SUPPORT PERSON/ CAREGIVER SURVEY

Tell us about your vaccination experience today!

1. Today's date: _____
2. Check-off all the vaccine(s) your child/loved one received today.

   ☐ _____ ☐ _____ ☐ _____

3. Tell us how much the needle hurt your child/loved one. If they had more than one needle, just tell us about how much it hurt overall. Pick a number from 0 to 10, where 0 is no pain at all and 10 is the most pain possible.

   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

4. Tell us how scared/worried your child/loved one was about the needle. If they had more than one needle, just tell us about how scared/worried they were overall. Pick a number from 0 to 10, where 0 is not scared/worried at all and 10 is the most scared/worried possible.

   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. We give people a CARD checklist to choose ways to make their vaccinations a better experience for them. Tell us how much that helped your child/loved one today.

   ☐ not at all ☐ a little bit ☐ a medium amount ☐ a lot

6. How would you rate your overall vaccination experience today. Pick a number from 1 to 5, where 1 is poor and 5 is excellent.

   ☐ 1 (poor) ☐ 2 (fair) ☐ 3 (good) ☐ 4 (very good) ☐ 5 (excellent)

7. Compared to the last time your child/loved one got a vaccine, tell us if your experience today was better, worse, or the same.

   ☐ better ☐ same ☐ worse ☐ don't know ☐ don't remember

8. Tell us how much CARD influenced your decision to get your child/loved one vaccinated here.

   ☐ I didn't know about it ☐ Not at all ☐ A little bit ☐ A medium amount ☐ A lot

9. Tell us about the best part of your child/loved one's vaccination appointment today.

   _____

10. Tell us about anything you didn't like so we can make it better the next time.

    _____

1. Tell us your child/loves one's age (in years): _____ Tell us your gender: _____

Thank you!