## **Pre-Training Survey**

|    | fore the training<br>vey now.   | starts, ple         | ease take the surv         | ey. If the tra   | aining alre                                   | eady started         | d, take th | ne       |  |
|----|---|---------------------|----------------------------|--|---|----------------------|------------|----------|--|
| 1. | Today's date:   | _//                 |                            |  |   |                      |            |          |  |
| 2. | . What is your position at th  ☐ Pediatrician ☐ Family physician ☐ Other physician ☐ Physician assistant ☐ Nurse Practitioner                                   |                     | ☐ Medical assistant        |  | t apply.) Practice ma Administrat Other, spec |                      |            |          |  |
| 3. | How many years h Count only years a   | after trainin       |                            | ship.  |   | 19 yrs □ ≥           | ≥20 yrs    |          |  |
| 4. | About how many  □ 0   | 11-17 year<br>□ 1-4 | old patients do you  □ 5-9 | ı see in a typ<br>□ 10-14  | ical week? □ 15-                              |                      | ≥20        |          |  |
| 5. | What is your role in adolescent vaccination? Do (Mark all that apply.)  ☐ Schedule appointments ☐ Prescribe vaccines ☐ Answer parents' questions about vaccines |                     |                            | you  Administer vaccines  Document vaccines  I don't have a role in adolescent vaccination |   |                      |            |          |  |
| -  | y how much you ag<br>ar olds.   | gree or disag       | gree with the follo        | Strongly   |   | Neither<br>agree nor |            | Strongly |  |
| 6. | Routinely recomming important to me.  | nending HI          | PV vaccine is              | disagree   | Disagree                                      | disagree             | Agree      | agree    |  |
| 7. | Most parents think HPV vaccine is in for their 11 or 12 year olds.  |                     | cine is important          |  |   |                      |            |          |  |
| 8. | I feel confident a about HPV vacci  |                     | arents' concerns           |  |   |                      |            |          |  |
| 9. | I plan to routinely when patients tur   |                     | nd HPV vaccine             |  |   |                      |            |          |  |

**STOP!** Complete the post-training survey on the back at the **end** of the training.

## **Post-Training Survey**

Be sure to complete the survey on the other side of this form **FIRST**, before the training!

As soon as the training ends, please take this survey

Say how much you agree or disagree with the following statements.

|  | , c c  | Strongly disagree | Disagree   | Neither<br>agree nor<br>disagree | Agree | Strongly agree |  |  |  |
|--|--|-------------------|------------|----------------------------------|-------|----------------|--|--|--|
| 1.   | Routinely recommending HPV vaccine is important to me.   |                   |            |                                  |       |                |  |  |  |
| 2.   | Most parents think HPV vaccine is important for their 11 or 12 year olds.                      |                   |            |                                  |       |                |  |  |  |
| 3.   | I feel confident addressing parents' concerns about HPV vaccine.                               |                   |            |                                  |       |                |  |  |  |
| 4.   | I plan to routinely recommend HPV vaccine when patients turn 11 or 12.                         |                   |            |                                  |       |                |  |  |  |
| 5.   | I plan to use the Announcement Approach when recommending HPV vaccine for adolescent patients. |                   |            |                                  | _     |                |  |  |  |
| 6.   | The Announcement Approach will easily fit into well child visits.                              |                   |            |                                  |       |                |  |  |  |
| 7.   | The Announcement Approach will fit into my clinic's work flow.                                 |                   |            |                                  |       |                |  |  |  |
| 8.   | I would recommend today's training to colleagues.  |                   |            |                                  |       |                |  |  |  |
| 9.   | The person who gave the training was an effective teacher.                                     |                   |            |                                  |       |                |  |  |  |
|  |  |                   |            |                                  |       |                |  |  |  |
| 10. I will try the Announcement Approach to recommend HPV vaccine with five 11-12 year old patients. If I do not meet this goal in the next two weeks, I will use the strategy with the next five eligible patients. |  |                   |            |                                  |       |                |  |  |  |
|  | □ Lagrage to do this □ Ldo not agree to do this  | □ I do no         | 1000 11 12 | year old patio                   | nto   |                |  |  |  |

**Thank you!** Please return your completed survey to the facilitator.