

1. Do you see four or more adolescents aged 13 – 18 per month?

- Yes
- No

2. Which immunization recommendation schedule do you follow most often? Please select one.

- ACIP (Advisory Committee on Immunization Practices)
- AAP (American Academy of Pediatrics)
- AAFP (American Academy of Family Practitioners)
- Other

Please specify: _____

3. How much do each of the following factors impact your ability to administer ALL recommended immunizations to adolescents aged 13 – 18? Please select one choice per row.

	Not at all a barrier	A minor barrier	Somewhat of a barrier	A major barrier
Insufficient time during appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of routine health care visits for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incomplete immunization records for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients receive care at multiple facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently changing recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance status of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of vaccine for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't always remember/think about immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine shortages/vaccine is unavailable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Based on your experience, how much do each of the following contribute to under-immunization of adolescent children aged 13 – 18?

	Not at all	A little	Some	A lot
Parent perception that their child is at low-risk of contracting a vaccine preventable illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern of short-term side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern that their child will suffer long-term complications, such as autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent knowledge about vaccine preventable illness is insufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or adolescent objection to vaccines because of personal or religious values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents fear of newer vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadherence to multi-dose schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate your position.

- Physician or mid-level practitioner
- Nurse
- Medical assistant

6. Does your facility have an established policy or protocol for adolescent immunizations?

- Yes
- No
- Unsure

7. Do you have standing immunization orders at your facility?

- Yes
- No
- Unsure

8. Please select all times during which you check immunization status and immunize adolescents, if necessary.

- Annual or well-child visits
- Acute illness visits (if not contraindicated)
- Follow-up visits
- Sports physicals

9. Please select all methods you consistently use to check immunization status.

- Parent-provided immunization record
- Paper chart review
- Electronic health record review
- Child Profile immunization registry review
- Questions on intake forms
- Routine chart audits
- Other

Please specify: _____

10. Does your facility have a reminder/recall system in place that notifies parents of upcoming immunizations?

- No
- Yes, using the electronic health record
- Yes, using Child Profile
- Yes, using a paper system
- Yes, other

Please specify: _____

Washington State will be transitioning from a universal coverage state to a Vaccines for Children (VFC) only state. Beginning July 1, 2009, HPV vaccine ordered from the state may only be administered to VFC eligible children. Beginning May 1, 2010, any vaccines ordered from the state may only be administered to VFC eligible children.

11. Is your facility a Vaccines for Children (VFC) provider?

- Yes
- No
- Unsure

12. How does your facility plan to handle these immunization changes? Select all that apply.

- Will not change our immunization practices
- Will provide fewer immunizations
- Will refer out for more immunizations
- Will drop VFC provider status and provide only private immunizations

Thank you for your participation. The results of this survey and a related parent survey will be mailed to your office in late 2009. If you have questions about this survey, please contact Amy Diaz with Kittitas County Public Health Department at (509) 962-7635.