

Patient Survey

1. Please select your age range.

- 19-21 years old
- 22-26 years old
- 27-49 years old
- 50-59 years old
- 60-64 years old
- 65 years old and older

2. Did you receive a vaccine today?

- Yes
- No

3. Prior to today's visit, when was the last time you saw a doctor, nurse, or other healthcare provider in this office?

- Within the last 6 months
- Within the last year
- Within the last 2 years
- More than 2 years ago
- Never

4. When was the last time a doctor, nurse, or other healthcare provider in this office spoke to you about vaccines that can prevent adult diseases (flu, tetanus, etc)?

- During today's visit
- During a prior visit
- Not sure

5. On a scale from 1 to 5 (where 1=not sure and 5=very sure), how sure are you that you are up-to-date on all recommended vaccines based on your age and health?

Not sure

1

2

3

4

Very sure

5

6. What factors would make you more likely to receive a vaccine? (Select all that apply.)

- Low cost
- Assurance that most side effects are mild (eg, sore arm)
- Assurance that benefits outweigh risks
- Doctor, nurse, or other healthcare provider recommendation
- Other: _____
