

# COVID-19 Vaccine Feedback Survey

We want to hear from people about their experience of receiving their COVID-19 vaccination.

We will use your comments to feedback to our vaccination teams, to inform others about what to expect when going for their vaccination, and to help improve the vaccination experience for everyone in Leeds wherever we can.

The survey is short so shouldn't take too long. We really appreciate you taking the time to give us your feedback.

Please return this survey using our Freepost address:

COVID-19 Vaccine Feedback Survey

FREEPOST RTEG-JRZR-CLZG,

NHS Leeds CCG,

Suites 2-5 Wira House,

Wira Business Park,

West Park Ring Road,

Leeds,

LS16 6EB

If you have any problems or questions about this survey, please contact [adam.stewart1@nhs.net](mailto:adam.stewart1@nhs.net) or call 0113 843 5470 or 07393 469534

**Where did you get your vaccine?**

- Alwoodley Medical Centre
- Armley Medical Practice
- Beeston Village
- Bramley Village Health and Wellbeing Centre
- Bridge Street
- Craven Road
- East Leeds Health Centre
- East Park Medical Centre
- Elland Road
- The Grange Medical Centre
- Hillfoot Surgery
- Ireland Wood Surgery
- Kippax Health Centre
- Lingwell Croft
- Oakwood Lane Medical Practice
- Priors View Medical Centre
- Shenstone House Surgery
- Thackray Museum
- Wetherby Health Centre
- Woodhouse Health Centre
- Yeadon Health Centre
- Other (please tell us where):

**Which dose did you receive?**

- First
- Second

**On a scale of 1-10 (with 1 being terrible and 10 being excellent), how would you rate your experience of booking your vaccine appointment?**

	1 - Terrible	2	3	4	5	6	7	8	9	10 - Excellent
Experience of booking a vaccine appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What one word would you use to describe your experience of booking your vaccination?**

**On a scale of 1-10 (with 1 being terrible and 10 being excellent), how would you rate your experience of getting your vaccine?**

	1 - Terrible	2	3	4	5	6	7	8	9	10 - Excellent
Experience of getting vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What one word would you use to describe your experience of getting your vaccination?**

**Is there anything that could have been done better?**

**Do you have any other comments about your experience on getting your vaccination?**

## Equality Monitoring

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out.

We would really appreciate you answering the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

**Please tick here if you would prefer not to answer any of the equality monitoring questions**

I would prefer not to answer any of the equality monitoring questions

**What is your postcode?**

**What is your age?**

- Under 16
- 16-25
- 26-35
- 36-45
- 46-55
  
- 56-65
- 66-75
- 76-85
- 86+
- Prefer not to say

**Are you disabled? (The Equality Act 2010 defines disability as ‘a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’.)**

- Yes
- No
- Prefer not to answer

If yes, what type of disability? (tick all that apply)

- Long-standing illness
- Physical impairment
- Learning disability
- Mental health condition
- Hearing impairment (such as deaf or hard of hearing)
- Visual impairment (such as blind or partially sighted)
- Prefer not to answer
- Other (please specify):

**What is your ethnic background?**

Prefer not to say

**White**

British (English/Welsh/Scottish/Northern Irish)

Irish

Gypsy or Traveller

European

Any other white background (please state)

**Mixed or multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple ethnic (please state)

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please state)

**Black, African, Caribbean or Black British**

African

Caribbean

Any other Black, African or Caribbean background (please state)

**Other ethnic group**

Arab

Any other ethnic group (please state)

**Pregnancy and maternity (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)**

	Yes	No	Prefer not to say
Are you pregnant at this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently given birth (within a 26 week period)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a parent or carer of a child or children under the age of five years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What is your religion or belief?**

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please specify):

**Carers (A carer is someone who provides unpaid support/care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly.)**

	Yes	No	Prefer not to say
Are you a carer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have unpaid responsibilities for children as a parent/grandparent/guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**What gender best describes you?**

- Woman (including trans women)
- Man (including trans man)
- Non-binary
- Prefer not to say
- Other (please specify):

**Are you transgender?(Is your gender identity different to the gender you were given at birth?)**

- Yes
- No
- Prefer not to say

## Find out more

Please share your contact details below if you would like to receive updates about how you can have your say on health and care services in Leeds. If you give us your information we will be in contact with you soon.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

### What are your contact details?

Please note that you do not have to fill in your personal details to complete this survey.

Name

Address  
and  
postcode

Email

Telephone

GP  
practice

We may want to use what you tell us in a quote in any upcoming reports or social media posts. This is help promote the vaccine programme and demonstrate how we respond to feedback. If you are happy for your first name, area and a quote to be used, please tick the box below.

For example:

"My experience getting a vaccination was great, it was well organised and I was in and out in no time" Adam, Wetherby

- I'm happy for you to use a quote from my feedback in future social media or publications (please make sure you've given us some of your personal details above)

If you would like to find out more about any future changes to your local health services please tick this box to join our community network

- I would like to find out more about future changes to my local health services