



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?