

## Attachment C8: Survey Instructions

OMB NO.: XXXX-XXX  
Exp. Date: XX/XX/XXXX

### Survey Instructions

Thank you for taking time to share your opinions about your satisfaction with NIOSH by completing this important questionnaire. This is a computer-evaluated form. Please follow the instructions below to maximize accuracy and ensure that your responses will be interpreted correctly by the computer.

- Please do not fold the form.
- Do not obscure, or remove, the corner objects on the form or the number sequence in the lower left corner. Doing this will make it impossible for the computer to read the form.
- Use only a black or blue ball-point, fountain pen, thin felt-tip or roller ball pen.
- Clearly mark an **X** to indicate your response choice. If you **X** an incorrect response, line through the incorrect response (~~**X**~~) and mark the correct choice with an **X**.
- Entries in free-form hand written fields, such as the *Specify* fields, should be made using **CAPITAL BLOCK LETTERS**, which do not touch the sides of the field.

We have provided (1) a preaddressed, postage-paid envelope for mailing the questionnaire back to Battelle and (2) a response card so we will know you've completed a survey. By sending them separately, your anonymity will be preserved.

Again, thank you for your participation. Your opinions are very important to NIOSH.

Public reporting burden of this collection of information varies from 6 to 25 minutes with an estimated average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (XXXX-XXX). Do not send the completed form to this address.