**Code Book**

**Flu 7**

| **Variable name** | **Type** | **Question** | **Codes** | **Comments** |
| --- | --- | --- | --- | --- |
| qid | Text | Study identification number |  |  |
| village | Text | Village | 48010401 Nongbua48010104 Chumchon Nong Beuk Thung48011009 Thako Tai48011411 Nongsang48011212 Comchon Wat Inpeng48010621 Wung Krasae48011603 Chumchon Nong Beuk Tha48010131 Chumchon Wat Phosri48010808 Chanod48010510 Phrayod Mueang Kwang48011118 Phonsawan48020202 Kungkone48020106 Bankok48020807 Nachueknoi48020603 Nongbua48020310 Nadokmai48080101 Nongbuatao48080206 Na In48080501 Thabosongkram48080610 Bankha48080810 Phonsawang48080314 Kor48050405 Hluksilatai48050207 Bantong Nue48050602 Sanphun tung48050705 Nonsa-Ard48051107 Kudchimnoi48050108 Photong48051010 Banmaiphosri48050811 Bannakumtai  |  |
| invresult\_01 | N | Outcome of first attempted visit | 1 Interview completed2 Interview partially completed – will return to finish3 Interview partially completed – unable to return to finish4 Refused5 Ineligible6 Absent and unlikely to return in next 7 days7 Absent temporarily – will try again8 Moved within study area – will try to contact9 Moved outside of study area – cannot contact10 Died. Provide date of death11 No one knows the participant/Cannot be located12 Participant cannot communicate77 Return to collect data again/continue  |  |
| invresult\_02 | N | Outcome of second attempted visit | 1 Interview completed2 Interview partially completed – will return to finish3 Interview partially completed – unable to return to finish4 Refused5 Ineligible6 Absent and unlikely to return in next 7 days7 Absent temporarily – will try again8 Moved within study area – will try to contact9 Moved outside of study area – cannot contact10 Died. Provide date of death11 No one knows the participant/Cannot be located12 Participant cannot communicate77 Return to collect data again/continue |  |
| invresult\_03 | N | Outcome of third attempted visit | 1 Interview completed2 Interview partially completed – will return to finish3 Interview partially completed – unable to return to finish4 Refused5 Ineligible6 Absent and unlikely to return in next 7 days7 Absent temporarily – will try again8 Moved within study area – will try to contact9 Moved outside of study area – cannot contact10 Died. Provide date of death11 No one knows the participant/Cannot be located12 Participant cannot communicate77 Return to collect data again/continue |  |
| iscomplete | Text | Is the data complete? | YesNo |  |
| dod | Text | Date of death |  |  |
| selfanswer | N | Can participant respond on his or her own or will questions be asked solely of a caregiver? | 1 Respond on his or her own2 Mixed3 Responses only from caregiver |  |
| dob | Text | What is your date of birth? | Yyyymmdd4 Do not know99 Unknown | If month and day are unknown, 1 May was used. If year was unknown, calculated from age. |
| dob\_aprx | Text | Calculated date of birth |  |  |
| elderly\_inc\_where | N | Where do you receive your monthly government stipend? | 1 Within this district2 Outside of this district but within Nakhon Phanom Province3 Outside of Nakhon Phanom Province4 Does not receive a stipend77 Does not receive a stipend |  |
| mostlive\_where | N | If no stipend is received, where did you spend most of your time since Songkran?  | 1 Within this district2 Outside of this district but within Nakhon Phanom Province3 Outside of Nakhon Phanom Province4 Do not know4 Do not know |  |
| consent | N | Participant or participant’s caregiver have read and signed the informed consent form? | 1 Yes2 No |  |
| notjoin\_reason | Text | please specify the reason for refusal |  |  |
| flu\_known | N | Have you ever heard of ‘influenza’ before? | 1 Yes2 No3 Do not know4 Declined to answer |  |
| What is ‘influenza’? *Listen to the answers and check all that are mentioned. When the participant has finished responding, prompt once for any additional answers.* |
| flu\_is\_a | N | Disease | 1 Yes2 No |  |
| flu\_is\_b | N | Respiratory disease | 1 Yes2 No |  |
| flu\_is\_c | N | Stomach disease | 1 Yes2 No |  |
| flu\_is\_d | N | Virus | 1 Yes2 No |  |
| flu\_is\_e | N | Bacteria | 1 Yes2 No |  |
| flu\_is\_f | N | Other | 1 Yes2 No |  |
| flu\_is\_g | N | Do not know | 1 Yes2 No |  |
| flu\_is\_h | N | Declined to answer | 1 Yes2 No |  |
| flu\_risk\_self | N | Are you likely or unlikely to get sick with influenza? | 1 Likely2 Neither likely nor unlikely3 Unlikely4 Do not know5 Declined to answer |  |
| flu\_risk\_surround | N | How likely is someone in your family or group of friends to get sick with influenza? | 1 Likely2 Neither likely nor unlikely3 Unlikely4 Do not know5 Declined to answer |  |
| flu\_risk\_ipd\_self | N | How likely are you to get severely sick (require hospitalization) with influenza? | 1 Likely2 Neither likely nor unlikely3 Unlikely4 Do not know5 Declined to answer |  |
| flu\_risk\_ipd\_surround | N | How likely is someone in your family or group of friends to get severely sick (require hospitalization) with influenza? | 1 Likely2 Neither likely nor unlikely3 Unlikely4 Do not know5 Declined to answer |  |
| flu\_effect\_hospital | N | How likely is it that influenza will disrupt the hospitals and clinics in your area (for example, overcrowded hospitals?) | 1 Likely2 Neither likely nor unlikely3 Unlikely4 Do not know5 Declined to answer |  |
| personalhealth | N | Since this past June, have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic or some other place? | 1 Yes2 No3 Do not know4 Declined to answer |  |
| ever\_fshot | N | An influenza vaccine shot is usually given between May and September and protects against influenza for the influenza season. Have you ever had an influenza vaccine shot? | 1 Yes2 No3 Do not know4 Decline |  |
| fhot\_songk | N | Since Songkran this year, have you had an influenza vaccine shot? | 1 Yes2 No4 Do not know99 Decline | Missing for those who said no to ever\_fshot |
| fshot\_songk\_w | N | If yes, where did you get the influenza vaccine shot? | 1 Provincial hospital2 District hospital3 Private doctor’s office 4 Mobile clinic5 Elsewhere5 Do not know6 Decline | Missing if said no to fhot\_songk |
| fshot\_songk\_w\_hosp | Text | Name of hospital | 10000 Nakhonphanom hospital20000 Sakhonnakhon hospital30000 Srinagarind hospital40000 Udornthani hospital10001 Plapak hospital10002 Renunakorn hospital10003 Nakae hospital10004 Thatphanom hospital10005 Tha U-tane hospital10006 Phonesawan hospital10007 Srisongkram hospital10008 Nawa hospital10009 Banphaeng hospital10010 Nathom hospital10011 Military hospital48101 Huaphon48102 Na Rat Kwai48103 Kuruku48104 Ban Phung48105 Na Mon48106 Nongpladuk48107 Ban Hom48108 A-Samard48109 kham Thao48110 Cha ngom48111 Chanod48112 Banklang48113 Dongtew48114 Nongchan48115 Tha Kho48116 Na Luang48117 Kham Toei48118 Dondang48119 Thung Mon48120 Nong Yat48121 Ban Kum Pok48122 Ban Bua48123 Dong Khwang48124 Chok Am Nuai48125 Sukasem48201 Nong Hi48202 Kuta Kai48203 Nadokmai48204 Koksawang48205 Koksung48206 Mahar Chai48207 Na Makua48208 Phon SW48209 Nong Thao Yai48501 Fang Daeng48502 Phone Phaeng48503 Tan Kud48504 Pha Klang Tung48505 Na Thon48506 Dong Yo48507 San Phan48508 Don Nahong48509 Nam Kham48510 Ban Tu48511 Sai Moon48512 Um Mao48513 Na Nhad48514 Khud Chim48515 Koksawang P48801 Na Dua48802 E-ud48803 Nong Puae48804 Seangsao48805 Bankae48806 Pakyam48807 Sam Phong48808 Tha Bo48809 Don Samo48810 Ban Kha48811 Kham Bea Yai48812 Ban Lao48813 Na kum48814 Phu Kratae48815 Phone Sawang48816 Na Pho48817 Siew -SK48818 Hat Phaeng | Provincial hospitalProvincial hospitalProvincial hospitalProvincial hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalDistrict hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospitalSub-district hospital |
| fshot\_lyear | N | Did you get an influenza vaccine shot last year (2013)? | 1 Yes2 No3 Do not know4 Decline |  |
| fshot\_songk\_med\_persd | N | Since this past Songkran, did a doctor, nurse or healthcare worker recommend that you get an influenza vaccination? | 1 Yes2 No3 Do not know4 Decline |  |
| fshot\_songk\_persd\_a | N | Physician | 1 Yes2 No |  |
| fshot\_songk\_persd\_b | N | Nurse | 1 Yes2 No |  |
| fshot\_songk\_persd\_c | N | Health volunteer | 1 Yes2 No |  |
| fshot\_songk\_persd\_d | N | Other healthcare worker | 1 Yes2 No |  |
| fshot\_june\_nonmed\_persd | N | Since this past June, did a friend or relative recommend that you get an influenza vaccination? | 1 Yes2 No3 Do not know4 Decline |  |
| flu\_songk\_info | N | Since this past Songkran, have you heard anyone give a health message about influenza or the influenza vaccine, on the radio, television or in person? | 1 Yes2 No3 Do not know4 Decline |  |
| flu\_songk\_info\_by\_a | N | Message on radio | 1 Yes2 No |  |
| flu\_songk\_info\_by\_b | N | Message on loudspeaker in village | 1 Yes2 No |  |
| flu\_songk\_info\_by\_c | N | Message on loudspeaker at hospital | 1 Yes2 No |  |
| flu\_songk\_info\_by\_d | N | Message on television or cable | 1 Yes2 No |  |
| flu\_songk\_info\_by\_e | N | In person health talk | 1 Yes2 No |  |
| flu\_songk\_media | N | Since this past Songkran, have you seen any posters or flyers on influenza or the influenza vaccine? | 1 Yes2 No3 Do not know4 Decline |  |
| flu\_songk\_media\_by\_a | N | Poster | 1 Yes2 No |  |
| flu\_songk\_media\_by\_b | N | Billboard | 1 Yes2 No |  |
| flu\_songk\_media\_by\_c | N | Flyers or small signs | 1 Yes2 No |  |
| flu\_songk\_media\_by\_d | N | Computer/internet | 1 Yes2 No |  |
| flu\_vac\_effective | N | How good or bad do you think the influenza vaccine shot is in preventing someone from getting sick with influenza? | 1 Good2 Neither good nor bad3 Bad4 Do not know5 Declined to answer |  |
| flu\_vac\_safety | N | How safe do you think the influenza vaccine is? Would you say very safe, somewhat safe, somewhat unsafe or very unsafe? | 1 Safe2 Neither safe nor unsafe3 Unsafe 4 Do not know5 Declined to answer |  |
| What age groups do you think are at the greatest risk of severe disease from influenza infection? |
| flu\_age\_risk\_a | N | Infants | 1 Yes2 No |  |
| flu\_age\_risk\_b | N | Toddlers | 1 Yes2 No |  |
| flu\_age\_risk\_c | N | School-age children | 1 Yes2 No |  |
| flu\_age\_risk\_d | N | Mature adults | 1 Yes2 No |  |
| flu\_age\_risk\_e | N | Persons over age 65 | 1 Yes2 No |  |
| flu\_age\_risk\_f | N | No one more at risk than others | 1 Yes2 No |  |
| flu\_age\_risk\_g | N | Other  | 1 Yes2 No |  |
| flu\_age\_risk\_h | N | Do not know | 1 Yes2 No |  |
| flu\_age\_risk\_i | N | Declined to answer | 1 Yes2 No |  |
| flu\_age\_risk\_oth | Text | Other, please specify…… |  |  |
| What was or were the reasons you did not get an influenza vaccine shot this year? |
| nonvac\_why\_lyear\_a | N | I have never considered it before | 1 Yes2 No | Missing for those who got a shot |
| nonvac\_why\_lyear\_b | N | I didn’t know it was available | 1 Yes2 No |  |
| nonvac\_why\_lyear\_c | N | I don’t think the vaccine is effective enough | 1 Yes2 No |  |
| nonvac\_why\_lyear\_d | N | I don’t think I am very likely to catch the influenza | 1 Yes2 No |  |
| nonvac\_why\_lyear\_e | N | I don’t think influenza is a serious illness | 1 Yes2 No |  |
| nonvac\_why\_lyear\_f | N | I am afraid of the side effects | 1 Yes2 No |  |
| nonvac\_why\_lyear\_g | N | I have specific contraindications/allergies | 1 Yes2 No |  |
| nonvac\_why\_lyear\_h | N | I wanted to get vaccinated but I heard there was no vaccine available | 1 Yes2 No |  |
| nonvac\_why\_lyear\_i | N | I wanted to get vaccinated but the health center told me they had no more vaccine | 1 Yes2 No |  |
| nonvac\_why\_lyear\_j | N | I wanted to get vaccinated but had no way to the vaccination site | 1 Yes2 No |  |
| nonvac\_why\_lyear\_k | N | I was not in the area at the time (June) | 1 Yes2 No |  |
| nonvac\_why\_lyear\_l | N | I did not have the money for the vaccine | 1 Yes2 No |  |
| nonvac\_why\_lyear\_m | N | Other reason  | 1 Yes2 No | Very critical question to code answers to. |
| nonvac\_why\_lyear\_n | N | Do not know | 1 Yes2 No |  |
| nonvac\_why\_lyear\_o | N | Declined to answer | 1 Yes2 No |  |
| fshot\_effect\_ever | N | When you were vaccinated against influenza, did you ever have any bad effects from the vaccine? | 1 Yes2 No3 Do not know4 Decline |  |
| fshot\_effect\_how | N | How serious were the bad effects? | 1 Mild and self-limiting2 Moderate3 Severe4 Do not know5 Declined to answer |  |
| Please describe the bad effects you had from the influenza vaccination. |
| fshot\_effect\_a | N | Headache | 1 Yes2 No |  |
| fshot\_effect\_b | N | Muscle ache where the needle entered | 1 Yes2 No |  |
| fshot\_effect\_c | N | Redness or irritation where the needle entered | 1 Yes2 No |  |
| fshot\_effect\_d | N | Runny nose | 1 Yes2 No |  |
| fshot\_effect\_e | N | Body aches | 1 Yes2 No |  |
| fshot\_effect\_f | N | Dizziness | 1 Yes2 No |  |
| fshot\_effect\_g | N | Fever | 1 Yes2 No |  |
| fshot\_effect\_h | N | Tiredness | 1 Yes2 No |  |
| fshot\_effect\_i | N | Other | 1 Yes2 No |  |
| fshot\_effect\_j | N | Do not know | 1 Yes2 No |  |
| fshot\_effect\_k | N | Declined to answer | 1 Yes2 No |  |
| fshot\_effect\_oth | Text | Other, specify  |  |  |
| your\_health | N | In general, compared to other people your age, would you say that your health is poor, fair, good, very good or excellent? | 1 Very poor2 Bad3 Fair4 Good5 Very good6 Do not know7 Declined to answer |  |
| severe\_sick\_lyear | N | Have you experienced any severe illness in the last year? | 1 Yes2 No4 Do not know5 Declined to answer |  |
| admit\_lyear | N | Did you have to be hospitalized for any illness in the last year? | 1 Yes2 No3 Do not know4 Declined to answer |  |
| falldown\_6m | N | Did you fall during the last 6 months? | 1 Yes2 No3 Do not know4 Declined to answer |  |
| falldown\_6m\_n | N | If so, how many times did you fall in the last 6 months? | Xx1 Do not know2 Declined to answer |  |
| Please tell us what types of health insurance you have. |
| health\_insur\_a | N | Universal coverage | 1 Yes2 No |  |
| health\_insur\_b | N | Government health insurance | 1 Yes2 No |  |
| health\_insur\_c | N | Private health insurance | 1 Yes2 No |  |
| health\_insur\_d | N | Not eligible | 1 Yes2 No |  |
| health\_insur\_e | N | Do not know | 1 Yes2 No |  |
| health\_insur\_f | N | Declined to answer | 1 Yes2 No |  |
| How much difficulty, on average, do you have with the following physical activities: |
| bend\_down | N | Stooping, crouching or kneeling | 1 No difficulty2 Little difficulty3 Some difficulty4 A lot of difficulty5 Unable to do6 Unable to answer |  |
| carry5kg | N | Lifting or carrying objects as heavy as 5 kilos? | 1 No difficulty2 Little difficulty3 Some difficulty4 A lot of difficulty5 Unable to do6 Unable to answer |  |
| writing | N | Writing or handling and grasping small objects? | 1 No difficulty2 Little difficulty3 Some difficulty4 A lot of difficulty5 Unable to do6 Unable to answer |  |
| walk500m | N | Walking a half of a kilometer | 1 No difficulty2 Little difficulty3 Some difficulty4 A lot of difficulty5 Unable to do6 Unable to answer |  |
| housework | N | Heavy housework such as scrubbing floors or washing windows | 1 No difficulty2 Little difficulty3 Some difficulty4 A lot of difficulty5 Unable to do6 Unable to answer |  |
| shopping\_self | N | Because of your health or a physical condition, do you have any difficulty shopping for personal items (like medications or toilet items)? | 1 Yes2 No3 Don’t do4 Do not know5 Decline |  |
| shopping\_asst | N | If yes, do you get help? | 1 Yes2 No3 Decline |  |
| shopping\_health | N | If no, is that because of your health? | 1 Yes2 No3 Decline |  |
| finance\_self | N | Because of your health or a physical condition, do you have any difficulty managing money (like keeping track of expenses or paying bills)? | 1 Yes2 No3 Don’t do4 Do not know5 Decline |  |
| finance\_asst | N | If yes, do you get help? | 1 Yes2 No3 Decline |  |
| finance\_health | N | If no, is that because of your health? | 1 Yes2 No3 Decline |  |
| move\_self | N | Because of your health or a physical condition, do you have any difficulty walking across the room? | 1 Yes2 No3 Don’t do4 Do not know5 Decline |  |
| move\_asst | N | If yes, do you get help? | 1 Yes2 No3 Decline |  |
| move\_health | N | If no, is that because of your health? | 1 Yes2 No3 Decline |  |
| bath\_self | N | Because of your health or a physical condition, do you have any difficulty bathing or showering? | 1 Yes2 No3 Don’t do4 Do not know5 Decline |  |
| bath\_asst | N | If yes, do you get help? | 1 Yes2 No3 Decline |  |
| bath\_health | N | If no, is that because of your health? | 1 Yes2 No3 Decline |  |
| go\_out\_freq | N | How often do you leave your house for any reason (work, errands, exercise or to visit friends and family, etc.)? | 1 Rarely or never2 About once a month3 A few times a month4 About once a week5 A few times a week6 Every day7 Do not know8 Declined to answer |  |
| memory | N | How would you rate your memory? | 1 Significant memory loss, confusion or dementia2 Moderate memory loss, confusion or dementia3 Minor memory loss4 No memory problems5 Do not know6 Declined to answer |  |
| *Now I would like to ask you about your health history. Please tell me whether you (or your family member) have been diagnosed by a physician with any of the following conditions:* |
| lung\_sick\_ever | N | Chronic lung disease | 1 Yes2 No3 Do not know4 Decline |  |
| lung\_sick\_a | N | COPD | 1 Yes2 No |  |
| lung\_sick\_b | N | Emphysema | 1 Yes2 No |  |
| lung\_sick\_c | N | Asthma | 1 Yes2 No |  |
| lung\_sick\_d | N | Fibrosis | 1 Yes2 No |  |
| lung\_sick\_e | N | Chronic bronchitis | 1 Yes2 No |  |
| lung\_sick\_f | N | Tuberculosis | 1 Yes2 No |  |
| lung\_sick\_g | N | Lung cancer | 1 Yes2 No |  |
| lung\_sick\_h | N | Other | 1 Yes2 No |  |
| lung\_sick\_i | N | Do not know | 1 Yes2 No |  |
| lung\_sick\_j | N | Declined to answer | 1 Yes2 No |  |
| lung\_sick\_oth | Text | Other, specify |  |  |
| heart\_sick\_ever | N | Chronic heart and circulatory disease | 1 Yes2 No3 Do not know4 Decline |  |
| heart\_sick\_a | N | Hypertension | 1 Yes2 No |  |
| heart\_sick\_b | N | Cardiomyopathy | 1 Yes2 No |  |
| heart\_sick\_c | N | Coronary artery disease | 1 Yes2 No |  |
| heart\_sick\_d | N | Heart valve disease | 1 Yes2 No |  |
| heart\_sick\_e | N | Abnormal heart rhythms or arrhythmias | 1 Yes2 No |  |
| heart\_sick\_f | N | Other | 1 Yes2 No |  |
| heart\_sick\_g | N | Do not know | 1 Yes2 No |  |
| heart\_sick\_h | N | Declined to answer | 1 Yes2 No |  |
| stroke\_sick | N | Cerebrovascular disease (stroke) | 1 Yes2 No3 Do not know4 Decline |  |
| kidney\_sick | N | Chronic kidney disease | 1 Yes2 No3 Do not know4 Decline |  |
| liver\_sick | N | Chronic liver disease | 1 Yes2 No3 Do not know4 Decline |  |
| nerve\_muscle\_sick | N | Neurologic/neuromuscular disorder (including muscular dystrophy, cerebral palsy) | 1 Yes2 No3 Do not know4 Decline |  |
| blood\_sick\_ever | N | Hemoglobinopathy, including thalassemia | 1 Yes2 No3 Do not know4 Decline |  |
| blood\_sick\_a | N | Thalassemia | 1 Yes2 No |  |
| blood\_sick\_b | N | Other | 1 Yes2 No |  |
| blood\_sick\_c | N | Do not know | 1 Yes2 No |  |
| blood\_sick\_d | N | Declined to answer | 1 Yes2 No |  |
| metabolism\_sick | N | Metabolic disease, including diabetes | 1 Yes2 No3 Do not know4 Decline |  |
| metabolism\_a | N | Diabetes | 1 Yes2 No |  |
| metabolism\_b | N | Other | 1 Yes2 No |  |
| metabolism\_c | N | Do not know | 1 Yes2 No |  |
| metabolism\_d | N | Declined to answer | 1 Yes2 No |  |
| immune\_sick | N | Do you have any immunosuppressive conditions (HIV, chemotherapy) | 1 Yes2 No3 Do not know4 Decline |  |
| immune\_a | N | Chemotherapy | 1 Yes2 No |  |
| immune\_b | N | Other | 1 Yes2 No |  |
| immune\_c | N | Do not know | 1 Yes2 No |  |
| immune\_d | N | Declined to answer | 1 Yes2 No |  |
| immune\_oth | Text | Other, specify |  |  |
| autoimmune\_sick | N | Lupus | 1 Yes2 No3 Do not know4 Decline |  |
| cancer\_sick | N | Cancer, not reported above | 1 Yes2 No3 Do not know4 Decline |  |
| sex | N | Sex | 1 Male2 Female |  |
| marital | N | Are you currently married? | 1 Married2 Widowed3 Divorced/separated4 Single (never married)5 Do not know6 Declined to answerRECODED TO:1 MARRIED2 WIDOWED/DIVORCED/SEPARATED4 SINGLE |  |
| live\_in | N | Do you live in a group home or nursing facility for elderly? | 1 Yes2 No |  |
| livewith\_n | N | How many other people live with you in this house? |  |  |
| treat\_where | N | If you become ill, where do you normally seek care? | 1 Provincial hospital2 District hospital3 Sub-district health center4 Private physician5 Don’t seek care6 Other7 Don’t know8 Declined  |  |
| edu | N | What is the highest level of education you completed? | 1 Never attended school2 Some primary3 Completed primary4 Some secondary5 Completed secondary6 Some post-secondary education7 Graduate degree8 Do not know9 Declined to answer |  |
| head\_house | N | Are you the head of your household? | 1 Yes2 No3 Do not know4 Declined |  |
| edu\_head\_house | N | If no, what is the highest level of education completed by the head of household? | 1 Never attended school2 Some primary3 Completed primary4 Some secondary5 Completed secondary6 Some post-secondary education7 Graduate degree8 Do not know9 Declined to answer |  |
| house\_income | N | What is your average monthly household income in Thai baht? | 1 Less than 5,000 2 5,000-9,999 3 10,000-19,999 4 20,000-29,999 5 30,000-39,999 6 40,000 or more 7 Do not know8 Declined to answer |  |
| Please tell us whether your (or your family member’s) household has any of the following items |
| homeappl\_a | N | Motorcycle, moped, tuk tuk, etc | 1 Yes 2 No 77 DK |  |
| homeappl\_b | N | Motor vehicle (car or pickup truck) | 1 Yes 2 No 77 DK |  |
| homeappl\_c | N | Radio | 1 Yes 2 No 77 DK |  |
| homeappl\_d | N | Television | 1 Yes 2 No 77 DK |  |
| homeappl\_e | N | Refrigerator | 1 Yes 2 No 77 DK |  |
| homeappl\_f | N | Computer | 1 Yes 2 No 77 DK |  |
| homeappl\_g | N | Washing machine | 1 Yes 2 No 77 DK |  |
| homeappl\_h | N | Jewelry | 1 Yes 2 No 77 DK |  |
| homeappl\_i | N | Telephone (mobile or landline) | 1 Yes 2 No 77 DK |  |
| Useradio | N | Do you listen to the radio? | 1 Yes2 No3 Do not know4 Declined |  |
| usetv | N | Do you watch television? | 1 Yes2 No3 Do not know4 Declined |  |
| telephone\_type\_a | N | Mobile | 1 Yes2 No  |  |
| telephone\_type\_b | N | Landline | 1 Yes2 No |  |
| telephone\_type\_c | N | Not sure | 1 Yes2 No |  |
| telephone\_type\_d | N | Declined to answer | 1 Yes2 No |  |
| telephone\_use | N | Do you make and receive calls on the phone? | 1 Makes and receives calls2 Makes calls only3 Receives calls only4 Neither makes nor receives calls5 Do not know6 Declined |  |
| house | N | *What kind of house does the participant live in?(Observe)* | 1 House (formal)2 Informal setting |  |
| cooking\_fuel | N | With what type of fuel do you normally use to cook, or someone else uses to cook for you? | 1 Electricity2 Gas (propane, LPG)3 Coal4 Charcoal5 Kerosene6 Firewood or scrap wood7 Other8 Do not know9 Declined to answer |  |
| drink\_water | N | What is the main source of your drinking water? | 1 Piped water (government, private or communal)2 Well/tube well3 Bottled water4 Pond, spring, river, lake5 Other6 Do not know7 Declined to answer |  |
| lavatory | N | What type of toilet do you have? | 1 Flush toilet2 Squat3 Both flush and squat4 Bucket toilet5 None (outdoors)6 Other7 Do not know8 Declined to answer |  |
| starving\_lyear | N | Have you experienced any shortage of food in the last year? | 1 Yes2 No |  |
| inv\_by | N | Document who the main informant for this interview has been | 1 Participant2 Main support person3 Both |  |
| xcoor | N | Latitude |  |  |
| ycoor | N | Longitude |  |  |
| eligible | Text | Eligible | YesNo |  |
| vaccinationstatus\_2014 | N | Influenza vaccination status from NHSO database in year 2013 | 1 Received 2 Not received 3 No information |  |
| vaccination\_place | Text | If vaccination status is received, where do you receive influenza vaccine? | Srisongkram hospitalPlapak hospitalNakhonphanom hospitalThatphanom hospitalUdornthani hospital |  |
|  |  |  |  |  |