

# H1N1 Flu Supplement\_English

The first questions are about shots for H1N1 flu, sometimes called swine flu or pandemic flu.

**F1. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you an H1N1 flu shot or tell you to get one?**

- No
- Yes

**F2. During your most recent pregnancy, did you get an H1N1 flu shot?**

- No
- Yes

**Go to Question F5**

**F3. During what month and year did you get the H1N1 flu shot?**

/

Month                  Year

- I don't remember

**F4. Where did you get your H1N1 flu shot?**

**Check one answer**

- A pharmacy, drug store or grocery store
- My obstetrician/gynecologist's office
- My family doctor or other doctor's office
- A health department or community clinic
- My work place or school
- Other place \_\_\_\_\_ Please tell us:

**If you got an H1N1 flu shot, go to Question F6.**

**F5. What were your reasons for not getting the H1N1 flu shot during your most recent pregnancy?** For each item, circle **Y** (Yes) if it was a reason for you or circle **N** (No) if it was not.

**No    Yes**

- a. My doctor didn't mention anything about the H1N1 flu shot during my pregnancy.....N    Y
- b. The H1N1 flu shot was not available.....N    Y
- c. I was worried about side effects of the H1N1 flu shot for me.....N    Y
- d. I was worried that the H1N1 flu shot might harm my baby.....N    Y
- e. I don't normally get a flu shot.....N    Y
- f. Other reason.....N    Y

Please tell us:

The next questions are about the seasonal flu.

**F6. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a seasonal flu shot or tell you to get one?**

- No
- Yes

**F7. Since September 2009, did you get a seasonal flu shot?**

- No
- Yes

**Go to Question F9**

**F8. During what month and year did you get the seasonal flu shot?**

/

Month                  Year

- I don't remember

**If you got a seasonal flu shot, go to Question F10.**

**F9. What were your reasons for not getting a seasonal flu shot during your most recent pregnancy?** For each item, circle **Y** (Yes) if it was a reason for you or circle **N** (No) if it was not.

**No Yes**

- a. My doctor didn't mention anything about a seasonal flu shot during my pregnancy .....N Y
  - b. I was worried about side effects of the seasonal flu shot for me .....N Y
  - c. I was worried that the seasonal flu shot might harm my baby.....N Y
  - d. I don't normally get a seasonal flu shot ...N Y
  - e. Other reason.....N Y
- Please tell us:

**F10. At any time during your most recent pregnancy, were you sick with a fever?**

- No
- Yes

**F11. At any time during your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu?** Please include seasonal flu and H1N1 flu.

- No
- Yes

**Go to the End**

**F12. Were you hospitalized for the flu during your most recent pregnancy?** Please include seasonal flu and H1N1 flu.

- No
- Yes

**Thank you for answering these final questions! Your answers will help us learn how to keep pregnant women healthy.**