

DRAFT Immunization Questions

- Goal of these questions is to be able to demonstrate the impact of family home visiting nurses on immunization compliance, particularly in ‘catching up’ when immunizations were missed.

| Question Number | Question Language | Valid Values | Question Limits | Questions for FHV Evaluation Work Group | Comments from Work Group |
|-----------------|---|---|-----------------|--|--------------------------|
| XX | Question at Intake: Did the child receive their immunizations per their provider’s recommendations at: <i>Respond NA for time points that aren’t applicable (e.g. older than the current age of the child)</i> | 2 months (yes or no) 4 months (yes or no) 6 months (yes or no) 12 months (yes or no) | | <ul style="list-style-type: none">• Review definition of “per their provider’s recommendations”: intent is to capture whether the child has all of the immunizations recommended by their primary care provider as of 2/4/6/12 months of age. This is meant to allow for cases where an immunization may be contraindicated for a child or when a family is following a non-standard immunization schedule based on the provider’s clinical judgement.• Information used to answer these questions could be either from caregiver report, or from data systems (e.g. MIIC or EHR) – we are thinking we would allow both based on feedback received previously. | |
| XX | Question at 3 Months: Did the child receive their 2 month immunizations as recommended by their primary care provider? | Choose one: 01 Yes 02 No | | | |
| XX | Question at 6 Months: Did the child receive their immunizations per their provider’s recommendations at: | 2 months (yes or no) 4 months (yes or no) 6 months (yes or no) | | | |
| XX | Question at 12 Months: Did the child receive their immunizations per their provider’s recommendations at: | 2 months (yes or no) 4 months (yes or no) 6 months (yes or no) 12 months (yes or no) | | | |

