Additional file for

Using an online survey of healthcare-seeking behaviour to estimate the magnitude and severity of the 2009 H1N1v influenza epidemic in England Ellen Brooks-Pollock, Natasha Tilston, W. John Edmunds, Ken T. D. Eames

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

Background questionnaire

- Q1. Home postcode:
- Q2. Work postcode:
- Q3. Gender
 - Male
 - o Female
- Q4. Year of birth
- Q5. Where do you spend time on a normal day?
 - School
 - o Work
 - o Home
 - 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
 - Other chronic lung diseasePregnant

 - Immunocompromised
 - o Other chronic disease
 - 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
 - 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)?
 - Blocked/runny nose

 - CoughSore throat
 - Headache
 - o Muscle and or joint pain
 - o Chest pain
 - o Stomach ache
 - o Diarrhoea
 - o Nausea
 - o Chills weakness

- Eye irritation
- o Fever
- OR no symptoms
- Q2. When did the symptoms start?
- Q3. Did you have a fever?
 - o No fever
 - o 37-39°C
 - o Greater than 39°C
 - Yes, but not measured
- Q4. When did your fever start?
- Q5. Did your fever come on guickly?
 - o Yes
 - o No
 - o 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
 - o 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)?
 - o Yes, my GP
 - Yes, I was admitted to hospital
 - o Yes, hospital A&E/outpatient/out-of-hours service
 - o Yes, other
 - o 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)?
 - o Pain killers
 - o Expectorants
 - o Antivirals
 - o I didn't take any drugs
- Q14. As far as you know, have you encountered anyone with flu like symptoms in the last week?