



<b>PPSVVAC</b> (PI Module) At any time, not later than the study end date, did the veteran receive the <b>PPSV23</b> (or pneumococcal) vaccination, either as an inpatient or outpatient?	<b>PPSVDT</b> (PI Module) Enter the date of the <b>PPSV23</b> (or pneumococcal) vaccination.
<ol> <li>received PPSV23 (or pneumococcal) vaccination from VHA</li> <li>received PPSV23 (or pneumococcal) vaccination from private sector provider</li> <li>patient refused PPSV23 (or pneumococcal) vaccination</li> <li>no documentation patient received PPSV23 (or pneumococcal) vaccination</li> </ol>	<b>PNEURXN</b> (PI Module) Is there documentation in the medical record of a prior anaphylactic reaction to a pneumococcal vaccine? 1. Yes 2. No