

Under reporting Seasonal Flu Survey (English Version)

Gender _____ Locality _____ Age _____ Married _____

Status: Employee Student Housewife Unemployed Pensioner

What is your job? _____ Level of Education reached _____

Number of individuals at your household (including you): _____ What is their age? _____

1. What is your main means of transport?

Walking ___ Bike ___ Motorbike ___ Car ___ Public transport ___ Other ___

2. Did you receive a flu vaccine this winter/autumn season? (2014-2015)

Yes ___ No ___ I don't know ___

3. If 'No', why? _____

4. How many times did you visit your GP (doctor) during this past year? _____

5. Do you take regular medication for any medical conditions such as asthma, diabetes, heart disorders, kidney disorder or other? Yes ___ No ___ I don't know ___

6. Do you smoke? Yes ___ No ___

7. If 'Yes', how many cigarettes per day? _____

8. Have you had any of the following symptoms during the past year?

Fever ___ runny or blocked nose ___ Sneezing ___ Sore throat ___ Cough ___

Shortness of breath ___ Headache ___ Muscle/joint pain ___ Chest pain ___

Feeling tired or exhausted ___ Loss of appetite ___ Watery eyes ___ Nausea ___

Vomiting ___ Diarrhoea ___ Stomach ache ___ Other symptoms ___ Nothing ___

9. When did your symptoms appear for the above during the past year? _____

10. Were you restricted to staying at home? Yes ___ No ___ I don't know ___

11. Approximately, in days, how long was the duration for the above symptoms? _____

12. Since 'August 2014' did you have the seasonal influenza? Yes ___ No ___ I don't know ___

13. If 'Yes', when did you have the seasonal influenza? _____

14. Approximately, in days, how long was the duration of influence? _____

15. What were the symptoms? _____

16. Did you have high temperature? Yes ___ No ___ I don't know ___

17. Because of your seasonal influenza fever, did you visit a doctor?

Yes ___ No ___ I don't know ___

18. Did you take any medication due to this influenza? Yes ___ No ___ I don't know ___

19. Were you hospitalized due to your influenza? Yes ___ No ___

20. If 'Yes' for how many nights? _____

21. Did any of your household members had the seasonal influenza?

Yes ___ No ___ I don't know ___

22. If 'Yes', how many members? _____

23. And what is their age? _____