

Respiratory Health and Support Survey



* Required

ICF Demographics

1. Provider Name *

2. Location Name *

3. Location County *

4. Number of Certified Beds *

5. Number of filled beds *

COVID Vaccine

6. What is the COVID vaccination rate for the people served in your ICF? *

7. Have you experienced barriers in obtaining COVID Vaccine for the people you serve? *

Yes

No

8. If you have experienced barriers in obtaining COVID vaccine for the people you serve, please indicate the barriers that apply *

Access to vaccine from pharmacy

Access to a location to administer an injection

Resistance/refusal for vaccination from individual or caregiver

Insurance/Financial

Did not experience barriers

Other

9. Do you have any questions regarding the COVID vaccine and the recommendations for vaccination?

Yes

No

10. Would you like additional information regarding the COVID vaccine and vaccination recommendations?

Yes

No

Flu Vaccine

11. What is the FLU vaccination rate for the people served in your ICF?

12. Have you experienced barriers in obtaining FLU Vaccine for the people your serve?

Yes

No

13. If you have experienced barriers in obtaining FLU vaccine for the people you serve, please indicate the barriers that apply.

Access to vaccine from pharmacy

Access to a location to administer an injection

Resistance/refusal for vaccination from individual or caregiver

Insurance/Financial

Did not experience barriers

Other

14. Do you have any questions regarding the FLU vaccine and the recommendations for vaccination?

Yes

No

15. Would you like additional information regarding the FLU vaccine and vaccination recommendations?

Yes

No

RSV Vaccine

16. What is the RSV vaccination rate for the people served in your ICF?

17. Have you experienced barriers in obtaining RSV Vaccine for the people your serve?

Yes

No

18. If you have experienced barriers in obtaining RSV vaccine for the people you serve, please indicate the barriers that apply.

Access to vaccine from pharmacy

Access to a location to administer an injection

Resistance/refusal for vaccination from individual or caregiver

Insurance/Financial

Did not experience barriers

Other

19. Do you have any questions regarding the RSV vaccine and the recommendations for vaccination?

Yes

No

20. Would you like additional information regarding the RSV vaccine and vaccination recommendations?

Yes

No

Infection Control

21. Would you like more information regarding infection control and prevention recommendations and best practices for an ICF?

Yes

No

22. Indicate what assistance you would like regarding Infection Control Measures.

Antibiotic Stewardship

Cleaning and Disinfecting

PPE usage

Early Detection and containment of infectious disease

Infection Control and prevention practices

Employee and resident screening practices

No Assistance Needed

Other

23. Would you like to have an infection control assessment completed by the Long Term Care – RISE program to assure infection control measures are being implemented as recommended?

Yes

No

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