Feedback Form
Pertussis Toolkit: Disease Management for Daycare/Preschools and Schools
Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program

Section 1: Information about Reviewer

1. **Your Name (last name, first name):** _____
2. **Your School Name:** _____
3. **Your Email Address:** _____
4. **Your Functional Work Title:** _____
5. **Number of years working at this school/school district:** _____
6. **On average, how many days/hours per week are you on school grounds:** _____
7. **Have you personally been involved in working on a pertussis school outbreak investigation at any school?**
   ☐ Yes ☐ No ☐ There has not been an outbreak at the school within the last 2 years

Section 2: Content of the Toolkit

8. **Overall, how easy was the content of the toolkit to understand?** *(select one choice only)*
   ☐ Very easy
   ☐ Somewhat easy
   ☐ Somewhat difficult, Please describe difficulties: _____
   ☐ Very difficult, Please describe difficulties: _____

9. **What was the most helpful document(s) in the toolkit for pertussis disease management?**
   Please list the title(s) of document(s) that you found to be most helpful.

   ┌──┐
   │   │
   │   │
   │   │
   └──┘

10. **Were you confused or unclear about the content and purpose of any of the document(s) in the toolkit?**
    ☐ Yes ☐ No
    If yes, please list the title of each document with which you were confused and the reason(s).

    ┌──┐
    │   │
    │   │
    │   │
    └──┘

11. **Were there any document(s) that you thought could be removed from the toolkit?**
    ☐ Yes ☐ No
    If yes, please list the title of each document that you feel can be removed from the toolkit.

    ┌──┐
    │   │
    │   │
    │   │
    └──┘

12. **Were there any concept(s) or content that you thought should be added to the toolkit to better assist schools in managing pertussis in their school/daycare?**

☐ Yes   ☐ No

If yes, please list and describe the topic(s) that should be added to the toolkit.

> (blank text box)

Section 3: Accessibility of Toolkit on the Web

13. **Overall, did you find the electronic toolkit on the internet link to be user-friendly?**

☐ Yes   ☐ No

If no, please describe the issues.

> (blank text box)

14. **Overall, was it helpful to access content in the toolkit using the hyperlinks embedded in the toolkit?**

☐ Yes   ☐ No

If no, please describe further.

> (blank text box)

Section 4: Next Steps

15. **Would you/your school be interested in participating in a pilot program, beginning in Fall 2018, to assess the use of the *Pertussis Disease Management Toolkit for Daycare/Preschools and Schools* in your own school setting?**

☐ Yes   ☐ No

16. **Please share any other comments or suggestions to improve the toolkit.**

> (blank text box)

Thank you for your feedback!

Please email this form to the school support team (SchoolSupport@ph.lacounty.gov).