

**NIS Teen (NIS-TEEN) Hard Copy Questionnaire**

**Q2/2024**

Section S – Screener

Section B – No Shot Records

Section C – Demographics

Section D – Provider

Section E – Health Insurance Module

**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)

Key to Preload Variables

Variable Name	Response Definition
P_INCENT	0 - No incentive offer 1-3 - \$20 incentive 4-6 - \$10 incentive
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
ADULTONOFF	ON- ACM is enabled OFF-ACM is disabled
FLUONOFF	ON- CIM is enabled OFF- CIM is disabled
NIS_SPRING_FLU	0- Do not ask Spring Flu questions 1- Invoke Spring Flu questions

## SECTION S

### *Screeners*

- Instruction1 (1) IF ANY S3\_3M = 77 or S3\_3Y = 7777 THEN GO TO INSRUCTION2
- (2) ELSE IF (S\_NUMB=C1\_DIFF AND ALL YAGE\_X ne 13, 14, 15, 16 OR 17) AND P\_ASKADULT=0 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=C1\_DIFF AND GO TO K\_D16
- (3) ELSE IF (S\_NUMB > ELIGMEMBERS AND S\_NUMB=C1\_DIFF AND ALL YAGE\_X ne 13, 14, 15, 16 OR 17) AND P\_ASKADULT =0 AND P\_ASKFLU=1 NO FLU AGE ELIGIBLE CHILDREN THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO K\_D16
- (4) ELSE IF (S\_NUMB > ELIGMEMBERS AND S\_NUMB=C1\_DIFF AND ALL YAGE\_X ne 13, 14, 15, 16 OR 17) AND P\_ASKADULT=0 AND P\_ASKFLU = 1 AND FLU AGE ELIGIBLE CHILDREN THEN FILL LF\_UNDR18 = C1\_DIFF AND GO TO LFAQSTART
- (5) ELSE IF (S\_NUMB=C1\_DIFF AND ALL YAGE\_X ne 13, 14, 15, 16 OR 17) AND P\_ASKADULT=1 AND P\_ASKFLU=0 THEN FILL TIS\_UNDER18=S\_NUMB AND GO TO ADLT\_INTRO
- (6) ELSE IF (S\_NUMB=C1\_DIFF AND >=1 YAGE\_X = 13, 14, 15, 16 OR 17) THEN FILL TIS\_UNDER18 = C1\_DIFF AND GO TO CP\_TISMULTIAGE.
- (7) ELSE GO TO INSTRUCTION2
- Instruction2 (1) IF HOUSEHOLD COMPLETED NIS INTERVIEW AND C1\_DIFF not in (77, 99), THEN FILL TIS\_UNDER18 WITH C1\_DIFF AND DO:
- IF C1\_DIFF =S\_NUMB, THEN GO TO TIS\_S3INTRO
- ELSE IF C1\_DIFF > S\_NUMB, THEN GO TO TIS\_C2Q0A
- (2) ELSE SKIP TO TIS\_UNDER18
- INTRO\_1B Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, someone in your household started a survey about [IF ADULT COVID MODULE ON, DISPLAY: "vaccinations for COVID and other diseases affecting adults and children"; IF ADULT COVID MODULE OFF, DISPLAY: "the health and vaccinations of children and teens"]. I'm calling back now to continue the interview. This call will be recorded or monitored.

TIS\_UNDER18

How many people less than 18 years old live in this household?

ENTER # OF CHILDREN \_\_\_\_\_ (ENTER 0 to 9)

DON'T KNOW ..... 77 GO TO TIS\_S1ADK

REFUSED..... 99 GO TO TIS\_S1AREF

(1) IF S\_NUMB > TIS\_UNDER18, THEN GO TO TIS\_UNDER18\_CONF

(2) IF TIS\_UNDER18 = 0 AND P\_ASKADULT=0 THEN GO TO K\_D16

(3) IF TIS\_UNDER18=0 AND P\_ASKADULT=1 THEN GO TO ADLT\_INTRO

(4) IF TIS\_UNDER18=1-9 AND (TIS\_UNDER18 > S\_NUMB>0 AND NIS\_ELIG\_X<>0),  
THEN GO TO TIS\_C2Q0A

(5) IF TIS\_UNDER18=1-9 AND (TIS\_UNDER18 > S\_NUMB>0 AND NIS\_ELIG\_X=0) OR  
S\_NUMB = 0 THEN GO TO TIS\_S3AGE\_x

(6) IF TIS\_UNDER18=77, THEN GO TO TIS\_S1ADK

(7) IF TIS\_UNDER18=99, THEN GO TO TIS\_S1AREF

(8) IF P\_ASKFLU=0 AND P\_ASKADULT=0 AND TIS\_UNDER18=1-9 AND  
TIS\_UNDER18=S\_NUMB AND NIS\_ELIG\_X=0 AND NO TEENS REPORTED IN CHILD  
DOB ROSTER, THEN GO TO K\_D16

(9) IF (P\_ASKFLU=1 OR P\_ASKADULT=1 OR TEENS REPORTED IN CHILD DOB  
ROSTER) AND TIS\_UNDER18=1-9 AND TIS\_UNDER18=S\_NUMB AND NIS\_ELIG\_X=0,  
THEN GO TO TIS\_AGECONF

TIS\_UNDER18\_CONF

WARNING: ACCORDING TO NIS THERE [IS/ARE] AT LEAST [FILL S\_NUMB] [CHILD/CHILDREN] IN THE HOUSEHOLD.

PLEASE RE-ASK TIS\_UNDER18 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 TO TIS\_UNDER18  
 TOTAL NUMBER OF CHILDREN  
 CONFIRMED AS CORRECT.....2 GO TO TIS\_AGE\_CONFIRM

TIS\_C2Q0A You have already given me [NAME OF NIS-ELIGIBLE CHILD OR CHILDREN FROM S3\_5\_x]'s birth date(s). Now, would you please tell me the age(s) of your other [IF C\_TMP - S\_NUMB = 1; INSERT 'child'/ IF C\_TMP - S\_NUMB > 1; INSERT 'children'] under the age of 18?

YES.....1 GO TO TIS\_S3AGE\_X  
 WRONG # OF CHILDREN UNDER 18.....2 GO TO TIS\_UNDER18

TIS\_S1ADK 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 TIS\_DKINTRO  
 NO.....2 GO TO TIS\_S1TERM

TIS\_DKINTRO

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling 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. We're conducting a survey with cell phone users regarding childhood  
immunizations. Your cell phone number has been selected at random. This call will be recorded  
or monitored.

CONTINUE WITH INTERVIEW

WITHOUT RECORDING .....1 GO TO TIS\_UNDER18

CONTINUE WITH INTERVIEW

AND RECORDING .....0 GO TO TIS\_UNDER18

TIS\_S1TERM Thank you, we'll try back another time.

EXIT SURVEY

TIS\_S1AREF 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 TIS\_UNDER18

R STILL REFUSES ..... 2

[IF P\_INCENT>0, THEN GO TO VRYADD / ELSE DISPLAY TIS\_REFKID]

TIS\_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' ELSE 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.

CONTINUE .....1 EXIT SURVEY

BEGIN LOOP FOR X NUMBER OF TIMES, WHERE X=TIS\_UNDER18 LESS S\_NUMB

[IF S3\_3MDY\_X NE NULL, THEN FILL AND CONTINUE WITH FIRST CHILD WITH AN UNKNOWNAGE]

TIS\_S3AGE\_X

What is the age of the [first/second...] child under the age of 18?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED  
IF CHILD IS LESS THAN ONE YEAR OLD, ENTER AGE IN MONTHS

ENTER AGE ..... \_\_\_\_  
DON'T KNOW ..... 77 GO TO TIS\_AGEDK  
REFUSED ..... 99 GO TO TIS\_AGEREF

[If 0 Years is entered, DISPLAY, "INVALID AGE. IF CHILD IS LESS THAN ONE YEAR OLD, ENTER AGE IN MONTHS"]

TIS\_S3AGE1\_X

MONTHS ..... 1 GO TO TIS\_AGE\_CONFIRM  
YEARS ..... 2 GO TO TIS\_AGE\_CONFIRM

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

RETURN TO QUESTIONNAIRE ..... 1 GO TO TIS\_S3AGE\_X  
R STILL REFUSES ..... 99

- (1) IF 99 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS\_S3AGE\_X
- (2) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO TIS\_AGE\_CONFIRM
- (3) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P\_INCENT>0, THEN GO TO VRYADD
- (4) IF 99 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER AND P\_INCENT=0, GO TO TIS\_AGEQUIT. ON CALLBACK POINT OF RETURN IS TIS\_UNDER18.

TIS\_AGEQUIT

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.

CONTINUE .....1 EXIT SURVEY

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

NEW PERSON COMES TO PHONE ..... 1

NO ..... 2

- (1) IF 2 AND THERE ARE REMAINING CHILDREN, THEN GO TO TIS\_S3AGE\_X
- (2) IF 2 AND THERE ARE NO REMAINING CHILDREN, AND THERE ARE OTHER VALID AGES IN ROSTER, THEN GO TO TIS\_AGE\_CONFIRM
- (3) IF 2 AND THERE ARE NO REMAINING CHILDREN AND THERE ARE NO VALID AGES IN ROSTER, THEN GO TO TIS\_S1TERM. ON CALLBACK POINT OF RETURN IS TIS\_S3AGE\_X.

TIS\_DKAGEINTRO

Hello, my name is [FILL INTERVIEWER NAME]. I'm calling on behalf of the [IF Puerto Rico DISPLAY "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

- (1) CONTINUE WITH INTERVIEW without RECORDING
- (2) CONTINUE WITH INTERVIEW and RECORDING

TIS\_AGE\_CONFIRM

So you have a [FILL CHILD 1: "X month old" / "X year old" / "newborn"], [FILL CHILD 2: "X month old" / "X year old" / "newborn"], ... and [FILL LAST CHILD: "X month old" / "X year old" / "newborn"]. Is that correct?

YES ..... 1

NO, WRONG AGES OF CHILDREN ..... 2 GO TO TIS\_S3AGE\_1

[Display: PLEASE CORRECT THE AGE OF CHILDREN IN THE HOUSEHOLD]

NO, WRONG # OF CHILDREN ..... 3 GO TO TIS\_UNDER18

[Display: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD]

DON'T KNOW ..... 77

REFUSED ..... 99

DO NOT BACK UP FROM THIS SCREEN

USE RESPONSE OPTION 2 WRONG AGES OF CHILDREN TO EDIT AGES

USE RESPONSE OPTION 3 WRONG NUMBER OF CHILDREN TO EDIT NUMBER OF CHILDREN



CP\_TISMULTIAGE

- (1) IF P\_ASKFLU = 1 and S\_NUMB = 0 and ZTUNDR18 = 1-9 and ALL TIS\_3AGE NOT IN (13, 14, 15, 16, 17) and ELIGMEMBERS = 0, THEN GO TO LFQSTART
- (2) ELSE IF ANY TIS\_3AGE IN (13, 14, 15, 16, 17) AND MORE THAN ONE TEEN SAME AGE, GO TO TIS\_MULTIAGE
- (3) ELSE GO TO TIS\_SELECTION\_INSTRUCTIONS1

TIS\_MULTIAGE

Since you have more than one child who is [FILL DUPLICATE AGES FROM TIS\_AGE\_CONFIRM, E.G. 16 years old], I need a way to refer to each of them during the interview.

IF RESPONDENT SAYS DONT KNOW OR REFUSES ENTER CONTINUE

CONTINUE ..... 1

TIS\_NAME\_X What is the (other) [FILL AGE] year old child's name or initials?

IF RESPONDENT REFUSES ENTER NAME1/NAME2/NAME3

ENTER NAME \_\_\_\_\_ LOOP FOR ALL TIS\_NAME, THEN SKIP TO TIS\_SELECTON\_INSTRUCTIONS1

TIS\_SELECTION\_INSTRUCTIONS1

- (1) IF 12 MONTHS <= TIS\_S3AGE\_X = < 36 MONTHS OR 1 YEAR = < TIS\_S3AGE\_X AND 3 YEARS THEN GO TO TIS\_S2Q02A BEFORE GOING TO S3\_INTRO IN NIS CHILD
- (2) ELSE IF ANY YAGE\_X = 13, 14, 15, 16, 17, THEN RANDOMLY SELECT ONE OF THE CHILDREN BETWEEN 13 AND 17 YEARS TO BE THE SELECTED TEEN FOR THE TEEN SURVEY AND GO TO TIS\_S3INTRO
- (3) ELSE IF (S\_NUMB>0 OR TIS\_UNDER18>0) AND (TEENELIG=2) AND P\_ASKFLU=1, THEN GO TO LFQSTART
- (4) ELSE IF (S\_NUMB>0 OR TIS\_UNDER18>0) AND (TEENELIG=2) AND P\_ASKFLU=1, AND CIM is OFF, THEN GO TO LF\_EXT
- (5) ELSE IF P\_ASKFLU=0 AND ALL TIS\_S3AGE\_X NOT IN (13, 14, 15, 16, 17) AND MIX OF TIS\_S3AGE\_X =VALID AGES ONLY OR VALID AGES AND (77 AND/OR 99), THEN GO TO K\_D16
- (6) ELSE GO TO INSTRUCTION1

TS2Q02A Based on the ages you have given me, I now have some questions about your [FILL: AGE IN MONTHS OR AGE IN YEARS] old.

CONTINUE..... 1 GO TO S3\_INTRO IN NIS CHILD

TIS\_S3INELG The child who was selected is [FILL YAGESEL] years old. This survey is about adolescents who are between the ages 13 and 17 years old. The computer will now select another child.

CONTINUE ..... 1

TIS\_S3INTRO [IF NUMBTEEN > 1, THEN DISPLAY: "The computer randomly chose the child for the interview who is [FILL SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T\_Y(age)NMx]] years old."] Most of the remaining questions will be about immunizations or shots [IF NUMBTEEN > 1, THEN DISPLAY: "he/she", ELSE DISPLAY: "your [FILL: SELECTED TEEN AGE IN YEARS] old"] may have received.

CONTINUE ..... 1

CP\_INTRO (1) IF TIS\_S3INELG HAS BEEN READ, GO TO TIS\_S3\_MDY  
(2) ELSE IF NIS INFORMED CONSENT (S3\_INTRO) HAS NOT BEEN READ, GO TO TIS\_INTRO1

TIS\_INTRO1 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 TIS\_S3\_MDY

R ASKS FOR  
DESCRIPTION OF LAW ..... 2

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 contractor, NORC at the University of Chicago, and their agents and contractors, 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

TIS\_S3

So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of [the child who is [FILL: SELECTED TEEN AGE IN YEARS] years old [IF MULTIPLE, THEN DISPLAY: "named [FILL NAME FROM T\_Y(age)NMx]"].

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.

MONTH	DAY	YEAR	

After TIS\_S3 and YAGESEL are computed, skip logic from TISS3MTH, TISS3DAY, TISS3YR can take place:

- (1) IF TISS3YR = 7777 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRDK.
- (2) ELSE IF TISS3YR = 9999 (ANY VALUE FOR DAY AND MONTH), GO TO TISYRREF.
- (3) ELSE GO TO TIS3CONF

TIS3CONF That would make this child [FILL YAGESEL] years old; is that correct?

FAQ:

IF RESPONDENT REFUSED DAY OF BIRTH AND CALCULATION IS OFF BY 1 YEAR:

For everyone who chooses not to give a day of birth, our system assumes the first of the month. If your child is nearing a birthday, this may slightly throw off the computer's calculation of your child's age. Because you have given the month and year of your child's birth, the information we collect will still be accurate. If you would like to give the day of birth, we can add that in the system and it will then give the correct age for your child. But it is not necessary to continue the interview.

YES ..... 1  
NO ..... 2

- (1) IF (TIS3CONF=1 AND TEENELIG=1 (i.e. YAGESEL = 13, 14, 15, 16, 17), THEN GO TO TIS\_S4
- (2) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE = (13, 14, 15, 16, 17), THEN GO TO TIS\_S3INELG
- (3) IF (TIS3CONF=1 AND YAGE OF SELECTED CHILD <> 13, 14, 15, 16, 17) AND OTHER YAGE <> (13, 14, 15, 16, 17), THEN GO TO TIS\_SELECTION\_INSTRUCTION
- (4) IF TIS3CONF=2 THEN GO TO TIS\_S3

K\_D16 [IF NIS INTERVIEW COMPLETED, READ]

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in related 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", ELSE 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

[ELSE READ]

Those are all the questions I have. Your child's age does not qualify your household for the survey at this time. You may be re-contacted in the future to participate in related surveys. 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 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

NO\_CHILD [IF P\_INCENT > 0 THEN GO TO ADDRESS COLLECTION, THEN READ NO\_CHILD]

Those are all the questions I have. We are only interviewing in households with children. 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 and effort you've spent answering these questions.

EXIT SURVEY

TISYRREF 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 TIS\_S3  
R STILL REFUSES ..... 2 GO TO TISYRQUIT

TISYRDK 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  
RETURN TO QUESTIONNAIRE ..... 2 GO TO TIS\_S1TERM

TYRDKINT Hi. I’m calling for 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. We’re calling about an important [IF NOT GUAM THEN DISPLAY: ‘national’] survey of immunizations. I’d like you to know that 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 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.

CONTINUE WITH INTERVIEW  
WITHOUT RECORDING.....0 GO TO ZTYRDKPS

CONTINUE WITH INTERVIEW  
AND RECORDING..... 1 GO TO TIS\_S3\_MDY

TISYRQUIT [IF P\_INCENT > 0, THEN GO TO VRYADD / ELSE DISPLAY TISYRQUIT]

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 (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

TIS\_S4 Is this child male or female?

Male ..... 1  
Female ..... 2  
DON’T KNOW ..... 77  
REFUSED ..... 99

CP\_TISS5 (1) IF TIS\_NAME IS NOT FILLED, GO TO TIS\_S5  
(2) ELSE IF TIS\_NAME IS FILLED, GO TO TIS\_S4A

TIS\_S5 So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

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TIS\_S4A Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [FILL FROM TIS\_S5: TEEN NAME] has received. Are you this person?

YES .....1 GO TO TIS\_SR1  
NO .....2

TIS\_S5A May I speak with this person now?

YES ..... 1 GO TO TIS\_S5LAW\_BOX  
NO ..... 2 GO TO MR1

TIS\_S5BOX Hi. I'm calling 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. We're calling about an important [IF NOT GUAM THEN DISPLAY: 'national'] survey on immunizations. I'd like you to know that 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. This call will be recorded or monitored. I'd like to continue now unless you have any questions.

CONTINUE ..... 1 GO TO TIS\_S5LAW\_BOX  
R ASKS FOR  
DESCRIPTION OF LAW ..... 2

TIS\_S5EVAL\_BOX

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

TIS\_S5LAW\_BOX

CONTINUE WITH INTERVIEW

WITHOUT RECORDING.....0 GO TO ZTS5LBX1

CONTINUE WITH INTERVIEW AND RECORDING .....1

ZTS5LBX1 (TURN OFF RECORDING)

RESPONDENT WANTS TO CONTINUE

WITHOUT RECORDING..... 2

TIS\_SR1 Do you have any shot records for [FILL FROM TIS\_S5: TEEN NAME]?

[IF GUAM, DISPLAY "INTERVIEWER NOTE: THIS IS OFTEN A YELLOW IMMUNIZATION CARD"]

YES.....1

NO.....2

DON'T KNOW.....77

REFUSED.....99

**SECTION B**

*No Shot Records*

TIS\_B1 The remainder of the survey will take about 10 minutes.

Has [FILL FROM TIS\_S5: TEEN NAME] ever received an immunization that is a shot or drops?

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

***NO SHOT RECORD FOR INFLUENZA***

TIS\_BINFLU [IF TIS\_B1 = 2, 77, OR 99 READ: Some children who don't receive other immunizations still get vaccinated for the flu; ELSE DISPLAY: The next questions are about influenza [IF GUAM DISPLAY: or flu] vaccinations.

Since July 1, 2023 has [FILL FROM TIS\_S5: TEEN NAME] had a flu vaccination?

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

- YES.....1
- NO.....2 IF QUOTA NIS\_SPRING\_FLU=1  
GOTO TIS\_BNFLU7; ELSE GO TO  
T\_CCM1
- DON'T KNOW..... 77 IF QUOTA NIS\_SPRING\_FLU=1 GO TO  
TIS\_BINFLU7; ELSE GO TO T\_CCM1
- REFUSED.....99 IF QUOTA NIS\_SPRING\_FLU=1 GO TO  
TIS\_BINFLU7; ELSE GO TO T\_CCM1

TIS\_BINFLU\_NUM

How many flu vaccinations has [FILL FROM TIS\_S5: TEEN NAME] received since July 1, 2023?

- ONE VACCINATION OR DOSE.....1...
- TWO VACCINATIONS OR DOSES.....2 ..
- DON'T KNOW.....77 GO TO TIS\_BFLUPLACE
- REFUSED.....99 GO TO TIS\_BFLUPLACE

INTERVIEWER NOTE: 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.



TIS\_BINFLU\_DATE\_X

During what month and year did [FILL FROM TIS\_S5: TEEN NAME] receive [his/her] first dose of flu vaccine since July 1, 2023?

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: 77/2023

MONTH		YEAR

DATE ..... \_/\_\_\_\_

IF BEFORE 7/2023, DISPLAY: Please only enter flu vaccinations on or after July 1, 2023 and before today.

IF TIS\_BINFLU\_DATE\_M = THE CURRENT MONTH AND TIS\_BINFLU\_DATE\_Y = CURRENT YEAR, GO TO TIS\_BWEEK; ELSE IF TIS\_BINFLU\_NUM=2 GO TO TIS\_B9DM\_X; ELSE GO TO TIS\_BFLUPLACE

TIS\_BWEEK

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

TIS\_B9DM\_X

During what month did [FILL FROM TIS\_S5: TEEN NAME] receive [his/her] second dose of flu vaccine since July 1, 2023?

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: 77/2023

MONTH	YEAR

DATE ..... \_/\_\_\_\_

IF BEFORE 7/2023, DISPLAY: Please only enter flu vaccinations on or after July 1, 2023 and before today.

IF TIS\_B9DM\_M = THE CURRENT MONTH AND TODAY IS NOT SUNDAY AND TIS\_B9DM\_Y=CURRENT YEAR, GO TO TBWEEK; ELSE, GO TO TIS\_BFLUPLACE

TIS\_BWEEK\_2

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

TIS\_BFLUPLACE

At what kind of place did [FILL FROM TIS\_S5: TEEN NAME] 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.

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
- PHARMACY OR DRUG STORE.....6
- WORKPLACE .....7
- ELEMENTARY/MIDDLE/HIGH SCHOOL .....8

OTHER NONMEDICALLY-RELATED PLACE

[IF PUERTO RICO, THEN SHOW: INTERVIEWER NOTE:

OTHER NON-MEDICALLY RELATED

- PLACE includes mass vaccination clinics held at sports arenas].....9
- MALL OUTREACH [DISPLAY ONLY IF GUAM]..... 10
- VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]..11
- DON'T KNOW.....77
- REFUSED.....99

IF (05) or (09) GO TO TIS\_BFLUPLACE\_OTHER; ELSE IF QUOTA NIS\_SPRING\_FLU=1 GO TO TIS\_BVISIT; ELSE GO TO T\_CCM1

TIS\_BFLUPLACE\_OTHER

OTHER LOCATION: \_\_\_\_\_

IF QUOTA NIS\_SPRING\_FLU=1 GO TO TIS\_BVISIT; ELSE GO TO T\_CCM1

TIS\_BNFLU7 There are many reasons why parents don't get flu 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 a flu vaccination for their children. Please tell me if each statement is a reason why you did not get a flu vaccination for your child this flu season.

Was one of the reasons that you did not get the flu vaccination for your child because...

Your child is unlikely to get the flu.

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

TIS\_BNFLU1 Was one of the reasons that you did not get the flu vaccination for your child because....

Even if your child does get the flu, [FILL: VAR she/he] is unlikely to get very sick from the flu.

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

TIS\_BNFLU8 [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because...]

It costs too much to get the flu vaccination.

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

TIS\_BNFLU9 [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because...]

It was too hard to find a time or place to get the flu vaccination.

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

TIS\_BNFLU6 [READ IF NECESSARY: Was one of the reasons that you did not get the flu 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

TIS\_BNFLU3 [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because...]

You were concerned about possible side effects or the safety of the flu vaccination.

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

TIS\_BNFLU5 [READ IF NECESSARY: Was one of the reasons that you did not get the flu vaccination for your child because...]

You believe that flu vaccines do not work very well.

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

TIS\_BVISIT Since July 1st, has [S.C.] had a visit to a doctor or other health professional about [FILL VAR: his/her] health?

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

TIS\_HPRX Since July 1st, has a doctor, or nurse, or other health professional recommended that you get a flu vaccine for [FILL: S.C.]?

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

T\_CCM1 Next, we have a few questions for you about [FILL FROM TIS\_S5: TEEN NAME] and COVID-19.

Has [FILL FROM TIS\_S5: TEEN NAME] received at least one dose of a COVID-19 vaccine?

YES.....1  
 NO.....2 GO TO T\_CCMINTUV  
 DON'T KNOW.....77 GO TO T\_CCMINTUV  
 REFUSED.....99 GO TO T\_CCMINTUV

T\_CCMSEP Since September 14, 2023, has [FILL FROM TIS\_S5: TEEN NAME] had a COVID-19 vaccination?

READ IF NECESSARY: This vaccine is sometimes called the 'updated vaccine' or the '2023-24 vaccine'.

YES.....1  
 NO.....2 GO TO T\_CCMINTV  
 DON'T KNOW.....77 GO TO T\_CCMINTV  
 REFUSED.....99 GO TO T\_CCMINTV

T\_CCM4M During what month did [FILL FROM TIS\_S5: TEEN NAME] receive their **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 77/2023.

[IF DATE IS BEFORE 9/2023, DISPLAY: DATE MUST BE AFTER 9/2023]

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

IF T\_CCM4M IN (77,99) THEN DO: IF CHILD COMPLETE GO TO TIS\_BMISS; ELSE GO TO TB\_HESINTRO; END; ELSE GO TO T\_CCM4C

T\_CCM4C That was [FILL MONTH] of [FILL YEAR], correct?

YES .....1  
 NO .....2 GO TO T\_CCM4M

TCV\_WK\_CHK

IF T\_CCM4M=THE CURRENT MONTH GO TO T\_CCMWK; IF CHILD COMPLETE, GO TO TIS\_BMISS; ELSE GO TO TB\_HESINTRO

T\_CCMWK Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: “on or after Sunday {FILL PREVIOUS SUNDAY’S DATE}].

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

IF CHILD COMPLETE, GO TO TIS\_ BMISS; ELSE GO TO TB\_HESINTRO

T\_CCMINTV

How likely are you to get [FILL FROM TIS\_S5: TEEN NAME] another COVID-19 vaccine?

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?

- 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

IF CHILD COMPLETE, GO TO TIS\_ BMISS; ELSE GO TO TB\_HESINTRO

T\_CCMINTUV

How likely are you to get [FILL FROM TIS\_S5: TEEN NAME] a COVID-19 vaccine?

Would you say you would definitely get a vaccine, 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

IF CHILD COMPLETE, GO TO TIS\_ BMISS; ELSE GO TO TB\_HESINTRO

TB\_HESINTRO

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

CONTINUE.....1

RANDOMIZE ORDER OF TB\_HESFLU, TB\_HESCOV, TB\_HESHPV

TB_HESHPV	<p>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?</p> <p>NOT AT ALL HESITANT ..... 1</p> <p>NOT THAT HESITANT ..... 2</p> <p>SOMEWHAT HESITANT ..... 3</p> <p>VERY HESITANT ..... 4</p> <p>DON'T KNOW ..... 77</p> <p>REFUSED ..... 99</p>
TB_HESFLU	<p>How hesitant are you about the <u>flu vaccine</u> for your child? Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?</p> <p>NOT AT ALL HESITANT ..... 1</p> <p>NOT THAT HESITANT ..... 2</p> <p>SOMEWHAT HESITANT ..... 3</p> <p>VERY HESITANT ..... 4</p> <p>DON'T KNOW ..... 77</p> <p>REFUSED ..... 99</p>
TB_HESCOV	<p>How hesitant are you about the <u>COVID-19 vaccine</u> for your child?</p> <p>READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?</p> <p>NOT AT ALL HESITANT ..... 1</p> <p>NOT THAT HESITANT ..... 2</p> <p>SOMEWHAT HESITANT ..... 3</p> <p>VERY HESITANT ..... 4</p> <p>DON'T KNOW ..... 77</p> <p>REFUSED ..... 99</p>
TIS_BHES2	<p>Now, please think about <u>all other routine childhood vaccines</u>, such as measles, polio, and tetanus. Overall, how hesitant are you about those other vaccines for your child?</p> <p>READ IF NECESSARY: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?</p> <p>NOT AT ALL HESITANT ..... 1</p> <p>NOT THAT HESITANT ..... 2</p> <p>SOMEWHAT HESITANT ..... 3</p> <p>VERY HESITANT ..... 4</p> <p>DON'T KNOW ..... 77</p> <p>REFUSED ..... 99</p>

TIS\_BMISS      In the last two months, was a medical check-up, well child visit, or vaccination appointment for [FILL FROM TIS\_S5: TEEN NAME] delayed, missed, or not scheduled for any reason?

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

LOGIC\_BTET    IF TIS\_B1 = 2, 77, OR 99, THEN GO TO TIS\_HEALTH\_VAR  
ELSE GO TO TIS\_BTET



***NO SHOT RECORD FOR TETANUS***

TIS\_BTET Has [FILL FROM TIS\_S5: TEEN NAME] ever received a tetanus booster shot? There are two main types of tetanus booster shots, Td and Tdap. The Tdap booster shot also protects against pertussis or whooping cough and has been available since 2005.

READ IF NECESSARY: (The tetanus booster shot we're asking about is different from the Tdap, DT, or DTP shots, which children usually receive before age six.)

- YES.....1 GO TO TIS\_BMEN
- NO.....2
- DON'T KNOW.....77 GO TO TIS\_BMEN
- REFUSED.....99 GO TO TIS\_BMEN

TIS\_BTET\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] did not receive Td or Tdap shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

- PROVIDER DID NOT RECOMMEND.....1 GO TO TIS\_BMEN
- KNOWLEDGE - DID NOT KNOW ABOUT DISEASES/DID NOT KNOW WAS RECOMMENDED FOR MY TEEN.....2 GO TO TIS\_BMEN
- VACCINE IS NOT NEEDED OR NECESSARY.....3 GO TO TIS\_BMEN
- SCHOOL DOES NOT REQUIRE.....4 GO TO TIS\_BMEN
- SAFETY CONCERNS.....5 GO TO TIS\_BMEN
- TEEN IS NOT THE APPROPRIATE AGE/PROVIDER INDICATED COULD VACCINATE AT OLDER AGE .....6 GO TO TIS\_BMEN
- UNINSURED/INSURANCE DOESN'T FULLY COVER SHOTS/INSURANCE CO-PAY OR OTHER COSTS TOO HIGH (ADMINSTRATION FEES/OFFICE VISIT CHARGES).....7 GO TO TIS\_BMEN
- SHOT COULD BE PAINFUL .....8 GO TO TIS\_BMEN
- INTEND TO COMPLETE BUT HAVE NOT YET/ALREADY PLANNED.....9 GO TO TIS\_BMEN
- NOT AVAILABLE IN PROVIDER'S OFFICE .....10 GO TO TIS\_BMEN
- DIFFICULTY MAKING OR GETTING TO APPOINTMENT/TRANSPORTATION PROBLEMS .....11 GO TO TIS\_BMEN
- OTHER ..... 12
- DON'T KNOW.....77 GO TO TIS\_BMEN
- REFUSED.....99 GO TO TIS\_BMEN

TIS\_BTET\_OTHER

OTHER REASON: \_\_\_\_\_

TIS\_BMEN

Has [FILL FROM TIS\_S5: TEEN NAME] ever received a meningitis shot, sometimes called MENACTRA, MENVEO, MenQuadfi, MENOMUNE, or PENBRAYA?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years, or to the meningitis shot that protects against all five types of meningitis (types A, C, W, Y, and B), sometimes called Penbraya, that has been available since 2023.

- YES..... 1
- NO..... 2 GO TO TIS\_BMEN\_REASON
- DON'T KNOW.... 77 GO TO TIS\_BHPV\_RECOM
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

TIS\_BMEN\_DOSE

How many meningitis shots did [FILL FROM TIS\_S5: TEEN NAME] ever receive?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years, or to the meningitis shot that protects against all five types of meningitis (types A, C, W, Y, and B), sometimes called Penbraya, that has been available since 2023.

- NUMBER OF SHOTS ..... GO TO TIS\_BHPV\_RECOM
- ALL SHOTS..... 50 GO TO TIS\_BHPV\_RECOM
- DON'T KNOW.... 77 GO TO TIS\_BHPV\_RECOM
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

TIS\_BMEN\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] did not receive meningitis shots?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

READ IF NECESSARY: This question refers to the meningitis shots that protect against four types of meningitis (types A, C, W, Y) and have been available for over 10 years, or to the meningitis shot that protects against all five types of meningitis (types A, C, W, Y, and B), sometimes called Penbraya, that has been available since 2023.

- PROVIDER DID NOT RECOMMEND .....1 GO TO TIS\_BHPV\_RECOM
- KNOWLEDGE - DID NOT KNOW ABOUT
- DISEASES/DID NOT KNOW WAS
- RECOMMENDED FOR MY TEEN .....2 GO TO TIS\_BHPV\_RECOM
- VACCINE IS NOT NEEDED OR NECESSARY .....3 GO TO TIS\_BHPV\_RECOM
- SCHOOL DOES NOT REQUIRE.....4 GO TO TIS\_BHPV\_RECOM
- SAFETY CONCERNS.....5 GO TO TIS\_BHPV\_RECOM
- TEEN IS NOT THE APPROPRIATE AGE/PROVIDER
- INDICATED COULD VACCINATE
- AT OLDER AGE ..... 6 GO TO TIS\_BHPV\_RECOM
- UNINSURED/INSURANCE DOESN'T
- FULLY COVER SHOTS/INSURANCE
- CO-PAY OR OTHER COSTS TOO HIGH
- (ADMINSTRATION FEES/OFFICE VISIT
- CHARGES)..... 7 GO TO TIS\_BHPV\_RECOM
- SHOT COULD BE PAINFUL ..... 8 GO TO TIS\_BHPV\_RECOM
- INTEND TO COMPLETE BUT HAVE NOT
- YET/ALREADY PLANNED ..... 9 GO TO TIS\_BHPV\_RECOM
- NOT AVAILABLE IN PROVIDER'S OFFICE ..... 10 GO TO TIS\_BHPV\_RECOM
- DIFFICULTY MAKING OR GETTING
- TO APPOINTMENT/TRANSPORTATION
- PROBLEMS ..... 11 GO TO TIS\_BHPV\_RECOM
- OTHER ..... 12
- DON'T KNOW..... 77 GO TO TIS\_BHPV\_RECOM
- REFUSED..... 99 GO TO TIS\_BHPV\_RECOM

TIS\_BMEN\_OTHER

OTHER REASON: \_\_\_\_\_

**NO SHOT RECORD FOR HPV**

TIS\_BHPV\_RECOM

The next few questions are about the HPV vaccine.

The HPV vaccine is a series of 2 or 3 shots, depending on what age the shots are started.

Has a doctor or other health care professional ever recommended that [FILL FROM TIS\_S5: TEEN NAME] receive HPV shots?

- YES..... 1
- NO..... 2 GO TO TIS\_BHPV2
- DON'T KNOW.... 77 GO TO TIS\_BHPV2
- REFUSED..... 99 GO TO TIS\_BHPV2

TIS\_BHPV\_AGE

At what age did the doctor or health care professional recommend that [FILL FROM TIS\_S5: TEEN NAME] should start receiving the HPV shots?

- BEFORE AGE 11..... 1
- 11 OR 12 YEARS OF AGE ..... 2
- 13 OR 14 YEARS OF AGE ..... 3
- 15 OR 16 YEARS OF AGE ..... 4
- 17 OR 18 YEARS OF AGE ..... 5
- AFTER 18 YEARS OF AGE ..... 6
- NO SPECIFIC AGE WAS RECOMMENDED OR DISCUSSED .....7
- DON'T KNOW.... 77
- REFUSED..... 99

TIS\_BHPV2

Has [FILL FROM TIS\_S5: TEEN NAME] ever received HPV shots?

- YES..... 1
- NO..... 2 GO TO TIS\_BHPV\_INTENT
- DON'T KNOW.... 77 GO TO TIS\_BHPV\_INTENT
- REFUSED..... 99 GO TO TIS\_BHPV\_INTENT

TIS\_BHPV\_DOSE

How many HPV shots did [FILL FROM TIS\_S5: TEEN NAME] ever receive?

- NUMBER OF SHOTS..... \_\_\_\_
- ALL SHOTS..... 50
- DON'T KNOW.... 77
- REFUSED..... 99

TIS\_BHPV\_LOCATION

Please tell me all the types of places where [FILL FROM TIS\_S5: TEEN NAME] has received an HPV shot. READ IF NECESSARY: This question is referring to the location of the vaccine provider, not to the location on the body where the shot was given.

[READ ONLY IF NECESSARY, MARK ALL THAT APPLY]

- DOCTOR’S OFFICE ..... 1
- EMERGENCY ROOM ..... 2
- HEALTH DEPARTMENT ..... 3
- CLINIC OR HEALTH CENTER .....4
- HOSPITAL-BASED CLINIC.....5
- WHILE HOSPITALIZED ..... 6
- OTHER MEDICALLY-RELATED PLACE .....7
- PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY .....8
- WORKPLACE ..... 9
- PHARMACY, DRUG STORE, OR SUPERMARKET PHARMACY .....10
- OTHER NONMEDICALLY-RELATED PLACE.....11
- MALL OUTREACH [DISPLAY ONLY IF GUAM]..... 12
- VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] .....13
- DON’T KNOW.....77
- REFUSED..... 99

TIS\_BHPV\_DOSE IN (1,77,99) GO TO TIS\_BHPV\_INTENT

ELSE TIS\_BHPV\_DOSE = 2 THEN DO: IF AGE < 15 GO TO TIS\_HEALTH\_VAR; ELSE IF AGE >=15 GO TO TIS\_BHPV\_INTENT

ELSE IF TIS\_BHPV\_DOSE IN (3,50) GO TO TIS\_HEALTH\_VAR

TIS\_BHPV\_LOC\_OTHER

OTHER LOCATION: \_\_\_\_\_

(1) IF TIS\_BHPV\_DOSE IN (1,77,99) GO TO TIS\_BHPV\_INTENT

(2) ELSE TIS\_BHPV\_DOSE = 2 THEN DO: IF AGE < 15 GO TO TIS\_HEALTH\_VAR;  
ELSE IF AGE >=15 GO TO TIS\_BHPV\_INTENT

(3) ELSE IF TIS\_BHPV\_DOSE IN (3,50) GO TO TIS\_HEALTH\_VAR

TIS\_BHPV\_INTENT

How likely is it that [FILL FROM TIS\_S5: TEEN NAME] will receive HPV shots in the next 12 months? Would you say:

- Very Likely..... 1 GO TO TIS\_HEALTH\_VAR
- Somewhat Likely..... 2 GO TO TIS\_HEALTH\_VAR
- Not too likely..... 3
- Not likely at all..... 4
- Not Sure/ Don't Know..... 77
- REFUSED..... 99 GO TO TIS\_HEALTH\_VAR

TIS\_BHPV\_REASON

What is the MAIN reason [FILL FROM TIS\_S5: TEEN NAME] will not receive [FILL: IF TIS\_BHPV\_DOSE = 0, THEN READ: "any" / ELSE READ "all"] HPV shots in the next 12 months?

IF RESPONDENT MENTIONS MORE THAN ONE REASON, PROBE: What would you say is the MAIN reason?

IF RESPONDENT SAYS "VACCINE IS NOT NEEDED OR NECESSARY," PROBE FOR A REASON AND SELECT OPTION 3 OR 4.

PROVIDER DID NOT RECOMMEND ..... 1 GO TO TIS\_BHPV\_AGE

KNOWLEDGE - DID NOT KNOW ABOUT

DISEASES/DID NOT KNOW WAS

RECOMMENDED FOR MY TEEN ..... 2 GO TO TIS\_BHPV\_AGE

VACCINE IS NOT NEEDED OR NECESSARY-

ADOLESCENT HAS RECEIVED ALL OF

THE RECOMMENDED DOSES ..... 3 GO TO GO TO

TIS\_HEALTH\_VAR

VACCINE IS NOT NEEDED OR

NECCESARY-OTHER REASON.....4 GO TO TIS\_BHPV\_AGE

SCHOOL DOES NOT REQUIRE .....5 GO TO TIS\_BHPV\_AGE

SAFETY CONCERNS..... 6 GO TO TIS\_BHPV\_AGE

TEEN IS NOT THE APPROPRIATE

AGE/PROVIDER INDICATED COULD

VACCINATE AT OLDER AGE .....7 GO TO TIS\_BHPV\_AGE

UNINSURED/INSURANCE DOESN'T

FULLY COVER SHOTS/INSURANCE CO-PAY

OR OTHER COSTS TOO HIGH

(ADMINISTRATION FEES/OFFICE VISIT CHARGES).....8 GO TO TIS\_BHPV\_AGE

SHOT COULD BE PAINFUL .....9 GO TO TIS\_BHPV\_AGE

INTEND TO COMPLETE BUT HAVE NOT

YET/ALREADY PLANNED ..... 10 GO TO TIS\_BHPV\_AGE

VACCINE NOT AVAILABLE IN PROVIDER'S

OFFICE .....11 GO TO TIS\_BHPV\_AGE

DIFFICULTY MAKING OR GETTING TO

APPOINTMENT/TRANSPORTATION PROBLEMS .....12 GO TO TIS\_BHPV\_AGE

CONCERN ABOUT INCREASING SEXUAL

ACTIVITY IF RECEIVE SHOT.....13 GO TO TIS\_BHPV\_AGE

IS NOT SEXUALLY ACTIVE.....14 GO TO TIS\_BHPV\_AGE

R NOT SURE IF THEY HAVE ALREADY RECEIVED

ALL OF THE HPV SHOTS THEY NEED.....15 GO TO TIS\_BHPV\_AGE

OTHER .....16

DON'T KNOW.....77 GO TO TIS\_BHPV\_AGE

REFUSED.....99 GO TO TIS\_BHPV\_AGE

TIS\_BHPV\_OTHER

OTHER REASON: \_\_\_\_\_

TIS\_BHPV\_PLAN\_AGE

At what age do you plan to have [FILL FROM TIS\_S5: TEEN NAME] receive the HPV shots?

\_\_\_\_\_ YEARS

- NEVER/NO AGE.....1
- IT WILL BE MY CHILD'S DECISION IN THE FUTURE.....2
- DON'T KNOW.....77
- REFUSED.....99



**SECTION C**  
*Demographics*

TIS\_HEALTH\_VAR

I've been asking about shots received by [FILL FROM TIS\_S5: TEEN NAME]. Now I would like to ask, has [FILL FROM TIS\_S5: TEEN NAME] ever had chicken pox or varicella?

- YES ..... 1
- NO ..... 2 GO TO TIS\_HEALTH\_CHECKUPA
- DON'T KNOW ..... 77 GO TO TIS\_HEALTH\_CHECKUPA
- REFUSED ..... 99 GO TO TIS\_HEALTH\_CHECKUPA

TIS\_HEALTH\_VAR\_AGE

How old was [FILL FROM TIS\_S5: TEEN NAME], in years, when [he/she] had chicken pox?

IF LESS THAN 12 MONTHS, ENTER 0 YEARS

IF UNABLE TO GIVE EXACT AGE, ENTER 77

IF REFUSED, ENTER 99

AGE: \_\_\_\_\_

(1) IF TIS\_HEALTH\_VAR\_AGE > TIS\_S3, DISPLAY WARNING: "AGE CANNOT BE OLDER THAN AGE OF CHILD", IF AGE UNCHANGED GO TO TIS\_HEALTH\_CHECKUPA

(2) IF TIS\_HEALTH\_VAR\_AGE=77, THEN GO TO TIS\_HEALTH\_VAR\_AGE2

(3) ELSE GO TO TIS\_HEALTH\_CHECKUPA

TIS\_HEALTH\_VAR\_AGE2

Was [FILL FROM TIS\_S5: TEEN NAME]...

- ...less than one year old? ..... 1
- ...one to five years old? ..... 2
- ...five to ten years old? ..... 3
- ...over ten years old? ..... 4
- DON'T KNOW ..... 77
- REFUSED ..... 99

TIS\_HEALTH\_CHECKUPA

How old was [FILL FROM TIS\_S5: TEEN NAME] at the time of [his/her] last check-up?  
Please do not include visits for medical treatment or illness.

AGE: \_\_\_\_\_

- (1) IF <=12 YEARS, THEN GO TO TIS\_HEALTH\_VISITS
- (2) IF >=13 YEARS AND <=YAGE\_X, THEN GO TO TIS\_HEALTH\_CHECKUP2A
- (3) IF >[YAGE\_X], THEN DISPLAY WARNING "CAN NOT BE OLDER THAN CHILD", THEN ASK QUESTION AGAIN
- (4) IF 77 OR 99, THEN GO TO TIS\_HEALTH\_CHECKUP2A

TIS\_HEALTH\_CHECKUP2A

Did [FILL FROM TIS\_S5: TEEN NAME] have an 11-12 year old well child exam or check-up?

- YES ..... 1 GO TO TIS\_HEALTH\_VISITS
- NO ..... 2 GO TO TIS\_HEALTH\_VISITS
- DON'T KNOW.....77

IF TIS\_HEALTH\_CHECKUPA=77/99, GO TO TIS\_HEALTH\_CHECKUP3A,  
ELSE GO TO TIS\_HEALTH\_VISITS

REFUSED..... 99

IF TIS\_HEALTH\_CHECKUPA=77/99, GO TO TIS\_HEALTH\_CHECKUP3A,  
ELSE GO TO TIS\_HEALTH\_VISITS

TIS\_HEALTH\_CHECKUP3A

Was [FILL FROM TIS\_S5: TEEN NAME]'s last check-up more than [YAGE\_X minus 12] years ago or less than [YAGE\_X minus 12] years ago?

- MORE THAN [YAGE\_X minus 12] YEARS AGO ..... 1
- EXACTLY [YAGE\_X minus 12] YEARS AGO ..... 2
- LESS THAN [YAGE\_X minus 12] YEARS AGO ..... 3
- DON'T KNOW ..... 77
- REFUSED ..... 99

TIS\_HEALTH\_VISITS

During the past 12 months, how many times has [FILL FROM TIS\_S5: TEEN NAME] seen a doctor or other health care professional about [his/her] health at a doctor's office, a clinic, or some other place? Do not include times [FILL FROM TIS\_S5: TEEN NAME] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

NONE .....	1
1 .....	2
2-3 .....	3
4-5 .....	4
6-7 .....	5
8-9 .....	6
10-12 .....	7
13-15 .....	8
16+ .....	9
DON'T KNOW .....	77
REFUSED .....	99

TIS\_HEALTHASTHMA\_A

Has [FILL FROM TIS\_S5: TEEN NAME] ever been told by a doctor or other health professional that [he/she] has asthma?

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

TIS\_HIRISK

Next I am going to read a list of health conditions. Please listen to the entire list and then respond 'yes' or 'no'. Has a doctor, nurse, or other health professional ever said that [FILL FROM TIS\_S5: TEEN NAME] has had any of the following health conditions? A lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [FILL FROM TIS\_S5: TEEN NAME] had had any of the listed conditions.

INTERVIEWER NOTE: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRALVALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO'

READ IF NECESSARY: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

READ IF RESPONDENT SAYS DK, OR NOT SURE: Illnesses such as cancer or HIV/AIDS can cause a person to have a weakened immune system. Medicines such as steroids or transplant medications can cause a person to have a weakened immune system. Would you like me to repeat the question?

- YES ..... 1
- NO ..... 2 GO TO TIS\_HIRISK\_ANY
- DON'T KNOW ..... 3 GO TO TIS\_HIRISK\_ANY
- REFUSED ..... 4 GO TO TIS\_HIRISK\_ANY

TIS\_HIRISK\_NOW

Does [FILL FROM TIS\_S5: TEEN NAME] still have any of these conditions?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... 3
- REFUSED ..... 4

TIS\_HIRISK\_ANY

Do any other members of [FILL FROM TIS\_S5: TEEN NAME]'s household have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, sickle cell anemia or other anemia, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if any other household members had any of the listed conditions.

INTERVIEWER NOTE: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE PROLAPSE AS THE ONLY CONDITION, CODE AS 'NO']

READ IF RESPONDENT SAYS DK, OR NOT SURE: Illnesses such as cancer or HIV/AIDS can cause a person to have a weakened immune system. Medicines such as steroids or transplant medications can cause a person to have a weakened immune system. Would you like me to repeat the question?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... 3
- REFUSED ..... 4

TIS\_ACDIS1 Is [FILL FROM TIS\_S5: TEEN NAME] deaf or does [FILL: he/she] have serious difficulty hearing?

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

TIS\_ACDIS2 Is [FILL FROM TIS\_S5: TEEN NAME] blind or does [FILL: he/she] have serious difficulty seeing even when wearing glasses?

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

TIS\_ACDIS3 Does [FILL FROM TIS\_S5: TEEN NAME] have serious difficulty walking or climbing stairs?

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

TIS\_ACDIS4 Because of a physical, mental, or emotional condition, does [FILL FROM TIS\_S5: TEEN NAME] have serious difficulty concentrating, remembering, or making decisions?

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

TIS\_ACDIS5 Does [FILL FROM TIS\_S5: TEEN NAME] have difficulty dressing or bathing?

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

IF AGE >=15 THEN GO TO TIS\_ACDIS6; ELSE GO TO TIS\_NOSCHOOL

TIS\_ACDIS6 Because of a physical, mental, or emotional condition, does [FILL FROM TIS\_S5: TEEN NAME] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

TIS\_NOSCHOOL

During the past 12 months, that is, since [FILL1], about how many days did [FILL FROM TIS\_S5: TEEN NAME] miss school because of illness or injury?

- NUMBER OF DAYS ..... \_\_\_\_
- NONE ..... 000
- CHILD DID NOT GO TO SCHOOL ..... 996
- DON'T KNOW ..... 777
- REFUSED ..... 999

TIS\_GRADE      What is [FILL FROM TIS\_S5: TEEN NAME]'s current grade level in school?

6TH GRADE ..... 6 GO TO TIS\_C1

7TH GRADE ..... 7 GO TO TIS\_C1

8TH GRADE ..... 8 GO TO TIS\_C1

9TH GRADE/FRESHMAN IN HS ..... 9 GO TO TIS\_C1

10TH GRADE/SOPHOMORE IN HS ..... 10 GO TO TIS\_C1

11TH GRADE/JUNIOR IN HS ..... 11 GO TO TIS\_C1

12TH GRADE/SENIOR IN HS ..... 12 GO TO TIS\_C1

GRADUATED FROM HS ..... 13 GO TO TIS\_C1

ENROLLED IN GED PROGRAM ..... 14 GO TO TIS\_C1

COMPLETED GED PROGRAM ..... 15 GO TO TIS\_C1

NOT IN SCHOOL ..... 16 GO TO TIS\_C1

OTHER ..... 17

DON'T KNOW ..... 77 GO TO TIS\_C1

REFUSED ..... 99 GO TO TIS\_C1

TIS\_GRADE\_SPECIFY

ENTER [FILL FROM TIS\_S5: TEEN NAME]'S CURRENT GRADE IN SCHOOL

OTHER: \_\_\_\_\_

TIS\_C1

[IF NIS INTERVIEW CONDUCTED, FILL WITH NIS VARIABLE C1]

The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]. Please know we are asking them because they're important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

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

NUMBER OF PEOPLE \_\_\_\_\_

TIS\_C2

[IF NIS INTERVIEW CONDUCTED, READ:]

The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]. Please know we are asking them because they're important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

[IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] of Hispanic or Latino origin?

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

[ELSE READ:]

Is [FILL FROM TIS\_S5: TEEN NAME] 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
- NO ..... 2 GO TO TIS\_C4
- DON'T KNOW ..... 77 GO TO TIS\_C4
- REFUSED ..... 99 GO TO TIS\_C4



TIS\_C3

[IF USVI, THEN DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE DISPLAY:]

Is [FILL FROM TIS\_S5: TEEN NAME] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or of Spanish origin?

CLICK ALL THAT APPLY

- MEXICAN/MEXICANO, MEXICAN-AMERICAN,
- CHICANO/A.....1 GO TO TIS\_C4
- PUERTO RICAN.....2 GO TO TIS\_C4
- CUBAN.....3 GO TO TIS\_C4
- CENTRAL AMERICAN.....4 GO TO TIS\_C4
- SOUTH AMERICAN.....5 GO TO TIS\_C4
- OTHER HISPANIC, LATINO/A,
- OR SPANISH ORIGIN (SPECIFY) .....10
- DOMINICAN [SHOWN ONLY IF USVI]... 11 GO TO TIS\_C4
- DON'T KNOW.....77 GO TO TIS\_C4
- REFUSED.....99 GO TO TIS\_C4

TIS\_C3\_OTHR

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C4

Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL FROM TIS\_S5: TEEN NAME]'s race. Is [FILL FROM TIS\_S5: TEEN NAME] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK ALL THAT APPLY

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 8, BUT 77 AND 99 MUST BE SELECTED ALONE]

- 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

ELSE IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN  
ELSE GO TO TIS\_C5

ELSE IF NOT USVI, THEN DO:

IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN  
ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE  
ELSE GO TO TIS\_C5

TIS\_C4\_OTHER

ENTER OTHER SPECIFY: \_\_\_\_\_

IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, THEN GO TO TIS\_C4\_GUAM\_ASIAN  
ELSE GO TO TIS\_C5

ELSE IF NOT GUAM, THEN DO:

IF 5 IS SELECTED, THEN GO TO TIS\_C4\_ASIAN  
ELSE IF 7 IS SELECTED, GO TO TIS\_C4\_PACISLE  
ELSE GO TO TIS\_C5

TIS\_C4\_ASIAN

Is [FILL FROM TIS\_S5: TEEN NAME] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

- ASIAN INDIAN ..... 1 GO TO TIS\_C5
- CHINESE ..... 2 GO TO TIS\_C5
- FILIPINO ..... 3 GO TO TIS\_C5
- JAPANESE ..... 4 GO TO TIS\_C5
- KOREAN ..... 5 GO TO TIS\_C5
- VIETNAMESE ..... 6 GO TO TIS\_C5
- OTHER ASIAN ..... 7
- DON'T KNOW ..... 77 GO TO TIS\_C5
- REFUSED ..... 99 GO TO TIS\_C5

TIS\_C4\_PACISLE

Is [FILL FROM TIS\_S5: TEEN NAME] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

- GUAMANIAN OR CHAMORRO ..... 1 GO TO TIS\_C5
- SAMOAN ..... 2 GO TO TIS\_C5
- OTHER PACIFIC ISLANDER ..... 3 GO TO TIS\_C5
- DON'T KNOW ..... 77 GO TO TIS\_C5
- REFUSED ..... 99 GO TO TIS\_C5

TIS\_C4\_GUAM\_ASIAN

Is [FILL FROM TIS\_S5: TEEN NAME] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL FROM TIS\_S5: TEEN NAME] best.

- |                   |    |              |
|-------------------|----|--------------|
| CHAMORRO .....    | 1  | GO TO TIS_C5 |
| FILIPINO .....    | 2  | GO TO TIS_C5 |
| CHUUKESE .....    | 3  | GO TO TIS_C5 |
| POHNPEIAN .....   | 4  | GO TO TIS_C5 |
| PALAUAN .....     | 5  | GO TO TIS_C5 |
| YAPESE .....      | 6  | GO TO TIS_C5 |
| KOSRAEAN .....    | 7  | GO TO TIS_C5 |
| MARSHALLESE ..... | 8  | GO TO TIS_C5 |
| JAPANESE .....    | 9  | GO TO TIS_C5 |
| KOREAN .....      | 10 | GO TO TIS_C5 |
| CHINESE .....     | 11 | GO TO TIS_C5 |
| VIETNAMESE .....  | 12 | GO TO TIS_C5 |
| THAI .....        | 13 | GO TO TIS_C5 |
| OTHER .....       | 14 |              |
| DON'T KNOW .....  | 77 | GO TO TIS_C5 |
| REFUSED .....     | 99 | GO TO TIS_C5 |

TIS\_C4\_ASIAN\_OTH

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C5           What is your relationship to [FILL FROM TIS\_S5: TEEN NAME]?

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

IF C5\_X (IN NIS) FILLED, THEN GO TO TIS\_C5A  
ELSE GO TO TIS\_C6

TIS\_C5A           [IF TIS\_C5=1, THEN ASK:]

Are you also [FILL1]'s mother?

[ELSE ASK:]

Is [FILL FROM TIS\_S5: TEEN NAME]'s mother the same as [FILL1]'s mother?

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

IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_C6 THROUGH TIS\_C10\_CHECK AND TIS\_CFAMINC THROUGH TIS\_C\_AWAY

IF THERE IS AN NIS CHILD INTERVIEW, AND TIS\_C5A>=1, FILL FROM NIS (FIRST NIS-ELIGIBLE CHILD) FOR QUESTIONS TIS\_CFAMINC THROUGH TIS\_C\_AWAY

ELSE GO TO TIS\_C6

TIS\_C6 What is the highest grade or year of school [FILL] completed?

- 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

TIS\_C7 [FILL1] now married, widowed, divorced, separated, never married, or living with a partner?

INTERVIEWER NOTE: IF R SAYS BOTH “NEVER MARRIED” AND “LIVING WITH PARTNER”, ASK THE R TO SELECT THE OPTION THAT FITS BEST.

- MARRIED..... 1 GO TO TIS\_C8
- WIDOWED ..... 2 GO TO TIS\_C8
- DIVORCED..... 3 GO TO TIS\_C8
- SEPARATED ..... 4 GO TO TIS\_C8
- NEVER MARRIED..... 5 GO TO TIS\_C8
- DECEASED ..... 6
- LIVING WITH PARTNER ..... 7 GO TO TIS\_C8
- DON’T KNOW ..... 77 GO TO TIS\_C8
- REFUSED..... 99 GO TO TIS\_C8

TIS\_C8\_INTRO The next few questions ask for some background information about [FILL FROM TIS\_S5: TEEN NAME]’s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they’re important for the survey.

READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.

TIS\_C8

[IF TIS\_C7\_X= 6, THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

[ELSE DISPLAY:]

[FILL1] of Hispanic or Latino origin?

(INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF USVI DISPLAY "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

- YES..... 1
- NO ..... 2 GO TO TIS\_C9
- DON'T KNOW ..... 77 GO TO TIS\_C9
- REFUSED..... 99 GO TO TIS\_C9

TIS\_C8\_A

[IF TIS\_C7=6 AND USVI THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7=6 AND NOT USVI THEN DISPLAY:]

Was [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7 NOT 6 AND USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

[ELSE IF TIS\_C7 NOT 6 AND NOT USVI THEN DISPLAY:]

Are you / is [FILL FROM TIS\_S5: TEEN NAME]'s mother Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin?

CLICK ALL THAT APPLY

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 10, BUT 77 AND 99 MUST BE SELECTED ALONE]

- MEXICAN/MEXICANO, MEXICAN-AMERICAN,
- CHICANO/A .....1 GO TO TIS\_C9
- PUERTO RICAN ..... 2 GO TO TIS\_C9
- CUBAN .....3 GO TO TIS\_C9
- CENTRAL AMERICAN.....4 GO TO TIS\_C9
- SOUTH AMERICAN.....5 GO TO TIS\_C9
- OTHER HISPANIC, LATINO/A, OR
- SPANISH ORIGIN (SPECIFY).....10
- DOMINICAN [SHOWN ONLY IF USVI.....11 GO TO TIS\_C9
- DON'T KNOW.....77 GO TO TIS\_C9
- REFUSED.....99 GO TO TIS\_C9



TIS\_C8\_OTHR1

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C9

Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [FILL1] race. [FILL2] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

CLICK 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

ELSE IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, GO TO TIS\_C9\_API

ELSE GO TO TIS\_C10A

ELSE IF NOT GUAM THEN DO:

IF RESPONSE INCLUDES 5, GO TO TIS\_C9\_ASIAN

ELSE IF RESPONSE INCLUDES 7, GO TO TIS\_C9\_PACISLE

ELSE GO TO TIS\_C10A

ELSE IF 8 IS SELECTED, GO TO TIS\_C9\_OTHR1

TIS\_C9\_OTHR1

ENTER OTHER SPECIFY: \_\_\_\_\_

IF GUAM THEN DO:

IF 5 OR 7 IS SELECTED, GO TO TIS\_C9\_API

ELSE GO TO TIS\_C10A

ELSE IF NOT GUAM THEN DO:

IF RESPONSE INCLUDES 5, GO TO TIS\_C9\_ASIAN

ELSE IF RESPONSE INCLUDES 7, GO TO TIS\_C9\_PACISLE

ELSE GO TO TIS\_C10A

TIS\_C9\_ASIAN

Is [FILL2] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?  
READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

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

IF TIS\_C9 INCLUDES 07, THEN GO TO TIS\_C9\_PACISLE  
ELSE GO TO TIS\_C10A

TIS\_C9\_PACISLE

Is [FILL] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

- GUAMANIAN OR CHAMORRO..... 1 GO TO TIS\_C10A
- SAMOAN ..... 2 GO TO TIS\_C10A
- OTHER PACIFIC ISLANDER ..... 3 GO TO TIS\_C10A
- DON'T KNOW ..... 77 GO TO TIS\_C10A
- REFUSED..... 99 GO TO TIS\_C10A

TIS\_C9\_API

[FILL2] Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes [FILL1] best.

- |                   |    |               |
|-------------------|----|---------------|
| CHAMORRO .....    | 1  | GO TO TIS_10A |
| FILIPINO.....     | 2  | GO TO TIS_10A |
| CHUUKESE .....    | 3  | GO TO TIS_10A |
| POHNPEIAN.....    | 4  | GO TO TIS_10A |
| PALAUAN .....     | 5  | GO TO TIS_10A |
| YAPESE .....      | 6  | GO TO TIS_10A |
| KOSRAEAN.....     | 7  | GO TO TIS_10A |
| MARSHALLESE ..... | 8  | GO TO TIS_10A |
| JAPANESE.....     | 9  | GO TO TIS_10A |
| KOREAN.....       | 10 | GO TO TIS_10A |
| CHINESE .....     | 11 | GO TO TIS_10A |
| VIETNAMESE.....   | 12 | GO TO TIS_10A |
| THAI.....         | 13 | GO TO TIS_10A |
| OTHER.....        | 14 |               |
| DON'T KNOW .....  | 77 | GO TO TIS_10A |
| REFUSED.....      | 99 | GO TO TIS_10A |

TIS\_C9\_API\_OTH

ENTER OTHER SPECIFY: \_\_\_\_\_

TIS\_C10A      What [IF TIS\_C7=6, DISPLAY: "was", ELSE DISPLAY "is"] [IF TIS\_C5=1, DISPLAY "your", ELSE DISPLAY: "[FILL FROM TIS\_S5: TEEN NAME]'s mother's"] month, day, and year of birth?

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

ENTER BIRTH DATE (MM/DD/YYYY)      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IF YEAR IS INVALID (NOT IN 1920-[CURRENT YEAR],7777,9999) OR mm/dd/yyyy date is in the future, DISPLAY WARNING TEXT THAT READS: "DATE IS INVALID" (can't continue until corrected)

ELSE YEAR NOT IN (7777,9999) AND MONTH NOT IN (77,99) AND CALCULATED AGE < 14 YEARS, DISPLAY WARNING TEXT THAT READS: "MOTHER MUST BE 14 OR OLDER" (can't continue until corrected)

ELSE IF TIS\_C7=6, THEN DO:

        IF GUAM, THEN GO TO TIS\_C11C

        ELSE IF PUERTO RICO, THEN GO TO TC11CPR

        ELSE GO TO TIS\_C11A

ELSE IF MONTH OR YEAR IS DK OR REF, THEN GO TO TIS\_C10B

ELSE IF CALCULATED AGE IS LESS THAN 25 YEARS OR GREATER THAN 75 YEARS THEN GO TO TISC10CH

ELSE GO TO TIS\_C11

TIS\_C10B      What is [FILL] current age?

ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

IF TIS\_C10B < 14 YEARS OF AGE, DISPLAY WARNING: Mother must be 14 or older.

AGE ..... \_\_\_\_\_

DON'T KNOW ..... 77

REFUSED..... 99

IF TIS\_C7=6, THEN DO:

        IF GUAM, THEN GO TO TIS\_C11C

        ELSE IF PUERTO RICO, THEN GO TO TIS\_C11APR

        ELSE GO TO TIS\_C11A

ELSE GO TO TIS\_C11

TIS\_C10\_CHECK

This would make [FILL1] [CALCULATED AGE FROM TIS\_C10\_A] years old; is that correct?

YES..... 1

NO ..... 2

IF 1 AND (TIS\_C7=6 OR (TIS\_C5A=1 AND C7=6)), THEN GO TO TIS\_C11A

IF 1 AND TIS\_C7 IS NOT 6, THEN GO TO TIS\_C11

IF 2 THEN GO TO TIS\_C10A

TIS\_C11 [FILL1] live at the same [IF GUAM FILL: 'house or apartment' ELSE FILL: 'address'] as [FILL2] was born?

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

IF 2 AND GUAM, THEN GO TO TIS\_C11C  
IF 2 AND PUERTO RICO, THEN GO TO TIS\_C11C\_PR  
IF 2 AND NOT GUAM OR PUERTO RICO, THEN GO TO TIS\_C11A  
ELSE GO TO TIS\_CFAMINC

TIS\_C11C Did [FILL1] live on Guam when [FILL FROM TIS\_S5: TEEN NAME] was born?

YES..... 1  
NO ..... 2 GO TO TIS\_C11A  
DON'T KNOW ..... 77 GO TO TIS\_CFAMINC  
REFUSED..... 99 GO TO TIS\_CFAMINC

TIS\_C11D In what village did [FILL1] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

- AGANA HEIGHTS.....1 GO TO TIS\_C11B
- AGAT.....2 GO TO TIS\_C11B
- ASAN.....3 GO TO TIS\_C11B
- BARRIGADA.....4 GO TO TIS\_C11B
- CHALAN PAGO.....5 GO TO TIS\_C11B
- DEDEDO.....6 GO TO TIS\_C11B
- HAGATNA / AGANA.....7 GO TO TIS\_C11B
- INARAJAN.....8 GO TO TIS\_C11B
- MAINA.....9 GO TO TIS\_C11B
- MAITE.....10 GO TO TIS\_C11B
- MANGILAO.....11 GO TO TIS\_C11B
- MERIZO.....12 GO TO TIS\_C11B
- MONGMONG.....13 GO TO TIS\_C11B
- ORDOT.....14 GO TO TIS\_C11B
- PITI.....15 GO TO TIS\_C11B
- SANTA RITA.....16 GO TO TIS\_C11B
- SINAJANA.....17 GO TO TIS\_C11B
- TALOFOFO.....18 GO TO TIS\_C11B
- TAMUNING-TUMON.....19 GO TO TIS\_C11B
- TOTO.....20 GO TO TIS\_C11B
- UMATAC.....21 GO TO TIS\_C11B
- YIGO.....22 GO TO TIS\_C11B
- YONA.....23 GO TO TIS\_C11B
- DON'T KNOW.....77 GO TO TIS\_C11B
- REFUSED.....99 GO TO TIS\_C11B

TIS\_C11CPR Did [you/[FILL FROM TIS\_S5: TEEN NAME]'s mother] live in Puerto Rico when [FILL FROM TIS\_S5: TEEN NAME] was born?

- YES..... 1
- NO ..... 2 GO TO TIS\_C11A
- DON'T KNOW ..... 77 GO TO TIS\_CFAMINC
- REFUSED..... 99 GO TO TIS\_CFAMINC

TIS\_C11APR\_X

In what city did [you/[FILL FROM TIS\_S5: TEEN NAME]'s mother] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

ENTER CITY: \_\_\_\_\_

GO TO TIS\_C11B\_X

TIS\_C11A In what city, county, and state did [FILL1] live when [FILL FROM TIS\_S5: TEEN NAME] was born?

ENTER CITY. \_\_\_\_\_

ENTER COUNTY. \_\_\_\_\_

ENTER STATE \_\_\_\_\_

IF CHILD IS FOREIGN BORN, SELECT 'FC' (Foreign Country)

IF 'FOREIGN COUNTRY' SELECTED, GO TO TIS\_C11A\_VERBATIM  
ELSE GO TO TIS\_C11B

TIS\_C11A\_VERBATIM

READ IF NECESSARY: In what country was that?

ENTER COUNTRY: \_\_\_\_\_

GO TO TIS\_CFAMINC

TIS\_C11B What was [FILL] zip code at that time?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

\_\_\_\_\_

IF COMPLETED THE NIS INTERVIEW FILL IN ALL QUESTIONS FROM HERE TO TIS\_C11Q78 WITH FIRST NIS-ELIG CHILD'S DATA, THEN CONTINUE INTERVIEW AT TIS\_D5

ELSE GO TO TIS\_CFAMINC

TIS\_CFAMINC

Please think about your total combined family income during 2022 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

IF RESPONDENT GIVES INCOME RANGE READ: What amount would you like me to enter?

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

GO TO TIS\_CINC

DON'T KNOW ..... 77

REFUSED..... 99 GO TO TIS\_C12\_REFUSED

TIS\_C12\_DONT\_KNOW

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2022 more or less than \$20,000?

- MORE THAN \$20,000..... 1 GO TO TIS\_C16
- \$20,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- MORE THAN \$20,000..... 3 GO TO TIS\_C13
- DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C12\_REFUSED

Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2022 more or less than \$20,000?

- MORE THAN \$20,000..... 1 GO TO TIS\_C16
- \$20,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- LESS THAN \$20,000..... 3
- DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A
- REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A



TIS\_C13 Was the total combined family income more or less than \$10,000?

MORE THAN \$10,000..... 1 GO TO TIS\_C15

\$10,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

LESS THAN \$10,000..... 3

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C14A Was it more than \$7,500?

YES..... 1

NO ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C15 Was it more than \$15,000?

YES..... 1

NO. .... 2 GO TO TIS\_C15\_B

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C15A Was it more than \$17,500?

YES..... 1 IF USVI GO TO C\_ISLAND, IF GUAM  
GO TO C19VIL, ELSE GO TO C19A

NO. .... 2 IF USVI GO TO C\_ISLAND, IF GUAM  
GO TO C19VIL, ELSE GO TO C19A

DON'T KNOW ..... 77 IF USVI GO TO C\_ISLAND, IF GUAM  
GO TO C19VIL, ELSE GO TO C19A

REFUSED..... 99 IF USVI GO TO C\_ISLAND, IF GUAM  
GO TO C19VIL, ELSE GO TO C19A

TIS\_C15B Was it more than \$12,500?

YES..... 1 IF USVI GO TO C\_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

NO. .... 2 IF USVI GO TO C\_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

DON'T KNOW ..... 77 IF USVI GO TO C\_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

REFUSED..... 99 IF USVI GO TO C\_ISLAND, IF GUAM GO TO C19VIL, ELSE GO TO C19A

TIS\_C16 Was the total combined family income more or less than \$40,000?

MORE THAN \$40,000..... 1

\$40,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

LESS THAN \$40,000..... 3 GO TO TIS\_C17

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

TIS\_C16\_A Was the total combined family income more or less than \$60,000?

MORE THAN \$60,000..... 1 GO TO TIS\_C18

\$60,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

LESS THAN \$60,000..... 3

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

TIS\_C16\_B Was the total combined **family** income more or less than \$50,000?

MORE THAN \$50,000..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

\$50,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

LESS THAN \$50,000..... 3

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE IF GUAM GO TO TIS\_C19VIL, ELSE GO TO TIS\_C19A



TIS\_C17\_B      Was the total combined family income more or less than \$25,000?

MORE THAN \$25,000..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

\$25,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

LESS THAN \$25,000..... 3 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C18      Was the total combined family income more or less than \$75,000?

MORE THAN \$75,000..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

\$75,000 ..... 2 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

LESS THAN \$75,000..... 3 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

DON'T KNOW ..... 77 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

REFUSED..... 99 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

TIS\_C19C      Just to confirm that I entered the number correctly, the total combined family income was  
[FILL]?

YES..... 1 IF USVI GO TO TIS\_C\_ISLAND, ELSE  
IF GUAM GO TO TIS\_C19VIL, ELSE  
GO TO TIS\_C19A

NO ..... 2 GO TO TIS\_CFAMINC

DON'T KNOW ..... 77 GO TO TIS\_CFAMINC

REFUSED..... 99 GO TO TIS\_CFAMINC

TIS\_C\_ISLAND

On what island do you live?

SAINT CROIX.....	1	GO TO TIS_C19C
SAINT THOMAS.....	2	GO TO TIS_C19C
SAINT JOHN.....	3	GO TO TIS_C19C
WATER ISLAND.....	4	GO TO TIS_C19C
NOT IN USVI.....	5	GO TO TIS_C19A
DON'T KNOW.....	77	GO TO TIS_C19C
REFUSED.....	99	GO TO TIS_C19C

TIS\_C19VIL

On which village do you live?

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

TIS\_C19A      What is your zip code?

\_\_\_\_\_

DON'T KNOW ..... 77777

REFUSED..... 99999

IF GUAM AND TC19VIL NE 98, THEN GO TO TIS\_C19C

ELSE IF PUERTO RICO, THEN GO TO TC19PR

ELSE IF TIS\_C19A= 77777 or 99999 or ZIP Code not in the ZIP CODE Lookup Table, THEN GO TO TIS\_C19

ELSE GO TO TIS\_C19A\_CONF

TIS\_C19      In what city, county and state do you live?

ENTER CITY \_\_\_\_\_ GO TO TIS\_C19\_COUNTY

ENTER COUNTY \_\_\_\_\_ GO TO TIS\_C19\_STATE

ENTER STATE \_\_\_\_\_ GO TO TIS\_C19\_ZIP\_CONF

IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC-Foreign Country'

IF ZIP GIVEN AT TIS\_C19A=77777,99999, THEN GO TO TIS\_C19B

ELSE GO TO TIS\_C19\_ZIP\_CONF

TIS\_C19A\_CONF

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

YES..... 1 GO TO TIS\_C19B

NO ..... 2 GO TO TIS\_C19

TIS\_C19\_ZIP\_CONF

To confirm, I have your zip code as [FILL]. Is that correct?

YES ..... 1 GO TO TIS\_C19B

NO ..... 2

DON'T KNOW ..... 77 GO TO TIS\_C19B

REFUSED..... 99 GO TO TIS\_C19B

TIS\_C19\_NEW\_ZIP

What is your zip code?

\_\_\_\_\_

DON'T KNOW ..... 77777

REFUSED..... 99999

TIS\_C19B Do you live within the city limits?

YES ..... 1 GO TO TIS\_C19C  
 NO ..... 2 GO TO TIS\_C19C  
 DON'T KNOW ..... 77 GO TO TIS\_C19C  
 REFUSED ..... 99 GO TO TIS\_C19C

TIS\_C19PR In what city and state do you live?

ENTER CITY \_\_\_\_\_

IF "NOT IN PUERTO RICO" SKIP TO TIS\_C19  
 ELSE IF "DK" or "REFUSED" SKIP TO TIS\_C19C  
 ELSE GO TO TIS\_C19PR\_STATE

TIS\_C19PR\_STATE

ENTER STATE \_\_\_\_\_

IF C19PR=98 AND C19PR\_STATE=PR, HARD CHECK AND DISPLAY "'NOT IN PUERTO RICO' IS THE SELECTION FOR CURRENT CITY. PLEASE SELECT 'NOT IN PUERTO RICO' FOR STATE OR SELECT A CITY."

IF C19PR=1-78 AND C19PR\_STATE IS NOT PR, HARD CHECK AND DISPLAY "A CITY IN PUERTO RICO IS THE SELECTION FOR CURRENT CITY. PLEASE CHANGE THE CITY TO 'NOT IN PUERTO RICO' OR CHANGE THE STATE TO 'PUERTO RICO'."

TIS\_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 [IF TIS\_C1 – TIS\_UNDER18)>1: or someone in your household]?

OWNED OR BEING BOUGHT ..... 1  
 RENTED..... 2  
 OTHER ARRANGEMENT ..... 3  
 DON'T KNOW ..... 77  
 REFUSED..... 99

TIS\_C\_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  
 NO ..... 2 GO TO TIS\_C21\_06Q3\_CELL  
 DON'T KNOW ..... 77 GO TO TIS\_C21\_06Q3\_CELL  
 REFUSED..... 99 GO TO TIS\_C21\_06Q3\_CELL

TIS\_C21

How many landline telephone numbers are residential numbers?

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



TIS\_C21\_06Q3\_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

- ONE ..... 1
- TWO ..... 2
- THREE OR MORE ..... 3
- NONE.....4 IF NIS\_CELL\_AWAY = 1 GO TO  
TIS\_C\_AWAY, ELSE GO TO TIS\_D5
- DON'T KNOW ..... 77
- REFUSED..... 99

TIS\_C\_USUAL\_USE\_CELL

How many [of these] cell phones do [FILL FROM TIS\_S5: TEEN NAME]'s *parents and guardians* usually use?

INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE."

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

TIS\_C11Q78

Of all the telephone calls that you and your family 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?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

- 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

TIS\_C\_AWAY

Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

AWAY FROM HOME.....	.1
AT HOME.....	2
DON'T KNOW.....	77
REFUSED.....	99

## SECTION D

### *Provider Questions*

TIS\_D5

[IF SHOT RECORDS PRESENT, THEN DISPLAY:]

To get a complete picture of the vaccinations received by your child, the Centers for Disease Control and Prevention would like to obtain a copy of your child's vaccination records from the doctors or health clinics who provided them. These records contain only the immunizations and dates of the immunizations for your child.

[ELSE DISPLAY:]

Thank you for the valuable information that you've shared with us. We find that it's often difficult to remember specifics about vaccinations. The Centers for Disease Control and Prevention would like to collect the dates and types of vaccinations your child has received from the doctors or health clinics who provided them.

READ IF NECESSARY: Information we collect from you and your health care provider will be used to monitor and report on childhood immunizations. Last year, over 21,000 providers participated in this study. You and your provider's participation will help the CDC prevent many serious childhood diseases.

FAQ HELP:

I've already given you the shot dates/Why do you need to contact my doctor?

- - The doctor's office has information about the exact brands or types of vaccines that were given, and this information is needed to track vaccination rates for each vaccine.
- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

That's too personal:

- - I understand your concern. Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.
- - The National Immunization Survey has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.
- - Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

-- Information we collect is used to summarize childhood immunization rates in your community and to study vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

-- 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

TIS\_D6\_X

[IF PUERTO RICO THEN DISPLAY:]

How many locations have provided vaccinations for your child [named TEEN] whose birth date is [FILL1]?

Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics, doctor's offices, or Vaccination Centers that have provided vaccinations for [him/her].

READ IF NECESSARY: Has [FILL FROM TIS\_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

How many locations have provided vaccinations for your child named [FILL FROM TIS\_S5: TEEN NAME] whose birth date is [FILL1]?

Please include hospitals, school and workplace clinics, juvenile detention centers, emergency rooms, pharmacies or drug stores, and any other clinics or doctor's offices that have provided vaccinations for [him/her].

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

-- Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

-- In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

-- 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

ENTER NUMBER .....	___	GO TO TIS_D6A_1
NONE .....	0	
DON'T KNOW .....	77	
REFUSED.....	99	GO TO TIS_SECT_D_TERM; TIS_INS_1 (on callback)

TIS\_D6AA\_X [IF PUERTO RICO THEN DISPLAY:]

How many locations have provided health care for your child? Please include the hospital and any other clinics, doctor's offices, or Vaccination Centers that have seen [him/her].

READ IF NECESSARY: Has [FILL FROM TIS\_S5: TEEN NAME] received any vaccinations at any Vaccination Centers?

[ELSE DISPLAY:]

How many locations have provided health care for your child? Please include the hospital and any other clinics or doctor's offices that have seen [him/her].

FAQ HELP:

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.

- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

- - 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

IF PUERTO RICO DISPLAY:

What is a vaccination center?

--A vaccination center is a place where a person can go to get vaccinated. These places could be public (government owned or health care reform) or private.

ENTER NUMBER ..... \_\_\_\_\_  
NONE ..... 0 GO TO SECT\_D\_TERM; TIS\_INS\_1 (on  
callback)  
DON'T KNOW ..... 77 GO TO SECT\_D\_TERM; TIS\_INS\_1 (on  
callback)  
REFUSED..... 99 GO TO SECT\_D\_TERM; TIS\_INS\_1 (on  
callback)

TIS\_D6 A\_1\_X

Starting with the most recent, please tell me the contact information for each location.

(Would you take a moment to find shot records, appointment cards, or other records you may have?)

IF A NON MEDICAL LOCATION (E.G. MALL, THRIFT STORE, SCHOOL) IS GIVEN, ASK THE RESPONDENT FOR INFORMATION ABOUT THE THIRD PARTY (E.G. CLINIC, HEALTH DEPARTMENT, ORGANIZATION GIVING VACCINATIONS) THAT GAVE THE VACCINATION TO THE CHILD. IF THIRD PARTY IS UNKNOWN, COLLECT THE NON-MEDICAL LOCATION.

FAQ HELP:

I don't want to give you my doctor's information

The information you've provided is very helpful and we appreciate your cooperation; however, that information is only useful in conjunction with information from your healthcare provider, who can provide and confirm the dates, specific types and dosages of each vaccination

-- Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

- - The doctor's office has information about the exact brands or types of vaccines that were given, and this information is needed to track vaccination rates for each vaccine.

- - The Adolescent Survey is part of the National Immunization Survey. The NIS has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.
- - Information collected helps to identify communities where additional resources may be needed for vaccination programs.
- - Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.
- - In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.
- - 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 uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?

- - In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about their practice or clinic, so we can accept only vaccination history forms filled out by health care professionals.

My doctor is very busy, I don't want to bother them with this.

Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

CONTINUE TO PLU ..... 1

REFUSED..... 99 GO TO SECT\_D\_TERM; TIS\_INS\_1 (on callback)

NIS-Teen PLU

INTERVIEWER NOTE: “IF THE ZIP WHERE R CURRENTLY LIVES IS NOT FOUND/MISSING/REFUSED CLEAR THE FIRST SEARCH FIELD AND ASK” Please tell me the zip code or city and state where the provider is located.

Please tell me the zip code or city and state where the provider is located.

Next, can you tell me the doctor or clinic name?

ADD A NEW PROVIDER

DON'T KNOW



REFUSED

PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.

\* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.

\* Would you mind looking the information up in the phone book or on the internet?

\* Do you remember the city and state?

What is the first name of the doctor? [variable: TIS\_D6B1\_1\_1]

Do you know the doctor's last name? [variable: TIS\_D6B2\_1\_1]

Please tell me the name of the office or the clinic. [variable: TIS\_D6B3\_1\_1]

What is the street address of the office or the clinic? [variable: TIS\_D6B4\_1\_1]

Is there a suite, floor or room number? [variable: TIS\_D6B5\_1\_1]

What city is that in? [variable: TIS\_D6B6\_1\_1]

What state is that in? [variable: TIS\_D6B7\_1\_1]

What is the zip code? [variable: TIS\_D6B8\_1\_1]

What is the telephone number? [variable: TIS\_D6B9\_1\_1]

What other information do you remember about the location of this provider? [Variable: TIS\_D6B10\_1\_1]

***Search Results Screen***

READ IF NECESSARY: NO PROVIDER MATCHES FOUND IN... WOULD YOU LIKE TO MODIFY THE SEARCH OR ADD A NEW PROVIDER?

MODIFY SEARCH

ADD NEW PROVIDER

REFUSED

***Provider Details Screen***

TIS\_D6A3

To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

- EXACT MATCH..... 1
- MODIFY LAST NAME..... 2 GO TO MOD\_PROVN\_LAST
- MODIFY FIRST NAME..... 3 GO TO MOD\_PROVN\_FIRST
- MODIFY PRACTICE ..... 4 GO TO MOD\_PROVC
- MODIFY ADDRESS ..... 5 GO TO MOD\_PROVA\_STREET
- MODIFY SUITE ..... 6 GO TO MOD\_PROVA\_SUITE
- MODIFY CITY ..... 7 GO TO MOD\_PROVA\_CITY
- MODIFY STATE ..... 8 GO TO MOD\_PROVA\_STATE
- MODIFY ZIP..... 9 GO TO MOD\_PROVA\_ZIP
- MODIFY PHONE ..... 10 GO TO MOD\_PROVA\_PROVP

***New Provider Screen:***

[FIRST, SECOND....ETC....] PROVIDER FOR [FILL FROM TIS\_S5: TEEN NAME]

PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.

- \* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
- \* Would you mind looking the information up in the phone book or on the internet?
- \* Do you remember the city and state?

Please enter information about the Second provider for [FILL FROM TIS\_S5: TEEN NAME]

What is the first name of the doctor? [Variable: TIS\_D6B1\_1\_1]

Do you know the doctor's last name? [Variable: TIS\_D6B2\_1\_1]

Please tell me the name of the office or the clinic. [Variable: TIS\_D6B3\_1\_1]

What is the street address of the office or the clinic? [Variable: TIS\_D6B4\_1\_1]

Is there a suite, floor or room number? [Variable: TIS\_D6B5\_1\_1]

What city is that in? [Variable: TIS\_D6B6\_1\_1]

What state is that in? [Variable: TIS\_D6B7\_1\_1]

What is the zip code? [Variable: TIS\_D6B8\_1\_1]

What is the telephone number? [Variable: TIS\_D6B9\_1\_1]

What other information do you remember about the location of this provider? [Variable: TIS\_D6B10\_1\_1]

TIS\_DXPROV ENTER '01: ADD ANOTHER PROVIDER' ONLY IF RESPONDENT OFFERS ANOTHER PROVIDER; ELSE ENTER '02: NO ADDITIONAL PROVIDERS'  
ADD ANOTHER PROVIDER..... 1 GO TO PROVIDER LOOKUP  
NO ADDITIONAL PROVIDERS..... 2 GO TO TIS\_D8

TIS\_D6R Vaccination information from doctors and clinics is often the most up-to-date and comprehensive. So, in order to obtain the most complete information possible about children's vaccinations, we need to collect the vaccination histories from both the parents or guardians of the children and the doctors and clinics that provide the immunizations.

All information about your child and your child's health care provider is held in strict confidence and used for study purposes only. Any names of children, as well as any names of doctors or clinics, will not be used in reporting the study results. We will never release any information that may identify you or your child.

CONTINUE.....1 GO TO PROVIDER LOOKUP  
REFUSED.....99 GO TO TIS\_SECT\_D\_TERM

TIS\_D8

In order to help the doctor or clinic locate your child's vaccination records, what is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last name?

ENTER NAMES ONLY. FULL FIRST AND LAST NAME ARE PREFERRED

IF R REFUSES FULL FIRST NAME, ENTER AN INITIAL FOR THE FIRST NAME

IF R REFUSES FULL LAST NAME, GO BACK 1 SCREEN TO D8 AND CODE CASE AS A REFUSAL (99)

DO NOT EXIT TO THE UE AT THIS QUESTION TO ENTER A REFUSAL OF THE NAME

DO NOT TYPE REF, REFUSE, REFUSED, REFUSAL, ETC AT THIS QUESTION

FAQ HELP:

I'm not comfortable with that/I don't want to give you my child's name.

I understand your concern. The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

Why do you need the child's name?

In order to locate the vaccination information for the child, the medical practice or clinic needs the child's name. This is the only reason we are asking for the child's name.

-- Confidentiality is mandated by law and I can assure you that the Centers for Disease Control and Prevention will only receive the immunization information. We remove all names from the immunization information so that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--If you would feel more comfortable, I could enter just the child's first initial and the full last name.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

CONTINUE..... 1

RESPONDENT STILL REFUSES ..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_1 (on callback)

TIS\_D8A      What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last name?  
FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_D8B      (What is the [FILL FROM TIS\_S5: TEEN NAME]'s full name – first, middle, and last name?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_D8C      (What is the [FILL FROM TIS\_S5: TEEN NAME]'s full name – first, middle, and last name?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

CP\_TISD9      IF NIS IS COMPLETED AND TIS\_C5 = 1 AND C5\_1 = TIS\_C5 AND TIS\_C5A = 1, THEN  
GO TO TIS\_D9D  
ELSE IF NIS IS COMPLETED AND TIS\_C5 <> 1 AND C5\_1 = TIS\_C5, THEN GO TO  
TIS\_D9D  
ELSE GO TO TIS\_D9

TIS\_D9      So the doctor knows we talked with you, may I have your name– first, middle, and last?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST  
NAME.

FAQ HELP:  
Why do you need my name?  
Before they can fill out the form, medical practices and clinics need the name of the person  
authorizing the release of the information. This is the only reason we are asking for your name.  
-- Confidentiality is mandated by law and I can assure you that the Centers for Disease Control  
and Prevention will only receive the immunization information. We remove all names from the  
immunization information so that neither you nor the child will be identified as a participant.  
--The U.S. Public Health Service Act requires that identifying information (such as names)  
cannot be associated with the information you and your doctor provide. Once information is  
gathered, names are separated from the data and are not used again.  
What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or  
text you a link to the actual form they receive.

CONTINUE..... 1  
REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_1 (on callback)

TIS\_D9A      What is your full name – first, middle, and last?

FIRST NAME: \_\_\_\_\_

FIRST NAME: IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL \_\_\_\_\_

TIS\_D9B      What is your middle name?

MIDDLE NAME: \_\_\_\_\_

TIS\_D9C      What is your last name?

LAST NAME: \_\_\_\_\_

TIS\_D9D      I need to verify that I am speaking with someone who can authorize the release of immunization records for [FILL FROM TIS\_S5: TEEN NAME]. Are you that person?

YES..... 1

NO ..... 2 GO TO TIS\_D9D1

REFUSED..... 99 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_1 (on callback)

TIS\_D6C      The vaccination records collected from the provider(s) will be kept in strict confidence.

TIS\_D7\_ID      Capture Interviewer ID upon entering question D7

TIS\_D7      Do we have your permission to contact the provider(s) named in this interview, give the provider(s) basic information that identifies your child, and request that information relevant to your child's immunization history be sent to 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 or its contractors for study purposes only?

FAQ HELP:

What am I consenting to? What is going to happen if I say 'yes' to this?

With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

-- Once your child's doctor returns the form to us, we remove all names before reporting the information to the Centers for Disease Control and Prevention. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the survey.

-- In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history of your child, we need to contact your child's healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey, which the Adolescent Survey is part of, has been conducted for about 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part in this survey.

-- Information collected helps to identify communities where additional resources may be needed for vaccination programs.

-- Because vaccinations play an important role in reducing and eliminating childhood and adolescent diseases, we need dependable, up to date statistics (from this study). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

I'm not comfortable with that:

I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of vaccinations (like a shot card), and they will fill in the specific type and date for each immunization. Once your child's doctor returns the form, we remove all names from the immunization information we collect. When the data are used by CDC and other researchers, they have no way of knowing you or your child participated in the survey.

-- We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

I don't want you to contact my doctor:

In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

What are you sending to my doctor?

If you'd like to see the form we send to your doctor, I would be happy to send you an email or text you a link to the actual form they receive.

YES.....1 IF P\_TISD7G=1, THEN GO TO TIS\_D7G,  
ELSE GO TO TIS\_DCG

NO (Only choose this when you have  
made all appropriate aversion attempts).....2 GO TO TIS\_SECT\_D\_TERM/  
TIS\_INS\_1 (on callback)

D7\_DATE Capture date at the time the answer to D7 is given

D7\_TIME Capture time at the time the answer to D7 is given

TIS\_D7G Sometimes to get a complete record of your child’s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to 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 or its contractors for survey purposes only?

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

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)

What is a registry?

Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

Why do you need to contact a registry?

Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children’s vaccinations, we also need to contact local registries to collect vaccination information.

TIS\_DCG I would like to confirm that I have the correct information for you and the children in this household.

[INTERVIEWER NOTE: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]

TIS\_DCG1 I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?  
YES..... 1 GO TO TIS\_DCG2\_X  
NO ..... 2

TIS\_D9A\_C What is your full name - first, middle, and last?  
FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_D9B\_C (What is your full name - first, middle, and last?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_D9C\_C (What is your full name - first, middle, and last?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_DCG2 The name I have for [FILL FROM TIS\_S5: TEEN NAME] is [FILL1]. Is this correct?  
YES..... 1 GO TO TIS\_DCONFDOB\_X  
NO ..... 2 GO TO TIS\_DA\_1\_C

TISD8AC What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?  
FIRST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TISD8BC (What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?)  
MIDDLE NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TISD8CC (What is [FILL FROM TIS\_S5: TEEN NAME]'s full name - first, middle, and last?)  
LAST NAME: IF R REFUSES LEAVE BLANK \_\_\_\_\_

TIS\_DCONFDOB  
The birth date I have for [FILL FROM TIS\_S5: TEEN NAME] is [FILL1]. Is this correct?  
YES..... 1 GO TO TIS\_INS\_1  
NO ..... 2

TIS\_DNEWDOB\_X  
What is the correct month, day and year of birth of [FILL FROM TIS\_S5: TEEN NAME]?  
MONTH DAY YEAR  

--	--	--

GO TO TIS\_INS\_1

TIS\_D9D1 Please give me the full name of someone who can authorize the release of these immunization records.  
CONTINUE ..... 1  
RESPONDENT STILL REFUSES ..... 2 GO TO TIS\_SECT\_D\_TERM;  
TIS\_INS\_1 (on callback)



TIS\_D9D1F What is the full name of this person (who can authorize the release of these immunization records) - first, middle, and last name.

FIRST NAME: \_\_\_\_\_

TIS\_D9D1M MIDDLE NAME: \_\_\_\_\_

TIS\_D9D1L LAST NAME: \_\_\_\_\_

TIS\_D9DREL What is this person's relationship to [FILL FROM TIS\_S5: TEEN NAME]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE

GUARDIAN ..... 1

FATHER (STEP, FOSTER, ADOPTIVE)

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

TIS\_D9D1A May I speak with that person now?

YES ..... 1 GO TO TIS\_D9D1NEW

NO ..... 2

TIS\_D9D2 When would be a good time to call this person?

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

APPOINTMENT ..... 1 SET CALLBACK

CONTINUE ..... 2 GO TO TIS\_D9D1NEW

TIS\_SECT\_D\_TERM

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. 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' ELSE 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

*READ WHEN NEW PERSON COMES TO THE PHONE  
OR FOR Authorized Consent Respondent CALLBACK INTRODUCTION*

TIS\_D9D1NEW

READ IF NECESSARY: Hello, my name is \_\_\_\_\_. Am I speaking with [FILL]?

YES..... 1

NO..... 2 GO TO TIS\_D9D2

TIS\_D9D2ANEW

I'm calling 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. We talked with [FILL1] and collected immunization and provider information for [FILL FROM TIS\_S5: TEEN NAME].

We understand that you could authorize the release of immunization information for [FILL FROM TIS\_S5: TEEN NAME].

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.

CONTINUE WITH INTERVIEW WITHOUT RECORDING

CONTINUE WITH INTERVIEW AND RECORDING

GO BACK TO TIS\_D9D

**SECTION E**

***Health Insurance Module***

TIS\_INS\_1 Next I'm going to ask you a few questions about [FILL FROM TIS\_S5: TEEN NAME]'s health insurance.

At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by health insurance that is provided through an employer or union?

READ ONLY IF NECESSARY: These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

- YES ..... 1 GO TO TIS\_INS\_1A
- NO ..... 2
- DON'T KNOW ..... 77
- REFUSED ..... 99

IF STATE = HI, KS, MA, MN, OK, OE, WI GO TO TIS\_INS3A

ELSE GO TO TIS\_INS2

\*IF C19\_STATE IN (77, 99) USE PRELOAD STATE IN LOGIC, OTHERWISE USE TIS\_C19\_STATE

TIS\_INS\_1A Does this health insurance help pay for both doctor visits and hospital stays?  
 YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... 77  
 REFUSED..... 99

IF STATE = HI, KS, MA, MN, OK, OE, WI THEN GO TO TIS\_INS3A;  
 ELSE GO TO TIS\_INS2

TIS\_INS\_2 At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by any Medicaid plan?  
 Medicaid [IF TIS\_C19\_STATE =PR OR ((TIS\_C19\_STATE==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE="PR")] DISPLAY “also known as La Reforma/Vital”] is a health insurance program for persons with certain income levels and persons with disabilities. [IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, the program is sometimes called [FILL: MEDICAID NAME].

READ IF NECESSARY:

Medicaid [IF C19\_STA ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR")] DISPLAY “also known as La Reforma/Vital”] is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

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

TIS\_INS\_3

At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by the Children’s Health Insurance Program or CHIP? [IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR")] DISPLAY: In this state, the program is sometimes called [FILL: CHIP NAME].

READ IF NECESSARY: The Children's Health Insurance Program (CHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

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

IF TIS\_C19\_STATE eq "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE eq "VI" of "GU" or "PR" GO TO T\_INS\_5; ELSE GO TO T\_INS\_4

TIS\_INS\_3A

At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by any Medicaid plan or the Children’s Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL MEDICAID NAME].

READ IF NECESSARY: Medicaid and CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

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

TIS\_INS\_4      At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by the Indian Health Service?

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

TIS\_INS\_5      At this time, is [FILL FROM TIS\_S5: TEEN NAME] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

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

TIS\_INS\_6      Besides what you have already told me, is [TEEN] covered by any other health insurance or health care plan?

[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK 'NO'.]

YES..... 1  
 NO ..... 2 GO TO TIS\_INS\_7  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
 REFUSED..... 99 GO TO TIS\_INS\_7

TIS\_INS\_6A      Does this health insurance help pay for both doctor visits and hospital stays?

YES..... 1  
 NO ..... 2 GO TO TIS\_INS\_7  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_7  
 REFUSED..... 99 GO TO TIS\_INS\_7

- TIS\_INS\_6B Is this health insurance provided through an employer or union?
- YES..... 1 GO TO TIS\_INS\_11  
 NO ..... 2  
 DON'T KNOW ..... 77  
 REFUSED..... 99
- TIS\_INS\_6C Is this health insurance purchased directly from an insurance company?
- YES..... 1 GO TO TIS\_INS\_11  
 NO ..... 2  
 DON'T KNOW ..... 77  
 REFUSED..... 99
- TIS\_INS\_6D I recorded that [FILL FROM TIS\_S5: TEEN NAME] was covered by some other health insurance. What is the name of the plan?
- CONTINUE..... 1  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
 REFUSED..... 99 GO TO TIS\_INS\_11
- TIS\_INS\_6D\_1 Record verbatim response #1 \_\_\_\_\_
- TIS\_INS\_6D\_2 Record verbatim response #2 \_\_\_\_\_
- TIS\_INS\_7 It appears that [FILL FROM TIS\_S5: TEEN NAME] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?
- YES..... 1 GO TO TIS\_INS\_8  
 NO ..... 2  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_11  
 REFUSED..... 99 GO TO TIS\_INS\_11

TIS\_INS\_7A At this time, what kind of health coverage does [FILL FROM TIS\_S5: TEEN NAME] have?  
Any other kind?

[MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

- (1) MEDICAID [IF PUERTO RICO DISPLAY: (LA REFORMA/VITAL)]  
[FILL: MEDICAID NAME].....1 GO TO TIS\_INS\_11
- MEDICARE..... 2
- CHIP [FILL: CHIP NAME] ..... 3 GO TO TIS\_INS\_11
- MEDIGAP ..... 4
- MILITARY..... 5 GO TO TIS\_INS\_11
- [IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]
- INDIAN HEALTH ..... 6 GO TO TIS\_INS\_11
- PRIVATE HEALTH INSURANCE.....7
- SINGLE SERVICE PLAN (DENTAL, VISION,  
PRESCRIPTIONS, ETC).....8 GO TO TIS\_INS\_8
- OTHER..... 9
- [IF GUAM DISPLAY] MIP/  
GOVGUAM.... ..... 10
- DON'T KNOW ..... 77 GO TO TIS\_INS\_8
- REFUSED.....99 GO TO TIS\_INS\_8

TIS\_INS\_7B Does this health insurance help pay for both doctor visits and hospital stays?

- YES..... 1 GO TO TIS\_INS\_11
- NO ..... 2
- DON'T KNOW ..... 77 GO TO TIS\_INS\_11
- REFUSED ..... 99 GO TO TIS\_INS\_11



**UNINSURED SUB SECTION**

TIS\_INS\_8      Since [FILL FROM TIS\_S5: TEEN NAME] was 11 years old, has [FILL FROM TIS\_S5: TEEN NAME] always [IF TIS\_INS\_6A=2, 77, 99 OR TIS\_INS\_7B=2 THEN “had partial coverage”; ELSE “been uninsured”]?

- YES..... 1 GO TO TIS\_INS\_14
- NO ..... 2
- DON'T KNOW ..... 77 GO TO TIS\_INS\_14
- REFUSED ..... 99 GO TO TIS\_INS\_14

[IF TIS\_INS\_6A=2, 77, 99 OR TIS\_INS\_7B=2 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.]

TIS\_INS\_9      How old was [FILL FROM TIS\_S5: TEEN NAME] THE FIRST TIME [FILL FROM TIS\_S5: TEEN NAME] became [IF TIS\_INS\_6A=2, 77, 99 OR TIS\_INS\_7B=2 THEN “only partially insured”; ELSE “uninsured”]?

- YEARS ..... \_\_\_\_
- DON'T KNOW ..... 77
- REFUSED ..... 99

INTERVIEWER NOTE: IF CHILD UNINSURED SINCE BIRTH, SELECT 0 YEARS

[IF TIS\_INS\_6A=2, 77, 99 OR TIS\_INS\_7B=2 THEN DISPLAY: INTERVIEWER NOTE: PARTIAL COVERAGE REFERS TO HEALTH INSURANCE THAT DOES NOT COVER BOTH DOCTOR VISITS AND HOSPITAL STAYS.]

TIS\_INS\_10 [IF TIS\_C\_ISLAND ne '5' OR TIS\_C19VIL ne '98' DISPLAY:]

During the months when [FILL FROM TIS\_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS\_S5: TEEN NAME] have? Medicaid, Medicare, CHIP, Medigap, Military, Private Health Insurance or another insurance type? CLICK ALL THAT APPLY

[ELSE:]

During the months when [FILL FROM TIS\_S5: TEEN NAME] DID have health coverage, what kinds of health coverage did [FILL FROM TIS\_S5: TEEN NAME] have? Medicaid [IF TIS\_C19\_STATE = "PR" OR ((TIS\_C19\_STATE =0 OR C19\_STA=77,99) AND P\_STATE="PR") DISPLAY: "(La Reforma/Vital)", Medicare, CHIP, Medigap, Military, [IF TIS\_C19\_STATE ne "PR" OR ((TIS\_C19\_STATE =0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "PR"), DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

CLICK ALLTHAT APPLY

MEDICAID [IF PUERTO RICO THEN DISPLAY: (LA REFORMA/VITAL)

[FILL: MEDICAID NAME]. ..... 1

MEDICARE ..... 2

CHIP [FILL: CHIP NAME] ..... 3

MEDIGAP ..... 4

MILITARY ..... 5

[IF NOT PUERTO RICO, USVI, OR GUAM DISPLAY]

INDIAN HEALTH ..... 6

PRIVATE HEALTH INSURANCE..... 7

SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC).....8

OTHER.....9

[IF GUAM DISPLAY] MIP/

GOVGUAM ..... 10

DON'T KNOW ..... 77

REFUSED..... 99

TIS\_INS\_11 Since age 11 was there any time when [FILL FROM TIS\_S5: TEEN NAME] was not covered by any health insurance for any reason?

YES..... 1  
 NO ..... 2 GO TO TIS\_INS\_13  
 DON'T KNOW ..... 77 GO TO TIS\_INS\_13  
 REFUSED..... 99 GO TO TIS\_INS\_13

TIS\_INS\_12 How old was [FILL FROM TIS\_S5: TEEN NAME] *the first time* [FILL FROM TIS\_S5: TEEN NAME] became uninsured?

YEARS ..... \_\_\_\_  
 DON'T KNOW ..... 77  
 REFUSED ..... 99

INTERVIEWER NOTE: IF CHILD UNINSURED SINCE BIRTH, SELECT 0 YEARS

TIS\_INS\_13 Has [FILLFROM TIS\_S5: TEEN NAME] ever been covered by any Medicaid plan [IF TIS\_C19\_STATE = "PR" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE="PR" THEN DISPLAY: (La Reforma/Vital)] or the Children's Health Insurance Program?

[IF STATE\* = HI, KS, MA, MN, OK, OE, WI, DISPLAY:]

In this state, it is sometimes called [FILL MEDICAID NAME].

ELSE IF TIS\_C19\_STATE ne "GU" OR "PR" OR "VI" OR ((TIS\_C19\_STATE ==0 OR TIS\_C19\_STATE =77,99) AND P\_STATE ne "VI" of "GU" or "PR") DISPLAY: In this state, it is sometimes called [MEDICAID NAME] or [CHIP NAME].

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

SHOULD USE RESPONDENT REPORTED STATE FROM TIS\_C19, TIS\_C19A, OR IF FILLED FROM SAME NIS VARIABLES. IF REPORTED STATE IS 77/99, USE STATE PRELOAD

TIS\_INS\_14 Did cost of vaccinations ever cause you to delay or not get a vaccination for [FILL FROM TIS\_S5: TEEN NAME]?

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

IF TIS\_SR1=1 or TIS\_B1=1 OR (IF D6\_X ≠ 0, 77, OR 99), THEN GO TO TIS\_INS\_15  
ELSE VFC\_KNOWLEDGE\_1

TIS\_INS\_15 [IF TIS\_INS\_8=1 SKIP TO VFC\_KNOWLEDGE\_1]

When [FILL FROM TIS\_S5: TEEN NAME] received [his/her] most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

- All of the cost..... 1 GO TO VFC\_KNOWLEDGE\_1
- Some of the cost..... 2
- None of the cost ..... 3
- DON'T KNOW ..... 77
- REFUSED..... 99

TIS\_INS\_16 How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

- All of the cost..... 1
- Some of the cost..... 2
- None of the cost ..... 3
- DON'T KNOW ..... 77
- REFUSED ..... 99

VFC\_KNOWLEDGE\_1

Have you heard of a program that makes it possible for eligible children less than 19 years of age to get shots at no cost at places like doctor's offices and local health departments?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

- YES..... 1
- NO ..... 2 GO TO CP\_TISEND
- DON'T KNOW ..... 77 GO TO CP\_TISEND
- REFUSED ..... 99 GO TO CP\_TISEND

VFC\_KNOWLEDGE\_2

Has [FILL FROM TIS\_S5: TEEN NAME] ever received vaccines at no cost through this program?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES..... 1

NO ..... 2

IF VFC\_KNOWLEDGE\_1 = 1, THEN GO TO VFC\_KNOWLEDGE\_4; ELSE GO TO CP\_TISEND

DON'T KNOW ..... 77 GO TO CP\_TISEND

REFUSED ..... 99 GO TO CP\_TISEND

VFC\_KNOWLEDGE\_3

Has [FILL FROM TIS\_S5: TEEN NAME] received vaccines through this program since [his/her] 9<sup>th</sup> birthday?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES.....1 GO TO CP\_TISEND

NO.....2 GO TO CP\_TISEND

DON'T KNOW.....77 GO TO CP\_TISEND

REFUSED .....99 GO TO CP\_TISEND

VFC\_KNOWLEDGE\_4

To the best of your knowledge, has [FILL FROM TIS\_S5: TEEN NAME] been eligible for this program since [his/her] 9<sup>th</sup> birthday?

READ IF NECESSARY: The program is called the Vaccines for Children Program. You can talk to your doctor or local health department if you have more questions.

YES.....1

NO .....2

DON'T KNOW .....77

REFUSED .....99

CP\_TISEND IF P\_ASKFLU = 0 AND P\_ASKADULT=0, THEN GO TO TIS\_D16  
 ELSE IF P\_ASKFLU = 1 AND P\_ASKADULT=0, THEN GO TO LF\_CP\_SE  
 ELSE IF P\_ASKFLU = 0 AND P\_ASKADULT=1, THEN GO TO ADLT\_INTRO  
 ELSE IF P\_ASKADULT=0, THEN GO TO TIS\_ENDTEEN  
 ELSE IF P\_ASKADULT=1, THEN GO TO ADLT\_INTRO

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

- DOES NOT WANT TO GIVE ADDRESS.....1
- WILL GIVE ADDRESS.....2 GO TO AC\_NAME
- DON'T KNOW .....77
- REFUSED.....99

TIS\_D16 [IF P\_INCENT>0, THEN GO TO VRYADD / ELSE DISPLAY TIS\_D16]

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. 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' ELSE 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 the survey's number, 1-877-220-4805.