**Addendum D:** Satisfaction Survey (Part IV)

1. At what time did the car finish with drive-thru clinic?
2. Which stations did this car participate?
3. Flu Vaccination
4. Car Seat Fitting
5. Both
6. How satisfied were you with Registration Station?
7. Dissatisfied
8. Somewhat Dissatisfied
9. Neutral
10. Somewhat Satisfied
11. Satisfied
12. How satisfied were you with the Flu Vaccination Station?
13. Dissatisfied
14. Somewhat Dissatisfied
15. Neutral
16. Somewhat Satisfied
17. Satisfied
18. How satisfied were you with the Car Seat Fitting Station?
19. Dissatisfied
20. Somewhat Dissatisfied
21. Neutral
22. Somewhat Satisfied
23. Satisfied
24. How satisfied were you with Car Flow?
25. Dissatisfied
26. Somewhat Dissatisfied
27. Neutral
28. Somewhat Satisfied
29. Satisfied
30. How satisfied were you with Overall Experience?
31. Dissatisfied
32. Somewhat Dissatisfied
33. Neutral
34. Somewhat Satisfied
35. Satisfied
36. Have you ever participated in a drive-thru clinic before today?
37. Would you participate in a drive-thru clinic again?
38. What part of the drive-thru clinic did you like the most?
39. What would you like to see improved/changed in the drive-thru clinic?
40. How did you hear about our drive-thru clinic?
41. Media: Radio, Television, Internet
42. Saw a sign/driving by
43. Friend/Family
44. Health care Provider
45. Other