

Date: _____

Age:

- 50 years and older? Yes No
- Would you mind telling your age currently? Age:_____ Patient refuse to answer

Gender:

- A. Female
- B. Male
- C. Others: _____

Ethnicity:

- A. American Indian or Alaskan Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or other Pacific Islander
- E. White
- F. Others: _____

1-Have you heard of shingles (Herpes Zoster)?

- A. Yes
- B. No

2-If yes, how did you hear about it?

- A. Family/friends.
- B. TV
- C. Internet
- D. Radio
- E. Faith/community based organization
- F. Others: _____

3-Do you think that shingles (Herpes Zoster) is common in the US?

- A. Yes
- B. No
- C. Don't know

4-Did you ever have shingles (Herpes Zoster) in the past?

- A. Yes
- B. No
- C. Don't know

5-Do you think you can get shingles (Herpes Zoster) more than once?

- A. Yes
- B. No
- C. Don't know

6-Have you ever known anyone with shingles (Herpes Zoster)?

- A. Yes
- B. No
- C. Don't know

7-If yes, who was this person?

- A. Brother/sister
- B. Mother/father
- C. Son/daughter
- D. Cousins/other family member
- E. Neighbor
- F. Friends
- G. Others: _____

8-Based on what you've heard or know, what is shingles (Herpes Zoster)?

- A. Nerve and skin disease
- B. Brain disease
- C. Lung disease
- D. Don't know
- E. Others: _____

9-Based on what you've heard, do you think shingles (Herpes Zoster) can be passed from one person to another?

- A. Yes
- B. No
- C. Don't Know

10-Who do you think is mostly at risk for shingles (Herpes Zoster)?

- A. Adults less than 40 YO
- B. Adults 41-49 YO
- C. Adults \geq 50 YO
- D. Don't know

11-Do you think people with poor immune system (Leukemia, chemotherapy, HIV, cancer, organ transplant) are at high risk for shingles (Herpes Zoster)?

- A. Yes
- B. No
- C. Don't know

12-What do you think is the MOST COMMON complication of shingles (Herpes Zoster)?

- A. PHN (postherpetic neuralgia) (persistent pain)
- B. Rash
- C. Eye or vision difficulties
- D. deafness
- E. depression
- F. Headache
- G. Don't Know
- H. Others: _____

13- In your opinion, the pain associated with shingles (Herpes Zoster) is:

- A. Mild, with a duration of few days
- B. Moderate, with a duration of few weeks
- C. Serious, with a duration of months or years
- D. Don't know

14- Do you think that shingles (Herpes Zoster) can cause serious illness or pain that interferes with daily life activities?

- A. Yes
- B. No
- C. Don't know

15-Do you believe that shingles (Herpes Zoster) can sometimes be serious enough that a person needs to be admitted to the hospital to treat it?

- A. Yes
- B. No
- C. Don't know

16-Do you think that shingles (Herpes Zoster) can be treated?

- A. Yes
- B. No
- C. Don't know

17- If yes, do you think that the available treatments are safe and effective?

- A. Yes
- B. No
- C. Don't know

18- Do you think that shingles (Herpes Zoster) is curable?

- A. Yes
- B. No
- C. Don't know

19- Do you think that shingles (Herpes Zoster) can cause death?

- A. Yes
- B. No
- C. Don't know

20-Do you think shingles (Herpes Zoster) can be prevented?

- A. Yes
- B. No
- C. Don't know

21-Have you heard of shingles (Herpes Zoster) vaccine?

- A. Yes (proceed to question 22)
- B. No (proceed to question 23)
- C. Don't know

22-If yes, how did you hear about the vaccine?

- A. Pharmacist
- B. Doctor
- C. Family/Friends
- D. Advertisements (TV/internet)
- E. Faith/community based
- F. Others: _____

23-Do you know anyone that has received the shingles (Herpes Zoster) vaccine?

- A. Yes
- B. No
- C. Don't know

24-Do you think the shingles (Herpes Zoster) vaccine is safe?

- A. Yes
- B. No
- C. Don't know

25-Do you think the shingles (Herpes Zoster) vaccine is effective?

- A. Yes
- B. No
- C. Don't know

26-Do you think the shingles (Herpes Zoster) vaccine has any side effects?

- A. Yes
- B. No
- C. Don't know

27-Based on what you've heard – what do you think are common side effects of the shingles (Herpes Zoster) vaccine? Choose all that apply.

- A. Headache
- B. Pain at the injection site
- C. Swelling at the injection site
- D. Redness at the injection site
- E. Fatigue
- F. Fever
- G. All the above
- H. Others: _____

28-Do you think that a person who does not get the shingles (Herpes Zoster) vaccine will get shingles?

- A. Yes
- B. No
- C. Don't know

29-Do you think the shingles (Herpes Zoster) vaccine can cause shingles?

- A. Yes
- B. No
- C. Don't know

30-How likely is it that you could get shingles (Herpes Zoster) now or in the future?

- A. Very likely
- B. Somewhat likely
- C. Not sure
- D. Somewhat unlikely
- E. Very unlikely

31-Are you worried that you may get shingles (Herpes Zoster)?

- A. Yes
- B. No
- C. Don't know

32- Did your doctor/pharmacist or other healthcare provider ever recommend you to be vaccinated with the shingles (Herpes Zoster) vaccine?

- A. Yes
- B. No

33-Are you willing to be vaccinated with the shingles vaccine?

- A. Yes
- B. No
- C. Unsure

34-Would you seek more information from your doctor/pharmacist to learn more about the shingles (Herpes Zoster) vaccine?

- A. Yes
- B. No
- C. Don't know

35- If no, why not? (Choose all that apply)

- A. Don't believe that HZ/shingles is serious
- B. Feel that the vaccine is not safe
- C. Feel that the vaccine is not effective
- D. My faith prevents me from receiving the vaccine
- E. Fear of adverse events
- F. Vaccine is too expensive
- G. I don't have a regular doctor
- H. Others: _____

36- If your nurse recommends you get the shingles (Herpes Zoster) vaccine, would you get it?

- A. Yes
- B. No
- C. Undecided

37- If your pharmacist recommends you get the shingles (Herpes Zoster) vaccine, would you get it?

- A. Yes
- B. No
- C. Undecided

38- If your doctor recommends you get the shingles (Herpes Zoster) vaccine, would you get it?

- A. Yes
- B. No
- C. Undecided

39-If yes, why? (Choose all that apply)

- A. I think the vaccine is effective
- B. I think I am at risk for shingles
- C. I knew someone who had the shingles and I do not want that it happens to me
- D. Others (specify): _____

40-How much would you be willing to pay for the vaccine?

- A. I would only get it if it were free
- B. less than \$25
- C. \$25-50
- D. \$51-100
- E. \$101-150
- F. \$151-200
- G. More than \$200

41-In your opinion, what is the most important factor that would change your decision to receive the vaccine? Choose all that apply.

- A. Reduce the cost of the vaccine
- B. Gaining a better understanding of the disease
- C. Gaining a better understanding of the vaccine (how effective it is, side effects, etc.)
- D. Recommendation by doctor, pharmacist, or other healthcare provider

42-All other things being equal, if you are offered a shingles vaccine that is 97.2% protective and requires two doses given 2 months apart (vaccine #1) or a shingles vaccine that is 51.3% protective and requires one dose (vaccine #2), which vaccine would you choose?

- A. Vaccine #1
- B. Vaccine #2