



Participant Vaccination Survey 2008

To Be Completed For Each Participant By A Staff Member

Patient's home zip code: _____

1. Are you: Male Female
2. Age: 65 yrs or older 50- 64 yrs 18-49 years
3. If you are between ages 18-49, do you have a chronic disease (such as asthma, diabetes, lung disease, heart disease, immune compromised) or are you pregnant?
 Yes No Not sure
4. What type of health care insurance do you have? (Check all that apply):
 Medicare Medicaid Other type of insurance
 None
5. If you are over age 65, have you ever had a pneumonia shot?
 Yes No Not sure
6. Which of the following vaccination services are you requesting today? (Check all that apply):
 Flu shot None
 Pneumonia vaccination
 Tetanus vaccination

FOR PARTICIPANTS WHO RECEIVE A FLU SHOT:

7. Would you have received a flu shot somewhere else if you had not received one at this clinic?
 Very likely Not very likely Not sure
8. Did you receive a flu shot last year (during the 2005-2006 flu season)?
 Yes No

Clinic Site No: _____