Patient questionnaire

1. Do you remember receiving a text message to remind you about getting your flu vaccine?
   - [ ] Yes
   - [ ] No
   Any comment?

2. Did you have any objections to the text message?
   - [ ] Yes (please describe in the box below)
   - [ ] No
   Any comment?

3. Did you get a flu vaccine this year?
   - [ ] Yes
   - [ ] No
   Any comment?

4. Did the text message encourage you to make an appointment for your flu vaccination?
   - [ ] Yes
   - [ ] No
   Any comment?