

Appendix II

Chicago Department of Public Health Immunization Focus Group Pre-Discussion Survey

Please complete this short pre-discussion survey so that we may provide a general summary of today's participants.

1. Please check the category that best describes you.

General pediatrician Family physician _____ pediatric specialist
 Nurse Public Health nurse _____ Office manager/receptionist
 _____ Other

2. How long have you been in practice _____?

1. How many physicians, nurse practitioners, and physicians' assistants in your practice are primary care providers of children under age 36-months/ _____ (write 0 if none).

2. How often does your practice give the maximum number of shots in one visit as required by the current immunization schedule and the ACIP (Advisory Committee on Immunization Practices)?
 Always Usually Sometimes Never

3. How often does your practice screen for immunization status for the following types of visits?

	Always	Usually	Sometimes	Never
Follow up				
Well child				
Sick				
Emergency				

4. How often does your practice give shots that are overdue during the following types of visits?

	Always	Usually	Sometimes	Never
Follow up				
Well child				
Sick				
Emergency				

5. How would you describe the immunization status of children in your practice?
 Very adequate Adequate Unsure Inadequate Very inadequate

6. Which of the following methods does your office currently use to remind/recall patients for appts?

- None
- Phone call or postcard to remind parents of scheduled visits before visit
- Phone call or postcard to follow up on missed appointments
- Other (Please describe)

7. What do you believe is the primary reason immunization rates in Chicago are low?
