

**Section A – IMMUNIZATION**

<b>ITEM A1</b>	Refer to household composition.	<input type="checkbox"/> Child under 6 in family (A2) <input type="checkbox"/> No child under 6 in family (Section B)
<b>ITEM A2</b>	Enter person number and first name of sample child under 6.	Person number _____ <span style="float:right">3-4</span>
	Enter person number of respondent.	First name _____ Person number _____ <span style="float:right">5-6</span>

**These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.**

<b>ITEM A3</b>	Refer to shot record	<input type="checkbox"/> Available (1) <input type="checkbox"/> Not available (8)
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**1. Transcribe from shot record**

Shot	Immunization				
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
	8	57	5	34	59
	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (2)
<b>1st</b>	9-14	58-63	6	35-40	60-65
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
<b>2nd</b>	15-20	64-69	13	41-46	66-71
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
<b>3rd</b>	21-26	70-75	20	47-52	72-77
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
<b>4th</b>	27-32	76-81	27	53-58	78-83
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
<b>5th</b>	33-38	82-87			
	MO / DAY / 19	MO / DAY / 19			
<b>6th</b>	39-44	88-93			
	MO / DAY / 19	MO / DAY / 19			
<b>7th</b>	45-50	94-99			
	MO / DAY / 19	MO / DAY / 19			
<b>8th</b>	51-56	100-105			
	MO / DAY / 19	MO / DAY / 19			

<b>2. Are all the immunizations that -- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (3) <input type="checkbox"/> DK }
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<b>3a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</b>	<input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }
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<b>b. How many additional DTP shots has -- received?</b>	86
_____ Shots (Number)	
<input type="checkbox"/> All <input type="checkbox"/> DK	

<b>4a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }
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<b>b. How many additional polio vaccines has -- received?</b>	88
_____ Vaccines (Number)	
<input type="checkbox"/> All <input type="checkbox"/> DK	

**Section A — IMMUNIZATION — Continued**

<b>5a. Has — ever received an additional measles or MMR (Measles — Mumps — Rubella) shot?</b>	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)	<b>89</b>		
<b>b. How many additional measles or MMR shots has — received?</b>	_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>90</b>		
<b>6a. Has — ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</b>	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7a)	<b>91</b>		
<b>b. How many additional HIB shots has — received?</b>	_____ Shots (Number)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>92</b>		
<b>7a. Has — ever received an additional Hepatitis B shot?</b>	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (10)	<b>93</b>		
<b>b. How many additional Hepatitis B shots has — received?</b>	_____ Shots (Number) } (10)  8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	<b>94</b>		
<b>8. Has — ever received an immunization (that is a shot or drops)?</b>	1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section B)	<b>95</b>		
<b>9a. Has — ever received:</b>				
<b>(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>96</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>99</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(3) A measles or MMR (Measles - Mumps - Rubella) shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>102</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>105</b></span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(5) A Hepatitis B shot?</b>  1 <input type="checkbox"/> Yes (9b) <span style="float:right"><b>108</b></span> 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }
<b>9b. How many (vaccine) shots did — ever receive?</b>				
<b>(1) DTP/DT</b>	<b>(2) Polio</b>	<b>(3) Measles or MMR</b>	<b>(4) HIB</b>	<b>(5) Hepatitis B</b>
<b>97-98</b>	<b>100-101</b>	<b>103-104</b>	<b>106-107</b>	<b>109-110</b>
_____ Shots (Number) } (9a, next vaccine)  88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine)  88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine)  88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (9a, next vaccine)  88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (10)  88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK
<b>10. Are you the person who took — for most of — shots? (Most means at least 1/2 of the shots)</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>111</b>
<b>11. In your opinion, has — received all of the recommended shots for — age?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		<b>112</b>

Section M – IMMUNIZATION

<b>ITEM M1</b>	Refer to household composition.	<input type="checkbox"/> Child under 6 in family (M2) <input type="checkbox"/> No child under 6 in family (Section N)	
<b>ITEM M2</b>	Enter person number and first name of sample child under 6.	Person number _____	3-4
	Enter person number of respondent.	Person number _____	5-6
These questions refer to (read name), and are about immunizations that --- may have received. It would be helpful if we could refer to --- shot record.			
<b>ITEM M3</b>	Refer to shot record	<input type="checkbox"/> Available (1) <input type="checkbox"/> Not available (8)	7

1. Transcribe from shot record

Shot	Immunization				
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
	8	57	5	34	59
	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (2)
1st	9-14	58-63	6	35-40	60-65
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
2nd	15-20	64-69	13	41-46	66-71
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
3rd	21-26	70-75	20	47-52	72-77
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
4th	27-32	76-81	27	53-58	78-83
	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19	MO / DAY / 19
5th	33-38	82-87			
	MO / DAY / 19	MO / DAY / 19			
6th	39-44	88-93			
	MO / DAY / 19	MO / DAY / 19			
7th	45-50	94-99			
	MO / DAY / 19	MO / DAY / 19			
8th	51-56	100-105			
	MO / DAY / 19	MO / DAY / 19			

<b>2. Are all the immunizations that --- ever received included on this shot record?</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (3) <input type="checkbox"/> DK }	84
<b>3a. Has --- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</b>	<input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }	85
<b>b. How many additional DTP shots has --- received?</b>	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	86
<b>4a. Has --- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }	87
<b>b. How many additional polio vaccines has --- received?</b>	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	88

**Section M — IMMUNIZATION — Continued**

<b>5a. Has — — ever received an additional measles or MMR (Measles — Mumps — Rubella) shot?</b>	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }	<b>89</b>
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<b>b. How many additional measles or MMR shots has — — received?</b>	_____ Shots (Number)	<b>90</b>
8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK		

<b>6a. Has — — ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</b>	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7a) 9 <input type="checkbox"/> DK }	<b>91</b>
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<b>b. How many additional HIB shots has — — received?</b>	_____ Shots (Number)	<b>92</b>
8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK		

<b>7a. Has — — ever received an additional Hepatitis B shot?</b>	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }	<b>93</b>
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<b>b. How many additional Hepatitis B shots has — — received?</b>	_____ Shots (Number)	<b>94</b>
8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK		} (10)

<b>8. Has — — ever received an immunization (that is a shot or drops)?</b>	1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No } (Section N) 9 <input type="checkbox"/> DK }	<b>95</b>
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**9a. Has — — ever received:**

<b>(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?</b>  1 <input type="checkbox"/> Yes (9b) <b>96</b> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>  1 <input type="checkbox"/> Yes (9b) <b>99</b> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(3) A measles or MMR (Measles — Mumps — Rubella) shot?</b>  1 <input type="checkbox"/> Yes (9b) <b>102</b> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)</b>  1 <input type="checkbox"/> Yes (9b) <b>105</b> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	<b>(5) A Hepatitis B shot?</b>  1 <input type="checkbox"/> Yes (9b) <b>108</b> 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }
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**9b. How many (vaccine) shots did — — ever receive?**

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
<b>97-98</b>	<b>100-101</b>	<b>103-104</b>	<b>106-107</b>	<b>109-110</b>
_____ Shots (Number)	_____ Shots (Number)	_____ Shots (Number)	_____ Shots (Number)	_____ Shots (Number)
88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK		88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK		88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK
} (9a, Next vaccine)		} (9a, Next vaccine)		} (10)

<b>10. Are you the person who took — — for most of — — shots? (Most means at least 1/2 of the shots)</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>111</b>
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<b>11. In your opinion, has — — received all of the recommended shots for — — age?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>112</b>
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