

Self- versus nurse-administered vaccine  
Baseline Questionnaire

1. In what year were you born? \_\_\_\_\_  
Year

2. Are you . . .  Female  Male

3. Did you receive any of the following influenza vaccines?

	YES	NO	DON'T KNOW
Pandemic H1N1 ("swine") vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal vaccine for the 2009-10 winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal vaccine for the 2008-09 winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal vaccine for the 2007-08 winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal vaccine for the 2006-07 winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the postal code of your residence? \_\_\_\_\_

5. Were you diagnosed with influenza, by laboratory test (swab) for...

	YES	NO	NOT SURE
Pandemic H1N1 (swine) influenza in 2009 or 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal influenza in the winter of 2009-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How many hours of sleep do you get in an average night? \_\_\_\_\_ (drop down list of 0-16)

7. Thinking about the amount of stress in your life, would you say that most days are:

- not at all stressful?
- a bit stressful?
- quite a bit stressful?
- extremely stressful

8. Have you been admitted overnight to a hospital for any reason in the past 2 years?

- No
- Yes

9. Do you have a medical condition (eg. allergies, diabetes) that has ever required you to have injections or to have blood drawn one or more times per year?

- No
- Yes, these injections were done by other people
- Yes, I did/do my own injections (eg. insulin for diabetes)

10. Please check the one box that best describes how you feel about getting the injection that is required for your influenza vaccine

- Getting vaccinated doesn't bother me at all
- It is unpleasant when I get it, but I don't think twice about it
- I get anxious beforehand, but not so much that I avoid getting it
- I don't like getting the injection, but I know I have to do it, and I don't hesitate
- I REALLY don't like getting the injection, but I know I have to do it, and I don't hesitate
- I dislike it enough that I usually avoid it for a few days before I am brave enough to do it
- I am phobic about/afraid of needles; I have great difficulty forcing myself to get vaccinated
- I have never been vaccinated because I am too afraid of the needle
- Other, specify:

11. What is it that you dislike the MOST about getting the NEEDLE for your influenza vaccine (check one box only - this question is not about the vaccine itself, only the needle)

- Nothing, I don't mind the needle
- The pain when I get the injection
- The worry that I will get a sore arm afterward
- The thought of a needle being stuck into my skin
- Other, specify:

12. Please circle the number below that best describes the usual amount of pain you feel at the time you get your injection of seasonal influenza vaccine (please circle the number below):

0 1 2 3 4 5 6 7 8 9 10

0 = no pain

10= worst possible pain

- Not applicable, I haven't ever had an influenza vaccine before

13. Please circle the number below the describes how much pain you think you will feel from the intradermal vaccine injection

0 1 2 3 4 5 6 7 8 9 10

0 = no pain

10= worst possible pain

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14. Are you a healthcare worker?  No - thank you, this is then end of the questionnaire  
 Yes

14a. if yes, what is your occupation/profession?

- Nurse (NP / RN / RPN)
- Physician / Physician's assistant / midwife
- Administration - e.g. human resources / manager / Secretary / Clerical coordinator
- Patient attendant / Healthcare Aide / Service assistant
- Housekeeper / Porter / Central sterile supply / Dispatch
- Medical imaging technologist/technician
- Pharmacist / Pharmacy technician
- Ward clerk / Unit Coordinator
- Physiotherapist / Occupational therapist
- Respiratory therapist
- Psychologist / Social worker / Chaplain / Counsellor
- Laboratory technologist / Technician
- Nutritionist / Other food service staff
- Other: \_\_\_\_\_

14b. If yes, do you give injections (IM, IV or intradermal) as part of your work?

- No
- Yes, less than once a month
- Yes, more than once a month

*Thank you for taking the time to be a part of this study.*

Self- versus nurse-administered vaccine  
Post vaccination questionnaire

1. If you were offered this intradermal vaccine OR the regular influenza vaccine next year, which would you choose?

- I would strongly prefer this vaccine (intradermal)
- I would somewhat prefer this vaccine (intradermal)
- it wouldn't make any difference to me
- I would somewhat prefer the regular (intramuscular) vaccine
- I would strongly prefer the regular (intramuscular) vaccine

Why?

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2. If you were offered this intradermal vaccine again, which would you prefer:

- a nurse (or other health care provider) giving me the vaccine
- to take it myself
- it wouldn't make any difference to me
- I'm not sure

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3. Please tell me how much pain you had from the injection from 0 to 10 where 0 is no pain and 10 is worst possible pain (please circle the number below):

0 1 2 3 4 5 6 7 8 9 10

0 = no pain

10= worst possible pain

**IF YOU WERE RANDOMIZED TO SELF- ADMINISTRATION ONLY...** 4. How sure are you that you gave yourself the vaccination properly?

- very sure
- somewhat sure
- somewhat unsure
- not sure at all
- Not applicable: I did not attempt it or was stopped from giving it

5. Is there anything that could be done to make it easier for you to give it to yourself? (eg. something added to or different in the instructions?)

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*Thank you for taking the time to be a part of this study*