# APPENDIX 2 – POST-CLINIC EVALUATION FORM FOR STAFF AND VOLUNTEERS

 Date of clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. What was your role in the immunization clinic?
			2. Was this your first time participating in a larger immunization clinic?
				* Yes ☐ No
			3. Was the training you received for immunization clinics adequate? If no, what additional training would you require?
				* Yes ☐ No
			4. Did you understand your role and responsibility? If no, what would improve your understanding?
				* Yes ☐ No
			5. Was your supervisor accessible when you needed him/her? If no, what could improve accessibility?
				* Yes ☐ No
			6. Was the chain of communication clear? If no, what could improve this?
				* Yes ☐ No
			7. Were you made aware of any changes and updates in clinic activities? If no, what could improve this?
				* Yes ☐ No
			8. Did you feel that the infection prevention and control and occupational health and safety measures were adequate at your clinic? If no, do you have suggestions for improvement?
				* Yes ☐ No
			9. How would you rate your clinic site overall?
				* Excellent ☐ Good ☐ Okay ☐ Poor

Explain the factors that contributed to your rating.

* + - 1. What was the greatest personal challenge faced during your time in the immunization clinic?
			2. In your opinion, what were the challenges for your clinic site?
			3. What went well for your site?
			4. Do you have any suggestions to improve the operations of immunization clinics?