

2014-15 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 CHILD 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

1b) What type of flu vaccine did [you / child's name] receive?

- Injected Vaccine
 Nasal Spray/FluMist
 Combination of both
 Unknown type

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

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→ 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)

→ 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 vaccine? 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?

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

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2) What is [your / patient'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 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 Q4

→ 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 Q5

→ 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.