

Supplementary material S2: draft for the interview conducted by the pharmacists

| | |
|---|--|
| Pharmacy name | |
| Age | |
| Gender | |
| Vaccinated last year? (yes/no) | |
| If “no”, why? | <input type="checkbox"/> not getting ill <input type="checkbox"/> vaccines are dangerous <input type="checkbox"/> did not know I could access flu vaccination <input type="checkbox"/> vaccines are not effective <input type="checkbox"/> other |
| Intention to get vaccinated this year (yes/no)? | |
| Presence of risk factors (specify which type) | |