There are shots available for two kinds of flu the seasonal flu and the 2009-H1N1 flu. The first questions are about shots for H1N1 flu, sometimes called swine flu or pandemic flu.

F1. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you an H1N1 flu shot or tell you to get one?

No
Yes

F2. During your most recent pregnancy, did you get an H1N1 flu shot?

□ No ──── Go to Ouestion F5 ⊢ □ Yes

F3. During what month and year did you get the H1N1 flu shot?



F4. Where did you get your H1N1 flu shot? Check one answer

A pharmacy, drug store or grocery store ☐ My obstetrician/gynecologist's office My family doctor or other doctor's office

- A health department or community clinic
- My work place or school

 \Box Other place \longrightarrow Please tell us:

If you got an H1N1 flu shot, go to Question F6.

- F5. What were your reasons for not getting the H1N1 flu shot during vour most recent pregnancy? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not.
- No Yes a. My doctor didn't mention anything about the H1N1 flu shot during my pregnancy.....N Y b. The H1N1 flu shot was not available.....N Y c. I was worried about side effects of the H1N1 flu shot for me.....N Y d. I was worried that the H1N1 flu shot might harm my baby.....N Y e. I don't normally get a flu shot.....N Y f. Other reason. N Y Please tell us:

The next questions are about the seasonal flu.

F6. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a seasonal flu shot or tell you to get one?

□ No **Ves**

F7. Since September 2009, did vou get a seasonal flu shot? This is different than the H1N1 flu shot.

□ No — → Go to Question F9 $\int \vec{\Box}^{Yes}$

- F8. During what month and year did you get the seasonal flu shot?

20 Month Year □ I don't remember

F9. What were your reasons for not getting a seasonal flu shot during vour most recent pregnancy? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not.

No Yes

- a. My doctor didn't mention anything about a seasonal flu shot during my pregnancy.....N Y b. I was worried about side effects of the seasonal flu shot for me......N Y c. I was worried that the seasonal flu shot might harm my baby..... N Y d. I don't normally get a seasonal flu shot.....N Y e. Other reason.....N Y Please tell us:
 - F10. At any time during your most recent pregnancy, were you sick with a fever?

□ No ☐ Yes

F11. At any time during your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu? Please include seasonal flu and H1N1 flu.

□ No _____ Go to the End $\int \Box Yes$

F12. Were you hospitalized for the flu during your most recent pregnancy? Please include seasonal flu and H1N1 flu.

🗌 No **Yes**

Thank you for answering these final questions! Your answers will help us learn how to keep pregnant women healthy.