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www.lshtm.ac.uk Sub-study patient questionnaire, Version 1.1, 02/05/2013

Patient questionnaire

1. Do you remember receiving a text message to remind you about getting your flu vaccine?



Any comment?

2. Did you have any objections to the text message?

	1	

Yes (please describe in the box below)

No	

Any comment?

3. Did you get a flu vaccine this year?

Yes
No

Any comment?			

4. Did the text message encourage you to make an appointment for your flu vaccination?

	Yes				
	No				
Any c	comment?				