**Appendix A.**

Variables derived from survey items

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| --- | --- |
| Variable | Survey Questions |
| *Patients* |  |
| Compliance with influenza vaccine | Did you receive the flu vaccine during this season? |
| Attitude towards vaccine | Fear of side effects  I don’t like the idea of the influenza vaccine  I don’t think I am at risk for influenza  I don’t think the vaccine is effective/works |
| Physicians recommendations | Did you discuss about the flu vaccine with your oncologist  Did your oncologist recommended that you get the flu vaccine  Did your doctor recommended against flu vaccine |
| *Household members* |  |
| Compliance with the vaccine | Did you receive the flu vaccine during this season |
| Attitude towards the vaccine | Fear of side effects  I don’t like the idea of vaccines  I never get the flu vaccine  I was concern about adverse events on my family member with an immunocompromised condition |
| Physicians recommendations | Did you discuss about the flu vaccine with your family member’s oncologist/physician?  Did the physician recommend that you get the flu vaccine?  Did the physician recommend against the flu vaccine? |

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