



VFC PROVIDER FEEDBACK SURVEY

The Louisiana Immunization Program welcomes your opinions about the Vaccines for Children (VFC) program. Please take a few moments to complete the following survey. Your answers are optional but will help us improve the program to serve both you and your VFC patients better.

Provider/Clinic Name: _____

VFC Provider Identification Number (PIN): _____

Date: _____

Address: _____

Street
City
Parish
Zip Code

Telephone number: _____

E-mail: _____

Person Completing Survey: _____

Title: _____

For questions 1-9, please circle the number which best describes your experience with the VFC program using the scale from 1 (Very Dissatisfied) to 5 (Very Satisfied).

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied
1. The support, information, and materials provided by state/local VFC program staff.	1	2	3	4	5
2. The ease of screening patients for VFC eligibility.	1	2	3	4	5
3. The ease of VFC recordkeeping.	1	2	3	4	5
4. The ease of using the VFC vaccine-ordering system.	1	2	3	4	5
5. The condition of VFC-supplied vaccine at delivery.	1	2	3	4	5
6. The decreased need to refer children to public clinics for immunizations.	1	2	3	4	5

7. The effectiveness of the VFC-inventory accountability system.	1	2	3	4	5
8. The variety of vaccine-brand choices available for VFC vaccines.	1	2	3	4	5
9. Your overall satisfaction with the VFC program.	1	2	3	4	5

10. Which vaccines are routinely administered in this practice/clinic? (Please check all that apply)

DTaP MMR Hepatitis A Pneumococcal Hepatitis B Polio Hib Varicella
 HPV Influenza Meningococcal Rotavirus Td Tdap Others: _____

11. a. Does this practice/clinic have a systematic way to identify and recall children in need of vaccinations? Yes No

b. If Yes, what system(s) do you use? recall system, computerized recall system, tickler file registry
 periodic chart reviews Other: _____

12. Has anyone from the Immunization Program conducted a presentation of the Reminder/Recall feature in LINKS at your clinic? Yes No

13. Would you like someone to contact you to schedule a presentation of the Reminder/Recall feature in LINKS? Yes No

14. What recommendations do you have for improving the VFC program? _____

15. Please share any effective procedure(s) you follow to improve vaccine-coverage rates in your practice. _____

Please fax or mail your completed form to: Louisiana Department of Health
 Office of Public Health
 Immunization Program
 1450 Poydras St., Ste. 1938
 New Orleans, LA 70112-1938

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 Fax: (504) 568-2659