

1. How great is the NEED for vaccine information among your patients?

- Need is very high
- Need is high
- Need is low
- Need is very low

2. How great is the DESIRE (or interest) for vaccine information among your patients?

- Desire is very high
- Desire is high
- Desire is low
- Desire is very low

3. How likely are your patients to ask a vaccine question that they have on their mind?

- Will always ask questions
- Very likely to ask questions
- Not likely to ask questions
- Will never ask questions

4. What formats are most often used in your health department to provide vaccine information to patients?

- Videos
- Formal education sessions
- Brochures/handouts
- Computer
- Healthcare provider discussion during clinical visits
- Other _____

Results of Testing the Vaccine Information Materials

5. How many patients used the Healthy Roads Media materials at your health department?

- 1 2 3 4 5 other _____

6. Did these patients speak English? Yes, all of them Yes, some of them No, none of them

7. What is your best guess of the age group(s) of these patients (check all that apply)

- Less than 21 21-40 41-60 61 or more

8. Patients' gender(s) Male Female Both Male and Female

9. What setting(s) were these patients in when they used the materials? (check all that apply)

- Waiting room Exam room Classroom Home visit Other _____

10.

11.

12.

What languages were used? (Check all that apply)	Which VISs were used? (Check all that apply)	Which formats were used? (Check all that apply)
<input type="checkbox"/> Amharic	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Handouts
<input type="checkbox"/> Arabic	<input type="checkbox"/> DTaP	<input type="checkbox"/> Audio
<input type="checkbox"/> English	<input type="checkbox"/> Flu	<input type="checkbox"/> Multimedia (full VIS version)
<input type="checkbox"/> Farsi	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Multimedia (short VIS version)
<input type="checkbox"/> French	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Web-video (full VIS version)
<input type="checkbox"/> Russian	<input type="checkbox"/> HiB	<input type="checkbox"/> Web-video (short VIS version)
<input type="checkbox"/> Somali	<input type="checkbox"/> MMR	<input type="checkbox"/> iPod Video
<input type="checkbox"/> Spanish	<input type="checkbox"/> Polio	
	<input type="checkbox"/> PPV	
	<input type="checkbox"/> Td	

13. These patients required assistance with equipment (e.g. computer, headphones, speakers, printer, iPod, etc.)

- Yes, all patients Yes, some patients None of these patients needed assistance

14. These patients required assistance with language issues (e.g. family member, friend, interpreter, language line)

- Yes, all patients Yes, some patients None of these patients needed assistance

15. Overall, how comfortable did these patients appear to be when using the vaccine information materials?

- Very Comfortable
 Comfortable
 Uncomfortable
 Very uncomfortable

Please tell us what you observed _____

16. Did these patients complete the vaccine information activity?

- Yes, every patient completed the activity
 Most of the patients completed the activity
 About half completed the activity
 Less than half completed the activity

Please tell us why _____

17. Did these patients ask for more information on the topic of vaccines after using the materials?

- Yes, all of them
 Yes, some of them
 No, none of them

18. Did these patients ask for more information on a topic OTHER than vaccines after using the materials?

- Yes, all of them
 Yes, some of them
 No, none of them

Health Department Feedback

19. Would you recommend the Health Roads Media vaccine information materials to your colleagues?

- Yes
 Maybe
 No

Please tell us why _____

20. How does your health department generally address the vaccine information needs of low-literacy, non-English speaking or other vulnerable populations that you serve?

21. What characteristics about your health department HELPED in providing Healthy Roads Media vaccine information? (physical layout of health department, ongoing health education activities, staff characteristics, etc.)

22. What characteristics about your health department HINDERED in providing Healthy Roads Media vaccine information? (physical layout of health department, ongoing health education activities, staff characteristics, etc.)

23. Please add any other comments or suggestions. We would especially like to learn more about how exactly you are using these materials.

Thank you for completing this survey. Please provide the public health address where the free CD-ROM is to be sent.

Name _____

Street _____

City _____ State _____ Zip _____

E-mail address: _____

Mail to: Healthy Roads Media 717 North Aster Ave. Bozeman, MT 59718
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