

Appendix A

Flu Vaccinations Survey (Verbal)

Sex:

Age:

Race/Ethnicity:

Did you receive the flu vaccine last season? Y N

If no, why not?

If yes, where (CVS, etc.)?:

Were you planning to get a flu vaccine this season? Y N

If yes to the previous question, what month were you planning on receiving the flu vaccine? _____

If yes to the previous question, where were you planning on receiving the flu vaccine?

Did COVID-19 impact your willingness to get the flu vaccine? Y N

If yes, how? _____