From: Kansas City, Missouri Health Department
KCHD HAN Number: KC 025-09
Date: 08/25/2009
Subject: **H1N1 Vaccination Survey for Healthcare Providers**

Dear Provider:

In an attempt to determine the need and acceptance level for H1N1 vaccinations during this flu season, we are asking all providers in Kansas City to complete a short questionnaire. The survey can be accessed on line using the link below:

http://www.surveymonkey.com/s.aspx?sm=wLMgfkk_2bqmjl2PC7oULeWw_3d_3d

A hard copy of this survey can also be completed and faxed back to the Kansas City Missouri Health Department. The completed surveys should be returned to Michelle Thomas at fax number 816-513-6090.

1. H1N1 Vaccine Interest Survey

1. What is/are the general patient types seen in your office? (mark all that apply)

- ☐ Pediatric
- ☐ OB/GYN
- ☐ Family practice
- ☐ Internal Medicine
- ☐ Infectious Disease
- ☐ General Medicine
- ☐ Emergency Care Type Practice
- ☐ Other (please specify)

____

2. Approximately how many patients does your practice serve?

- ○ 0-99
- ○ 100-249

- 250-499
- 500-749
- 750-999
- 1000-2499
- 2500+

3. Is your practice planning to recommend that patients receive the H1N1 vaccination?

- Yes
- No

4. Is your practice planning to offer the H1N1 vaccinations at your location?

- Yes
- No

5. Is your practice aware of the current CDC H1N1 vaccination prioritization schedule?

- Yes
- No

6. What would your practice project to be the number of patients who would want to receive the H1N1 vaccination?

- 0-99
- 100-199
- 200-299
- 300-399
- 400-499
- 500+

7. Does your practice have capacity to store and monitor vaccine that you may request?

- Yes

☐ No

8. Does your practice have other locations that are not within the City limits of Kansas City, Missouri?

☐ Yes

☐ No

9. How many providers are affiliated with your practice?

Number of providers: ______

10. In order to directly receive the H1N1 vaccine, CDC is requiring providers to sign a memorandum of understanding stating that you will follow current administration and storage requirements. Would you be willing to sign this document to receive H1N1 vaccine to provide to your patients?

☐ Yes

☐ No

2. Contact Information

1. Practice Name

______

2. Contact Person

______

3. Street Address

______

4. City, State, Zip

______

5. Phone

______

6. Email address

7. Fax number

8. What is the best way for the Kansas City Missouri Health Department to keep in touch with your practice?

- Direct Mail
- Phone
- Email
- Fax