

IMMUNIZATION – IMQ
Target Group: SPs Birth +

BOX 0

CHECK ITEM IMQ.005:

IF SP AGE >= 2, CONTINUE.
 OTHERWISE, GO TO IMQ.020.

IMQ.011 Hepatitis (Hep-a-ti-tis) A vaccine is given as a two dose series to children and adults, especially people who travel outside the United States. It has been available since 1995. {Have you/Has SP} **ever** received the hepatitis A vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE A VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 2 DOSES' IF RESPONDENT ANSWERS 3 OR 4 DOSES WERE RECEIVED. CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 2 DOSES	1
LESS THAN 2 DOSES	2
NO DOSES	3
REFUSED.....	7
DON'T KNOW.....	9

CAPI INSTRUCTION:
 REMOVE CURRENT HELP.

IMQ.020 Hepatitis (Hep-a-ti-tis) B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine. {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE B VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 3 DOSES' IF RESPONDENT ANSWERS 4 DOSES WERE RECEIVED. CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 3 DOSES	1
LESS THAN 3 DOSES	2
NO DOSES	3
REFUSED.....	7
DON'T KNOW.....	9

CAPI INSTRUCTION:
 REMOVE CURRENT HELP.

BOX 3

CHECK ITEM IMQ.050:

IF SP = FEMALE AND AGE IS >= 9 AND <= 59, CONTINUE.
IF SP = MALE AND AGE IS >= 9 AND <= 59, GO TO IMQ.070.
OTHERWISE, GO TO END OF SECTION.

IMQ.060 Human Papillomavirus (HPV) vaccine is given to prevent cervical cancer in girls and women. The HPV vaccines available are called Cervarix, Gardasil or Gardasil 9. It is given in 2 or 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine?

- YES..... 1 (IMQ.081)
- NO 2 (END OF SECTION)
- REFUSED..... 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

IMQ.070 Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and genital warts in boys and men. It is given in 2 or 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine? (The brand name for the vaccine is Gardasil or Gardasil 9.)

- YES..... 1 (IMQ.090)
- NO 2 (END OF SECTION)
- REFUSED..... 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

IMQ.081 Which of the HPV vaccines did {you/SP} receive, Cervarix, Gardasil or Gardasil 9?

INTERVIEWER: CODE ALL THAT APPLY.

- CERVARIX 1
- GARDASIL..... 2
- GARDASIL 9..... 3
- GARDASIL (NOT SURE WHICH ONE) 4
- REFUSED..... 7
- DON'T KNOW 9

IMQ.090 How old {were you/was SP} when {you/SP} received {your/his/her} first dose of {Cervarix/Gardasil/Gardasil 9/ Gardasil or Gardasil 9/the vaccine}?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH AGE BE REPORTED, INSTRUCT SP TO PROVIDE AGE OF FIRST VACCINE RECEIVED.

HARD EDIT: IF AGE SP RECEIVED FIRST DOSE IS GREATER THAN SP'S CURRENT AGE, DISPLAY "AGE SP RECEIVED FIRST DOSE CANNOT EXCEED SP'S CURRENT AGE."

SOFT EDIT: IF DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE SP RECEIVED FIRST DOSE IS GREATER THAN THE DIFFERENCE BETWEEN THE CURRENT YEAR AND 2006, DISPLAY "UNLIKELY

RESPONSE AS HPV VACCINES WERE NOT AVAILABLE AT THAT TIME. PLEASE CONFIRM AGE SP RECEIVED FIRST DOSE.”

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ENTER AGE IN YEARS

REFUSED.....777
DON'T KNOW.....999

CAPI INSTRUCTION:

IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9

IF IMQ.081 = 1, DISPLAY “Cervarix”; ELSE IF IMQ.081 = 2, DISPLAY “Gardasil”; ELSE IF IMQ.081 = 3, DISPLAY “Gardasil 9”; ELSE IF IMQ.081 = 4, DISPLAY “Gardasil or Gardasil 9”; ELSE DISPLAY “the vaccine”.

IMQ.100 How many doses of {Cervarix/Gardasil/Gardasil or Gardasil 9/the vaccine} {have you/has SP} received?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH VACCINE DOSES BE REPORTED, INSTRUCT SP TO PROVIDE DOSES FOR THE FIRST VACCINE RECEIVED.

1 DOSE..... 1
2 DOSES 2
3 DOSES 3
REFUSED..... 7
DON'T KNOW..... 9

CAPI INSTRUCTION:

IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9

IF IMQ.081 = 1, DISPLAY “Cervarix”; ELSE IF IMQ.081 = 2, DISPLAY “Gardasil”; ELSE if IMQ.081 = 3, DISPLAY “GARDASIL 9”; ELSE IF IMQ.081 = 4, DISPLAY “Gardasil or Gardasil 9”; ELSE DISPLAY “the vaccine”.