

- b. Which type of **regular** flu vaccine did you have?
- Flu shot 1
 Flu spray into the nose 2
- c. When did you receive the **regular** flu vaccine?
- i. Month: |__|__| (INTERVIEWER: 01=January, 02=February...12=December)
 I don't know / refuse to answer..... -8 / -7
- ii. Day: |__|__|
 I don't know / refuse to answer..... -8 / -7
- iii. Year: |__|__|__|__|
 I don't know / refuse to answer..... -8 / -7
- d. Where did you receive the **regular** flu vaccine?
- The STAR HIV clinic 1
(REQUEST MEDICAL RECORD)
- A doctor's office other than the STAR HIV clinic 2
- i. SPECIFY Dr. office: _____
(REQUEST MEDICAL RECORD)
- Hospital 3
- ii. SPECIFY Hospital: _____
(REQUEST MEDICAL RECORD)
- Health Department 4
- Supermarket, grocery store, or a superstore like Wal-Mart 5
- Pharmacy, like CVS, Walgreens or Rite Aid 6
- Other 7
- iii. SPECIFY Other: _____
- I don't know / refuse to answer..... -8 / -7

INTERVIEWER: If a patient describes receiving the vaccination at the Target pharmacy or clinic, please classify the location as "Supermarket, grocery store, or a superstore, like Wal-Mart." If you have a question regarding how to classify the location of vaccination, select "other" and specify the location.

- B2. Since September 1, 2009, have you had the **new H1N1** flu vaccine?
- YES 1 (GO TO B2b)
 NO, I tried to get it, but couldn't 2
 NO, but I didn't try to get it 3 (GO TO B3)
 I don't know / refuse to answer..... -8 / -7 (GO TO B3)

- a. Why was the **new H1N1** flu vaccine not available to you when you tried to get it?
 - The place I went to get the vaccine did not have any vaccine 1
 - I was told by a health care provider that I could not have the vaccine 2
 - Other 3
 - i. SPECIFY: _____
 - I don't know / refuse to answer..... -8 / -7

GO TO B3.

- b. Which type of **new H1N1** flu vaccine did you have?
 - Flu shot 1
 - Flu spray into the nose 2
- c. When did you receive the **new H1N1** flu vaccine?
 - i. Month: |__| |__| (INTERVIEWER: 01=January, 02=February...12=December)
 - I don't know / refuse to answer..... -8 / -7
 - ii. Day: |__| |__|
 - I don't know / refuse to answer..... -8 / -7
 - iii. Year: |__| |__| |__| |__|
 - I don't know / refuse to answer..... -8 / -7
- d. Where did you receive the **new H1N1** flu vaccine?
 - The STAR HIV clinic 1
(REQUEST MEDICAL RECORD)
 - A doctor's office other than the STAR HIV clinic 2
 - i. SPECIFY Dr. office: _____
(REQUEST MEDICAL RECORD)
 - Hospital 3
 - ii. SPECIFY Hospital: _____
(REQUEST MEDICAL RECORD)
 - Health Department 4
 - Supermarket, grocery store, or a superstore like Wal-Mart 5
 - Pharmacy, like CVS, Walgreens or Rite Aid 6
 - Other 7
 - iii. SPECIFY Other: _____
 - I don't know / refuse to answer..... -8 / -7

INTERVIEWER: If a patient describes receiving the vaccination at the Target pharmacy or clinic, please classify the location as "Supermarket, grocery store, or a superstore, like Wal-Mart." If you have a question regarding how to classify the location of vaccination, select "other" and specify the location.

Now I'm going to ask you about having the flu. Common symptoms of the flu are a high fever and a bad cough. Some people also have muscle or body aches, sore throat and runny or stuffy nose when they have the flu. Some people who have been sick with the new H1N1 flu have also reported vomiting and diarrhea. The flu is different from a cold; however, it can be difficult to tell the flu from a cold. In general, flu symptoms are much worse and last longer than cold symptoms. The flu can last a few days to a week or longer. Do you have any questions about the flu?

INTERVIEWER: Please answer participant's questions using the "INTERVIEWER'S GUIDE TO THE FLU" fact sheet, then proceed to Question B3.

B3. Since September 1, 2009, have you had any of the following flu symptoms? Please answer yes for any symptom you had that you feel was due to the flu.

	<u>YES</u>	<u>NO</u>
a. Fever.....	1	2
b. Cough.....	1	2
c. Sore throat.....	1	2
d. Muscle or body aches.....	1	2
e. Nausea, vomiting or diarrhea.....	1	2
f. Headache.....	1	2

If the participant responds "NO" to all symptoms, GO TO B8.

- g. Since September 1, 2009, what was the date of your worst flu symptoms?
- i. Month: |__|__| (INTERVIEWER: 01=January, 02=February...12=December)
I don't know / refuse to answer..... -8 / -7
 - ii. Day: |__|__|
I don't know / refuse to answer..... -8 / -7
 - iii. Year: |__|__|__|__|
I don't know / refuse to answer..... -8 / -7

B4. Since September 1, 2009, did you go to the emergency room because you had flu symptoms?

YES.....	1 (GO TO B6)
NO.....	2

B5. Since September 1, 2009, did you talk to a health care provider on the phone or during a clinic visit because you had flu symptoms?

YES.....	1
NO.....	2

B6. Since September 1, 2009, were you **told** by a health care provider that you had the flu?
YES.....1
NO.....2 (GO TO B7)

a. What was the name of the clinic or hospital in which you were told you had the flu?
SPECIFY:_____ (REQUEST MEDICAL RECORD)

b. When did a health care provider tell you that you had the flu?
i. Month: |__|_| (INTERVIEWER: 01=January, 02=February...12=December)
I don't know / refuse to answer..... -8 / -7

ii. Day: |__|_|
I don't know / refuse to answer..... -8 / -7

iii. Year: |__|_|_|_|
I don't know / refuse to answer..... -8 / -7

c. Were you **given a room in a** hospital because you had the flu?
YES.....1
NO.....2 (GO TO B7)

d. At what hospital did you stay when you had the flu?
SPECIFY:_____ (REQUEST MEDICAL RECORD)

B7. When you had the flu, how many days were you not able to do your usual activities, or how many days of work did you miss?

Days: |__|_|

B8. A health care provider can prescribe medications to treat the flu. These medications are called Tamiflu™ and Relenza™. These medications are not antibiotics and are not like the over-the-counter medications that treat runny nose, cough, or fever. Since September 1, 2009, did you receive a prescription medication to treat the flu, like Tamiflu™ or Relenza™?

YES.....1
NO.....2 (GO TO B9)

a. Have you taken these prescription flu medications since September 1, 2009?
YES..... 1
NO..... 2

B9. Now I am going to ask you about some of your beliefs about the flu vaccine and illness. I am asking about your influenza vaccine beliefs in general, not specific to the seasonal or H1N1 vaccine. I am asking for your personal opinions and beliefs, so there is no right answer. Please answer these questions honestly. For each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. I believe the flu shot protects me from getting the flu.	1	2	3	4	5
b. The flu shot made me sick in the past.	1	2	3	4	5
c. I do not like to be stuck by needles during my health care visits.	1	2	3	4	5
d. I do not believe the flu can cause serious illness for me.	1	2	3	4	5
e. I do not think I am at high risk for catching the flu.	1	2	3	4	5
f. I do not trust the medicine in the flu shot.	1	2	3	4	5

B10. Since September 1, 2009, did you have a discussion with a health care provider about receiving the **regular** and/or the **new H1N1** flu vaccine?

- YES 1
- NO, and I have spoken with a health care provider since September 1, 2009 2 (**GO TO B11**)
- NO, but I have **not** spoken with a health care provider since September 1, 2009 3 (**GO TO B11**)

a. During that discussion, did your health care provider want you to receive the **regular** and/or the **new H1N1** flu vaccine?

- YES 1
- NO 2

B11. Do you know where you can get the **regular** and/or the **new H1N1** flu vaccine that is free to you, or does not cost you any money out of your pocket?

- YES 1
- NO 2

PROMPT: If the participant does not know where to get a free-of-charge flu vaccination, please read: “Please check with your health care provider to see if they are offering free flu shots. Otherwise, you can get a free flu shot at the New York City Department of Health and Mental Hygiene.”

That completes our interview.

INTERVIEWER: Please refer to the INFLUENZA SUBSTUDY PROTOCOL to complete the enrollment visit.