1. Consent to participate in the survey

 a. Yes

 b. No

 2. Gender

 a. Female

 b. Male

 3. Age (years)

 a. ≤30

 b. 31-40

 c. 41-50

 d. >50

 4. Education

 a. Elementary

 b. Middle school

 c. Vocational school

 d. High school

 e. College/University

 5. Place of residence

 a. Village

 b. Town with up to 50,000 residents

 c. Town with up to 100,000 residents

 d. Town with up to 250,000 residents

 e. City with over 250,000 residents

 6. How do you understand the phrase "40-70% vaccine effectiveness against the flu"?

 a. 40-70% of vaccinated people will be immune to the flu

 b. A vaccinated person will have a 40-70% chance of getting the flu

 c. If a person had a 40-70% chance of getting the flu before vaccination, they now have half of that chance

 d. I don't know

 7. How would you rate your current health status?

 a. Excellent

 b. Very good

 c. Good

 d. Not very good

 e. Poor

 8. Do you have any of the following chronic diseases diagnosed by a doctor?

 a. Obesity

 b. Coronary heart disease

 c. Hypertension

 d. Diabetes

 e. Degenerative joint disease

 f. Allergy

 g. Respiratory diseases

 h. None

 9. Have you been confirmed to have a SARS-CoV-2 infection in the last year?

 a. Yes

 b. No

 10. Have you been confirmed to have a flu virus infection in the last year?

 a. Yes

 b. No

 11. Have you received a flu vaccine in the past 2 years?

 a. Yes

 b. No

 12. Which flu vaccine did you receive?

 a. Influvac Tetra

 b. Vaxigrip Tetra

 c. Fluenz Tetra

 d. Fluarix Tetra

 e. Other

 f. None

 13. Did you experience any adverse effects as a result of receiving the flu vaccine?

 a. Yes

 b. No

 14. Which of the following adverse effects occurred after receiving the flu vaccine? (You can select multiple answers)

 a. Runny or stuffy nose

 b. Fatigue

 c. Headache

 d. Muscle pain

 e. Chills

 f. Pain in the arms, legs, or other joints

 g. Swelling at the injection site

 h. Fever

 i. Nausea/vomiting

 j. Swelling/tenderness in the armpit

 k. Redness at the injection site

 l. Reduced appetite

 m. Sleep problems

 n. Nosebleed

 o. Abdominal pain

 p. Rash

 q. Shortness of breath

 r. Chest pain

 s. Dizziness

 t. Back pain

 u. Palpitations

 v. Constipation, loose stools, or diarrhea

 w. Allergic reactions

 x. None

 y. Other:

 15. How severe were the adverse effects you experienced after receiving the flu vaccine?

 a. Mild

 b. Moderate

 c. Severe

 d. None

 16. When did the adverse effects occur after receiving the flu vaccine?

 a. Within 1 day of vaccination

 b. Within 2 days of vaccination

 c. Within 3 days of vaccination

 d. Within 4 days of vaccination

 e. Within 5 days of vaccination

 f. Within 6 days of vaccination

 g. None

 17. How long did the adverse effects persist after vaccination? Please provide the number of days.

 18. Have you had the flu in the last 2 years?

 a. Yes

 b. No

 19. How many doses of the SARS-CoV-2 vaccine have you received?

 a. 0

 b. 1

 c. 2

 d. 3

 e. 4

 20. Did you experience any adverse effects as a result of receiving the SARS-CoV-2 vaccine?

 a. Yes

 b. No

 c. I didn't receive the SARS-CoV-2 vaccine

 21. In your opinion, were flu symptoms milder as a result of the SARS-CoV-2 vaccine?

 a. Yes

 b. No

 c. I didn't receive the SARS-CoV-2 vaccine

 d. I don't know

 22. Did you receive the flu vaccine before the COVID-19 pandemic?

 a. Yes

 b. No

 23. Please describe the change in the severity of flu symptoms due to receiving the SARS-CoV-2 vaccine:

 a. Symptoms decreased

 b. Symptoms increased

 c. No change

 d. I didn't receive the SARS-CoV-2 vaccine

 24. Do you plan to get regular flu vaccinations?

 a. Yes

 b. No

 25. What primarily motivates you to get flu vaccinations?

 a. General promotion of vaccinations due to the emergence of SARS-CoV-2

 b. Alleviating flu symptoms

 c. Social responsibility

 d. Alleviating symptoms associated with infections by other viruses, including SARS-CoV-2

 e. I or my close ones are at risk of flu infection

 f. I or my close ones frequently get the flu

 g. I didn't receive a flu vaccine

 h. Other (please specify)

 26. Among the following, please select one answer that you believe is most important when getting flu vaccinations:

 a. Flu vaccination can help differentiate other viral diseases, including SARS-Cov-2

 b. By getting the flu vaccine, we protect at-risk individuals, including the elderly and those with diabetes, lung diseases, heart failure, and other chronic illnesses

 c. Getting the flu vaccine contributes to improving the healthcare system

 d. Increasing herd immunity

 e. None

 27. Please state the reason why you have not received flu vaccinations:

 a. I don't have time

 b. Fear of adverse events

 c. I believe vaccines are not effective in protection

 d. Organizational reasons beyond my control (e.g., lack of vaccines, long queues)

 e. Not applicable (I got the flu vaccine)