Extract from the flusurvey, implemented at http://www.flusurvey.org.uk

Background questionnaire

Q1. Home postcode:
Q2. Work postcode:
Q3. Gender
  o Male
  o Female
Q4. Year of birth
Q5. Where do you spend time on a normal day?
  o School
  o Work
  o Home
  o Other
Q6. What means of transportation do you use on most days?
Q7. How many colds do you catch each year?
Q8. Did you received a flu vaccine in the last year?
Q9. Why did you choose to receive a flu vaccine?
Q10. Do you have any of the following conditions (tick all that apply)?
  o Chronic heart disease
  o Diabetes
  o Asthma
  o Other chronic lung disease
  o Pregnant
  o Immunocompromised
  o Other chronic disease
  o None of the above
Q11. Do you smoke?
Q12. How many hours of exercise do you do each week?
Q13. Including you, how many people live in your household?
Q14. Do any of the children in your household go to school/nursery?
Q15. Do you have frequent contact with any of the following (tick all that apply)?
  o Children
  o Patients
  o The elderly
  o Large numbers of people
  o None of the above
Q16. How did you find out about this survey?

Symptoms questionnaire

Q1. Have you had any of the following symptoms since you last completed the survey (or, for new users, in the last week)?
  o Blocked/runny nose
  o Cough
  o Sore throat
  o Headache
  o Muscle and or joint pain
  o Chest pain
  o Stomach ache
  o Diarrhoea
  o Nausea
  o Chills weakness
Eye irritation
Fever
OR no symptoms

Q2. When did the symptoms start?

Q3. Did you have a fever?
- No fever
- 37-39°C
- Greater than 39°C
- Yes, but not measured

Q4. When did your fever start?

Q5. Did your fever come on quickly?
- Yes
- No
- I don’t know

Q6. Did you contact a medical professional via the phone or internet (tick all that apply)?
- Yes, my GP
- Yes, NHS direct
- Yes, National Pandemic Flu Service
- Yes, other
- No

Q7. How long after your symptoms appeared did you first contact a medical professional via the phone or internet?

Q8. Did you see a medical professional (tick all that apply)?
- Yes, my GP
- Yes, I was admitted to hospital
- Yes, hospital A&E/outpatient/out-of-hours service
- Yes, other
- No

Q9. How long after your symptoms appeared did you first see a medical professional?

Q10. Did you alter your daily routine?
Q11. How long were you off work/school for?
Q12. Are you still off work/school?
Q13. Did you take any of the following medication because of your symptoms (tick all that apply)?
- Pain killers
- Expectorants
- Antivirals
- I didn’t take any drugs

Q14. As far as you know, have you encountered anyone with flu like symptoms in the last week?