

multiple injection attitudes QUESTIONNAIRE



Date:

Attention vaccine administrators,

The Windsor-Essex County Health Unit is conducting a vaccine usage study. The goals of the project are to assess the compliance rate of health care professionals with the Ontario vaccine and storage guidelines. We are also investigating the attitudes of health care professionals toward the delivery of multiple injections. The information we gather will be used to determine how we can better help the health care community improve vaccine safety and delivery.

A nurse and/or nursing student has just conducted an office visit and has left **this questionnaire to be filled out by the person(s) who usually administers vaccine injections**. Please ensure that each person responsible for administering vaccinations completes a separate survey. Extra copies of this survey are available on our website at www.wehealthunit.org/immunizations. Please mail completed surveys back to the Health Unit in the postage paid envelope provided. If you do not wish to participate in this study, please state your intentions in a letter to Line Lauzon, Manager of Infectious Disease Control, by mail, email (llauzon@wehealthunit.org), or fax (519-258-8672). If you have any questions or would like to request more surveys, call 519-258-2146 ext. 1121.

Once the office visits have been completed we will offer an online, voluntary certification course on maintaining the vaccine cold chain. A second module covering facts about multiple injections will also be offered. These courses will be available online, on CD, and also in print. We will contact you with registration details once this course is ready to be offered.

We appreciate your participation in this study and your commitment to improving the health of the residents of Windsor-Essex County.

*This questionnaire is to
be filled out by the person(s)
who usually administers vaccine
injections, with answers back to the
health unit within two weeks.*

multiple injection attitudes
QUESTIONNAIRE



Municipality _____

1. Are you a: MD (family practice) MD (pediatrician)
 RN RPN
 Nurse Practitioner (NP) Medical Administrator (MA)
 Clerk/Secretary Other (*please specify*) _____

2. What type of practice do you work in? General Pediatrics Other (*please specify*) _____

3. How many people in each of the following categories work at this practice?

_____ MD _____ RN
_____ RPN _____ NP
_____ MA _____ Clerk/Secretary
_____ Other (*please specify*) _____

4. Are you the primary person who administers vaccines to:

	infants	children	adults
Yes, I'm the primary person who administers these vaccines.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I administer these vaccines but I share this responsibility.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, I don't administer these vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you determine what vaccines are to be administered? _____ Yes No
If no, who does?
 MD RN RPN NP MA Other (*please specify*) _____

6. Please indicate your level of agreement for each the following questions using a scale of 1 (strongly agree) to 5 (strongly disagree).

	strongly agree					strongly disagree	
	1	2	3	4	5		
1. It is difficult to obtain parental consent when 1 vaccine injection is due.							
2. It is difficult to obtain parental consent when 2 vaccine injections are due.							
3. It is difficult to obtain parental consent when 3 or more vaccine injections are due.							
4. For a single visit, it takes too much time to prepare and administer 1 vaccine injection.							
5. For a single visit, it takes too much time to prepare and administer 2 vaccine injections.							
6. For a single visit, it takes too much time to prepare and administer 3 or more vaccine injections.							
7. For a typical child, I get upset when they are administered 2 or more vaccine injections.							
8. It takes too much time to make entries in the records (e.g., date, vaccine, lot number, injection site, etc.) for a visit at which 1 vaccine injection is administered.							
9. It takes too much time to make entries in the records (e.g., date, vaccine, lot number, injection site, etc.) for a visit at which 2 vaccine injections are administered.							
10. It takes too much time to make entries in the records (e.g., date, vaccine, lot number, injection site, etc.) for a visit at which 3 or more vaccine injections are administered.							
11. I believe that vaccines are effective in preventing disease.							
12. Giving more than one injection at a time increases the likelihood of side effects, more so than the combined risk of side effects if the injections were given on separate visits.							
13. I believe that antibiotics are sufficient to treat pneumococcal illnesses once they develop.							

7. I believe that pneumococcal 7-valent conjugate vaccine (e.g., Prevnar™) effectively prevents:

	Yes	No	Not sure
pneumococcal pneumonia.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pneumococcal meningitis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pneumococcal sepsis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
middle ear infections.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I have treated 1 or more patients with:

	Yes	No	Not sure
pneumococcal pneumonia.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pneumococcal meningitis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pneumococcal sepsis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I am concerned about possible adverse events related to vaccines..... Yes Somewhat No
 If yes, does this influence the number of vaccines you recommend to your patients?..... Yes Somewhat No

10. The number and frequency of vaccines listed in the Publicly Funded Immunization Schedules for Ontario accurate..... Yes Somewhat No

If no, please indicate why you believe this: _____

11. Do you administer vaccines according to the Publicly Funded Immunization Schedules for Ontario?..... Yes Somewhat No

If you no, please indicate why: _____

12. I believe that no more than one vaccine should be administered at any one visit..... Yes Somewhat No

If yes, please indicate why you believe this: _____
