

Attachment H: Data collection instrument (web version)

Form approved
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The Health Hazard Evaluation Program of the National Institute for Occupational Safety and Health invites you to participate in the assessment of our new brochure. This data collection instrument is designed to gather information from local health officials related to the services of the Health Hazard Evaluation Program. No personally identifiable information is requested and your responses will be anonymous. If you have questions or concerns about this activity, please contact Allison Tepper at 513.841.4488 or atepper@cdc.gov.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reading the brochure, reviewing instructions, and completing the web-based survey. 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 Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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1. For which of the following issues affecting a workplace would you think of using the Health Hazrd Evaluation Program? Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pesticide exposure | <input type="checkbox"/> Heat stress | <input type="checkbox"/> Job stress |
| <input type="checkbox"/> Mold on ceiling tiles | <input type="checkbox"/> Confined spaces | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Electrical hazards | <input type="checkbox"/> Heavy lifting | <input type="checkbox"/> Cancer cluster |
| <input type="checkbox"/> Repetitive motions | <input type="checkbox"/> Noise exposure | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Shift work | <input type="checkbox"/> Zoonoses |
| <input type="checkbox"/> Slips, trips, and falls | <input type="checkbox"/> Influenza | <input type="checkbox"/> Lead exposure |
| <input type="checkbox"/> Transportation accidents | <input type="checkbox"/> Indoor air quality | <input type="checkbox"/> Electromagnetic fields |
| <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Amputations | <input type="checkbox"/> Neuropathies |

Check whether the following statements about the HHE Program are true or false.

2. The HHE Program has authority to investigate state and local agencies.

- True False

3. The HHE Program always has authority to investigate a workplace when asked to do so by a local health official.

- True False

4. The HHE Program shares its reports with the Occupational Safety and Health Administration.

- True False

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Continued :

Check whether the following statements about the HHE Program are true or false.

5. New reports on the HHE Program website do not include the name of the workplace that was investigated.

True False

6. NIOSH must tell an employer the name of the employees who submit HHE requests.

True False

7. The HHE Program can issue a citation if an employer does not follow its recommendations.

True False

8. The HHE Program has the ability to interact with employers and employees who do not speak English.

True False

9. The HHE program will likely do a field investigation when the request concerns mold in a school or office building.

True False

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10. In discussing the HHE Program with people in your community, which of the following would you choose to mention?
Select the THREE items you think are most important.

- | | |
|---|--|
| <input type="checkbox"/> Expertise of investigators | <input type="checkbox"/> No cost to requestors |
| <input type="checkbox"/> Objectivity of investigators | <input type="checkbox"/> Non-enforcement nature of HHE recommendations |
| <input type="checkbox"/> Reputation of CDC | <input type="checkbox"/> Timing of response |
| <input type="checkbox"/> Public availability of reports | |

11. Before getting this brochure, how familiar were you with the HHE Program?

- Not at all familiar Somewhat familiar Very familiar

12. After reading this brochure, how likely are you to contact the HHE Program?

- Very unlikely Somewhat unlikely Somewhat likely Very likely Not sure

13. Regarding your likelihood of contacting the HHE Program now, is it more than in the past, about the same as in the past, or less than in the past?

- More now than in the past About the same now as in the past Less now than in the past

14. After reading this brochure, how likely are you to refer someone to the HHE Program if the situation warranted it?

- Very unlikely Somewhat unlikely Somewhat likely Very likely Not sure

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15. Regarding your likelihood of referring someone to the HHE Program now, is it more than in the past, about the same as in the past, or less than in the past?

- More now than in the past About the same now as in the past Less now than in the past

16. How relevant are the HHE Program's services to your work?

- Not at all relevant Mostly not relevant Somewhat relevant Very relevant Not sure

17. Do you know what to do if you have a question about the HHE Program?

- Yes No

18. How satisfied are you with each of the following features of the brochure?

Content :

- Very satisfied Somewhat satisfied Not satisfied

Organization :

- Very satisfied Somewhat satisfied Not satisfied

Graphics :

- Very satisfied Somewhat satisfied Not satisfied

Length :

- Very satisfied Somewhat satisfied Not satisfied

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19. Would it be helpful to get paper copies of the brochure to share with your staff?

Yes No

20. Do you have unanswered questions about the HHE Program?

Yes No

20a. If "Yes," list the two of most concern to you.

Thank you for completing this survey.