

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? 1-5
 5-10
 10-20
 >20
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- 2) Did you feel you had adequate training and preparation for participation? Yes
 No
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- 3) Did you feel protected wearing appropriate PPE and adhering to NYS guidelines? Yes
 No
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- 4) Did vaccination site supervisors assist with problem management and provide guidance? Yes
 No
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- 5) How comfortable did you feel with IM injections prior to training? Not at all comfortable
 Somewhat comfortable
 Comfortable Very comfortable
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- 6) How comfortable did you feel with IM injections post-training? Not at all comfortable
 Somewhat comfortable
 Comfortable Very comfortable
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- 7) How comfortable do you feel with IM injections now? Not at all comfortable
 Somewhat comfortable
 Comfortable Very comfortable
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- 8) How comfortable did you feel talking to patients about the COVID-19 vaccine prior to volunteering? Not at all comfortable
 Somewhat comfortable
 Comfortable Very comfortable
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- 9) How comfortable do you feel talking to patients about the COVID-19 vaccine after volunteering? Not at all comfortable
 Somewhat comfortable
 Comfortable Very comfortable
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- 10) Could training be improved for these types of events in any way?

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- 11) Would you sign up for similar volunteer efforts in the future? Yes No
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- 12) Why did you volunteer?

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- 13) How did participating in this humanitarian effort add to your professional development?

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- 14) How do you think this experience added to your medical education?

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- 15) Please share any additional thoughts:
