**AI/AN Flu Case-Control**
**Interview Questionnaire: INTERVIEW OF PATIENT**

## I. Information available ahead of the interview (to be filled out by the interviewer).

**DO NOT read Section I to the respondent**

**Study ID # _____** Patient Name: _____

**Specimen collection date:** mm / dd / yyyy Status: ☐ **Case**
(Questions below will be in reference to this date) ☐ **Outpatient Control**
☐ **Hospitalized Control**

Interviewer: _____ Interview date: _____

**Information Source: ☐ Patient**

Age of patient at the time of the interview: _____

*****Must be ≥18 years old; if <18, use the LIVING PROXY form.**

## II. Introduction

**START READING TO THE RESPONDENT with paragraph below, but do NOT read words in parentheses or in bold RED.**

Hello, my name is _____ and I am calling from the _____ state health department and the Centers for Disease Control and Prevention. We are calling people to learn about their experiences with the pandemic H1N1 flu and why the flu made some people so sick. Hopefully this information will help us better protect people against the flu in the future. I have some questions for you because I understand that you were diagnosed with the pandemic flu last year. Your answers are confidential and you don't have to answer any questions that you don't want to. Before we start do you have any questions for me? I will also give you a phone number in case you have follow-up questions.

There are approximately 35 questions; this should take an average of 20 minutes. Would you like to go on? ☐ Yes ☐ No

If not, what would be a better time to call back? _____ AM or PM

I've reached you at this phone number (refer to log sheet), is this the best number to reach you at? ☐ Yes ☐ No

If **"No"**, what is a better phone number: ( __ __ __ ) __ __ __ - __ __ __ __

These questions are only being asked of residents of XX (state). So, before we begin, at the time of flu illness, what was your town or community, state, and zip code of residence?

Town or community _____

State: _____

ZIP code: _____

****END INTERVIEW IF STATE OF RESIDENCE IS NOT AS EXPECTED.**

Ok, let's get started. The first couple questions are going to be about your use of health care and medical facilities.

**(III. Healthcare Use and Access)**

1. At the time of your illness with H1N1, did you have one person you thought of as your personal doctor or health care provider?
   - ☐ Yes→q1a
   - ☐ No→q2
   - ☐ Don't know→q2
   - ☐ Refused→q2

   1a. If **"Yes"**, what was that person's background/training? **(Check all that apply)**
   - ☐ Physician (MD, DO)
   - ☐ Traditional healer
   - ☐ Nurse Practitioner/Physician Assistant
   - ☐ Naturopath
   - ☐ Chiropractor
   - ☐ Other (specify) _____
   - ☐ Don't know
   - ☐ Refused

2. In the 12 months before you were diagnosed with H1N1 flu, did you see a doctor, nurse or other health professional to get any kind of care? This would have been from mm 2008 through mm 2009. **(Select only one answer)**
   - ☐ Yes→q2a
   - ☐ No, even though I needed to get care→q3
   - ☐ No, I was healthy. There was no need to get care→q3
   - ☐ Don't know→q3
   - ☐ Refused→q3

   2a. What was the name of the healthcare provider or clinic: _____

3. Was there a time in the 12 months before you were diagnosed with H1N1 flu, when you needed to see a health care provider but could not because of cost? This would have been from mm 2008 through mm 2009.
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Refused

4. Was there a time in the 12 months before you were diagnosed with H1N1 flu, when you needed to see a health care provider but could not because of how far it was to travel to a healthcare facility or because it was hard to get a ride? This would have been from mm 2008 through mm 2009.
   - ☐ Yes
   - ☐ No
   - ☐ Don't know
   - ☐ Refused

5. About how many miles was your home from the place you went for healthcare when you were sick? **(Select only one answer)**
   - ☐ 0-10 miles
   - ☐ 11-30 miles
   - ☐ 31-50 miles
   - ☐ More than 50 miles
   - ☐ Don't know
   - ☐ Refused

6. What type of health care facility was it? **(Check all that apply)**
   - ☐ Private clinic
   - ☐ Tribal clinic
   - ☐ Urban Indian clinic
   - ☐ Indian Health Service Facility
   - ☐ Other public clinic
   - ☐ Hospital emergency department
   - ☐ Other (specify) _____
   - ☐ Don't know
   - ☐ Refused

7. At the time you were sick, did you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, including IHS benefits?
   - ☐ Yes→q7a
   - ☐ No→q8
   - ☐ Don't know→q8
   - ☐ Refused→q8

   7a. If **"Yes"**, what type of health coverage did you use to cover costs of medical care? Was it coverage through: **(Check all that apply)**
   - ☐ Your employer
   - ☐ A family member's employer
   - ☐ A plan that you or someone else bought on your own
   - ☐ Medicare
   - ☐ Medicaid or Medical assistance
   - ☐ The military, CHAMPUS, TriCare, or the VA
   - ☐ Indian Health Service or tribal benefits
   - ☐ Other (specify) _____
   - ☐ Don't know
   - ☐ Refused

8. Were you hospitalized for influenza illness in the 30 days after you tested positive for H1N1 in mm 2009?
   - ☐ Yes→q8a
   - ☐ No→q9

   8a. If **"Yes",** what was the name and location of the hospital(s)? _____

   _____

   _____

   8b. If **"Yes",** what was the date(s) of hospitalization? _____

**(IV. Vaccines)**

Now I will ask you questions about vaccines. There were two different flu vaccines available last flu season – the seasonal flu, and the 2009 H1N1 flu. I will first ask about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then about vaccination for seasonal flu.

**SKIP Q9-10 IF THE SPECIMEN COLLECTION DATE WAS BEFORE SEPT 2009.**

9. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. In the Fall of 2009, were you vaccinated to prevent H1N1 flu?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

**(9a. FOR PERSONS < 10 YEARS OLD; OMITTED HERE)**

10. There are two ways to get the seasonal flu vaccine. One is a shot in the arm and the other is a spray, mist or drop in the nose. In the Fall of 2009, were you vaccinated to prevent seasonal flu?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

11 Were you vaccinated to prevent seasonal flu during the 2008 – 2009 flu season? This would have been sometime from September 2008 through March 2009?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

12. Pneumococcal vaccines come in two types. One kind is given to older adults and some children who have chronic illnesses, have weakened immune systems, or are at increased risk of getting pneumococcal disease. This type of pneumococcal vaccine is sometimes called the pneumonia shot. Have you ever received a pneumonia shot (brand name: Pneumovax)?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

**(13. FOR PERSONS < 15 YEARS OLD; OMITTED HERE)**

**(V. Medical History/Risk Factors)**

The next few questions are going to be about your living environment when you got sick. These interviews are being done in five different states and so some of the questions I will be asking may not seem appropriate for your living situation. Please try and answer as best you can.

14. When you got sick, in what type of housing were you living? **(Check only one option)**
    - ☐ House, apartment, or trailer→q15
    - ☐ Residential facility, specify if long-term care facility, school dorms, military barracks, jail, other setting: _____→q22
    - ☐ Homeless→q22
    - ☐ Refused→q22

15. What was the number of rooms in your house/apartment, excluding bathrooms and closets, at the time you were sick? _____

16. How many people age 18 years or older lived in your household at the time you were sick? _____

17. How many people younger than age 18 years lived in your household at the time you were sick? _____

18. When you got sick, did your household use a wood-burning stove or fireplace to cook or help heat the house?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

19. When you got sick, was there running (plumbed) water in your house?
    - ☐ Yes→q20
    - ☐ No→q22
    - ☐ Don't know→q22
    - ☐ Refused→q22

20. In what rooms did you have working sinks for washing up? And how many sinks in total were in those types of rooms? **(Check all that apply and write down numbers in each of the types of rooms)**
    - ☐ Bathrooms, how many_____?
    - ☐ Kitchen, how many_____?
    - ☐ Laundry room, how many_____?
    - ☐ Other, how many_____?
    - ☐ None
    - ☐ Don't know
    - ☐ Refused

21. When you got sick, did you have working flush toilets in the house/apartment? If there's a honeybucket or outhouse, answer "No".
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

The next few questions are about health behaviors that might make someone more vulnerable to the flu.

22. Have you smoked at least 100 cigarettes in your entire life? **READ TO RESPONDENT: "5 packs = 100 cigarettes"**
    - ☐ Yes→q23
    - ☐ No→q24
    - ☐ Don't know→q24
    - ☐ Refused→q24

23. When you got sick, did you smoke cigarettes every day, some days, or not at all?
    - ☐ Every day
    - ☐ Some days
    - ☐ Not at all
    - ☐ Don't know
    - ☐ Refused

24. When you got sick, in a typical week, were you exposed to secondhand tobacco smoke at home?
    - ☐ Yes→q24a
    - ☐ No→q25
    - ☐ Don't know→q25
    - ☐ Refused→q25

24a. If **"Yes"**, how often:
- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know
- ☐ Refused

25. When you got sick, in a typical week, were you exposed to secondhand tobacco smoke at work?
- ☐ Yes→q25a
- ☐ No→q26
- ☐ Don't know→q26
- ☐ Refused→q26

25a. If **"Yes"**, how often:
- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know
- ☐ Refused

26 During the 30 days before the flu illness, did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- ☐ Yes→q26a
- ☐ No→q27
- ☐ Don't know→q27
- ☐ Refused→q27

26a. If **"Yes"**, how many days per week or per month did you have at least one drink of any alcoholic beverage**? (Check box and give number)**
- ☐ _____Days per week
- ☐ ___ Days in past 30 days
- ☐ Don't know / Not sure
- ☐ Refused

26b. During the 30 days before you got sick, on the days when you drank, about how many drinks did you drink on average? One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.
- ☐ ___ Number of drinks
- ☐ Don't know / Not sure
- ☐ Refused

27. When you got sick, about how much did you weigh without shoes? __ __ __ **(lbs, kg – Circle one)**
    - ☐ Don't know
    - ☐ Refused

28. When you got sick, about how tall were you without shoes? __ __/__ __ **(feet/inches, meters/centimeters – Circle one)]**
    - ☐ Don't know
    - ☐ Refused

**(VI. Demographics)**

The final questions I will be asking are about things like your race, occupation and education, which sometimes are related to certain health conditions. We are trying to understand how these things may have affected pandemic flu illness severity.

29. Are you Hispanic or Latino?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know / Not sure
    - ☐ Refused

30. What race or races do you consider yourself **(Select all that apply)**
    - ☐ White→q31 if MORE THAN ONE race is selected; if not, then q32
    - ☐ Asian→q31 if MORE THAN ONE race is selected; if not, then q32
    - ☐ Black or African American→q31 if MORE THAN ONE race is selected; if not, then q32
    - ☐ Native Hawaiian/Other Pacific Islander→q31 if MORE THAN ONE race is selected; if not, then q32
    - ☐ American Indian or Alaska Native→q30a
    - ☐ Other, please specify: _____→q31 if MORE THAN ONE race is selected; if not, then q32
    - ☐ Don't know / Not sure→q32
    - ☐ Refused→q32

    30a. If American Indian/Alaska Native, what is your tribe/Native Health Corporation?
    _____

31. What do you consider your primary race if selecting only one? **(Select only one option)**

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other, please specify: _____
- ☐ Don't know / Not sure
- ☐ Refused

32. What was your occupation at the time you were sick? (**Specify**) _____

33. What is the highest grade or year of school you have completed? **(Select only one option)**

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (elementary)
- ☐ Grades 9-11 (some high school)
- ☐ Grade 12 or GED (high school graduate)
- ☐ Attended college but did not graduate
- ☐ Graduated from college
- ☐ Post-graduate training
- ☐ Don't know / Not sure
- ☐ Refused

34. In 2009, what was your annual household income from all sources? **(Select only one option)**

- ☐ <$10,000
- ☐ $10,000 < $15,000
- ☐ $15,000 < $20,000
- ☐ $20,000 < $25,000
- ☐ $25,000 < $30,000
- ☐ $30,000 < $35,000
- ☐ $35,000 < $40,000
- ☐ $40,000 < $45,000
- ☐ $45,000 < $50,000
- ☐ $50,000 < $55,000
- ☐ $55,000 < $60,000
- ☐ $60,000 < $100,000
- ☐ $100,000 < $150,000
- ☐ > $150,000

**DO NOT READ TO RESPONDENT:**

- ☐ Don't know / Not sure
- ☐ Refused

Thank you very much for your time. If you have any follow-up questions, please call us at

_____.