

Thank you for participating in the University of Chicago Medicine's Vaccination Outreach Program. Please take a few minutes to fill out this survey in order to assist us in improving this program. Your input is greatly valued.

Assessment Factor		Strongly Disagree					Strongly Agree	
		1	2	3	4	5	N/A	
a.	The online registration process was convenient and straightforward.	1	2	3	4	5	N/A	
b.	I was provided enough information about each vaccine to feel comfortable making immunization decisions for myself and/or family members.	1	2	3	4	5	N/A	
c.	The check-in process was handled efficiently and professionally.	1	2	3	4	5	N/A	
d.	The vaccine administration process was handled efficiently and professionally.	1	2	3	4	5	N/A	
e.	I feel the availability of immunization at school reflects the school's concern for my child's health	1	2	3	4	5	N/A	
f.	I feel that having my child immunized at school reduces the likelihood that I will take my child for routine medical examinations by their primary care provider.	1	2	3	4	5	N/A	
g.	From start to finish, the check-in and immunization took approximately:	_____ minutes						
h.	If the following immunizations were offered next year at my child's school, I would consider using: (Please check all that apply)	Seasonal Flu Meningococcal vaccine Tdap (whooping cough) HPV (cervical cancer) Vaccines routinely recommended for adolescents None						
Comments/ Suggestions:								