**TODAY’S DATE:** **CLINIC LOCATION:**

Please take a few moments to complete the following questionnaire to help us improve future events and ensure we provide a positive experience for the community.

1. **How did you hear about this clinic?**

[ ]  Flyer sent from child’s school

[ ]  Media (TV, radio, newspaper)

[ ]  Poster at school

[ ]  Social media (Facebook, Twitter)

[ ]  Other ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For which reasons did you choose to visit this immunization clinic today? *SELECT ALL THAT APPLY***

[ ]  Convenience [ ]  Do not have primary care medical provider

[ ]  No cost [ ]  Prefer school/community setting to a doctor office

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **My family’s vaccination needs were met today:**



1. **The event was well-organized:**



1. **What did you like about this clinic?**
2. **Please share any additional comments or concerns you have that may help us improve:**