Survey Questionnaire

Dear Sir or Madam,

We greatly appreciate your participation! This questionnaire is designed to collect information on your social demographics, willingness to vaccination, and willingness to donation. All collected data will be kept confidential. Please carefully review and provide answers in accordance with your real situation or thoughts. Many thanks!

I. Demographic Information

1. **Your age** (fill in a number) ____ (years)；Birth____（year/month/date）
2. **Your gender**（male-1, female-2）___
3. **Your ethnicity**
   ◎Han
   ◎Other：_____
4. **Do you suffer from any of the following chronic underlying conditions? [Multiple Choice]**
   ◎No
   ◎Cardiovascular Disease;
   ◎Chronic Obstructive Pulmonary Disease (COPD);
   ◎Diabetes
   ◎Other：_____
5. **Your education level :**
   ◎Primary school
   ◎Junior middle school
   ◎High school
   ◎Undergraduate or college
   ◎Postgraduate or above
6. **Your employment status:**
   ◎Employed
   ◎Unemployed or retired
   ◎semi-retired
7. **Your career is:**
   ◎Civil servant
   ◎Farmer
   ◎Ordinary workers (blue collar)
   ◎Company staff (white collar)
   ◎Technical personnel
   ◎Other：_____
8. **Your current legal marriage status is:**
   ◎Unmarried
   ◎Engaged or married
   ◎Separated or divorced
   ◎Widowed

II. Willingness to Influenza Vaccination

1. **Have you ever received seasonal influenza vaccine before (excluding this time)?**
   ◎Never
   ◎Once
   ◎Twice
   ◎Three times or more
2. **Do you currently plan to receive seasonal influenza vaccine?**
   ◎Yes
   ◎No

III. Other Survey (only after intervention)

1. **Are you willing to receive the influenza vaccine?**
   ◎Yes, I will schedule an appointment
   ◎Generally willing, but still considering (skip to 2)
   ◎Not willing to get vaccinated, reason: _____
2. **What is the reason that makes you not want to receive the vaccine?**
   ◎Do not believe in vaccination
   ◎Not suitable for vaccination
   ◎Need to discuss with family before making a decision
   ◎Other reason: _____

（Only the "Pay-it-forward" group should answer the following questions）

3. **Do you come to the clinic alone?**
   ◎Yes
   ◎No
4. **Identity of accompanying person:**（Q3 selected "NO"）
   ◎Spouse
   ◎Child or grandchild
   ◎Caregiver
   ◎Friend
   ◎Other：_____
5. **Would you like to donate some money to help others receive vaccinations?**
   ◎Yes
   ◎No (skip to 7)
6. **How much money would you like to donate?_____(RMB, any amount of money)**
7. **What is the reason that makes you not want to donate money to help others?**
   ◎Not really believe that will make sense
   ◎Just not willing to make it for other people
   ◎Need to discuss with family before making a decision
   ◎Other reason: _____
8. **Which population do you intend to support with this donation? [Multiple Choice]**
   ◎All age population
   ◎Children and adolescents (aged <18 years old)
   ◎Adults (aged 18-60 years old)
   ◎Elderly (aged ≥60 years old)

9. Who made the decision to donate?（Q3 selected “NO”）

◎Vaccine recipient

◎Accompanying person (skip to Q10-14)

10. Accompanying person’s age (fill in a number) ____ (years)；Birth____（year/month/date）

11. Accompanying person’s gender（male-1, female-2）___

12. Accompanying person’s ethnicity:

◎Han

◎Other：_____

13. Accompanying person’s education level :

◎Primary school

◎Junior middle school

◎High school

◎Undergraduate or college

◎Postgraduate or above

14. Accompanying person’s career is:

◎Civil servant

◎Farmer

◎Ordinary workers (blue collar)

◎Company staff (white collar)

◎Technical personnel

◎Other：_____

15. If you want your family/friends to participate in influenza vaccination, for which of the following reasons might you want to do so? [Multiple Choice]

◎Family members are prone to influenza infection

◎Medical staff's education about influenza vaccine

◎"PIF" project

◎Other：_____

◎Do not wish to recommend vaccination (skip to 17)

16. What do you think are the benefits of the "PIF" plan? [Multiple Choice]

◎Others' donations can reduce one's own vaccination costs

◎Encourage more people to get vaccinated against influenza

◎Reduce influenza transmission and lower infection risks

◎Demonstrates community warmth and love

◎Other：_____