

# Sample Data Collection Form



- 1) Healthcare provider ID: \_\_\_\_\_
- 2) Patient record number: \_\_\_\_\_
- 3) Last visit date with current provider: \_\_\_\_\_
- 4) Is the last visit date with current provider within the last four years?  Yes  No  
a. If no, survey complete.
- 5) Patient date of birth: \_\_\_\_\_
- 6) Gender:  Male  Female
- 7) 1st vaccination dose:  Yes  No  
a. If no, survey complete.
- 8) Date of 1<sup>st</sup> vaccination dose: \_\_\_\_\_
- 9) Age at 1<sup>st</sup> vaccination dose: \_\_\_\_\_
- 10) Is age at 1<sup>st</sup> vaccination under 15?  Yes  No
- 11) 2<sup>nd</sup> vaccination dose:  Yes  No  
a. If no, survey complete.
- 12) Date of 2<sup>nd</sup> vaccination dose: \_\_\_\_\_
- 13) Age at 2<sup>nd</sup> vaccination dose: \_\_\_\_\_
- 14) Is age at 2<sup>nd</sup> vaccination under 13?  Yes  No
- 15) Is age at 2<sup>nd</sup> vaccination under 15?  Yes  No
- 16) 3<sup>rd</sup> vaccination dose:  Yes  No  
a. If no, survey complete.
- 17) Date of 3<sup>rd</sup> vaccination dose: \_\_\_\_\_
- 18) Age at 3<sup>rd</sup> vaccination dose: \_\_\_\_\_