Thank you for taking a few minutes to complete this survey related to your Immunization Quality Improvement session.

Clinic Information

Clinic name: ___________________________ VFC PIN: ___________________________

Your Information

Name: ___________________________ Gender:  ○ Male  ○ Female

Role:
○ Physician
○ Nurse
○ Other vaccine provider
○ Office manager
○ Front office staff member
○ Other

1. How many years have you been working in this role? (Count only years after training/residency/fellowship.)
○ Fewer than 5 years
○ 5-9 years
○ 10-14 years
○ 15-19 years
○ 20 or more years

2. Which of the following best describes your practice or clinic?
○ Private practice, including solo, group practice, or HMO
○ Federally-qualified health center including community, migrant, rural or Indian health center
○ Hospital-based clinic, including university clinic or residency teaching practice
○ Public health department-operated clinic
○ Military clinic
○ Other
The next questions are about HPV vaccination coverage among adolescent patients (ages 11-17) in your practice or clinic. Please say how much you disagree or agree with the following statements.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Improving HPV vaccination coverage is an important goal for my practice or clinic.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither disagree or agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td></td>
</tr>
<tr>
<td><strong>4. HPV vaccination coverage in my practice or clinic is lower than I'd like it to be.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither disagree or agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td></td>
</tr>
<tr>
<td><strong>5. I feel confident my practice or clinic can improve HPV vaccination coverage.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither disagree or agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td></td>
</tr>
<tr>
<td><strong>6. I feel confident that I can help improve HPV vaccination coverage in my practice or clinic.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither disagree or agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td></td>
</tr>
</tbody>
</table>
The next items are about your immunization quality improvement (QI) session.

7. _____ How many people from your practice or clinic attended the immunization QI session? (Please enter the total number, including you.)

8. _____ How many of your attendees, if any, were physicians (MD, DO)?

9. _____ How many of your attendees, if any, were nurses (e.g. RN, NP, DNP) or physician assistants (PA)?

10. What type of immunization QI session did you receive?
    - In-person
    - Webinar

11. What type of immunization QI session would you have preferred to receive?
    - In-person
    - Webinar

Please say how much you disagree or agree with the following statements:

12. The QI session facilitator was knowledgeable about the topics discussed.
    - Strongly disagree
    - Somewhat disagree
    - Neither disagree or agree
    - Somewhat agree
    - Strongly agree

13. The immunization QI session was convenient.
    - Strongly disagree
    - Somewhat disagree
    - Neither disagree or agree
    - Somewhat agree
    - Strongly agree

14. The immunization QI session content was easy to understand.
    - Strongly disagree
    - Somewhat disagree
    - Neither disagree or agree
    - Somewhat agree
    - Strongly agree

15. The immunization QI session will help my practice or clinic improve HPV vaccination coverage.
    - Strongly disagree
    - Somewhat disagree
    - Neither disagree or agree
    - Somewhat agree
    - Strongly agree
Please rate the importance of the following QI session components for helping to improve HPV vaccination coverage.

16. Reviewing my practice or clinic’s adolescent vaccination coverage.
   - Not important
   - Slightly important
   - Moderately important
   - Very important
   - Extremely important

17. Setting a 6-month goal to improve HPV vaccination coverage.
   - Not important
   - Slightly important
   - Moderately important
   - Very important
   - Extremely important

18. Discussing the importance of provider recommendation of HPV vaccine.
   - Not important
   - Slightly important
   - Moderately important
   - Very important
   - Extremely important

19. Committing to specific QI strategies to increase HPV vaccination coverage.
   - Not important
   - Slightly important
   - Moderately important
   - Very important
   - Extremely important

20. Please share any ideas you have for how to improve the immunization QI session.

____________________________________________________________________________________
____________________________________________________________________________________

21. Do you plan to claim AAFP CME credit for your AFIX visit?
   - No
   - Yes