

# Intake questionnaire

## Intake Q1

***What is your gender?***

- *Male*
- *Female*

## Intake Q2

***What is your date of birth?***

- *Month*
- *Year*

## Intake Q3

***What is the first part of your home postal code?***

- *Postal code*
- *Not applicable (e.g. don't have a fixed home)*

## Intake Q4

***Do you work or attend school/college?***

- *Yes, full-time*
- *Yes, part-time*
- *No*

## Intake Q4b (if Yes to Q4)

***What is the first part of your school/college/workplace postal code?***

- *XXXX*
- *I don't know/can't remember*
- *Not applicable (e.g. don't have a fixed workplace)*

## Intake Q5

***Do you have contact with any of the following during the course of a typical day? (Select all options that apply, if any)***

- *Large numbers (more than 10) of children or teenagers*
- *Large numbers (more than 10) of people aged over 65*
- *Patients*
- *Crowds of people (more than 10 individuals at any one time)*

## Intake Q6

***Including you, how many people in each of the following age groups live in your household?***

- *0-4*
- *5-18*
- *19-44*
- *45-64*
- *65+*

**Intake Q6b (If any in household are aged 0-4, including participant)**

***How many of the children aged 0-4 in your household go to school or day-care?***

- *Drop-down menu*

**Intake Q7**

***What is your main means of transportation?***

- *Walking*
- *Bike*
- *Motorbike/scooter*
- *Car*
- *Public transportation (bus, train, tube, etc)*
- *Other*

**Intake Q7b**

***On a normal day, how much time do you spend on public transport (bus, train, tube, etc)?***

- *No time at all*
- *0 - 30 minutes*
- *30 minutes - 1.5 hours*
- *1.5 hours - 4 hours*
- *Over 4 hours*

**Intake Q8**

***How often do you have common colds or flu-like diseases?***

- *Never*
- *Once or twice a year*
- *Between 3 and 5 times a year*
- *Between 6 and 10 times a year*
- *More than 10 times a year*
- *I don't know*

**Intake Q9**

***Did you receive a flu vaccine during the last autumn/winter season (i.e. 2010-2011)?***

- *Yes*
- *No*
- *I don't know/can't remember*

**Intake Q10**

***Have you received a flu vaccine this autumn/winter season (2011-2012)?***

- *Yes [go to questions Q10b and Q10c]*
- *No [go to question Q10d]*
- *I don't know/can't remember*

**Intake Q10b: Follow-up question**

***When were you vaccinated against flu this season (2011-2012)?***

- *Choose date: X/XX/XXXX*
- *I don't know/can't remember*

**Intake Q10c: Follow-up question**

**What were your reasons for getting a seasonal influenza vaccination this year? (Select all options that apply)**

- *I belong to a risk group (e.g. pregnant, over 65, underlying health condition, etc)*
- *Vaccination decreases my risk of getting influenza*
- *Vaccination decreases the risk of spreading influenza to others*
- *My doctor recommended it*
- *It was recommended in my workplace/school*
- *The vaccine was readily available and vaccine administration was convenient*
- *The vaccine was free (no cost)*
- *I don't want to miss work/school*
- *I believe that the vaccine is effective*
- *I always get the vaccine*
- *Other reason(s)*

**Intake Q10d: Follow-up question**

**What were your reasons for NOT getting a seasonal influenza vaccination this year? (Select all options that apply)**

- *I am planning to be vaccinated, but haven't been yet*
- *I haven't been offered the vaccine*
- *I don't belong to a risk group*
- *It is better to build your own natural immunity against influenza*
- *I doubt that the influenza vaccine is effective*
- *Influenza is a minor illness*
- *I don't think that I am likely to get influenza*
- *I believe that influenza vaccine can cause influenza*
- *I am worried that the vaccine is not safe or will cause illness or other adverse events*
- *I don't like having vaccinations*
- *The vaccine is not readily available to me*
- *The vaccine is not free of charge*
- *No particular reason*
- *Other reason(s)*

**Intake Q11**

**Do you take regular medication for any of the following medical conditions? (Select all options that apply)**

- *No*
- *Asthma*
- *Diabetes*
- *Lung disorder (COPD, emphysema, ...)*
- *Heart disorder*
- *Kidney disorder*
- *An immunocompromising condition (e.g. splenectomy, organ transplant, acquired immune deficiency, cancer treatment)*

**Intake Q12 (only asked of women between ages 15 and 50)*****Are you currently pregnant?***

- Yes [go to question Q12b]
- No
- Don't know/would rather not answer

**Intake Q12b: follow-up question*****If you are currently pregnant, in which trimester of the pregnancy are you?***

- First trimester (week 1-12)
- Second trimester (week 13-28)
- Third trimester (week 29-delivery)
- Don't know/would rather not answer

**Intake Q13*****Do you smoke?***

- No
- Yes, occasionally
- Yes, daily, fewer than 10 cigarettes a day
- Yes, daily, more than 10 cigarettes a day
- Yes, other (e.g. pipes, cigars, etc)
- Don't know/would rather not answer

**Intake Q14*****Do you have one of the following allergies that can cause respiratory symptoms? (Select all options that apply)***

- No
- Hay fever
- Allergy against house dust mite
- Allergy against domestic animals or pets
- Other allergies that cause respiratory symptoms (e.g. sneezing, runny eyes)

**Intake Q15*****Do you follow a special diet? (Select all options that apply)***

- No special diet
- Vegetarian
- Veganism
- Low-calorie
- Other

**Intake Q16*****Do you have pets at home? (Select all options that apply)***

- No
- Yes, one or more dogs
- Yes, one or more cats
- Yes, one or more birds
- Yes, one or more other animals

## Symptoms questionnaire

### Weekly Q1

***Did you have any of the following symptoms since your last visit (or in the past week, if this is your first visit)? (Select all options that apply)***

- No symptoms
- Fever
- Chills
- Runny or blocked nose
- Sneezing
- Sore throat
- Cough
- Shortness of breath
- Headache
- Muscle/joint pain
- Chest pain
- Feeling tired or exhausted
- Loss of appetite
- Coloured sputum
- Watery, bloodshot eyes
- Nausea
- Vomiting
- Diarrhoea
- Stomach ache
- Other

### Weekly Q2

***(If the participant was STILL ILL on their last visit and has reported symptoms this time):  
“On DATE OF LAST VISIT you reported that you were still ill with symptoms that began on  
DATE OF FIRST SYMPTOMS REPORTED PREVIOUSLY. Are the symptoms you reported  
today part of the same bout of illness?”***

- Yes
- No
- I don't know/can't remember

**If NO or DON'T KNOW:** [This means that the current symptoms are the start of a “new” illness: continue with Weekly Q3]

**if YES:** [This means that the current symptoms are the continuation of the same bout of illness as the previous visit. The remainder of the symptoms questionnaire (onset date, further details about symptoms, details about seeking medical attention, treatment, time off work/school) can be pre-filled with their previous answers:]

***To save you time, we have filled in the information you gave us previously about your illness. Please check that it is still correct, and make any changes – for instance, if you have visited a doctor or taken additional time off work since you last completed the survey.***

**Weekly Q3 (if symptoms)*****When did the first symptoms appear?***

- Choose date XX/XX/XXXX

**Weekly Q4 (if symptoms)*****When did your symptoms end?***

- Choose date XX/XX/XXXX
- I don't know/can't remember
- I am still ill

**Weekly Q5 (if symptoms)*****Did your symptoms develop suddenly over a few hours?***

- Yes
- No
- I don't know

**Weekly Q6 (if fever)*****When did your fever begin?***

- Choose date XX/XX/XXXX

**Weekly Q6b (if symptoms)*****Did you take your temperature?***

- Yes [go to Weekly Q6b]
- No
- I don't know

**Weekly Q6c (if symptoms) and (if took temperature): follow-up question*****What was the highest temperature measured?***

- Below 37°
- 37° - 37.4°C
- 37.5° - 37.9°C
- 38° - 38.9°C
- 39° - 39.9°C
- 40°C or more
- I don't know/can't remember

**Weekly Q7 (if symptoms)*****Because of your symptoms, did you VISIT (see face to face) any of the following? (Select all options that apply)***

- No
- GP or GP's practice nurse
- Hospital admission
- Hospital accident & emergency department/out of hours service
- Other medical services
- No, but I have an appointment scheduled

**Weekly Q7b (if symptoms)**

***How soon after your symptoms appeared did you visit the following?***

- Same day
- 1 day
- 2 days
- 3 days
- 4 days
- 5-7 days
- More than 7 days
- I don't know/can't remember

**Weekly Q8 (if symptoms)**

***Because of your symptoms, did you contact via TELEPHONE or INTERNET any of the following? (Select all options that apply)***

- No
- GP - spoke to receptionist only
- GP - spoke to doctor or nurse
- NHS Direct / NHS 24 / NHS Choices
- NPFS
- Other

**Weekly Q8b (if symptoms)**

***How soon after your symptoms appeared did you contact via telephone or internet any of the following?***

- Same day
- 1 day
- 2 days
- 3 days
- 4 days
- 5-7 days
- More than 7 days
- I don't know/can't remember

**Weekly Q9 (if symptoms)**

***Did you take medication for these symptoms? (Select all options that apply)***

- No medication
- Pain killers or antipyretics (e.g. paracetamol, lemsip, ibuprofen, aspirin, calpol, etc)
- Expectorants (cough medication)
- Antivirals (Tamiflu, Relenza)
- Antibiotics
- Other
- I don't know/can't remember

**Weekly Q9b (if antivirals were taken): follow-up question**

***How long after the beginning of your symptoms did you start taking antiviral medication?***

- Same day (within 24 hours)
- 1 day later
- 2 days later
- 3 days later
- 4 days later
- 5-7 days later
- More than 7 days later
- I don't know/can't remember

**Weekly Q10 (if symptoms)**

***Did you change your daily routine because of your illness?***

- No
- Yes, but I did not take time off work/school
- Yes, I took time off work/school

**Weekly Q10b (if symptoms) & (if taken time off work/school): follow-up question**

***Are you still off work/school?***

- Yes
- No
- Other (e.g. I wouldn't usually be at work/school today anyway)

**Weekly Q10c (if symptoms) & (if taken time off work/school): follow-up question**

***How have you been off work/school for?***

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 1 to 2 weeks
- 2 to 3 weeks
- Over 3 weeks

**Weekly Q11 (if symptoms)**

***What do you think is causing your symptoms?***

- Flu or flu-like illness
- Common cold
- Allergy/hay fever
- Gastroenteritis/gastric flu
- Other
- I don't know



**Weekly Q12**

***How many members of your household have had flu-like symptoms in the past week?***

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don't know

**Weekly Q13**

***Excluding household members, how many people did you meet with flu-like symptoms in the past week?***

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don't know

**Weekly Q14 (if no seasonal flu vaccination yet reported)**

***According to your background survey, you have not had a seasonal flu vaccine this season. Since filling in the background survey have you been vaccinated against influenza?***

- Yes, I have now received a seasonal flu vaccination