CAIR QUICK Technology Self-Assessment Form

Name of person completing this survey  Phone #  Date survey completed

Clinic or Practice name                                             Pediatric  Family practice  Other

Address                                                                 City                   zip

County                                  Phone                  Fax                            Email

Number of site staff  MDs   NPs or Pas  RN, LVN, or MAs  Other staff

Office type  private provider  community clinic  public health clinic  Other

Clinic hours  Best time to contact  Contact person

Computer Information

1. Does this office have computers?  Yes  No
How many?  ________  How many are networked?  ________

2. How many computers are there of each type?
   - Thin clients (mainframe) (monitor only)
   - Pentium I-II or Pentium Pro
   - Pentium III or IV
   - Athlon, Core Duo Celebrom
   - Apple/Macintosh
   - MacPowerPC
   - Other:  __________

3. What is the operating system of the computers? (Check all that apply)
   - Win 98
   - Win 2000
   - Win NT
   - Win XP
   - Win Vista
   - Mac Os
   - Other:  __________

4. Is there a technical expert or department that supports your office computer equipment?
   - Yes  No
   - If yes, please list their contact information on the line below.

Printer Information

5. What kind of printers are in the office?
   - Inkjet  LaserJet  Dot Matrix  Other:
   - Not sure/don’t know
   - Are these printers set up for network or shared access?
   - Yes  No  Not sure/don’t know

Internet Information

6. Does this office have internet access?
   - Yes  No
   - If yes, what is the internet browser type and version used? (I.E. Microsoft Internet Explorer, and Netscape are browser types)
   - Connection type?
     - Dial-up modem
     - DSL/Cable
     - Other:  __________
     - Not sure/don’t know
   - Is the virus scanning software up-to-date?
     - Yes  No  Not sure/don’t know
   - Is there virus scanning software on all computers with an internet connection?
     - Yes  No  Not sure/don’t know
   - Other:  __________

E-Medical Record System

11. Does your EMR contain an immunization module?
   - Yes  No
   - If yes, what information does it collect/contain or provide to you?
     - Immunization history  Vaccine inventory  Immunization card
     - Immunization forecast  Patient history record
     - Other  __________

12. If you are not currently recording immunizations in an EMR, are you interested in using CAIR?
   - Yes  No  Need more info  No
   - If no, why not?  __________

13. Are you interested in exchanging data between your current EMR and CAIR?
   - Yes  No  Need more info  No
   - If no, why not?  __________

Minimum System Requirements for accessing CAIR

- PC with a minimum 1.2 GHz processor
- Operating system of Windows 2000 with the latest updates (Windows XP or above recommended)
- Internet DSL/Cable or other high speed connection
- Internet Explorer 6.0 or higher with default options
- LaserJet Printer

For more information on the requirements for participation in the immunization registry please call: (800) 578-7889