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 Director/Health Officer

Patient ID #: \_\_\_\_\_

## Patient Evaluation Form Avian Flu Clinic June 10, 2004

Please answer the evaluation questions honestly. We are interested in your thoughts about how we can improve our efforts.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

What is your primary Language? (Circle one) English Spanish Other: \_\_\_\_\_

How did you hear about the DRILL? \_\_\_\_\_

1. How many times did you go through the exercise today? (Circle one) 1 2 3 4+

★ If this is your **FIRST** time through the clinic today, please answer the remaining questions. If you have already answered these questions from a previous visit, you do not have to answer them again. Thank you.

Please circle the number in the column that best describes your feelings about each statement:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The medical history and consent form was easy for me to understand.	1	2	3	4
2. I felt the exercise was well organized and conducted in an orderly manner.	1	2	3	4
3. I felt the staff was confident and knowledgeable.	1	2	3	4
4. I was given clear direction about how to move through the clinic.	1	2	3	4
5. I was able to understand all written information given to me at the clinic.	1	2	3	4
6. I was informed of my right to decide against being vaccinated.	1	2	3	4
7. The Avian Flu Orientation Video provided a clear explanation of the risks and benefits of getting the vaccination shot.	1	2	3	4
8. I was given clear instructions on how to take care of my vaccination sites.	1	2	3	4
9. I knew what to expect prior to walking into the clinic today.	1	2	3	4
10. I have a better understanding of how mass vaccination clinics are run.	1	2	3	4

Comments/ Suggestions: \_\_\_\_\_