

LIST OF QUESTIONS

Warm-up

- Pronounce and spell your name
- What do you do?
- Where do you live?
- Name of the person affected?
- What disease did they have?

Before the disease

- Who was affected by the disease?
- How old were you/they?
- What year was it?
- What did you/your loved one look like before the disease?
- Tell me the story of what was life like before the disease?
- What was your/their favorite thing to do?
- Who was in your/their family at the time? (family structure)
- Where were you/they living? (in a college dorm, near/far from family)
- Can you share a special memory from before the disease?

During the disease

- How did you/your loved one get the disease?
- What were the first signs something was wrong?
- Tell us what happened after you/your loved one got sick?
- How did the disease progress?
- How long were you/your loved one in the hospital?
- What procedures did you/your loved one undergo in the hospital?
- What did the doctors say to you? How did you feel when you heard this?
- What was going through your head when this was happening?
- What was it like for you?
- What were you thinking and feeling when you/your loved one was sick?
- Did you ever think you/your loved one was going to die?

After the disease

- How did other people treat you/your loved one?
- How did this illness affect the family?
- How did people treat you after your amputation?
- How are you/your loved one doing now?
- What is hardest about your loved one not being here?
- How has your experience changed your/their life?
- Is there anything you would like to say to people who are questioning immunizing their children/getting immunized?
- Do you have any closing thoughts or wishes for the future?
- Is there anything else you would like to add?