



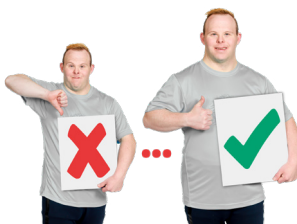
Questions about vaccinations



Having a vaccination can help stop you from getting very unwell from illnesses.



We would really like you to answer some questions about vaccinations.



What you tell us will help make it better for people with a learning disability to get vaccinations.

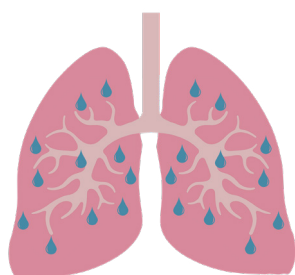


You can have vaccinations to stop you from getting very unwell from the following illnesses:



COVID-19

A virus which affects your lungs and make you feel very unwell.



Pneumonia

An infection in your lungs which make you feel very unwell.



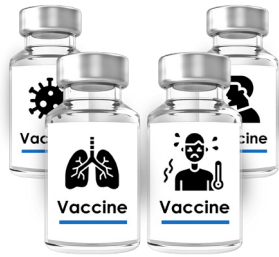
Flu

A infection which affects your nose, throat and lungs.



RSV – Respiratory syncytial virus

A virus which is a common cause of coughs and colds, but can sometimes make you feel very unwell.



Which of these 4 vaccines have you heard of?

(Please tick the boxes that apply to you)



COVID-19 vaccine



Flu vaccine



Pneumococcal vaccine



RSV vaccine



Please write in this box what you know about these vaccines.



Which of these 4 vaccines have you had?

(Please tick the boxes that apply to you)



COVID-19 vaccine



Flu vaccine



Pneumococcal vaccine



RSV vaccine



Where do you go to get your vaccination?

(Please tick one box that applies to you)



Home



Pharmacy



Doctors



Somewhere else

If you ticked somewhere else, please write where.



Why do you think it is important to have a vaccination?

(Please write in the box below)



Has anything made it hard for you to go to or have vaccinations?

(Please write in the box below)



Did you talk about vaccinations in your annual health check?

(Please tick 1 box that applies to you)



Yes



No



How were you contacted about your vaccination?

(Please tick one box that applies to you)



Phone



Letter



Text message



Another way

If you ticked another way, please write what way.



Was this the way you wanted to be contacted?

(Please tick 1 box that applies to you)



Yes



No



Did you understand the information sent to you about the vaccination?

(Please tick 1 box that applies to you)



Yes



No



Who supports you when you have your vaccination?

(Please write in the box below)



Family member



Support worker



Friend



Another person

If you ticked another person, please write what way.



Thank you for filling out this survey.



Please return it to Ace Anglia by
24 March 2025



- **You can post it or take it to:**
Ace Anglia, Red Gables, Ipswich
Road, Stowmarket, IP14 1BE



- **You can email it to:**
info@aceanglia.com