

National Flu Survey Questionnaire March 2012

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RDD Screener

- INTRO_1.** [GENERAL] Hello. My name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about the flu. Your telephone number has been selected at random to be included in the study.
- (1) CONTINUE WITH INTERVIEW [SKIP TO S1]
 - (2) CONFIRM BUSINESS [SKIP TO SALZ]
 - (3) CONFIRM OUT OF SCOPE [SKIP TO THANK_YOU_OOS]
 - (4) TERMINATE INTERVIEW [SKIP TO T1]
 - (5) CELL PHONE [SKIP TO CELL_1]
 - (6) ANSWERING MACHINE [SKIP TO AM_MSG / SASERV]
 - (7) R WILL CALL 800 LINE/VERIFY WEB [SKIP TO CNOTES_1_1]
 - (8) R ASKS FOR LETTER [SKIP TO M1_NAME]
 - (9) SUPERVISOR REVIEW (PERMISSION REQUIRED) [SKIP TO CNOTES_1_1]
- SALZ.** Is this telephone number for business use only?
- (1) YES
 - (2) NO [SKIP TO INTRO_1]
 - (3) DORM/PRISON/HOSTEL
 - (4) PAGING SERVICE
- SALZ_BUS.** We are interviewing only private residences. Thank you very much.
TERMINATE INTERVIEW
- THANK_YOU_OOS.**
We are only interviewing people living in their usual place of residence, those are all the questions I have. Thank you.
TERMINATE INTERVIEW
- CELL_1.** I have called (READ PHONE NUMBER), is this your cell phone number or has this number been forwarded to your cell phone?
- (1) CELL PHONE
 - (2) NUMBER FORWARDED TO CELL PHONE [SKIP TO CB1]
 - (3) RESPONDENT HUNG UP BEFORE CONFIRMATION [SKIP TO CNOTES_1_1]
 - (4) GO BACK TO INTRO_1 [SKIP TO INTRO_1]
- CELL_EXIT.** We are interviewing only private residences. Thank you very much.
TERMINATE INTERVIEW

AM_MSG. [PRE SCREENER COMPLETION, NO APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about the flu. Would you please call us toll-free at 1-800-993-0495? Again, the number is 1-800-993-0495.

[MISSED APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about the flu. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 1-800-993-0495. Also, if you have any questions, that number again is 1-800-993-0495. Thank you.

[SELECTED R, NO APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. Earlier we selected [NAME that lives in this household] regarding an interview. I'm calling back to complete the interview. If you would like to participate immediately, please call our toll-free number, 1-800-993-0495. Again, our toll-free number is 1-800-993-0495. Thank you.

[CELL PHONE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell telephone users about the flu. Would you please call us toll-free at 1-800-993-0495? The number again is 1-800-993-0495. Thank you.

[CELL PHONE APPOINTMENT] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell telephone users about the flu. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1-800-993-0495. The number again is 1-800-993-0495. Thank you.

(1) LEAVE MESSAGE AND TERMINATE
(2) COULD NOT LEAVE A MESSAGE
(99) ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST"
(4) CONTINUE INTERVIEW **[SKIP TO INTRO_1]**

SASERV. BASED ON THE ANSWERING SERVICE, WAS THIS DEFINITELY A BUSINESS, A HOUSEHOLD, OR COULD NOT BE DETERMINED?

(1) BUSINESS **[TERMINATE INTERVIEW]**
(2) HOUSEHOLD **[TERMINATE INTERVIEW]**
(3) COULD NOT DETERMINE **[TERMINATE INTERVIEW]**
(99) TAKE ME OFF YOUR LIST **[TERMINATE INTERVIEW]**

S1. Am I speaking to someone who lives in this household who is 18 years or older?

(1) I AM THAT PERSON **[SKIP TO SC1]**
(2) THIS IS A BUSINESS **[SKIP TO SALZ]**
(3) NEW PERSON COMES TO PHONE **[SKIP TO INTRO_2]**
(4) [DOESN'T LIVE IN HOUSEHOLD]
(5) [NO PERSON AT HOME WHO IS 18 OR OLDER]
(6) ALL HHM PERMANENTLY INCAPACITATED **[SKIP TO S3_TERM]**
(99) REFUSED **[SKIP TO S2_B_1_Warning_Text]**

S2_B. Does anyone live in this household who is 18 years or older?

(1) YES, THEY ARE COMING TO THE PHONE [SKIP TO INTRO_2]
(2) YES, BUT ADULT IS NOT AVAILABLE, SO SET A CALLBACK
(3) NO, NO ADULTS LIVE IN HH AT ANYTIME [SKIP TO S3_TERM]
(4) TEEN LINE (COLLECT ANOTHER PHONE NUMBER) [SKIP TO S2_C]
(99) REFUSED [SKIP TO S2_B_1_Warning_Text]

S2_B_1_Warning_Text.

Thank you, we'll try back another time.
TERMINATE INTERVIEW [IF S1=99 or S2_B=99, SKIP TO UE-R1, ELSE SKIP TO UE-CB1]

S2_C. Is there another telephone number that I should call?

ENTER NUMBER: _____ [SKIP TO CB1]
INSTRUCTION: WARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X

S3_TERM. Those are all the questions I have. [I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you spent answering these questions.]

READ IF NECESSARY: For this survey, we are focusing only on cell phone users who do not have a landline telephone or who typically do not use one at home. We appreciate your willingness to participate, but at this time we have no further questions.

TERMINATE INTERVIEW

[IF CELLUSE=1, 2, 77, OR 99, THEN TERMINATE, ELSE SKIP TO R1]

INTRO_2. Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the flu. Your telephone number has been selected at random to be included in the study.

(1) CONTINUE

SC1. Including the adults and all the children, how many people live in this household?

_____ NUMBER OF PEOPLE [IF SC1=1 SKIP TO SC_LTR, IF SC1>1 SKIP TO SC_2]
(77) DON'T KNOW [SKIP TO SC1_DK1]
(99) REFUSED [SKIP TO R1]

SC1_DK1. Is there anyone available who would know the number of people?

(1) YES [SKIP TO SC1_DK2]
(2) NO [SKIP TO SC1_DK3]

SC1_DK2. May I speak with this person now?

(1) YES [SKIP TO SC1]
(2) NO [SKIP TO SC2_DK3]

SC1_DK3. When would be a good time to reach a person who knows the number of people?

(1) APPOINTMENT [SKIP TO CB1]
(2) CONTINUE – NEW RESPONDENT COMES TO PHONE [SKIP TO INTRO_2]

SC2. How many adult household members, aged 18 or older, are at home right now?

____ NUMBER

(77) DON'T KNOW
(99) REFUSED

[IF SC2=1 SKIP TO SC_LTR,
IF SC2>1 SKIP TO SC3]
[SKIP TO SC1_DK1]
[THANK_YOU_EXIT]

SC3. How many of the adults who are at home right now are male?

____ NUMBER OF MALES AT HOME

(77) DON'T KNOW
(99) REFUSED

[SKIP TO SC2_DK3]
[THANK_YOU_EXIT]

[WHY MALE?: We are asking about males first for statistical reasons. Our goal is to reach men and women of all ages, to ensure that we have enough men and women participating. Studies show that men are less likely to be home and answer the phone. Therefore, we ask for about males first, because overall we will reach a diverse group of respondents.]

[IF SC3=0 SKIP TO SC5, IF SC3=1 SKIP TO SC3_A, IF SC3>1, SKIP TO SC4]

SC3_A. (IF SPEAKING TO A MALE) That would be you, correct?

(IF SPEAKING TO A FEMALE OR UNSURE) May I speak with him?

[WHY THE YOUNGEST MALE?: We are asking for the youngest adult male for statistical reasons. Our goal is to reach men and women of all ages, to ensure that we have enough men and women participating. Studies show that young men are less likely to be home and answer the phone. Therefore, we ask for the youngest adult male first, because overall we will reach a diverse group of respondents.]

(1) I AM THAT MALE
(2) YOUNGEST ADULT MALE COMES TO PHONE
(3) NO ADULT MALES CURRENTLY AT HOME
(4) YOUNGEST ADULT MALE IS UNAVAILABLE
(5) YOUNGEST ADULT MALE DOES NOT SPEAK
ENGLISH
(6) YOUNG ADULT MALE PERMANENTLY
INCAPACITATED
(7) ALL ADULT MALES PERMANENTLY
INCAPACITATED
(99) REFUSED

[SKIP TO SC_LTR]
[SKIP TO INTRO_2]
[SKIP TO SC5]
[SKIP TO SC1_PROBE]
[SKIP TO THANK_YOU_LANG]
[SKIP TO SC1_INCAP]
[SKIP TO SC5]
[SKIP TO THANK_YOU_EXIT]

SC3_B. May I speak with the youngest (adult male)?

[WHY THE YOUNGEST MALE?: We are asking for the youngest adult male for statistical reasons. Our goal is to reach men and women of all ages, to ensure that we have a representative sample of the population. Studies show that young men are less likely to be home and answer the phone. Therefore, we ask for the youngest adult male first, because overall we will reach a diverse group of respondents.]

- | | |
|---|--------------------------|
| (1) I AM THAT MALE | [SKIP TO SC_LTR] |
| (2) YOUNGEST ADULT MALE COMES TO PHONE | [SKIP TO INTRO_2] |
| (3) NO ADULT MALES CURRENTLY AT HOME | [SKIP TO SC5] |
| (4) YOUNGEST ADULT MALE IS UNAVAILABLE | [SKIP TO SC1_PROBE] |
| (5) YOUNGEST ADULT MALE DOES NOT SPEAK ENGLISH | [SKIP TO THANK_YOU_LANG] |
| (6) YOUNGEST ADULT MALE PERMANENTLY INCAPACITATED | [SKIP SC1_INCAP] |
| (7) ALL ADULT MALES PERMANENTLY INCAPACITATED | [SKIP TO SC5] |
| (99) REFUSED | [SKIP TO THANK_YOU_EXIT] |

SC1_INCAP. I understand. In that case, may I speak with the *next* youngest male, 18 years of age or older, who is home right now?

INTERVIEWER: IF SECOND YOUNGEST ADULT MALE IS ALSO INCAPCITATED, ASK FOR THE THIRD YOUNGEST, AND SO ON.

- | | |
|---|--------------------------|
| (1) I AM THAT MALE | [SKIP TO SC_LTR] |
| (2) YOUNGEST ADULT MALE COMES TO PHONE | [SKIP TO INTRO_2] |
| (3) NO OTHER ADULT MALES CURRENTLY AT HOME | [SKIP TO SC5] |
| (4) YOUNGEST ADULT MALE IS UNAVAILABLE | [SKIP TO SC1_PROBE] |
| (5) ALL ADULT MALES PERMANENTLY INCAPACITATED | [SKIP TO SC5] |
| (99) REFUSED | [SKIP TO THANK_YOU_EXIT] |

SC5. In that case, may I speak with the youngest adult female who is home right now?

[WHY THE YOUNGEST FEMALE?: We are asking for the youngest adult female for statistical reasons. Our goal is to reach men and women of all ages, to ensure that we have a representative sample of the population. Studies show that young people are less likely to be home and answer the phone. Therefore, we ask for the youngest adult female first, because overall we will reach a diverse group of respondents.]

- | | |
|---|--------------------------|
| (1) I AM THAT FEMALE | [SKIP TO SC_LTR] |
| (2) YOUNGEST ADULT FEMALE COMES TO PHONE | [SKIP TO INTRO_2] |
| (3) YOUNGEST ADULT FEMALE IS UNAVAILABLE | [SKIP TO SC5_PROBE] |
| (4) YOUNGEST ADULT FEMALE DOES NOT SPEAK ENGLISH | [SKIP TO THANK_YOU_LANG] |
| (5) YOUNGEST ADULT FEMALE PERMANENTLY INCAPACITATED | [SKIP TO SC5_INCAP] |
| (99) REFUSED | [SKIP TO THANK_YOU_EXIT] |

SC1_PROBE. READ ONLY IF NECESSARY. THE YOUNGEST ADULT MALE IS...

- | | |
|---|----------------------|
| (1) HOME, BUT NOT AVAILABLE | [SKIP TO SC1_CB] |
| (2) NOT HOME | [SKIP TO SC1_PROBE2] |
| (3) HOME, BUT PERMANENTLY INCAPACITATED | [SKIP TO SC1_INCAP] |

SC1_PROBE2. I understand. In this case, I'm only asking about people who are *home right now*.

(1) CONTINUE [SKIP TO SC1_S2]

SC5_PROBE. READ ONLY IF NECESSARY. THE YOUNGEST ADULT FEMALE IS...

(1) HOME, BUT NOT AVAILABLE [SKIP TO SC2_CB]
(2) NOT HOME [SKIP TO SC5_PROBE2]
(3) HOME, BUT PERMANENTLY INCAPACITATED [SKIP TO SC5_INCAP]

SC5_PROBE2. I understand. In this case, I'm only asking about people who are *home right now*.

(1) CONTINUE [SKIP TO SC5]

SC5_INCAP. I understand. In that case, may I speak with the *next* youngest female, 18 years of age or older, who is home right now?

INTERVIEWER: IF SECOND YOUNGEST ADULT FEMALE IS ALSO INCAPACITATED, ASK FOR THE THIRD YOUNGEST, AND SO ON.

(1) I AM THAT FEMALE [SKIP TO SC_LTR]
(2) YOUNGEST ADULT FEMALE COMES TO PHONE [SKIP TO INTRO_2]
(3) YOUNGEST ADULT MALE CURRENTLY AT HOME IS UNAVAILABLE [SKIP TO SC5_PROBE]
(99) REFUSED [SKIP TO THANK_YOU_EXIT]

SC1_CB. INTERVIEWER: MAKE ALL APPROPRIATE AVERSION ATTEMPTS BEFORE SETTING AN APPOINTMENT

IF NECESSARY: I understand. When can I call back to reach him?

(1) APPOINTMENT [SKIP TO SC14]
(2) CONTINUE – NEW RESPONDENT (YOUNGEST MALE) COMES TO PHONE [SKIP TO INTRO_2]

SC2_CB. INTERVIEWER: MAKE ALL APPROPRIATE AVERSION ATTEMPTS BEFORE SETTING AN APPOINTMENT

IF NECESSARY: I understand. When can I call back to reach her?

(1) APPOINTMENT [SKIP TO SC14]
(2) CONTINUE – NEW RESPONDENT (YOUNGEST FEMALE) COMES TO PHONE [SKIP TO INTRO_2]

THANK_YOU_EXIT.

Thank you, those are all the questions we have at this time.

(1) YOUNGEST ADULT MALE HHM COMES TO PHONE [SKIP TO SC_LTR]
(2) NO MALES IN HH/SELECTING YOUNGEST FEMALE [SKIP TO SC_LTR]
(99) CONFIRM REFUSAL [SKIP TO R1]

THANK_YOU_LANG.

Thank you, we will have someone call you back in that language.

INTERVIEWER: PLEASE ASK RESPONDENT WHAT LANGUAGE THEY SPEAK AND RECORD THIS IN UNIVERSAL EXIT

[SKIP TO T1]

SC_LTR. A letter describing the National Flu Survey may have been sent to your home recently. Do you remember seeing this letter?

- | | |
|-----------------|---------------------------|
| (1) YES | [CONTINUE TO SC_4] |
| (2) NO | [CONTINUE TO SC_4] |
| (77) DON'T KNOW | [CONTINUE TO SC_4] |
| (99) REFUSED | [CONTINUE TO SC_4] |

SC4. Before we continue, I'd like you to know that taking part in this research 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 law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. The survey will take about 15 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

- | | |
|--|----------------------------|
| (1) CONTINUE | [SKIP TO SC4_B] |
| (2) RESPONDENT ASKS FOR DESCRIPTION OF LAW | [CONTINUE TO SC4_A] |

SC4_A. READ IF NECESSARY: The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency 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 the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, NORC at the University of Chicago who works on this survey has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

- | | |
|--------------|------------------------|
| (1) CONTINUE | [SKIP TO SC4_B] |
|--------------|------------------------|

SC4_B.	(1) YES, RESPONDENT AGREES TO RECORDING/ LISTENING	[SKIP TO PANINTRO1]
	(2) NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING	[SKIP TO PANINTRO1]

SC12. Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the flu. Your telephone number has been selected at random to be included in the study.

Before we continue, I'd like you to know that taking part in this research 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 law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. The survey will take about 15 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

(1) CONTINUE [SKIP TO SC12_B]
(2) R ASKS FOR DESCRIPTION OF LAW [SKIP TO SC12_A]

SC12_A. READ IF NECESSARY: The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency 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 the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, NORC at the University of Chicago who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) YES [SKIP TO SC12_B]

SC12_B. (1) YES, RESPONDENT AGREES TO RECORDING/LISTENING [SKIP TO PANINTRO1]
(2) NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING [SKIP TO PANINTRO1]

SC14. Before we hang up, please tell me the first name of this household member.

[INTERVIEWER INSTRUCTION: IF REFUSED, ASK FOR INITIALS. IF CONTINUES TO REFUSE, ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED.]

ENTER FIRST NAME _____
(77) DON'T KNOW [SKIP TO R1]
(99) REFUSED [SKIP TO R1]

SC14_A. When would be a good time to call back and speak with [him/her/the [AGE OF SELECTED] year old?

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

(1) APPOINTMENT [SKIP TO T11]
(2) CONTINUE – NEW R COMES TO PHONE [SKIP TO SC12]

Cell Screener

INTRO_1. Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study with cell telephone users about the flu. Your cell phone number has been selected at random to be included in this study.

- | | |
|--|-----------------------------|
| (1) CONTINUE WITH INTERVIEW | [SKIP TO S_DRIVE] |
| (2) CONFIRM BUSINESS | [SKIP TO SALZ] |
| (3) CONFIRM OUT OF SCOPE | [SKIP TO THANK_YOU_OOS] |
| (4) TERMINATE THE INTERVIEW | [SKIP TO UNIVERSAL_EXIT-T1] |
| (6) ANSWERING MACHINE | [SKIP TO AM_MSG] |
| (7) R WILL CALL 800 LINE/VERIFY WEBSITE | [SKIP TO VERIFY_INFO] |
| (8) SUPERVISOR REVIEW | [SKIP TO CNOTES_1_1] |
| (9) AUDIO QUALITY TOO POOR TO CONTINUE | [SKIP TO CNOTES_1_1] |
| (10) DROPPED CALL
(SCHEDULE A CALL BACK FOR 1 MINUTE) | [SKIP TO CNOTES_1_1] |
| (11) R ASKS FOR LETTER | [SKIP TO UE-M1_NAME] |

S_DRIVE. If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

- | | |
|---|-------------------|
| (1) I READ THIS STATEMENT TO THE RESPONDENT | [SKIP TO S1] |
| (2) R IS DRIVING | [SKIP TO S_ATTEN] |
| (3) CALL BACK ANOTHER TIME | [SKIP TO S_ATTEN] |

S_ATTEN. For your safety, we will call you back at another time.

- | | |
|---|---------------------|
| (1) CALL BACK AT ANOTHER NUMBER REQUESTED | [SKIP TO CB1N] |
| (2) CALL BACK ANOTHER TIME | [SKIP TO CB1] |
| (3) WRONG TIME ZONE FOR CELL PHONE | [SKIP TO CELL_TZ_1] |

SALZ. Is this telephone number for business use only?

- | | |
|------------------------|--------------------|
| (1) YES | [SKIP TO SALZ_BUS] |
| (2) NO | [SKIP TO INTRO_1] |
| (3) DORM/PRISON/HOSTEL | [SKIP TO SALZ_BUS] |
| (4) PAGING SERVICE | [SKIP TO SALZ_BUS] |

SALZ_BUS. We are interviewing only persons on their personal cell phones. Thank you very much.

TERMINATE INTERVIEW

THANK_YOU_OOS.

We are only interviewing people in their usual place of residence. Those are all the questions I have. Thank you.

TERMINATE INTERVIEW

AM_MSG. [PRE SCREENER COMPLETION, NO APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about the flu. Would you please call us toll-free at 1-800-993-0495. Again, the number is 1-800-993-0495.

[MISSED APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We are conducting a nationwide study about the flu. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 1-800-993-0495. Also, if you have any questions, that number again is 1-800-993-0495. Thank you.

[SELECTED R, NO APPOINTMENT, NO INCENTIVE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. Earlier we selected [NAME/the [AGE OF SELECTED R] year old that lives in this household] regarding an interview. I'm calling back to complete the interview. If you would like to participate immediately, please call our toll-free number, 1-800-993-0495. Again, our toll-free number is 1-800-993-0495. Thank you.

[CELL PHONE] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell telephone users about the flu. Would you please call us toll-free at 1-800-993-0495? The number again is 1-800-993-0495. Thank you.

[CELL PHONE APPOINTMENT] Hello. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a study with cell telephone users about the flu. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1-800-993-0495. The number again is 1-800-993-0495. Thank you.

- (1) LEAVE MESSAGE AND TERMINATE
- (2) COULD NOT LEAVE A MESSAGE
- (99) ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST"
- (4) CONTINUE INTERVIEW **[SKIP TO INTRO_1]**

S1. Am I speaking to someone who is 18 years or older?

- (1) I AM THAT PERSON **[SKIP TO LANDLINE]**
- (2) THIS IS A BUSINESS **[SKIP TO SALZ]**
- (3) NEW PERSON COMES TO PHONE **[SKIP TO INTRO_2]**
- (5) NO, R IS NOT 18 OR OLDER **[SKIP TO S2_B]**
- (6) ALL HHM PERMANENTLY INCAPACITATED **[SKIP TO S3_TERM]**
- (99) REFUSED **[SKIP TO S2_B_1_Warning_Text]**

S2_B. Does anyone use this cell phone who is 18 years or older?

- (1) YES, THEY ARE COMING TO THE PHONE **[SKIP TO INTRO_2]**
- (2) YES, BUT ADULT IS NOT AVAILABLE **[SKIP TO S2_B_1_Warning_Text]**
- (3) NO, NO ADULTS USE THIS CELL PHONE **[SKIP TO S3_TERM]**
- (4) TEEN LINE **[SKIP TO S2_C]**
- (99) REFUSED **[SKIP TO S2_B_1_Warning_Text]**

S2_C. Is there another telephone number that I should call?

WARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS NOW CHANGED FROM XXX-XXX-XXXX TO XXX-XXX-XXXX

NUMBER _____ **[SKIP TO CB1]**

S2_B_1_Warning_Text.

Thank you, we'll try back another time.

TERMINATE INTERVIEW

[IF S1=99 or S2_B=99, SKIP TO R1, ELSE SKIP TO CB1]

S3_TERM. Those are all the questions I have. [I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you spent answering these questions.]

TERMINATE INTERVIEW

[IF CELLUSE=1, 2, 77, OR 99 SET ITS 86, ELSE SKIP TO R1]

INTRO_2. Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the flu. Your telephone number has been selected at random to be included in the study.

(1) CONTINUE **[SKIP TO LANDLINE]**

LANDLINE. Do you have a landline telephone in your household?

INTERVIEWER PROBE IF YES: Please do not include modem only lines, fax only lines, lines used just for a home security system, beepers, pagers, or cell phones.

(1) YES **[SKIP TO CELLUSE]**
(2) NO **[SKIP TO SC3_A_CELL]**
(77) DON'T KNOW **[SKIP TO SC3_A_CELL]**
(99) REFUSED **[SKIP TO SC3_A_CELL]**

CELLUSE. Thinking just about the land line home phone, not your cell phone, if that telephone rang and someone was home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

(1) EXTREMELY LIKELY **[SKIP TO S3_TERM]**
(2) SOMEWHAT LIKELY **[SKIP TO S3_TERM]**
(3) SOMEWHAT UNLIKELY **[SKIP TO SC3_A_CELL]**
(4) NOT AT ALL LIKELY **[SKIP TO SC3_A_CELL]**
(77) DON'T KNOW **[SKIP TO S3_TERM]**
(99) REFUSED **[SKIP TO S3_TERM]**

SC3_A_CELL. Besides yourself, how many other adults use this cell phone?

_____ [NUMBER OF ADULTS] **[SKIP TO SC1]**
(00) NO OTHER ADULTS **[SKIP TO SC1]**
(77) DON'T KNOW **[SKIP TO SC1]**
(99) REFUSED **[SKIP TO SC1]**

SC1. Including the adults and all the children, how many people live in your household?

_____ NUMBER OF PEOPLE
(77) DON'T KNOW
(99) REFUSED

SC_LTR. A letter describing the National Flu Survey may have been sent to your home recently. Do you remember seeing this letter?

[INCLUDE FAQ WITH SUMMARY OF LETTER]

(1) YES [CONTINUE TO SC_4]
(2) NO [CONTINUE TO SC_4]
(77) DON'T KNOW [CONTINUE TO SC_4]
(99) REFUSED [CONTINUE TO SC_4]

SC4. Before we continue, I'd like you to know that taking part in this research 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 law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. The survey will take about 15 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

(1) CONTINUE [SKIP TO SC4_B]
(2) RESPONDENT ASKS FOR DESCRIPTION OF LAW [CONTINUE TO SC4_A]

SC4_A. READ IF NECESSARY: The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency 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 the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, the NORC at the University of Chicago who works on this survey has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) CONTINUE [SKIP TO SC4_B]

SC4_B. (1) YES, RESPONDENT AGREES TO RECORDING/LISTENING [SKIP TO PANINTRO1]
(2) NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING [SKIP TO PANINTRO1]

Influenza Vaccination – Adult

PANINTRO1. I'd like to ask you some questions about the flu vaccine. **[SKIP TO Q2]**

Q2. Since July 1st, 2011 have you had a flu vaccination? It could have been a shot or a spray, drop, or mist in the nose.

[INTERVIEWER INSTRUCTION: IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLELESS INJECTOR, CODE AS "YES"]

- (1) YES **[SKIP TO Q2_B_M]**
- (2) NO **[SKIP TO Q10]**
- (77) DON'T KNOW **[SKIP TO Q10]**
- (99) REFUSED **[SKIP TO Q10]**

Q2_B_M. What month did you receive this flu vaccine?

- __ [ENTER MONTH]
- (77) DON'T KNOW
- (99) REFUSED

Q2_B_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- (1) YES **[SKIP TO Q3]**
- (2) NO **[SKIP TO Q2_B]**

Q3. How was this vaccination given to you? Was this a shot or a spray, drop, or mist in the nose?

- (1) SHOT **[SKIP TO Q5]**
- (2) SPRAY, DROP, OR MIST IN THE NOSE **[SKIP TO Q5]**
- (77) DON'T KNOW **[SKIP TO Q5]**
- (99) REFUSED **[SKIP TO Q5]**

Q5. At what kind of place did you get this flu vaccination?
[READ RESPONSE OPTIONS ONLY IF NECESSARY]

- (1) DOCTOR'S OFFICE **[SKIP TO Q5_SP]**
- (2) LOCAL HEALTH DEPARTMENT **[SKIP TO Q5_SP]**
- (3) CLINIC OR HEALTH CENTER **[SKIP TO Q5_SP]**
- (4) HOSPITAL **[SKIP TO Q5_SP]**
- (5) OTHER MEDICALLY-RELATED PLACE **[SKIP TO Q5_OTH]**
- (6) PHARMACY OR DRUG STORE **[SKIP TO Q5_SP]**
- (7) LOCAL SUPERMARKET OR GROCERY STORE **[SKIP TO Q5_SP]**
- (8) SENIOR CENTER **[SKIP TO Q5_SP]**
- (9) WORKPLACE **[SKIP TO Q5_SP]**
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL **[SKIP TO Q5_SP]**
- (11) OTHER SCHOOL, SUCH AS A COLLEGE OR TRADE SCHOOL **[SKIP TO Q5_SP]**
- (12) OTHER NONMEDICALLY-RELATED PLACE **[CONTINUE TO Q5_OTH]**
- (13) MILITARY-RELATED PLACE **[SKIP TO Q5_SP]**
- (14) HOME **[SKIP TO Q5_SP]**
- (77) DON'T KNOW **[SKIP TO Q5_SP]**
- (99) REFUSED **[SKIP TO Q5_SP]**

Q5_OTH. [BACK CODE ALL VERBATIM ANSWERS]

[SPECIFY]: _____ **[SKIP TO Q5_SP]**

- Q5_SP.** Did you specifically go to the [IF Q5_OTH FILL WITH RESPONSE, ELSE FILL WITH RESPONSE FROM Q5] just to get this flu [IFQ3 = 1 FILL “shot”, ELSE IF Q3 = FILL “vaccination”]?
- (1) YES [SKIP TO AQ14]
 (2) NO [SKIP TO AQ14]
 (7) DON'T KNOW [SKIP TO AQ14]
 (9) REFUSED [SKIP TO AQ14]
- Q10.** There are many reasons why people don't get flu vaccinations. I am going to read you a list of reasons why people may not get a flu vaccination. Please tell me if each is a reason why you did not get a flu vaccination this flu season.
- Q10A.** You did not get the flu vaccination this year because:
 You are allergic to the vaccine.
- (1) YES [GO TO Q10B]
 (2) NO [GO TO Q10B]
 (77) DON'T KNOW [GO TO Q10B]
 (99) REFUSED [GO TO Q10B]
- Q10B.** [You did not get the flu vaccination this year because:]
 You don't like needles and shots.
- (1) YES [GO TO Q10C]
 (2) NO [GO TO Q10C]
 (77) DON'T KNOW [GO TO Q10C]
 (99) REFUSED [GO TO Q10C]
- Q10C.** [You did not get the flu vaccination this year because:]
 You never get the flu.
- (1) YES [GO TO Q10Ca]
 (2) NO [GO TO Q10Ca]
 (77) DON'T KNOW [GO TO Q10Ca]
 (99) REFUSED [GO TO Q10Ca]
- Q10Ca.** You did not get the flu vaccination this year because:
 You are unlikely to get very sick from the flu.
- (1) YES [GO TO Q10D]
 (2) NO [GO TO Q10D]
 (77) DON'T KNOW [GO TO Q10D]
 (99) REFUSED [GO TO Q10D]
- Q10D.** [You did not get the flu vaccination this year because:]
 You did not have time to get the vaccination.
- (1) YES [GO TO Q10E]
 (2) NO [GO TO Q10E]
 (77) DON'T KNOW [GO TO Q10E]
 (99) REFUSED [GO TO Q10E]
- Q10E.** [You did not get the flu vaccination this year because:]
 You were not in a high risk or priority group.
- (1) YES [GO TO Q10F]
 (2) NO [GO TO Q10F]
 (77) DON'T KNOW [GO TO Q10F]
 (99) REFUSED [GO TO Q10F]

- Q10F.** You did not get the flu vaccination this year because:
You were concerned about getting the flu from the vaccination.
- (1) YES [GO TO Q10G]
(2) NO [GO TO Q10G]
(77) DON'T KNOW [GO TO Q10G]
(99) REFUSED [GO TO Q10G]
- Q10G.** [You did not get the flu vaccination this year because:]
You were concerned about side effects from the vaccination other than getting the flu from the vaccine.
- (1) YES [GO TO Q10H]
(2) NO [GO TO Q10H]
(77) DON'T KNOW [GO TO Q10H]
(99) REFUSED [GO TO Q10H]
- Q10H.** [You did not get the flu vaccination this year because:]
You have an ongoing health condition that prevents you from getting the vaccination.
- (1) YES [GO TO Q10I]
(2) NO [GO TO Q10I]
(77) DON'T KNOW [GO TO Q10I]
(99) REFUSED [GO TO Q10I]
- Q10I.** You did not get the flu vaccination this year because:
You believe that flu vaccines do not work very well.
- (1) YES [GO TO Q10J]
(2) NO [GO TO Q10J]
(77) DON'T KNOW [GO TO Q10J]
(99) REFUSED [GO TO Q10J]
- Q10J.** [You did not get the flu vaccination this year because:]
You do not trust what the government says about the flu.
- (1) YES [GO TO Q10K]
(2) NO [GO TO Q10K]
(77) DON'T KNOW [GO TO Q10K]
(99) REFUSED [GO TO Q10K]
- Q10K.** [You did not get the flu vaccination this year because:]
The vaccine costs too much.
- (1) YES [GO TO Q10L]
(2) NO [GO TO Q10L]
(77) DON'T KNOW [GO TO Q10L]
(99) REFUSED [GO TO Q10L]
- Q10L.** [You did not get the flu vaccination this year because:]
You did not want the vaccination for some other reason.
- (1) YES [GO TO Q10_OTH]
(2) NO [GO TO Q10_MAIN]
(77) DON'T KNOW [GO TO Q10_MAIN]
(99) REFUSED [GO TO Q10_MAIN]
- Q10_ OTH.** What was the other reason you did not want the vaccination?
[SPECIFY]:_____ [SKIP TO Q10_MAIN]

Q10_MAIN. [IF MORE THAN ONE RESPONSE SELECTED AS YES (1) IN Q10A THROUGH Q10L, ASK; "Of the reasons you listed, what is the main reason you did not get a flu vaccination this flu season?" ELSE SKIP TO AQ14]

INTERVIEWER INSTRUCTION: READ LIST TO RESPONDENT. IF RESPONDENT SELECTS MORE THAN ONE REASON PROBE FOR MAIN REASON

[LIST ALL SELECTED IN Q10]

AQ14. Do you have a regular doctor or healthcare provider where you usually go when you are sick, or need advice about your health? Sometimes this is called a primary care provider.

(1) YES	[SKIP TO AQ31]
(2) NO	[SKIP TO AQ31]
(77) DON'T KNOW	[SKIP TO AQ31]
(99) REFUSED	[SKIP TO AQ31]

AQ31. Is there a place that you usually go to when you need routine or preventive medical care, such as a physical examination or check-up?

(3) YES	[SKIP TO AQ32]
(4) NO	[SKIP TO Q9]
(77) DON'T KNOW	[SKIP TO Q9]
(99) REFUSED	[SKIP TO Q9]

AQ32. Where do you usually go for your medical care?

(1) CLINIC OR HEALTH CENTER	[SKIP TO Q9]
(2) DOCTOR'S OFFICE OR HMO	[SKIP TO Q9]
(3) HOSPITAL EMERGENCY ROOM	[SKIP TO Q9]
(4) HOSPITAL OUTPATIENT DEPARTMENT	[SKIP TO Q9]
(5) OTHER	[SKIP TO AQ32_OTH]
(77) DON'T KNOW	[SKIP TO Q9]
(99) REFUSED	[SKIP TO Q9]

AQ32_OTH What other place do go to get your medical care?

OTHER SPECIFY: _____ [SKIP TO Q9]

Q9. Since July 1st, 2011, have you visited a doctor or other health professional about your own health at a doctor's office, hospital, clinic, or some other place?

(1) YES	[SKIP TO Q9_TIMES]
(2) NO	[SKIP TO HQ8]
(77) DON'T KNOW	[SKIP TO HQ8]
(99) REFUSED	[SKIP TO HQ8]

Q9_TIMES. How many times since July 1st have you visited a doctor or other health professional about your own health at a doctor's office, hospital, clinic, or some other place?

NUMBER OF TIMES _____	[SKIP TO Q9_REC]
(77) DON'T KNOW	[SKIP TO Q9_REC]
(99) REFUSED	[SKIP TO Q9_REC]

Q9_REC. At one or more of these visits, did your doctor or other health professional recommend that you should get a flu vaccination, should not get a flu vaccination, or did not give a recommendation either way?

- | | |
|--|---------------------|
| (1) RECOMMENDED I GET A FLU VACCINATION | [SKIP TO Q9_REC_DC] |
| (2) RECOMMENDED I NOT GET A FLU VACCINATION | [SKIP TO HQ8] |
| (3) DID NOT GIVE A RECOMMENDATION EITHER WAY | [SKIP TO HQ8] |
| (77) DON'T KNOW | [SKIP TO HQ8] |
| (99) REFUSED | [SKIP TO HQ8] |

Q9_REC_DC. What type of health professional communicated the recommendation?

- | | |
|-------------------------|----------------------|
| (1) DOCTOR | [SKIP TO Q9_OFFER] |
| (2) NURSE | [SKIP TO Q9_OFFER] |
| (3) PHYSICIAN ASSISTANT | [SKIP TO Q9_OFFER] |
| (4) PHARMACIST | [SKIP TO Q9_OFFER] |
| (5) OTHER | [SKIP TO Q9_REC_OTH] |
| (77) DON'T KNOW | [SKIP TO Q9_OFFER] |
| (99) REFUSED | [SKIP TO Q9_OFFER] |

Q9_REC_OTH. ENTER OTHER _____ [SKIP TO Q9_OFFER]

Q9_OFFER. During your visits to the doctor or other health professional, did your doctor or other health professional offer the flu vaccination to you?

- | | |
|-----------------|----------------------|
| (1) YES | [SKIP TO Q9_OFR_GET] |
| (2) NO | [SKIP TO HQ8] |
| (77) DON'T KNOW | [SKIP TO HQ8] |
| (99) REFUSED | [SKIP TO HQ8] |

Q9_OFR_GET. Did you get a flu vaccination when it was offered to you?

- | | |
|-----------------|---------------|
| (1) YES | [SKIP TO HQ8] |
| (2) NO | [SKIP TO HQ8] |
| (77) DON'T KNOW | [SKIP TO HQ8] |
| (99) REFUSED | [SKIP TO HQ8] |

HQ8. Since July 1st, 2011, did your doctor or other health professional remind you in some way by mail, email, phone call, or text message that you should get a flu vaccination this flu season?

Posted signs, newsletters, pamphlets, or television and radio ads should not be considered a reminder.

- | | |
|-----------------|--------------------|
| (1) YES | [SKIP TO HQ8_COMM] |
| (2) NO | [SKIP TO HQ23_FLU] |
| (77) DON'T KNOW | [SKIP TO HQ23_FLU] |
| (99) REFUSED | [SKIP TO HQ23_FLU] |

HQ8_COMM. How was the reminder communicated to you?

[READ IF NECESSARY: Posted signs, newsletters, pamphlets, or television and radio ads should not be considered a reminder.]

- | | |
|------------------|-------------------|
| (1) MAIL | [SKIP TO HQ8_WHO] |
| (2) PHONE CALL | [SKIP TO HQ8_WHO] |
| (3) EMAIL | [SKIP TO HQ8_WHO] |
| (4) TEXT MESSAGE | [SKIP TO HQ8_WHO] |
| (5) OTHER | [SKIP TO HQ8_WHO] |
| (77) DON'T KNOW | [SKIP TO HQ8_WHO] |
| (99) REFUSED | [SKIP TO HQ8_WHO] |

HQ8_WHO. Who sent you this reminder?

- | | |
|-----------------------|--------------------|
| (1) Doctor's office | [SKIP TO HQ23_FLU] |
| (2) Health clinic | [SKIP TO HQ23_FLU] |
| (3) Insurance company | [SKIP TO HQ23_FLU] |
| (4) Pharmacy | [SKIP TO HQ23_FLU] |
| (5) OTHER | [SKIP TO HQ23_FLU] |
| (77) DON'T KNOW | [SKIP TO HQ23_FLU] |
| (99) REFUSED | [SKIP TO HQ23_FLU] |

HQ23_FLU. Now I have some general questions about the flu vaccination.

How effective do you think the flu vaccination is in preventing the flu? Would you say:

- | | |
|-------------------------------|----------------|
| (1) Very effective, | [SKIP TO HQ24] |
| (2) Somewhat effective, | [SKIP TO HQ24] |
| (3) Not too effective | [SKIP TO HQ24] |
| (4) Or, not at all effective? | [SKIP TO HQ24] |
| (77) DON'T KNOW | [SKIP TO HQ24] |
| (99) REFUSED | [SKIP TO HQ24] |

HQ24. In general, if you do not get a flu vaccination during a flu season, what do you think your chances are of getting the flu? Would you say:

- | | |
|--------------------|------------------|
| (1) Very high, | [SKIP TO HQ24_A] |
| (2) Somewhat high, | [SKIP TO HQ24_A] |
| (3) Somewhat low, | [SKIP TO HQ24_A] |
| (4) Or, very low? | [SKIP TO HQ24_A] |
| (77) DON'T KNOW | [SKIP TO HQ24_A] |
| (99) REFUSED | [SKIP TO HQ24_A] |

HQ24_A. How safe do you think the flu vaccine is? Would you say:

- | | |
|----------------------|------------------|
| (1) Very safe, | [SKIP TO HQ24_B] |
| (2) Somewhat safe, | [SKIP TO HQ24_B] |
| (3) Somewhat unsafe, | [SKIP TO HQ24_B] |
| (4) Or, very unsafe? | [SKIP TO HQ24_B] |
| (77) DON'T KNOW | [SKIP TO HQ24_B] |
| (99) REFUSED | [SKIP TO HQ24_B] |

HQ24_B. IF Q2 = 1, READ "How worried were you about getting the flu from the flu vaccine? Would you say:" ELSE IF Q2 = 2, 77, OR 99, READ "How worried would you be about getting the flu from the flu vaccine if you received the vaccine? Would you say:"

- (1) Very worried, [SKIP TO HQ24_ILL]
- (2) Somewhat worried, [SKIP TO HQ24_ILL]
- (3) Not too worried, [SKIP TO HQ24_ILL]
- (4) Or not at all worried about getting sick from the flu vaccine? [SKIP TO HQ24_ILL]
- (77) DON'T KNOW [SKIP TO HQ24_ILL]
- (99) REFUSED [SKIP TO HQ24_ILL]

HQ24_ILL We want to find out how you think you would be affected if you got the flu this season. Thinking about your ability to carry out your usual activities, do you think your usual activities would be very affected, somewhat affected, not very affected, or not affected at all if you got the flu?

- (1) VERY DISRUPTED [SKIP TO HQ27_GRP]
- (2) SOMEWHAT DISRUPTED [SKIP TO HQ27_GRP]
- (3) NOT VERY DISRUPTED [SKIP TO HQ27_GRP]
- (4) NOT DISRUPTED AT ALL [SKIP TO HQ27_GRP]
- (77) DON'T KNOW [SKIP TO HQ27_GRP]
- (99) REFUSED [SKIP TO HQ27_GRP]

HQ27_GRP. To the best of your knowledge, are you in a group that is recommended to get a flu vaccination this year?

- (1) YES [SKIP TO HQ27]
- (2) NO [SKIP TO HQ27]
- (77) DON'T KNOW [SKIP TO HQ27]
- (99) REFUSED [SKIP TO HQ27]

HQ27. To the best of your knowledge, for which age group is the flu vaccine recommended? Is the flu vaccine recommended:

- (1) only for children under 6 months of age, [SKIP TO HQ30]
- (2) only for all people 6 months of age and older, [SKIP TO HQ30]
- (3) only for children 6 months through 18 years, age 65 and older [SKIP TO HQ30]
- (4) only for everyone over 18 years of age, [SKIP TO HQ30]
- (5) only for children under 18 years of age and adults age 65 and older, or [SKIP TO HQ30]
- (6) only for people age 65 and older [SKIP TO HQ30]
- (77) DON'T KNOW [SKIP TO HQ30]
- (99) REFUSED [SKIP TO HQ30]

HQ30. To the best of your knowledge, did the flu vaccine for this season protect against:

- (1) The same types of flu as last season's flu vaccine, [SKIP TO HQ31]
- (2) some of the same types of flu and some different types of flu as last season's flu vaccine, or [SKIP TO AQ16A]
- (3) all different types of flu from last season's flu vaccine [SKIP TO AQ16A]
- (77) DON'T KNOW [SKIP TO AQ16A]
- (99) REFUSED [SKIP TO AQ16A]

HQ31. Did knowing that the vaccine for this season was the same as the one for last season make you less likely, more likely, or make no difference in your decision to (IF Q2 = 1, FILL “get”, ELSE FILL “not get”) a flu vaccination this season?

- (1) LESS LIKELY [SKIP TO AQ16A]
- (2) MORE LIKELY [SKIP TO AQ16A]
- (3) MADE NO DIFFERENCE [SKIP TO AQ16A]
- (77) DON'T KNOW [SKIP TO AQ16A]
- (99) REFUSED [SKIP TO AQ16A]

AQ16A. The flu season typically extends from November to May, when do you believe it is too late in the season to receive a vaccination in order for it to be effective?

- (1) BEFORE NOVEMBER [SKIP TO AQ17]
- (2) NOVEMBER [SKIP TO AQ17]
- (3) DECEMBER [SKIP TO AQ17]
- (4) JANUARY [SKIP TO AQ17]
- (5) FEBRUARY [SKIP TO AQ17]
- (6) MARCH [SKIP TO AQ17]
- (7) APRIL [SKIP TO AQ17]
- (8) MAY [SKIP TO AQ17]
- (9) AFTER MAY [SKIP TO AQ17]
- (10) NEVER TOO LATE [SKIP TO AQ17]
- (77) DON'T KNOW [SKIP TO AQ17]
- (99) REFUSED [SKIP TO AQ17]

AQ17. Where have you gotten most of your information about the flu and the flu vaccine? This could include information you sought out, or information that you just remember hearing or seeing.

- (1) DOCTOR [SKIP TO AQ17_ADV]
- (2) PHARMACY [SKIP TO AQ17_ADV]
- (3) HEALTH CARE PROVIDER [SKIP TO AQ17_ADV]
- (4) RADIO [SKIP TO AQ17_ADV]
- (5) TV [SKIP TO AQ17_ADV]
- (6) INTERNET [SKIP TO AQ17_ADV]
- (7) FRIENDS AND RELATIVES [SKIP TO AQ17_ADV]
- (8) NEWSPAPER [SKIP TO AQ17_ADV]
- (9) SOCIAL MEDIA (FACEBOOK, TWITTER, ETC) [SKIP TO AQ17_ADV]
- (10)HEALTH DEPARTMENT [SKIP TO AQ17_ADV]
- (11)OTHER [SKIP TO AQ17_OTH]
- (12)HAVE NOT HEARD/SOUGHT OUT FLU INFORMATION [SKIP TO AQ17_ADV]
- (77) DON'T KNOW [SKIP TO AQ17_ADV]
- (99) REFUSED [SKIP TO AQ17_ADV]

AQ17_OTH. Please tell me where you have gotten information about the flu and the flu vaccine.

[SKIP TO AQ17_ADV]

AQ17_ADV. Regarding your choice to get vaccinated, how much does flu vaccine information and advice from your doctor or healthcare provider matter to you?

- (1) A lot [SKIP TO Q35]
- (2) Somewhat [SKIP TO Q35]
- (3) A little [SKIP TO Q35]
- (4) Not at all [SKIP TO Q35]
- (77) DON'T KNOW [SKIP TO Q35]
- (99) REFUSED [SKIP TO Q35]

Q35. Since the beginning of July 2011, have you seen any advertising – including posters, billboards, web-based ads, television, or newspaper ads – that provided information about the importance of getting a flu vaccination?

- (1) YES [SKIP TO Q35_FR]
- (2) NO [SKIP TO Q35A]
- (77) DON'T KNOW [SKIP TO Q35A]
- (99) REFUSED [SKIP TO Q35A]

Q35_FR. Would you say you saw or heard this advertising very frequently, somewhat frequently, not very frequently, or not at all frequently?

- (1) VERY FREQUENTLY [SKIP TO Q35_IM]
- (2) SOMEWHAT FREQUENTLY [SKIP TO Q35_IM]
- (3) NOT VERY FREQUENTLY [SKIP TO Q35_IM]
- (4) NOT AT ALL FREQUENTLY [SKIP TO Q35_IM]
- (77) DON'T KNOW [SKIP TO Q35_IM]
- (99) REFUSED [SKIP TO Q35_IM]

Q35_IM. On the whole, do you feel the advertising you saw made you more likely to get a flu vaccination, less likely to get a flu vaccination, or made no difference in your decision?

- (1) MORE LIKELY [SKIP TO Q35A]
- (2) LESS LIKELY [SKIP TO Q35A]
- (3) MADE NO DIFFERENCE [SKIP TO Q35A]
- (77) DON'T KNOW [SKIP TO Q35A]
- (99) REFUSED [SKIP TO Q35A]

Q35A. People list many reasons that matter to them when it comes to the decision to get a flu vaccination. I'm going to read you some possible reasons, and for each one, please tell me how much it matters to you when it comes to your personal decision to get a flu vaccination. Please tell me if the reason would matter a lot, somewhat, a little, or not at all:

The first reason is the flu vaccination is fast, easy, and convenient to get. Does that matter to you a lot, somewhat, a little, or not at all?

- (1) A lot [SKIP TO Q35B]
- (2) Somewhat [SKIP TO Q35B]
- (3) A little [SKIP TO Q35B]
- (4) Not at all [SKIP TO Q35B]
- (77) DON'T KNOW [SKIP TO Q35B]
- (99) REFUSED [SKIP TO Q35B]

Q35B. How about information that the flu vaccination is the best way to protect you from getting the flu. Does that matter to you a lot, somewhat, a little, or not at all?

- (1) A lot [SKIP TO Q35C]
- (2) Somewhat [SKIP TO Q35C]
- (3) A little [SKIP TO Q35C]
- (4) Not at all [SKIP TO Q35C]
- (77) DON'T KNOW [SKIP TO Q35C]
- (99) REFUSED [SKIP TO Q35C]

- Q35C.** How about information that the flu can cause serious illness. Does that matter to you a lot, somewhat, a little, or not at all?
- (1) A lot [SKIP TO Q35D]
(2) Somewhat [SKIP TO Q35D]
(3) A little [SKIP TO Q35D]
(4) Not at all [SKIP TO Q35D]
(77) DON'T KNOW [SKIP TO Q35D]
(99) REFUSED [SKIP TO Q35D]
- Q35D.** How about information that your flu vaccination helps you to protect friends and family from the flu. [Does that matter to you a lot, somewhat, a little, or not at all?]
- (1) A lot [SKIP TO Q35E]
(2) Somewhat [SKIP TO Q35E]
(3) A little [SKIP TO Q35E]
(4) Not at all [SKIP TO Q35E]
(77) DON'T KNOW [SKIP TO Q35E]
(99) REFUSED [SKIP TO Q35E]
- Q35E.** How about being offered something like a gift card for getting a flu vaccination? [Does that matter to you a lot, somewhat, a little, or not at all?]
- (1) A lot [SKIP TO HQ28]
(2) Somewhat [SKIP TO HQ28]
(3) A little [SKIP TO HQ28]
(4) Not at all [SKIP TO HQ28]
(77) DON'T KNOW [SKIP TO HQ28]
(99) REFUSED [SKIP TO HQ28]
- HQ28.** I'd like to ask about flu vaccinations during last year's flu season. Last year, the flu vaccine was available between July 1st, 2010 and May 31st, 2011.
- HQ29.** Did you get a flu vaccination between July 1st, 2010 and May 31st, 2011? A flu vaccination could be a shot or a spray, or mist in the nose.
- (1) YES [SKIP TO TETINTRO]
(2) NO [SKIP TO TETINTRO]
(77) DON'T KNOW [SKIP TO TETINTRO]
(99) REFUSED [SKIP TO TETINTRO]
- TETINTRO.** Next, I will ask you about the tetanus diphtheria vaccination.
- (1) CONTINUE [SKIP TO TET1]
- TET1.** Have you received a tetanus shot in the past 10 years?
- (1) YES [SKIP TO TET2]
(2) NO [SKIP TO Q25]
(77) DON'T KNOW [SKIP TO Q25]
(99) REFUSED [SKIP TO Q25]
- TET2.** Was your most recent tetanus shot given in 2005 or later?
- (1) YES [SKIP TO TET3]
(2) NO [SKIP TO Q25]
(77) DON'T KNOW [SKIP TO Q25]
(99) REFUSED [SKIP TO Q25]

TET3.

There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel or Boostrix (trademarks). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you, or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

- (1) YES, INCLUDED PERTUSIS
- (2) NO, DID NOT INCLUDE PERTUSIS
- (3) DOCTOR DID NOT SAY
- (77) DON'T KNOW
- (99) REFUSED

[SKIP TO Q25]
[SKIP TO Q25]
[SKIP TO Q25]
[SKIP TO Q25]
[SKIP TO Q25]

High Risk – Adult

Q25. I'm now going to ask you about health conditions that put people at higher risk for the flu.

Has a doctor, nurse, or other health professional ever said that you have asthma?

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

(1) YES	[SKIP TO Q26]
(2) NO	[SKIP TO Q26_A]
(77) DON'T KNOW	[SKIP TO Q26_A]
(99) REFUSED	[SKIP TO Q26_A]

Q26. Do you still have asthma?

(1) YES	[SKIP TO Q26_A]
(2) NO	[SKIP TO Q26_A]
(77) DON'T KNOW	[SKIP TO Q26_A]
(99) REFUSED	[SKIP TO Q26_A]

Q26_A Has a doctor, nurse, or other health professional ever said that you have diabetes?

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

(1) YES	[SKIP TO Q26_B]
(2) NO	[SKIP TO Q26_C]
(77) DON'T KNOW	[SKIP TO Q26_C]
(99) REFUSED	[SKIP TO Q26_C]

Q26_B. Do you still have diabetes?

(1) YES	[SKIP TO Q26_C]
(2) NO	[SKIP TO Q26_C]
(77) DON'T KNOW	[SKIP TO Q26_C]
(99) REFUSED	[SKIP TO Q26_C]

Q26_C. Has a doctor, nurse, or other health professional ever said that you have heart disease?

[INTERVIEWER INSTRUCTION: 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.

(1) YES	[SKIP TO Q26_D]
(2) NO	[SKIP TO Q27]
(77) DON'T KNOW	[SKIP TO Q27]
(99) REFUSED	[SKIP TO Q27]

Q26_D. Do you still have heart disease?

(1) YES	[SKIP TO Q27]
(2) NO	[SKIP TO Q27]
(77) DON'T KNOW	[SKIP TO Q27]
(99) REFUSED	[SKIP TO Q27]

Q27. 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 you have any of the following health conditions? A lung condition other than asthma, a kidney condition, obesity, sickle cell anemia or other anemia, a neurological or neuromuscular condition, a liver condition, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if you have had any of the listed conditions.

[INTERVIEWER INSTRUCTION: IF RESPONDENT MENTIONS HIGH BLOOD PRESSURE, HEART MURMUR, OR MITRAL VALVE 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.]

- | | |
|-----------------|----------------------|
| (1) YES | [SKIP TO Q28] |
| (2) NO | [SKIP TO Q29] |
| (77) DON’T KNOW | [SKIP TO Q29] |
| (99) REFUSED | [SKIP TO Q29] |

[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?]

Q28. Do you still have any of these conditions?

- | | |
|-----------------|----------------------|
| (1) YES | [SKIP TO Q29] |
| (2) NO | [SKIP TO Q29] |
| (77) DON’T KNOW | [SKIP TO Q29] |
| (99) REFUSED | [SKIP TO Q29] |

Q29. Do any other members of your household, including children, have any of the following health conditions? Asthma, a lung condition other than asthma, a heart condition, diabetes, a kidney condition, obesity, sickle cell anemia or other anemia, a neurological or neuromuscular condition, a liver condition, 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 have any of the listed conditions.

[INTERVIEWER INSTRUCTION: 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?]

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

Q31. Do you currently work in a hospital, medical clinic, doctor's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health-care facility as well as professional nursing care provided in the home.

[READ IF NECESSARY: THIS ALSO INCLUDES NON-HEALTH-CARE PROFESSIONALS, SUCH AS ADMINISTRATIVE STAFF, WHO WORK IN A HEALTH-CARE FACILITY. DENTAL OFFICES ARE INCLUDED AS HEALTH-CARE FACILITIES.]

- | | |
|-----------------|--------------------|
| (1) YES | [GO TO Q32] |
| (2) NO | [GO TO Q32] |
| (77) DON'T KNOW | [GO TO Q32] |
| (99) REFUSED | [GO TO Q32] |

Q32. [IF Q31=2, 77, OR 99. Display text: "Although you don't work in a health-care facility, do you provide"/IF Q31=Yes, "Do you provide"] direct patient care as a part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

- | | |
|-----------------|--------------------|
| (1) YES | [GO TO Q34] |
| (2) NO | [GO TO Q34] |
| (77) DON'T KNOW | [GO TO Q34] |
| (99) REFUSED | [GO TO Q34] |

Q34. Do you currently have regular close contact with a child less than six months of age?

[READ IF NECESSARY: EXAMPLES OF CLOSE CONTACT WOULD INCLUDE LIVING WITH OR TAKING CARE OF AN INFANT AS A PARENT, GRANDPARENT, CHILDCARE PROVIDER OR HEALTHCARE PROVIDER.]

- | | |
|---|------------------------|
| (1) YES | [GO TO UNDER18] |
| (2) NO | [GO TO UNDER18] |
| (3) NOT NOW, BUT CURRENTLY PREGNANT (VOLUNTEERED) | [GO TO UNDER18] |
| (77) DON'T KNOW | [GO TO UNDER18] |
| (99) REFUSED | [GO TO UNDER18] |

Child Roster

- UNDER18.** Next, I have a few questions about flu vaccinations for children. [IF SC1=77 OR 99 DISPLAY: How many people less than 18 live in your household? ELSE DISPLAY: Earlier you told me that (fill # from SC1) people live in your household. How many of these are people less than 18 years of age?]
- _____ PERSONS under 18 years of age **[IF UNDER18 ≥ SC1 GO TO ADLTCONF, ELSE SKIP TO CHILDCONF, IF CHILDREN=0 THEN SKIP TO Q87]**
(77) DON'T KNOW **[SKIP TO Q87]**
(99) REFUSED **[SKIP TO Q87]**
- ADLTCONF.** Earlier you told me that (fill number from SC1) people live in this household and that (fill number from UNDER18) of them are children. Could you tell me the total number of adults living in this household?
- _____ # OF ADULTS **[GO TO NUMCONF]**
(77) DON'T KNOW **[SKIP TO CHILDCONF]**
(99) REFUSED **[SKIP TO CHILDCONF]**
- NUMCONF.** So that means that (sum of ADLTCONF and UNDER 18) total people live in this HH?
- (1) YES, CORRECT NUMBER OF PEOPLE **[SKIP TO CR]**
(2) NO, INCORRECT NUMBER OF PEOPLE **[SKIP TO NUMWARN]**
- NUMWARN.** PLEASE CORRECT NUMBERS **[SKIP TO UNDER18]**
- CHILDCONF.** Just to confirm you said you have [insert number of children FROM SC3] people under 18 living or staying in your household.
- (1) CONTINUE **[SKIP TO CR]**
(2) WRONG NUMBER OF CHILDREN
- CHILDCONF2.** What is the actual number of people under 18 in your household?
- _____ CHILDREN
- CR.** So I'll know which flu vaccination questions to ask in the next section, please tell me the [If SC3=1 AND CHILDCONF=1 OR IF CHILDCONF=1: age of the child, ELSE: ages of the children] in the household less than 18 years old. [DISPLAY THIS TEXT ONLY IF SC3 >1 AND CHILDCONF=1 OR IF CHILDCONF >1: Let's start with the youngest child in the household.]
- [PRESS ENTER TO CONTINUE]
- CR_AGE_X.** Please tell me the age of the [youngest/next] child living in this household.
- ENTER AGE _____ **[SKIP TO CR_AGE_X]**
(000) NO MORE CHILDREN **[SKIP TO CR4]**
(777) DON'T KNOW **[SKIP TO CR_DK1_X]**
(999) REFUSED **[SKIP TO CR1_REF1]**
- CR_AGEM_X.** What is this child's age in months?
- _____months

- CR_DK1_X.** Is there anyone available who would know the age of this child?
- (1) YES [GO TO CR_DK2]
(2) NO [SKIP TO CR_DK3]
- CR_DK2.** May I speak with this person now?
- (1) YES [SKIP TO CINTRO_2]
(2) NO [SKIP TO CR_DK3]
- CINTRO_2.** Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the flu. Your telephone number has been selected at random to be included in the study.
- (1) SKIP TO CR
- CR_DK3.** When would be a good time to reach a person who knows the age of this child?
- (1) APPOINTMENT [SKIP TO CB1]
(2) CONTINUE – NEW R COMES TO PHONE [SKIP TO CR]
- CR_REF1_X.** I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need the age of the children that live in your household is to know which vaccination questions to ask.
- (1) R STILL REFUSES
(2) RETURN TO QUESTIONNAIRE [SKIP TO CR]
- CR_REF2.** 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 Centers for Disease Control and Prevention for the time you have spent answering these questions.
- TERMINATE INTERVIEW [SKIP TO R1]
- CHILD_MULTIAGE.**
- Since there is more than one person who is [DISPLAY AGE] years old, I need a way to tell them apart. Could you please tell me their first name or initials?
- (1) YES
(2) NO [SKIP TO CREFNAME1]
(3) DON'T KNOW [SKIP TO CREFNAME1]
(4) REFUSED [SKIP TO CREFNAME1]
- CHILD_NAME.** ENTER NAME/INITIALS [SKIP TO CR4]
- CREFNAME1.** We only need a name or initials to be able to tell apart the two children of the same age. I can assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. You could give me a first name, nickname, or their initials.
- (1) RESPONDENT WILL GIVE NAMES [SKIP TO CHILD_NAME]
(2) REFUSED
- CREFNAME2.** Those are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.
- TERMINATE INTERVIEW [SKIP TO R1]

CR4. I have [NUMBER OF CHILDREN ROSTERED] child[ren], less than 18 years old, listed. Have I recorded that correctly?

[CATI INSTRUCTION: DISPLAY GRID OF HOUSEHOLD MEMBERS.]

- (1) YES
- (2) NO
- (3) WRONG NUMBER OF CHILDREN **[SKIP TO CHILDCONF]**

CATI RANDOM SELECTION HERE

CC. For this next section of questions, I will ask about [FILL1] child listed. We need to talk to the parent or guardian living in this household who knows about the health and health care of your [S.C.]. Are you that person?

- (1) RESPONDENT IS ALSO THE PARENT **[SKIP TO CR1_X]**
- (2) RESPONDENT IS NOT THE PARENT;
PARENT COMES TO THE PHONE **[CONTINUE TO CC_1]**

CC_1. Could I speak with this person for a few minutes to ask them questions about the [age] year-old?

- (1) YES, GETTING PERSON **[SKIP TO NEW_CC]**
- (2) NO **[CONTINUE TO CC_TRANS]**

CC_TRANS. I will eventually need to speak with [S.C.]'s parent or guardian. Let's continue with the interview, and then at the end I'll ask for a good time to call back to speak with [S.C.]'s parent or guardian.

[COLLECT ALTERNATE PHONE NUMBER IF NEEDED, THEN SKIP TO PRE_INTRO_1; SCHEDULE CALLBACK TO COMPLETE CHILD SECTION WITH KNOWLEDGABLE R AFTER INTERVIEW IS COMPLETE]

NEW_CC. Hello, my name is _____. I'm calling on behalf of the Centers of Disease Control and Prevention. We are conducting a nationwide study about the flu. We have been speaking with another household member, and were told that you would be able to answer questions about [FILL CHILD INFO].

Before we continue, I'd like you to know that this study 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 law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. The survey will take about 10 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

- (1) CONTINUE **[SKIP TO NEW_CC_R]**
- (2) RESPONDENT ASKS FOR DESCRIPTION OF LAW

NEW_CC_LAW. The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read 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 the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, NORC at the University of Chicago who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

NEW_CC_R. (1) YES, RESPONDENT AGREES TO RECORDING/LISTENING
(2) NO, RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING
[SKIP TO CR1_X]

Influenza Vaccination – Child

- CR1_X.** So I'll know how to refer to [S.C.] during the survey, could you tell me is your [S.C.] male or female?
- (1) MALE [GO TO CTHISFLU]
(2) FEMALE [GO TO CTHISFLU]
(99) REFUSED [GO TO CTHISFLU]
- CTHISFLU.** I will ask you questions about flu vaccinations your child may have received during this flu season.
- CQ2.** The flu vaccine has been available since July 1, 2011. Has your [S.C.] had a flu vaccination since July 1, 2011? It could have been a shot or spray, drop, or mist in the nose.
- [INTERVIEWER INSTRUCTION: IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLESS INJECTOR, CODE AS "YES"]
- (1) YES [GO TO CHQ2B_1]
(2) NO [SKIP TO CQ10]
(77) DON'T KNOW [SKIP TO CQ10]
(99) REFUSED [SKIP TO CQ10]
- CQ2_B_1.** How many flu vaccinations has [S.C.] received since July 1st, 2011?
- (1) 1 vaccination [GO TO CQ2_B]
(2) 2 vaccinations [GO TO CQ2_B]
(3) More than 2 vaccinations [GO TO CQ2_B]
(77) DON'T KNOW [SKIP TO CQ5]
(99) REFUSED [SKIP TO CQ5]
- CQ2_B.** In what month did [S.C.] receive [CR1_X=1: his; 2: her; 99: his or her] most recent flu vaccination?
- __ [ENTER MONTH]
(77/7777) DON'T KNOW
(99/9999) REFUSED
- CQ2_B_C.** That was [FILL IN MONTH] of [FILL IN YEAR], correct?
- (1) YES
(2) NO [SKIP TO CQ2_B]
- HQ2_BTYPE.** Was the most recent flu vaccination a shot or a spray, drop, or mist in the nose?
- (1) SHOT [SKIP TO CQ5]
(2) SPRAY, DROP, OR MIST IN THE NOSE [SKIP TO CQ5]
(77) DON'T KNOW [SKIP TO CQ5]
(99) REFUSED [SKIP TO CQ5]

CQ5. At what kind of place did [S.C.] get [CR1_X=1: his; 2: her; 99: his or her] most recent flu vaccination?

- (1) DOCTOR'S OFFICE [SKIP TO CQ5_SP]
- (2) LOCAL HEALTH DEPARTMENT [SKIP TO CQ5_SP]
- (3) CLINIC OR HEALTH CENTER [SKIP TO CQ5_SP]
- (4) HOSPITAL [SKIP TO CQ5_SP]
- (5) OTHER MEDICALLY-RELATED PLACE [SKIP TO CQ5_OTH]
- (6) PHARMACY OR DRUG STORE [SKIP TO CQ5_SP]
- (7) LOCAL SUPERMARKET OR GROCERY STORE [SKIP TO CQ5_SP]
- (8) SENIOR CENTER [SKIP TO CQ5_SP]
- (9) WORKPLACE [SKIP TO CQ5_SP]
- (10) ELEMENTARY/MIDDLE/HIGH SCHOOL [SKIP TO CQ5_SP]
- (11) OTHER SCHOOL, SUCH AS A COLLEGE OR TRADE SCHOOL [SKIP TO CQ5_SP]
- (12) OTHER NONMEDICALLY-RELATED PLACE [SKIP TO CQ5_SP]
- (13) MILITARY-RELATED PLACE [SKIP TO CQ5_OTH]
- (14) HOME [SKIP TO CQ5_SP]
- (77) DON'T KNOW [SKIP TO CQ5_SP]
- (99) REFUSED [SKIP TO CQ5_SP]

CQ5_OTH. [SPECIFY]: _____ [SKIP TO CQ5_SP]

CQ5_SP. Did you specifically go to the [IF CQ5_OTH FILL WITH RESPONSE, ELSE FILL WITH RESPONSE FROM CQ5] just to get this flu [IF HQ2_BTYPE = 1 FILL "shot", ELSE IF HQ2_BTYPE = 2 FILL "flu vaccination"] for [S.C.]?

- (1) YES [SKIP TO CQ14]
- (2) NO [SKIP TO CQ14]
- (7) DON'T KNOW [SKIP TO CQ14]
- (9) REFUSED [SKIP TO CQ14]

CQ10. There are many reasons why people don't get their children flu vaccinations. I am going to read a list of reasons why people may not get a flu vaccination for their children. Please tell me if each is a reason why you did not get a flu vaccination for your child this flu season.

CQ10A. [You did not get the flu vaccination for your child this year because:]
Your child is allergic to the vaccine.

- (1) YES [GO TO CQ10B]
- (2) NO [GO TO CQ10B]
- (77) DON'T KNOW [GO TO CQ10B]
- (99) REFUSED [GO TO CQ10B]

CQ10B. [You did not get the flu vaccination for your child this year because:]
Your child does not like needles and shots.

- (1) YES [GO TO CQ10C]
- (2) NO [GO TO CQ10C]
- (77) DON'T KNOW [GO TO CQ10C]
- (99) REFUSED [GO TO CQ10C]

- CQ10C.** [You did not get the flu vaccination for your child this year because:]
Your child never gets the flu.
- (1) YES [GO TO CQ10Ca]
(2) NO [GO TO CQ10Ca]
(77) DON'T KNOW [GO TO CQ10Ca]
(99) REFUSED [GO TO CQ10Ca]
- CQ10Ca.** [You did not get the flu vaccination for your child this year because:]
Your child is unlikely to get very sick from the flu.
- (1) YES [GO TO CQ10D]
(2) NO [GO TO CQ10D]
(77) DON'T KNOW [GO TO CQ10D]
(99) REFUSED [GO TO CQ10D]
- CQ10D.** [You did not get the flu vaccination for your child this year because:]
You did not have time to take your child to get the vaccination.
- (1) YES [GO TO CQ10E]
(2) NO [GO TO CQ10E]
(77) DON'T KNOW [GO TO CQ10D]
(99) REFUSED [GO TO CQ10D]
- CQ10E.** [You did not get the flu vaccination for your child this year because:]
Your child was not in a high risk or priority group.
- (1) YES [GO TO CQ10F]
(2) NO [GO TO CQ10F]
(77) DON'T KNOW [GO TO CQ10F]
(99) REFUSED [GO TO CQ10F]
- CQ10F.** [You did not get the flu vaccination for your child this year because:]
You were concerned your child would get the flu from the vaccination.
- (1) YES [GO TO CQ10G]
(2) NO [GO TO CQ10G]
(77) DON'T KNOW [GO TO CQ10G]
(99) REFUSED [GO TO CQ10G]
- CQ10G.** [You did not get the flu vaccination for your child this year because:]
You were concerned about side effects from the vaccination other than getting the flu from the vaccine.
- (1) YES [GO TO CQ10H]
(2) NO [GO TO CQ10H]
(77) DON'T KNOW [GO TO CQ10H]
(99) REFUSED [GO TO CQ10H]
- CQ10H.** [You did not get the flu vaccination for your child this year because:]
Your child has an ongoing health condition that prevents him/her from getting the vaccination.
- (1) YES [GO TO CQ10I]
(2) NO [GO TO CQ10I]
(77) DON'T KNOW [GO TO CQ10I]
(99) REFUSED [GO TO CQ10I]

- CQ10I.** [You did not get the flu vaccination for your child this year because:]
You believe that flu vaccines do not work very well.
- (1) YES [GO TO CQ10J]
 (2) NO [GO TO CQ10J]
 (77) DON'T KNOW [GO TO CQ10J]
 (99) REFUSED [GO TO CQ10J]
- CQ10J.** [You did not get the flu vaccination for your child this year because:]
You do not trust what the government says about the flu.
- (1) YES [GO TO CQ10K]
 (2) NO [GO TO CQ10K]
 (77) DON'T KNOW [GO TO CQ10K]
 (99) REFUSED [GO TO CQ10K]
- CQ10K.** [You did not get the flu vaccination for your child this year because:]
The vaccine costs too much.
- (1) YES [GO TO CQ10L]
 (2) NO [GO TO CQ10L]
 (77) DON'T KNOW [GO TO CQ10L]
 (99) REFUSED [GO TO CQ10L]
- CQ10L.** [You did not get the flu vaccination for your child this year because:]
You did not want your child to get the vaccination for some other reason.
- (1) YES [GO TO CQ10_OTH]
 (2) NO [GO TO CQ10_MAIN]
 (77) DON'T KNOW [GO TO CQ10_MAIN]
 (99) REFUSED [GO TO CQ10_MAIN]
- CQ10_OTH.** What was the other reason you did not want the vaccination for your child?
[SPECIFY]: _____ [SKIP TO CQ10_MAIN]
- CQ10_MAIN.** [IF MORE THAN ONE RESPONSE SELECTED AS YES (1) IN CQ10A THROUGH CQ10L, ASK; Of the reasons you listed, what is the main reason you did not get a flu vaccination this flu season for [S.C]?, ELSE SKIP TO CQ14]

[LIST ALL SELECTED AS (1) YES IN CQ10A THROUGH CQ10L]

INTERVIEWER INSTRUCTION: READ LIST TO RESPONDENT. IF RESPONDENT SELECTS MORE THAN ONE REASON PROBE FOR MAIN REASON
- CQ14.** Do you have a regular doctor or healthcare provider where you usually take [S.C.] when [he/she] is sick, or need advice about [his/her] health? Sometimes this is called a primary care provider.
- (1) YES [SKIP TO CQ33]
 (2) NO [SKIP TO CQ33]
 (77) DON'T KNOW [SKIP TO CQ33]
 (99) REFUSED [SKIP TO CQ33]
- CQ33.** Is there a place that you usually take your child when they need routine or preventive medical care, such as a physical examination or check-up?
- (1) YES [SKIP TO CQ34]
 (2) NO [SKIP TO CQ9]
 (77) DON'T KNOW [SKIP TO CQ9]
 (99) REFUSED [SKIP TO CQ9]

- CQ34.** Where do you usually take your [S.C.] for medical care?
- | | |
|------------------------------------|--------------------|
| (1) CLINIC OR HEALTH CENTER | [SKIP TO CQ9] |
| (2) DOCTOR'S OFFICE OR HMO | [SKIP TO CQ9] |
| (3) HOSPITAL EMERGENCY ROOM | [SKIP TO CQ9] |
| (4) HOSPITAL OUTPATIENT DEPARTMENT | [SKIP TO CQ9] |
| (5) OTHER | [SKIP TO CQ34_OTH] |
| (77) DON'T KNOW | [SKIP TO CQ9] |
| (99) REFUSED | [SKIP TO CQ9] |
- CQ34_OTH.** What other place do you take your [S.C.] to get medical care?
- OTHER SPECIFY _____ [SKIP TO CQ9]
- CQ9.** Since July 1st, has your [S.C.] seen a doctor or other health professional about [his/her] health at a doctor's office, hospital, clinic, or some other place?
- | | |
|-----------------|---------------------|
| (1) YES | [SKIP TO CQ9_TIMES] |
| (2) NO | [SKIP TO CHQ8] |
| (77) DON'T KNOW | [SKIP TO CHQ8] |
| (99) REFUSED | [SKIP TO CHQ8] |
- CQ9_TIMES.** How many times since July 1st has your child visited a doctor or other health professional about [his/her] health at a doctor's office, hospital, clinic, or some other place?
- NUMBER OF TIMES _____ [SKIP TO CQ9_REC]
- (77) DON'T KNOW [SKIP TO CQ9_REC]
- (99) REFUSED [SKIP TO CQ9_REC]
- CQ9_REC.** Did your doctor or other health professional recommend that [S.C.] should get a flu vaccination, should not get a flu vaccination, or didn't give a recommendation either way?
- | | |
|---|----------------------|
| (1) RECOMMENDED CHILD GET A FLU VACCINATION | [SKIP TO CQ9_RECa] |
| (2) RECOMMENDED CHILD NOT GET A FLU VACCINATION | [SKIP TO CHQ9_OFFER] |
| (3) DIDN'T GIVE A RECOMMENDATION EITHER WAY | [SKIP TO CHQ9_OFFER] |
| (77) DON'T KNOW | [SKIP TO CHQ9_OFFER] |
| (99) REFUSED | [SKIP TO CHQ0_OFFER] |
- CQ9_RECa.** Some children need only one flu vaccine, while others need two. Did your doctor or other health professional recommend that [S.C.] get one or two flu vaccines this flu season?
- | | |
|-----------------|---------------------|
| (1) ONE | [SKIP TO CQ9_OFFER] |
| (2) TWO | [SKIP TO CQ9_OFFER] |
| (77) DON'T KNOW | [SKIP TO CQ9_OFFER] |
| (99) REFUSED | [SKIP TO CQ9_OFFER] |
- CQ9_OFFER.** During [S.C.]'s visits to the doctor or other health professional, did [his/her] doctor or other health professional offer the flu vaccination for your child?
- | | |
|-----------------|-------------------|
| (1) YES | [SKIP TO CQ9_GET] |
| (2) NO | [SKIP TO CHQ8] |
| (77) DON'T KNOW | [SKIP TO CHQ8] |
| (99) REFUSED | [SKIP TO CHQ8] |

CQ9_GET. Did your child get a flu vaccination when it was offered?

- | | |
|-----------------|----------------|
| (1) YES | [SKIP TO CHQ8] |
| (2) NO | [SKIP TO CHQ8] |
| (77) DON'T KNOW | [SKIP TO CHQ8] |
| (99) REFUSED | [SKIP TO CHQ8] |

CHQ8. Since July 1st, did [S.C.'s] doctor or other health professional remind you in some way by mail, email, phone call, or text message that [S.C.] should get a flu vaccination this season?

Posted signs, newsletters, pamphlets, or television and radio ads should not be considered a reminder.

- | | |
|-----------------|---------------------|
| (1) YES | [SKIP TO CHQ8_COMM] |
| (2) NO | [SKIP TO CHQ8_A] |
| (77) DON'T KNOW | [SKIP TO CHQ8_A] |
| (99) REFUSED | [SKIP TO CHQ8_A] |

CHQ8_COMM. How was this reminder communicated to you?

[READ IF NECESSARY: Posted signs, newsletters, pamphlets, or television and radio ads should not be considered a reminder.]

- | | |
|------------------|--------------------|
| (1) MAIL | [SKIP TO CHQ8_WHO] |
| (2) PHONE CALL | [SKIP TO CHQ8_WHO] |
| (3) EMAIL | [SKIP TO CHQ8_WHO] |
| (4) TEXT MESSAGE | [SKIP TO CHQ8_WHO] |
| (5) OTHER | [SKIP TO CHQ8_WHO] |
| (77) DON'T KNOW | [SKIP TO CHQ8_WHO] |
| (99) REFUSED | [SKIP TO CHQ8_WHO] |

CHQ8_WHO. Who sent you this reminder?

- | | |
|-----------------------|------------------|
| (1) Doctor's office | [SKIP TO CHQ8_A] |
| (2) Health clinic | [SKIP TO CHQ8_A] |
| (3) Insurance company | [SKIP TO CHQ8_A] |
| (4) Pharmacy | [SKIP TO CHQ8_A] |
| (5) OTHER | [SKIP TO CHQ8_A] |
| (77) DON'T KNOW | [SKIP TO CHQ8_A] |
| (99) REFUSED | [SKIP TO CHQ8_A] |

CHQ8_A. I'd like to ask about flu vaccinations during last year's flu season. Last year, the flu vaccine was available between July 1st, 2010 and May 31st, 2011.

CHQ8_B. During last year's flu season did [S.C.] get a flu vaccination? A flu vaccination could be a shot or a spray, drop or mist in the nose.

- | | |
|-----------------|---------------|
| (1) YES | [SKIP TO C8B] |
| (2) NO | [SKIP TO C8B] |
| (77) DON'T KNOW | [SKIP TO C8B] |
| (99) REFUSED | [SKIP TO C8B] |

High Risk – Child

C8B. IF Q29 = 2, SKIP TO C8F, ELSE:

I'm now going to ask you about health conditions that put people at higher risk for the flu.

Has a doctor, nurse, or other health professional ever said that your [S.C.] has asthma?

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

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO C8D]

[SKIP TO C8D]

[SKIP TO C8D]

C8C. Does [S.C.] still have asthma?

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

C8D. Has a doctor, nurse, or other health professional ever said that your [S.C.] has diabetes?

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

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO C8E]

[SKIP TO C8F]

[SKIP TO C8F]

[SKIP TO C8F]

C8E. Does [S.C.] still have diabetes?

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO C8F]

[SKIP TO C8F]

[SKIP TO C8F]

[SKIP TO C8F]

C8F. Has a doctor, nurse, or other health professional ever said that your [S.C.] has heart disease?

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

INTERVIEWER INSTRUCTION: If respondent mentions high blood pressure, heart murmur, or mitral valve prolapse as the only condition, code as 'No'

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO C8G]

[IF Q29 = 2, SKIP TO
CDEMO_INTRO, ELSE SKIP
TO C8]

[IF Q29 = 2, SKIP TO
CDEMO_INTRO, ELSE SKIP
TO C8]

[IF Q29 = 2, SKIP TO
CDEMO_INTRO, ELSE SKIP
TO C8]

- C8G.** Does [S.C.] still have heart disease?
- (1) YES [IF Q29 = 2, SKIP TO CDEMO_INTRO, ELSE SKIP TO C8]
 - (2) NO [IF Q29 = 2, SKIP TO CDEMO_INTRO, ELSE SKIP TO C8]
 - (3) (77) DON'T KNOW [IF Q29 = 2, SKIP TO CDEMO_INTRO, ELSE SKIP TO C8]
 - (4) (99) REFUSED [IF Q29 = 2, SKIP TO CDEMO_INTRO, ELSE SKIP TO C8]

C8. 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 [S.C.] has any of the following health conditions? A lung condition other than asthma, a kidney condition, obesity, sickle cell anemia or other anemia, a neurological or neuromuscular condition, a liver condition, or a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? Please tell me if [S.C.] has any of the listed conditions.

[READ IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL.]

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

- (1) YES [SKIP TO C8A]
- (2) NO [SKIP TO CDEMO_INTRO]
- (77) DON'T KNOW [SKIP TO CDEMO_INTRO]
- (99) REFUSED [SKIP TO CDEMO_INTRO]

- C8A.** Does [S.C.] still have any of these conditions?
- (1) YES [SKIP TO CDEMO_INTRO]
 - (2) NO [SKIP TO CDEMO_INTRO]
 - (77) DON'T KNOW [SKIP TO CDEMO_INTRO]
 - (99) REFUSED [SKIP TO CDEMO_INTRO]

CDEMO_INTRO.

Now I would like to ask a few general questions about [S.C].

- Q89_C.** Is [S.C.] of Hispanic or Latino origin?
- [INTERVIEWER INSTRUCTION: INCLUDE MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN]**
- (1) YES
 - (2) NO [SKIP TO Q90_C]
 - (77) DON'T KNOW [SKIP TO Q90_C]
 - (99) REFUSED [SKIP TO Q90_C]

Q89_C_1. Is [S.C.] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? (CHOOSE ALL THAT APPLY)

- | | |
|--------------------------------------|-----------------|
| (1) MEXICAN/MEXICANO | [SKIP TO Q90_C] |
| (2) MEXICAN-AMERICAN | [SKIP TO Q90_C] |
| (3) CENTRAL AMERICAN | [SKIP TO Q90_C] |
| (4) SOUTH AMERICAN | [SKIP TO Q90_C] |
| (5) PUERTO RICAN | [SKIP TO Q90_C] |
| (6) CUBAN/CUBAN AMERICAN | [SKIP TO Q90_C] |
| (7) SPANISH-CARIBBEAN | [SKIP TO Q90_C] |
| (8) OTHER SPANISH/HISPANIC (SPECIFY) | |
| (77) DON'T KNOW | [SKIP TO Q90_C] |
| (99) REFUSED | [SKIP TO Q90_C] |

Q89_C_1_OTHER. [SPECIFY]: _____

Q90_C. Now I'm going to read a list of categories. Please choose one or more of the following categories to describe [S.C.'s] race. [In addition to being Hispanic or Latino,] [Is S.C.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CHECK ALL THAT APPLY]

- | | |
|-------------------------------|--------------------|
| (1) WHITE | [SKIP TO C_INSURE] |
| (2) BLACK OR AFRICAN AMERICAN | [SKIP TO C_INSURE] |
| (3) AMERICAN INDIAN | [SKIP TO C_INSURE] |
| (4) ALASKA NATIVE | [SKIP TO C_INSURE] |
| (5) ASIAN | [SKIP TO C_INSURE] |
| (6) NATIVE HAWAIIAN | [SKIP TO C_INSURE] |
| (7) PACIFIC ISLANDER | [SKIP TO C_INSURE] |
| (8) OTHER | |
| (77) DON'T KNOW | [SKIP TO C_INSURE] |
| (99) REFUSED | [SKIP TO C_INSURE] |

Q90_C_OTH. Could you tell me what that would be?

[SPECIFY]: _____

C_INSURE. Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

IF R MENTIONS THAT CHILD HAS S-CHIP OR THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM, CODE "YES". IF R MENTIONS [FILL FROM LIST OF S-CHIP PROGRAMS] CODE "YES".

- | | |
|-----------------|-------------------------|
| (1) YES | [CONTINUE TO C_INSURE2] |
| (2) NO | [SKIP TO PRE_INTRO_1] |
| (77) DON'T KNOW | [SKIP TO PRE_INTRO_1] |
| (99) REFUSED | [SKIP TO PRE_INTRO_1] |

C_INSURE2. Is that coverage Medicaid, the State Children's Health Insurance Program, S-CHIP, or [fill state S-CHIP program name], or some other type of insurance?

- | | |
|---|-----------------------|
| (1) MEDICAID | [SKIP TO PRE_INTRO_1] |
| (2) S-CHIP [FILL STATE S-CHIP/MEDICAID PROGRAM NAME] | [SKIP TO PRE_INTRO_1] |
| (3) SOMETHING ELSE/PRIVATE INSURANCE/HMO PREPAID PLAN | [SKIP TO PRE_INTRO_1] |
| (77) DON'T KNOW | [SKIP TO PRE_INTRO_1] |
| (99) REFUSED | [SKIP TO PRE_INTRO_1] |

Demographics

PRE_INTRO_1. Thank you for your patience as we asked those questions. Now I would like to ask you a few more questions about your household.

(1) CONTINUE

[SKIP TO Q87]

Q87. What is the highest grade or year of school you have completed?

[READ IF NECESSARY]

- (1) 8th GRADE OR LESS
- (2) 9th–12th GRADE NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) COMPLETED VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (5) SOME COLLEGE CREDIT BUT NO DEGREE
- (6) ASSOCIATE DEGREE (AA, AS)
- (7) BACHELOR'S DEGREE (BA, BS, AB)
- (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (9) DOCTORATE (PhD, EdD) OR PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

Q88. Are you now married, or have a partner, widowed, divorced, separated, or have you never been married?

- (1) MARRIED
- (2) PARTNERED
- (3) WIDOWED
- (4) DIVORCED
- (5) SEPARATED
- (6) NEVER MARRIED
- (77) DON'T KNOW
- (99) REFUSED

CELL_AGE. Please tell me how old you are.

- _____ YEARS
- (777) DON'T KNOW
- (999) REFUSED

[SKIP TO INSURE]
[CONTINUE TO CELL_AGE2]
[CONTINUE TO CELL_AGE2]

CELL_AGE2. I understand that you may be uncomfortable giving me your age. Could you tell me if you are:

- (1) 18-24
- (2) 25-49
- (3) 50-64
- (4) or, 65 or older
- (77) DON'T KNOW
- (99) REFUSED

INSURE. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

Q89. Are you of Hispanic or Latino origin?

[INTERVIEWER INSTRUCTION: INCLUDE MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN]

- (1) YES
- (2) NO [SKIP TO Q90]
- (77) DON'T KNOW [SKIP TO Q90]
- (99) REFUSED [SKIP TO Q90]

Q89_1. Are you Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? (CHOOSE ALL THAT APPLY)

- (1) MEXICAN/MEXICANO [SKIP TO Q90]
- (2) MEXICAN-AMERICAN [SKIP TO Q90]
- (3) CENTRAL AMERICAN [SKIP TO Q90]
- (4) SOUTH AMERICAN [SKIP TO Q90]
- (5) PUERTO RICAN [SKIP TO Q90]
- (6) CUBAN/CUBAN AMERICAN [SKIP TO Q90]
- (7) SPANISH-CARIBBEAN [SKIP TO Q90]
- (8) OTHER SPANISH/HISPANIC (SPECIFY)
- (77) DON'T KNOW [SKIP TO Q90]
- (99) REFUSED [SKIP TO Q90]

Q89_1_OTHER. [SPECIFY]: _____

Q90. Now I'm going to read a list of categories. Please choose one or more of the following categories to describe your race. White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

- (1) WHITE [SKIP TO Q95]
- (2) BLACK OR AFRICAN AMERICAN [SKIP TO Q95]
- (3) AMERICAN INDIAN [SKIP TO Q95]
- (4) ALASKA NATIVE [SKIP TO Q95]
- (5) ASIAN [SKIP TO Q95]
- (6) NATIVE HAWAIIAN [SKIP TO Q95]
- (7) PACIFIC ISLANDER [SKIP TO Q95]
- (8) OTHER
- (77) DON'T KNOW [SKIP TO Q95]
- (99) REFUSED [SKIP TO Q95]

Q90_OTH. Could you tell me what that would be?

[SPECIFY]: _____

Q95. Are you currently...? [READ ANSWER CHOICES]

- (1) Employed for wages
- (2) Self-employed
- (3) Out of work for more than 1 year
- (4) Out of work for less than 1 year
- (5) A Homemaker
- (6) A Student
- (7) Retired
- (8) Or, unable to work
- (77) DON'T KNOW
- (99) REFUSED

Q91. Please think about your total combined family income during 2011 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?]

\$ _____

[SKIP TO Q92]

(77) DON'T KNOW

(99) REFUSED

Q91_RANGE. We understand that people might not feel comfortable giving out their exact income. I would like to read you some income ranges, and let you select the category which best describes your total combined family income from all sources for all members of your household during 2011, before taxes?

(1) Less than \$5,000

(2) \$5,001 – \$10,000

(3) \$10,001 – \$20,000

(4) \$20,001 – \$40,000

(5) \$40,001 – \$60,000

(6) \$60,001 – \$75,000

(7) \$75,001 – \$150,000

(8) \$150,001 or more

(77) DON'T KNOW

(99) REFUSED

Q92. Just to confirm that I entered the number correctly, the total combined family income was [Q91]?

(1) YES

[SKIP TO Q93]

(2) NO

[SKIP TO Q91]

(77) DON'T KNOW

[SKIP TO Q91]

(99) REFUSED

[SKIP TO Q91]

Q93. What is your zip code?

_____ ENTER ZIP CODE

(77777) DON'T KNOW

[SKIP TO Q94]

(99999) REFUSED

[SKIP TO Q94]

Q93_CONF. To confirm, you live in [CITY], [COUNTY] county, [STATE]. Is that correct?

(1) YES **[SKIP TO RENT_OWN]**

(2) NO

Q94. In what city, county and state do you live?

ENTER CITY _____

ENTER COUNTY _____

ENTER STATE _____

RENT_OWN. 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 MORE THAN ONE ADULT IN HOUSEHOLD, READ: "or someone in your household")?

- (1) Owned or being bought
- (2) Rented
- (3) Occupied by some other arrangement
- (77) DON'T KNOW
- (99) REFUSED

SC6_X. INTERVIEWER: CODE RESPONDENT GENDER

IF NECESSARY: Now I have some general questions. I am required to ask this. Just to confirm, are you male or female?

- (1) MALE [SKIP TO Q96]
- (2) FEMALE [SKIP TO Q2_PRGNT]
- (99) REFUSED [SKIP TO Q96]

Q2_PRGNT. Have you been pregnant at any time since July 1st, 2011?

[READ IF NECESSARY: PREGNANT WOMEN ARE KNOWN TO BE AT HIGHER RISK FOR GETTING THE FLU.]

[READ IF NECESSARY: BECAUSE WOMEN ARE BECOMING PREGNANT AT LATER AGES, WE ARE ASKING THIS QUESTION OF ALL ADULT WOMEN BETWEEN THE AGES OF 18 AND 65.]

- (1) YES [SKIP TO Q96]
- (2) NO [SKIP TO Q96]
- (77) DON'T KNOW [SKIP TO Q96]
- (99) REFUSED [SKIP TO Q96]

Q96. Now I have some questions about your entire household.

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

[READ IF NECESSARY: I'D LIKE TO KNOW ABOUT THE TELEPHONE NUMBERS, NOT TELEPHONE EXTENSIONS THAT RING TO THIS HOUSEHOLD.]

[INTERVIEWER INSTRUCTION: COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.]

- (1) YES
- (2) NO [SKIP TO Q98]
- (77) DON'T KNOW [SKIP TO Q98]
- (99) REFUSED [SKIP TO Q98]

Q97. How many telephone numbers are residential numbers?

[INTERVIEWER INSTRUCTION: THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED)].

- (1) ONE
- (2) TWO
- (3) THREE OR MORE
- (77) DON'T KNOW
- (99) REFUSED

- Q98.** Not including cellular telephones, has your family been without telephone service for 1 week or more during the past 12 months? Do not include interruptions of phone service due to weather or natural disasters.
- (1) YES [IF CELL_FLAG = 1, GO TO C21_06Q3_CELL, ELSE SKIP TO Q98_D]
 - (2) NO [IF CELL_FLAG = 1, GO TO C21_06Q3_CELL, ELSE SKIP TO Q98_D]
 - (77) DON'T KNOW [IF CELL_FLAG = 1, GO TO C21_06Q3_CELL, ELSE SKIP TO Q98_D]
 - (99) REFUSED [IF CELL_FLAG = 1, GO TO C21_06Q3_CELL, ELSE SKIP TO Q98_D]

C21_06Q3_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and other adult household members have available for personal use? Please count only cell phones used by household members aged 18 and over, and do not count cell phones that are used exclusively for business purposes.

- (1) ONE
- (2) TWO
- (3) THREE OR MORE
- (77) DON'T KNOW
- (99) REFUSED

Q98_D. Of all the telephone calls that you or your family receive, are:

- (1) All or almost all calls received on cell phones
- (2) Some received on cell phones and some on regular phones
- (3) Very few or none on cell phones
- (77) DON'T KNOW
- (99) REFUSED

Q100. Those are all the questions I have. If you would like more information about this study, please call the study's toll-free number, 1-800-993-0495. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board. You may be re-contacted in the future to participate in related studies. Your participation in future studies is voluntary. 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.

Would you like to get the address of a website or a phone number where you get more information about flu?

- (1) Yes
- (2) No

[SKIP TO Q100]

Q99_INFO. You can get additional information about influenza at <http://www.cdc.gov/flu/> or by calling 1-800-CDC-INFO (800-232-4636).

Q101. Those are all the questions I have. If you would like more information about this study, please call the study's toll-free number, 1-800-993-0495. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board. You may be re-contacted in the future to participate in related studies. Your participation in future studies is voluntary. 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. Would you like to get the address of a website or a phone number where you can get more information about the flu?

- (1) YES
- (2) NO

[SKIP TO LANG1]

Q101_INFO. You can get additional information about the flu at <http://www.cdc.gov/flu/> or by calling 1-800-CDC-INFO (800-232-4636).

Q100_A [DISPLAY IF CC_1=2: As a reminder, I still need to talk to the parent or guardian of [S.C.]. When would be a good time to reach [S.C.]'s parent or guardian? READ IF NECESSARY: Is there another phone number I should call to reach [S.C.]'s parent or guardian?]

Thank you for participating in the National Flu Survey. Please enjoy the rest of your day.

- (1) TERMINATE INTERVIEW

LANG1. WAS THIS INTERVIEW COMPLETED USING ENGLISH ONLY?

- (1) YES
- (2) NO

[TERMINATE CASE]

LANG2. WHICH LANGUAGES WERE NEEDED TO COMPLETE THIS INTERVIEW?
INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY

- (1) ENGLISH
- (2) SPANISH
- (3) ARABIC
- (4) CANTONESE
- (5) FRENCH/CREOLE/HAITIAN
- (6) ITALIAN
- (7) JAPANESE
- (8) KOREAN
- (9) MANDARIN
- (10) POLISH
- (11) PORTUGUESE
- (12) TAGALOG/FILIPINO
- (13) VIETNAMESE
- (14) ANOTHER LANGUAGE

[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]

LANG3. WAS THIS INTERVIEW COMPLETED "MOSTLY IN ENGLISH" OR "MOSTLY IN SPANISH"?

- (1) MOSTLY IN ENGLISH
- (2) MOSTLY IN SPANISH
- (3) ABOUT HALF AND HALF

[TERMINATE CASE]
[TERMINATE CASE]
[TERMINATE CASE]