VACCINE RECIPIENT SURVEY

Tell us about your vaccination experience today!

1. Today's date: _____

2. Check-off all the vaccine(s) you received today.

   ☐ _____ ☐ _____ ☐ _____

3. Tell us how much the needle hurt you. If you 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 you were about the needle. If you had more than one needle, just tell us about how scared/worried you 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. Tell us how dizzy you were. If you had more than one needle, just tell us about how dizzy you were overall. Pick a number from 0 to 10, where 0 is not dizzy at all and 10 is most dizzy possible.

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

6. We give people a CARD checklist to choose ways to make their vaccinations a better experience for them. Tell us how much that helped improve your experience today.

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

7. 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)

8. Compared to the last time you got a vaccine, tell us if your experience today was better, worse, or the same.

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

9. Tell us how much CARD influenced your decision to get vaccinated here.

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

10. Tell us about the best part of your vaccination appointment today.

    _____

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

    _____

12. Tell us your age (in years): _____ Tell us your gender: _____

Thank you!