

# Avian Flu Drill June 10, 2004 STAFF FEEDBACK

Please fill out this form as completely and honestly as you are able to. It is strictly for internal use.

1. Name of your assigned position today: \_\_\_\_\_

2. Name of your assigned work area: \_\_\_\_\_

For this next section, please circle the number in the column that best describes whether you strongly agree, agree, disagree, or strongly disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I had a clear understanding of what tasks were assigned to me and how to fulfill them.	1	2	3	4
4. The supervision of my work area allowed me to effectively complete my tasks.	1	2	3	4
5. My supervisor was easily accessible during the clinic.	1	2	3	4
6. I felt there was good communication at my station.	1	2	3	4
7. The onsite training was helpful.	1	2	3	4
8. I know what is expected of me in an actual clinic event.	1	2	3	4
9. I have a clear understanding about how a mass vaccination clinic operates.	1	2	3	4
<b>Suggestions:</b>          				

List task you performed beyond those described on your "job tasks" sheet:

List supplies you think were needed, but were not provided:

List supplies you had, but did not need:

Where is your regular work site? \_\_\_\_\_

What is your regular job title? \_\_\_\_\_

**THANK YOU FOR YOUR TIME, EFFORT, AND INPUT!**

Name (optional) \_\_\_\_\_