

No. _____

mm / dd / 2019

Please answer to all questions below, filling in the blank space or giving a circle to what it applies to you.

1. Your demographic information.

Faculty : _____ Grade _____

Sex : male • female _____ Age _____

Birth place : Hokkaido • Others _____

Parents' education: Father(High school university graduate school vocational school others
Mother (High school university graduate school vocational school others

Allowance from family: : Yes • No _____

Scholarship(have a plan to receive) : Yes • No _____

Club activities Yes • No _____

2. Did you receive the flu vaccine last season (July 2018~ March 2019) Yes • No _____

3. Please select all factors that lead you to receive vaccination:

- Not worried about influenza
- Dislike injection or its pain
- Perceived limited effectiveness of vaccination
- Not worried about clinical seriousness of influenza
- Concerned with the cost of influenza vaccine
- Having any allergic reaction
- Would decide depending on vaccination status of surrounding people
- Vaccination depends on whether I know nearby healthcare facility
- General health appearance
- Worried about adverse reaction of vaccination
- Encouragement from parents
- Vaccination depends on available time to undertake vaccination