

UAIC
UTAH ADULT IMMUNIZATION COALITION
Vaccination Survey

To determine the needs of a population at high risk for complications from the flu, pneumonia and shingles, the UAIC is asking Meals-on-Wheels recipients to complete this survey.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you plan to/or did you get a flu vaccination this flu season? Yes No
2. Did you get a flu vaccination during the flu season last year? Yes No
3. Where did you get your last flu vaccination?
(Please check the applicable box below)
 From a home health nurse in my home Hospital
 Doctor's Office Veterans Admin. Clinic
 Store pharmacy Senior Center
 Local health department Drive-by clinic
 Other (please explain)_____
4. Have you ever gotten a pneumonia vaccination*?
 Yes No Don't know
If not, would you like to get a pneumonia vaccination*?
 Yes No Unsure - I'll ask my doctor
5. Have you ever gotten a shingles (zoster) vaccination*?
 Yes No Don't know
If not, would you like to get a shingles (zoster) vaccination*?
 Yes No Unsure - I'll ask my doctor
6. I need help getting one or more of the following vaccinations: Yes No
(Please check the applicable boxes below)
 Flu Pneumococcal Shingles (zoster)

Comments _____

If you need help getting your vaccinations, please provide your contact information.

Name _____ Phone _____

Address _____ City _____ ZIP _____

**Information about the shingles and pneumonia vaccines is on the attached sheet.*

**Thank you for taking the time to complete this survey.
Tomorrow, please return it to your Meals-On-Wheels driver.**


UTAH ADULT IMMUNIZATION COALITION
Vaccination Survey

To determine the needs of a population at high risk for complications from the flu, pneumonia and shingles, the UAIC is asking Meals-on-Wheels recipients to complete this survey.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

2. Do you plan to/or did you get a flu vaccination this flu season? Yes No
2. Did you get a flu vaccination during the flu season last year? Yes No
3. Where did you get your last flu vaccination?
(Please check the applicable box below)
- | | |
|---|---|
| <input type="checkbox"/> Home health nurse in my home | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Veterans Admin. Clinic |
| <input type="checkbox"/> Store pharmacy | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Local health department | <input type="checkbox"/> Drive-by clinic |
| <input type="checkbox"/> Other (please explain) _____ | |
4. Have you ever gotten a pneumonia vaccination*?
 Yes No Don't know
- If not, would you like to get a pneumonia vaccination*?
 Yes No Unsure - I'll ask my doctor
5. Have you ever gotten a shingles (zoster) vaccination*?
 Yes No Don't know
- If not, would you like to get a shingles (zoster) vaccination*?
 Yes No Unsure - I'll ask my doctor
6. I need help getting one or more of the following vaccinations: Yes No
(Please check the applicable boxes below)
- Flu Pneumococcal Shingles (zoster)

Comments _____

For more information about where to receive your flu shot or other vaccines you may call the **Utah Immunization Hotline** at: **1-800-275-0659**

**Information about the shingles and pneumonia vaccines is on the attached sheet.*

**Thank you for taking the time to complete this survey.
Tomorrow, please return it to your Meals-On-Wheels driver.**