



**7. If no, why??**

.....  
.....-> go to q. 14

**8. If yes, why?**

.....  
.....

**9. Were you examined by a physician prior to the vaccination?**

- 1  Yes
- 2  No

**10. Where did this vaccination take place?**

- 1  GP / in primary care
- 2  at home
- 3  in the workplace
- 4  in another place - give details.....

**11. How did you find out about the possibility of vaccination?**

(You can select more than one answer)

- 1  from family doctor / primary care
- 2  from a specialist
- 3  from the pharmacist
- 4  from TV
- 5  from radio
- 6  from the press
- 7  from the employer
- 8  from friends
- 9  other - give details.....

**12. Did any worrying symptoms occur after the vaccination?**

(You can select more than one answer)

- 1  soreness at the injection site
- 2  fever
- 3  malaise
- 4  muscle pain
- 5  headache
- 6  allergic reactions – give details ?.....
- 7  other - give details.....

**13. Do you think that the vaccination had an impact on your health?**

- 1  yes, positive
- 2  yes, negative

I did not notice any change

**14. Have you taken influenza vaccination in the past (not earlier than 12 months ago)?**

Yes

No

**15. Who should by all means receive influenza vaccine?**

- .....
- .....

**16. Who should not receive it?**

- .....

**17. When is the best time to get vaccinated against influenza? (Please give the name of the month or season)**

.....

**18. Do you think that the flu vaccination enhances the immunity against all types of viral infections?**

Yes

No

Difficult to say

**19. Does the flu vaccine protect against the so-called "avian flu"?**

Yes

No

Difficult to say

**20. Are there any other methods for preventing influenza, besides vaccination?**

.....  
.....

**21. How often should the vaccination against influenza be carried out in order to guarantee the maximum effectiveness?**

.....

**22. Do you suffer from any of the chronic conditions listed below? (You can select more than one answer).**

hypertension

coronary artery disease

diabetes

- 4  asthma, chronic bronchitis, COPD
- 5  cancer
- 6  kidney diseases
- 7  other - please specify.....

**23. Are you taking any medications regularly? If so, please specify.**

.....  
.....

**24. Have you been hospitalised within the last 12 months?**

- 1  Yes - for what reason? ... ..
- 2  No

**Your data:**

**25. Age** .....years

**26. Gender:**

- 1  female
- 2  male

**27. Occupation:** .....

**28. What is the population of your place of living?**

- 1  Below 10 000
- 2  10 000 -50 000
- 3  50 000-100 000
- 4  100 000 -500 000
- 5  More than 500 000

**Thank you.**