

Appendix A

ABOUT THE FLU VACCINE

1. Were you aware of the Advocate Health Care campaign to provide employees with a free flu vaccine during fall 1998?

Yes

No

2. Did you receive an influenza vaccine during fall 1998 or winter 1999?

Yes (Move to questions 3, 4, and 5)

No (Move to question 6)

If you did receive an influenza vaccine, please answer questions 3, 4, and 5.

3. Is this your first influenza vaccine or have you previously received a “flu shot”?

First influenza vaccine

Received one previous influenza vaccine

Received more than one previous influenza vaccine

4. Where did you receive your fall 1998 or winter 1999 vaccine?

Advocate program at my site

My doctor’s office

Community program

Somewhere else (Please specify):

5. What was your major reason for receiving the vaccine? (Check only one, please)

To stay healthy

To avoid giving the flu to my patients

To avoid giving the flu to my family or loved ones

To enter the raffle

Advice of doctor or nurse

Other (Please specify:

If you did not receive the flu vaccine, please answer the next question.

6. Why didn't you receive the vaccine? (Check only one, please)

Didn't know it was important

No convenient time

Don't believe in vaccines

Had one before and got sick anyway

Concerned about vaccine safety

Afraid of or dislike shots

Doctor said not to

Have had an allergic reaction

Am allergic to eggs

Have a history of Guillain-Barré syndrome

Other (Please specify):

ABOUT THE FLU

7. Did you experience any flu-like symptoms between December 1998 and March 1999?

(Please check all that apply)

Respiratory illness of at least two days' duration

Fever

Chills

Muscle aches

Sore throat

Nasal drainage

Cough

Hoarseness

None

8. How many days did you miss from work as a result of these symptoms?

0

1–2

3–5

6–10

More than 10 (Please specify)

ABOUT YOU

9. What is your gender?

Male

Female

10. What is your age?

18–25 years

26–35 years

36–45 years

46–55 years

56–65 years

Over 65 years

11. What is your race/ethnicity?

African American

American Indian/Alaskan Native/Aleut

Asian/Pacific Islander

Hispanic

White, non-Hispanic

Other (Please specify:)

12. Where do you work?

[A checklist of Advocate Health Care sites was provided]

13. Is more than 10% of your time on the job spent in direct patient contact?

Yes

No

14. Do you exercise at least three times a week?

Yes

No

15. Do you smoke cigarettes?

Yes

No

16. Have you ever recommended the flu vaccine to high-risk patients, community members, or family members?

Yes

No

