

Nurse Flu Survey Questionnaire, China, 2017–2018 Season

(Translated from original questionnaire in Chinese)

Part I. Basic Information

(1) Sex:

- Male Female

(2) Age:

- 18–24 years 25–29 years
 30–34 years 35 years and above

(3) Where do you live now?

- Beijing Heilongjiang Shaanxi Guangdong Yunnan Jiangsu
 Other (End survey)

(4) How many years have you been working as a nurse in a healthcare institution?

- 0–2 years 3–5 years 6 years and above

(5) Where do you currently work?

- Hospital/clinic
 Emergency service center (Jump to Question 8)
 Long-term care facility (Jump to Question 8)
 Blood bank (Jump to Question 8)
 Other, including public health setting, healthcare education institute, and pharmacy etc. (Jump to Question 8)

(6) If you work in a hospital, what is the level of the hospital?

- Tertiary Secondary Primary Unclassified

(7) If you work in a hospital, what department do you work in?

- Outpatient clinic Fever clinic Emergency department Surgery
 Internal medicine (not including the respiratory department)
 Respiratory department Pediatrics
 Intensive care unit (ICU, CCU, EICU, PICU, NICU, and NSICU etc.)
 Infectious diseases department Immunization clinic
 Non-clinical departments (including disinfection supply division, medical record room, and laboratory branch etc.)
 Other

Part II. Self-reported Influenza Like Illness (during the period of 1 October, 2017 to 20 March, 2018)

(8) From 1 October, 2017 to 20 March, 2018, did you have influenza-like illness symptoms (fever with sore throat or cough)?

- Yes No (Jump to Question 12) Don't remember (Jump to Question 12)

If yes, I experienced _____ episodes of influenza-like illness during this period; among which,

_____ episodes of influenza-like illness with body temperature \geq 38 ° C;

_____ episodes of influenza-like illness with body temperature < 38 ° C;

_____ episodes of influenza-like illness with body temperature unknown.

(9) During the period of 1 October, 2017 and 20 March, 2018, did you see a doctor for the last episode of your influenza-like illness?

Yes No (Jump to Question 10) Don't remember (Jump to Question 10)

If yes, did your doctor order a test for influenza virus?

Yes No (Jump to Question 10) Don't remember (Jump to Question 10)

If yes, what was the test result?

Positive Negative

(10) During the period from 1 October, 2017 to 20 March, 2018, did you take sick leave for the last episode of your influenza-like illness?

Yes, I took sick leave for _____ days. No Don't remember

(11) During the period from 1 October, 2017 to 20 March, 2018, when you had your last episode of influenza-like illness, did you work while sick?

Yes No Don't remember

(12) Do you think there is a difference between influenza and the common cold?

Yes No Don't know

(13) Do you think the influenza virus can lead to severe consequences (hospitalization, severe complications and death)?

Yes No Don't know

(14) If you have influenza-like illness symptoms (fever with sore throat or cough), will you take the following protections?

Frequent hand washing: Yes No Don't know

Wearing mask: Yes No Don't know

Self-segregation (by avoiding crowded places and close contact with people):

Yes No Don't know

(15) Is the department where you work equipped with a hand sanitizer?

Yes No

Part III. Self-reported Influenza Vaccination (during the year prior to this survey)

(16) During the year before this survey (i.e. between March, 2017 and March, 2018), were you vaccinated for influenza?

Yes No (Jump to Question 18) Don't remember (Jump to Question 18)

If yes, how was the fee for the influenza vaccine covered?

at my own expense provided free by my employer other

(17) What are the main reasons you were vaccinated for influenza? (*select all that apply*)

To protect myself

To protect patients or persons I care for

To protect my family

To avoid the impact illness could have on my capacity to work

Vaccination was required by my employer

Free vaccination was offered on-site

other _____

(18) What are the main reasons you were not vaccinated for influenza? (*select all that apply*):

I don't know the vaccine

- I don't know the effect of this vaccine
- I am worried about the side effects
- I am too busy to get vaccinated
- Influenza is not serious
- I believe I am healthy and do not need to get vaccinated
- I don't know where and when I can get vaccinated
- The procedures of vaccination are too cumbersome
- Vaccination fees cannot be reimbursed
- other_____

(19)For this year's flu season, are you willing to get vaccinated for influenza?

- Yes No

Part IV. Recommendation of Influenza Vaccine

(20)Have you ever recommended the influenza vaccine to your patients or persons you have cared for?

- Yes (Jump to Question 22) No

(21)If not, what are the main reasons for not recommending the influenza vaccine? (*select all that apply*)

- I don't know the vaccine
- I don't know the effect of this vaccine
- I am worried about the side effects and the subsequent lawsuit raised by patients
- Influenza is not serious and does not require vaccination
- other_____

(22)For this year's flu season, for which of the following groups are you willing to recommend influenza vaccine? (*select all that apply*)

- Children
- Older adults aged ≥ 65 years
- Pregnant women
- Patients with underlying chronic medical conditions
- Patients who are immunocompromised
- Adolescents or young adults
- Family members or friends

Note:

1. Only subjects who obtained a nursing license since January, 2017 will be surveyed.