# APPENDIX 3 – CLIENT EVALUATION FORM

Please complete the following evaluation form to guide us on the steps we need to take to improve future immunization clinics. The comments you provide will be anonymous and only used to identify areas for improvements and practices that worked best. We thank you in advance for taking the time to complete this form.

1. Date of clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location of clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Gender

* Male
* Female
* Prefer not to say
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Age

☐ 5-11

☐ 12–17 ☐ 18–24 ☐ 25–29

☐ 30–39 ☐ 40–49 ☐ 50–59

* + 60–69 ☐ 70+

1. City of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you receive an immunization today? ☐ Yes ☐ No
3. Did you bring anyone else with you today to receive an immunization? Check all that apply.
   * No, just myself ☐ Children in my care ☐ Spouse ☐ Older adult
   * Other (please specify)
4. How did you hear about the clinic? Check all that apply.
   * Newspaper ☐ Website
   * Poster ☐ Social media
   * Radio / Televisions ☐ Health care provider / public health official
   * Co-worker/friend/family ☐ Other
5. Did you find that you had enough information about the vaccine before you received it?

☐ Yes ☐ No

If no, are there other things you would like to know about the disease or vaccine?

1. Was the location and set-up of the clinic site appropriate for your needs?

☐ Yes ☐ No

If no, what would have been a more appropriate location and/or set-up?

1. What influenced you the most to get your vaccine today? Check all that apply.
   * Concern for my health ☐ Concern for the health of others
   * Advised by my health care provider ☐ Advised by public health officials
   * Convenient location ☐ Convenient time
   * It was free ☐ Think it is the right thing to do to control the pandemic
   * Other (please specify)
2. What was the approximate time you spent waiting to receive your immunization?
3. The wait time was:
   * Shorter than I expected
   * About the time I expected
   * A bit longer than expected, but reasonable
   * Unreasonably long
4. Were you satisfied with the care you received at the clinic?

☐ Yes ☐ No If no, please specify your concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Were you satisfied with the precautions to protect you from exposure to COVID-19 at the clinic?

☐ Yes ☐ No If no, please specify your concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you like about the clinic?
2. What did you not like about the clinic?
3. Do you have any suggestions to improve the clinic?