

Date: Participant Code:

Please take a moment to complete this evaluation. **Please use pencil, blue ink, or black ink.**

**INSTRUCTIONS:**

BEFORE THIS PROGRAM: Fill in the circle that best matches your awareness and comfort level.

AFTER ATTENDING THIS PROGRAM: When choosing your answer, think about what you learned. Fill in the circle that best matches your current level of awareness and comfort with vaccines and immunizations.

|  |  |  |
| --- | --- | --- |
| **Before this program** | **Immunizations and Vaccines: Benefits, Risks, and Effectiveness** | **After attending this program** |

Strongly Disagree

Disagree

Neutral

Agree

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Not Covered

Strongly Agree

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ① | ② | ③ | ④ | ⑤ | I know the benefits of immunizations and vaccines | ① | ② | ③ | ④ | ⑤ | ⑥ |
| ① | ② | ③ | ④ | ⑤ | I know the risks of immunizations and vaccines | ① | ② | ③ | ④ | ⑤ | ⑥ |
| ① | ② | ③ | ④ | ⑤ | I feel comfortable getting immunizations and vaccines | ① | ② | ③ | ④ | ⑤ | ⑥ |
| ① | ② | ③ | ④ | ⑤ | I feel comfortable with getting immunizations and vaccines for a child or family member | ① | ② | ③ | ④ | ⑤ | ⑥ |
| ① | ② | ③ | ④ | ⑤ | I can recognize immunization and vaccination fact from fiction | ① | ② | ③ | ④ | ⑤ | ⑥ |

Do you know your vaccination status?

① Yes ② No

Have you received vaccinations in the past?

① Yes ② No ③ I don’t know

Before 2020, where did you get your information on vaccines?

O Television News

O Newspaper

O Online News Station

O Social Media

O Family/Friends

O Other

After 2020, where are you likely to get information about vaccines?

O Television News

O Newspaper

O Online News Station

O Social Media

O Family/Friends

We need to collect some basic information for our reporting:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Gender** |  | **Ethnicity** |  | **Race** |
| O | Male | O | Are You Hispanic? | O | American Indian/Alaska Native |
| O | Female | O | No | O | Asian |
| O | Prefer to describe:\_\_\_\_\_\_\_\_\_\_ | O | Yes | O | Black/African American |
| O | Prefer not to answer |  |  | O | Hawaiian/Pacific Islander |
|  |  |  |  | O | White |
|  |  |  |  | O | Other\_\_\_\_\_\_\_\_\_ |

Thank you for your participation.