

Introduction

Students in a Public Relations Research class at the University of South Florida are conducting a research study for a class project about the H1N1 flu and its vaccine.

The survey will take only a few minutes of your time. You will be asked to watch a short video clip and answer questions based on the video regarding your knowledge and opinions of the H1N1 vaccination.

Your identity will be protected. We won't be asking questions that are too personal, so please share any thoughts or opinions with us, whether positive or negative.

Those who qualify for the survey will be rewarded with an entry into a drawing for a \$25 gift card to the restaurant or store of your choice. Once again, thank you for participating and please proceed with the survey.

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Screener Questions

Are you a USF student?

Yes

No

***Have you heard of H1N1/swine flu?**

Yes

No

***Have you heard of the H1N1/swine flu vaccine?**

Yes

No

Have you contracted the H1N1/ swine flu virus?

Yes

No

Not sure

***Have you received the H1N1/swine flu vaccine?**

Yes

No

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Vaccine Likelihood

For the purposes of this study, we will refer to the virus as H1N1, instead of "swine flu."

How likely are you to get the H1N1 vaccine?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

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Birthday Month

*What month were you born?

Were you able to view this video?

- Yes
- No

Knowledge of H1N1

We're going to ask you about your current knowledge on the H1N1 virus. For the purposes of this study, we will refer to the virus as H1N1, instead of "swine flu."

What was the message of the video you watched? What is your opinion of the effectiveness of this video in communicating a message about H1N1?

Which of the following have you done to learn more about the H1N1 vaccine? (Check all that apply)

- Read a pamphlet
- Looked for information online
- Had a conversation with a family member or friend about it
- Had a conversation with a doctor about it
- Watched or read news stories
- Other (please specify)

To what extent do you agree or disagree with the following statements:

| | Strongly Agree | Somewhat Agree | Neutral |
|--|-----------------------|-----------------------|-----------------------|
| I feel very informed about ways to prevent the H1N1 flu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel very informed about the benefits of the H1N1 vaccine. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel very informed about the H1N1 flu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel very informed about the side effects of the H1N1 vaccine. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you know where to go to receive the vaccine?

- Yes
- No

To what extent did this video increase your knowledge about H1N1 and the vaccine?

- Very much
- Somewhat
- Not very much
- Not at all

Experience with H1N1

This next section will ask you about your experience with H1N1.

Approximately how many times in the past five years have you had a seasonal flu shot?

- 5 times
- 3-4 times
- 1-2 times
- Never

Did you get a seasonal flu vaccine this year?

- Yes
- No

Has anyone in your immediate family received the H1N1 vaccine?

- Yes
- No
- Not sure

Have any of your close friends or roommates received the H1N1 vaccine?

- Yes
- No
- Not sure

Do you know anyone who has contracted H1N1?

- Yes
- No
- Not sure

Attitudes about H1N1

This section has questions that tap into your attitudes about H1N1 and the vaccine.

Please indicate your level of agreement or disagreement with the following statements.

| | Strongly Agree | Somewhat Agree | Neutral |
|---|-----------------------|-----------------------|-----------------------|
| I'm scared to get the vaccine for the H1N1 virus because of its potential side effects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel the H1N1 vaccine is safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think people are overreacting to H1N1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't like to miss class or work because I am sick. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The vaccine is only for children, the elderly, and pregnant women. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Attitudes about H1N1 (continued)

Please indicate your level of agreement or disagreement with the following statements.

| | Strongly Agree | Somewhat Agree | Neutral |
|--|-----------------------|-----------------------|-----------------------|
| The media are doing a good job of informing people on the symptoms and prevention of H1N1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It takes too much time to get vaccinated. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The H1N1 vaccination should be mandatory for college students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am worried about getting the H1N1 virus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting vaccinated is the best way to prevent getting the H1N1 virus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

To what extent did this video change some of your attitudes about H1N1 and the vaccine?

- Very much
- Somewhat
- Not very much
- Not at all

Behavior related to H1N1

This next set of questions taps into your behavior regarding H1N1 and the vaccine.

Due to an increase in reported cases of H1N1, I... (leave blank if you don't do the behavior or don't intend to)

| | Already do this behavior | Will do |
|--|--------------------------|---------|
| Cough or sneeze into my arm instead of my hand | <input type="radio"/> | |

Sanitize my hands

Stay away from sick people

Stopped sharing drinks and food with others

Take a daily vitamin

Try to avoid touching my nose, mouth and eyes

Wash my hands more frequently

Wear a mask in public places

*How likely are you to get the H1N1 vaccine?

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

Did this video change your likelihood of getting the H1N1 vaccine?

Very Much

Somewhat

Not Very

Choices:

Reasons to Receive Vaccine

What are some reasons that are motivating you to get the H1N1 vaccine? (Check all that apply)

To protect others from catching H1N1 from me.

My doctor recommended it.

I always get flu vaccines.

To protect myself from getting H1N1.

My parents recommended it.

My friends are getting vaccinated.

Other (please specify)

Reasons not to get vaccine

What are some reasons that would prevent you from getting the H1N1 vaccine? (Check all that apply)

- Availability
- Not convenient to get vaccine
- Cost
- Opinion of others
- Not worried about the flu
- Afraid of side effects
- Other (please specify)

Communication

Please indicate to what extent you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neutral |
|---|-----------------------|-----------------------|-----------------------|
| USF has appropriately informed students about the risk of H1N1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| USF has appropriately informed students about how to prevent the spread of H1N1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| USF has appropriately informed students about the need to get the H1N1 vaccine. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| USF has appropriately informed students about when and where they can get the H1N1 vaccine. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What could USF do to increase the likelihood that students will get the vaccine?

Demographics

This section will be used to classify your data with others like yourself.

What is your sex?

- Male
- Female

What year are you in school?

- Freshman
- Sophomore
- Junior
- Senior
- Grad Student

What is your age?

- 17 or younger
- 18-19
- 20-21
- 22-23
- 24 or older

What is your race? (Check all that apply)

- Caucasian, non-Hispanic
- Hispanic/Latino
- African American
- Asian/Pacific Islander
- Native American
- Other (please specify)

What is your religious affiliation?

- Protestant Christian
- Roman Catholic
- Evangelical Christian

- Jewish
- Muslim
- Hindu
- Buddhist
- Non-believer
- Other (please specify)

If you would like to be entered into the drawing for a \$25 gift card, please provide your name and email address below.

Name

Email

Thank You

If you reached this page after the first few questions, you did not qualify for this research study or had technical difficulties with the video.

If you completed the survey, we thank you very much for your time and willingness to help us with our project.

If you have any questions about the survey or problems with it, please contact our professor, Dr. Burns, at kburns@cas.usf.edu.