

**IDEB H1N1 CASE STUDY SURVEY RANDOM SELECTION OF ILI**

**May through July 2010**

**Version 6 revised, 5/6/10**

**(INFORMED CONSENT)**

Hello, I'm calling from the New Mexico Department of Health. My name is \_\_\_\_\_. We are gathering information about influenza disease also known as the flu. Your telephone number has been chosen randomly, and I would like to ask some questions about influenza-like illness. The information we gather on age, race, medical problems, and medication treatment for this illness will help us evaluate the affects these factors have on a person's health.

**(CTELENUM)**

Is this     (phone number)     ?

- 1 Yes
- 2 No If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

**(PVTRSID)**

Is this a private residence in     NEW MEXICO     ?

- 1 Yes
- 2 No If "no,"

Thank you very much, but we are only interviewing private residences in     NEW MEXICO     . **STOP**

**(CELLPH)**

Is this a cellular telephone?

**[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]**

- 1 No
- 2 Yes If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I would like to ask a few questions about whether any members of your household were ill with an influenza-like illness this season. This will only take a short time. Your participation is voluntary and there is no other benefit to you for answering any of these questions. All of your information will be kept confidential.

You may refuse to answer any question you do not want to answer or stop at any time. The information we gather may help the New Mexico Department of Health create better recommendations for preventing severe flu illness, including hospitalizations and deaths. If you have any questions about the study, you may call Dr. Deb Thompson at the New Mexico Department of Health at (505) 827-2305.

(CONSENT 1)

Shall we begin?

- 1 Yes
- 2 No Thank you very much for your time. **STOP CODE OUT AS FIRST REFUSAL 505**

These next questions will focus on who in your household may have had an influenza-like illness during Fall 2009. That is during September, October, or November of 2009.

Did anyone in your household have flu-like symptoms during September, October, or November of 2009? (ANY ILI)

- 1 Yes
- 2 No If "no," Thank you very much for your time but we are only interviewing households that experienced flu-like symptoms during the fall of 2009. **STOP CODE OUT**

**IF YES, CONTINUE**

I need to randomly select one person who lives in your household to be interviewed. How many adults and children in your household including yourself had symptoms of fever as well as cough or sore throat during September, October, or November of 2009

(ILHH)

\_\_\_ Number of people with ILI

**If 88 none:** Thank you very much for your time but we are only interviewing households that experienced flu-like symptoms during the fall of 2009. **STOP CODE OUT 303 DOES NOT QUALIFY**

How many of these people were hospitalized during September, October or November?

\_\_\_ Number of people hospitalized (HOSPHH)

Of those people with influenza like illness who were **not hospitalized** : (go to NUMMEN)

**If 88 none:** Thank you very much for your time but we are only interviewing households that experienced flu-like symptoms during the fall of 2009. **STOP CODE OUT**

**If only one:** Is this person male or female? (ONEPERSONGENDER)

- 1 Male
- 2 Female

Is this person an adult or child age 17 or younger? (ONEPERSON)

- 1 adult
- 2 child

**Interviewer:**

**CATI: GO TO PROXY SR**

**CATI: Check to make sure the num of people, men, women, boys, and girls are logical**

**If more than one:**

How many of these are adult men? (NUMMEN)

\_\_\_ Number of adult men

How many of these are adult women? (NUMWOMEN)

\_\_\_ Number of adult women

How many of these children are boys? (NUMBOYS)

\_\_\_ Number of boys

How many of these children are girls? (NUMGIRLS)

\_\_\_ Number of girls

The person in your household that I need to speak with is selected respondent who had flu like symptoms. If the selected respondent is 'you' go to first question. 01.01

Select 1, 2, or 3

(PROXYSR)

- 1 Adult self or (You) If you go to 01.01 if other adult go to informed consent
- 2 Proxy for Adult Go to KNOWS MOST ADULT
- 3 Child (via Proxy) Go to KNOWS MOST CHILD
- 4 No qualifying individual  
Could mean SR has passed, moved out or who is otherwise unavailable due to physical/mental impairment and proxy may not be able to answer on behalf of adult SR USE BRSS CODES FOR THIS? 240 OR 260

If 2 PROXY FOR ADULT: May I please speak to the household member who knows most about the selected adult's health. (KNOWS MOST ADULT)

- 1 Yes
- 2 No (Not available at this number, during the survey period, refused go to F3 and code out)
- 3 Not available at this time (Schedule callback)

If 3 CHILD VIA PROXY: May I please speak to the Parent or Guardian who knows most about the child's health. (KNOWS MOST CHILD)

- 1 Yes
- 2 No (Not available at this number, during the survey period, refused go to F3 and code out)
3. Not available at this time (Schedule callback)

To the correct respondent:

#### Informed consent 2

Hello, I'm calling from the New Mexico Department of Health. My name is \_\_\_\_\_. We are gathering information about influenza disease also known as the flu. Your telephone number has been chosen randomly, and I would like to ask some questions about influenza-like illness. The information we gather on age, race, medical problems, and medication treatment for this illness will help us evaluate the affects these factors have on a person's health.

**CATI: Enter correct wording based on random selection.**

I would like to ask a few questions about whether (you/your child/selected adult) were/was ill with an influenza-like illness this season. This will only take a short time. Your participation is voluntary and there is no other benefit to you for answering any of these questions. All of your information will be kept confidential.

You may refuse to answer any question you do not want to answer or stop at any time. The information we gather may help the New Mexico Department of Health create better recommendations for preventing severe flu illness, including hospitalizations and deaths. If you have any questions about the study, you may call Dr. Deb Thompson at the New Mexico Department of Health at (505) 827-2305.

(CONSENT 2)

Shall we begin?

- 1 Yes
- 2 No Thank you very much for your time. **STOP CODE OUT 220**

**If interviewing an adult about another adult family member:**

**CATI: Enter selected respondent below.**

What is your relationship to selected respondent? Are you: (ADULT PROXY)

- 1 Spouse
- 2 Other family member
- 3 Caregiver
  
- 8 Other
- 7 Don't know/Not sure
- 9 Refused

**If interviewing an adult about a child:**

What is your relationship to the selected child? Are you: (CHILD PROXY)

- 1 Parent/Guardian
- 2 Other family member
- 3 Caregiver
  
- 8 Other
- 7 Don't know
- 9 Refused

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**F2 screen**

Hello, I'm calling from the New Mexico Department of Health. My name is \_\_\_\_\_. We are gathering information about influenza disease also known as the flu. Your telephone number has been chosen randomly, and I would like to ask some questions about influenza-like illness. The information we gather on age, race, medical problems, and medication treatment for this illness will help us evaluate the affects these factors have on a person's health.

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## Section 1: Baseline Health

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01.01 Would you say that in general [you/ the adult's/ the child's] health is:  
(GENHLTH)

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 2: Health Care Access

02.01 Do/Does the [you/adult/child] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?  
(HLTHPLAN)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

02.02 Do/Does the [you/adult/child] have one person you think of as your/their personal doctor or health care provider?

(PERSDOC2)

**If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Section 5: Seeking Health Care

05.01 Did (you/the adult/the child) visit a doctor, nurse, or other health professional for this flu-like illness?  
(SOUGHTCARE)

Note: If "no", ask did [you/patient] go to an urgent care or emergency room?

- 1 Yes
- 2 No GO TO SECTION 09
- 7 Don't know / Not sure GO TO SECTION 09
- 9 Refused GO TO SECTION 09

05.02 How many days were/was [you/ the adult /the child] ill before you visited a doctor, nurse, or other health professional?  
(ONSET\_TO\_CARE)

- Number of days (01-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

## Section 6: Health Professional Diagnosis

06.01.1 What did the doctor, nurse, or other health professional tell [you/ you about the adult /you about the child]?

Did they say...

(DIAGNOSIS)

[Interviewer: read choices]

- 1 You had regular influenza or the flu,
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu--

Do not read:

- 7 Don't know/not sure
- 9 Refused



## Section 7: Influenza Testing

07.01 Did [you/ the adult /the child] have a flu test that was positive for this illness?  
Usually a swab from [you/adult/child]? nose or throat is tested. Would you say...

[Interviewer: read choices]

(FLUTEST)

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

Do not read:

- 7 Don't know
- 9 Refused

## Section 8: Influenza Treatment

08.01 Did [you/ the adult /the child] receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

(OSZATREAT)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

08.02 Did [you/ the adult /the child] receive Tamiflu or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] within 2 days of the start of [your/his/her] illness?

(OSZA2DAYS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 9: Underlying Medical Conditions

09.01 Has a doctor, nurse, or other health professional ever said that [you/the adult/  
the child] have/has asthma?  
(ASTHMA)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.02 Has a doctor, nurse, or other health professional ever said that [you/ the adult  
/the child]have/has chronic lung disease other than asthma, such as cystic  
fibrosis, COPD or emphysema?  
(OTHLUNGDIS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.03 Has a doctor, nurse, or other health professional ever said that [you/ the adult  
/the child] have/has chronic heart disease, such as congenital heart disease,  
congestive heart failure or coronary artery disease?  
(CVD)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.04 Has a doctor, nurse, or other health professional ever said that [you/ the adult  
/the child] have/has diabetes?  
(DIABETES)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.05 Has a doctor, nurse, or other health professional ever said that [you/ the adult  
/the child] have/has chronic metabolic disease other than diabetes, such as  
thyroid disease?  
(OTHMETDIS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.06 Has a doctor, nurse, or other health professional ever said that [you/ the adult /the child] have/has kidney disease? (RENALDIS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.07 Has a doctor, nurse, or other health professional ever said that [you/ the adult /the child] have/has neurological disease, such as epilepsy, spinal cord injury, or history of a stroke? (NEURODIS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.08 Has a doctor, nurse, or other health professional ever said that [you/ the adult /the child] have/has a weakened immune system or that [you/ the adult /the child] are/is immunosuppressed, which could include being on chemotherapy or chronic steroids or having a condition such as lupus, cancer or chronic immune deficiency ?

(IMMSUPPR)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.09 Has a doctor, nurse, or other health professional ever said that [you/ the adult /the child] have/has a liver disorder, such as chronic hepatitis?

(LIVDIS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

09.10 In the past 12 months, has a doctor, nurse, or other health professional said that you have (the adult has, the child has) cancer?

(CANCER)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Section 10: Age**

10.01 What is [your / the adult's / the child's] current age?

(CURRENTAGE)

- 1 \_\_\_ Age in years
- 2 \_\_\_ Age in months
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Section 11: Ethnicity/Race**

11.01 Are/Is [you/ the adult /the child] Hispanic or Latino?  
(ETHNICITY)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11.02 Which one of these groups would you say best represents [your / the adult's / the child's] race? Would you say . . .

(RACE)

**Please Read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other (please specify) \_\_\_\_\_ (20 columns) 11.02a

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**Section 12: Weight and Height**

12.01 About how much do/ does [you / the adult / the child] weigh without shoes?  
(WEIGHT)

**Note: If respondent answers in metrics, put "9" in first space.**

**Round fractions up**

\_\_ \_\_ \_\_ \_\_ Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

12.02 About how tall are/ is [you / the adult / the child] without shoes? (HEIGHT)

**NOTE: If respondent answers in metrics, put "9" in first space.**

**Round fractions down**

\_\_ / \_\_ Height  
(ft / inches/meters/centimeters)  
7 7 / 7 7 Don't know / Not sure  
9 9 / 9 9 Refused

**Section 13: Residence Location**

13.01 What county do/does [you / the adult / the child] live in? (COUNTY)

1 County name \_\_\_\_\_

7 Don't know/Not Sure

9 Refused

13.01a \_ \_ \_ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

13.02 What is the zip code where [you / the adult / the child] live/s? (ZIP\_CODE)

\_\_\_\_\_ ZIP Code

7 7 7 7 7 Don't know / Not sure

9 9 9 9 9 Refused

13.03 From where [you / the adult / the child] live/s, what is the name of the nearest hospital where you would seek medical care if [you/adult/child] had an emergency? (NEARESTHOSP)

1 Hospital name \_\_\_\_\_ (20 columns)

7 Don't know/Not Sure

9 Refused

**Section 14: Gender**

14.01 Indicate sex of respondent. Ask only if necessary. (GENDER)

1 Male

2 Female

**Go to Closing**

**If respondent is < 12 or > 44 years old or older,  
go to Closing**

**Section 15: Pregnancy and Postpartum (Females Only, Age  $\geq 12$  yrs and  $\leq 44$  yrs)**

15.01 Were/Was [you / the adult / the child] pregnant at the time of this illness?  
(PREGNANT)

- 1 Yes **Go to closing**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

15.02 Did [you / the adult / the child] have a baby within 2 weeks of this illness?  
(PPLT2WKS)

- 1 Yes **Go to closing**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

15.03 Did [you / the adult / the child] have a baby within 2-6 weeks of this illness?  
(PPGT2WKSLE6WKS)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CLOSING STATEMENT**

That is my last question. All the information we gather will help us to better understand the risk factors for influenza illness in New Mexico. If you have any questions you may contact Dr. Deb Thompson at (505) 827-2305. Thank you for your time and cooperation.

(END)