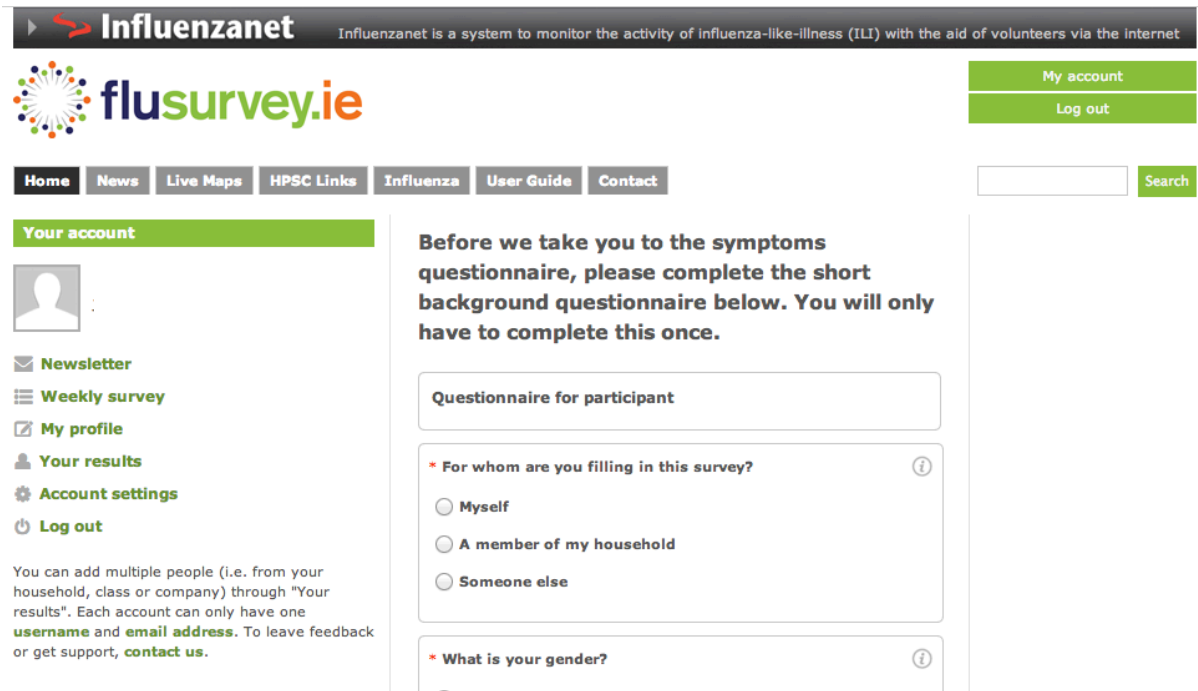


## USER GUIDE – STEP 3. THE INTAKE SURVEY

When you have logged in for the first time, you will be asked to complete a once-off short survey. This survey is a standard survey that has been developed by epidemiologists in order to record important information that may be relevant to the transmission of influenza. The following screen will appear (your name and email will also be shown).



The screenshot shows the 'Influenzanet' header with the tagline 'Influenzanet is a system to monitor the activity of Influenza-like-illness (ILI) with the aid of volunteers via the Internet'. Below this is the 'flusurvey.ie' logo and navigation buttons for 'My account' and 'Log out'. A menu bar includes 'Home', 'News', 'Live Maps', 'HPSC Links', 'Influenza', 'User Guide', and 'Contact'. A search bar is also present.

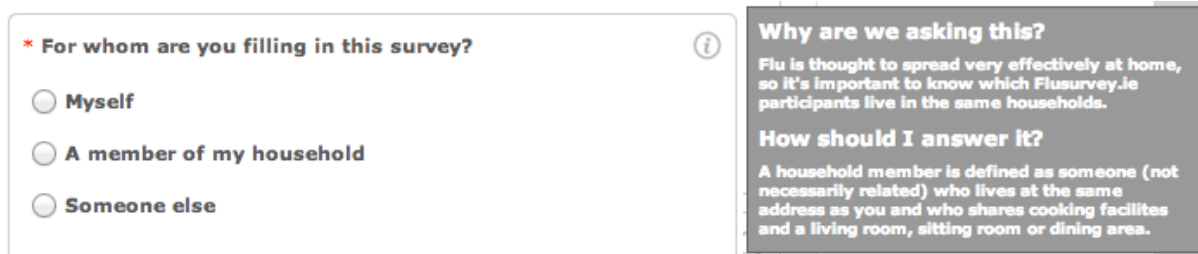
The main content area is titled 'Your account' and features a profile picture placeholder and a list of account options: Newsletter, Weekly survey, My profile, Your results, Account settings, and Log out. A note explains that multiple people can be added through 'Your results' and that each account has a unique username and email address.

The central part of the page contains a message: 'Before we take you to the symptoms questionnaire, please complete the short background questionnaire below. You will only have to complete this once.' Below this is a form titled 'Questionnaire for participant' with two questions:

- \* For whom are you filling in this survey? (Information icon)
  - Myself
  - A member of my household
  - Someone else
- \* What is your gender? (Information icon)
  - Male
  - Female

The list of questions asked will now be summarized, along with the reasons for asking them (this can be shown by clicking on the information icon).

### QUESTION 1



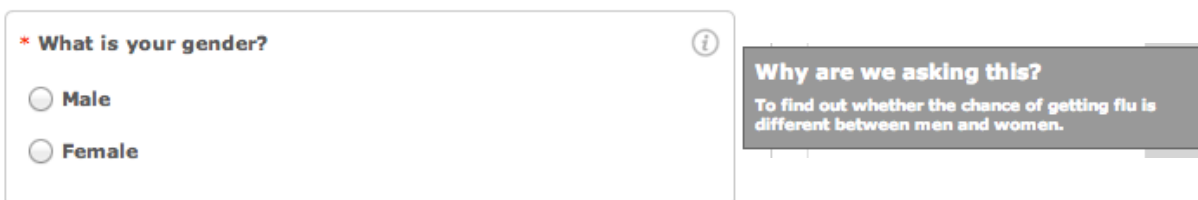
**\* For whom are you filling in this survey?** (Information icon)

- Myself
- A member of my household
- Someone else

**Why are we asking this?**  
Flu is thought to spread very effectively at home, so it's important to know which Flusurvey.ie participants live in the same households.

**How should I answer it?**  
A household member is defined as someone (not necessarily related) who lives at the same address as you and who shares cooking facilities and a living room, sitting room or dining area.

### QUESTION 2



**\* What is your gender?** (Information icon)

- Male
- Female

**Why are we asking this?**  
To find out whether the chance of getting flu is different between men and women.

### QUESTION 3

\* What is your date of birth (month and year)?



09/1988

**Why are we asking this?**

The chance of getting flu and the risk of more serious complications vary by age.

### QUESTION 4

\* County/Constituency of Residence



Carlow-Kilkenny

**Why are we asking this?**

To check how representative our sample is, and to see whether the chance of getting flu varies across the country.

### QUESTION 5

\* What is your main activity?



- Paid employment, full time
- Paid employment, part time
- Self-employed (businessman, farmer, tradesman, etc.)
- Attending daycare/school/college/university
- Home-maker (e.g. housewife)
- Unemployed
- Long-term sick-leave or parental leave
- Retired
- Other

**Why are we asking this?**

To check how representative our sample is compared to the population as a whole, and to find out whether the chance of getting flu is different for people in different types of occupation.

**How should I answer it?**

Please, tick the box that most closely resembles your main occupation. For pre-school children who don't go to daycare tick the "other" box.

### QUESTION 6

\* What is the regional area of your school/college/workplace? (Where you spend the majority of your work/study time)



Carlow-Kilkenny

**Why are we asking this?**

To find out roughly how far you travel on a regular basis.

**How should I answer it?**

Please, choose the county/constituency.

## QUESTION 7

What is the highest level of formal education/qualification that you have? (i)

- I have no formal qualification
- Leaving Certificate or equivalent
- Certificate, Diploma or Equivalent
- Bachelors Degree (BA, BSc) or equivalent
- Higher Degree or equivalent (e.g. Masters Degree, Diploma, Ph.D., Medical Doctorate, Advanced Professional Award)
- I am still in education

### Why are we asking this?

To check how representative our sample is compared to the population as a whole.

### How should I answer it?

Please choose the box that represents your HIGHEST level of educational achievements. The different options roughly equate to: 1 - no qualifications, 2 - school-leaving exams at around 16 years of age, 3 - school-leaving exams at around 18 years of age, 4 - University degree or equivalent professional qualification, 5 - Higher degree or advanced professional qualification. If you are an adult who is currently undergoing part-time training (e.g. night school) then tick the box that represents your current highest level of education.

## QUESTION 8

\* Not including people you meet on public transports, do you have contact with any of the following during the course of a typical day? (Select all options that apply, if any) (i)

- More than 10 children or teenagers over the course of the day
- More than 10 people aged over 65 over the course of day
- Patients
- Groups of people (more than 10 individuals at any one time)
- None of the above

### Why are we asking this?

To find out whether you are likely to be exposed to more flu than the average person (e.g. work with children, or patients).

### How should I answer it?

Groups of people could include any setting where you come into contact with large numbers of people at one, e.g. a teacher who may contact many children in a day.

## QUESTION 9

INCLUDING YOU, how many people in each of the following age groups live in your household? (i)

- 0-4 years
- 5-18 years
- 19-44 years
- 45-64 years
- 65+

### Why are we asking this?

Members of larger households, or those with children, may be more likely to catch flu than the others.

## QUESTION 10

\* What is your main means of transport? i

- Walking
- Bike
- Motorbike/scooter
- Car
- Public transportation (bus, train, DART, Luas, etc)
- Other

### Why are we asking this?

It has been suggested that using public transport may be a risk for flu. We would like to check this.

### How should I answer it?

Tick the option that best represents your most normal mode of transport.

## QUESTION 11

\* On a normal day, how much time do you spend on public transport? (Bus, train, tube etc.) i

- No time at all
- 0-30 minutes
- 30 minutes - 1.5 hours
- 1.5 hours - 4 hours
- Over 4 hours

### Why are we asking this?

It has been suggested that using public transport may be a risk for getting flu. We would like to check this.

### How should I answer it?

Think of a typical day. If you use several different forms of public transport each day, remember to include all journeys. Don't include taxis or other forms of private transport.

## QUESTION 12

How often do you have common colds or flu-like diseases?

- Never
- Once or twice a year
- Between 3 and 5 times a year
- Between 6 and 10 times a year
- More that 10 times a year
- I don't know

### QUESTION 13

\* Did you receive a flu vaccine during the last autumn/winter season? (2012-2013) i

- Yes
- No
- I don't know

#### Why are we asking this?

We would like to be able to work out how much protection the vaccine gives. We would also like to find out if there is some protection from vaccines received in previous years.

#### How should I answer it?

Answer yes if you received the vaccine last year (during the autumn/winter of 2012-13).

### QUESTION 14

\* Have you received a flu vaccine this autumn/winter season? (2013-2014) i

- Yes
- No
- I don't know

#### Why are we asking this?

We would like to be able to work out how much protection the vaccine gives.

#### How should I answer it?

Report yes, if you received the vaccine this season, usually in the autumn. If you get vaccinated after filling in this questionnaire, please return to this and update your answer.

### QUESTION 15

\* Do you take regular medication for any of the following medical conditions? (Select all options that apply) i

- No
- Asthma
- Diabetes
- Chronic lung disorder besides asthma e.g. COPD, emphysema, or other disorders that affect your breathing
- Heart disorder
- Kidney disorder
- An immunocompromising condition (e.g. splenectomy, organ transplant, acquired immune deficiency, cancer treatment)

#### Why are we asking this?

This question allows us to find out whether you have other medical conditions that may increase your risk of having more severe illness if you are infected with flu.

#### How should I answer it?

Only answer "yes" if you take regular medication for your medical problem. If, for instance, you only occasionally take an asthma inhaler, then do not answer "yes" for asthma.

### QUESTION 16

\* Do you smoke tobacco? i

- No
- Yes, occasionally
- Yes, daily, fewer than 10 times a day
- Yes, daily, 10 or more times a day
- Dont know/would rather not answer

#### Why are we asking this?

Smoking might make you more likely to get a more severe dose of flu. We would like to test this.

#### How should I answer this?

Please, answer as accurately as possible. If you smoke other products (e.g. pipe or cigars), then indicate roughly how many times a day.

### QUESTION 17

\* Do you have one of the following allergies that can cause respiratory symptoms? (Select all options that apply) i

- Hay fever
- Allergy against house dust mite
- Allergy against domestic animals or pets
- Other allergies that cause respiratory symptoms (e.g. sneezing, runny eyes)
- I do not have an allergy that causes respiratory symptoms

#### Why are we asking this?

Some allergic reactions can have similar symptoms to respiratory infections.

#### How should I answer it?

Tick all the options that apply. We are only interested in those allergies that cause respiratory symptoms (i.e. sneezing, sunny nose, runny eyes).

### QUESTION 18

Do you follow a special diet? (Select all options that apply)

- No special diet
- Vegetarian
- Veganism
- Low-calorie
- Other

### QUESTION 19

**Do you have pets at home? (Select all options that apply)**

- No
- Yes, one or more dogs
- Yes, one or more cats
- Yes, one or more birds
- Yes, one or more other animals

### QUESTION 20

**Where did you first hear about the flusurvey?**

- On radio or television
- In the newspaper or in a magazine
- Via an internet site (search engine or link)
- By poster
- Via family or friends
- Via school or work

**Submit**

Once the final information is entered, hit the submit button. You will then be offered the chance to submit your first weekly report.