

OMS Foil the Flu Survey Screenshots



Foil the Flu Survey

Burden Disclosure

OMB #: 0925-0648
Exp. Date: 06/2024

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.



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Introduction

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The Office of Research Services (ORS), Occupational Medical Services (OMS) partnered with the Division of Quality Management & Policy (DQMP) to develop a survey to learn about your experience with the NIH Flu Vaccine Program – Foil the Flu.

Please take approximately 5 minutes to complete the Foil the Flu Survey. The survey will close on **Monday, April 24, 2023**. Results will allow OMS senior leadership to make meaningful decisions to improve the access and effectiveness of the Foil the Flu Program.

Note: individual responses are voluntary and secure to the extent of the law. Results are anonymous and only presented once combined with all other responses.

Thank you in advance for your participation! Please contact Isaiah Crisp (DQMP) @ ORSSurveySystem@mail.nih.gov should you have any questions about this survey.



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Demographics

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* 1. Do you have an NIH-issued PIV Card?

- Yes
- No

* 2. Please select your Institute or Center.

* 3. What is your employment category?

- Federal Employee
- Trainee
- Contractor
- Other (e.g., Tenant, Special Volunteer)



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* 4. Are you required to receive an annual flu vaccination as a part of your job at the NIH?

- Yes
- No
- Not Sure

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* 5. Please select your job category.

* 6. Did NIH administer your flu vaccine in 2019 or previous years?

- Yes
 No
 Do not remember

* 7. Did you receive your flu vaccine in 2022? If so, where?

- Yes, NIH (any location)
 Yes, Outside NIH (e.g., primary care, pharmacy, etc.)
 No

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Online Scheduling System

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8. Thinking about your experience with the online scheduling system, please rate your level of satisfaction with the following:

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
Easy to Use (e.g., user-friendly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visually Appealing (e.g., interface, wordiness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive (e.g., information needed was found/provided)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to find an appointment during my preferred timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please rate your overall satisfaction with the online scheduling system.

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
★	★	★	★	★



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Appointment Experience

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10. Did you receive a vaccination information sheet at check-in? [Click here for reference.](#)

- Yes
- No
- Not Sure

11. When you arrived to your appointment, how satisfied were you with the following?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Time waited before receiving your vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization of check-in process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. The check-in staff...

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	N/A
...Was courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Answered my questions/Addressed my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. The nursing staff (who administered your flu vaccine)...

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	N/A
...Was courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Answered my questions/Addressed my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Program Improvement

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14. Why did you choose to get your flu vaccine through NIH in 2022? (select all that apply)

- Convenience
- Accessibility to participating NIH-locations
- Vaccine Requirement (e.g., job requirement, external volunteer work, etc.)
- Other (please specify)

15. How did you find out about the NIH flu vaccine program?

- Global Emails (from ORS)
- Clinical Center Emails
- Emails from Supervisor/Manager
- Signage (e.g., digital/physical)
- Other (please specify)

16. How can OMS improve program communications?

Q14 is shown if "Yes (any NIH location)" is selected from Q7.

ADDITIONAL BRANCHING QUESTIONS

8. Why did you choose to get your flu vaccine outside of NIH in 2022? (select all that apply)

- Was not aware of NIH-administered flu shot program
- Ability to get COVID-19 vaccine or booster at the same time
- Too long of a commute to the participating NIH-locations
- Lack of appointment availability
- No walk-in or same day option
- Other (please specify)

9. What would increase the likelihood of NIH administering your next flu vaccine? (select all that apply)

- Walk-in options (no appointment required)
- Additional weekday morning appointments (pre-8:00am)
- Additional weekday late afternoon/evening appointments (post-3:00pm)
- Ability to receive flu and COVID-19 vaccines in same appointment
- Other (please specify)

Questions above will only be shown if "Yes (outside NIH)" is selected from Q7. Note: Q14 above won't be shown and would be replaced with these questions. The numbers shown here ("8" & "9" are arbitrary)

8. What factors impacted your decision to not receive your flu vaccination in 2022? (select all that apply)

- Medical/Religious Exemption
- Opted Out (e.g., other than medical/religious)
- Injection Fatigue (e.g., too many other vaccines)
- Potential Side-effects
- Would like more information on its importance
- Other (please specify)

9. What would increase the likelihood of NIH administering your next flu vaccine? (select all that apply)

- Walk-in options (no appointment required)
- Additional weekday morning appointments (pre-8:00am)
- Additional weekday late afternoon/evening appointments (post-3:00pm)
- Ability to receive flu and COVID-19 vaccines in same appointment
- Other (please specify)

Questions above will only be shown if “No” is selected from Q7. Note: Q14 above won’t be shown and would be replaced with these questions. The numbers shown here (“8” & “9” are arbitrary)