

Background questionnaire

This questionnaire is for the person who has been given antiviral medication. If that person is a child then an adult can complete it on their behalf but should answer from the point-of-view of the child.

Today's date _____

Day of the week _____

About yourself (the person receiving antiviral medication)

(a) Age _____

(b) Gender _____

We would like to send you a follow-up questionnaire in about 2 weeks, so we can compare your social contact patterns while you are ill with your social contact patterns once you are feeling better. Your name and address will only be used to send the follow-up questionnaire. They will not be kept or passed on to anyone else.

Name (person to whom the follow-up questionnaire should be addressed):

Address _____

Postcode _____

About your household

(c) How many people (other than you) live in your household? _____

(d) Please list their ages

(e) How many people in your household other than you currently have diagnosed swine flu? _____

- How many of them are taking Tamiflu (oseltamivir) or Relenza (zanamivir) antiviral treatment? _____

About your illness

(f) On what date did you first become unwell with swine flu? _____

(g) Are you still unwell today? YES NO (circle one)

- If NO, on what date did you recover? _____
- If YES, which symptoms do you have today (circle all that apply):

Fever	Chills	Nausea
Sore throat	Loss of appetite	Vomiting
Tiredness	Muscle pain	Diarrhoea
Headache	Joint pain	Red eyes
Cough	Blocked/runny nose	

(h) How do you feel today? (Mark a point on the line below)

worst 0---1---2---3---4---5---6---7---8---9---10 best
imaginable health state imaginable health state

(i) Have you taken Tamiflu (oseltamivir) or Relenza (zanamivir) antiviral treatment?

YES NO (circle one)

- If YES, then...
 - On what date did you start taking the treatment? _____
 - Are you still taking the treatment? YES NO (circle one)

Background questionnaire [follow-up]

This questionnaire is **for the person who completed the questionnaire that they received with their antiviral medication**; if that person is a child then an adult can complete the questionnaire on their behalf but should answer from the point-of-view of the child.

Today's date _____

Day of the week _____

About your household

(a) How many people in your household other than you **currently** have diagnosed swine flu? _____

- How many of them are taking Tamiflu (oseltamivir) or Relenza (zanamivir) antiviral treatment? _____

About your illness

(b) Are you still unwell with swine flu today? YES NO (circle one)

- If NO, what date did you recover? _____
- If YES, which symptoms do you have today (circle all that apply):

Fever	Chills	Nausea
Sore throat	Loss of appetite	Vomiting
Tiredness	Muscle pain	Diarrhoea
Headache	Joint pain	Red eyes
Cough	Blocked/runny nose	

(c) How do you feel today? (Mark a point on the line below)

worst 0---1---2---3---4---5---6---7---8---9---10 best
imaginable health state imaginable health state

(d) Have you taken Tamiflu (oseltamivir) or Relenza (zanamivir) antiviral treatment?

YES NO (circle one)

- If YES, are you still taking the treatment?

YES NO (circle one)

- If NO, what date did you stop taking the treatment?

(e) What date did you feel most ill with swine flu? _____

(f) How did you feel on that day? (Mark a point on the line below)

worst 0---1---2---3---4---5---6---7---8---9---10 best
imaginable health state imaginable health state

(g) Did you spend last night in hospital? YES NO (circle one)

Receiving care from others

(h) Did anyone take time off work to take care of you whilst you were ill with swine flu?

YES NO (circle one)

- If YES, then how many days have they taken off so far, including today (only counting days when they would have gone to work)?

Using public transport

(i) Did you use public transport (bus/train/tram/underground) today?

YES NO (circle one)

(j) Would you normally use public transport (bus/train/tram/underground) today?

YES NO (circle one)

Your daily routine

(k) Have you been to work / school / college today?

YES NO NOT APPLICABLE (circle one)

(l) Is your workplace / school / college currently closed due to swine flu?

YES NO NOT APPLICABLE (circle one)

(m) Did you take time off work / school / college / playgroup / nursery / childcare group / social activities because of your illness?

YES NO NOT APPLICABLE (circle one)

- If YES, then how many days did you take off? _____

At the end of the day, once you have completed this background questionnaire and checked all the entries are correct, please return it and the completed contact diary to us using the pre-paid envelope provided.