## **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 <u>other than you</u> **currently** have diagnosed swine flu?

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

## About your illness

(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 <u>today</u> (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 nos	e

(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 imaginable health state 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)

(j) On what date did you feel most ill with swine flu? \_\_\_\_\_

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

worst0---1---2---3---4---5---6---7---8---9---10bestimaginableimaginablehealth statehealth state

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

### **Receiving care from others**

(m) Has anyone taken time off work  $\underline{to}$  take care of you whilst you have been ill with swine flu?

YES NO (circle one)

## Using public transport

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

YES NO (circle one)

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

YES NO (circle one)

# Your daily routine

(p) Do you normally attend work / school / college?

YES NO (circle one)

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

YES NO NOT APPLICABLE (circle one)

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

YES NO NOT APPLICABLE (circle one)

(s) Have you taken time off work / school / college / playgroup / nursery / childcare group / social activities because of your illness?

YES NO NOT APPLICABLE (circle one)

• If YES, then are you off work / school / college / playgroup / nursery / childcare group / social activities **today** because of your illness?

YES NO (circle one)

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.

# **Contact diary**

Please cut off this column before returning the form.

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 respond from the point-of-view of the child.

Today's date \_\_\_\_\_

Day of the week\_\_\_\_\_

Name (or description) of contact	Age Gender (or age (Male or range) Female)	Was there skin to	How long? Over the day, for how long were you with this person (tick one)?					Where? Where did you meet this person (tick all that apply)?				How often? How often do you normally meet this person (tick one)?							
		c (	skin contac		skin contact (Yes or	Under 5 mins	5-10 mins	10mins-1 hour	1-4 hours	Over 4 hours	Home	Work/ School/ College	Travel	Leisure activity	Other	Daily or almost daily	Once or twice weekly	Once or twice monthly	Less than monthly

Please turn over if you need more space

Name (or description) of contact	Age (or age range)	(or age (Male or	there	How long? Over the day, for how long were you with this person (tick one)?					Where? Where did you meet this person (tick all that apply)?				How often? How often do you normally meet this person (tick one)?					
		skin contact (Yes or No)?	Under 5 mins	5-10 mins	10mins-1 hour	1-4 hours	Over 4 hours	Home	Work/ School/ College	Travel	Leisure activity	Other	Daily or almost daily	Once or twice weekly	Once or twice monthly	Less than monthly	Never met before	

Did you include everyone you met today?

If not, how many other people did you meet today?

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

# 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 <u>other than you</u> **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	9

at	(c) How do you feel today? (Mark a point on the line below)										
n an n the	worst 012345678910 imaginable health state	best imaginable health state									
	(d) Have you taken Tamiflu (oseltamivir) or Relenza (za treatment?	namivir) antiviral									
	YES NO (circle one)										
	• If YES, are you still taking the treatment?										
	YES NO (circle one)										
	$\circ$ If NO, what date did you stop taking t	he 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)										
	imaginable	best imaginable health state									
	(g) Did you spend last night in hospital? YES NO	(circle one)									
	Receiving care from others										
	<ul> <li>(h) Did anyone take time off work to take care of you whe with swine flu?</li> <li>YES NO (circle one)</li> </ul>	nilst you were ill									
	• If YES, then how many days have they taken off today (only counting days when they would have go										

### 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.