

5. PARTICIPANT QUESTIONNAIRE

Please answer each of the questions below, then return this sheet by email or mail it back with the logger.

CONTACT INFORMATION

Contact Name: _____

Email: _____

Phone: _____

SITE INFORMATION

Site Name: _____

Site Address: _____

Average Number of FTEs at this site daily: _____

Total Number of Refrigerators at this site: _____

Number of Refrigerators tested for this study: _____

Vaccine Total for 2015: _____

Any other descriptive information about your practice?

Normal Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open:							
Close:							

Are there any vaccine related activities performed during non-business hours? If so, please describe.

FOLLOW UP

Would you like to receive the measurement results from your clinic? Yes No

Would you be interested in participating in a second round of testing during 2016? Yes No

PATIENT TRAFFIC / IMMUNIZATION WORKLOAD

Please fill out the following table throughout the tracking period. Information should reflect entire site.

	Date	# of Vaccines Administered at Site	Comments
Week 1			
Week 2			
Week 3			

TEST REFRIGERATOR(S) & LOGGER(S)

Please fill out applicable Test Refrigerator section(s) below for each monitored refrigerator and its corresponding logger device.

TEST REFRIGERATOR #1

Storage Type? Point of Service Bulk Storage Other: _____

Data Logger Device Name: _____

Type of Data Logger: HOBO Contact Logger Dent LIGHTINGlogger

Date & Time Logger Installed on Refrigerator: _____

Date & Time Logger Removed from Refrigerator: _____

TEST REFRIGERATOR #₂ (IF APPLICABLE)

Storage Type? Point of Service Bulk Storage Other: _____

Data Logger Device Name: _____

Type of Data Logger: HOBO Contact Logger Dent LIGHTINGlogger

Date & Time Logger Installed on Refrigerator: _____

Date & Time Logger Removed from Refrigerator: _____

TEST REFRIGERATOR #₃ (IF APPLICABLE)

Storage Type? Point of Service Bulk Storage Other: _____

Data Logger Device Name: _____

Type of Data Logger: HOBO Contact Logger Dent LIGHTINGlogger

Date & Time Logger Installed on Refrigerator: _____

Date & Time Logger Removed from Refrigerator: _____