

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.

3. Improving HPV vaccination coverage is an important goal for my practice or clinic.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

4. HPV vaccination coverage in my practice or clinic is lower than I'd like it to be.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

5. I feel confident my practice or clinic can improve HPV vaccination coverage.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

6. I feel confident that I can help improve HPV vaccination coverage in my practice or clinic.

- Strongly disagree
- Somewhat disagree
- Neither disagree or agree
- Somewhat agree
- Strongly agree

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