRYADD

LF_REFKID

Since we need to know how many children are in this age group in order to continue,
these are all the questions I have at this time. I’d like to thank you on behalf of the
[IF IAP=105 DISPLAY: ‘Department of Public Health and Social Services and the’]
(IF IAP=106 DISPLAY “Puerto Rico Department of Health and the”) Centers for
Disease Control and Prevention for the time you have spent answering these
questions.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO
FINISH THE CASE.
THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM,
READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR
HELP BEFORE CONTINUING

GO TO R1, ON CALLBACK POINT OF RETURN IS LF_UNDER18

LF_ASK_ANOTHER

Is there anyone in your household who knows how many people in this household are
less than 18 years old?

NEW PERSON COMES TO PHONE.................................1   GO TO LF_NEWR
NO ...........................................................................2   GO TO LF_TERM
Hello, my name is __________________. I'm calling on behalf of the (IF IAP=GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF IAP=PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the children in this household. This call will be recorded or monitored.

I AM THAT PERSON (recording ok) .............................................................. 1
IF FS3MTH = 7777 THEN
GO TO FS3MTH, IF LF_AGE= 77 then go to LF_AGE) Else GO TO LF_UND18

I AM THAT PERSON (recording not ok) ...................................................... 2
NO, I AM NOT THAT PERSON ................................................................... 3
IF LF_AGE = 77 THEN GO TO LF_S1TERM, IF FS3MTH = 7777 then GO to LF_S1TERM,
Else GO TO LF_ASK_ANOTHER

TO LF_S3EVL  (ADD RECORDING MASK HERE TO TURN OFF RECORDING)
(02) Respondent wants to continue without recording > IF FS3MTH = 7777 THEN GO
TO FS3MTH, IF LF_AGE= 77 then go to LF_AGE) Else GO TO LF_UND18

LF_TERM/LF_S1TERM Thank you, we’ll try back another time.

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READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING

LF_TERM if UNDER18 = 77. Else use LF_S1TERM

LF_NOCHILD Those are all the questions I have. I’d like to thank you on behalf of the (IF IAP=GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF IAP=PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention for the time and effort you’ve spent answering these questions.

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IF S_UNDR18 = 1, FILL “age” AND “child”. ELSE, FILL “ages” AND “children”.

IF S_NUMB = 0, DISPLAY THIS TEXT WHEN ASKING ABOUT FIRST CHILD: “Many of my questions are only for children of certain ages. So, I’ll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household.” FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18) DISPLAY: (READ IF NECESSARY: ”Please tell me the age of the next child who lives in this household.”)

DISPLAY FOR AGE_1 INTERVIEWER: "IF RESPONDENT PROVIDES AGES FOR ALL CHILDREN UP FRONT, TYPE IN THE AGES AS CATI PROMPTS FOR THEM."

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF AGE IS LESS THAN 1 MONTH OLD, RECORD 0 MONTHS. A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

• HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
• THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
• USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
• USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
• ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

ENTER VALUE______________________________.............. GO TO LF_AGE_CONFIRM

IF 99 go to LF_AGERF

IF 77 go to LF_AGEDK
LF_AGEDK

Is there anyone available who would know the child's age?

NEW PERSON COMES TO PHONE............. GO TO LF_NEWR
NO

IF LF_AGEDK=01, THEN GO TO LF_NEWR

IF LF_AGEDK=02 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE

IF LF_AGEDK=02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF

IF LF_AGEDK=02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND ALL AGES ARE 77, THEN GO TO LF_S1TERM. ON CALLBACK POINT OF RETURN IS LF_AGE.

IF LF_AGEDK=02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND INCENTIVE=0, THEN GO TO LF_S1TERM. ON CALLBACK POINT OF RETURN IS LF_AGE, IF P_INCENT > 0 GO TO VRYADD

LF_AGERF

I understand you may be uncomfortable, however, all information is confidential under Federal Law.

RETURN TO QUESTIONNAIRE........
R STILL REFUSES......................

IF 01, THEN GO TO LF_AGE

IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE

IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF

IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND INCENTIVE>0, THEN GO TO VRYADD

IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND INCENTIVE=0, THEN GO TO FNOCHILD. ON CALLBACK POINT OF RETURN IS LF_AGE_X
So, you have a (FILL WITH AGE IN YEARS FOR ALL CHILDREN 2 YEARS OLD OR OLDER, OR AGE IN MONTHS FOR ALL CHILDREN UNDER 2 YEARS OLD, INCLUDING AGE FOR ANY NIS-ELIGIBLE CHILDREN. E.G., 12 month old, 10 year old, and 15 year old, OR IF CHILD IS LESS THAN ONE MONTH OLD FILL WITH newborn/IF > 1 CHILD, INSERT 'and' BEFORE THE LAST AGEID) [IF Count DK/REF Ages >=1: and (# of children with AGE DK/REF) other child(ren)]. Is that correct?

(1) YES [GO TO CP_LMULT ]
(2) NO, WRONG AGES OF CHILDREN [Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD, GO TO LFAGE]
(3) NO, WRONG NUMBER OF CHILDREN [Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD; GO TO LF_UNDR18]
(77) DON'T KNOW [GO TO CP_LMULT]
(99) REFUSED [GO TO CP_LMULT ]

INCLUDE ANY DK (77) or REF (99) AGE AS A COUNT IN TEXT FILL

(1) IF THERE ARE CHILDREN WITH THE SAME AGE SKIP TO LF_NME
(2) ELSE GO TO LF_CP_SELECTION

Since you have more than one child who is [FILL AGE] years old, I need a way to refer to each of them during the interview. What is the name of your first [FILL AGE] old child?

IF RESPONDENT SAYS DON'T KNOW OR REFUSES ENTER CHILD1/CHILD2/CHILD3 AND CONTINUE

(01) CONTINUE > [RECORD NAMES IN LF_NME_1 – LF_NME_9]
(77) DON'T KNOW
(99) REFUSED
LF_CP_SELECTION

IF S3_EVAL_R OR TIS_S3_EVAL_R ARE NOT MISSING AND IF HH HAS CHILD OR CHILDREN 0-18 MONTHS AND/OR 36-155 MONTHS [AND ELIG_X = 0 AND TEEN_ELIG_FLAG=2] THEN COMPLETE A RANDOM SELECTION OF THIS/THOSE CHILD/CHILDREN AND GO TO C12_INTRO, ELSE

IF S3_EVAL_R AND TIS_S3_EVAL_R ARE MISSING AND IF HH HAS CHILD OR CHILDREN 0-18 MONTHS AND/OR 36-155 MONTHS [AND ELIG_X = 0 AND TEEN_ELIG_FLAG=2] THEN COMPLETE A RANDOM SELECTION OF THIS/THOSE CHILD/CHILDREN AND GO TO LF_TIS_S3_INTRO, ELSE GO TO LF_12_EXIT.

IF S3_EVAL_R IS MISSING AND P_ASKTEN=0 AND IF HH HAS CHILD OR CHILDREN NE 6-18 MONTHS AND/OR 36-155 MONTHS (NOT ELIGIBLE FOR FLU) THEN GO TO K_D16.

FNOCHILD Since we need an age in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the [If IAP=105 DISPLAY: 'Department of Public Health and Social Services and the' else IF IAP=106 DISPLAY "Puerto Rico Department of Health and the‘] Centers for Disease Control and Prevention for the time you spent answering these questions.

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LF_TIS_S3_INTRO

Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don’t wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I’d like to continue now unless you have any questions.

CONTINUE .................................................................1 GO TO C12_INTRO
RESPONDENT ASKS FOR DESCRIPTION
OF LAW...........................................................................2 GO TO LF_TIS_S3_LAW
The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

**IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:**

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

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**C12_INTRO**

Thank you for your answers about your household

[IF CWTYPE=S THEN READ “and [S.C.’s health]”].

[IF S.C. = S.P. THEN READ] “I have just a few more questions about [S.C.] and flu vaccinations.”

[ELSE IF NIS or TEEN COMPLETE, READ] “I now have just a few questions about your [AGE ID] and flu vaccinations.”

[ELSE READ]: “I now have just a few questions about your [AGE ID] and flu vaccinations. The remainder of the survey will take about 5 minutes.”

CONTINUE .....................................................................1 GO TO LF_C1Q01

**LF_C1Q01**

Is [S.C.] male or female?

MALE ..............................................................................1 GO TO LF_C1Q02

FEMALE ..........................................................................2 GO TO LF_C1Q02

DON’T KNOW.........................................................................77 GO TO LF_C1Q02

REFUSED.............................................................................99 GO TO LF_C1Q02

CIM Children <9 year old at LF_AGE_X skip to FS3MTH
FS3MTH So I’ll know which vaccination questions to ask, please tell me the month, day, and year of birth of your [FILL AGE FROM LF_AGE, E.G. 7 month old] child.

ENTER 77 / 77 / 7777 FOR DON'T KNOW
ENTER 99 / 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/12/2012

ENTER BIRTH DATES __ __ ____MM/DD/YYYY

IF YEAR = 7777 > GO TO FYDK
IF YEAR = 9999 > GO TO FYRREF

FYRDK The reason we need your child’s birth date is to know which immunization questions to ask. Is there anyone available who would know the child’s month, day, and year of birth?

(01) Yes ………GO TO LF_NEWNR
(02) No ………IF P_INCENT > 0 GO TO VRYADD ELSE GO TO LF_S1TERM

FYRREF I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child’s birthdate is to know which immunization questions to ask. IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

(01) R STILL REFUSES > IF P_INCENT > 0 GO TO VRYADD ELSE GO TO FYRQUIT
(02) RETURN TO QUESTIONNAIRE > GO TOFS3MTH

FYRQUIT Since we need a birth date in order to continue, these are all the questions I have at this time. I’d like to thank you on behalf of the Centers for Disease Control and Prevention for the time you spent answering these questions.

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EXIT

LF_A_CON That would make this child [calculated age from FS3MTH]; is that correct?

(01) YES [IF ELIG, GO TO LF_C1Q02; ELSE GO TO K_D16]
(02) NO [GO TO FS3MTH]
Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call, 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

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**LF_C1Q02** What is your relationship to [S.C.]

- MOTHER (STEP, FOSTER, ADOPTIVE) ............................................... 1
- FATHER (STEP, FOSTER, ADOPTIVE) .................................................... 2
- SISTER OR BROTHER (STEP, FOSTER, HALF, ADOPTIVE) ..................... 3
- IN-LAW OF ANY TYPE .................................................. 4
- AUNT/UNCLE ................................................................. 5
- GRANDPARENT .............................................................. 6
- OTHER FAMILY MEMBER ............................................ 7
- FRIEND ............................................................................. 8
- DON’T KNOW ............................................................ 77
- REFUSED ................................................................. 99

ALL GO TO LF_C12Q6

**LF_C12Q6** Since July 1, 2019 has [S.C.] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist or drop in the nose.

- YES .................................................................................. 1
- NO ................................................................................... 2
- DON’T KNOW ............................................................ 77
- REFUSED ................................................................. 99

GO TO LF_C12Q8

**LF_C12Q8** How many flu vaccinations has [S.C.] received since July 1, 2019?

- 1 VACCINATION OR DOSE ......................................... 1
- 2 VACCINATIONS OR DOSES ..................................... 2
- DON’T KNOW ............................................................ 77
- REFUSED ................................................................. 99

GO TO LF_C12Q9_M
INTERVIEWER INSTRUCTION: IF R SAYS CHILD HAS RECEIVED MORE THAN TWO VACCINATIONS, SELECT “2 VACCINATIONS OR DOSES.” FOLLOW-UP INFORMATION WILL BE COLLECTED ABOUT THE FIRST TWO VACCINATIONS SINCE JULY.

LF_C12Q9_M During what month did [S.C.] receive [his/her] first dose of the flu vaccine, since July 1, 2019?

INTERVIEW INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

MONTH |[YEAR=fill] |[GO TO LF_C12Q9_C]
(77) DON'T KNOW |[GO TO LF_C12Q9_A]
(99) REFUSED |[GO TO LF_C12Q9_A]

LF_C12Q9_C That was [FILL MONTH] of [FILL YEAR], correct?

YES .................................................................................... 1 GO TO LF_C12Q9_A
NO ...................................................................................... 2 GO TO LF_C12Q9_M

LF_C12Q9_A Was this a shot or a spray in the nose?

FLU SHOT ................................................................. 1
FLU NASAL SPRAY OR “FLU MIST” ................... 2
DON'T KNOW .......................................................... 77
REFUSED................................................................. 99

IF LF_C12Q8=02 GO TO LF_C12Q10_M
ELSE GO TO LF_C12Q12

LF_C12Q10_M During what month did [S.C.] receive [his/her] second dose of the flu vaccine, since July 1, 2019?

INTERVIEW INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

MONTH |[YEAR=fill] |[GO TO LF_C12Q10_C]
(77) DON'T KNOW |[GO TO LF_C12Q10_A]
(99) REFUSED |[GO TO LF_C12Q10_A]

LF_C12Q10_C That was [FILL MONTH] of [FILL YEAR], correct?

YES ................................................................................... 1 GO TO LF_C12Q10_A
NO ..................................................................................... 2 GO TO LF_C12Q10_M
LF_C12Q10_A

Was this a shot or a spray in the nose?

- Flu shot .......................................................1  Go to LF_C12Q12
- Flu nasal spray or “Flu Mist” .........................2  Go to LF_C12Q12
- Don’t know ..................................................77 Go to LF_C12Q12
- Refused .......................................................99 Go to LF_C12Q12

LF_C12Q12

At what kind of place did [S.C.] get [his/her] most recent flu vaccination?

- Doctor’s office [If IAP=Puerto Rico include: Interviewer note: Doctor’s office includes private provider and reforma provider] ..................1
- Health department ...........................................2
- Clinic or health center ......................................3
- Hospital ..........................................................4
- Other medically-related place ............................5
- Pharmacy or drug store .....................................6
- Workplace .......................................................7
- Elementary/middle/high school ..........................8
- Other non-medically-related place [If IAP=Puerto Rico include: Interviewer note: includes mass vaccination clinics held at sports arenas] .................................9
- Mall outreach [Display only if IAP=105] ..............10
- Village outreach [Display only if IAP=105] ..........11
- Don’t know ......................................................77
- Refused ............................................................99

Read responses if necessary

If child ≥8 months old and <9 years old as of August 1, 2019, go to LF_LIFE;
Else go to LF_INSURE

LF_C12Q15

How likely is [S.C.] to get a flu vaccination between now and the end of June, 2020? Would you say [Fill var: he/she]:

- Will definitely get one .....................................1
- Will probably get one ......................................2
- Will probably not get one .................................3
- Will definitely not get one ..................................4
- Don’t know ......................................................77
- Refused ............................................................99

If child ≥8 months old and <9 years old as of August 1, 2019, go to LF_LIFE;
Else go to LF_INSURE
LF_LIFE Thinking about all of the flu vaccinations [S.C.] received in [FILL VAR: his/her] life before this flu season, that is before July 1, 2019, how many flu vaccinations did [S.C.] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

[INTERVIEWER NOTE: IF NEEDED, LET THE RESPONDENT KNOW TO INCLUDE BOTH SHOT AND SPRAY WHEN CONSIDERING THE NUMBER OF VACCINATIONS.]

ONE FLU VACCINATION .........................1  GO TO LF_INSURE
TWO OR MORE FLU VACCINATIONS ...2  GO TO LF_INSURE
ZERO FLU VACCINATIONS...............3  GO TO LF_INSURE
DON’T KNOW .................................77  GO TO LF_INSURE
REFUSED ...........................................99  GO TO LF_INSURE

LF_INSURE Now I have a few more general questions about [S.C.] and your household. Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

YES ...........................................................................1  GO TO LF_INSURE_TYPE
NO ............................................................................2  GO TO LF_HHSIZE
DON’T KNOW ..............................................77  GO TO LF_HHSIZE
REFUSED ..................................................99  GO TO LF_HHSIZE

LF_INSURE_TYPE Is that coverage Medicaid (IF IAP= PUERTO RICO THEN DISPLAY: (plan La Reforma)), [IF IAP NOT GUAM OR PUERTO RICO THEN DISPLAY: the Children’s Health Insurance Program, CHIP, [fill state CHIP program name],] or some other type of insurance?

[CHECK ALL THAT APPLY]

MEDICAID .................................................................1  GO TO LF_HHSIZE
[IF IAP NOT GUAM OR PUERTO RICO DISPLAY] CHIP [FILL PROGRAM NAME] ........................2  GO TO LF_HHSIZE
SOMETHING ELSE/PRIVATE INSURANCE /
HMO PREPAID PLAN ..................................................3  GO TO LF_HHSIZE
DON’T KNOW ..........................................................77  GO TO LF_HHSIZE
REFUSED ..............................................................99  GO TO LF_HHSIZE

LF_HHSIZE Including the adults and all the children, how many people live in this household?

ENTER NUMBER .................................................  GO TO LF_11Q01
DON’T KNOW ......................................................77  GO TO LF_11Q01
REFUSED ..............................................................99  GO TO LF_11Q01
LF_11Q01 Is [S.C.] of Hispanic or Latino origin?

INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.

YES .................................................................1 GO TO LF_11Q01A
NO .................................................................2 GO TO LF_11Q02
DON’T KNOW .....................................................77 GO TO LF_11Q02
REFUSED ..........................................................99 GO TO LF_11Q02

LF_11Q01A Is [S.C.] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, (IF IAP=VIRGIN ISLANDS THEN DISPLAY: (Dominican)), or of other Hispanic, Latino/a, or Spanish origin? CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN, CHICANO/A ......................................................1 GO TO LF_11Q02
PUERTO RICAN ....................................................2 GO TO LF_11Q02
CUBAN ....................................................................3 GO TO LF_11Q02
CENTRAL AMERICAN .............................................4 GO TO LF_11Q02
SOUTH AMERICAN ..................................................5 GO TO LF_11Q02
OTHER SPANISH/HISPANIC (SPECIFY) .................10 GO TO LF_11Q01A_OS
(IF IAP= VIRGIN ISLANDS, THEN DISPLAY (DOMINICAN)) .................................................11 GO TO LF_11Q02
DON’T KNOW ......................................................77 GO TO LF_11Q02
REFUSED ............................................................99 GO TO LF_11Q02

LF_11Q01A_OS

ENTER OTHER ________________________________________ GO TO LF_11Q02

LF_11Q02 Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [S.C.]’s race. Is [S.C.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? MARK ALL THAT APPLY

WHITE .................................................................1
BLACK/AFRICAN AMERICAN .................................2
AMERICAN INDIAN ..................................................3
ALASKA NATIVE .....................................................4
ASIAN .......................................................................5
NATIVE HAWAIIAN ..................................................6
PACIFIC ISLANDER ...................................................7
OTHER ......................................................................8
DON’T KNOW ......................................................77
REFUSED ............................................................99
IF LF_11Q02 INCLUDES 08 GO TO LF_11Q02_OS (FOLLOW THIS LOGIC FIRST)
ELSE IF IAP= GUAM & OPTION 05 OR 07 SELECTED, GO TO LF_AAPI
ELSE IF LF_11Q02 INCLUDES 05 GO TO LF_11Q02A_AS
ELSE IF LF_11Q02 INCLUDES 07 GO TO LF_11Q02A_PI
ELSE IF LF_11Q02 INCLUDES 05, 07 GO TO LF_11Q02A_AS FIRST
ELSE GO TO LF_11Q01B

LF_11Q02_OS
ENTER OTHER__________________________ GO TO LF_11Q02

IF IAP=GUAM & OPTION 05 OR 07 SELECTED, GO TO LF_AAPI
ELSE IF LF_11Q02 INCLUDES 05 GO TO LF_11Q02A_AS
ELSE IF LF_11Q02 INCLUDES 07 GO TO LF_11Q02A_PI
ELSE IF LF_11Q02 INCLUDES 05, 07 GO TO LF_11Q02A_AS FIRST
ELSE GO TO LF_11Q01B

LF_11Q02A_AS

Is [S.C.] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?
READ IF NECESSARY: “Please choose the one category that describes [S.C.] best.”

ASIAN INDIAN .................................................................1
CHINESE .........................................................................2
FILIPINO .........................................................................3
JAPANESE .................................................................4
KOREAN .........................................................................5
VIETNAMESE ...............................................................6
OTHER ASIAN .............................................................7
DON’T KNOW .............................................................77
REFUSED .........................................................................99

IF LF_11Q02 INCLUDES 07 GO TO LF_11Q02A_PI
ELSE GO TO LF_11Q01B

LF_11Q02A_PI

Is [S.C.] Guamanian or Chamorro, Samoan, or another Pacific Islander?

GUAMANIAN OR CHAMORRO .................................1 GO TO LF_11Q01B
SAMOAN .................................................................2 GO TO LF_11Q01B
OTHER PACIFIC ISLANDER .................................3 GO TO LF_11Q01B
DON’T KNOW ..........................................................77 GO TO LF_11Q01B
REFUSED .......................................................................99 GO TO LF_11Q01B
LF_AAPI  Is [S.C.] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: “Please choose the one category that describes [S.C.] best.”

CHAMORRO........................................................................1
FILIPINO ...........................................................................2
CHUKESE........................................................................ 3
POHNPEIAN ......................................................................4
PALAUAN.................................................................5
YAPESE...........................................................................6
KOSRAEAN ......................................................................7
MARSHALLESE...........................................................8
JAPANESE ........................................................................9
KOREAN .................................................................10
CHINESE ......................................................................11
VIETNAMESE ..........................................................12
THAI ..............................................................................13
OTHER .........................................................................14
DON’T KNOW ..........................................................77
REFUSED .......................................................................99

IF LF_AAPI = 14, GO TO LF_AAPI_OTH
ELSE GO TO LF_Q01B

LF_AAPI_OTH ENTER OTHER SPECIFY_________________________ GO TO LF_11Q02

GO TO LF_Q01B

LF_11NIS  [IF LF_C1Q02<=5, "Are you" ELSE] Is [S.C.’s mother] also the mother of [NIS S.C.]?

YES.................................................................01 [GO TO LF_Q01B]

NO.................................................................02 [IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B]

DON’T KNOW.................................................77 [IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B]

REFUSED.......................................................99 [IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B]
LF11TEEN  [IF LF_C1Q02<=5, "Are you" ELSE] Is [S.C.'s mother] also the mother of [TEEN S.C.]?

YES………………………………….01  [GO TO LF_Q01B]
NO……………………………………02  [GO TO LF_Q01B]
DON'T KNOW………………………77  [GO TO LF_Q01B]
REFUSED……………………………99  [GO TO LF_Q01B]

LF_11Q01B  [IF LF_C1Q02 = 1"Are you" ELSE] Is [S.C.'s mother] of Hispanic or Latino origin?

HISPANIC OR LATINO INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.

YES .................................................................................... 1 GO TO LF_11Q01B_HISP NO ................................. 2 GO TO LF_11Q02B
DON'T KNOW ................................................................ 77 GO TO LF_11Q02B
REFUSED ........................................................................ 99 GO TO LF_11Q02B

LF_11Q01B_HISP

[IF LF_C1Q02 = 1"Are you" ELSE] Is [S.C.'s mother] Mexican, Mexican-American, Chicana, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latina, (IF IAP= VIRGIN ISLANDS THEN DISPLAY: (Dominican)), or of Spanish origin?

CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN, CHICANO/A...................................................... 1  GO TO LF_11Q02B
PUERTO RICAN............................................................ 2  GO TO LF_11Q02B
CUBAN........................................................................... 3  GO TO LF_11Q02B
CENTRAL AMERICAN................................................... 4  GO TO LF_11Q02B
SOUTH AMERICAN ....................................................... 5  GO TO LF_11Q02B
OTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN (SPECIFY) .............................................. 10 GO TO LF_11Q02B
(IF IAP= VIRGIN ISLANDS, THEN DISPLAY (DOMINICAN) 11  GO TO LF_11Q02_B
DON'T KNOW ............................................................. 77 GO TO LF_11Q01B_HISPOS
REFUSED ........................................................................ 99 GO TO LF_11Q02B

LF_11Q01B_HISPOS

ENTER OTHER ______________________________ GO TO LF_11Q02B
Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe [IF LF_C1Q02 = 1"you" ELSE] [S.C.'s mother's] race. [IF LF_C1Q02 = 1"Are you" ELSE] Is [S.C.'s mother] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? [MARK ALL THAT APPLY]

WHITE .................................................................1
BLACK/AFRICAN AMERICAN ..................................2
AMERICAN INDIAN ..................................................3
ALASKA NATIVE .....................................................4
ASIAN .................................................................5
NATIVE HAWAIIAN ...............................................6
PACIFIC ISLANDER ...............................................7
OTHER ...............................................................8
DON'T KNOW .....................................................77
REFUSED .............................................................99

IF OPTION 08 IS SELECTED, GO TO LF_11Q02B_OS
ELSE IF IAP=GUAM & OPTION 05 OR 07 SELECTED, GO TO LF_BAPI
ELSE IF 05 IS SELECTED, GO TO LF_11Q02B_AS,
ELSE IF 07 IS SELECTED GO TO LF_11Q02B_PI,
ELSE IF 05 AND 07 ARE SELECTED GO TO LF_11Q02B_AS FIRST
ELSE GO TO LF_11Q20

LF_11Q02B_AS [IF LF_C1Q02 = 1 “Are you” ELSE] Is [S.C.’s mother] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: “Please choose the category that describes [IF LF_C1Q02 = 1 “you” ELSE] [S.C.’s mother] best.”

ASIAN INDIAN .....................................................1
CHINESE ............................................................2
FILIPINO .............................................................3
JAPANESE ...........................................................4
KOREAN .............................................................5
VIETNAMESE .......................................................6
OTHER ASIAN .....................................................7
DON’T KNOW .....................................................77
REFUSED .............................................................99
ELSE IF LF_11Q02B INCLUDES 07 GO TO LF_11Q02B_PI,
ELSE GO TO LF_11Q20

LF_11Q02B_PI IF LFC1Q02 = 1 “Are you” ELSE Is [S.C.’s mother] Guamanian or Chamorro, Samoan, or another Pacific Islander?

READ IF NECESSARY: “Please choose the category that describes [IF LFC1Q02 = 1 “you” ELSE] [S.C.’s mother] best.”

GUAMANIAN OR CHAMORRO ................. 1 GO TO LF_11Q20
SAMOAN ................................................. 2 GO TO LF_11Q20
OTHER PACIFIC ISLANDER ................. 3 GO TO LF_11Q20
DON'T KNOW ........................................ 77 GO TO LF_11Q20
REFUSED ............................................. 99 GO TO LF_11Q20

LF_BAPI Are you/[Is S.C.’s mother] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: “Please choose the category that describes [IF LFC1Q02 = 1,2,3,4,5 “you” ELSE] [S.C.’s mother] best.”

CHAMORRO ........................................... 1
FILIPINO .............................................. 2
CHUUKES ............................................ 3
POHNPEIAN ....................................... 4
PALAUAN ............................................ 5
YAPESE .............................................. 6
KOSRAEAN .......................................... 7
MARSHALLESE .................................... 8
JAPANESE .......................................... 9
KOREAN ........................................... 10
CHINESE ......................................... 11
VIETNAMESE .................................... 12
THAI ............................................... 13
OTHER ........................................... 14
DON'T KNOW ................................... 77
REFUSED ......................................... 99

IF LF_BAPI = 14, TO LF_BAPI_OTH ELSE GO TO LF_11Q20

LF_BAPI_OTH ENTER OTHER SPECIFY ____________________________GO TO LF_11Q02

GO TO LF_11Q20
What is the highest grade or year of school [you have / [S.C.]/’s [MOTHER TYPE] has] completed?

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

8th GRADE OR LESS ....................................................... 1 GO TO LF_C19C
9th-12th GRADE NO DIPLOMA ...................................... 2 GO TO LF_C19C
HIGH SCHOOL GRADUATE OR GED COMPLETED .............. 3 GO TO LF_C19C
COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM ............................................... 4 GO TO LF_C19C
SOME COLLEGE CREDIT BUT NO DEGREE ....................... 5 GO TO LF_C19C
ASSOCIATE DEGREE (AA, AS) ........................................ 6 GO TO LF_C19C
BACHELOR’S DEGREE (BA, BS, AB) ............................... 7 GO TO LF_C19C
MASTER’S DEGREE (MA, MS, MSW, MBA) ..................... 8 GO TO LF_C19C
DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD) ........................................... 9 GO TO LF_C19C
DON’T KNOW ................................................................ 77 GO TO LF_C19C
REFUSED ........................................................................ 99 GO TO LF_C19C

Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you or someone in your household?

OWNED OR BEING BOUGHT ......................................... 1 GO TO LF_11Q51
RENTED ............................................................................ 2 GO TO LF_11Q51
OTHER ARRANGEMENT ............................................... 3 GO TO LF_11Q51
DON’T KNOW ............................................................... 77 GO TO LF_11Q51
REFUSED ........................................................................ 99 GO TO LF_11Q51

Now I am going to ask you a few questions about your income. Please think about your total combined FAMILY income during (FILL LAST CALENDAR YEAR) for all members of the family. Can you tell me that amount before taxes?

HELP SCREEN: INCLUDE MONEY FROM JOBS, CHILD SUPPORT, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE, AND SO FORTH. ALSO, INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT, AND ANY OTHER MONEY INCOME RECEIVED.

RECORD INCOME $ ......................................................... GO TO LF_11Q51_CONF
DON’T KNOW ............................................................... 77 GO TO LF_11Q52
REFUSED ........................................................................ 99 GO TO LF_11Q52
LF_11Q51_CONF

Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, LF_11Q51]?

YES.................................................................01 [GO TO LF_LNDLN]
NO.................................................................02 GO TO LF_11Q51
DON'T KNOW...............................................77 GO TO LF_11Q51
REFUSED .....................................................99 GO TO LF_11Q51

LF_11Q52

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in [FILL LAST CALENDAR YEAR]. Would you say that the total combined income, before taxes, was above or below $20,000?

MORE THAN $20,000 ..............................................01 GO TO LF_11Q56
$20,000....................................................................02 [GO TO LF_LNDLN]
LESS THAN $20,000 ..............................................03 GO TO LF_11Q53
DON'T KNOW .....................................................77 [GO TO LF_LNDLN]
REFUSED .............................................................99 [GO TO LF_LNDLN]

LF_11Q53

Was the total combined household income more or less than $10,000?

MORE THAN $10,000 ..............................................01 GO TO LF_11Q55
$10,000....................................................................02 [GO TO LF_LNDLN]
LESS THAN $10,000 ..............................................03 GO TO LF_11Q54
DON'T KNOW .....................................................77 [GO TO LF_LNDLN]
REFUSED .............................................................99 [GO TO LF_LNDLN]

LF_11Q54

Was it more than $7,500?

YES .................................................................01
NO ........................................................................02
DON'T KNOW .....................................................77
REFUSED .............................................................99

[ALL GO TO LF_LNDLN]

LF_11Q55

Was it more than $15,000?

YES .................................................................01 GO TO LF_11Q55A
NO ........................................................................02 GO TO LF_11Q55B
DON'T KNOW .....................................................77 [GO TO LF_LNDLN]
REFUSED .............................................................99 [GO TO LF_LNDLN]
LF_11Q55A Was it more than $17,500?
YES ................................................................. .01
NO ..................................................................... .02
DON’T KNOW ............................................. .77
REFUSED ...................................................... .99
[ALL GO TO LF_LNDLN]

LF_11Q55B Was it more than $12,500?
YES ................................................................. .01
NO ..................................................................... .02
DON’T KNOW ............................................. .77
REFUSED ...................................................... .99
[ALL GO TO LF_LNDLN]

LF_11Q56 (READ IF NECESSARY: Was the total combined household income) more or less than $40,000?
MORE THAN $40,000 ............................................. .01  GO TO LF_11Q56A
$40,000 ................................................................ .02  [GO TO LF_LNDLN]
LESS THAN $40,000 ............................................ .03  GO TO LF_11Q57
DON’T KNOW .............................................. .77  [GO TO LF_LNDLN]
REFUSED ........................................................ .99  [GO TO LF_LNDLN]

LF_11Q56A (READ IF NECESSARY: Was the total combined household income) more or less than $60,000?
MORE THAN $60,000 ............................................. .01  GO TO LF_11Q58
$60,000 ................................................................ .02  [GO TO LF_LNDLN]
LESS THAN $60,000 .......................................... .03  GO TO LF_11Q56B
DON’T KNOW .............................................. .77  [GO TO LF_LNDLN]
REFUSED ........................................................ .99  [GO TO LF_LNDLN]

LF_11Q56B (READ IF NECESSARY: Was the total combined household income) more or less than $50,000?
MORE THAN $50,000 ............................................. .01  [GO TO LF_LNDLN]
$50,000 ................................................................ .02  [GO TO LF_LNDLN]
LESS THAN $50,000 ........................................... .03  GO TO LF_11Q56C
DON’T KNOW .............................................. .77  [GO TO LF_LNDLN]
REFUSED ........................................................ .99  [GO TO LF_LNDLN]

LF_11Q56C (READ IF NECESSARY: Was the total combined household income) more or less than $45,000?
MORE THAN $45,000 .................................................... .01 [GO TO LF_LNDLN]
$45,000........................................................................... .02 [GO TO LF_LNDLN]
LESS THAN $45,000....................................................... .03 GO TO LF_11Q57
DON’T KNOW ............................................................... .77 GO TO LF_LNDLN]
REFUSED ........................................................................ .99 [GO TO LF_LNDLN]

LF_11Q57 (READ IF NECESSARY: Was the total combined household income) more or less than $30,000?
MORE THAN $30,000 .................................................... .01 GO TO LF_11Q57A
$30,000............................................................................. .02 [GO TO LF_LNDLN]
LESS THAN $30,000....................................................... .03 GO TO LF_11Q57B
DON’T KNOW ............................................................... .77 GO TO LF_LNDLN]
REFUSED ........................................................................ .99 [GO TO LF_LNDLN]

LF_11Q57A (READ IF NECESSARY: Was the total combined household income) more or less than $35,000?
MORE THAN $35,000 .................................................... .01
$35,000............................................................................. .02
LESS THAN $35,000....................................................... .03
DON’T KNOW ............................................................... .77
REFUSED ........................................................................ .99

[ALL GO TO LF_LNDLN]

LF_11Q57B (READ IF NECESSARY: Was the total combined household income) more or less than $25,000?
MORE THAN $25,000 .................................................... .01
$25,000............................................................................. .02
LESS THAN $25,000....................................................... .03
DON’T KNOW ............................................................... .77
REFUSED ........................................................................ .99

[ALL GO TO LF_LNDLN]

LF_11Q58 (READ IF NECESSARY: Was the total combined household income) more or less than $75,000?
MORE THAN $75,000 .................................................... .01
$75,000............................................................................. .02
LESS THAN $75,000....................................................... .03
DON’T KNOW ............................................................... .77
REFUSED ........................................................................ .99

[ALL GO TO LF_LNDLN]
The next few questions are about the telephones in your household.

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include
- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers

YES .................................................................01   GO TO LF_12Q14
NO ...............................................................02   GO TO LF_11Q15_CELL
DON'T KNOW ................................................77   GO TO LF_11Q15_CELL
REFUSED .......................................................99   GO TO LF_11Q15_CELL

How many landline telephone numbers are residential numbers?

INTERVIEWER INSTRUCTION: THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF LANDLINE TELEPHONE NUMBERS

ONE .............................................................01   GO TO LF_11Q15_CELL
TWO ............................................................02   GO TO LF_11Q15_CELL
THREE OR MORE .........................................03   GO TO LF_11Q15_CELL
NONE ..........................................................04   IF IAP= VIRGIN ISLANDS GO TO LF-ISLAND, ELSE IF IAP=GUAM, SKIP TO
DON'T KNOW ................................................77   GO TO LF_11Q15_CELL
REFUSED .......................................................99   GO TO LF_11Q15_CELL

In total, how many working cell phones do you and your household members have available for personal use? Please do not count cell phones that are used exclusively for business purposes)

[IF RDD_NCCELL_CCELL=2, 3 and NEWPHONE_FLAG=1 display
"INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL."]

ONE .............................................................01   GOTO LF_11Q15_CELL_US
TWO ............................................................02   GOTO LF_11Q15_CELL_US
THREE OR MORE .........................................03   GOTO LF_11Q15_CELL_US
NONE ..........................................................04   IF IAP= VIRGIN ISLANDS GO TO LF-ISLAND, ELSE IF IAP=GUAM, SKIP TO
DON’T KNOW ................................................................. 77
REFUSED .......................................................................... 99

LF_11Q15_CELL_US
[IF NIS OR TEEN OR NSCH COMPLETED AND (C21_06Q3_CELL = 1, 2, 3 or TIS_C21_06Q3_CELL = 1, 2, 3 or C11Q15_CELL = 1, 2, 3) AND SAMPLE_USE_CODE IN (1, 2, 4) READ: Earlier you told me that you have at least one cell phone in your household.]

[IF NIS OR TEEN COMPLETED AND (C21_06Q3_CELL = 77, 99 or TIS_C21_06Q3_CELL = 77, 99) AND SAMPLE_USE_CODE IN (1, 2, 4) READ: The next few questions are about the telephones in your household.]

How many [IF C11Q15_CELL = 1, 2, 3 THEN DISPLAY: "of these"] cell phones do the adults in this household usually use?

[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""

[IF RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display: "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.

ONE ................................................................. 01
TWO ................................................................. 02
THREE OR MORE .................................................. 03
NONE ..................................................................... 04
DON’T KNOW ....................................................... 77
REFUSED ............................................................. 99

[IF IAP= VIRGIN ISLANDS & IF LF_LNDLN = 2, 77, OR 99, SKIP TO LF_ISLAND, ELSE IF IAP=GUAM & IF LF_LNDLN = 2, 77, OR 99, SKIP TO LF_VIL, ELSE IF LF_LNDLN = 2, 77, OR 99, SKIP TO LF_Q22, ELSE GO TO LF_11Q16]
LF_11Q16  Of all the telephone calls that you and your household receive, are nearly all received on 
cell phones, nearly all received on landline phones, or some received on cell phones and 
some received on landline phones?

NEARLY ALL RECEIVED ON CELL PHONES ..........1
NEARLY ALL RECEIVED ON LANDLINE 
PHONES .................................................................2
SOME RECEIVED ON CELL PHONES AND 
SOME RECEIVED ON LANDLINE PHONES..............3
DON’T KNOW .........................................................77
REFUSED ..............................................................99

[IF IAP = VIRGIN ISLANDS GO TO LF_ISLND
ELSE IF IAP=GUAM GO TO LF_VIL
ELSE GO TO LF_Q22]}

LF_VIL  In which village do you live?

AGANA HEIGHTS .....................................................01
AGAT .................................................................02
ASAN .................................................................03
BARRIGADA .........................................................04
CHALAN PAGO ....................................................05
DEDEDO ...............................................................06
HAGATNA/AGANA .............................................07
INARAJAN ..........................................................08
MAINA ...............................................................09
MAITE .................................................................10
MANGILAO .........................................................11
MERIZO .............................................................12
MONGMONG .....................................................13
ORDOT ..............................................................14
PITI .................................................................15
SANTA RITA .........................................................16
SINAJANA .........................................................17
TALOFOFO .........................................................18
TAMUNING-TUMON .............................................19
TOTO .................................................................20
UMATAC ............................................................21
YIGO .................................................................22
YONA .................................................................23
DON’T KNOW ......................................................77
DO NOT LIVE IN GUAM .........................98
REFUSED ..........................................................99

[ALL GO TO LF_Q22]
**LF_ISLAND**

On what island do you live?

- SAINT CROIX .................................................................01
- SAINT THOMAS .............................................................02
- SAINT JOHN .................................................................03
- WATER ISLAND ............................................................04
- DON’T LIVE IN VIRGIN ISLANDS .............................05
- DON’T KNOW ............................................................77
- REFUSED ........................................................................99

[ALL GO TO LF_12EXT]

**LF_11Q22**

Please tell me your zip code.

- DON’T KNOW ............................................................77777 IF IAP= PUERTO RICO GO TO LF_11Q22APR;
  ELSE GO TO LF_11Q22A

- REFUSED ........................................................................99999 IF IAP= PUERTO RICO GO TO LF_11Q22APR; ELSE GO TO LF_11Q22A

ELSE IF IAP=GUAM AND LF_VIL=98, GO TO LF_12EXT
LF_11Q22APR  In what city and state you live?

CITY ________________________________  IF “NOT IN PUERTO RICO” SELECTED, GO TO LF_11Q22A; ELSE GO TO STATE.

STATE______________________________  GO TO LF_11Q22D

LF_11Q22A  In what city, county, and state you live?

CITY ________________________________
COUNTY ______________________________
STATE ________________________________  GO TO LF_11Q22D

LF_11Q22CONF

To confirm, you live in [TEXT FILL: CITY], [TEXT FILL: COUNTY] county, [TEXT FILL: STATE]. Is that correct?

YES.............................................................................1  GO TO LF_11Q22F

NO.............................................................................2  GO TO LF_11Q22B

LF_11Q22D  Just to confirm, I have your zip code as [FILL FROM LF_11Q22]. Is that correct?

YES.............................................................................1  GO TO LF_11Q22F

NO.............................................................................2  GO TO LF_11Q22E

LF_11Q22E  What is your zip code?

ENTER ZIP CODE ________________________ (IF IAP= PUERTO RICO THEN SKIP TO LF_12_EXIT; ELSE SKIP TO LF_11Q22F)

LF_11Q22F  Do you live within city limits?

YES.............................................................................1  IF INCENTIVE > 0 GO TO VRYADD, ELSE GO TO LF_12_EXIT

NO.............................................................................2  IF INCENTIVE > 0 GO TO VRYADD, ELSE GO TO LF_12_EXIT

DON’T KNOW.........................................................77  IF INCENTIVE > 0 GO TO VRYADD, ELSE GO TO LF_12_EXIT

REFUSED...............................................................99  IF INCENTIVE > 0 GO TO VRYADD, ELSE GO TO LF_12_EXIT
I need to verify your mailing address so that we can mail your $10/$11 for completing this survey.

If P_INCGRP=1:
(01) ADDRESS IS CORRECT
(02) ADDRESS IS NOT CORRECT
(77) DON’T KNOW
(99) REFUSED

If P_INCGRP=2:
(01) DOES NOT WANT TO GIVE ADDRESS
(02) WILL GIVE ADDRESS
(77) DON'T KNOW
(99) REFUSED

Those are all the questions I have. I’d like to thank you on behalf of the (IF IAP=GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF IAP=PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention for the time and effort you’ve spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board at 1-866-309-0542. Thank you again.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE. THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING.