

2008 Influenza Vaccination QI Fund Project

Sample Telephone Survey Script

Member Name: _____

DOB: _____

Identification Number: _____

Opening:

Good morning/afternoon! This is [(your name)] calling from [(medical group)] your HMO medical group. May I speak with [(member name)]?

[(When talking to the member/parent)] We are currently conducting a survey to determine how many of our members had a flu shot during the 2007-2008 flu season. Did [(you/dependent name)] receive a flu shot between September 1st 2007 and February 28th 2008?

Yes No

If Yes:

Can you please tell me the month and year you had your flu shot?

Month _____ Year _____

Can you please tell me where you had your flu shot?

For example:

- At my HMO physician's office
- At another physician's office
- The Pharmacy/drug store
- Place of employment
- Senior citizen center
- Health department
- Hospital
- Other _____

If no:

Go to close.

Closing:

[Mr./Mrs. (member last name)], thank you for your time and assistance.

Form Completed by: _____

Date: _____