

# Student Vaccination Feedback Survey

Please complete this survey based upon your experiences volunteering at COVID-19 vaccination sites.

Thank you!

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| 1) | About how many vaccination events did you attend and serve as a vaccinator? | <input type="radio"/> 1-5<br><input type="radio"/> 5-10<br><input type="radio"/> 10-20<br><input type="radio"/> >20 |
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| 2) | Did you feel you had adequate training and preparation for participation? | <input type="radio"/> Yes<br><input type="radio"/> No |
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| 3) | Did you feel protected wearing appropriate PPE and adhering to NYS guidelines? | <input type="radio"/> Yes<br><input type="radio"/> No |
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| 4) | Did vaccination site supervisors assist with problem management and provide guidance? | <input type="radio"/> Yes<br><input type="radio"/> No |
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| 5) | How comfortable did you feel with IM injections prior to training? | <input type="radio"/> Not at all comfortable<br><input type="radio"/> Somewhat comfortable<br><input type="radio"/> Comfortable <input type="radio"/> Very comfortable |
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| 6) | How comfortable did you feel with IM injections post-training? | <input type="radio"/> Not at all comfortable<br><input type="radio"/> Somewhat comfortable<br><input type="radio"/> Comfortable <input type="radio"/> Very comfortable |
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| 7) | How comfortable do you feel with IM injections now? | <input type="radio"/> Not at all comfortable<br><input type="radio"/> Somewhat comfortable<br><input type="radio"/> Comfortable <input type="radio"/> Very comfortable |
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| 8) | How comfortable did you feel talking to patients about the COVID-19 vaccine prior to volunteering? | <input type="radio"/> Not at all comfortable<br><input type="radio"/> Somewhat comfortable<br><input type="radio"/> Comfortable <input type="radio"/> Very comfortable |
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| 9) | How comfortable do you feel talking to patients about the COVID-19 vaccine after volunteering? | <input type="radio"/> Not at all comfortable<br><input type="radio"/> Somewhat comfortable<br><input type="radio"/> Comfortable <input type="radio"/> Very comfortable |
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| 10) | Could training be improved for these types of events in any way? | <hr/> |
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| 11) | Would you sign up for similar volunteer efforts in the future? | <input type="radio"/> Yes <input type="radio"/> No |
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| 12) | Why did you volunteer? | <hr/> |
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| 13) | How did participating in this humanitarian effort add to your professional development? | <hr/> |
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| 14) | How do you think this experience added to your medical education? | <hr/> |
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| 15) | Please share any additional thoughts: | <hr/> |
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