

**IKC Provider Survey on Immunization Educational Materials**

**Updated draft based on comments received and a general comment received by multiple people as this was reviewed earlier: Make survey as short as possible.**

**Updates include:**

* Incorporating feedback
* Shortening
* Taking out questions that do not seem as relevant to our particular needs
	+ Removed questions on black & white vs. color copies because we can try to make all resources readable whether they are printed in B&W or color and the organization can choose. Also removed questions on number of copies.
	+ Removed questions on DVDs because I do not think we want to utilize IKC resources to produce and send out DVDs. Everything would be web-based.
	+ Took out other questions that seemed dated, unnecessary, or could be combined with another question (e.g., Does your office have a professional website?)
	+ Combined and consolidated questions, where possible.
* Updated with feedback from January 29th E&A Team Call
1. **What media do you utilize most frequently for patient education on immunizations?** (check all that apply)
* Print
* Video
* Web-based
* Texting service
* Other:
1. **If you utilize printed immunization education materials, do you order printed materials or do you print your own?**
* Order printed materials
* Print our own from electronic files or website
* Other/comment:
1. **What are your key sources/resources for print immunization education materials** (whether downloaded or printed)**?**
* Key source(s):
* We do not order or utilize printed materials.
1. **What are your key sources/resources for web-based, electronic, video, or texting immunization education materials?** (examples: websites, email list servs, video/DVD services, texting services, etc.) (fill in all that apply and please list specific organizations or websites offering these resources)
	* Key source(s):
* We do not utilize these types of resources
1. **Do you feature patient education materials or links to educational materials/websites on your website?**
* Yes
* No
* Not Sure
* We do not have a professional website
1. **Would you be willing to feature IKC patient education materials or links to educational resources on your website?**
* Yes
* No
* Not Sure
* We do not have a professional website
1. **When do you typically discuss immunizations with your patients?**
* Never
* Annual (well child) visits
* Every visit
* Other:
1. **Please indicate your practices related to recommending the DTap/Tdap to the patients served in your practice/clinic?**
	* Regularly recommended at annual visits. At what age(s):
	* Regularly recommended at other opportunities:
	* Not regularly recommended (if not, briefly explain):
2. **Please indicate your practices related to recommending the MenACWY to the patients served in your practice/clinic?**
	* Regularly recommended at annual visits. At what age(s):
	* Regularly recommended at other opportunities:
	* Not regularly recommended (if not, briefly explain):
3. **Please indicate your practices related to recommending the Human Papillomavirus (HPV) vaccine to the patients served in your practice/clinic?**
	* Regularly recommended at annual visits. At what age(s):
	* Regularly recommended at other opportunities:
	* Not regularly recommended (if not, briefly explain):
4. **What type of patient education material would be useful for discussing TIMING of immunizations with parents?** (Please check all that apply.)
* Brochure/Flyer (for handing out to patients)
* Poster (for posting in waiting/exam rooms)
* PowerPoint slides for parent education
* Video for parent education
* I don't need patient education materials to discuss vaccine timing
* Other (please specify) or describe your ideal patient education material
1. **What type of patient education material would be useful for discussing VACCINE SAFETY with parents?** (Please check all that apply.)
* Brochure/Flyer with FAQs
* Flyer with reference to credible websites
* Educational video to play in provider office
* PowerPoint slides for parent education
* I don't need patient education materials to discuss vaccine safety
* Other (please specify)
1. **What type of training, if any, would be useful to you or your staff for discussing vaccine safety with parents?** (Please check all that apply.)
* Online Training (i.e. webinars, interactive module)
* Videos for staff training
* PowerPoint slides for staff training
* Script with key messages
* No training is necessary now
* Other (please specify)
1. **Please estimate the percentage of the patients seen in your practice/clinic who are vaccine-hesitant (parents who want to delay or skip immunizations)?**
* 0% (none)
* 1-14%
* 15-29%
* 30-49%
* 50% or more
1. **How do you keep up with immunization information? (Please check all that apply.)**
* CDC website or “Pink Book”
* Recommendations from my medical association or professional society
* Alerts from Kansas Department of Health and Environment, Immunizations Program
* VFC Program Communications
* Other:
1. **Approximately what percentage of children aged 18 and younger in your practice are up to date on their immunizations?**
2. **What else should we know about the challenges/opportunities that exist to support you and your patients, related to immunizations, particularly the HPV vaccine and cancer?**