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)
<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Response Definition</th>
</tr>
</thead>
</table>
| P_INCENT      | 0 = no incentive offer  
1-3 - $20 incentive  
4-6 - $10 incentive |
| P_ASKTEN      | 0 - Do not ask Teen interview  
1 - Invoke Teen screener/interview |
| P_ASKFLU      | 0 - Do not ask Flu interview  
1 - Invoke Flu screener/interview |
| P_ASKADULT    | 0 - Do not ask Adult COVID Module interview  
1 – Invoke Adult COVID Module interview |
| P_ASKCCM      | 0 - Do not ask Child COVID Module interview  
1 – Invoke Child COVID Module interview |
| FLUONOFF      | ON-CIM is enabled  
OFF-CIM is disabled |
IF FLUONOFF=OFF, P_ASKFLU=1, P_ASKTEN=0, AND P_ASKCCM=1 AND [C1-C1_A]>S_NUMB THEN GO TO LF_INTRO; ELSE GO TO SUMSUMCCM_SEL
IF FLUONOFF=ON, P_ASKFLU=1 GO TO LF_INTRO

LF_INTRO Thank you for your answers, now I have some questions about other children in your household.
CONTINUE TO LF_UNDR18 ..................................1 \ GO TO LF_UNDR18

LF_UNDR18 Please tell me how many people less than 18 years old live in this household.
ENTER NUMBER OF CHILDREN _____ _____
IF NO CHILDREN ENTER 0 ............................. IF P_ASKADULT=1
THEN GO TO ADLT_INTRO; IF P_ASKADULT=0
AND P_INCENT>0 GO TO VRYADD; ELSE GO TO
LF_NOCHILD.

IF GREATER THAN 0 .................................

DON’T KNOW .................................................77
REFUSED ....................................................99

ADDITIONAL INSTRUCTIONS:
ELSE IF P_ASKTEN=0 THEN DO:
IF LF_UNDR18=0 and S_NUMB > LF_UNDR18, THEN GO TO LF_U18CF
ELSE IF LF_UNDR18=0 AND IF P_ASKADULT=1 THEN GO TO ADLT_INTRO;
ELSE IF LF_UNDR18=0 AND P_ASKADULT=0 AND P_INCENT > 0 GO TO
VRYADD; ELSE IF LF_UNDR18=0 GO TO LF_NOCHILD; ELSE

IF LF_UNDR18>0 and S_NUMB > LF_UNDR18, THEN GO TO LF_U18CF; ELSE
IF LF_UNDR18>0 GO TO LF_AGE_X
**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_UNDR18  
Total number of children confirmed as correct ……….….2  SEE ADDITIONAL INSTRUCTIONS

ADDITIONAL INSTRUCTIONS:
IF LF_UNDR18=0 AND P_ASKADULT=1 THEN GO TO ADLT_INTRO; IF P_ASKADULT=0 AND P_INCENT>0 & LF_UND18CF=2 & LF_UND18=0 GO TO VRYADD; ELSE IF P_INCENT =0 & LF_UND18CF=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 ….................................1  GO TO LF_UNDR18  
R STILL REFUSES …............................99  IF P_INCENT = 0 THEN GO TO LF_REFKID, IF P_INCENT > 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 GUAM DISPLAY: 'Department of Public Health and Social Services and the'] (IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the”) Centers for Disease Control and Prevention for the time you have spent answering these questions.

EXIT SURVEY

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
NO .................................................................2 GO TO LF_TERM

LF_NEWR Hello, my name is __________________. I'm calling on behalf of the (IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF 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.

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. This call will be recorded or monitored. I’d like to continue now unless you have any questions.

YES, 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

YES, I AM THAT PERSON (no recording).........................2
NO, I AM NOT THAT PERSON ....................................3 IF LF_AGE = 77
THEN
GO TO LF_S1TERM,
IFFS3MTH = 7777
THEN
GO TO LF_S1TERM, ELSE
GO TO
LF ASK ANOTHER

LF_S3_EV (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_UNDR18

NORC
Thank you, we’ll try back another time.

EXIT SURVEY

Those are all the questions I have. I’d like to thank you on behalf of the (IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF 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.

EXIT SURVEY

IF LF_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=LF_UNDR18) DISPLAY: (READ IF NECESSARY: "Please tell me the age of the next child who lives in this household.")

DISPLAY FOR LF_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.

ENTER AGE FOR CHILD X:

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 LAGECONF

IF 77 go to LF_AGEDK
IF 99 go to LF_AGERF
LF_AGEDK  Is there anyone available who would know the child's age?
NEW PERSON COMES TO PHONE  ......................1  GO TO LF_NEWR
NO .........................................................2

IF 02 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE; ELSE IF 02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF; ELSE 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 02 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND ALL AGES ARE 77 and 99, AND P_INCENT =0 THEN GO TO FNOCHILD. 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  .........................1  GO TO LF_AGE
R STILL REFUSES ......................................99

IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO LF_AGE; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO LAGECONF; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P_INCENT >0, THEN GO TO VRYADD; ELSE IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P_INCENT =0, GO TO FNOCHILD. ON CALLBACK POINT OF RETURN IS LF_AGE_X
LAGECONF

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). Is that correct?

YES ..............................................................1 GO TO CP_LMULT

NO, WRONG AGES OF CHILDREN [Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD] ...............................................2 GO TO LF_AGE_1

NO, WRONG NUMBER OF CHILDREN [Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD] ........................................3 GO TO LF_UNDR18

DON'T KNOW .................................................77 GO TO CP_LMULT

REFUSED ..........................................................99 GO TO CP_LMULT

INCLUDE ANY DK (77) or REF (99) AGE AS A COUNT IN TEXT FILL CP_LMULT
(1) IF THERE ARE CHILDREN WITH THE SAME AGE SKIP TO LF_NAME
(2) ELSE GO TO SELECTION CHECK POINT

LF_NAME 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/next] [FILL AGE] old child?

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

CONTINUE > [RECORD NAMES IN LF_NAME_1 – LF_NAME_9]

........1 LOOP FOR ALL LF_NAME. THEN SKIP TO SUMCCM_SEL

DON'T KNOW .................................................... LOOP FOR ALL LF_NME. THEN SKIP TO SUMCCM_SEL

REFUSED .......................................................... LOOP FOR ALL LF_NME. THEN SKIP TO SUMCCM_SEL

SUMCCM_SEL:

IF HH HAS NO ELIGIBLE CHILDREN AND P_ASKADULT=1, GO TO ADLT_INTRO
IF HH HAS NO ELIGIBLE CHILDREN AND P_ASKADULT=0, GO TO K_D16
IF HH HAS ELIGIBLE CHILDREN AND S3_INTRO OR TIS_INTRO1 NE . , THEN DO:
IF SELECTED CHILD COMPLETED NIS-CHILD, NIS-TEEN, OR NIS-CIM THEN GO TO CCM_INTRO; ELSE GO TO CCM_SUM; END
IF HH HAS ELIGIBLE CHILDREN AND S3_INTRO OR TIS_INTRO1 EQ . , GO TO LF_TIS_S3_INTRO
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 GUAM DISPLAY: ‘Department of Public Health and Social Services and the’ else IF PUERTO RICO DISPLAY “Puerto Rico Department of Health and the’] Centers for Disease Control and Prevention for the time you spent answering these questions.

EXIT SURVEY

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 CCM_SUM

RESPONDENT ASKS FOR DESCRIPTION OF LAW ...........................................................................2

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 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.

CONTINUE ……………………………………………..1 GO TO CCM_SUM
Thank you for your answers about your household.

[ELSE IF NIS COMPLETE, DISPLAY:]
“I now have a few questions about your [AGE ID] and COVID-19 vaccinations.”

[ELSE, DISPLAY:]
“I now have a few questions about your [AGE ID] and COVID-19 vaccinations. The remainder of the survey will take about 5 minutes.”

CONTINUE .........................................................1

LF_C1Q01 Is [S.C.] male or female?

MALE ...............................................................1
FEMALE ..........................................................2
DON’T KNOW ....................................................77
REFUSED ..........................................................99

IF Child <9 year old at LF_AGE_X go to FS3MTH, ELSE GO TO LF_C1Q02

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 FYRDK
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?

NEW PERSON COMES TO PHONE ....................1 GO TO LF_NEWR
NO .................................................................2 IF P_INCENT > 0 GO TO VRYADD ELSE GO TO LF_S1TERM
I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child’s birth date is to know which immunization questions to ask. READ IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

RETURN TO QUESTIONNAIRE .................................1 GO TO FS3MTH
R STILL REFUSES ............................................2 IF P_INCENT > 0
                                           GO TO VRYYADD
                                           ELSE GO TO 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 and effort you’ve spent answering these questions.

EXIT SURVEY

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

YES ..............................................................1 IF ELIG, GO TO
                                             LF_C1Q02; ELSE GO
                                             TO K_D16

NO ..............................................................2 GO TO FS3MTH

Those are all the questions I have. [FILL: Your [child's age does / children's ages do] not qualify your household for the survey at this time.] 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 again on behalf of the (IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF 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.

EXIT SURVEY
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHER (STEP, FOSTER, ADOPTIVE)</td>
<td>1</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>OR FEMALE GUARDIAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FATHER (STEP, FOSTER, ADOPTIVE)</td>
<td>2</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>OR MALE GUARDIAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SISTER OR BROTHER (STEP, FOSTER,</td>
<td>3</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>HALF, ADOPTIVE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN-LAW OF ANY TYPE</td>
<td>4</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>AUNT/UNCLE</td>
<td>5</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>GRANDPARENT</td>
<td>6</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>OTHER FAMILY MEMBER</td>
<td>7</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>FRIEND</td>
<td>8</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>77</td>
<td>GO CCM_VAX1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
<td>GO CCM_VAX1</td>
</tr>
</tbody>
</table>

**CCM_INTRO** Next, we have a few questions for you about [FILL: S.C.] and COVID-19.

**CONTINUE** .................................................................1 EXIT LOGIC

**CCM_VAX1** Has [FILL: S.C] received at least one dose of a COVID-19 vaccine?

**YES** .................................................................1 IF CHILD IS LT 5

GO TO

CCM_VAX3B; ELSE

GO TO CCM_VAX2

**NO** .................................................................2 GO TO CCM_VAX2

**DON'T KNOW** ........................................................77 GO TO CCM_VAX5

**REFUSED** ............................................................99 GO TO CCM_VAX5

**CCM_VAX3B** Which brand of COVID-19 vaccine did [FILL: S.C.] receive for their **most recent** dose?

**PFIZER-BIONTECH/COMIRNATY** .........................1

**MODERNA/SPIKEVAX** ........................................2

**ONE OF THE BRANDS THAT REQUIRE 2 SHOTS BUT**

**UNSURE OF THE NAME** ........................................4

**ONE OF THE BRANDS THAT REQUIRE 3 SHOTS BUT**

**UNSURE OF THE NAME** ........................................5

**DON'T KNOW** .......................................................77

**REFUSED** ............................................................99
CCM_VAX2  How many doses of a COVID-19 vaccine has [FILL: S.C.] received?

ONE .................................................................1
TWO .................................................................2
THREE .............................................................3
FOUR ...............................................................4
FIVE OR MORE ...................................................5
DON'T KNOW ......................................................77
REFUSED ..........................................................99

CCM_VAX4M During what month and year did [FILL: S.C.] receive [FILL: his/her] most recent COVID-19 vaccine?

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

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE 77/2021.


MONTH/YEAR ....................................................
DON'T KNOW ......................................................77/7777
REFUSED ..........................................................99/9999

CV_WK_CHK

IF CCM_VAX4M=THE CURRENT MONTH GO TO CCM_WEEK; ELSE IF CCM_VAX4M IN (9,77,99) AND CCM_VAX4Y EQ 2023 GO TO CCM_VAXSEP; ELSE IF CCM_VAX4Y IN (7777,9999) GO TO CCM_VAXSEP; ELSE GO TO CCM_VAX4
CCM_WEEK  Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: “on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY’S DATE]”]?  

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

IF 2,77,99 AND CCM_VAX4M/Y EQ 9/2023 GO TO CCM_VAXSEP; ELSE GO TO CCM_VAX4

CCM_VAXSEP  Has your child received a COVID-19 vaccine since September 14, 2023?

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

CCM_VAX4  At what kind of place did [FILL: S.C.] get [FILL: his/her] most recent COVID-19 vaccination?  

INTERVIEWER NOTE: IF RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES IF NECESSARY

DOCTOR’S OFFICE [IF PUERTO RICO, THEN SHOW:  
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
MASS VACCINATION SITE ....................................... 6
PHARMACY OR DRUG STORE .................................... 7
WORKPLACE ........................................................ 8
ELEMENTARY/MIDDLE/HIGH SCHOOL ....................... 9
OTHER NONMEDICALLY-RELATED PLACE .................. 10
MALL OUTREACH [DISPLAY ONLY IF GUAM] .............. 11
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] .......... 12
DON’T KNOW ..................................................... 77
REFUSED ........................................................ 99
CCM_VAX3C  How likely are you to get [FILL: S.C.] another COVID-19 vaccine when it is recommended?

Would you say you would definitely get another vaccine, probably get another vaccine, probably not get another vaccine, definitely not get another vaccine, or are not sure?

INTERVIEWER NOTE: THIS IS IN REFERENCE TO ANY FURTHER VACCINE THAT MIGHT BE RECOMMENDED IN ADDITION TO THE VACCINE DOSES THEY HAVE ALREADY RECEIVED.

DEFINITELY GET A VACCINE ........................................1 GO TO CCM_VCON1
PROBABLY GET A VACCINE ......................................2 GO TO CCM_VCON1
PROBABLY NOT GET A VACCINE ..............................3 GO TO CCM_VCON1
DEFINITELY NOT GET A VACCINE .....................4 GO TO CCM_VCON1
NOT SURE ..........................................................5 GO TO CCM_VCON1
DON’T KNOW .....................................................77 GO TO CCM_VCON1
REFUSED ..........................................................99 GO TO CCM_VCON1

CCM_VAX5  How likely are you to get [FILL: S.C.] a COVID-19 vaccine?

Would you say you would: definitely get a vaccine for [FILL: S.C.]; probably get a vaccine; probably not get a vaccine; definitely not get a vaccine; or are not sure?

DEFINITELY GET A VACCINE ........................................1
PROBABLY GET A VACCINE ......................................2
PROBABLY NOT GET A VACCINE ..............................3
DEFINITELY NOT GET A VACCINE .....................4
NOT SURE ..........................................................5
DON’T KNOW .....................................................77
REFUSED ..........................................................99

CCM_VCON1  How concerned are you about [FILL: S.C.] getting COVID-19? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED ..........................................1
A LITTLE CONCERNED ...........................................2
MODERATELY CONCERNED ....................................3
VERY CONCERNED ...............................................4
DON’T KNOW .....................................................77
REFUSED ..........................................................99
CCM_VCON2 How safe do you think a COVID-19 vaccine is for [FILL: S.C.]? Would you say not at all safe; somewhat safe; very safe; or completely safe?

- NOT AT ALL SAFE ..............................................1
- SOMEWHAT SAFE ...........................................2
- VERY SAFE ......................................................3
- COMPLETELY SAFE ..........................................4
- DON'T KNOW ..................................................77
- REFUSED ..........................................................99

CCM_VCON3 How important do you think getting a COVID-19 vaccine is to protect [FILL: S.C.] against COVID-19?

Would you say it is not at all important; a little important; somewhat important; or very important?

- NOT AT ALL IMPORTANT .......................................1
- A LITTLE IMPORTANT ...........................................2
- SOMEWHAT IMPORTANT ......................................3
- VERY IMPORTANT ..............................................4
- DON'T KNOW ..................................................77
- REFUSED ..........................................................99

IF CCM_VAX1 IN (2,77,99) GO TO CCM_NCV1; ELSE IF (VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN 2,77,99) GO TO CCM_NCV1)); ELSE GO TO CCM_VCON4ALL

CCM_NCV1 There are many reasons why parents don’t get COVID-19 vaccinations for their children. I am going to read a list of only a few of the many possible reasons why parents may not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN 2,77,99) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for their children. Please tell me if each statement is a reason why you [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘may not get another’; ELSE DISPLAY ‘did not get a’] COVID-19 vaccination for your child.

Was one of the reasons that you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN 2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for your child because…

Your child is unlikely to get COVID-19.

- YES ...............................................................1
- NO ...............................................................2
- DON'T KNOW ..................................................77
- REFUSED ..........................................................99
CCM_NCV2  Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for your child because

Even if your child does get COVID-19, they are unlikely to get very sick from COVID-19.

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

CCM_NCV3 [READ IF NECESSARY: Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for your child because…]

It costs too much to get COVID-19 vaccination.

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

CCM_NCV4 [READ IF NECESSARY: Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for your child because…]

It was too hard to find a time or place to get a COVID-19 vaccination.

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

CCM_NCV5 [READ IF NECESSARY: Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’] COVID-19 vaccination for your child because…]

You or your child don’t like needles or shots.

YES .................................................................1
NO ........................................................................2
DON’T KNOW ......................................................77
REFUSED ............................................................99
CCM_NCV6  [READ IF NECESSARY: Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’)] COVID-19 vaccination for your child because…]

You were concerned about possible side effects or the safety of a COVID-19 vaccination.

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

CCM_NCV7  [READ IF NECESSARY: Was one of the reasons you did not get [IF (CCM_VAX1=1 AND CCM_VAX3C IN (3,4,77,99) AND (CCM_VAX4M/Y LT 9/2023 OR CCM_VAXSEP IN (2,77,99)) THEN DISPLAY ‘another’; ELSE DISPLAY ‘a’)] COVID-19 vaccination for your child because…]

You believe that COVID-19 vaccines do not work very well.

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

CCM_VCON4ALL

If you had to guess, about how many of your family and friends have gotten a COVID-19 vaccine for their children aged [FILL: AGEGRP] years? Would you say none; some; many; or almost all?

NONE .............................................................1
SOME ..........................................................2
MANY ...........................................................3
ALMOST ALL ..................................................4
DON’T KNOW ................................................77
REFUSED .......................................................99

CCM_VCON5A

Since September 14th, has a doctor or nurse, or other health professional recommended that you get a COVID-19 vaccine for [FILL: S.C.]?

YES .................................................................1
NO .................................................................2
DON’T KNOW ................................................77
REFUSED .......................................................99
Does [FILL: S.C.]’s school or daycare require [FILL: him/her/them] to get a COVID-19 vaccine to attend in-person?

YES .................................................................1
NO .................................................................2
NOT IN SCHOOL, HOME SCHOoled .....................3
DON’T KNOW .....................................................77
REFUSED ..........................................................99

Next, I’m going to ask a few questions about your feelings toward some specific vaccines for your child.

CONTINUE ..........................................................1

RANDOMIZE ORDER OF LF_HESHPV (IF S.C. IS >=9 YEARS OLD), LF_HESFLU, LF_HESCOV

How hesitant are you about the HPV vaccine for your child? Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT ..............................................1
NOT THAT HESITANT .................................................2
SOMEWAT HESITANT .............................................3
VERY HESITANT .....................................................4
DON’T KNOW .....................................................77
REFUSED ..........................................................99

How hesitant are you about the flu vaccine for your child? Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT ..............................................1
NOT THAT HESITANT .................................................2
SOMEWAT HESITANT .............................................3
VERY HESITANT .....................................................4
DON’T KNOW .....................................................77
REFUSED ..........................................................99

How hesitant are you about the COVID-19 vaccine for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT ..............................................1
NOT THAT HESITANT .................................................2
SOMEWAT HESITANT .............................................3
VERY HESITANT .....................................................4
DON’T KNOW .....................................................77
REFUSED ..........................................................99
Now, please think about all other routine vaccines, such as those for measles, polio, and tetanus. Overall, how hesitant are you about those other vaccines for your child?

READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

NOT AT ALL HESITANT ..............................................1
NOT THAT HESITANT ................................................. 2
SOMewhat HESITANT ..............................................3
VERY HESITANT .....................................................4
DON’T KNOW ..........................................................77
REFUSED .................................................................99

In the last two months, was a medical check-up, well child visit, or vaccination appointment for [S.C] delayed, missed, or not scheduled for any reason?

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

Is that coverage Medicaid, [IF STATE FILL NOT “Medicaid” then fill: “[STATE MEDICAID PROGRAM NAME],”] the Children’s Health Insurance Program, CHIP, [IF STATE FILL NOT “CHIP”, “Children’s Health Insurance Program”, or the same as the Medicaid name, then fill: “[STATE CHIP PROGRAM NAME],”] or some other type of insurance?

[CHECK ALL THAT APPLY]

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

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

ENTER NUMBER ........................................................
DON’T KNOW ..........................................................77
REFUSED .................................................................99
**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.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
<td>GO TO LF_11Q02</td>
</tr>
</tbody>
</table>

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

CLICK ALL THAT APPLY

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXICAN/MEXICANO, MEXICAN-AMERICAN, CHICANO/A</td>
<td>1</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>PUERTO RICAN</td>
<td>2</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>CUBAN</td>
<td>3</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>CENTRAL AMERICAN</td>
<td>4</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>SOUTH AMERICAN</td>
<td>5</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>OTHER SPANISH/HISPANIC (SPECIFY)</td>
<td>10</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>(IF VIRGIN ISLANDS, THEN DISPLAY (DOMINICAN))</td>
<td>11</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77</td>
<td>GO TO LF_11Q02</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
<td>GO TO LF_11Q02</td>
</tr>
</tbody>
</table>

**LF_11Q01A_OS**

ENTER OTHER_____
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 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 IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B

LF_11Q02_OS ENTER OTHER_____

IF 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 IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B

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 IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B
LF_11Q02A_PI

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

GUAMANIAN OR CHAMORRO ....................1
SAMOAN ...........................................2
OTHER PACIFIC ISLANDER ....................3
DON’T KNOW ....................................77
REFUSED ........................................99

IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B

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
CHUUKESE ......................................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; IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE GO TO LF_Q01B

LF_AAPI_OTH

ENTER OTHER SPECIFY _____

IF NIS COMPLETE GO TO LF_11NIS, ELSE IF TEEN COMPLETE GO TO LF_11TEEN, ELSE 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 ........................................................................1  IF P_ASKADULT=1

GO TO ADLT_INTRO;
ELSE IF

P_ASKADULT=0

AND P_INCENT>0

GO TO VRY_ADD;
ELSE IF

P_ASKADULT=0 GO

TO K_D16

NO .........................................................................2  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 ........................................................................1  IF P_ASKADULT=1

GO TO ADLT_INTRO;
ELSE IF

P_ASKADULT=0

AND P_INCENT>0

GO TO VRY_ADD;
ELSE IF

P_ASKADULT=0 GO

TO K_D16

NO .........................................................................2  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?

INCLUDES: 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  
NO ...................................................................................2  
DON’T KNOW .................................................................77  
REFUSED ...............................................................99  

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 VIRGIN ISLANDS THEN DISPLAY: (Dominican)), or of Spanish origin?

CLICK ALL THAT APPLY

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

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"your" 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..........................................................8
OTHER ............................................................................8
DON'T KNOW ...........................................................77
REFUSED ........................................................................99

IF OPTION 08 IS SELECTED, GO TO LF_11Q02B_OS
ELSE IF 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_OS

ENTER OTHER______

IF GUAM & LF_Q02B INCLUDES 05 OR 07, GO TO LF_BAPI
ELSE IF LF_11Q02B INCLUDES 05, GO TO LF_11Q02B_AS,
ELSE IF LF_11Q02B INCLUDES 07 GO TO LF_11Q02B_PI,
ELSE IF LF_11Q02B INCLUDES 05 AND 07, GO TO LF_11Q02B_AS FIRST
ELSE GO TO LF_11Q20

LF_11Q02B_AS

[IF LFC1Q02 = 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 LFC1Q02 = 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

GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
GO TO LF_11Q20
[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 GO TO LF_11Q20
FILIPINO ………………………………………………2 GO TO LF_11Q20
CHUUKES ………………………………………………..3 GO TO LF_11Q20
POHNPEIAN ……………………………………………4 GO TO LF_11Q20
PALAUAN ………………………………………………5 GO TO LF_11Q20
YAPESE ………………………………………………….6 GO TO LF_11Q20
KOSRAEAN ……………………………………………..7 GO TO LF_11Q20
MARSHALLESE ………………………………………...8 GO TO LF_11Q20
JAPANESE ……………………………………………..9 GO TO LF_11Q20
KOREAN ………………………………………………..10 GO TO LF_11Q20
CHINESE ……………………………………………….11 GO TO LF_11Q20
VIETNAMESE ………………………………………….12 GO TO LF_11Q20
THAI …………………………………………………….13 GO TO LF_11Q20
OTHER …………………………………………………...14 GO TO LF_11Q20
DON’T KNOW ………………………………………….77 GO TO LF_11Q20
REFUSED ……………………………………………….99 GO TO LF_11Q20

LF_BAPI_OTH
ENTER OTHER SPECIFY ____GO TO LF_11Q02
GO TO LF_11Q20
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
9th-12th GRADE NO DIPLOMA ...............................2
HIGH SCHOOL GRADUATE OR
GED COMPLETED ............................................3
COMPLETED A VOCATIONAL, TRADE,
OR BUSINESS SCHOOL PROGRAM ....................4
SOME COLLEGE CREDIT BUT NO DEGREE ..............5
ASSOCIATE DEGREE (AA, AS) .............................6
BACHELOR'S DEGREE (BA, BS, AB) ....................7
MASTER'S DEGREE (MA, MS, MSW, MBA) ..........8
DOCTORATE (PhD, EdD) or PROFESSIONAL
DEGREE (MD, DDS, DVM, JD) ...........................9
DON'T KNOW ..................................................77
REFUSED .......................................................99

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
RENTED ..........................................................2
OTHER ARRANGEMENT ....................................3
DON'T KNOW ..................................................77
REFUSED .......................................................99

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 .............................................$
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 .........................................................1  GO TO LF_LNDLN
NO ..........................................................2  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 ......................................1  GO TO LF_11Q56
$20,000 ........................................................2  GO TO LF_LNDLN
LESS THAN $20,000 .......................................3  GO TO LF_LNDLN
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 ......................................1  GO TO LF_11Q55
$10,000 ........................................................2  GO TO LF_LNDLN
LESS THAN $10,000 .......................................3  GO TO LF_LNDLN
DON’T KNOW .............................................77 GO TO LF_LNDLN
REFUSED ....................................................99 GO TO LF_LNDLN

LF_11Q54 Was it more than $7,500?

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

LF_11Q55 Was it more than $15,000?

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

NORC
LF_11Q55B  Was it more than $12,500?

YES ..................................................1  GO TO LF_LNDLN
NO ..................................................2  GO TO LF_LNDLN
DON’T KNOW ....................................77  GO TO LF_LNDLN
REFUSED ...........................................99  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 ..............................1  GO TO LF_LNDLN
$40,000 ...............................................2  GO TO LF_LNDLN
LESS THAN $40,000 .............................3  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 .........................1  GO TO LF_11Q58
$60,000 ...............................................2  GO TO LF_LNDLN
LESS THAN $60,000 .............................3  GO TO LF_LNDLN
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 .........................1  GO TO LF_LNDLN
$50,000 ...............................................2  GO TO LF_LNDLN
LESS THAN $50,000 .............................3  GO TO LF_LNDLN
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 .........................1  GO TO LF_LNDLN
$45,000 ...............................................2  GO TO LF_LNDLN
LESS THAN $45,000 .............................3  GO TO LF_LNDLN
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 .........................1  GO TO LF_LNDLN
$30,000 ...............................................2  GO TO LF_LNDLN
LESS THAN $30,000 .............................3  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  .........................1  GO TO LF_LNDLN
$35,000  ........................................2  GO TO LF_LNDLN
LESS THAN $35,000  .........................3  GO TO LF_LNDLN
DON’T KNOW  ..................................77  GO TO LF_LNDLN
REFUSED ........................................99  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  .........................1  GO TO LF_LNDLN
$25,000  ........................................2  GO TO LF_LNDLN
LESS THAN $25,000  .........................3  GO TO LF_LNDLN
DON’T KNOW  ..................................77  GO TO LF_LNDLN
REFUSED ........................................99  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  .........................1
$75,000  ........................................2
LESS THAN $75,000  .........................3
DON’T KNOW  ..................................77
REFUSED ........................................99

LF_LANDLINE

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 ..............................................1  GO TO LF_11Q15_CELL
NO ..............................................2  GO TO LF_11Q15_CELL
DON’T KNOW ..................................77  GO TO LF_11Q15_CELL
REFUSED ......................................99  GO TO LF_11Q15_CELL
**LF_C12Q14**  How many landline telephone numbers are residential numbers?

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

- ONE .........................................................1
- TWO .........................................................2
- THREE OR MORE ........................................3
- NONE .........................................................4
- DON'T KNOW ..............................................77
- REFUSED ....................................................99

**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

- ONE .........................................................1
- TWO .........................................................2
- THREE OR MORE ........................................3
- NONE .........................................................4
- DON'T KNOW ..............................................77
- REFUSED ....................................................99

**LF_11Q15_CELL_US**

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

- ONE .........................................................1
- TWO .........................................................2
- THREE OR MORE ........................................3
- NONE .........................................................4
- DON'T KNOW ..............................................77
- REFUSED ....................................................99

IF VIRGIN ISLANDS & IF LF_LNDLN = 2, 77, OR 99, SKIP TO LF_ISLAND; ELSE IF 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 VIRGIN ISLANDS GO TO LF_ISLND; ELSE IF GUAM GO TO LF_VIL; ELSE GO TO LF_Q22

**LF_VIL**

In which village do you live?

<table>
<thead>
<tr>
<th>Village</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGANA HEIGHTS</td>
<td>1</td>
</tr>
<tr>
<td>AGAT</td>
<td>2</td>
</tr>
<tr>
<td>ASAN</td>
<td>3</td>
</tr>
<tr>
<td>BARRIGADA</td>
<td>4</td>
</tr>
<tr>
<td>CHALAN PAGO</td>
<td>5</td>
</tr>
<tr>
<td>DEDEDO</td>
<td>6</td>
</tr>
<tr>
<td>HAGATNA/AGANA</td>
<td>7</td>
</tr>
<tr>
<td>INARAJAN</td>
<td>8</td>
</tr>
<tr>
<td>MAINA</td>
<td>9</td>
</tr>
<tr>
<td>MAITE</td>
<td>10</td>
</tr>
<tr>
<td>MANGILAO</td>
<td>11</td>
</tr>
<tr>
<td>MERIZO</td>
<td>12</td>
</tr>
<tr>
<td>MONGMONG</td>
<td>13</td>
</tr>
<tr>
<td>ORDOT</td>
<td>14</td>
</tr>
<tr>
<td>PITI</td>
<td>15</td>
</tr>
<tr>
<td>SANTA RITA</td>
<td>16</td>
</tr>
<tr>
<td>SINAJANA</td>
<td>17</td>
</tr>
<tr>
<td>TALOFOFO</td>
<td>18</td>
</tr>
<tr>
<td>TAMUNING-TUMON</td>
<td>19</td>
</tr>
<tr>
<td>TOTO</td>
<td>20</td>
</tr>
<tr>
<td>UMATAC</td>
<td>21</td>
</tr>
<tr>
<td>YIGO</td>
<td>22</td>
</tr>
<tr>
<td>YONA</td>
<td>23</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77</td>
</tr>
<tr>
<td>DO NOT LIVE IN GUAM</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

DO NOT LIVE IN GUAM
LF_ISLAND  On what island do you live?

SAINT CROIX .................................................1
SAINT THOMAS ............................................2
SAINT JOHN ................................................3
WATER ISLAND ............................................4
DON’T LIVE IN VIRGIN ISLANDS ......................5
DON’T KNOW ..............................................77
REFUSED .....................................................99

IF ADULTONOFF=ON AND P_ASKADULT=1 GO TO ADLT_INTRO; ELSE GO TO K_D16.

LF_11Q22  Please tell me your zip code.

_____ _____ _____ _____ _____

DON’T KNOW ..............................................777777 IF PUERTO RICO GO TO LF_11Q22APR;
ELSE GO TO LF_11Q22A

REFUSED .....................................................999999 IF PUERTO RICO GO TO LF_11Q22APR;
ELSE GO TO LF_11Q22A

ELSE IF GUAM, LF_VIL=98, ADULTONOFF=ON, AND P_ASKADULT=1, GO TO ADLT_INTRO; ELSE IF GUAM, LF_VIL=98, ADULTONOFF=ON, AND P_ASKADULT=0 GO TO K_D16; ELSE IF GUAM, LF_VIL=98, AND ADULTONOFF=OFF GO TO K_D16.

LF_11Q22APR  In what city and state you live?

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

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

CITY ____________________________
COUNTY __________________________
STATE __________________________

IF LF_11Q22=77777 OR 99999 GO TO LF_11Q22F; ELSE GO TO LF_11Q22CONF

NORC
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 PUERTO RICO, ADULTONOFF=ON AND P_ASKADULT=0, GO TO K_D16; ELSE GO TO LF_11Q22F

LF_11Q22F Do you live within city limits?

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

IF ADULTONOFF=OFF OR P_ASKADULT=0 AND P_INCENT >0, GO TO VRYADD; ELSE GO TO K_D16; IF ADULTONOFF=ON AND P_ASKADULT=1, GO TO ADLT_INTRO; ELSE IF P_INCENT>0, GO TO VRYADD, ELSE GO TO K_D16

VRYADD I need to verify your mailing address so that we can mail your $10/$20 for completing this survey.

DOES NOT WANT TO GIVE ADDRESS ...............1  GO TO K_D16
WILL GIVE ADDRESS ..................................2  VERIFY ADDRESS THEN GO TO K_D16
DON’T KNOW .......................................77  GO TO K_D16
REFUSED ...........................................99  GO TO K_D16

K_D16 Those are all the questions I have. I’d like to thank you on behalf of the (IF GUAM DISPLAY: ‘Department of Public Health and Social Services and the’) (IF 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.

NORC