

## 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.

### 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.

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.

### 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.

**Thank you for your feedback!**

Please email this form to Duli Wilson (duwilson@ph.lacounty.gov).

If you have questions, please feel free to call Duli Wilson at (213) 351-7482.

