

## All Age Influenza Hospitalization Surveillance (Flu Hosp) Project Vaccination History Telephone Scripts

### FOR CHILD < 6 MONTHS:

1) Did [you (if speaking to patient's mother)/patient's mother] receive the influenza vaccine during fall or winter of the current influenza season?

- Yes (go to Q1a)
- No (go to Q2)
- Unknown (go to Q2)

1a) If yes, what vaccine type did [you/the patient's mother] receive?

- Shot [Injected vaccine --Trivalent inactivated influenza vaccine (TIV)]
- Spray [Nasal spray -- Live-attenuated influenza vaccine (LAIV)]
- Unknown

*[If injected vaccine/trivalent inactivated influenza vaccine (TIV), go to 1b; if not then skip to 2]*

1b) What type of injected vaccine did [you/patient's mother] receive?

- Regular IM
- High dose IM
- Intradermal
- TIV type unknown

2) At any time, did [your child/patient's name] receive the pneumonia vaccine [may need to read: pneumococcal, PCV(7), PCV(13), or Prevnar®]?

- Yes
- No
- Unknown

*[If YES, continue to Q2a; if NO/UNKNOWN then proceed to race/ethnicity (Q3), if needed]*

2a) Can you tell me the dates [your child's/patient's name] received the pneumonia vaccine?

- 1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 2) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 4) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]

3) Can you tell me what [your child's/patient's name] ethnicity is?

- Hispanic or Latino
- Non-Hispanic or Latino
- Not Specified (refused to answer)

Are you / they....? (check all that apply)

- American Indian or Alaska Native White
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander

## All Age Influenza Hospitalization Surveillance (Flu Hosp) Project Vaccination History Telephone Scripts

- White
- Not specified (refused)

### **FOR CHILD 6 MONTHS OR OLDER:**

1. Since September [flu season year], did [you / child's name] receive a flu shot or flu vaccine ?  
This vaccine is offered every year to protect against the flu.

- Yes (go to Q1a)
- No (go to Q2)
- Unknown (go to Q2)

1a) For each dose received, can you tell me the date [you/child's name] received flu vaccine?

- 1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 2) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]

1b) Did [you/child's name] receive a shot or was it sprayed into their nose?

- Shot [Injected vaccine --Trivalent inactivated influenza vaccine (TIV)]
- Spray [Nasal spray -- Live-attenuated influenza vaccine (LAIV)]
- Unknown

*[If patient is less than 9 years of age proceed to Q2; if patient is 9 years of age or older, proceed to Q3]*

2). Did [you/child's name] receive influenza vaccine in any previous years?

- Yes
- No
- Unknown

3). At any time, did [you/child's name] receive the pneumonia vaccine [may need to read: pneumococcal, PCV(7), PCV(13), or Prevnar®]?

- Yes
- No
- Unknown

*[If YES, continue to Q3a; if NO/UNKNOWN, proceed to race/ethnicity (Q4) and height/weight questions (Q5), if needed]*

3a) Can you tell me the dates [you/child's name] received the pneumonia vaccine?

- 1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 2) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]
- 4) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [MM-DD-YYYY]

*[If medical record is incomplete then ask race/ethnicity(Q4); otherwise skip to Q5.]*

4) Can you tell me what [your/child's name] ethnicity is?

## All Age Influenza Hospitalization Surveillance (Flu Hosp) Project Vaccination History Telephone Scripts

- Hispanic or Latino
- Non-Hispanic or Latino
- Not Specified (refused to answer)

Are you / they....? (check all that apply)

- American Indian or Alaska Native White
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Not specified (refused)

*[If medical record is incomplete to calculate BMI, then ask height and weight; Do not ask BMI questions if patient is pregnant or less than 2 years of age]*

5. Can you tell me [your/child's name] height and weight?

HEIGHT: \_\_\_\_\_  Inches  
 Centimeters  
 Unknown height

WEIGHT: \_\_\_\_\_  Pounds  
 Kilograms  
 Unknown weight

### **FOR ADULTS:**

1. Since September [flu season year], did [you/patient's name] receive a flu shot or flu vaccine?  
This vaccine is offered every year to protect against the flu.

- Yes (go to Q1a)
- No (go to Q2)
- Unknown (go to Q2)

1a) Can you tell me the date [you/patient's name] received flu vaccine?

1) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ [MM-DD-YYYY]

1b) Did [you/patient's name] receive a shot or was it sprayed into your nose?

- Shot [Injected vaccine --Trivalent inactivated influenza vaccine (TIV)]
- Spray [Nasal spray -- Live-attenuated influenza vaccine (LAIV)]
- Unknown

*[If injected vaccine/trivalent inactivated influenza vaccine (TIV), go to 1c; if not then skip to 2]*

1c) What type of injected vaccine did [you/patient's name] receive?

- Regular IM
- High dose IM
- Intradermal

## All Age Influenza Hospitalization Surveillance (Flu Hosp) Project Vaccination History Telephone Scripts

TIV type unknown

1c) Can you tell me the date [you/patient's name] received flu vaccine?

1) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]

2) At any time, did [you/patient's name] receive the pneumonia vaccine [may need to read: pneumococcal, Pneumovax®]?

Yes

No

Unknown

*[If YES, continue to Q2a for patient's less than 65 years and Q2b for patients 65 years and older; if NO/UNKNOWN proceed to race/ethnicity (Q3) and height/weight questions (Q4), if needed]*

2a) Can you tell me the dates [you/patient's name] received the pneumonia vaccine?

1) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]

2) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]

3) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]

4) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]

2b) Did [you/patient's name] receive the pneumonia vaccine within the last five years?

Yes

No

Unknown

*[If medical record is incomplete then ask race/ethnicity (Q3); otherwise skip to Q4]*

3) Can you tell me what [your/patient's name] ethnicity is?

Hispanic or Latino

Non-Hispanic or Latino

Not Specified (refused to answer)

Are you / they....? (check all that apply)

American Indian or Alaska Native White

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Not specified (refused)

*[If medical record is incomplete to calculate BMI, then ask height and weight; Do not ask BMI questions if patient is pregnant ]*

4) Can you tell me [your/patient's name] and weight?

**All Age Influenza Hospitalization Surveillance (Flu Hosp) Project  
Vaccination History Telephone Scripts**

HEIGHT: \_\_\_\_\_  Inches  
 Centimeters  
 Unknown height

WEIGHT: \_\_\_\_\_  Pounds  
 Kilograms  
 Unknown weight

**THE END. These are all my questions. Do you have any questions for me? [If yes, answer.] Thank you for your time.**