

## Appendix C

### Rapid Trials – Vaccination Feedback Survey

#### Call introduction

Hello, this is \_\_ from the **<REMOVED FOR ANONYMIZED REVIEW>**. I am calling today because you recently received a text message from us reminding you that your child is due for a routine vaccine. As a team member of this campaign, I am calling to get your thoughts and opinions about these messages and your child's vaccinations. Do you have 5-10 minutes to answer a quick survey?

#### Survey questions

1. Do you remember receiving a text message in February informing you that your child is due for a routine vaccine (not COVID)?
  - a. Yes
  - b. No
2. (Shown if q1 = no) Do you believe you received the text but did not read it or do you believe you did not receive this text?
  - a. Did not read it
  - b. Did not receive it
3. During the month of our campaign, you didn't schedule an appointment with us. Are there any specific reasons why you did not schedule an appointment?
  - a. Free text – please write as much as you can

\*\*(skip question) If they answered that they don't believe in vaccines branching logic skips to Q9

4. (shown if skip = no) Does your child have a primary care doctor?
  - a. Yes
  - b. No
5. (shown if skip = no AND q4 = yes) Do you find it easy to schedule appointments with your doctor?
  - a. Yes
  - b. No
6. (shown if skip = no AND q4 = no) I can connect you to the doctor's office to set up an appointment with a primary care doctor. Would you like their phone number? 718-630-7942
7. (shown if skip = no AND q5 = no) What about the scheduling process do you find difficult? How can we make it better?
8. (shown if skip = no) Do you plan to vaccinate your child?
  - a. Yes
  - b. No
9. (Shown if q8 = no) Are there any specific reasons why you will not be vaccinating your child?
10. In an ideal world, how would you like us to reach out to remind you to schedule appointments for your child?
  - a. Free text
11. When it comes to important medical reminders, is texting a good method to reach you?

- a. Yes
  - b. No
12. What would you like to see in a text message reminder to help you schedule an appointment?
- a. Free text
13. Would you prefer an automated phone call, phone call from someone in the doctor's office, or neither?
- a. An automated phone call
  - b. A phone call from the doctor's office
  - c. Neither
14. Do you use MyChart?
- a. Yes
  - b. No
15. (shown if q14 = yes) Would you prefer to receive reminder messages from us through MyChart?
- a. Yes
  - b. No
16. What days are the best for you to receive messages or calls about your child's medical needs?
- a. Sunday
  - b. Monday
  - c. Tuesday
  - d. Wednesday
  - e. Thursday
  - f. Friday
  - g. Saturday
17. Do you prefer being contacted in the mornings or the evenings?
- a. Mornings
  - b. Evenings
  - c. Doesn't matter

**End of call**

Thanks so much for participating in our survey. If you have any questions related to your child's health or want to make an appointment, please feel free to call the office at 718-630-7942.