

National 2009 H1N1 Flu Survey Questionnaire [2010 Q1]

Table of Contents

RDD Screener.....	2
CELL Screener.....	5
2009-H1N1 Knowledge, Attitudes, Practices.....	8
Influenza Vaccination-Adult.....	10
Respiratory Illness-Adult.....	18
High Risk-Adult.....	20
Child Roster.....	23
Influenza Vaccination-Child.....	26
High Risk-Child.....	33
Respiratory Illness-Child.....	34
Demographics.....	37

RDD Screener

INTRO_1. [GENERAL] Hello. We are conducting a nationwide study about the swine flu, also known as the H1N1 flu, on behalf of the Centers for Disease Control and Prevention. My name is _____. 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 UE-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 UE-M1_NAME] |
| (9) SUPERVISOR REVIEW (PERMISSION REQUIRED) | [SKIP TO CNOTES_1_1] |

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

- | | |
|------------------------|-----------------|
| _____ NUMBER OF PEOPLE | [SKIP TO SC2] |
| (77) DON'T KNOW | |
| (99) REFUSED | [SKIP TO UE-R1] |

SC2. How many of these are adults 18 years of age or older? READ IF NECESSARY: Remember to include any college students who live in this household for the summer.

- | | |
|------------------------|-------------------|
| _____ NUMBER OF PEOPLE | [SKIP TO SC3] |
| (0) NO ADULTS | [SKIP TO SC2_A] |
| (77) DON'T KNOW | [SKIP TO SC2_DK1] |
| (99) REFUSED | [SKIP TO UE-R1] |

SC3. And that means that [FILL] of these people are under 18 years of age?

- | | |
|-----------------|----------------------------|
| (1) YES | [RDD: CONTINUE TO SC_LTR] |
| (2) NO | [GO TO SC1] |
| (77) DON'T KNOW | [RDD: CONTINUE TO SC_LTR] |
| (99) REFUSED | [RDD: CONTINUE TO SC_LTR] |

SC_LTR. A letter describing the National 2009 H1N1 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 20 minutes. . In order to review my work, my calls are 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 Volume 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 National Opinion Research Center 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
(2) NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING

SC5. In each household, we randomly choose someone to interview. In order to do this, I need to list the [FILL] people in this household who are 18 years of age or older.
PRESS ENTER TO CONTINUE

SC5_AGE_X. Please tell me the age of [the/the next] youngest adult in the household who is 18 years of age or older. [REPEAT UNTIL ALL HH MEMBERS HAVE BEEN ROSTERED].

ENTER AGE _____
(000) NO MORE ADULTS
(777) DON'T KNOW
(999) REFUSED

[GO TO SC5_AGE_X]
[SKIP TO SC8]
[SKIP TO SC5_REF1_X]

SC8. I have [NUMBER OF PEOPLE ROSTERED] adult[s], 18 years of age or older, listed. Have I recorded this correctly?
CATI INSTRUCTION: DISPLAY GRID OF HOUSEHOLD MEMBERS.

(1) YES, CORRECT NUMBER OF ADULTS
(2) NO, WRONG NUMBER OF ADULTS

[GO TO SC2]

CATI RANDOM SELECTION HERE

SC10. For this study, I need to speak with [you/ the [AGE OF SELECTED] year old.

(1) CONTINUE
(2) INFORMANT IS SELECTED R

[SKIP TO PAN_INTRO1]

SC11. May I speak to the [AGE OF SELECTED] year old who lives in this household?

(1) YES, NEW R COMES TO PHONE
(2) YES, INFORMANT IS SELECTED R
(3) NO, R UNAVAILABLE AT THIS TIME
(4) NO, R DOES NOT SPEAK ENGLISH
(5) NO, R PERMANENTLY INCAPACITATED

[SKIP TO PANINTRO1]
[SKIP TO SC14]
[SKIP TO SC14]
[SKIP TO S3_TERM]

INTRO_1. [CELL PHONE]

Hello. We are conducting a nationwide study with cell telephone users about the swine flu, also known as the H1N1 flu, on behalf of the Centers for Disease Control and Prevention. My name is _____. 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 | [SKIP TO CNOTES_1_1] |
| (SCHEDULE A CALL BACK FOR 1 MINUTE) | |
| (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_ATTN] |
| (3) CALL BACK ANOTHER TIME | [SKIP TO S_ATTN] |

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

- | | |
|---|-------------------------------------|
| (1) CALL BACK AT ANOTHER NUMBER REQUESTED | [TERMINATE (GO TO
CB1N_WARNING)] |
| (2) CALL BACK ANOTHER TIME | [TERMINATE (GO TO CB1)] |
| (3) WRONG TIME ZONE FOR CELL PHONE | [TERMINATE (GO TO
CELL_TZ_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] |
| (4) [SHOW FOR RDD SAMPLE ONLY: DOESN'T LIVE IN HOUSEHOLD] | |
| (5) NO, R IS NOT 18 OR OLDER | |
| (6) ALL HHM PERMANENTLY
INCAPACITATED | [SKIP TO S3_TERM] |
| (99) REFUSED | [SKIP TO S2_B_1_Warning_Text] |

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 | [GO TO CELLUSE] |
| (2) NO | [GO TO SC3_A] |
| (77) DON'T KNOW | [GO TO SC3_A] |
| (99) REFUSED | [GO TO SC3_A] |

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 | [GO TO S3_TERM] |
| (2) SOMEWHAT LIKELY | [GO TO S3_TERM] |
| (3) SOMEWHAT UNLIKELY | [GO TO SC3_A] |
| (4) NOT AT ALL LIKELY | [GO TO SC3_A] |
| (77) DON'T KNOW | [GO TO S3_TERM] |
| (99) REFUSED | [GO TO S3_TERM] |

SC3_A. Besides yourself, how many other adults use this cell phone?

- _____ [number of adults]
(00) NO OTHER ADULTS
(77) DON'T KNOW
(99) REFUSED

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 2009 H1N1 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 20 minutes. In order to review my work, my calls are 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 Volume 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 National Opinion Research Center 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

(2) NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING

[CELL sample skip to PANINTRO1;]

2009-H1N1 Knowledge, Attitudes, Practices

PANINTRO1. You may have heard of a new type of the flu called 2009 H1N1 flu, which is different from the seasonal flu. This new H1N1 flu is sometimes called swine flu or pandemic flu. I'd like to ask you some questions about this new H1N1 flu.

[ADD TO FAQs: A pandemic is a widespread outbreak of an illness that can spread from person to person. The new H1N1 flu became a pandemic in June 2009.]

PAN7. How much, if anything, do you know about the 2009 H1N1 flu? Would you say that you know a lot, a little, or nothing about the 2009 H1N1 flu?

- (1) A lot
- (2) A little
- (3) Nothing
- (77) DON'T KNOW
- (99) REFUSED

PAN8. How concerned are you about the H1N1 flu? Would you say you are very concerned, somewhat concerned, not very concerned, or not at all concerned?

- (1) VERY CONCERNED
- (2) SOMEWHAT CONCERNED
- (3) NOT VERY CONCERNED
- (4) NOT AT ALL CONCERNED
- (77) DON'T KNOW
- (99) REFUSED

PAN10. Which of the following have you done as a result of the H1N1 flu?

PAN10B. Frequent hand washing or use of hand sanitizer.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10C. Avoided close contact with others who have flu-like symptoms.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10D. Avoided touching your eyes, nose, or mouth as much as possible.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10E. Taken anti-viral medicine, like Tamiflu® or Relenza®.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10F. Reduced contact with people outside your own household as much as possible.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10G. Reduced the amount of time spent at places where there are large gatherings of people.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

PAN10H. Bought a face mask.
READ IF NECESSARY: Have you done this as a result of this current pandemic?

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

Influenza Vaccination- Adult

HQ2_INTRO. There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009-H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

HQ1. You may have gotten a shot card for the H1N1 and seasonal flu vaccinations. Have you received this shot card?
(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
READ IF NECESSARY: A shot card is a piece of paper used to record vaccination dates and types. The shot card we are asking about is produced by the CDC and is sometimes handed out at places where people receive flu vaccinations.

CARD. The next few questions will be about flu vaccinations. Since some of the vaccinations are difficult to remember it would be helpful if you could refer to your shot card.
READ IF NECESSARY: I'll be happy to wait while you go and get it.
(1) R GETS SHOT CARD
(2) R DOES NOT GET SHOT CARD/CAN'T LOCATE SHOT CARD

HQ2. Since September 2009, have you had an H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist or drop in the nose.

YES
NO [SKIP TO HQ7_INT]
(77) DON'T KNOW [SKIP TO HQ7_INT]
(99) REFUSED [SKIP TO HQ7_INT]

HQ2_A. How many H1N1 vaccination doses have you received?

(1) 1 VACCINATION OR DOSE
(2) 2 OR MORE VACCINATION DOSES
(77) DON'T KNOW [SKIP TO HQ5]
(99) REFUSED [SKIP TO HQ5]

HQ2_B1_M. During what month did you receive [your/your first] H1N1 flu vaccine?

__ [enter month]
(77/7777) DON'T KNOW
(99/9999) REFUSED

HQ2_B1_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- (1) YES
- (2) NO

[go to HQ2_B1]

HQ2_TYPE1. Was this a shot or the spray in the nose?

- (1) FLU SHOT
- (2) FLU NASAL SPRAY
- (77) DON'T KNOW
- (99) REFUSED

HQ2_B2_M. During what month did you receive your second H1N1 flu vaccine?

- _ _ _ [enter month]
- (77/7777) DON'T KNOW
- (99/9999) REFUSED

HQ2_B2_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- (1) YES
- (2) NO

[go to HQ2_B2]

HQ2_TYPE2. Was this a shot or the spray in the nose?

- (1) FLU SHOT
- (2) FLU NASAL SPRAY
- (77) DON'T KNOW
- (99) REFUSED

HQ5. At what kind of place did you get your most recent H1N1 flu vaccination?

[READ ONLY IF NECESSARY]

- (1) DOCTOR'S OFFICE **[SKIP TO Q2_INTRO]**
- (2) HEALTH DEPARTMENT **[SKIP TO Q2_INTRO]**
- (3) CLINIC OR HEALTH CENTER **[SKIP TO Q2_INTRO]**
- (4) HOSPITAL **[SKIP TO Q2_INTRO]**
- (5) OTHER MEDICALLY-RELATED PLACE **[SKIP TO Q2_INTRO]**
- (6) PHARMACY OR DRUG STORE **[SKIP TO Q2_INTRO]**
- (7) WORKPLACE **[SKIP TO Q2_INTRO]**
- (8) ELEMENTARY/MIDDLE/HIGH SCHOOL **[SKIP TO Q2_INTRO]**
- (9) OTHER NONMEDICALLY-RELATED PLACE **[GO TO Q5_OTH]**
- (77) DON'T KNOW **[SKIP TO Q2_INTRO]**
- (99) REFUSED **[SKIP TO Q2_INTRO]**

HQ5_OTH. [BACK CODE ALL VERBATIM ANSWERS]
[SPECIFY]: _____
[SKIP TO Q2_INTRO]

HQ7_INT. How likely are you to get a H1N1 flu vaccination between now and June 2010? Would you say you:

- (1) will definitely get one
- (2) will probably get one
- (3) will probably not get one
- (4) or, will definitely not get one
- (77) DON'T KNOW
- (99) REFUSED

HQ10. There are many reasons why people don't get flu vaccinations. What is the main reason you [will not get/will probably not get/have not yet gotten] an H1N1 flu vaccination this flu season?

[INTERVIEWER INSTRUCTION: IF MORE THAN ONE MENTION, PROBE 'WHAT IS THE MAIN REASON?']

[INTERVIEWER INSTRUCTION: IF 'I NEVER GET ONE', PROBE FOR MORE DETAIL]

- | | |
|---|------------------------|
| (1) CONCERNS ABOUT SIDE EFFECTS OR SICKNESS | [SKIP TO Q2_INTRO] |
| (2) THINK VACCINES DO NOT WORK | [SKIP TO Q2_INTRO] |
| (3) VACCINATION IS NOT NEEDED | [SKIP TO Q2_INTRO] |
| (4) ALLERGIC TO THE VACCINE | [SKIP TO Q2_INTRO] |
| (5) COSTS TOO MUCH TO GET THE VACCINE | [SKIP TO Q2_INTRO] |
| (6) BECAUSE I ALREADY HAD H1N1 FLU | [SKIP TO Q2_INTRO] |
| (7) VACCINE NOT AVAILABLE | [SKIP TO Q2_INTRO] |
| (8) TRIED TO GET IT BUT COULDN'T | [SKIP TO Q2_INTRO] |
| (9) DON'T KNOW WHERE TO GO/WHO TO CALL | [SKIP TO Q2_INTRO] |
| (10) HAVEN'T GOTTEN TO IT YET/NO TIME | [SKIP TO Q2_INTRO] |
| (11) NOT IN A PRIORITY GROUP | [SKIP TO Q2_INTRO] |
| (12) SOME OTHER REASON | [CONTINUE TO HQ10_OTH] |
| (77) DON'T KNOW | [SKIP TO Q2_INTRO] |
| (99) REFUSED | [SKIP TO Q2_INTRO] |

HQ10_OTH. [SPECIFY]: _____

Q2_INTRO Now I'm going to ask you about the seasonal flu vaccine. This is the vaccine that is available every year around September for the flu season.

Q2. Since August 2009, have you had a seasonal flu vaccination? There are two types of seasonal flu vaccinations. One is a shot and the other is a spray, mist or drop in the nose.

- (1) YES
- (2) NO [SKIP TO Q7_INT]
- (77) DON'T KNOW [SKIP TO Q7_INT]
- (99) REFUSED [SKIP TO Q7_INT]

Q2_B_M. During what month did you receive your most recent seasonal flu vaccine?

__ [enter month]
(77/7777) DON'T KNOW
(99/9999) REFUSED

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

(1) YES
(2) NO **[GO TO Q2_B]**

Q3. Was your most recent seasonal flu vaccine a shot, or the spray in the nose? The seasonal flu vaccine can be given either as a shot or a nasal spray, also called "FluMist®".

(1) SHOT
(2) SPRAY
(77) DON'T KNOW
(99) REFUSED

Q5. At what kind of place did you get your most recent seasonal flu [vaccination]?
[READ ONLY IF NECESSARY]

(1) DOCTOR'S OFFICE	[SKIP TO CARD_2]
(2) HEALTH DEPARTMENT	[SKIP TO CARD_2]
(3) CLINIC OR HEALTH CENTER	[SKIP TO CARD_2]
(4) HOSPITAL	[SKIP TO CARD_2]
(5) OTHER MEDICALLY-RELATED PLACE	[SKIP TO CARD_2]
(6) PHARMACY OR DRUG STORE	[SKIP TO CARD_2]
(7) WORKPLACE	[SKIP TO CARD_2]
(8) ELEMENTARY/MIDDLE/HIGH SCHOOL	[SKIP TO CARD_2]
(9) OTHER NONMEDICALLY-RELATED PLACE	[GO TO Q5_OTH]
(77) DON'T KNOW	[SKIP TO CARD_2]
(99) REFUSED	[SKIP TO CARD_2]

Q5_OTH. [BACK CODE ALL VERBATIM ANSWERS]

[SPECIFY]: _____
[SKIP TO CARD_2]

CARD_2. Earlier you mentioned having a shot card for your flu vaccinations. Did you get this card after getting a seasonal flu vaccine, an H1N1 flu vaccine, or both?"

(1) SEASONAL	[SKIP TO Q9]
(2) H1N1	[SKIP TO Q9]
(3) BOTH	[SKIP TO Q9]
(77) DON'T KNOW	[SKIP TO Q9]
(99) REFUSED	[SKIP TO Q9]

Q7_INT. How likely are you to get a seasonal flu vaccination between now and June 2010?
Would you say you:

- (1) will definitely get one
- (2) will probably get one
- (3) will probably not get one
- (4) or, will definitely not get one
- (77) DON'T KNOW
- (99) REFUSED

Q10. There are many reasons why people don't get flu vaccinations. What is the main reason you [will not get/will probably not get/have not yet gotten] a seasonal flu vaccination this flu season?

[INTERVIEWER INSTRUCTION: IF MORE THAN ONE MENTION, PROBE 'WHAT IS THE MAIN REASON?']

[INTERVIEWER INSTRUCTION: IF 'I NEVER GET ONE', PROBE FOR MORE DETAIL]

- | | |
|---|------------------------------|
| (1) CONCERNS ABOUT SIDE EFFECTS OR SICKNESS | [SKIP TO Q9] |
| (2) THINK VACCINES DO NOT WORK | [SKIP TO Q9] |
| (3) VACCINATION IS NOT NEEDED | [SKIP TO Q9] |
| (4) ALLERGIC TO THE VACCINE | [SKIP TO Q9] |
| (5) THE VACCINE COSTS TOO MUCH | [SKIP TO Q9] |
| (6) VACCINE NOT AVAILABLE | [SKIP TO Q9] |
| (7) TRIED TO GET IT BUT COULDN'T | [SKIP TO Q9] |
| (8) HAVEN'T GOTTEN TO IT YET/NO TIME | [SKIP TO Q9] |
| (9) DON'T KNOW WHERE TO GO/WHO TO CALL | [SKIP TO Q9] |
| (10) SOME OTHER REASON | [CONTINUE TO Q10_OTH] |
| (77) DON'T KNOW | [SKIP TO Q9] |
| (99) REFUSED | [SKIP TO Q9] |

Q10_OTH. [SPECIFY]: _____

Q9. Since this past August, 2009, have you seen a doctor or other health professional about your own health at a doctor's office, hospital, clinic, or some other place?

- | | |
|-----------------|-----------------------------|
| (01) YES | [CONTINUE TO Q9_NUM] |
| (02) NO | [SKIP TO HQ8] |
| (77) DON'T KNOW | [SKIP TO HQ8] |
| (99) REFUSED | [SKIP TO HQ8] |

Q9_NUM. How many times did you see a doctor or other health professional about your own health since August 2009?

[ENTER NUMBER]_____

HQ8. Since August 2009, did your doctor or other health professional personally recommend that you get an H1N1 flu vaccination or a seasonal flu vaccination?

[INTERVIEWER INSTRUCTION: POSTED SIGNS, NEWSLETTERS, PAMPHLETS, OR TELEVISION AND RADIO ADS SHOULD NOT BE CONSIDERED A RECOMMENDATION]

[INTERVIEWER INSTRUCTION: IF R SAYS "YES" PROBE TO FIND OUT WHICH VACCINES WERE RECOMMENDED]

- (1) H1N1 flu vaccination
- (2) Seasonal flu vaccination
- (3) Both vaccinations
- (4) Neither vaccination
- (77) DON'T KNOW
- (99) REFUSED

PNEU_INTRO. The next few questions are about the pneumonia vaccination. A pneumonia shot is usually given only once or twice in an adult's life and protects against pneumonia. It is also called the pneumococcal vaccination. Have you ever had a pneumonia vaccination as an adult?

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

**[CONTINUE TO PNEU1]
[SKIP TO PAN12/HQ23]
[SKIP TO PAN12/HQ23]
[SKIP TO PAN12/HQ23]**

PNEU1. How many of these pneumonia vaccinations have you received?

- (1) 1 vaccination or dose
- (2) 2 vaccination doses
- (3) 3 or more vaccination doses
- (77) DON'T KNOW
- (99) REFUSED

PNEU2. How old were you when you received your most recent pneumonia vaccination?
_____ YEARS

[CONTINUE TO PAN 12]

- (99) REFUSED

[SKIP TO Q23]

HQ23. Now I'm going to ask you for your opinions about the H1N1 flu vaccine. How effective do you think the H1N1 flu vaccination is in preventing the H1N1 flu? Would you say:

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

HQ24. If you [had not gotten/do not get] an H1N1 flu vaccination this fall or winter, what [would have been/are] your chances of getting sick with the H1N1 flu? Would you say:

- (1) Very high,
- (2) Somewhat high,
- (3) Somewhat low,
- (4) Or, very low?
- (77) DON'T KNOW
- (99) REFUSED

HQ24_B. How worried [were/are] you about getting sick from the H1N1 flu vaccine? Would you say:

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

Q23. How effective do you think the seasonal flu vaccination [was/is] in preventing the seasonal flu? Would you say:

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

Q24. If you [had not gotten/do not get] a seasonal flu vaccination this fall or winter, what [would have been/are] your chances of getting sick with the seasonal flu? Would you say:

- (1) Very high,
- (2) Somewhat high,
- (3) Somewhat low,
- (4) Or, very low?
- (77) DON'T KNOW
- (99) REFUSED

Q24_B.

How worried [were/are] you about getting sick from the seasonal flu vaccine? Would you say:

(1) Very worried,

(2) Somewhat worried,

(3) Not too worried,

(4) Or, not at all worried about getting sick from the flu vaccination?

(77) DON'T KNOW

(99) REFUSED

Respiratory Illness - Adult

FLU_INTRO. We would like to ask you some questions about recent respiratory illnesses.

FLU1. During the past month, were you ill with a fever?

- (1) YES
- (2) NO [RDD singleton HHS GO TO FLU4, else FLU3]
- (77) DON'T KNOW [RDD singleton HHS GO TO FLU4, else FLU3]
- (99) REFUSED [RDD singleton HHS GO TO FLU4, else FLU3]

FLU1_A. Did you also have a cough or sore throat?

- (1) YES
- (2) NO [RDD singleton HHS GO TO FLU4, else FLU3]
- (77) DON'T KNOW [RDD singleton HHS GO TO FLU4, else FLU3]
- (99) REFUSED [RDD singleton HHS GO TO FLU4, else FLU3]

FLU1_B. When did you first become ill with fever, cough or sore throat? [INTERVIEWER: READ OFF CHOICES. CHOOSE THE MOST SPECIFIC.]

- (1) Within the past week [Interviewer, if asked: past 1-7 days]
- (2) 2 weeks ago [Interviewer, if asked: past 7-14 days]
- (2) 3-4 weeks ago [Interviewer, if asked: the 14-30 days before today]
- (77) DON'T KNOW
- (99) REFUSED

FLU2. Did you visit a doctor, nurse, or other health professional for this illness?

- (1) YES
- (2) NO [GO TO FLU3]
- (77) DON'T KNOW [GO TO FLU3]
- (99) REFUSED [GO TO FLU3]

FLU2_A. What did the doctor, nurse, or other health professional tell you? Did they say:
READ OFF CHOICES

- (1) You had regular influenza or the flu
- (2) You had swine flu, also known as H1N1 or novel H1N1
- (3) You had some other illness, but not the flu [GO TO FLU3]
- (77) DON'T KNOW
- (99) REFUSED

FLU2_B. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say:
READ OFF CHOICES

- (1) Yes, you had flu test and it was positive
- (2) No, you had flu test and it was negative
- (3) No, flu test was not done
- (77) DON'T KNOW
- (99) REFUSED

FLU2_C. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

FLU2_D. About how many days did you miss school or work because of this illness?

- ___ Days
- (77) DON'T KNOW
- (99) REFUSED

FLU3. Did any other members of your household have a fever with cough or sore throat during the past month?

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

[GO TO FLU4]

FLU3_A. How many household members, including you, were ill during the past month?

- ___ Number of persons
- (77) DON'T KNOW
- (99) REFUSED

FLU4. How many people in your household, including you, were hospitalized for the flu during the past month?

- ___ Number of people
- (88) NONE [Select if person lives alone]
- (77) DON'T KNOW
- (99) REFUSED

High Risk - Adult

Q25. Has a doctor, nurse, or other health professional ever said that you have asthma?

- (01) YES
- (02) NO [SKIP TO Q27]
- (77) DON'T KNOW [SKIP TO Q27]
- (99) REFUSED [SKIP TO Q27]

Q26. Do you still have asthma?

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

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 heart condition, diabetes, a kidney condition, 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 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.]

- (01) YES [SKIP TO Q28]
- (02) 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?]

**IF NUMBER OF PEOPLE IN HH = 1
THEN Q31; ELSE Q29**

Q28. Do you still have any of these conditions?

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

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, sickle cell anemia or other anemia, 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 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 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?]

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (88) SINGLE PERSON HOUSEHOLD (IF VOLUNTEERED)
- (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.]

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

Q32. 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.

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

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.]

(01) YES

(02) NO

(03) NOT NOW, BUT CURRENTLY PREGNANT (VOLUNTEERED)

(77) DON'T KNOW

(99) REFUSED

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) MYSELF
- (2) SOMEONE ELSE

[SKIP TO CR1_X]
[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?

- (01) YES, GETTING PERSON
- (02) NO

[SKIP TO NEW_CC]
[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 Q87; SCHEDULE CALLBACK TO COMELETE 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 swine flu, also known as the H1N1 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 20 minutes. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

- (01) CONTINUE
- (02) RESPONDENT ASKS FOR DESCRIPTION OF LAW

[SKIP TO NEW_CC_R]

NEW_CC_LAW. The Public Health Service Act is Volume 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, the National Opinion Research Center 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?

- (01) MALE
- (02) FEMALE
- (99) REFUSED

CHQ2_INTRO. **ASK ONLY IF NEW RESPONDENT:** I will first ask you questions about H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about seasonal flu.

CHQ1. You may have gotten a shot card for [S.C.]'s H1N1 and seasonal flu vaccinations. The shot card we are asking about is a wallet-sized card that is sometimes handed out at places where people receive flu vaccinations. Have you received one of these shot cards for [S.C.]?

READ IF NECESSARY: A shot card is a piece of paper used to record vaccination dates and types. The shot card we are asking about is produced by the CDC and is sometimes handed out at places where people receive flu vaccinations and is wallet-sized.

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

CCARD. The next few questions will be about flu vaccinations. Since some of the vaccinations are difficult to remember it would be helpful if you could refer to [S.C.]'s shot card.

READ IF NECESSARY: I'll be happy to wait while you go and get it.

- (1) R GETS SHOT CARD
- (2) R DOES NOT GET SHOT CARD/CAN'T LOCATE SHOT CARD

CHQ2. Since September 2009, has [S.C.] had an H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist or drop in the nose.

- (01) Yes
- (02) No
- (77) DON'T KNOW
- (99) REFUSED

[SKIP TO CHQ7_INT]
[SKIP TO CHQ7_INT]
[SKIP TO CHQ7_INT]

CHQ2_A. How many H1N1 vaccination doses has [S.C.] received?

- (01) 1 vaccination or dose
- (02) 2 or more vaccination doses
- (77) DON'T KNOW
- (99) REFUSED

[SKIP TO CHQ5]
[SKIP TO CHQ5]

CHQ2_B1_M. During what month did [S.C.] receive [his/her] first H1N1 flu vaccine?

__ [enter month]
(77/7777) DON'T KNOW
(99/9999) REFUSED

CHQ2_B1_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

(1) YES
(2) NO

[go to CHQ2_B1]

CHQ2_TYPE1. Was this a shot or the spray in the nose?

(01) FLU SHOT
(02) FLU NASAL SPRAY
(77) DON'T KNOW
(99) REFUSED

CHQ2_B2. During what month did [S.C.] receive [CR1_X=1:his; 2:her; 99: his or her] second H1N1 flu vaccine?

__ [enter month]
(77/7777) DON'T KNOW
(99/9999) REFUSED

CHQ2_B2_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

(1) YES
(2) NO

[go to CHQ2_B2]

CHQ2_TYPE2. Was this a shot or the spray in the nose?

(01) FLU SHOT
(02) FLU NASAL SPRAY
(77) DON'T KNOW
(99) REFUSED

CHQ5. At what kind of place did [S.C.] get [CR1_X=1:his; 2:her; 99: his or her] most recent H1N1 flu vaccination?

[READ ONLY IF NECESSARY]

- | | |
|---------------------------------------|---------------------|
| (01) DOCTOR'S OFFICE | [SKIP TO CQ2_INTRO] |
| (02) HEALTH DEPARTMENT | [SKIP TO CQ2_INTRO] |
| (03) CLINIC OR HEALTH CENTER | [SKIP TO CQ2_INTRO] |
| (04) HOSPITAL | [SKIP TO CQ2_INTRO] |
| (05) OTHER MEDICALLY-RELATED PLACE | [SKIP TO CQ2_INTRO] |
| (06) PHARMACY OR DRUG STORE | [SKIP TO CQ2_INTRO] |
| (07) WORKPLACE | [SKIP TO CQ2_INTRO] |
| (08) ELEMENTARY/MIDDLE/HIGH SCHOOL | [SKIP TO CQ2_INTRO] |
| (09) OTHER NONMEDICALLY-RELATED PLACE | [GO TO Q5_OTH] |
| (77) DON'T KNOW | [SKIP TO CQ2_INTRO] |
| (99) REFUSED | [SKIP TO CQ2_INTRO] |

CHQ5_OTH. [BACK CODE ALL VERBATIM ANSWERS]

[SPECIFY]: _____

[SKIP TO CQ2_INTRO]

CHQ7_INT. How likely is [S.C.] to get an H1N1 flu vaccination between now and June 2010? Would you say [he/she/he or she]:

- (01) will definitely get one
- (02) will probably get one
- (03) will probably not get one
- (04) or, will definitely not get one
- (77) DON'T KNOW
- (99) REFUSED

CHQ10. There are many reasons why people don't get flu vaccinations. What is the main reason [S.C.] [will not get/will probably not get/has not yet gotten] a H1N1 flu vaccination this flu season?

[INTERVIEWER INSTRUCTION: IF MORE THAN ONE MENTION, PROBE 'WHAT IS THE MAIN REASON?']

[INTERVIEWER INSTRUCTION: IF 'I NEVER GET ONE', PROBE FOR MORE DETAIL]

- | | |
|--|-------------------------|
| (01) CONCERNS ABOUT SIDE EFFECTS OR SICKNESS | [SKIP TO CQ2_INTRO] |
| (02) THINK VACCINES DO NOT WORK | [SKIP TO CQ2_INTRO] |
| (03) VACCINATION IS NOT NEEDED | [SKIP TO CQ2_INTRO] |
| (04) ALLERGIC TO THE VACCINE | [SKIP TO CQ2_INTRO] |
| (05) COSTS TOO MUCH TO GET THE VACCINE | [SKIP TO CQ2_INTRO] |
| (06) BECAUSE CHILD ALREADY HAD H1N1 FLU | [SKIP TO CQ2_INTRO] |
| (07) VACCINE NOT AVAILABLE | [SKIP TO CQ2_INTRO] |
| (8) TRIED TO GET IT BUT COULDN'T | [SKIP TO CQ2_INTRO] |
| (9) DON'T KNOW WHERE TO GO/WHO TO CALL | [SKIP TO CQ2_INTRO] |
| (10) HAVEN'T GOTTEN TO IT YET/NO TIME | [SKIP TO CQ2_INTRO] |
| (11) SOME OTHER REASON | [CONTINUE TO CHQ10_OTH] |
| (77) DON'T KNOW | [SKIP TO CQ2_INTRO] |
| (99) REFUSED | [SKIP TO CQ2_INTRO] |

CHQ10_OTH. [SPECIFY]: _____

CQ2_INTRO. Now I will ask you questions about seasonal flu.

CQ2. Since August 2009, has [S.C.] had a seasonal flu vaccination? There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose.

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO CQ7_INT]

[SKIP TO CQ7_INT]

[SKIP TO CQ7_INT]

CQ2_B. During what month did [S.C.] receive [CR1_X=1:his; 2:her; 99: his or her] most recent seasonal flu vaccine?

__ [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

[go to CQ2_B]

HQ2_BTYPE. Was this a shot or spray in the nose?

(01) FLU SHOT

(02) FLU NASAL SPRAY

(77) DON'T KNOW

(99) REFUSED

CQ2_B_1. How many of these seasonal flu vaccinations has [S.C.] received since August 2009?

(01) 1 vaccination or dose

(02) 2 or more vaccination doses

(77) DON'T KNOW

(99) REFUSED

[SKIP TO CQ5]

[SKIP TO CQ5]

CQ2_B_2_M. During what month did [S.C.] receive [CR1_X=1:his; 2:her; 99: his or her] first dose of seasonal flu vaccine since August 2009?

__/_/____ [enter date]

(77/7777) DON'T KNOW

(99/9999) REFUSED

CQ2_B_2_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- (1) YES
- (2) NO

[go to CQ2_B_2]

CQ2_TYPE1. Was this a shot or the spray in the nose?

- (01) FLU SHOT
- (02) FLU NASAL SPRAY
- (77) DON'T KNOW
- (99) REFUSED

CQ2_B_3_M. During what month did [S.C.] receive [CR1_X=1:his; 2:her; 99: his or her] second dose of seasonal flu vaccine since August 2009?

- __/___/___ [enter date]
- (77/7777) DON'T KNOW
- (99/9999) REFUSED

CQ2_B_3_C. That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- (1) YES
- (2) NO

[go to CQ2_B_3]

CQ2_TYPE2. Was this a shot or the spray in the nose?

- (01) FLU SHOT
- (02) FLU NASAL SPRAY
- (77) DON'T KNOW
- (99) REFUSED

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

[READ ONLY IF NECESSARY]

- | | |
|---------------------------------------|-------------------|
| (01) DOCTOR'S OFFICE | [SKIP TO CCARD_2] |
| (02) HEALTH DEPARTMENT | [SKIP TO CCARD_2] |
| (03) CLINIC OR HEALTH CENTER | [SKIP TO CCARD_2] |
| (04) HOSPITAL | [SKIP TO CCARD_2] |
| (05) OTHER MEDICALLY-RELATED PLACE | [SKIP TO CCARD_2] |
| (06) PHARMACY OR DRUG STORE | [SKIP TO CCARD_2] |
| (07) WORKPLACE | [SKIP TO CCARD_2] |
| (08) ELEMENTARY/MIDDLE/HIGH SCHOOL | [SKIP TO CCARD_2] |
| (09) OTHER NONMEDICALLY-RELATED PLACE | [GO TO Q5_OTH] |
| (77) DON'T KNOW | [SKIP TO CCARD_2] |
| (99) REFUSED | [SKIP TO CCARD_2] |

CQ5_OTH. [BACK CODE ALL VERBATIM ANSWERS]
[SPECIFY]: _____
[SKIP TO CCARD_2]

CCARD_2. Earlier you mentioned having a shot card for [S.C.]’s flu vaccinations. Did [S.C.] get this card after getting a seasonal flu vaccine, an H1N1 flu vaccine, or both?

- | | |
|-----------------|----------------|
| (1) SEASONAL | [SKIP TO CHQ8] |
| (2) H1N1 | [SKIP TO CHQ8] |
| (3) BOTH | [SKIP TO CHQ8] |
| (77) DON’T KNOW | [SKIP TO CHQ8] |
| (99) REFUSED | [SKIP TO CHQ8] |

CQ7_INT. How likely is [S.C.] to get a seasonal flu vaccination between now and June 2010? Would you say [he/she/he or she]:

- (01) will definitely get one
- (02) will probably get one
- (03) will probably not get one
- (04) or, will definitely not get one
- (77) DON’T KNOW
- (99) REFUSED

CQ10. There are many reasons why people don't get flu vaccinations. What is the main reason [S.C.] [will not get/will probably not get/has not yet gotten] a seasonal flu vaccination this flu season?

[INTERVIEWER INSTRUCTION: IF MORE THAN ONE MENTION, PROBE ‘WHAT IS THE MAIN REASON?']

[INTERVIEWER INSTRUCTION: IF ‘I NEVER GET ONE’, PROBE FOR MORE DETAIL]

- | | |
|--|-------------------------|
| (01) Concerns about side effects or sickness | [SKIP TO CHQ8] |
| (02) Think vaccines do not work | [SKIP TO CHQ8] |
| (03) Vaccination is not needed | [SKIP TO CHQ8] |
| (04) Allergic to the vaccine | [SKIP TO CHQ8] |
| (05) The vaccine costs too much | [SKIP TO CHQ8] |
| (06) VACCINE NOT AVAILABLE | [SKIP TO CHQ8] |
| (7) TRIED TO GET IT BUT COULDN'T | [SKIP TO CHQ8] |
| (8) HAVEN'T GOTTEN TO IT YET/NO TIME | [SKIP TO CHQ8] |
| (9) DON'T KNOW WHERE TO GO/WHO TO CALL | [SKIP TO CHQ8] |
| (10) SOME OTHER REASON | [Continued to cq10_oth] |
| (77) DON’T KNOW | [SKIP TO CHQ8] |
| (99) REFUSED | [SKIP TO CHQ8] |

CQ10_OTH. [SPECIFY]: _____

CHQ8.

Since August 2009, did [S.C.'s] doctor or other health professional personally recommend that [CR1_X=1:he; 2:she; 99: he or she] get an H1N1 flu vaccination or a seasonal flu vaccination?

[**INTERVIEWER INSTRUCTION:** POSTED SIGNS, NEWSLETTERS, PAMPHLETS, OR TELEVISION AND RADIO ADS SHOULD NOT BE CONSIDERED A RECOMMENDATION]

[**INTERVIEWER INSTUCTION:** IF R SAYS "YES" PROBE TO FIND OUT WHICH VACCINES WERE RECOMMENDED]

- (1) H1N1 flu vaccination
- (2) seasonal flu vaccination
- (3) both vaccinations
- (4) neither vaccination
- (77) DON'T KNOW
- (99) REFUSED

High Risk - Child

C8B. Has a doctor, nurse, or other health professional ever said that [S.C.] has asthma?

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO C8]

[SKIP TO C8]

[SKIP TO C8]

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

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

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 heart problem, including congenital heart disease, blood problems such as anemia or sickle cell disease, cerebral palsy, muscular dystrophy, kidney problems, liver problems, cancer, diabetes, lung problems, a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness, or, other than asthma, any difficulty with breathing or other respiratory problems? 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.]

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO CFLU_INTRO]

[SKIP TO CFLU_INTRO]

[SKIP TO CFLU_INTRO]

C8A. Does [S.C.] still have any of these conditions?

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

Respiratory Illness - Child

CFLU_INTRO. [IF CC=1 DISPLAY: Earlier you said that other members of your household had a fever with a cough or sore throat within the last month.] Was [S.C.] ill with a fever during the past month?

- (01) YES [CONTINUE TO CFLU1_A]
- (02) NO [SKIP TO PRE_INTRO_1/PRE_INTRO]
- (77) DON'T KNOW [SKIP TO PRE_INTRO_1/PRE_INTRO]
- (99) REFUSED [SKIP TO PRE_INTRO_1/PRE_INTRO]

CFLU1_A. Did [S.C.] also have a cough or sore throat?

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

CFLU1_B. When did [S.C.] first become ill with fever, cough or sore throat? [INTERVIEWER: READ CHOICES AND CHOOSE THE MOST SPECIFIC.]

- (01) Within the past week (Interviewer, if asked: past 1-7 days)
- (02) 2 weeks ago (Interviewer, if asked: past 7-14 days)
- (03) 3-4 weeks ago (Interviewer, if asked: 14-30 days before today)
- (77) DON'T KNOW
- (99) REFUSED

CFLU2. Did [S.C.] visit a doctor, nurse, or other health professional for this illness?

- (01) YES
- (02) NO [GO TO PRE_INTRO_1/PRE_INTRO]
- (77) DON'T KNOW [GO TO PRE_INTRO_1/PRE_INTRO]
- (99) REFUSED [GO TO PRE_INTRO_1/PRE_INTRO]

CFLU2_A. What did the doctor, nurse, or other health professional say about [S.C.]'s illness? Did they say [he/she/he or she]:

READ OFF CHOICES

- (01) had regular influenza or the flu
- (02) had swine flu, also known as H1N1 or novel H1N1
or, had some other illness, but not the flu [GO TO Q87]
- (77) DON'T KNOW
- (99) REFUSED

CFLU2_B. Did [S.C.] have a flu test that was positive for this illness? Usually a swab from the nose or throat is tested. Would you say:
READ OFF CHOICES

- (01) Yes, [he/she/he or she] had flu test and it was positive
- (02) No, [he/she/he or she] had flu test and it was negative
- (03) No, flu test was not done
- (77) DON'T KNOW
- (99) REFUSED

CFLU2_C. Did [S.C.] receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?

- (01) YES
- (02) NO
- (77) DON'T KNOW
- (99) REFUSED

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]

- (01) YES
- (02) 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)

- (01) MEXICAN/MEXICANO **[SKIP TO Q90_C]**
- (02) MEXICAN-AMERICAN **[SKIP TO Q90_C]**
- (03) CENTRAL AMERICAN **[SKIP TO Q90_C]**
- (04) SOUTH AMERICAN **[SKIP TO Q90_C]**
- (05) PUERTO RICAN **[SKIP TO Q90_C]**
- (06) CUBAN/CUBAN AMERICAN **[SKIP TO Q90_C]**
- (07) SPANISH-CARIBBEAN **[SKIP TO Q90_C]**
- (08) 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 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?

- | | |
|--------------------------------|---------------|
| (01) WHITE | [SKIP TO Q91] |
| (02) BLACK OR AFRICAN AMERICAN | [SKIP TO Q91] |
| (03) AMERICAN INDIAN | [SKIP TO Q91] |
| (04) ALASKA NATIVE | [SKIP TO Q91] |
| (05) ASIAN | [SKIP TO Q91] |
| (06) NATIVE HAWAIIAN | [SKIP TO Q91] |
| (07) PACIFIC ISLANDER | [SKIP TO Q91] |
| (08) OTHER | |
| (77) DON'T KNOW | [SKIP TO Q91] |
| (99) REFUSED | [SKIP TO Q91] |

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".

- | | |
|-----------------|-------------------------|
| (01) YES | [CONTINUE TO C_INSURE2] |
| (02) 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, [fill state S-CHIP program name], or something else?

- (1) MEDICAID, S-CHIP, [fill state S-CHIP program name]
- (2) SOMETHING ELSE/PRIVATE INSURANCE/HMO PREPAID PLAN
- (77) DON'T KNOW
- (99) REFUSED

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

- | | |
|---------------|---------------|
| (01) CONTINUE | [SKIP TO Q87] |
|---------------|---------------|

Demographics

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

[READ IF NECESSARY]

- (01) 8TH GRADE OR LESS
- (02) 9TH-12TH GRADE NO DIPLOMA
- (03) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (04) COMPLETED VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (05) SOME COLLEGE CREDIT BUT NO DEGREE
- (06) ASSOCIATE DEGREE (AA, AS)
- (07) BACHELOR'S DEGREE (BA, BS, AB)
- (08) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (09) DOCTORATE (PhD, EdD) OR PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

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

- (01) MARRIED
- (02) WIDOWED
- (03) DIVORCED
- (04) SEPARATED
- (05) NEVER MARRIED
- (77) DON'T KNOW
- (99) REFUSED

CELL_AGE. What is your age in years?

- _____ **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:

- (01) 18-24
- (02) 25-49
- (03) 50-64
- (04) 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]

- (01) YES
- (02) 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)

- (01) MEXICAN/MEXICANO **[SKIP TO Q90]**
- (02) MEXICAN-AMERICAN **[SKIP TO Q90]**
- (03) CENTRAL AMERICAN **[SKIP TO Q90]**
- (04) SOUTH AMERICAN **[SKIP TO Q90]**
- (05) PUERTO RICAN **[SKIP TO Q90]**
- (06) CUBAN/CUBAN AMERICAN **[SKIP TO Q90]**
- (07) SPANISH-CARIBBEAN **[SKIP TO Q90]**
- (08) 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. Which of the following categories describes your race? [In addition to being Hispanic or Latino,] Are you White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

- | | |
|--------------------------------|----------------|
| (01) WHITE | [SKIP TO Q95] |
| (02) BLACK OR AFRICAN AMERICAN | [SKIP TO Q95] |
| (03) AMERICAN INDIAN | [SKIP TO Q95] |
| (04) ALASKA NATIVE | [SKIP TO Q95] |
| (05) ASIAN | [SKIP TO Q95] |
| (06) NATIVE HAWAIIAN | [SKIP TO Q95] |
| (07) PACIFIC ISLANDER | [SKIP TO Q95] |
| (08) 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]

- (01) Employed for wages
- (02) Self-employed
- (03) Out of work for more than 1 year
- (04) Out of work for less than 1 year
- (05) A Homemaker
- (06) A Student
- (07) Retired
- (08) Or, unable to work
- (77) DON'T KNOW
- (99) REFUSED

Q95_A. What kind of business or industry is this? For example: education, public transportation, construction, restaurant/entertainment, grocery store, health care.
[SPECIFY]: _____

Q95_B. What kind of work do you do?
[READ IF NECESSARY: What is your job title? For example: teacher, nurse, farmer, mail clerk, cashier, computer specialist, waitress, bus driver.]
[SPECIFY]: _____

PSL1 Workers sometimes receive benefits in addition to their wages. Whether you receive them or not, please tell me whether you are ELIGIBLE to receive sick leave with full pay. IF R RECEIVES PAID TIME OFF (PTO) THT CAN BE USED FOR SICK TIME OFF, VACATION, OR ANOTHER PURPOSE, CODE AS "YES".
(1) Yes
(2) No
(77) DON'T KNOW
(99) REFUSED

PSL2 In addition to using the sick days for your own illness, can you use your paid sick days for a sick child or family member?

(1) Yes
(2) No
(77) DON'T KNOW
(99) REFUSED

Q91. Please think about your total combined family income during 2008 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?]

\$ _____

(77) DON'T KNOW
(99) REFUSED

[SKIP TO Q92]
[SKIP TO Q91a]
[SKIP TO Q91b]

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

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

[SKIP TO Q91]
[SKIP TO Q91]
[SKIP TO Q91]

Q93. What is your zip code?

_____ ENTER ZIP CODE

(77777)DON'T KNOW
(99999)REFUSED

[SKIP TO Q94]
[SKIP TO Q94]

Q93_CONF. To confirm, you live in [CITY], [COUNTY] county, [STATE]. Is that correct?
(01) YES [SKIP to RENT_OWN]
(02) 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")?
(01) Owned or being bought
(02) Rented
(03) Occupied by some other arrangement
(77) DON'T KNOW
(99) REFUSED

SC6_X. Now I have some general questions. Just to confirm, are you male or female?
(01) MALE [SKIP TO Q87]
(02) FEMALE
(99) REFUSED

Q_PRGNT. To your knowledge, are you currently pregnant?
[INTERVIEWER INSTRUCTION: READ IF NECESSARY, "PREGNANT WOMEN ARE KNOWN TO BE AT HIGHER RISK FOR H1N1 FLU."]
(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

Q96. 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.]

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO Q98]

[SKIP TO Q98]

[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)].

(01) ONE

(02) TWO

(03) 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.

(01) YES

(02) NO

(77) DON'T KNOW

(99) REFUSED

[SKIP TO Q98_D]

[SKIP TO Q98_D]

[SKIP TO Q98_D]

[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.

(01) ONE

(02) TWO

(03) THREE OR MORE

(77) DON'T KNOW

(99) REFUSED

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

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

Q99. Those are all the questions I have. 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 pandemic flu?

- (01) Yes
- (02) No

[SKIP TO Q100]

Q99_INFO. You can get additional information about pandemic flu at <http://www.cdc.gov/h1n1flu> or by calling 1-800-CDC-INFO (800-232-4636).

Q100. 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. [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?]

(1) TERMINATE INTERVIEW