



Flu Prevention Tool Box Evaluation: Help Us Learn How to Better Serve You

Your input is crucial to the improvement of our services. Please take a moment to let us know what worked and what didn't. Please complete this evaluation by December 15, 2000 and fax to CWIC at (415) 554-2848. Thank You!

Name and Phone # (optional): _____

Company Name (optional): _____

Approximate number of people employed by your company: _____

Please check the appropriate box for each of the following questions.

1. Yes No Did the Flu Prevention Tool Box affect your decision to initiate a flu campaign and/or offer on-site flu vaccinations?
2. Yes No Did your company conduct a flu campaign this year?
3. Yes No Did your company offer on-site flu vaccinations for employees this year?
4. Yes No Do you know how many or what percent of your company's employees were vaccinated against flu this year? (please specify)

5. Please check the box that best describes the usefulness of each Flu Prevention Tool.

	Didn't Use	Not Useful	Somewhat Useful	Useful	Extremely Useful
Flu Prevention Tool Box (overall usefulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Five Strategies that Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Five Strategies that Work: Launching them into Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Prevention Timeline 2000-2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine 2000-2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Newsletter Article	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Paycheck Stuffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Every Manager Needs to Know About Influenza Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When Flu or Flu-Like-Illness Hits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you feel like there was anything missing from the Tool Box? Please specify if there is something that would make the Tool Box more complete.

7. Did you receive the Flu Prevention Tool Box: Too Early At the Right Time Too Late

8. Yes No In previous years, has your company conducted a flu campaign?

9. Yes No In previous years, has your company offered on-site flu vaccinations for employees?

10. Yes No Does your company anticipate conducting a flu campaign and/or offering on-site flu vaccinations for employees next year?

Please give us additional comments about your flu program and/or the Flu Prevention Tool Box.
