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**Immunization Training Pre Test**

Name:

**1. Do you currently administer vaccines as part of your job?**

Yes No

*If yes, how many shots per day do you give?*

1-5 6-10 11-20 more than 20

**2. When was the last time you received training on immunizations?**

Never

Within the past 6 months

Between 6 months and 1 year ago

1 to 2 years ago

I can’t remember/more than 2 years ago

**3. Have you practiced giving injections?** Yes No

**4. Has a licensed provider observed you giving immunizations?** Yes No

**5. Does your practice offer onsite training?** Yes No

**6. Giving shots to infants and toddlers scares me.**

No, not all at No Neutral Yes Yes, absolutely

**7. When I give shots, I am confident I use proper technique.**

No, not all at Disagree Neutral Agree Yes, absolutely

**8. Patients three years and older should receive subcutaneous vaccines in the gluteus maximus.**

True False

**9. Intramuscular (IM) injections should be given using a 1” needle .**

True False

**10. The ideal temperature for frozen vaccine is 32oF.**

True False