## Vaccine Survey for Patients

Please respond to these prompts as they apply to your experience. This survey is anonymous.

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## OMB # 0925-0648, Expiration Date: 05/2021

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1. Please indicate your level of agreement with the following statements regarding the Registration Process:

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	N/A
I understood the directions provided in the email that introduced this service.	0	0	0	0	0	0
It was easy to register for the vaccine using the website.	0	0	0	0	0	0
I was able to schedule my vaccine appointment without difficulty.	0	0	0		0	0
It was easy to register for the patient portal to view my vaccination record.	0	0	0	0	0	0
I understood the emails pertaining to scheduling my second dose of the vaccine.	0	0	0		0	0
In calling the patient portal support line, my questions were answered sufficiently.	Ö	0	0	0	0	0

2. Please indicate your level of agreement with the following statements regarding the Vaccination Process:

	Stronly Agree	Agree	Neutral	Disgree	Strongly Disagree	N/A
The vaccination process started on time.	0	0	0	0	0	0
I had confidence and trust i the clinical staff who I encountered.	n O	0	0	0	0	0
I had the appropriate level of privacy.	of O	0	0	0	0	0
The provider explained what to expect before and after the injection in a way that I would understand.	t O	0	0	0	0	0
All of my questions were answered to my satisfaction prior to getting the injection		0	0	0	0	0
The staff working at the COVID vaccine clinic were friendly and professional.	0	0	0	0	0	0
It was easy to maintain 6 fe of social distance while in the observation area.	et O	0	0	0	0	0
Staff utilized personal protective equipment such as gloves and masks in all areas of the vaccine clinic.	0	0	0	0	0	0
I felt safe while receiving my vaccination.		0	0	0	0	0
Sanitizing materials were made readily available and their use encouraged.	0	0	0	O	0	0

3. Additional comments about Your Experience:

Enter your answer			

Submit

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