



**INTRODUCTION TO PARTICIPANT:** I’m going to ask you about the flu and flu vaccine. Please answer these questions honestly and as best you can.

A flu vaccine is usually given in the fall and protects against the flu for the following flu season. There are two types of flu vaccine: 1) the flu shot which is injected and 2) the flu spray, also called FluMist™, which is sprayed into the nose. Usually, you only need one flu vaccine in the fall to protect against the flu. However, a new flu virus has been making people sick with the flu. The new flu virus is called H1N1 or swine flu. A new flu vaccine has been made to protect against the new H1N1 flu. This flu season, you could be vaccinated with the regular flu vaccine, the new H1N1 flu vaccine, or both.

If you have received a flu vaccine this flu season, it might be hard for you to say whether you received the regular flu vaccine, the new H1N1 flu vaccine, or both. If you were given **more than one flu vaccine at the same visit** by a health care provider, you were probably given the regular flu vaccine and the new H1N1 flu vaccine. Do you have any questions about the regular flu vaccine or the new H1N1 flu vaccine?

**INTERVIEWER: Please answer participant’s questions using the information on the “INTERVIEWER’S GUIDE TO THE FLU” fact sheet, then proceed to Question B1.**

B1. DID THE PARTICIPANT PREVIOUSLY REPORT RECEIVING THE REGULAR FLU VACCINE?  
(PLEASE SEE THE “MONTHLY LOG – INFLUENZA SUBSTUDY” IF YOU ARE UNSURE.)

- YES..... 1 (GO TO B2)
- NO..... 2 (GO TO B3)

**INTERVIEWER: Please review the “MONTHLY LOG – INFLUENZA SUBSTUDY”:**

- **If the participant previously reported receiving the regular flu vaccine, START at B2.**
- **If the participant has NOT previously reported receiving the regular flu vaccine, START at B3.**

B2. You previously told us you received a **regular** flu vaccine in [MONTH/YEAR]. Have you received another **regular** flu vaccine since [your enrollment into the flu study / your last flu phone interview]?

- YES..... 1 (GO TO B3b)
- NO..... 2 (GO TO B4)
- I don’t know / refuse to answer.....-8 / -7 (GO TO B4)

**PROMPT: If participant asks if she is supposed to get a second dose of the regular flu vaccine, please tell her that HIV-infected individuals are recommended for one dose of the regular vaccine annually.**

B3. Since [your enrollment into the flu study / your last flu phone interview], have you had the **regular** flu vaccine?

- YES..... 1 (GO TO B3b)
- NO, I tried to get it, but couldn’t..... 2
- NO, I didn’t try to get it ..... 3 (GO TO B4)
- I don’t know / refuse to answer.....-8 / -7 (GO TO B4)

a. Why was the **regular** 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
- ii. SPECIFY:\_\_\_\_\_
- I don’t know / refuse to answer.....-8 / -7

**GO TO B4.**

- 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.**

- B4. DID THE PARTICIPANT PREVIOUSLY REPORT RECEIVING THE H1N1 FLU VACCINE? (PLEASE SEE THE "MONTHLY LOG – INFLUENZA SUBSTUDY" IF YOU ARE UNSURE).
- YES ..... 1 (GO TO B5)
- NO ..... 2 (GO TO B6)

**INTERVIEWER: Please review the "MONTHLY LOG – INFLUENZA SUBSTUDY":**

- If the participant previously reported receiving the new H1N1 flu vaccine, START at B5.
- If the participant has NOT previously reported receiving the new H1N1 flu vaccine, START at B6.

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B5. You previously told us you received a dose of the **new H1N1** flu vaccine in [MONTH/YEAR]. Have you received another **H1N1** flu vaccine since [your enrollment into the flu study / your last flu phone interview]?

- YES..... 1(GO TO B6b)
- NO..... 2 (GO TO B7)
- I don't know / refuse to answer..... -8 / -7 (GO TO B7)

**PROMPT: If a woman asks if she is supposed to get a second dose of the H1N1 flu vaccine, please tell her that adults are recommended to receive one dose of the new H1N1 vaccine.**

B6. Since [your enrollment into the flu study / your last flu phone interview], have you had the **new H1N1** flu vaccine?

- YES..... 1(GO TO B6b)
- NO, I tried to get it, but couldn't ..... 2
- NO, but I didn't try to get it ..... 3 (GO TO B7)
- I don't know / refuse to answer..... -8 / -7 (GO TO B7)

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 B7.**

b. Which type of **new H1N1** flu vaccine did you have?

- Flu shot ..... 1
- Flu spray into the nose ..... 2

c. What month and year 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 information on the “INTERVIEWER’S GUIDE TO THE FLU” fact sheet, then proceed to Question B7.**

B7. HAS PARTICIPANT PREVIOUSLY REPORTED FLU SYMPTOMS?

- YES..... 1 (GO TO B8)
- NO..... 2 (GO TO B9)

**INTERVIEWER: Please review the “MONTHLY LOG – INFLUENZA SUBSTUDY”:**

- If the participant previously reported flu symptoms, START at B8.
- If the participant has NOT previously reported flu symptoms, START at B9.

B8. You previously told us you had flu symptoms in [MONTH/YEAR]. Since [your enrollment into the flu study / your last flu phone interview] 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 “YES” to any symptom, GO TO B9g. If the participant responds “NO” to all symptoms, GO TO B14.**

B9. Since [your enrollment into the flu study / your last flu phone interview] 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 B14.**

g. Since [your enrollment into the flu study / your last flu phone interview], 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

B10. Since [your enrollment into the flu study / your last flu phone interview], did you go to the emergency room because you had flu symptoms?

YES..... 1(GO TO B12)  
NO..... 2

B11. Since [your enrollment into the flu study / your last flu phone interview], 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

B12. Since [your enrollment into the flu study / your last flu phone interview], were you **told** by a health care provider that you had the flu?

YES..... 1  
NO..... 2 (GO TO B13)

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 B13)

d. At what hospital did you stay when you had the flu?

SPECIFY:\_\_\_\_\_ (REQUEST MEDICAL RECORD)

B13. 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: |\_\_|\_\_|

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B14. 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 [your enrollment into the flu study / your last flu phone interview], did you receive a prescription medication to treat the flu, like Tamiflu™ or Relenza™?

YES..... 1  
NO..... 2 (END)

a. Have you taken these prescription flu medications since [your enrollment into the flu study / your last flu phone interview]?

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

That completes our interview.

**INTERVIEWER: If the participant answered “YES” to any of Questions B2, B3, B5, B6, B8, or B9, then please ask the participant to come in for a blood draw no less than two weeks following vaccination or flu symptoms. Please schedule this appointment before hanging up with the participant.**

I appreciate your time today and your continued participation in the flu study. If you have any questions, please contact me at (*phone number*).

**INTERVIEWER: if WIHS participant does not need to come in for a blood draw, please read:**  
We will talk to you again in a month!

**INTERVIEWER: if WIHS participant is scheduled to come in for a blood draw, please read:**  
We will see you for your blood draw on (*day, month, year, time*). You will be given \$20 for study-related expenses after the blood draw. We will see you soon!