NIS Child Influenza Module (NIS-CIM)
Hard Copy Questionnaire
Q3/2022

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)
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
  INCENTIVE>0 GO TO
  VRYADD; ELSE GO TO
  LF_NOCHID.

IF GREATER THAN 0................................. ADDITIONAL
  INSTRUCTIONS
  DON'T KNOW........................................77  GO TO
  LF_ASK_ANOTHER
  REFUSED..........................................99   GO TO LF_AREF

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 INCENTIVE > 0 GO TO
  VRYADD; ELSE IF LF_UNDR18=0 GO TO LF_NOCHD; 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.
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 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_NOCHILD.

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 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.

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

LF_NEWR  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.

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  GO TO LF_S3_EV
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

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

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

EXIT SURVEY

NORC
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.

EXIT SURVEY

LF_AGE_X 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.

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 INCENTIVE=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 INCENTIVE>0, THEN GO TO VRYADD; ELSE

IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID
AGES IN ROSTER AND INCENTIVE=0, GO TO FNOCHILD. ON CALLBACK POINT
OF RETURN IS LF_AGE_X

LF_AGECONF  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?

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

NORC  6
CP_LMULT
(1) IF THERE ARE CHILDREN WITH THE SAME AGE SKIP TO LF_NAME
(2) ELSE GO TO LF_CP_SELECTION

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 [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 LF_CP_SE

DON’T KNOW…………………………………………….77 LOOP FOR ALL LF_NAME. THEN SKIP TO LF_CP_SE

REFUSED…………………………………………….99 LOOP FOR ALL LF_NAME. THEN SKIP TO LF_CP_SE

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/THESE 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/THESE CHILD/CHILDREN AND GO TO LF_TIS_S3_INTRO, ELSE IF P_ASKADULT=0 GO TO LF_12_EXIT; ELSE IF P_ASKADULT=1 GO TO ADLT_INTRO.

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) AND P_ASKADULT=0 THEN GO TO K_D16; ELSE IF P_ASKADULT=1 GO TO ADLT_INTRO.

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.

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 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.

CONTINUE.................................................................1 GO TO 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 a few more questions about [S.C.] and flu vaccinations.”
[ELSE IF NIS or TEEN COMPLETE, READ] “I now have a few questions about your [AGE ID] and flu vaccinations.”
[ELSE READ]: “I now have 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

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

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

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_NEWRL
NO ...............................................................2
IF P_INCENT > 0 GO TO VRYADD ELSE GO TO LF_S1TERM

RETURN TO QUESTIONNAIRE ............................... 1
GO TO FS3MTH
R STILL REFUSES ................................. 2
IF P_INCENT>0 GO TO VRYADD; 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 you spent answering these questions.

EXIT SURVEY

LF_A_CON 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

K_D16 Those are all the questions I have. [FILL: Your [child’s age does/children’s age 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 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.

EXIT SURVEY

LF_C1Q02 What is your relationship to [FILL: him/her/him or her]?

MOTHER (STEP, FOSTER, ADOPTIVE).................................1
OR FEMALE GUARDIAN.............................................1
FATHER (STEP, FOSTER, ADOPTIVE).................................2
OR MALE GUARDIAN.................................................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

Since July 1, 2022 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 GO TO LF_C12Q8
NO.................................................................2 GO TO LF_C12Q15
DON’T KNOW..............................................................77 GO TO LF_C12Q15
REFUSED.................................................................99 GO TO LF_C12Q15
**LF_C12Q8**  How many flu vaccinations has [S.C.] received since July 1, 2022?

<table>
<thead>
<tr>
<th>Options</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 VACCINATION OR DOSE</td>
<td>1 → GO TO LF_C12Q9_M</td>
</tr>
<tr>
<td>2 VACCINATIONS OR DOSES</td>
<td>2 → GO TO LF_C12Q9_M</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77 → GO TO LF_C12Q12</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99 → GO TO LF_C12Q12</td>
</tr>
</tbody>
</table>

**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, 2022?

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

<table>
<thead>
<tr>
<th>Options</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH [YEAR=fill]</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77 → GO TO LF_C12Q9_A</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99 → GO TO LF_C12Q9_A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Options</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 → GO TO LF_WEEK_CHK</td>
</tr>
<tr>
<td>NO</td>
<td>2 → GO TO LF_C12Q9_M</td>
</tr>
</tbody>
</table>

**LF_WEEK_CHK**

IF LC_C12Q9C=THE CURRENT MONTH GO TO LF_WEEK; ELSE GO TO LF_C12Q9_A

**LF_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]”?]

<table>
<thead>
<tr>
<th>Options</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 → GO TO LF_C12Q9_A</td>
</tr>
<tr>
<td>NO</td>
<td>2 → GO TO LF_C12Q9_A</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77 → GO TO LF_C12Q10_A</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99 → GO TO LF_C12Q10_A</td>
</tr>
</tbody>
</table>
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=2 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, 2022?

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

MONTH \[YEAR=fill\] ....................................................... GO TO LF_C12Q10_C
DON’T KNOW .......................................................... 77 GO TO LF_C12Q10_A
REFUSED ................................................................. 99 GO TO LF_C12Q10_A

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

YES ............................................................................. 1 GO TO LF_WEEK_CHK2
NO ............................................................................. 2

LF_WEEK_CHK2 IF LF_C12Q10C=THE CURRENT MONTH GO TO LF_WEEK2; ELSE GO TO LF_C12Q10_A

LF_WEEK2 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 GO TO LF_C12Q10_A
NO ............................................................................. 2 GO TO LF_C12Q10_A
DON’T KNOW .......................................................... 77 GO TO LF_C12Q10_A
REFUSED .................................................................. 99

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

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

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 (5) or (9) GO TO LF_C12OTH; ELSE IF CHILD ≥8 MONTHS OLD AND <9 YEARS OLD AS OF AUGUST 1, 2022, SKIP TO LF_LIFE; ELSE GO TO LF_HES2

Other location: _________________________________

ENTER 77 FOR DON’T KNOW AND 99 FOR REFUSED
IF CHILD ≥8 MONTHS OLD AND <9 YEARS OLD AS OF AUGUST 1, 2022, SKIP TO LF_LIFE; ELSE GO TO LF_HES2
LF_C12Q15  How likely is [S.C.] to get a flu vaccination between now and the end of June, 2023?
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, 2022,
SKIP TO LF_LIFE; ELSE GO TO LF_HES2

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, 2022, 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_HES2
TWO OR MORE FLU VACCINATIONS………………2  GO TO LF_HES2
ZERO FLU VACCINATIONS…………………………..3  GO TO LF_HES2
DON’T KNOW…………………………………………77  GO TO LF_HES2
REFUSED……………………………………………….99  GO TO LF_HES2

LF_HES2  This next question is about all recommended childhood vaccines, not just flu vaccination.
Overall, how hesitant about childhood shots would you consider yourself to be? Would you
say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?

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

LF_MISS  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  GO TO LF_MISS2
NO…………………………………………………………2  GO TO LF_INSURE
DON’T KNOW…………………………………………77  GO TO LF_INSURE
REFUSED………………………………………………99  GO TO LF_INSURE
**LF_MISS2** Was [S.C.’s] visit or appointment delayed, missed, or not scheduled because of COVID-19? Please include anything that could be related to COVID-19, such as fear of exposure to COVID, the doctor’s office was closed, COVID-related loss of health insurance, or anything else.

YES ..........................................................................................1 \ GO TO LF_INSURE
NO ............................................................................................2 \ 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 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 \ GO TO LF_HHSIZE
[IF IAP NOT GUAM OR PUERTO RICO DISPLAY] CHIP
[IF IAP NOT CHAMPUS] CHAMPUS CHIP
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 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 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 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 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_11Q02B

DON'T KNOW…………………………………………….77 GO TO LF_11Q02B

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"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]

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>1</td>
</tr>
<tr>
<td>BLACK/AFRICAN AMERICAN</td>
<td>2</td>
</tr>
<tr>
<td>AMERICAN INDIAN</td>
<td>3</td>
</tr>
<tr>
<td>ALASKA NATIVE</td>
<td>4</td>
</tr>
<tr>
<td>ASIAN</td>
<td>5</td>
</tr>
<tr>
<td>NATIVE HAWAIIHIAN</td>
<td>6</td>
</tr>
<tr>
<td>PACIFIC ISLANDER</td>
<td>7</td>
</tr>
<tr>
<td>OTHER</td>
<td>8</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>77</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

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_OS
ENTER OTHER____

IF IAP=GUAM & LF_Q02B INCLUDES 05 OR 07, GO TO LF_BAPI
ELSE IF 05 IS SELECTED, 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.”

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIAN INDIAN</td>
<td>1</td>
</tr>
<tr>
<td>CHINESE</td>
<td>2</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>3</td>
</tr>
<tr>
<td>JAPANESE</td>
<td>4</td>
</tr>
<tr>
<td>KOREAN</td>
<td>5</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>6</td>
</tr>
<tr>
<td>OTHER ASIAN</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>77</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

ELSE IF LF_11Q02B INCLUDES 07 GO TO LF_11Q02B_PI, ELSE GO TO LF_11Q20
LF_11QO2B_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
CHUUKSE……………………………………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
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

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

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
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

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_11Q53
DON’T KNOW…………………………………………77  GO TO LF_LNDLN
REFUSED………………………………………………99  GO TO LF_LNDLN

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_11Q54
DON’T KNOW…………………………………………77  GO TO LF_LNDLN
REFUSED………………………………………………99  GO TO LF_LNDLN

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

Was it more than $15,000?

YES………………………………………………………1  GO TO LF_11Q55A
NO………………………………………………………..2  GO TO LF_11Q55B
DON’T KNOW…………………………………………77  GO TO LF_LNDLN
REFUSED………………………………………………99  GO TO LF_LNDLN

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
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_11Q56A
$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_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.................................1 GO TO LF_11Q56C
$50,000....................................................2 GO TO LF_LNDLN
LESS THAN $50,000.................................3 GO TO LF_11Q56D
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_11Q57
$45,000....................................................2 GO TO LF_LNDLN
LESS THAN $45,000.................................3 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.................................1 GO TO LF_11Q57A
$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  GO TO LF_LNDLN
$75,000…………………………………………………..2  GO TO LF_LNDLN
LESS THAN $75,000……………………………………3  GO TO LF_LNDLN
DON’T KNOW………………………………………..77  GO TO LF_LNDLN
REFUSED…………………………………………….99  GO TO LF_LNDLN

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_12Q14
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   GO TO    LF_11Q15_CELL
TWO…………………………………………………………2   GO TO    LF_11Q15_CELL
THREE OR MORE……………………………………….3   GO TO    LF_11Q15_CELL
NONE………………………………………………………4   GO TO    LF_11Q15_CELL
DON’T KNOW……………………………………….77   GO TO    LF_11Q15_CELL
REFUSED……………………………………………….99   GO TO    LF_11Q15_CELL

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   GO TO    LF_11Q15_CELL_US
TWO…………………………………………………….2   GO TO    LF_11Q15_CELL_US
THREE OR MORE……………………………………...3   GO TO    LF_11Q15_CELL_US
NONE……………………………………………...4 IF IAP= VIRGIN ISLANDS GO TO LF_ISLAND, ELSE IF IAP=GUAM, SKIP TO LF_VIL ELSE GO TO LF_11Q22
DON’T KNOW…………………………………………77   GO TO    LF_11Q15_CELL_US
REFUSED……………………………………………….99   GO TO    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 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

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.................................1 GO TO LF_Q22
AGAT..............................................2 GO TO LF_Q22
ASAN..............................................3 GO TO LF_Q22
BARRIGADA......................................4 GO TO LF_Q22
CHALAN PAGO.................................5 GO TO LF_Q22
DEDEDO...........................................6 GO TO LF_Q22
HAGATNA/AGANA..............................7 GO TO LF_Q22
INARAJAN........................................8 GO TO LF_Q22
MAINA.............................................9 GO TO LF_Q22
MAITE.............................................10 GO TO LF_Q22
MANGILAO........................................11 GO TO LF_Q22
MERIZO.............................................12 GO TO LF_Q22
MONGMONG......................................13 GO TO LF_Q22
ORDOT............................................14 GO TO LF_Q22
PITI...............................................15 GO TO LF_Q22
SANTA RITA.....................................16 GO TO LF_Q22
SINAJANA.......................................17 GO TO LF_Q22
TALOFOFO.......................................18 GO TO LF_Q22
TAMUNING-TUMON.............................19 GO TO LF_Q22
TOTO..............................................20 GO TO LF_Q22
UMATAC..........................................21 GO TO LF_Q22
YIGO..............................................22 GO TO LF_Q22
YONA..............................................23 GO TO LF_Q22
DON'T KNOW....................................77 GO TO LF_Q22
DO NOT LIVE IN GUAM.....................98 GO TO LF_Q22
REFUSED.........................................99 GO TO LF_Q22

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 CCMONOFF=ON, P_ASKCCM=1, AND ELIGIBLE CHILD IN HOUSEHOLD, GO TO CCM_INTRO; ELSE GO TO K_D16
LF_11Q22 Please tell me your zip code.

___ ___ ___ ___ ___ ___ ………………………………  GO TO LF_11Q22CONF

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, LF_VIL=98, CCMONOFF=ON, P_ASKCCM=1, AND ELIGIBLE CHILD IN HOUSEHOLD, GO TO CCM_INTRO; ELSE IF IAP=GUAM, LF_VIL=98, CCMONOFF=ON, AND P_ASKCCM=0 GO TO K_D16; ELSE IF IAP=GUAM, LF_VIL=98, AND CCMONOFF=OFF GO TO K_D16.

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 ______________________________

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

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
What is your zip code?

ENTER ZIP CODE _______________________

IF IAP= PUERTO RICO, CCMONOFF=ON AND P_ASKCCM=0, GO TO K_D16; ELSE GO TO LF_11Q22F

Do you live within city limits?

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

IF CCMONOFF=OFF OR P_ASKCCM=0 AND INCENTIVE>0 GO TO VRYADD, ELSE GO TO K_D16;
IF CCMONOFF=ON, P_ASKCCM=1, AND ELIGIBLE CHILD IN HOUSEHOLD, GO TO CCM_INTRO; ELSE IF INCENTIVE>0 GO TO VRYADD, ELSE GO TO K_D16

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 GO TO AC_NAME
DON’T KNOW…………………………………………77 GO TO K_D16
REFUSED………………………………………………99 GO TO K_D16

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.

EXIT SURVEY