Dr. Researcher would like to find out more about what people know about the flu vaccination and why they choose to get it or choose not to be vaccinated. There are no right or wrong answers to the questions, just what you think. This survey will take about 5 minutes of your time, and we will use the results for a research study. We will not be able to identify you individually – *please do not put your name on this survey*. If you would prefer not to answer a question, please leave it blank. Your participation is voluntary and you can stop at any time. Please put the survey in the envelope provided and mail it back to me. If you have any questions about this study, please call Dr. Researcher at XXX-XXX-XXXX. Please keep the Information Sheet provided. Thank you for helping us with this research.