

Flu Clinic 2009/2010 Follow-Up Survey

Thank you in advance for participating in this Follow-up Survey. The answers that you provide to the following questions will allow me to determine the success of the flu clinic and to identify any changes that may need to be made in order to provide a better service in the future.

Name: _____

1. Did you become ill this winter with the flu or a cold? Yes No
2. Did you take the "booster" doses of Engystol & GrippHeel every month?
Engystol Yes No GrippHeel Yes No
3. a) How many flus/colds did you have this winter? _____
b) How many flus/colds do you have in a "normal" winter? _____
4. Were they more or less severe this past year, than previous winters?
More Less
5. Did you use your Engystol and/or Gripp-Heel for prevention, or treatment when you felt as if you were coming down with the flu or a cold?
Prevention Treatment
6. Do you feel it worked well in this manner? Yes No
7. a) Were you satisfied with the "Naturopathic Flu Clinic" overall?
Yes No
b) Would you do it next year? Yes No

Please list any additional information or any suggestions for us to improve upon this service.

Please return this info using one of the following Methods:

- 1) Call our office at 474-2727 and leave a message with your answers
- 2) Print off the survey form, fill in the blanks and either mail or drop off to our office (can slide under the door if we are not there)
- 3) Send us an email with the answers at info@wallacehealth.com

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