

2013-14 Vaccination History Patient/Proxy Interview (English)

I'd like to ask you a few questions about [patient's name/ child's name]'s vaccination history before [he/she] was hospitalized for influenza or the flu. These questions will take about five minutes to answer.

FOR CHILDREN 6 MONTHS OR OLDER:

1) Since August [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
 - If patient < 9 years go to Q2
 - If patient ≥ 9 years go to Q3
- Unknown
 - If patient < 9 years go to Q2
 - If patient ≥ 9 years go to Q3

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

- 1) _____ - _____ - _____ [MM-DD-YYYY] Unknown
- 2) _____ - _____ - _____ [MM-DD-YYYY] Unknown

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

- Yes
- No
- Unknown
 - If race needed, go to Q3
 - If ethnicity needed, go to Q4
 - If height needed, go to Q5
 - If weight needed, go to Q6
 - If no other information is needed, survey is complete

3) What is [your / child's name] race? (Check only one)

- White
- Black or African American
- Asian/Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Not specified (refused)
 - If ethnicity needed, go to Q4
 - If height needed, go to Q5
 - If weight needed, go to Q6
 - If neither ethnicity nor height/weight needed, survey is complete

4) What is [your / child's name] ethnicity?

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

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- If height needed, go to Q5
- If weight needed, go to Q6
- If height/weight not needed, survey is complete

5) What is [your / child's name] height?

HEIGHT: _____ Inches Centimeters
 Unknown height

- If weight needed go to Q6
- If weight not needed survey complete

6) What is [your / child's name] weight?

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.**

FOR ADULT PATIENTS (>18 YEARS):

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

- Yes → go to Q1a
- No
 - If race needed, go to Q2
 - If ethnicity needed, go to Q3
 - If height needed, go to Q4
 - If weight needed, go to Q5
 - If no other information is needed, survey is complete
- Unknown
 - If race needed, go to Q2
 - If ethnicity needed, go to Q3
 - If height needed, go to Q4
 - If weight needed, go to Q5
 - If no other information is needed, survey is complete

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

1) _____-_____-_____ [MM-DD-YYYY] Unknown

2) What is [your / patient's name] race? (Check only one)

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

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- Multiracial
- Not specified (refused)

- If ethnicity needed go to Q3
- If height needed go to Q4
- If weight needed go to Q5
- If neither ethnicity nor height/weight needed, survey is complete

3) What is [your / patient's name] ethnicity?

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

- If height/weight needed go to Q3
- If neither height nor weight is needed survey is complete

4) What is [your / patient's name] height?

HEIGHT: _____ Inches Centimeters
 Unknown height

- If weight needed go to Q4
- If weight not needed survey complete

5) What is [your / patient's name] weight?

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.**