

## Attachment 2: Click Testing Screen Shots

### Online Welcome Message

**Form Approved**  
OMB No: 0920-0956  
Exp. Date: March 13, 2016

#### **Online Welcome Message**

Thank you for agreeing to provide us feedback on materials that have been developed based on CDC's Clear Communication Index. Your feedback is extremely important. We anticipate that it will take you about 20 minutes to complete this questionnaire.

Your responses will be kept in a secure manner. All information will be used for evaluation purposes only.

Please note that these are draft materials and do not have final approval from CDC.

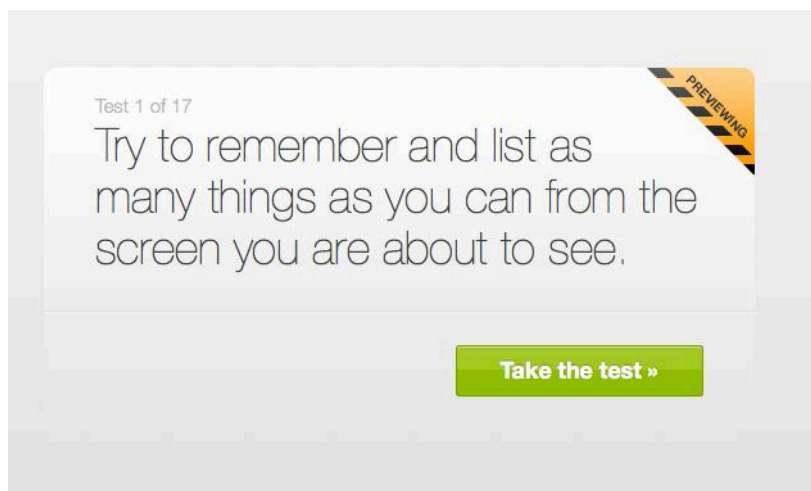
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Public reporting burden (completion time) for this collection of information is estimated to average 20 minutes per session. This includes the time it takes to review instructions, and gather and maintain the data needed. An agency can not conduct or sponsor (and a person is not required to respond to) a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta Georgia 30333; ATTN; PRA (0920-0956)

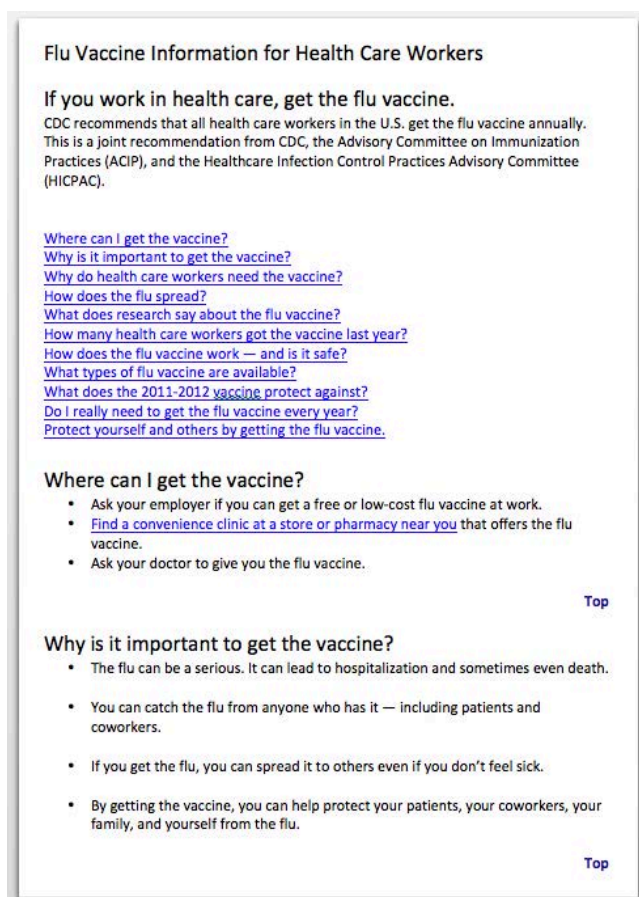
## Attachment 2: Click Testing Screen Shots

### Material 1: Influenza

#### Task 1



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

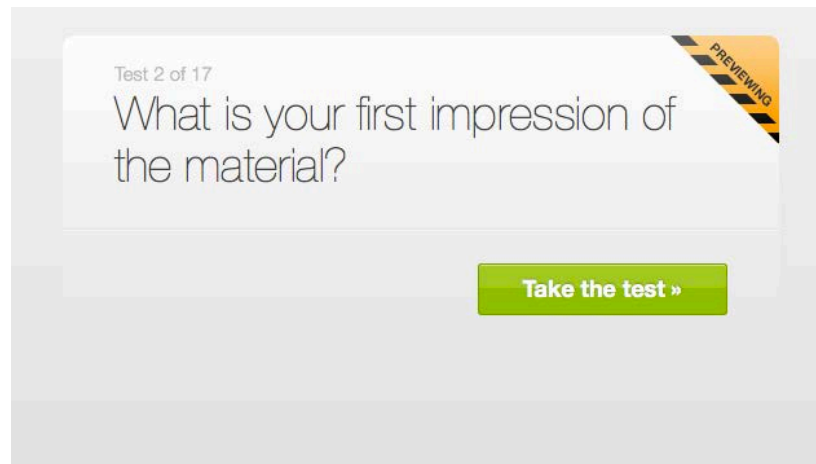
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[Submit my answers »](#)

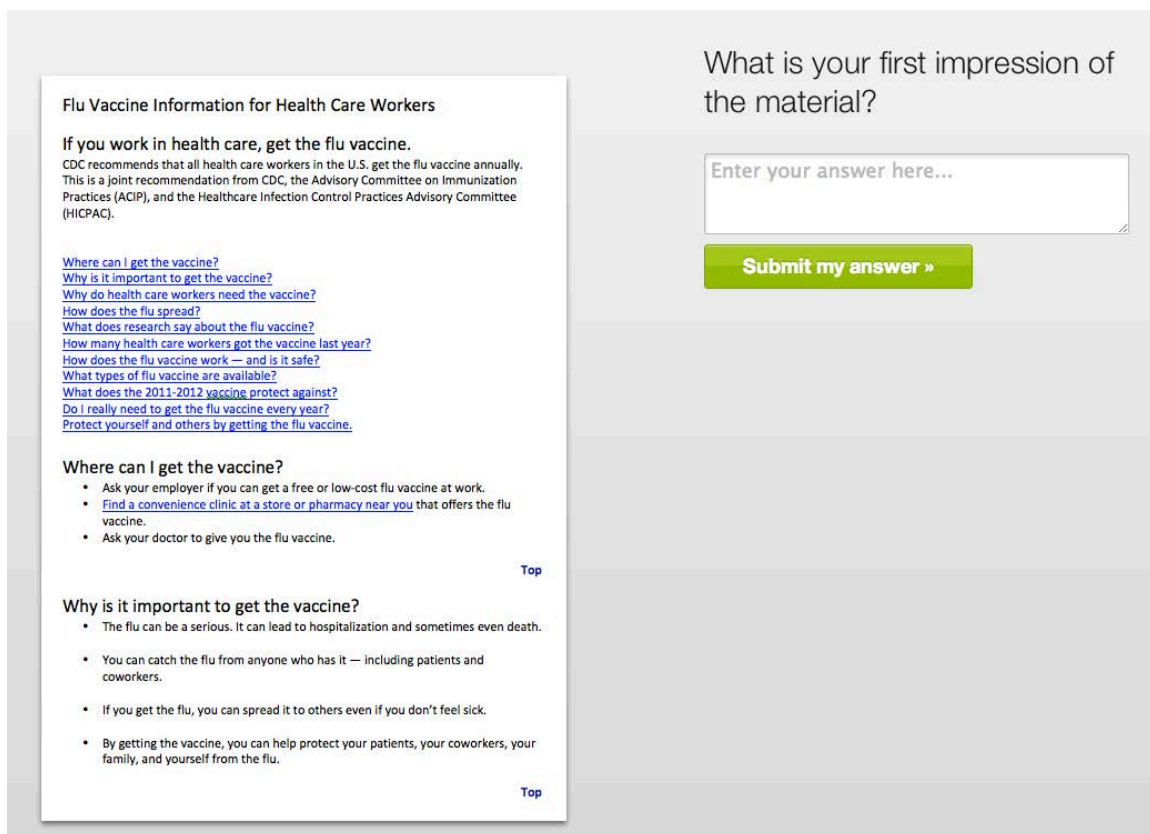
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



Screen 1

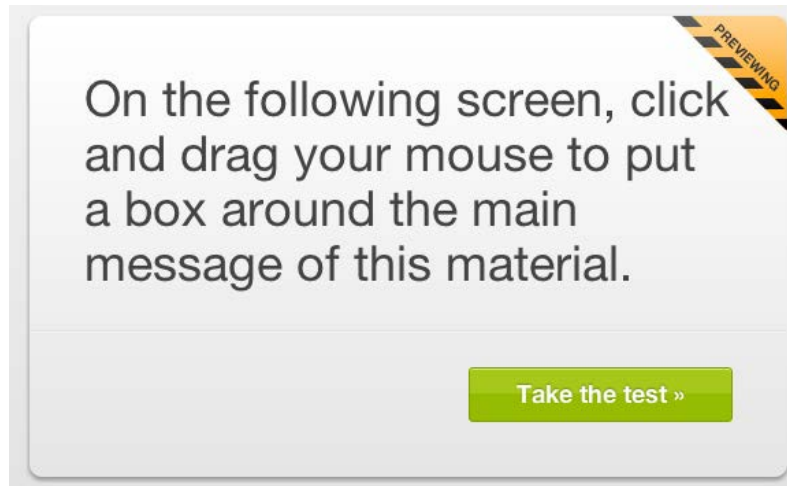


Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Flu Vaccine Information for Health Care Workers

**If you work in health care, get the flu vaccine.**

CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

[ar?](#)

[What types of flu vaccine are available?](#)  
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#### Where can I get the vaccine?

- Ask your employer if you can get a free or low-cost flu vaccine at work.
- [Find a convenience clinic at a store or pharmacy near you](#) that offers the flu vaccine.
- Ask your doctor to give you the flu vaccine.

[Top](#)

#### Why is it important to get the vaccine?

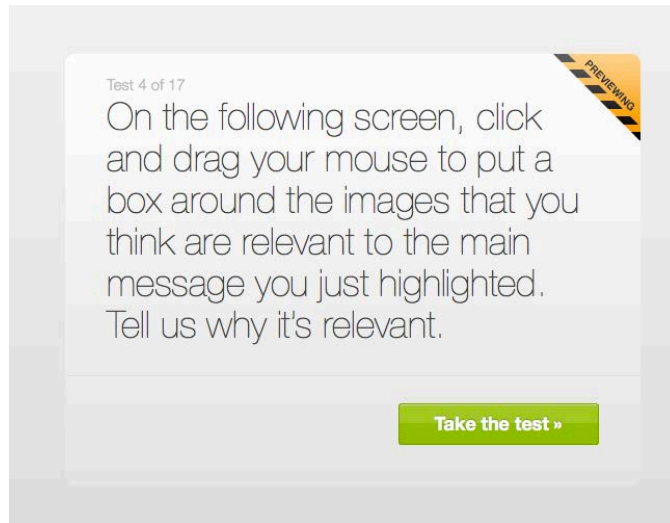
- The flu can be a serious. It can lead to hospitalization and sometimes even death.
- You can catch the flu from anyone who has it — including patients and coworkers.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

[Top](#)

Screen 3

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## Task 4



### Screen 1

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Top

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including patients and

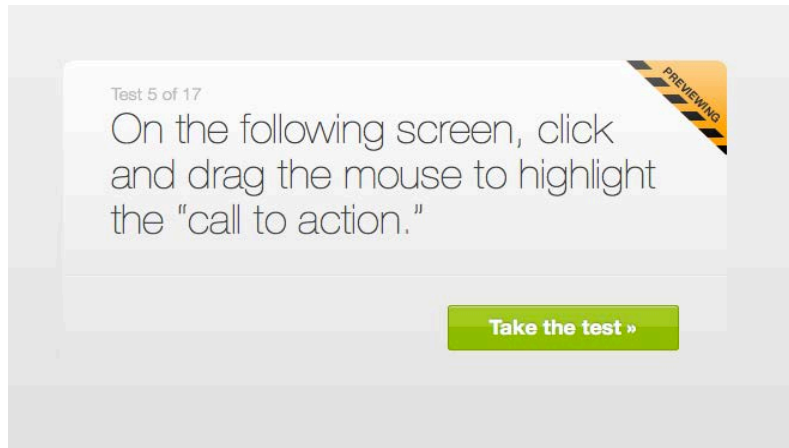
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Top

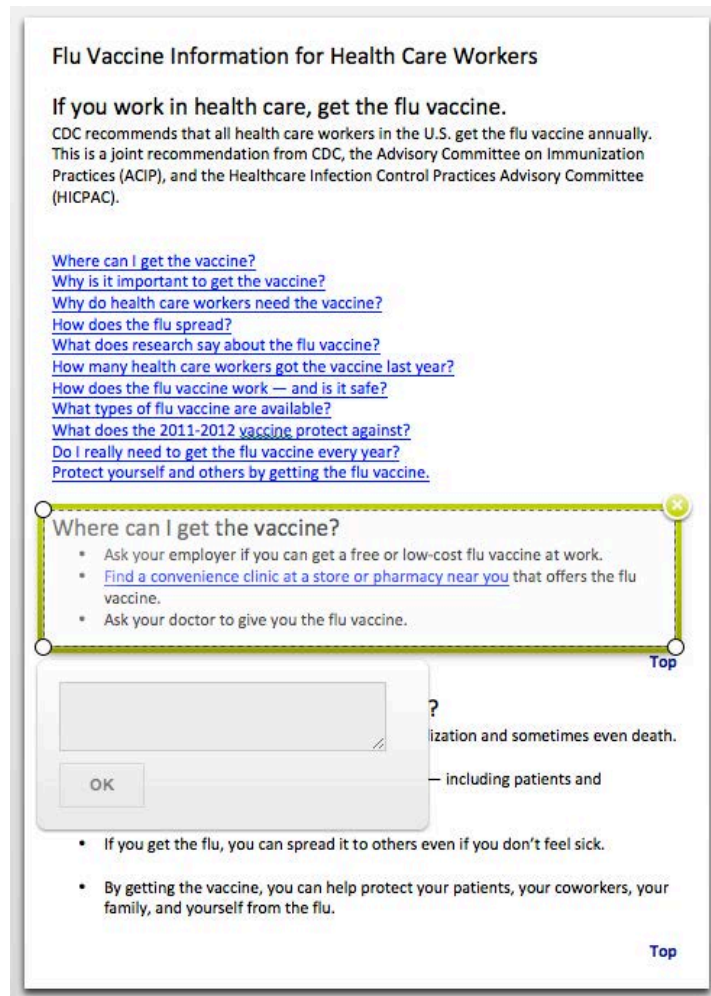
### Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 5



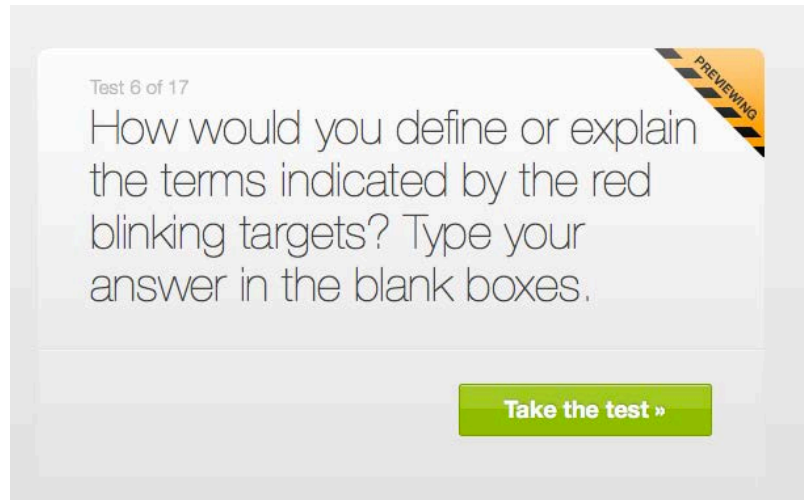
Screen 1



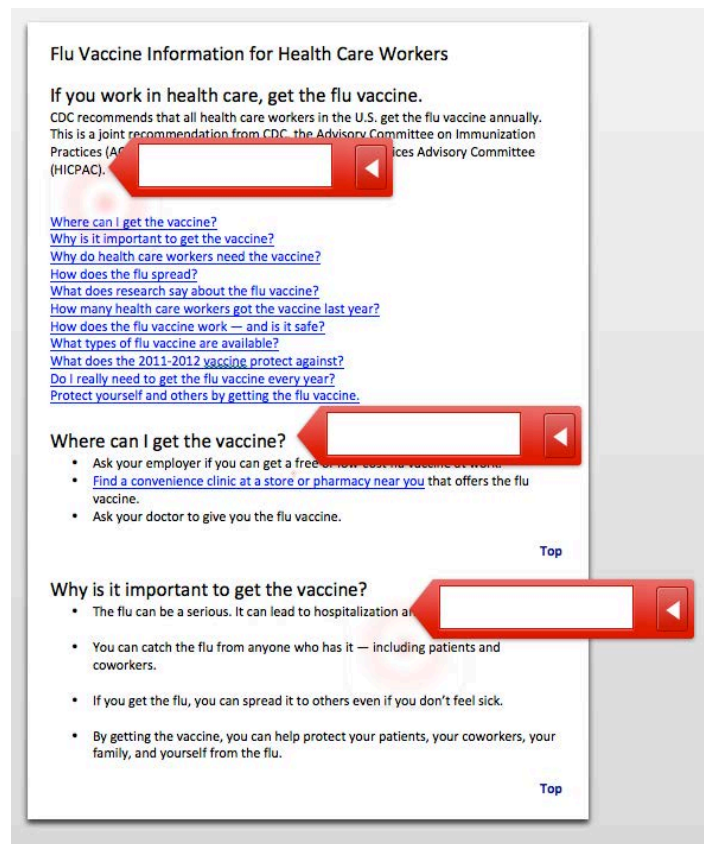
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6



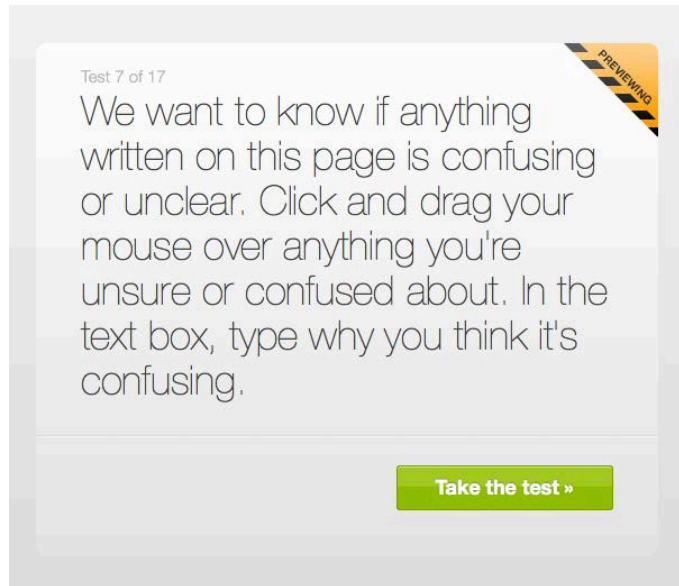
Screen 1



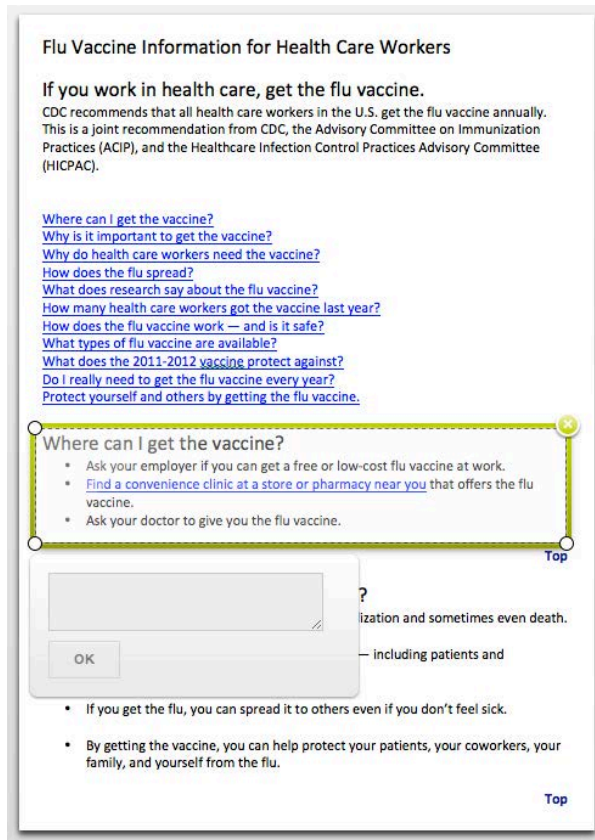
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 7



Screen 1

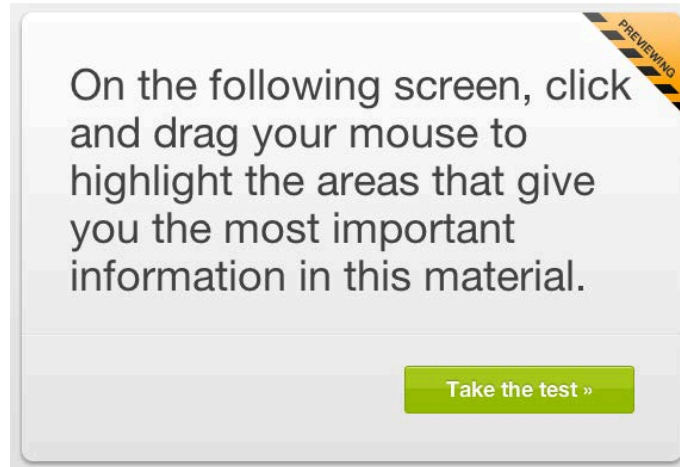


Screen 2

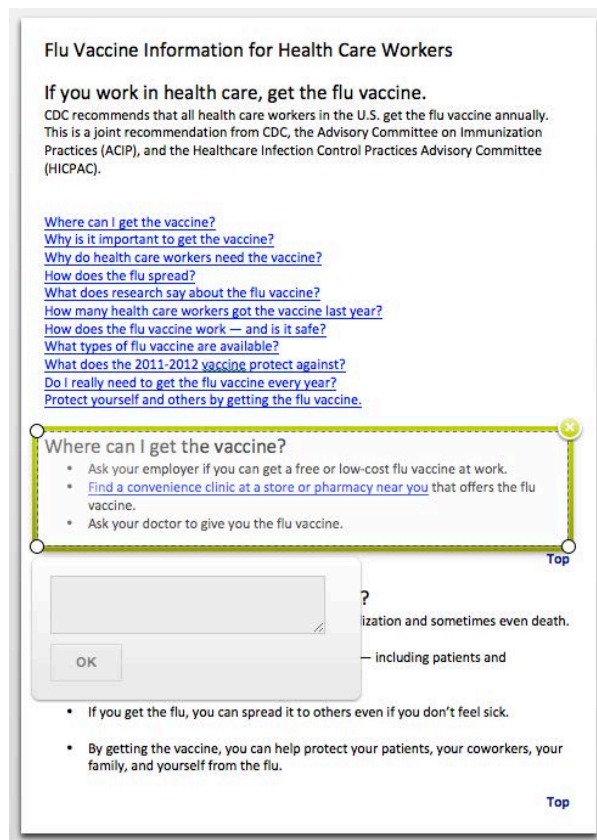


## Attachment 2: Click Testing Screen Shots

### Task 8



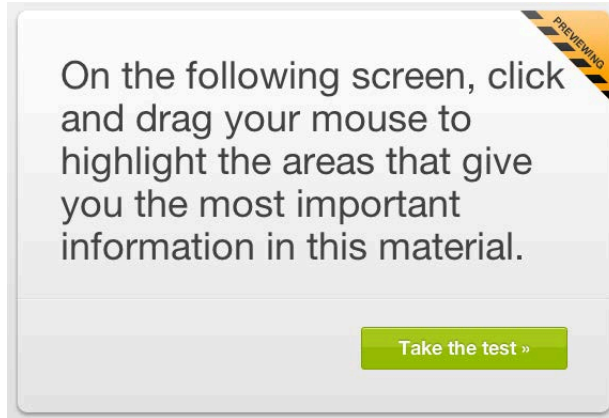
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 9

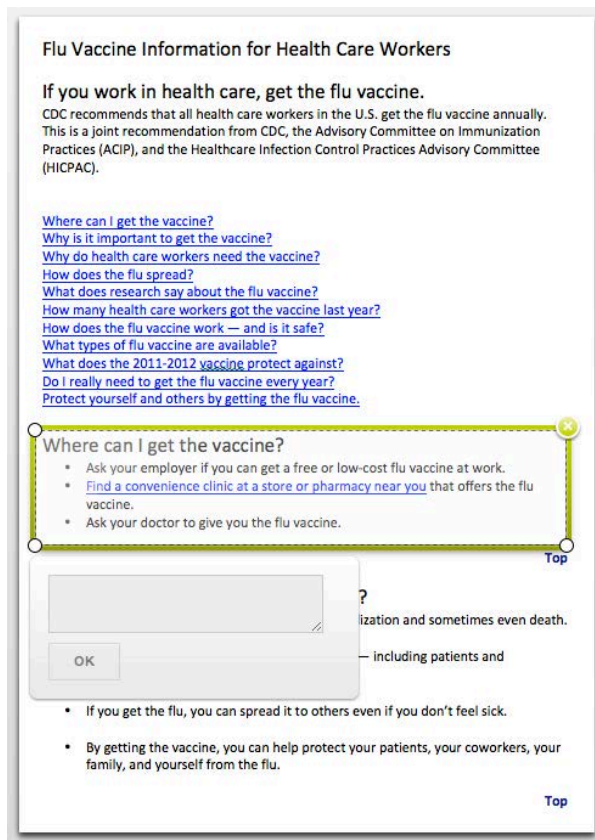


On the following screen, click and drag your mouse to highlight the areas that give you the most important information in this material.

Take the test »

*PREVIEWING*

Screen 1



**Flu Vaccine Information for Health Care Workers**

**If you work in health care, get the flu vaccine.**  
CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

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**Where can I get the vaccine?**

- Ask your employer if you can get a free or low-cost flu vaccine at work.
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Top

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- If you get the flu, you can spread it to others even if you don't feel sick.
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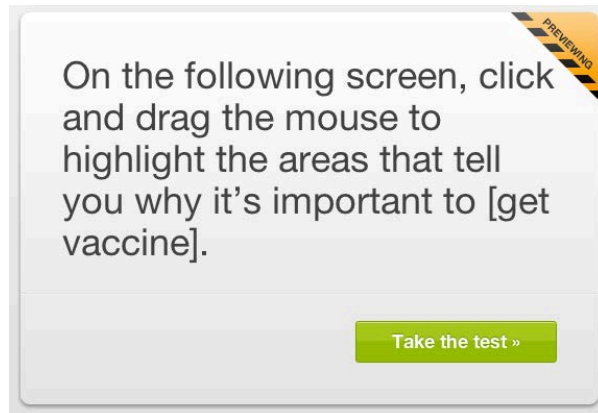
Top

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 10

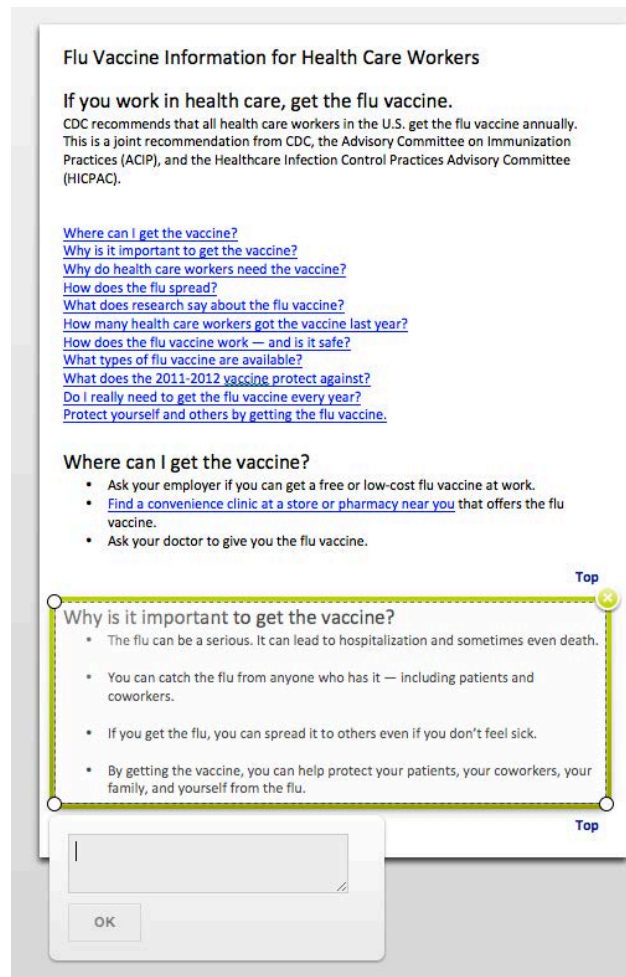


On the following screen, click and drag the mouse to highlight the areas that tell you why it's important to [get vaccine].

Take the test »

PREVIEWING

Screen 1



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Top

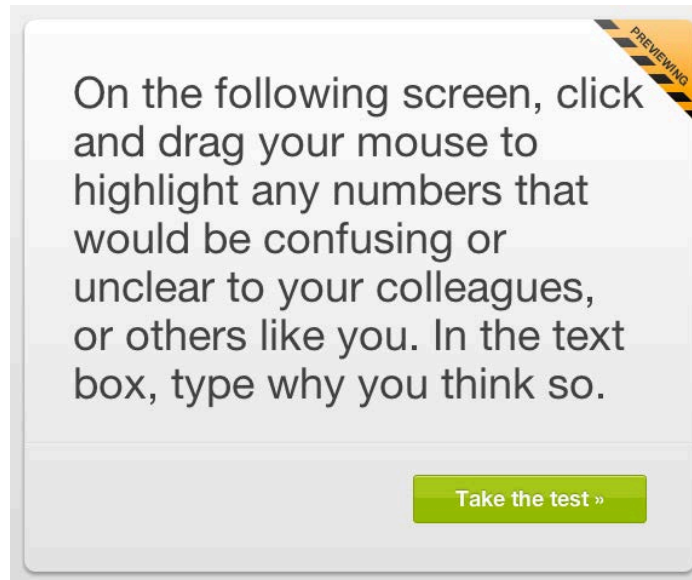
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OK

Screen 2

## Attachment 2: Click Testing Screen Shots

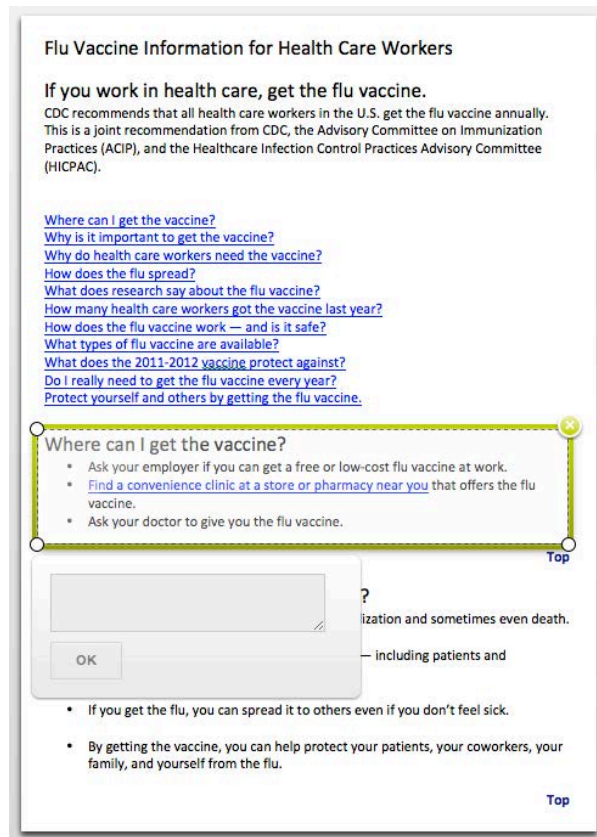
### Task 11



On the following screen, click and drag your mouse to highlight any numbers that would be confusing or unclear to your colleagues, or others like you. In the text box, type why you think so.

Take the test »

Screen 1



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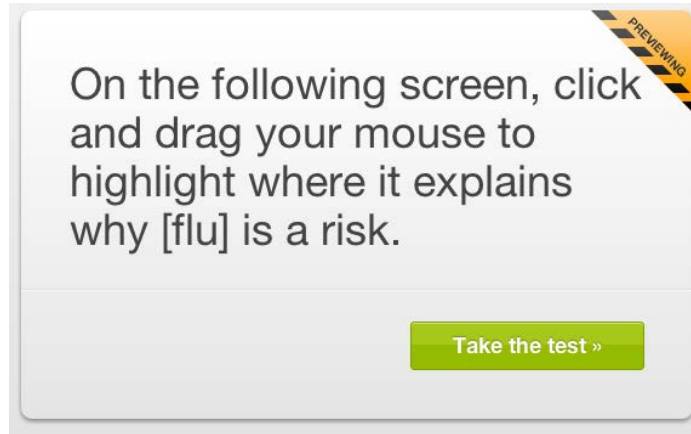
— including patients and

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Screen 2

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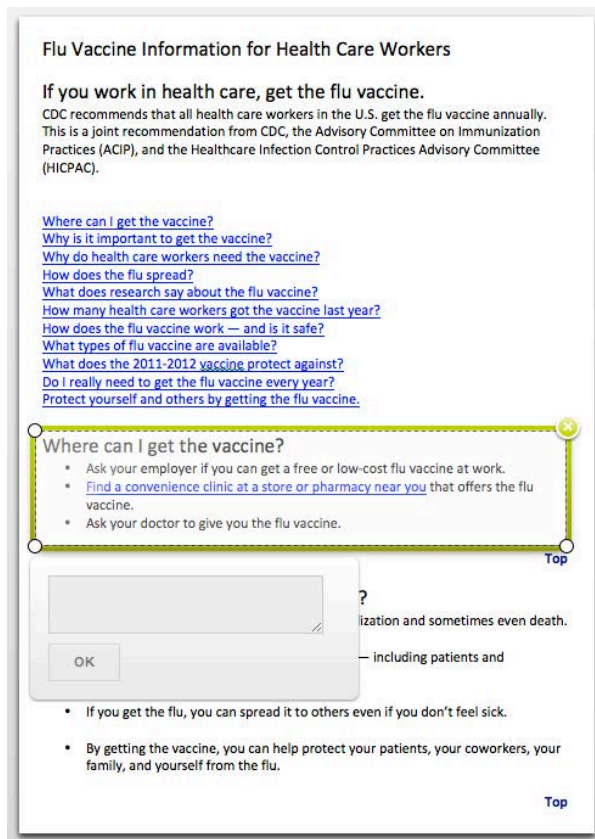
## Task 12



On the following screen, click and drag your mouse to highlight where it explains why [flu] is a risk.

Take the test >

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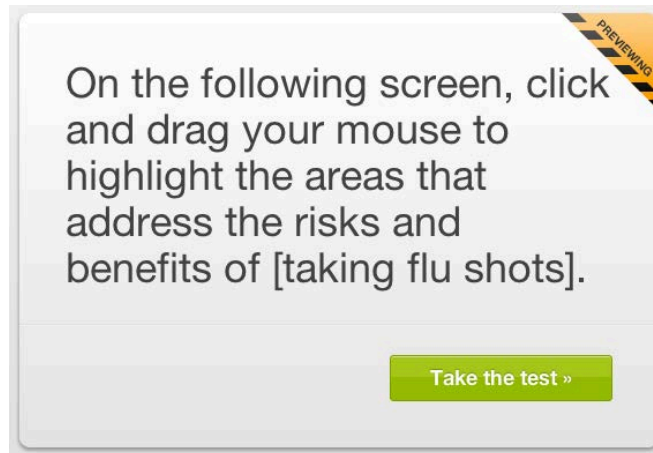
• By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

Top

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13

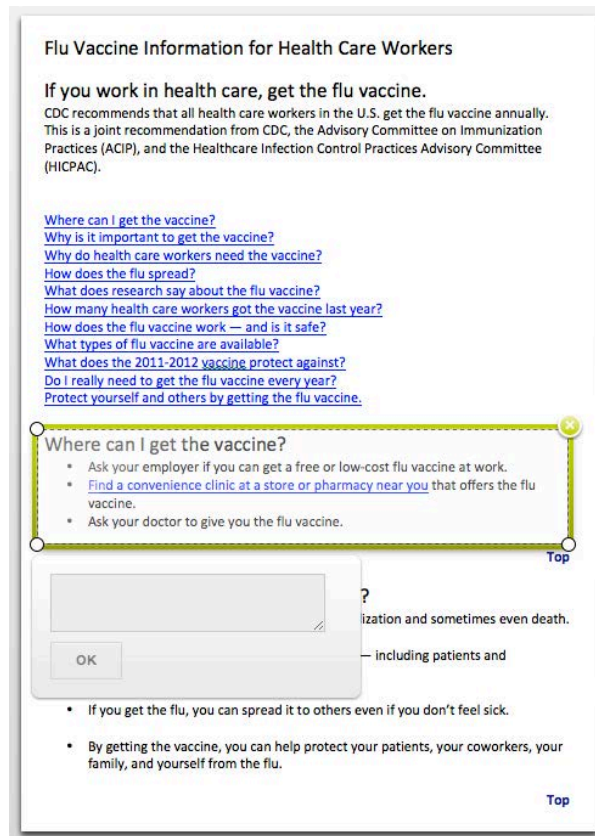


On the following screen, click and drag your mouse to highlight the areas that address the risks and benefits of [taking flu shots].

Take the test »

PREVIEWING

Screen 1



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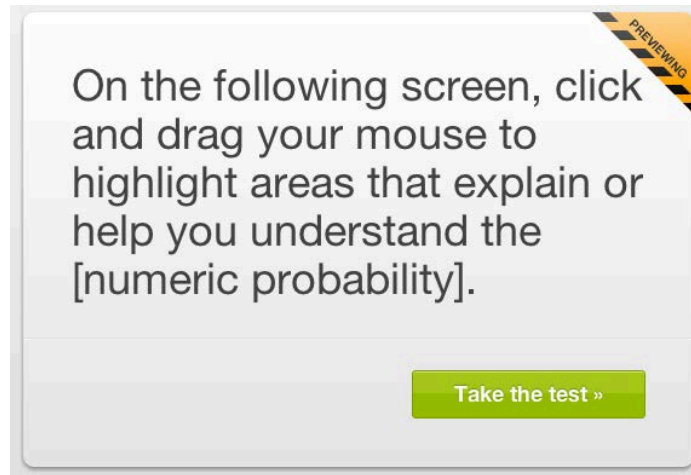
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Top

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 14

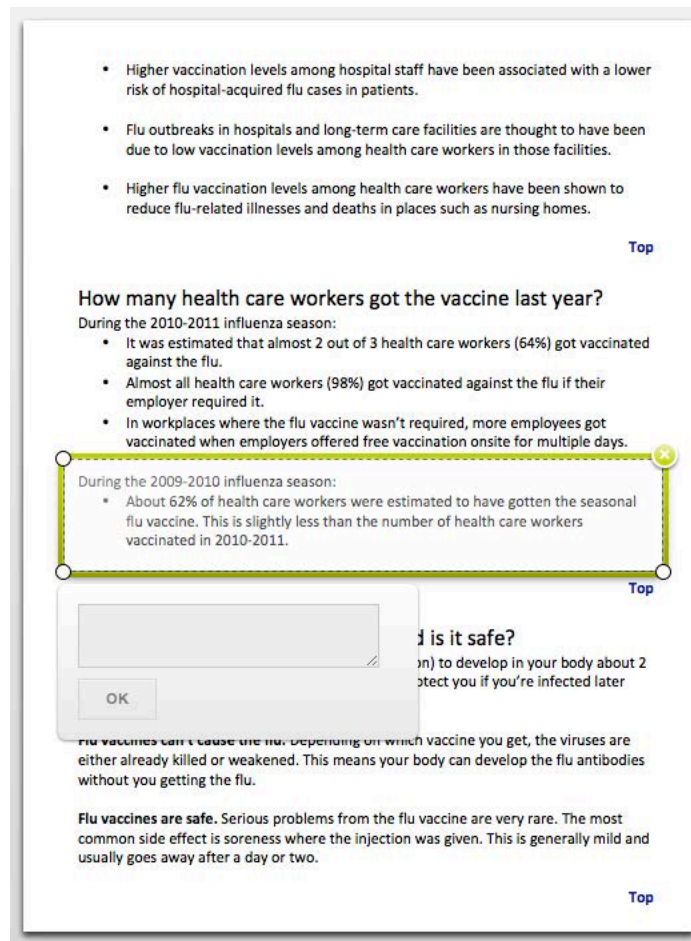


On the following screen, click and drag your mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test >

PREVIEWING

Screen 1



- Higher vaccination levels among hospital staff have been associated with a lower risk of hospital-acquired flu cases in patients.
- Flu outbreaks in hospitals and long-term care facilities are thought to have been due to low vaccination levels among health care workers in those facilities.
- Higher flu vaccination levels among health care workers have been shown to reduce flu-related illnesses and deaths in places such as nursing homes.

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### How many health care workers got the vaccine last year?

During the 2010-2011 influenza season:

- It was estimated that almost 2 out of 3 health care workers (64%) got vaccinated against the flu.
- Almost all health care workers (98%) got vaccinated against the flu if their employer required it.
- In workplaces where the flu vaccine wasn't required, more employees got vaccinated when employers offered free vaccination onsite for multiple days.

During the 2009-2010 influenza season:

- About 62% of health care workers were estimated to have gotten the seasonal flu vaccine. This is slightly less than the number of health care workers vaccinated in 2010-2011.

Top

is it safe?

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protect you if you're infected later

OK

Flu vaccines can't cause the flu. Depending on which vaccine you get, the viruses are either already killed or weakened. This means your body can develop the flu antibodies without you getting the flu.

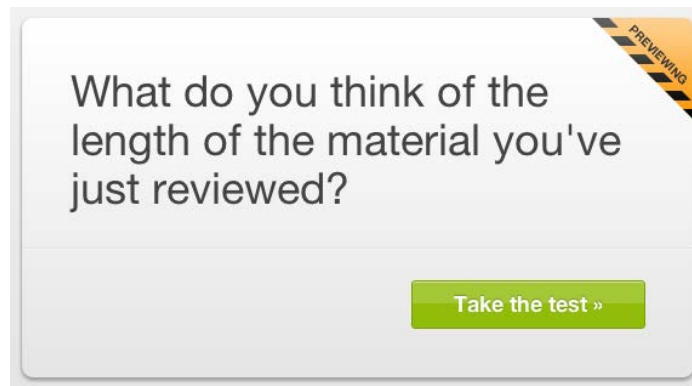
Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

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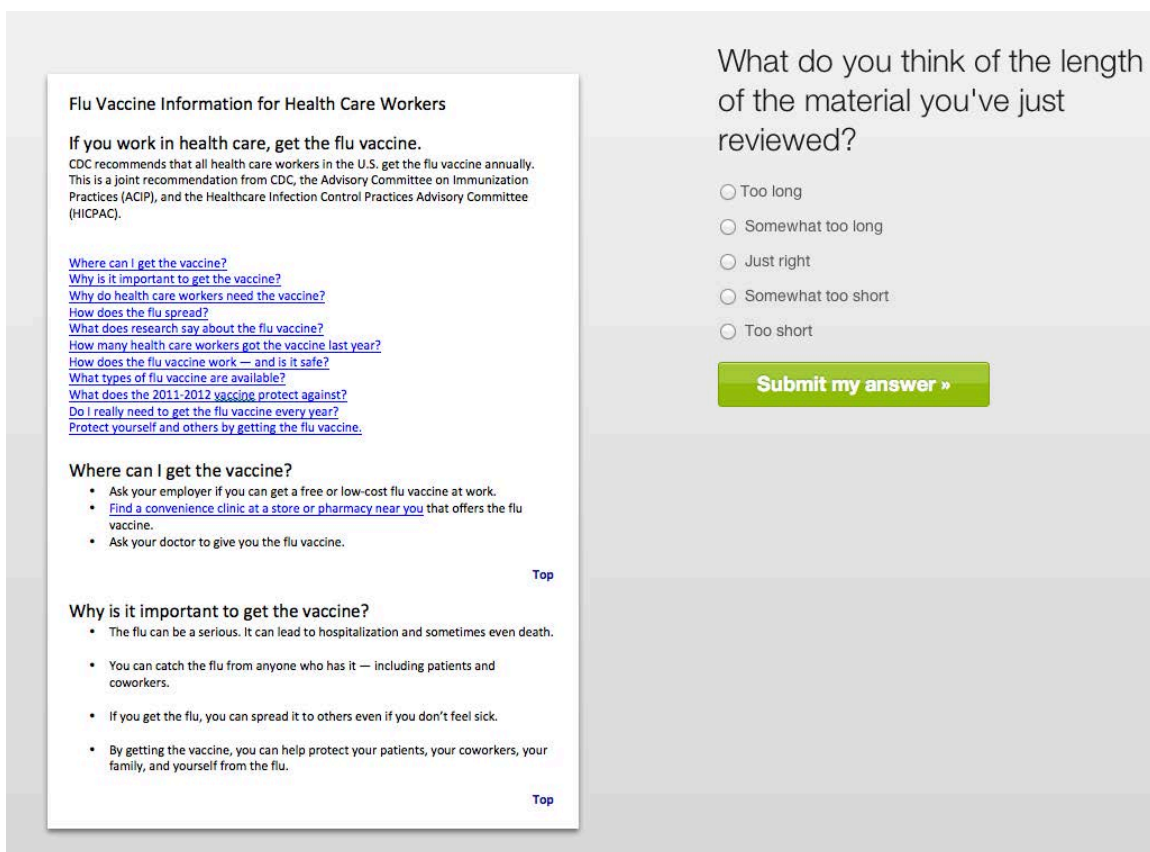
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15



Screen 1

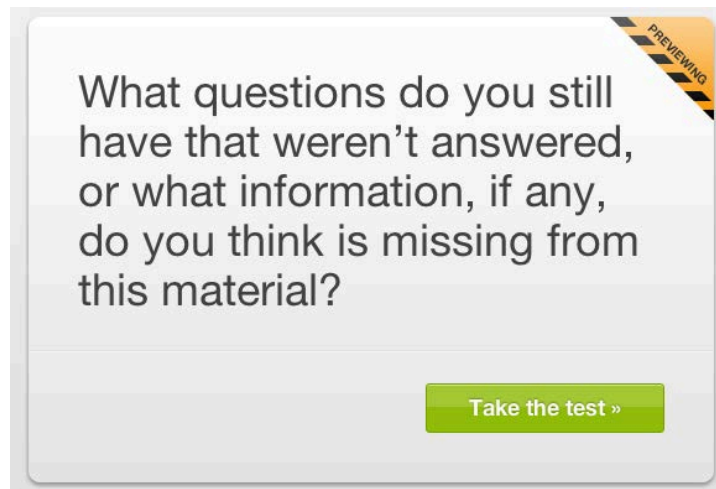


Screen 2

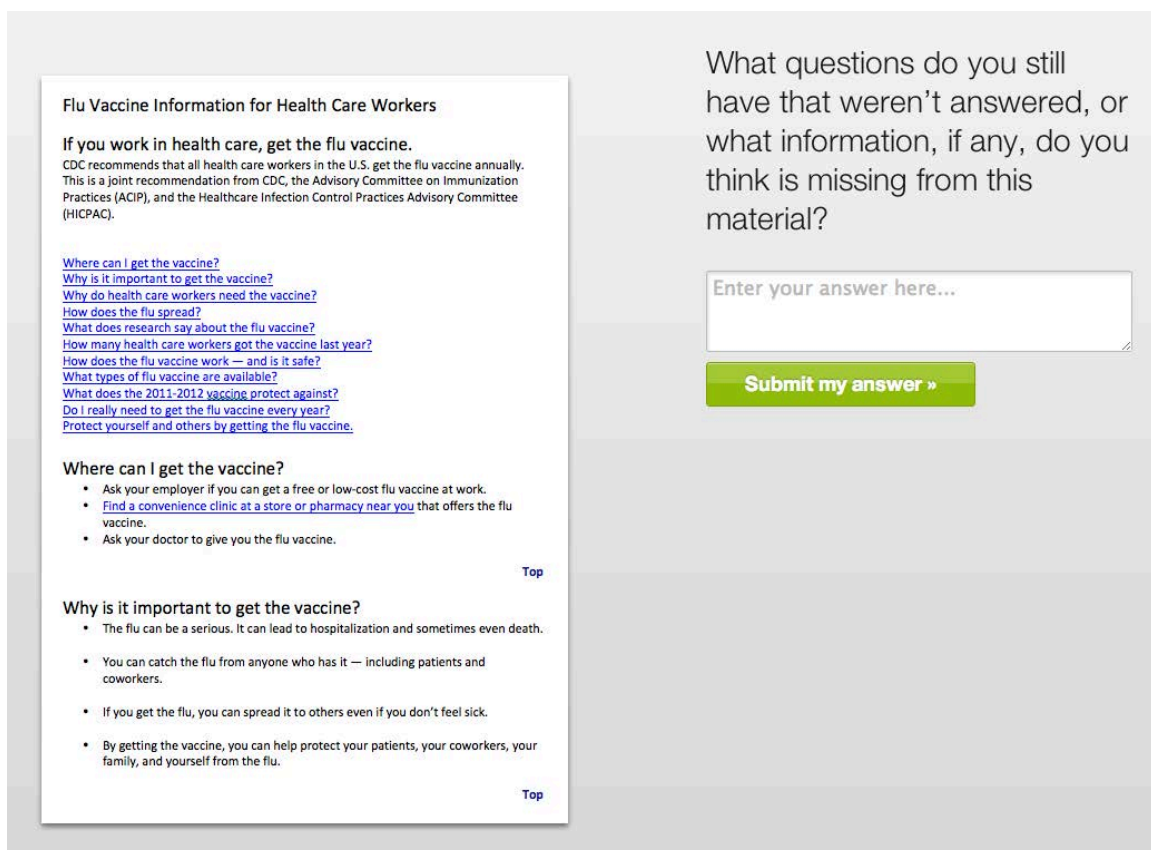


## Attachment 2: Click Testing Screen Shots

### Task 16



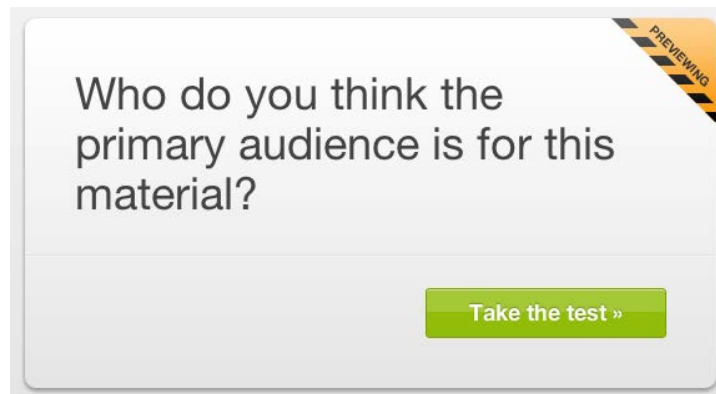
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 17



Screen 1

**Flu Vaccine Information for Health Care Workers**

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Top

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Top

Who do you think the primary audience is for this material?

Enter your answer here...

Submit my answer »

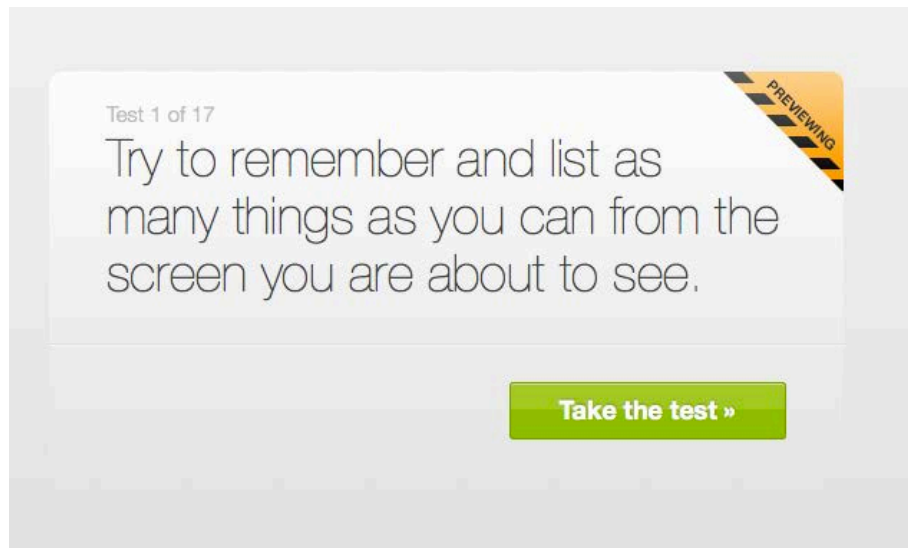
Screen 2



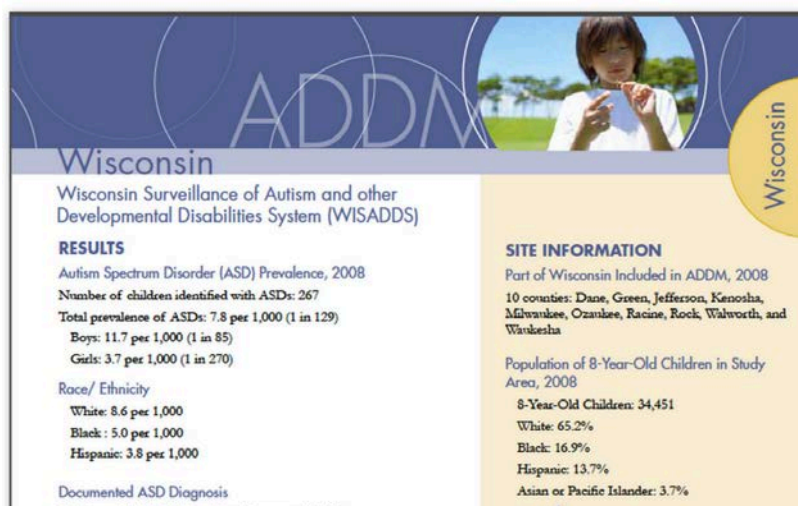
## Attachment 2: Click Testing Screen Shots

### Material: Wisconsin Surveillance of Autism

#### Task 1



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

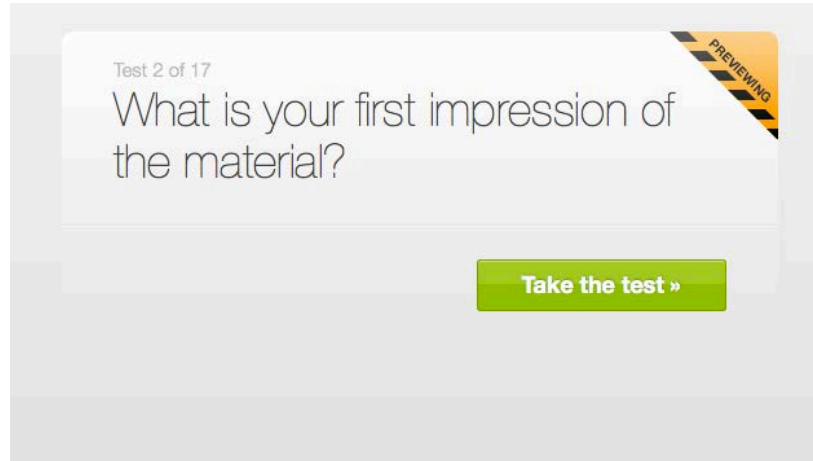
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[Submit my answers »](#)

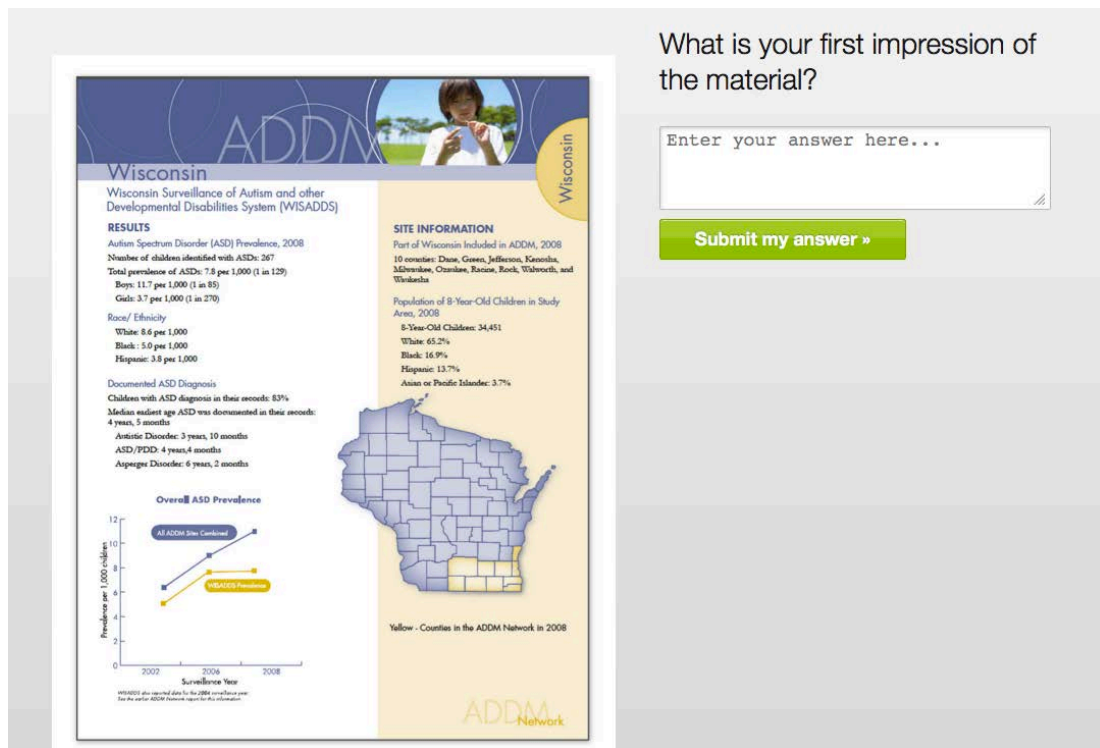
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



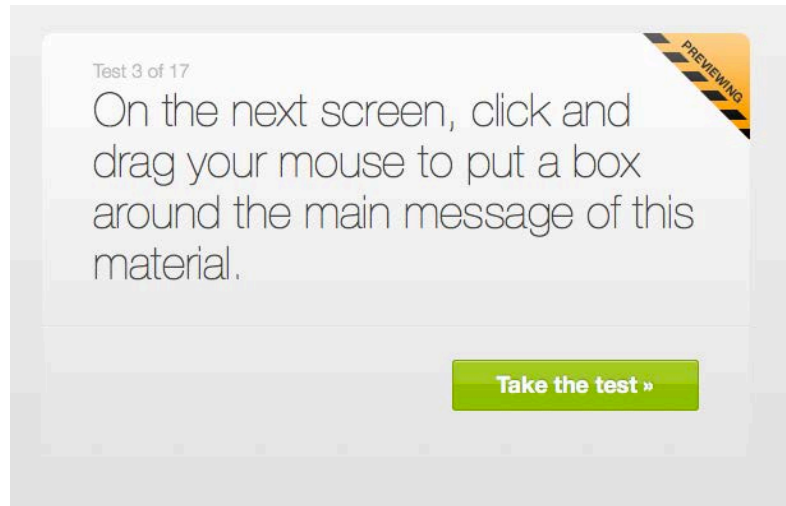
Screen 1



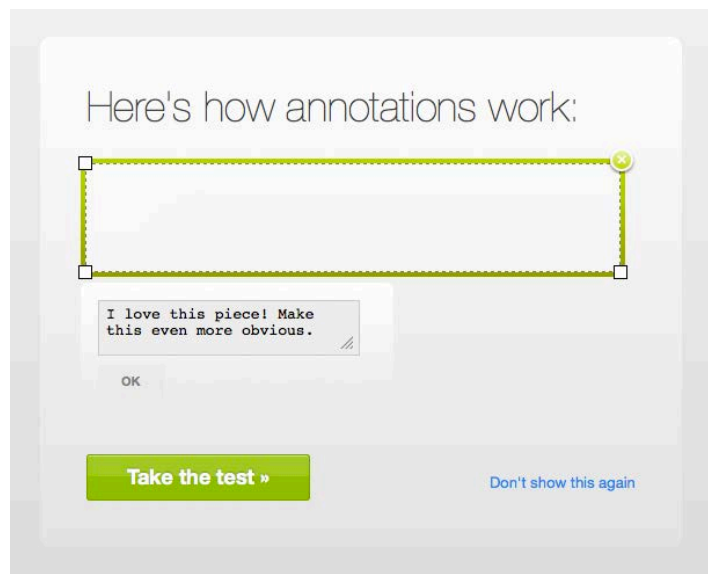
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

**Wisconsin**  
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

**RESULTS**

Autism Spectrum Disorder (ASD) Prevalence, 2008  
Number of children identified with ASD: 267  
Total prevalence of ASDs: 7.8 per 1,000 (1 in 129)  
Boys: 11.7 per 1,000 (1 in 85)  
Girls: 3.7 per 1,000 (1 in 270)

**SITE INFORMATION**

Part of Wisconsin Included in ADDM, 2008  
10 counties: Dane, Green, Jefferson, Koshong, Milwaukee, Ozaukee, Racine, Rock, Walworth, and Waukesha

Population of 8-Year-Old Children in Study Area, 2008  
8-Year-Old Children: 34,451  
White: 65.2%  
Black: 16.9%  
Hispanic: 13.7%  
Asian or Pacific Islander: 3.7%

Children with ASD diagnosis in their records: 83%  
Median earliest age ASD was documented in their records:  
4 years, 5 months  
Autistic Disorder: 3 years, 10 months  
ASD/PDD: 4 years, 4 months  
Asperger Disorder: 6 years, 2 months

**Overall ASD Prevalence**

All ADDM Sites Combined

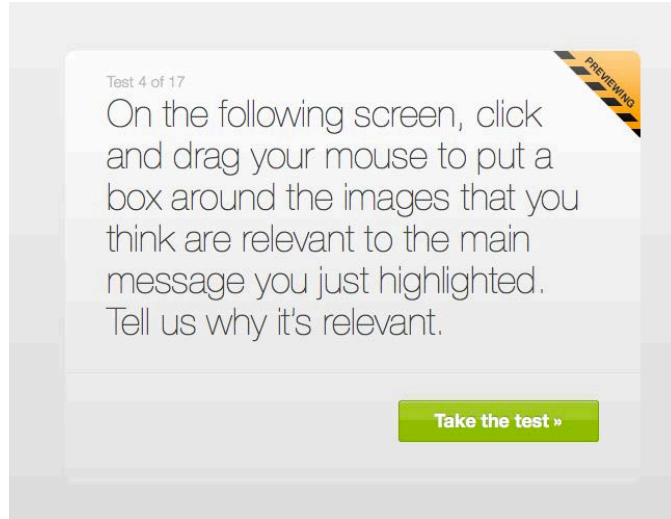
children

**I'm done annotating »**

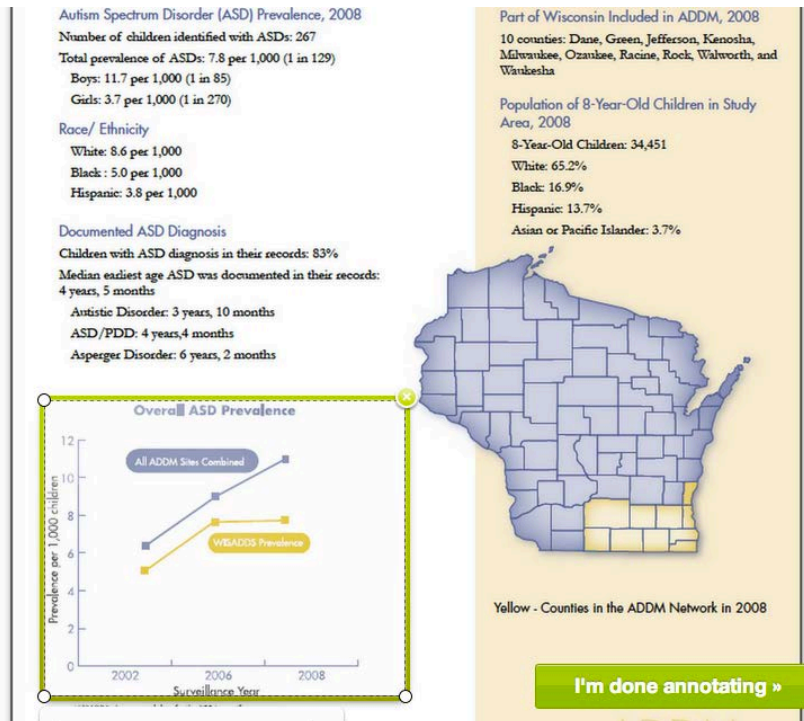
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 4



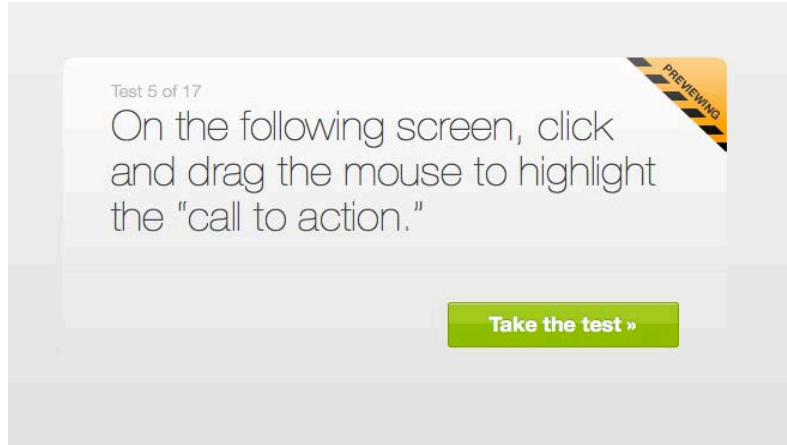
Screen 1



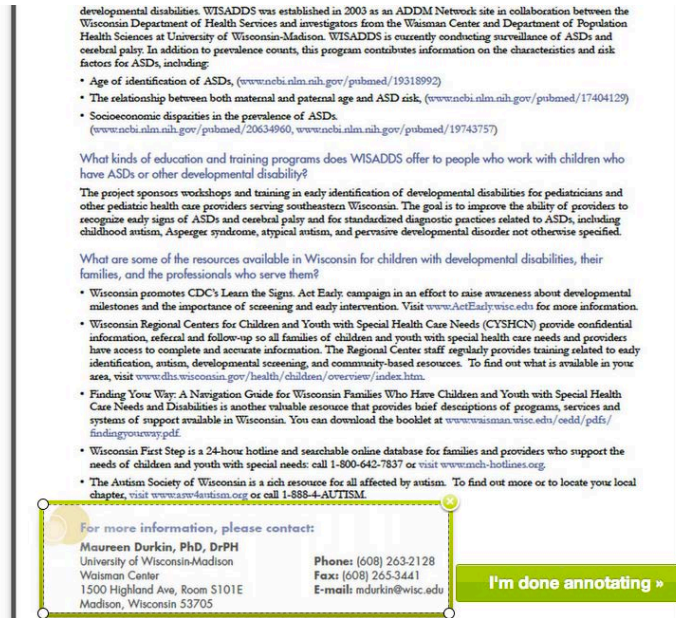
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 5



Screen 1

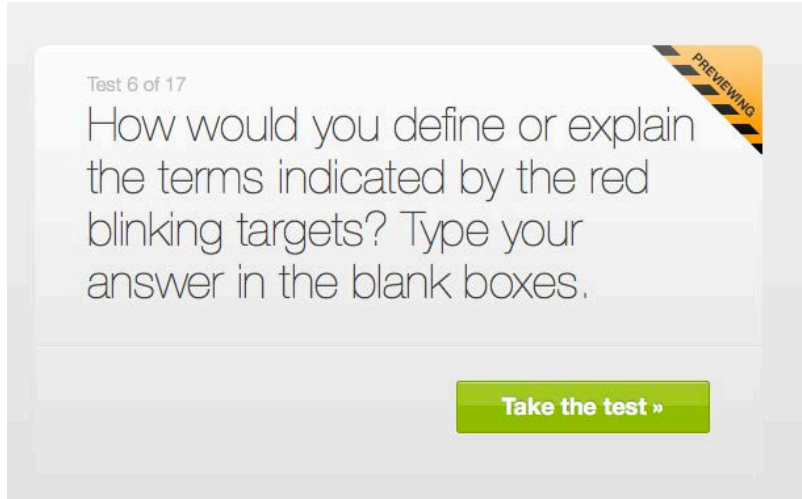


Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 6



Screen 1

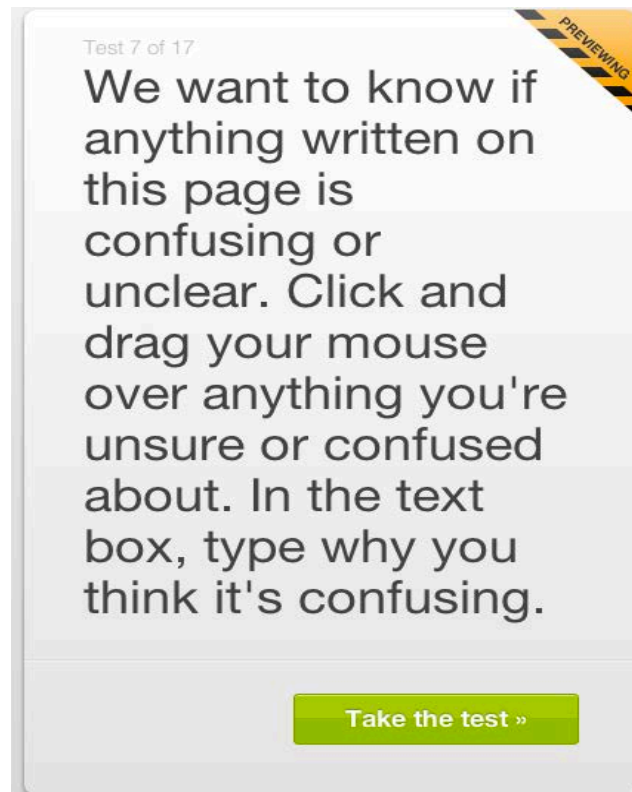


Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1

## Attachment 2: Click Testing Screen Shots

**Wisconsin**  
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDs)

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDs) is a multisource public health surveillance system established to monitor the number of children in the population with ASDs or other developmental disabilities. WISADDs was established in 2003 as an ADDM Network site in collaboration between the Wisconsin Department of Health Services and investigators from the Wisconsin Center and Department of Population Health Sciences at University of Wisconsin-Madison. WISADDs is currently conducting surveillance of ASDs and cerebral palsy; in addition to prevalence counts, this program collects information on the characteristics and risk factors of children with these conditions.

<http://pubmed.ncbi.nlm.nih.gov/pubmed/19318992>  
<http://pubmed.ncbi.nlm.nih.gov/pubmed/17404129>  
Does WISADDs offer to people who work with children who have ASDs or other developmental disability?  
<http://pubmed.ncbi.nlm.nih.gov/pubmed/19743757>

The project sponsors workshops and training in early identification of developmental disabilities for pediatricians and other pediatric health care providers serving southeastern Wisconsin. The goal is to improve the ability of providers to recognize early signs of ASDs and cerebral palsy and for standardized diagnostic practices related to ASDs, including childhood autism, Asperger syndrome, atypical autism, and pervasive developmental disorder not otherwise specified.

What are some of the resources available in Wisconsin for children with developmental disabilities, their families, and the professionals who serve them?

- Wisconsin promotes CDC's Learn the Signs. Act Early campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit [www.ActEarly.wisc.edu](http://www.ActEarly.wisc.edu) for more information.
- Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) provide confidential information, referral and follow-up so all families of children and youth with special health care needs and providers have access to complete and accurate information. The Regional Center staff regularly provides training related to early identification, autism, developmental screening, and community-based resources. To find out what is available in your area, visit [www.dhs.wisconsin.gov/health/children/overview/index.htm](http://www.dhs.wisconsin.gov/health/children/overview/index.htm).
- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of programs, services and systems of support available in Wisconsin. You can download the booklet at [www.wisman.wisc.edu/coedd/pdfs/findingyourway.pdf](http://www.wisman.wisc.edu/coedd/pdfs/findingyourway.pdf).
- Wisconsin First Step is a 24-hour hotline and searchable online database for families with questions about the special needs of children and youth with special needs: call 1-800-642-7837 or visit [www.wisconsinfirststep.com](http://www.wisconsinfirststep.com).
- The Autism Society of Wisconsin is a rich resource for all affected by autism. For more information on the chapter, visit [www.asw-autism.org](http://www.asw-autism.org) or call 1-888-4-AUTISM.

**I'm done annotating »**

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**PREVIEWING**

**Take the test »**

Screen 1

• The relationship between both maternal and paternal age and ASD risk. ([www.ncbi.nlm.nih.gov/pubmed/17444127](http://www.ncbi.nlm.nih.gov/pubmed/17444127))

• Socioeconomic disparities in the prevalence of ASDs. ([www.ncbi.nlm.nih.gov/pubmed/20634960](http://www.ncbi.nlm.nih.gov/pubmed/20634960), [www.ncbi.nlm.nih.gov/pubmed/19743757](http://www.ncbi.nlm.nih.gov/pubmed/19743757))

What kinds of education and training programs does WISADDS offer to people who work with children who have ASDs or other developmental disability?

The project sponsors workshops and training in early identification of developmental disabilities for pediatricians and other pediatric health care providers serving southeastern Wisconsin. The goal is to improve the ability of providers to recognize early signs of ASDs and cerebral palsy and for standardized diagnostic practices related to ASDs, including childhood autism, Asperger syndrome, atypical autism, and pervasive developmental disorder not otherwise specified.

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- Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) provide confidential information, referral and follow-up so all families of children and youth with special health care needs and providers have access to complete and accurate information. The Regional Center staff regularly provides training related to early identification, autism, developmental screening, and community-based resources. To find out what is available in your area, visit [www.dhs.wisconsin.gov/health/children/overview/index.htm](http://www.dhs.wisconsin.gov/health/children/overview/index.htm).
- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of programs, services and systems of support available in Wisconsin. You can download the booklet at [www.waisman.wisc.edu/oedd/pdfs/findingyourway.pdf](http://www.waisman.wisc.edu/oedd/pdfs/findingyourway.pdf).
- Wisconsin First Step is a 24-hour hotline and searchable online database for families and providers who support the needs of children and youth with special needs: call 1-800-642-7837 or visit [www.mch-hotlines.org](http://www.mch-hotlines.org).
- The Autism Society of Wisconsin is a rich resource for all affected by autism. To find out more or to locate your local chapter, visit [www.asw4autism.org](http://www.asw4autism.org) or call 1-888-4-AUTISM.

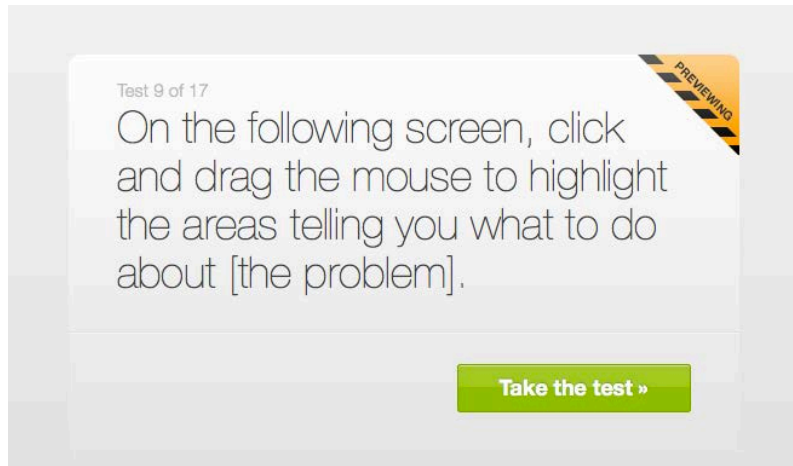
Phone: (608) 263-2128  
Fax: (608) 265-3441  
E-mail: [mdurkin@wisc.edu](mailto:mdurkin@wisc.edu)

**I'm done annotating »**

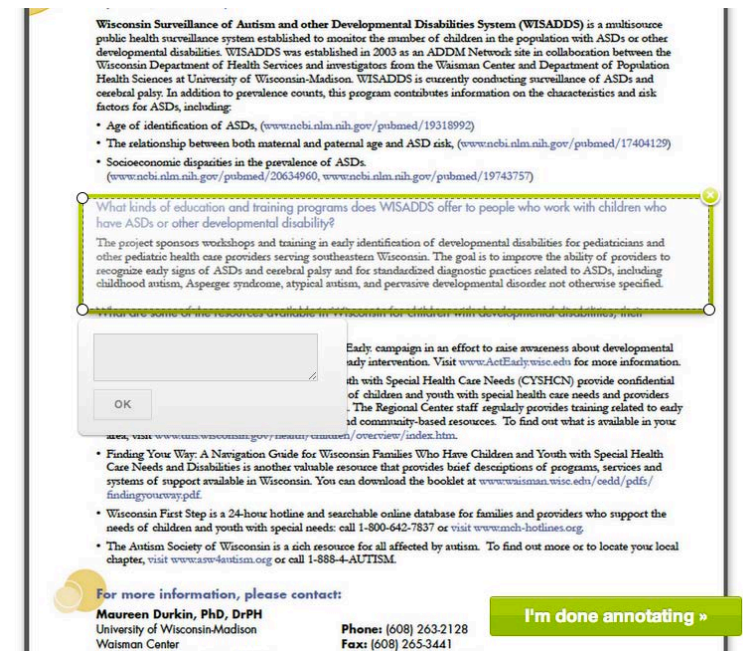
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 9



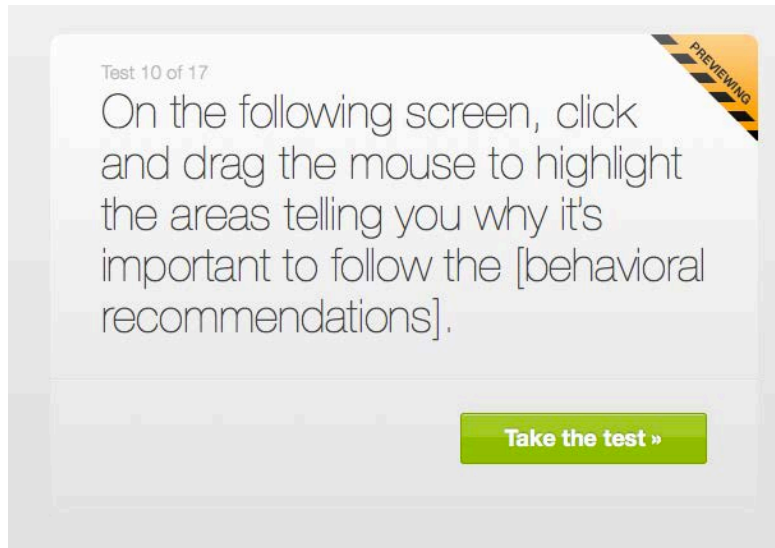
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 10



Screen 1



Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

Screen 1

**Wisconsin**  
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

**RESULTS**  
Autism Spectrum Disorder (ASD) Prevalence, 2008

**Number of children identified with ASD: 267**

Total prevalence of ASD: 7.8 per 1,000 (1 in 129)

Boys: 11.7 per 1,000 (1 in 85)

Girls: 3.7 per 1,000 (1 in 270)

OK

Median earliest age ASD was documented in their records:  
4 years, 5 months

Autistic Disorder: 3 years, 10 months  
ASD/PDD: 4 years, 4 months  
Asperger Disorder: 6 years, 2 months

**Overall ASD Prevalence**

Category	Prevalence per 1,000 children
All ADDM Sites Combined	~11.7
WISADDS Prevalence	7.8

**SITE INFORMATION**  
Part of Wisconsin Included in ADDM, 2008  
10 counties: Dane, Green, Jefferson, Kewaunee, Milwaukee, Ozaukee, Racine, Rock, Walworth, and Waukesha

Population of 8-Year-Old Children in Study Area, 2008

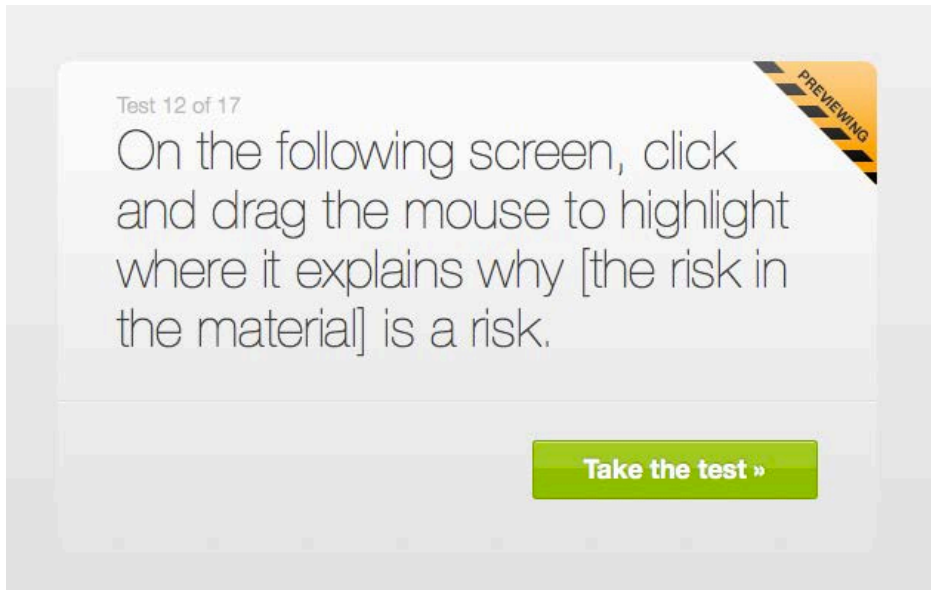
Race	Percentage
White	65.2%
Black	16.9%
Hispanic	13.7%
Asian or Pacific Islander	3.7%

**I'm done annotating »**

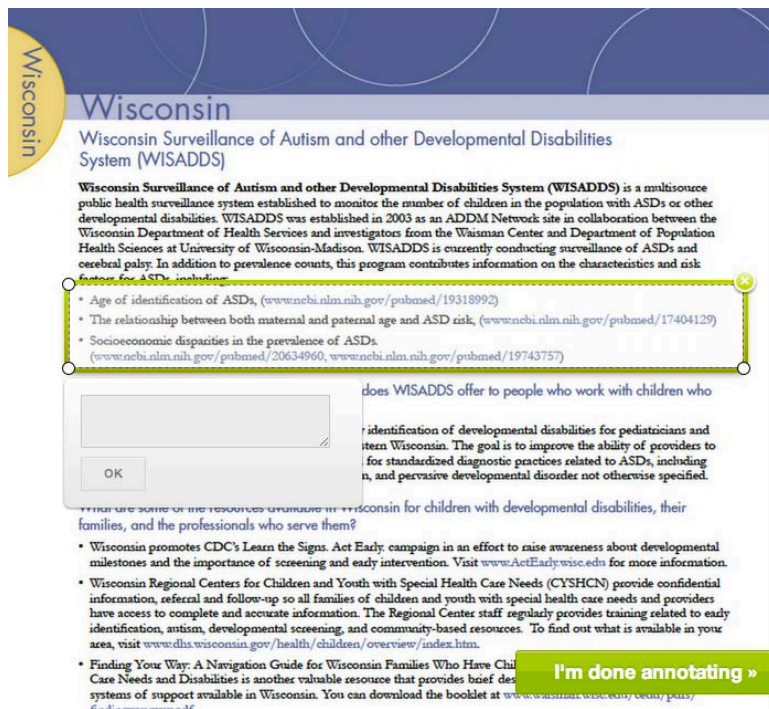
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 12



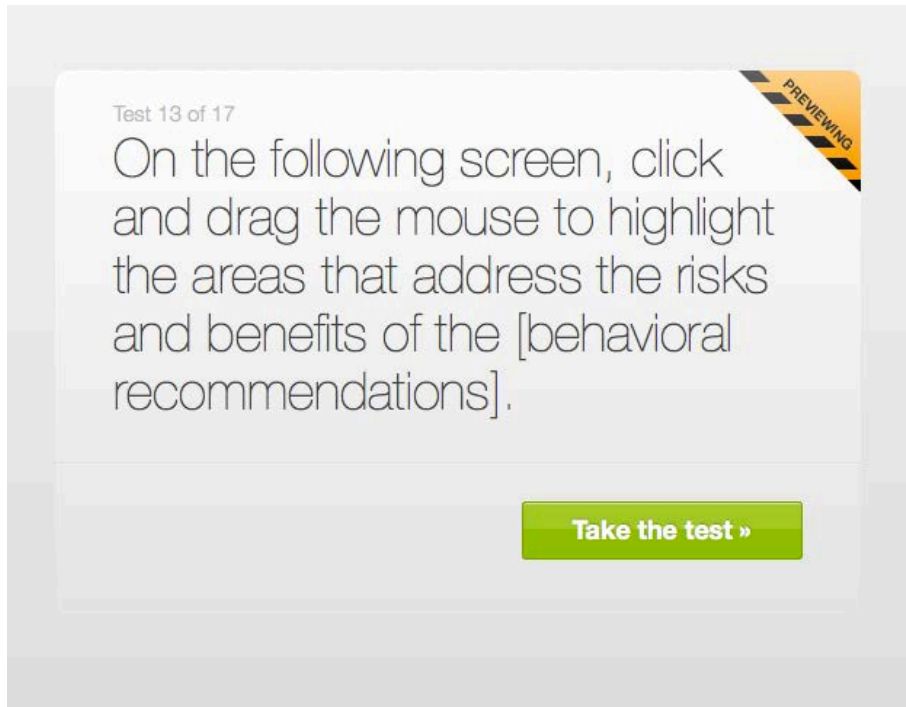
Screen 1



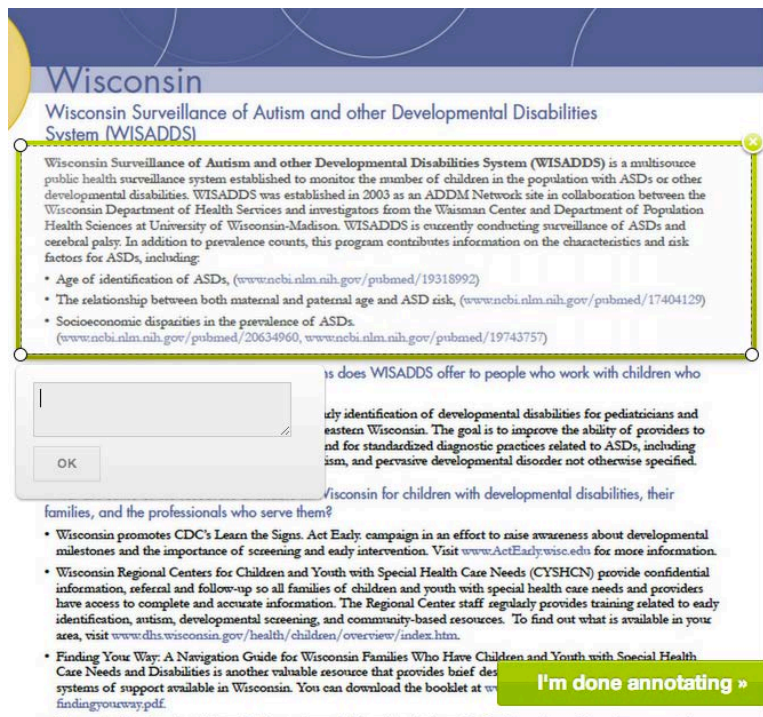
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1

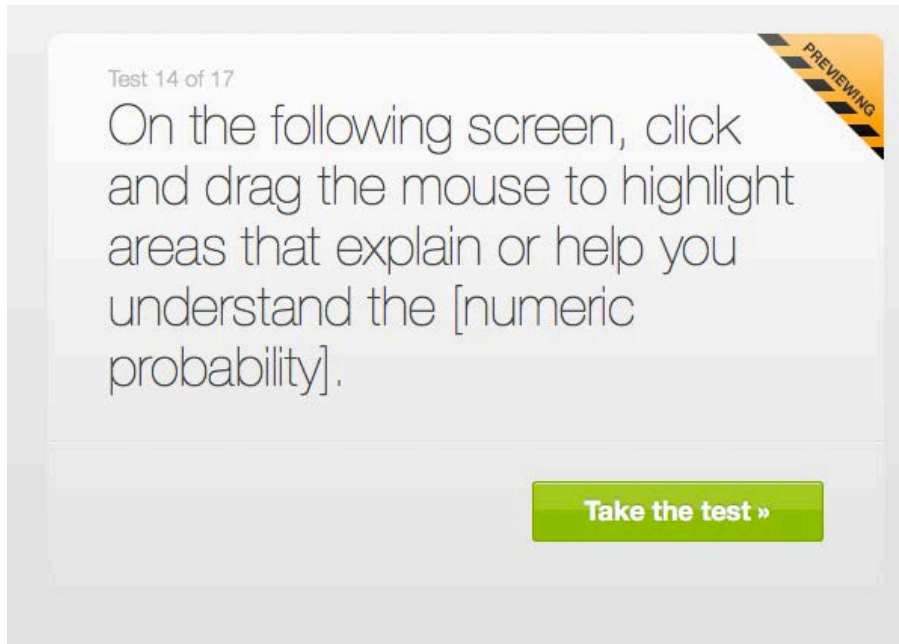


Screen 2

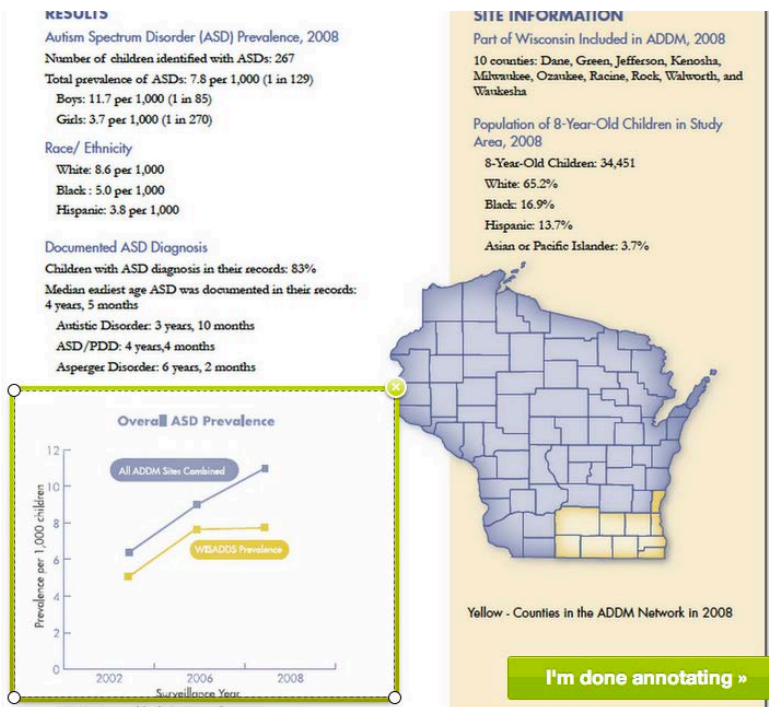


# Attachment 2: Click Testing Screen Shots

## Task 14



Screen 1



Screen 2

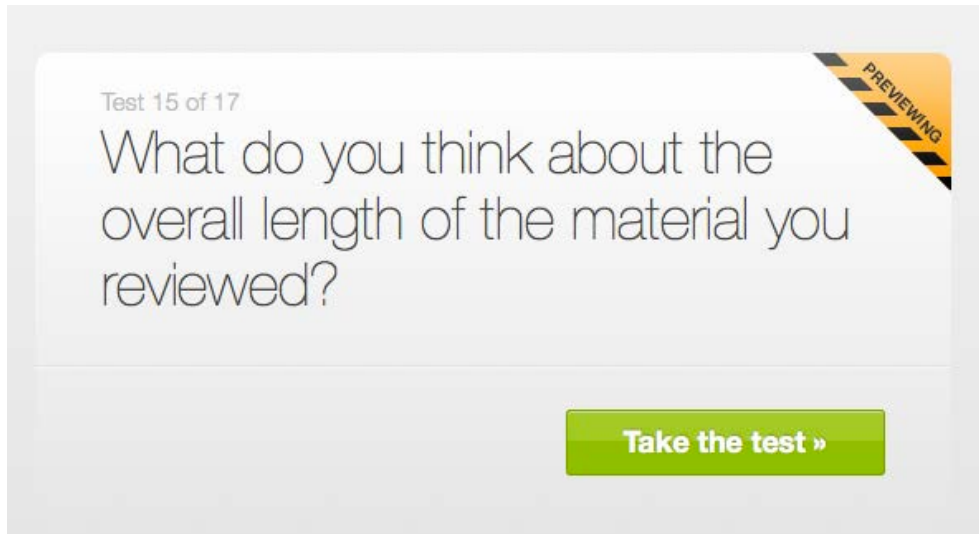
## Attachment 2: Click Testing Screen Shots

### Task 15

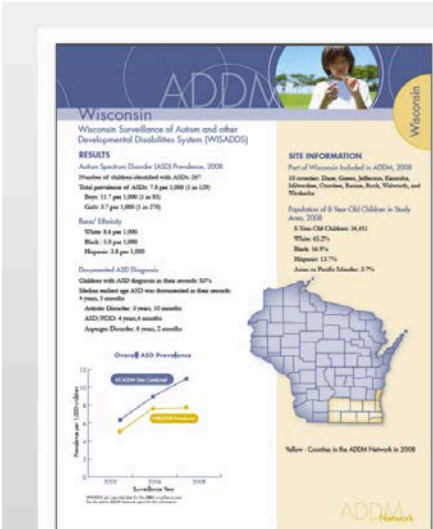
Test 15 of 17

What do you think about the overall length of the material you reviewed?

**Take the test »**



Screen 1



What do you think about the overall length of the material you reviewed?

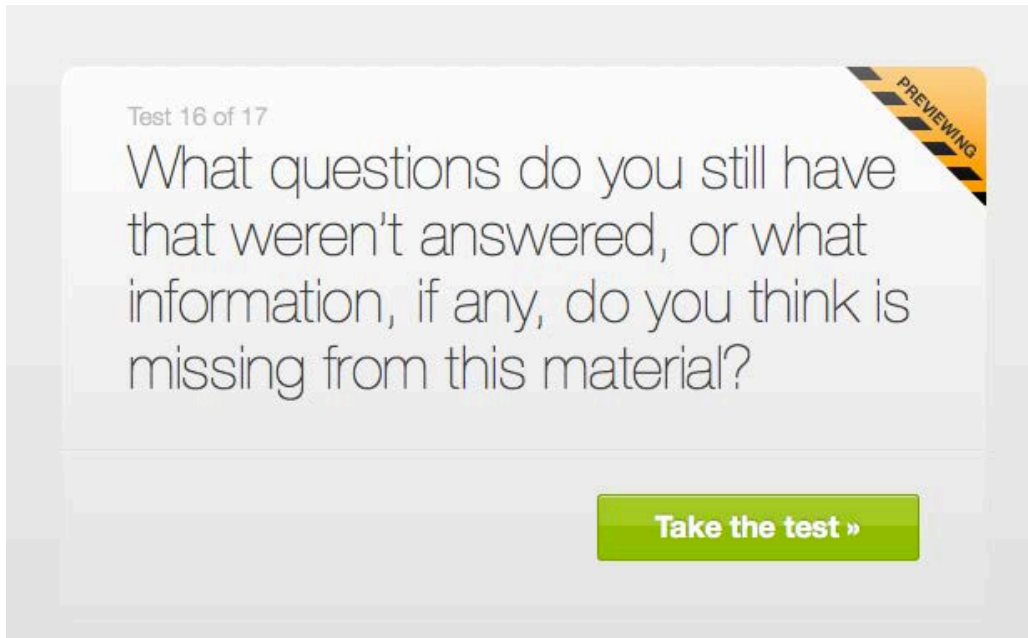
- Too long
- Somewhat too long
- Just right
- Somewhat too short
- Too short

**Submit my answer »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 16



Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

Wisconsin ADDM  
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WSADDSS)

**RESULTS**  
Autism Spectrum Disorder (ASD) Prevalence, 2008  
Number of children identified with ASD: 267  
Total population of ASD: 7.8 per 1,000 (1 in 128)  
Boys: 11.7 per 1,000 (1 in 85)  
Girls: 3.7 per 1,000 (1 in 270)

**Race/Ethnicity**  
White: 8.8 per 1,000  
Black: 1.0 per 1,000  
Hispanic: 3.8 per 1,000

**Documented ASD Diagnosis**  
Children with ASD diagnosed in their second 18th birthday  
Autism not yet diagnosed at that age: 4 years, 1 month  
Autistic Disorder: 3 years, 11 months  
ASD (PDD): 4 years, 6 months  
Asperger Disorder: 6 years, 2 months

**Overall ASD Prevalence**

Surveillance Year	All Children (per 1,000)	Autism Spectrum Disorder (per 1,000)
2002	~4.5	~3.5
2004	~5.5	~4.5
2008	~7.8	~6.8

**SITE INFORMATION**  
Part of Wisconsin included in ADDM, 2008  
19 counties: Dixon, Green, Jefferson, Kauaunoi, Kewaunee, Manitowish, Oconto, Racine, Rock, Waupesa, and Waushara

Population of 8-Year-Old Children in Study Area, 2008  
8-Year-Old Children: 34,411  
White: 83.2%  
Black: 14.9%  
Hispanic: 1.7%  
Asian or Pacific Islander: 2.7%

Yellow - Counties in the ADDM Network in 2008

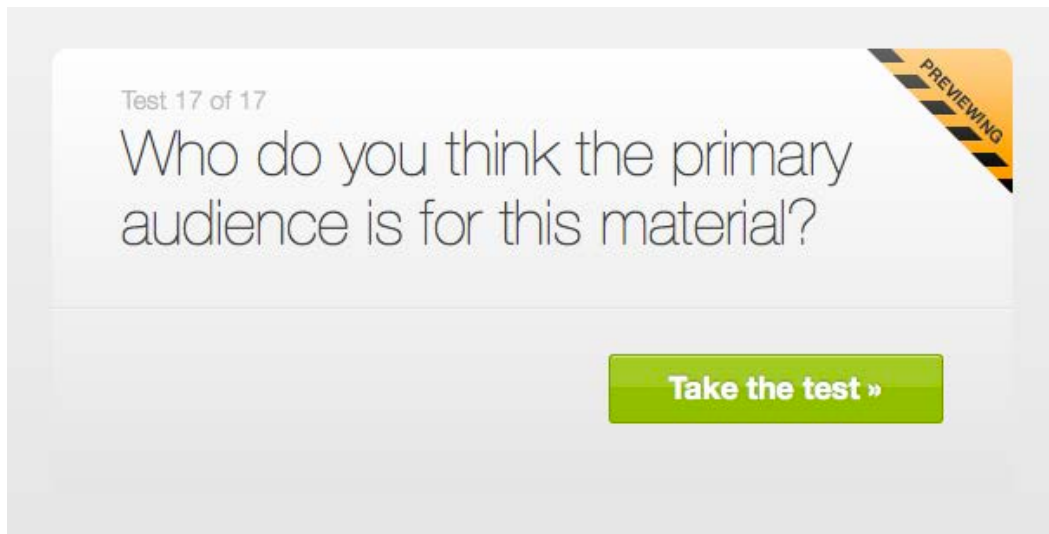
ADDM Network

This screenshot shows a survey question with a data visualization. The question is the same as in Screen 1. Below the question is a text input field labeled "Enter your answer here..." and a green button labeled "Submit my answer »". The data visualization is a slide titled "Wisconsin ADDM Wisconsin Surveillance of Autism and other Developmental Disabilities System (WSADDSS)". It contains several sections: "RESULTS" showing ASD prevalence in 2008 (7.8 per 1,000), "Race/Ethnicity" (White: 8.8, Black: 1.0, Hispanic: 3.8), "Documented ASD Diagnosis" (Autism not yet diagnosed at that age: 4 years, 1 month; Autistic Disorder: 3 years, 11 months; ASD (PDD): 4 years, 6 months; Asperger Disorder: 6 years, 2 months), "Overall ASD Prevalence" (line graph showing an increase from 2002 to 2008), and "SITE INFORMATION" (19 counties included in the study area, population of 8-year-old children, and race/ethnicity breakdown). A map of Wisconsin highlights the 19 counties in the ADDM Network in 2008. The ADDM Network logo is at the bottom right.

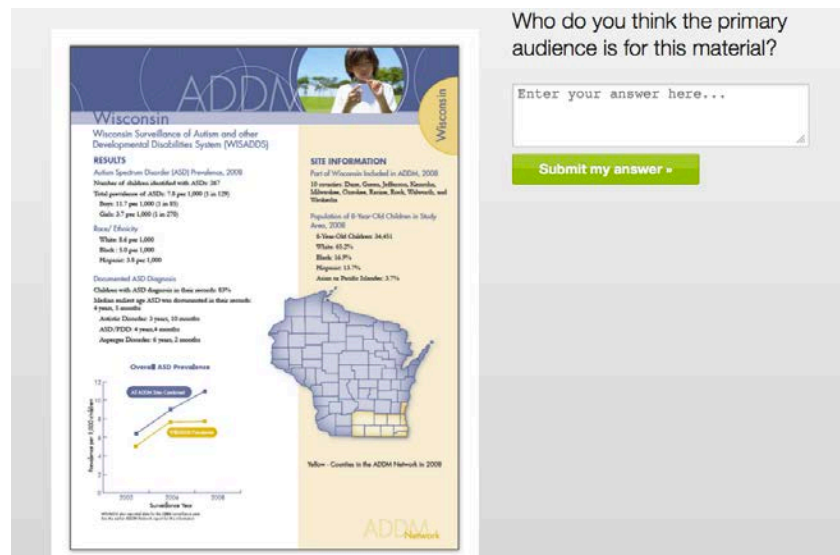
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 17



Screen 1

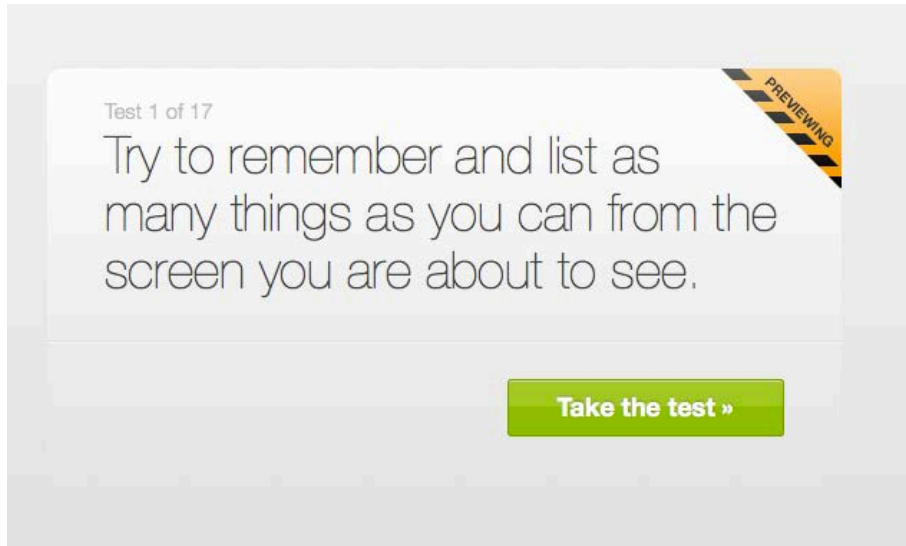


Screen 2

# Attachment 2: Click Testing Screen Shots

## Material: Healthcare-Associated Infections

### Task 1



Screen 1

Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

### Healthcare-associated Infections (HAIs)

Healthcare-associated Infections > Monitoring HAIs

Email page link  
Print page

Get email updates  
To receive email updates about this page, enter your email address:  
What's this?

Contact Us:  
Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
TTY: (888) 232-63  
[Contact CDC - INFO](#)

**Healthcare-associated Infections**

- HAIs: The Burden
- Monitoring HAIs
- National Healthcare Safety Network (NHSN)
- Emerging Infections Program
- NHSN National HAI Reports
- NHSN State HAI Reports
- Frequently Asked Q and A: Summary Data Reports**
- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
- Research
- Patient Safety
- Outpatient Settings
- Long-term Care Settings
- Laboratory Resources
- Outbreak and Patient Notifications
- Widgets, Buttons and Badges
- Multistate Meningitis

### CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSTIs)?
- What do these reports tell us about progress in preventing surgical site infections (SSIs)?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
- What is a standardized infection ratio (SIR)?
- How should the SIR be interpreted?
- What does it mean that some states are validating their data?
- Will a state that looks hard for infections have a higher SIR?
- What does "predicted number of infections" mean?
- How do these reports adjust for different types of patients seen in different hospitals?
- What are some reasons a state SIR is higher than 1.0?
- What are some reasons a state SIR is lower than 1.0?
- What is CDC doing about low-performing healthcare facilities?
- What is CDC doing about the states with high SIRs?
- What is the benefit of state HAI reporting?
- Why is NHSN a good surveillance tool to measure HAIs?
- Does my state have a legislative mandate to report healthcare-associated infection data?
- My facility wants to do more to track and reduce infection rates. How can I find out more information?

**What are these reports?**  
The National and State Healthcare-associated Infections (HAI) Standardized Infection Ratio Reports give a snapshot of where the country stands in its efforts to prevent HAIs. They provide both national and state-specific information and are based on data that is reported to CDC's [National Healthcare Safety Network \(NHSN\)](#). Healthcare facilities using NHSN have real-time access to their data for local improvement efforts. This annual report provides analysis of national and state-level HAI data to help

Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

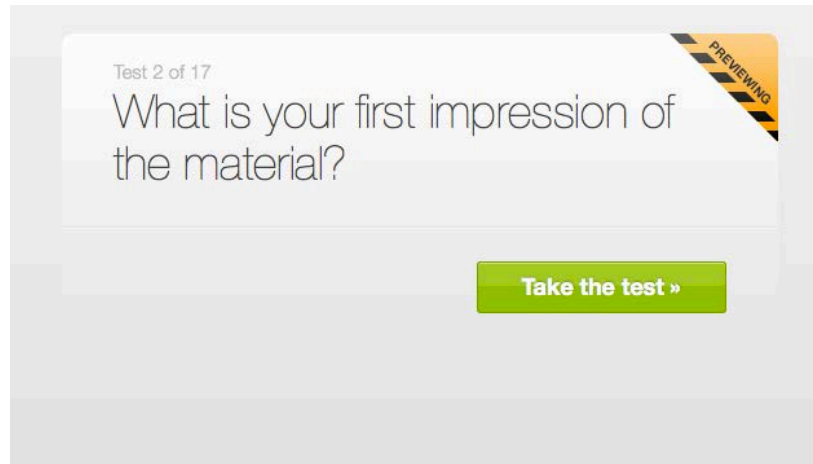
1.
2.
3.
4.
5.

[Submit my answers »](#)

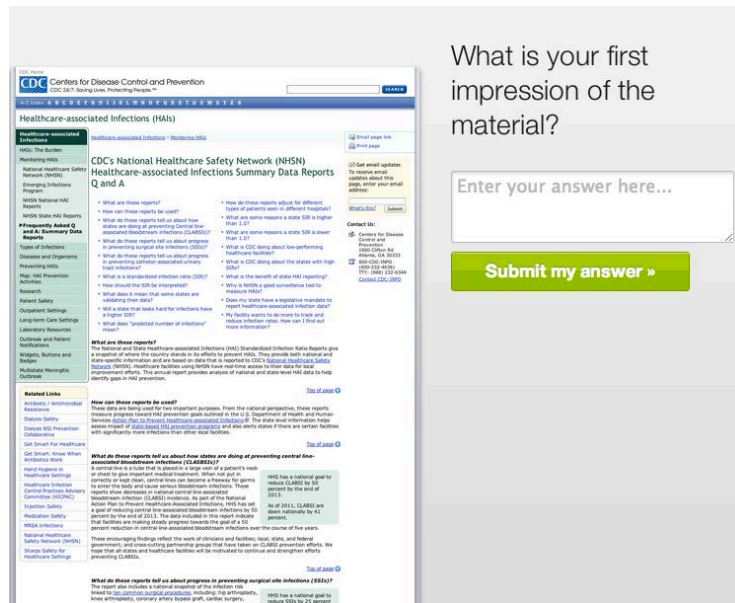
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



Screen 1

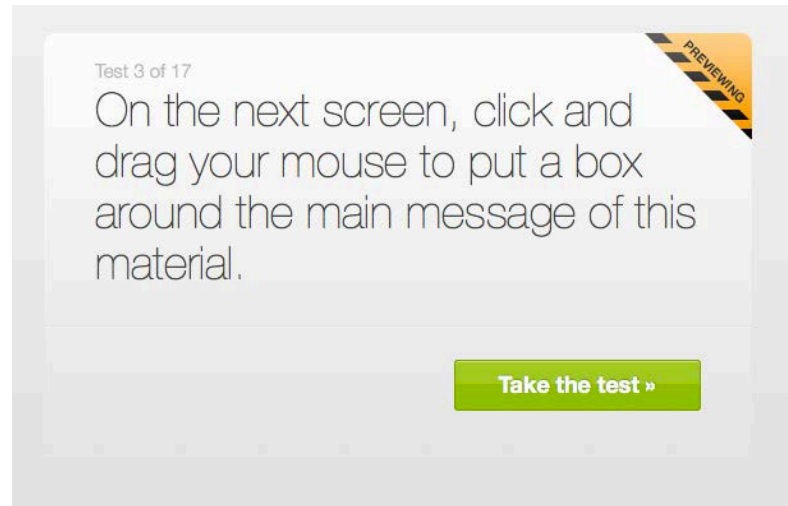


Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) #

## Healthcare-associated Infections (HAIs)

Healthcare-associated Infections > Monitoring HAIs

**Healthcare-associated Infections**

- HAIs: The Burden
- Monitoring HAIs
- National Healthcare Safety Network (NHSN)
- Emerging Infections Program
- NHSN National HAI Reports
- NHSN State HAI Reports

**Frequently Asked Q and A: Summary Data Reports**

- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
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- Patient Safety
- Outpatient Settings
- Long-term Care Settings
- Laboratory Resources
- Outbreak and Patient Notifications
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- Multistate Meningitis Outbreak

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**Contact Us:**  
Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
TTY: (888) 232-6348  
[Contact CDC-INFO](#)

**Related Links**

- Antibiotic / Antimicrobial Resistance

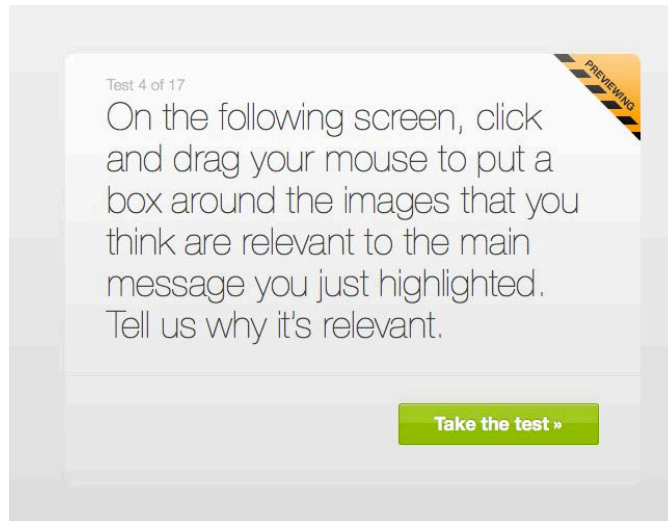
From the national per...  
d in the U.S. Department of Health and Human

**I'm done annotating**

Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 4



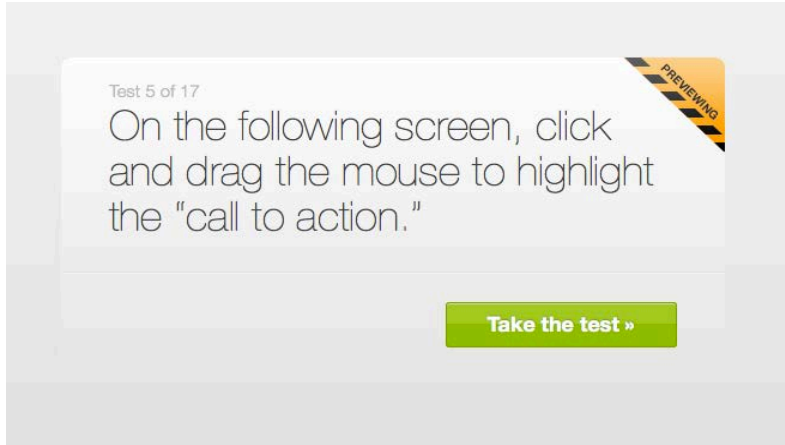
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 5



Screen 1

Monitoring HAIs

National Healthcare Safety Network (NHSN)

Emerging Infections Program

NHSN National HAI Reports

NHSN State HAI Reports

**Frequently Asked Q and A: Summary Data Reports**

Types of Infections

Diseases and Organisms

Preventing HAIs

Map: HAI Prevention Activities

Research

Patient Safety

Outpatient Settings

Long-term Care Settings

Laboratory Resources

Outbreak and Patient Notifications

Widgets, Buttons and Badges

Multistate Meningitis Outbreak

**CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A**

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**How can these reports be used?**  
These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAI prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#). The state-level information helps assess impact of [state-based HAI prevention programs](#) and also alerts states if there are certain facilities with significantly more infections than other local facilities.

**doing at preventing central line-**  
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HAI  
rec  
percent by the end of  
2013

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Contact CDC-INFO

Top of page

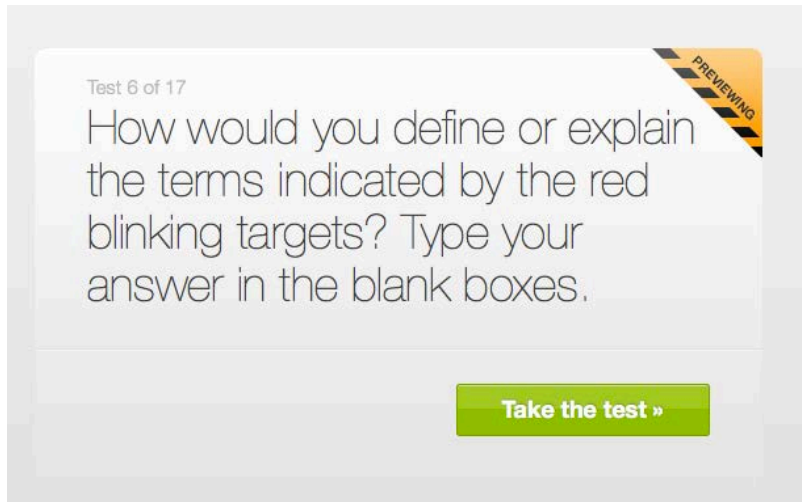
Top of page

OK

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 6



Screen 1

**associated bloodstream infections (CLABSIs)?**  
A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. Reports show decreases in national central line-associated bloodstream infection (CLABSI) incidence. The National Healthcare Safety Network (NHSN) Action Plan to Prevent Healthcare-Associated Infections has set a goal of reducing central line-associated bloodstream infections by 50 percent by the end of 2013. The data included in this report indicate that facilities are making steady progress towards the goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

HHS has a national goal to reduce CLABSI by 50 percent by the end of 2013. As of 2011, CLABSIs are down nationally by 41 percent.

These encouraging findings reflect the work of clinicians and facilities; local, state, and federal government; and cross-cutting partnership groups that have taken on CLABSI prevention efforts. We hope that all states and healthcare facilities will be motivated to continue and strengthen efforts preventing CLABSIs.

[Top of page](#)

**What do these reports tell us about progress in preventing surgical site infections (SSIs)?**  
The report also includes a national snapshot of the infections related to 10 common surgical procedures, including hip and knee arthroplasty, coronary artery bypass graft, peripheral vascular bypass surgery, abdominal hysterectomy, colon surgery, rectal surgery, abdominal hysterectomy, and hysterectomy. Although in 2011 there were national improvements from baseline in overall surgical site infections (SSIs) as well as for 9 of the 10 procedure types, there was a wide range in procedure-specific improvements. When limited to continuous reporting hospitals, only SSIs following hip arthroplasty improved between 2010 and 2011. This demonstrates substantial opportunities to improve prevention efforts across all surgical procedures.

As of 2011, SSIs are down nationally by 17 percent.

[Top of page](#)

**What do these reports tell us about progress in preventing catheter-associated urinary tract infections?**  
Although this report shows a national decrease in catheter-associated urinary tract infections (CAUTI) between 2009 and 2010, there was no additional reductions between 2010 and 2011. While there were modest reductions in infections among patients in general wards, there was essentially no additional reduction in critical care locations between 2010 and 2011. The slower progress in reducing catheter-associated urinary tract infections among ICU patients is concerning because these infections drive antibiotic use. While antibiotics are critical for treating bacterial infections, they also put patients at risk for complications including a deadly diarrhea caused by the bacteria *Clostridium difficile*.

HHS has a national goal to reduce CAUTI by 25 percent by the end of 2013. As of 2011, CAUTI are down nationally by 7 percent.

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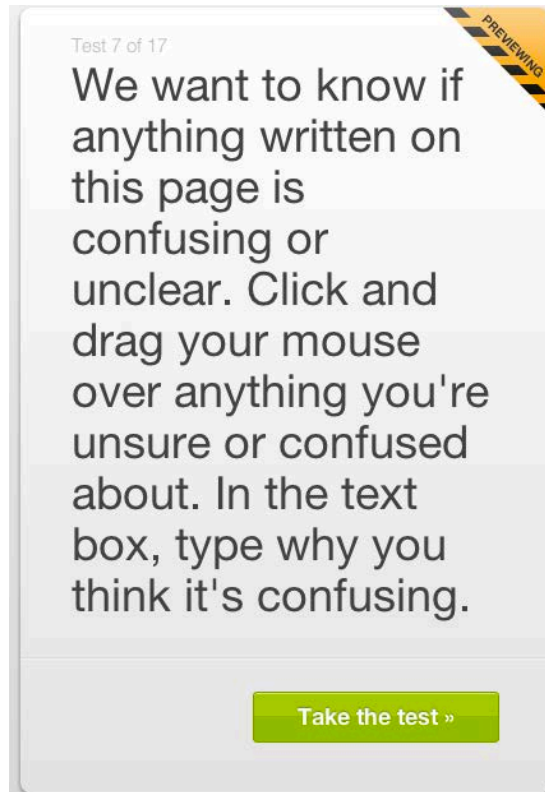
**What is a standardized infection ratio (SIR)?**  
The standardized infection ratio (SIR) is a summary measure used to track HAIs at a facility level over time. The SIR adjusts for the fact that each healthcare facility treats different types of patients. For example, the experience with HAIs at a hospital with a large burn unit and patients are more at risk of acquiring infections cannot be directly compared to a facility without a burn unit.

[I'm done labeling »](#)

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1

## Attachment 2: Click Testing Screen Shots

<ul style="list-style-type: none"><li>• Infections have been prevented since the baseline period</li></ul>	<ul style="list-style-type: none"><li>• Infections have increased since the baseline period</li></ul>
<ul style="list-style-type: none"><li>• 1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period</li></ul>	<ul style="list-style-type: none"><li>• SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period.</li></ul>

[Top of page](#)

**What does it mean that some states are validating their data?**  
Healthcare facilities and states are encouraged to validate, or double-check, their infection data. In many cases, validating data involves completing an assessment to ensure that all of the required infections were captured in the system. Currently, states that are validating are using different systems. For example, some may evaluate one facility while others may look more broadly. CDC is working with states to determine best practices and to develop standards for validation that can assist states in their validation efforts.

[Top of page](#)

**Why is a higher SIR?**  
States that are validating their data are likely to discover and report more infections. This is reflected in the report those states that are validating their data when evaluating the state's performance.

[Top of page](#)

**What is the standard population?**  
The standard population is based on infections reported to NHSN during January 2006–December 2008. This is known as the standard population. This number is risk adjusted and includes data collected from all facilities—under state mandates or not. To calculate the SIR, CDC compares the number of infections that occurred during a certain time period to the number in this standard population.

[Top of page](#)

**How do these reports adjust for different types of patients seen in different hospitals?**  
Hospitals may see different patients, referred to as a hospital's patient mix. The CLABSI and CAUTI SIRs are adjusted by type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location. Other factors, such as facility bed size, were not associated with differences in the SIR and therefore were not included in SIR risk adjustment. For SSI SIRs, risk models were constructed specifically for this report, evaluating all available procedure-related risk factors (e.g., duration of surgery, surgical wound class, use of endoscopes, status as re-operation, patient age, and patient assessment at time of anesthesia (ASA score)) to provide the best possible adjustment for differences in patient-mix within each type of surgery.

[Top of page](#)

**What are some reasons a state SIR is higher than 1.0?**  
In many cases, high SIRs simply reflect a need for stronger HAI prevention efforts. Several other factors may also play a role such as better validation of reported data leading to the discovery and reporting of more infections by hospitals.

It is important to note that an SIR of less than 1.0 is a positive finding, but it does not mean that all work is done. Research has shown that rates of HAIs can be reduced further.

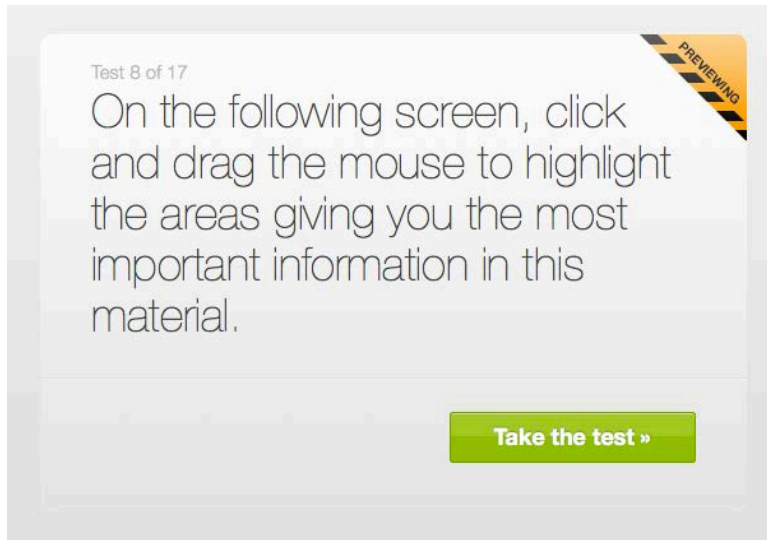
I'm done annotating »

Screen 2

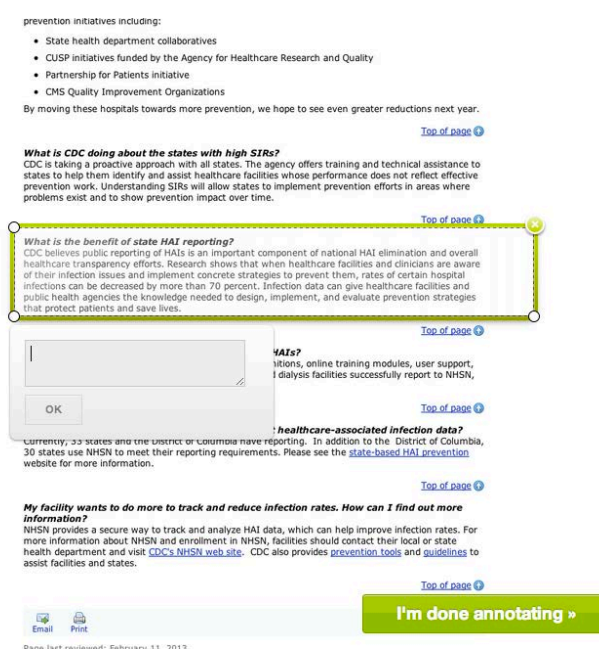


# Attachment 2: Click Testing Screen Shots

## Task 8



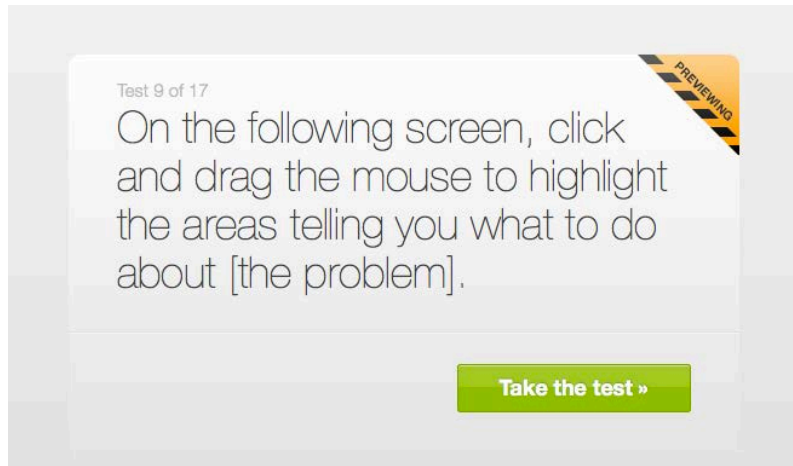
Screen 1



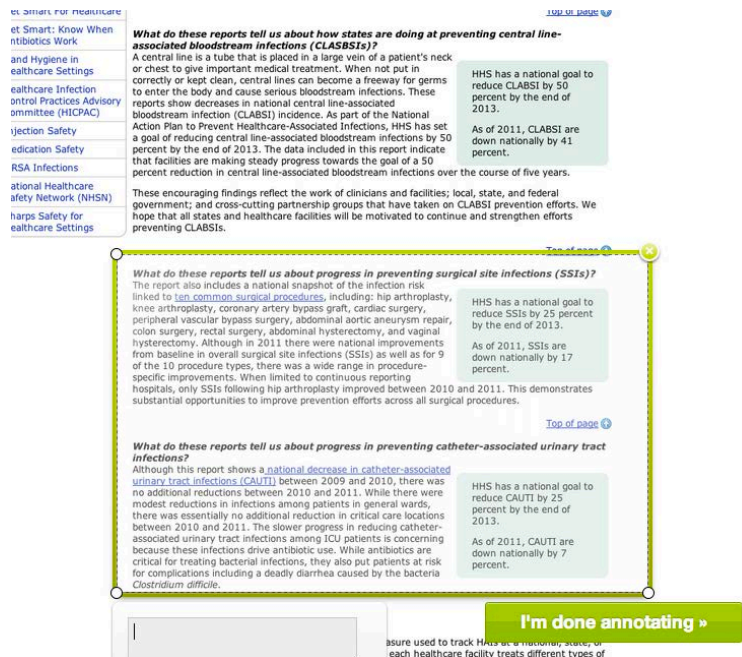
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 9



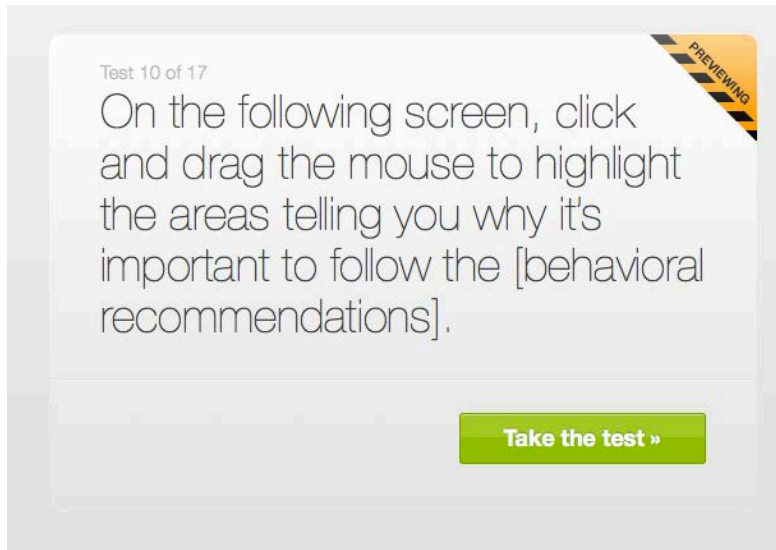
Screen 1



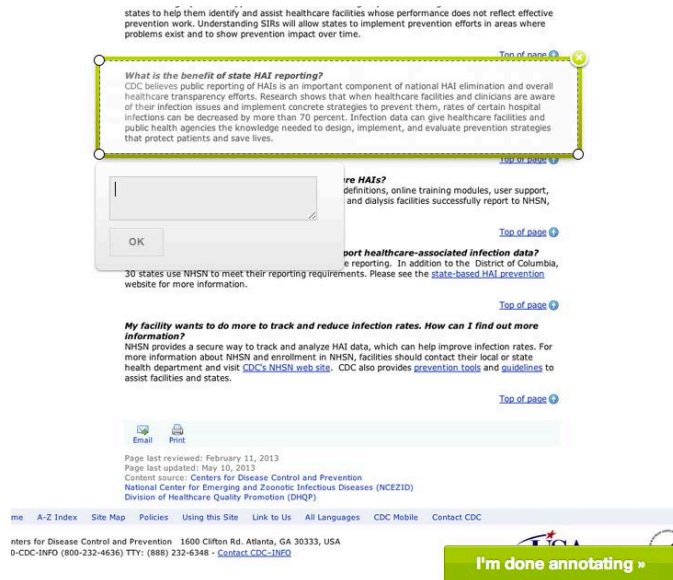
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 10



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

Screen 1

unit.

The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs in a facility or state with the baseline U.S. experience (i.e., standard population), adjusting for several risk factors that have been found to be most associated with differences in infection rates.

[Top of page](#)

**How should the SIR be interpreted?**

If the **SIR is 1**, then the number of infections reported to NHSN is the same as the number of predicted infections. Another way to think about this – if the SIR is 1, then we saw the same number of infections in 2011 as we did during the baseline period – no progress has been made in reducing infections since the baseline period.

If the **SIR is less than 1**, then there were fewer infections reported in 2011 than what we would have predicted given the baseline data. In other words, progress has been made since the baseline period.

If the **SIR is greater than 1**, then there were more infections reported in 2011 than what we would have predicted given the baseline data.

SIR less than 1	SIR greater than 1
<ul style="list-style-type: none"><li>Fewer infections than what would have been predicted given baseline data</li></ul>	<ul style="list-style-type: none"><li>More infections than what would have been predicted given baseline data</li></ul>
<ul style="list-style-type: none"><li>Infections have been prevented since the baseline period</li></ul>	<ul style="list-style-type: none"><li>Infections have increased since the baseline period</li></ul>
<ul style="list-style-type: none"><li>1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period</li></ul>	<ul style="list-style-type: none"><li>SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period.</li></ul>

[Top of page](#)

**their data?**

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[Top of page](#)

**higher SIR?**

States that validate data and employ other advanced tools for detecting HAIs are likely to discover and report more infections. For that reason, we have indicated in the report those states that are validating data so that these efforts are taken into consideration when evaluating the s

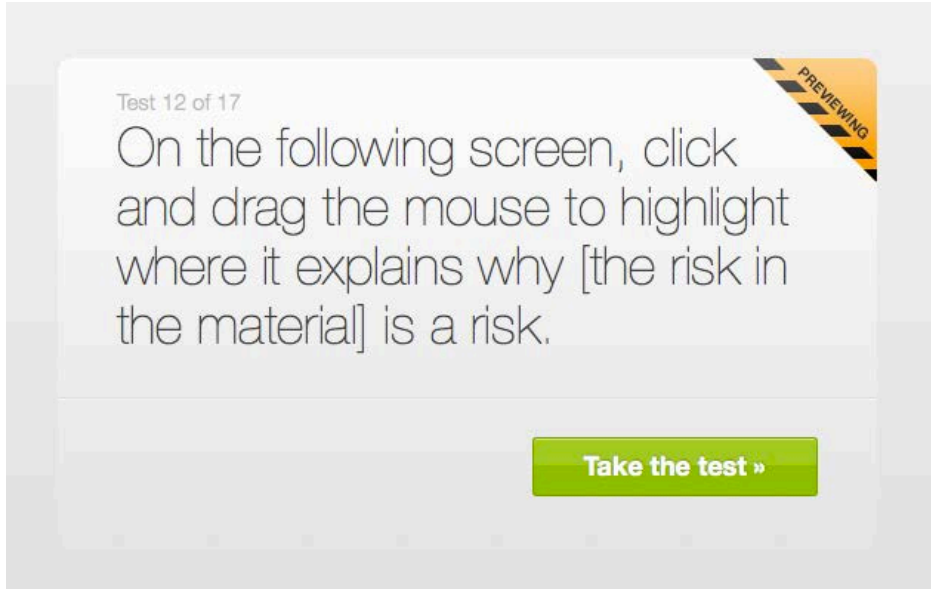
**I'm done annotating »**

What does "predicted number of infections" mean?

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 12



Screen 1

**Related Links**

- Antibiotic / Antimicrobial Resistance
- Dialysis Safety
- Dialysis BSI Prevention Collaborative
- Get Smart For Healthcare
- Get Smart: Know When Antibiotics Work
- Hand Hygiene in Healthcare Settings
- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- Infection Safety
- Medication Safety
- MRSA Infections
- National Healthcare Safety Network (NHSN)
- Sharps Safety for Healthcare Settings

**How can these reports be used?**  
These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAI prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#). The state level information helps assess impact of [state-based HAI prevention programs](#) and also alerts states if there are certain facilities with significantly more infections than other local facilities.

**What do these reports tell us about how states are doing at preventing central line-associated bloodstream infections (CLABSIs)?**  
A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. These reports show decreases in national central line-associated bloodstream infection (CLABSI) incidence. As part of the National Action Plan to Prevent Healthcare-Associated Infections, HHS has set a goal of reducing central line-associated bloodstream infections by 50 percent by the end of 2013. The data included in this report indicate that facilities are making steady progress towards the goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

HHS has a national goal to reduce CLABSI by 50 percent by the end of 2013.

As of 2011, CLABSI are down nationally by 41 percent.

**Preventing surgical site infections (SSIs)?**  
Surgical site infections (SSIs) are a risk for many types of surgery, including hip and knee replacement, hernia repair, gallbladder removal, and vaginal hysterectomy. As of 2011, SSIs are down nationally by 17 percent.

HHS has a national goal to reduce SSIs by 25 percent by the end of 2013.

As of 2011, SSIs are down nationally by 17 percent.

**What do these reports tell us about progress in preventing catheter-associated urinary tract infections?**  
Although this report shows a national decrease in catheter-associated urinary tract infections (CAUTI) between 2009 and 2010, there was no additional reductions between 2010 and 2011. While there were modest reductions in infections among patients in general wards, there was essentially no additional reduction in critical care locations between 2010 and 2011. The slower progress in reducing catheter-associated urinary tract infections among ICU patients is concerning.

HHS has a national goal to reduce CAUTI by 20 percent by the end of 2013.

As of 2011, CAUTI are down nationally by 10 percent.

**I'm done annotating »**

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

**Take the test »**

Screen 1

states to help them identify and assist healthcare facilities whose performance does not reflect effective prevention work. Understanding SIRs will allow states to implement prevention efforts in areas where problems exist and to show prevention impact over time.

**What is the benefit of state HAI reporting?**  
CDC believes public reporting of HAIs is an important component of national HAI elimination and overall healthcare transparency efforts. Research shows that when healthcare facilities and clinicians are aware of their infection issues and implement concrete strategies to prevent them, rates of certain hospital infections can be decreased by more than 70 percent. Infection data can give healthcare facilities and public health agencies the knowledge needed to design, implement, and evaluate prevention strategies that protect patients and save lives.

**What are HAIa?**  
Definitions, online training modules, user support, and dialysis facilities successfully report to NHSN.

**Report healthcare-associated infection data?**  
e reporting. In addition to the District of Columbia, 30 states use NHSN to meet their reporting requirements. Please see the [state-based HAI prevention website](#) for more information.

**My facility wants to do more to track and reduce infection rates. How can I find out more information?**  
NHSN provides a secure way to track and analyze HAI data, which can help improve infection rates. For more information about NHSN and enrollment in NHSN, facilities should contact their local or state health department and visit [CDC's NHSN web site](#). CDC also provides [prevention tools](#) and [guidelines](#) to assist facilities and states.

Email Print

Page last reviewed: February 11, 2013  
Page last updated: May 10, 2013  
Content source: Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)  
Division of Healthcare Quality Promotion (DHQP)

Home A-Z Index Site Map Policies Using this Site Link to Us All Languages CDC Mobile Contact CDC

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA  
9-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)

**I'm done annotating »**

Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

**PREVIEWING**

**Take the test »**

Screen 1

unit.

The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs in a facility or state with the baseline U.S. experience (i.e., standard population), adjusting for several risk factors that have been found to be most associated with differences in infection rates.

[Top of page](#)

**How should the SIR be interpreted?**

If the **SIR is 1**, then the number of infections reported to NHSN is the same as the number of predicted infections. Another way to think about this – if the SIR is 1, then we saw the same number of infections in 2011 as we did during the baseline period – no progress has been made in reducing infections since the baseline period.

If the **SIR is less than 1**, then there were fewer infections reported in 2011 than what we would have predicted given the baseline data. In other words, progress has been made since the baseline period.

If the **SIR is greater than 1**, then there were more infections reported in 2011 than what we would have predicted given the baseline data.

SIR less than 1	SIR greater than 1
<ul style="list-style-type: none"><li>Fewer infections than what would have been predicted given baseline data</li><li>Infections have been prevented since the baseline period</li><li>1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period</li></ul>	<ul style="list-style-type: none"><li>More infections than what would have been predicted given baseline data</li><li>Infections have increased since the baseline period</li><li>SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period.</li></ul>

[Top of page](#)

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[Top of page](#)

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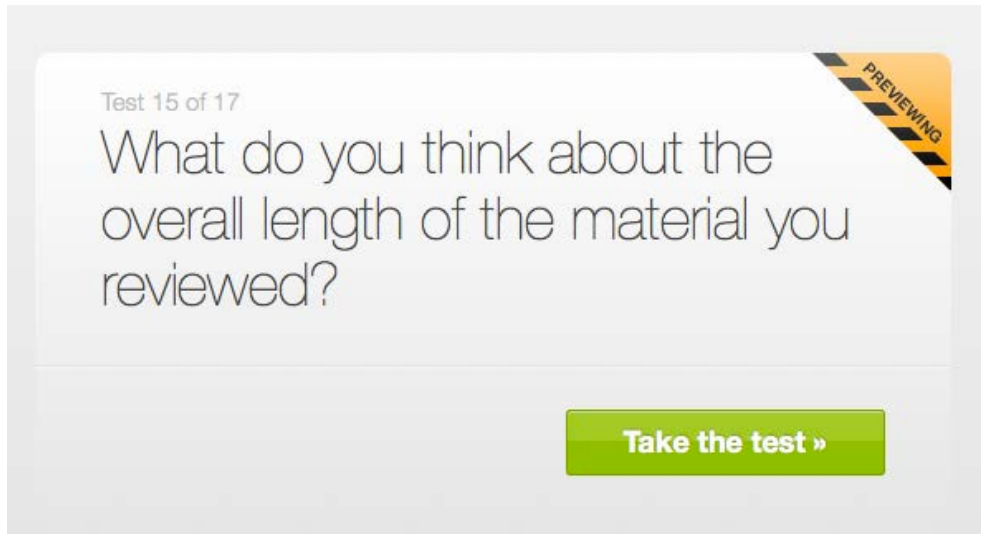
**I'm done annotating »**

**What does "predicted number of infections" mean?**

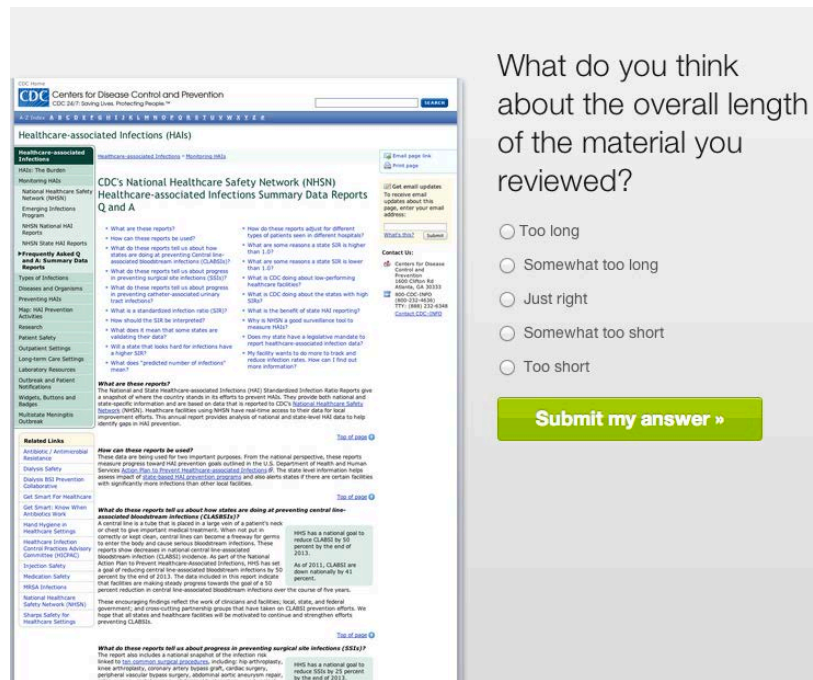
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 15



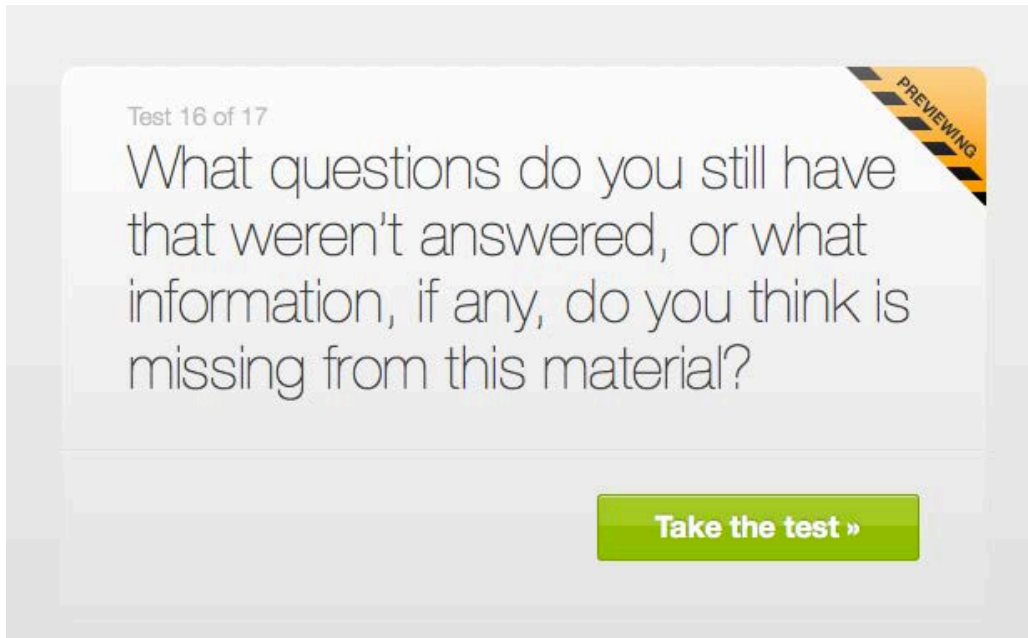
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 16



Screen 1



What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Submit my answer »

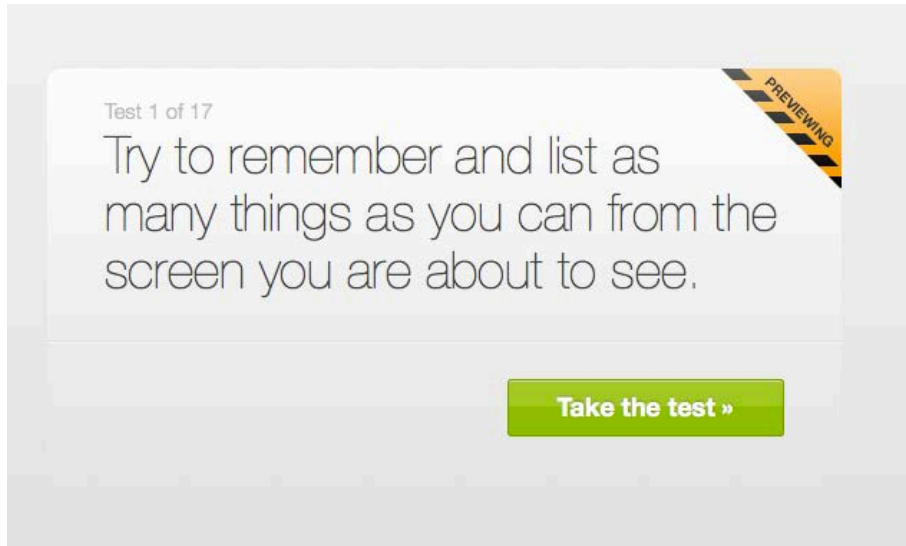
Screen 2



## Attachment 2: Click Testing Screen Shots

### Material: Heart Disease Fact Sheet

#### Task 1



Screen 1

# Attachment 2: Click Testing Screen Shots

**Heart Disease Facts**

**America's Heart Disease Burden**

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths!**
- Heart disease is the leading cause of death for both men and women. **More than HALF** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **383,000** people annually.<sup>2</sup>
- Every year about **715,000** Americans have a heart attack. Of those, 325,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>3</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>4</sup> This total includes the cost of health care services, medications, and lost productivity.

**Deaths Vary by Ethnicity**

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.<sup>5</sup>

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	23.9

**Deaths Vary by Geography**

During 2007–2009, death rates due to heart disease were highest in the South and lowest in the West.

**Heart Disease Death Rates, 2007-2009**  
Adults Ages 35+, by County

Screen 2

What can you remember?

- 
- 
- 
- 
- 

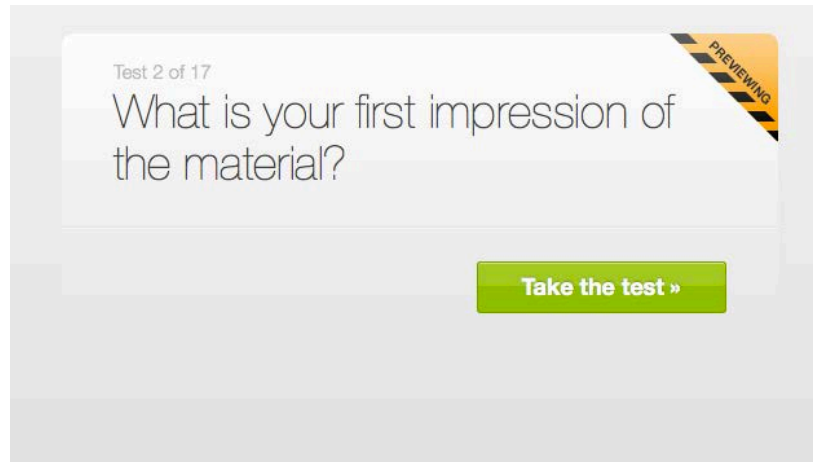
[Submit my answers »](#)

Screen 3

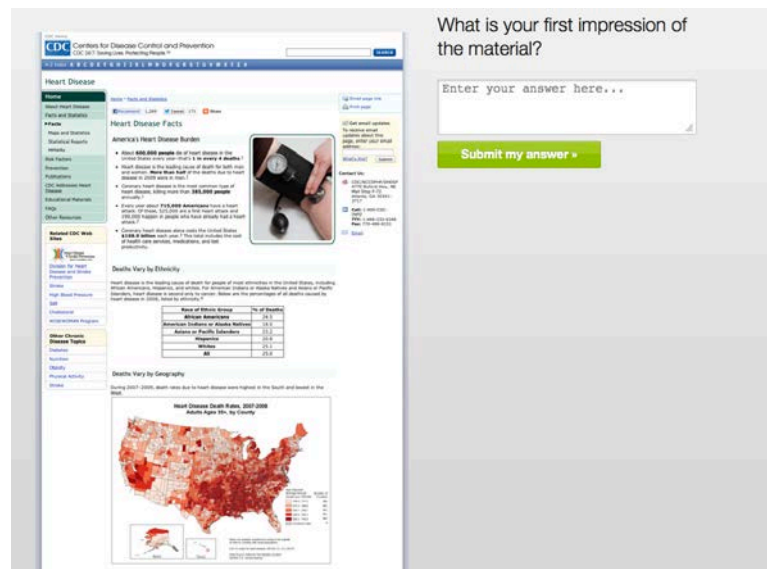


# Attachment 2: Click Testing Screen Shots

## Task 2



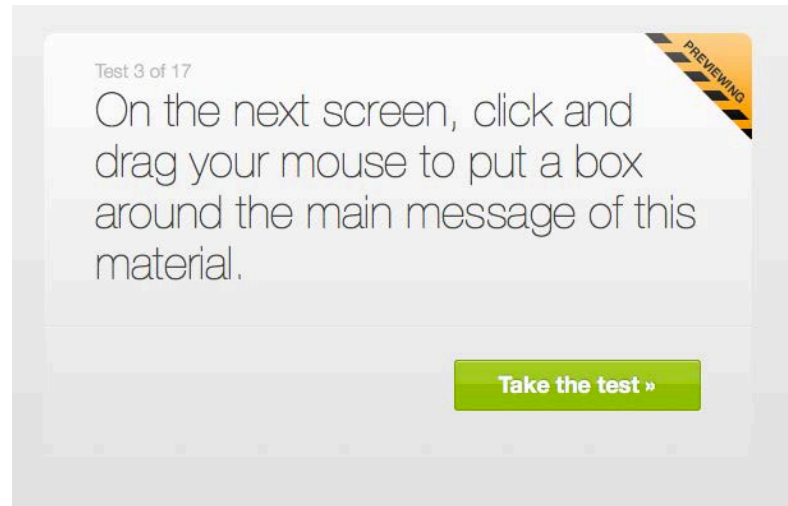
Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

The screenshot shows the CDC website's 'Heart Disease Facts' page. The page features a navigation menu on the left, a main content area with a list of facts, a sidebar with 'Related CDC Web Sites', and a 'Contact Us' section on the right. A yellow dashed box highlights the 'America's Heart Disease Burden' section, and a green box highlights the 'I'm done annotating' button. A search bar is located at the top right.

**Heart Disease Facts**

**America's Heart Disease Burden**

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.<sup>1</sup>
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.

**Related CDC Web Sites**

- Division for Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol

**Contact Us:**

- CDC/NCCDPHP/DHDSPP  
4770 Buford Hwy, NE  
Mail Stop F-72  
Atlanta, GA 30341-3717
- Call: 1-800-CDC-INFO  
TTY: 1-888-232-6348  
Fax: 770-488-8151

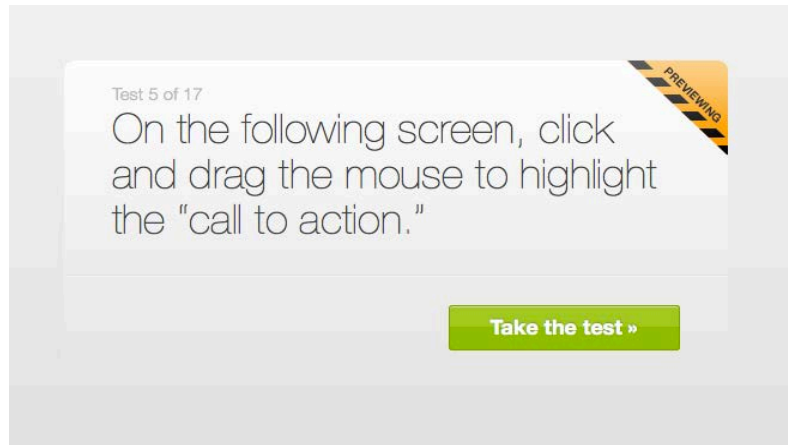
**I'm done annotating »**

Screen 3

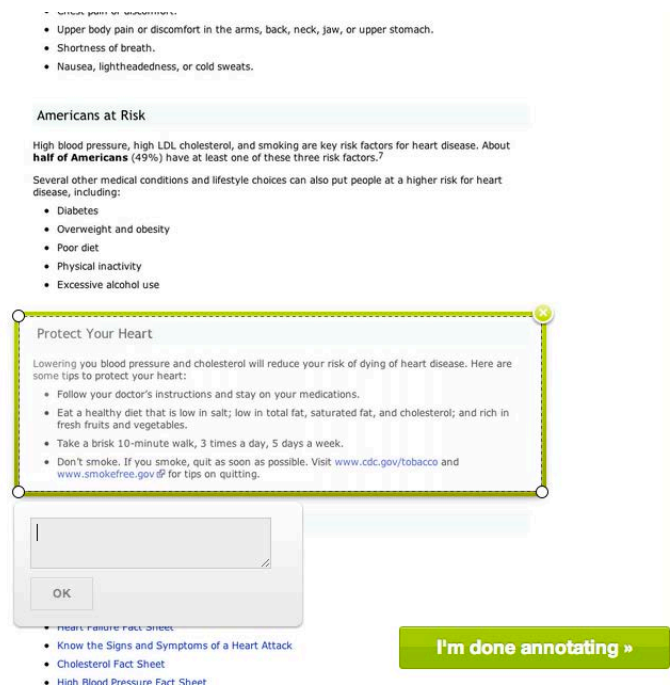


# Attachment 2: Click Testing Screen Shots

## Task 5



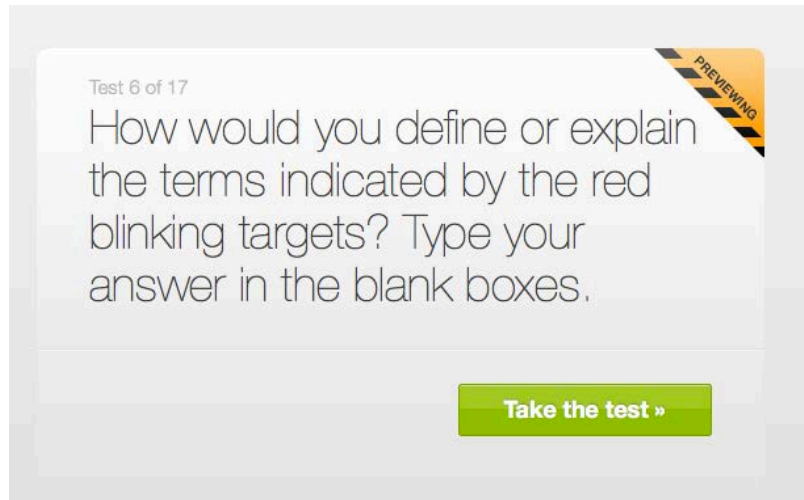
Screen 1



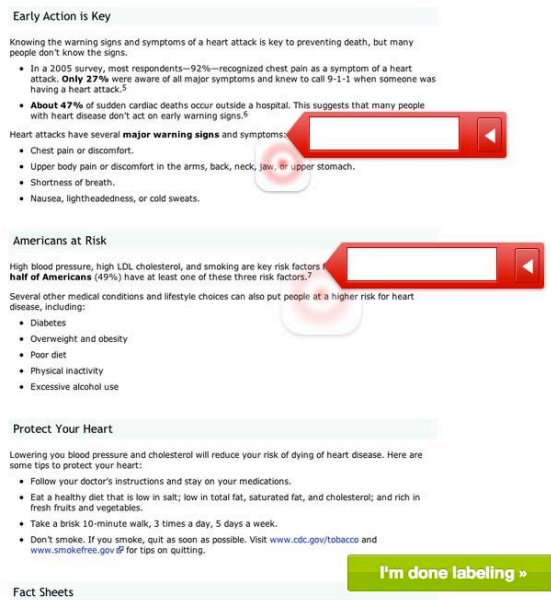
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 6



Screen 1



Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 7

Test 7 of 17

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

PREVIEWING

Take the test »

Screen 1

Age-Adjusted Average Annual Deaths per 100,000

Age-Adjusted Average Annual Deaths per 100,000	Number of Counties
100.0 - 115.2	98
115.3 - 130.5	61
130.6 - 145.7	62
145.8 - 160.9	61
161.0 - 176.1	61
no data	1

States not suitable (classified to represent the stability of rates in counties with small populations):

ICD-10 codes for heart disease: I00-109, I12, I20-251

Data Source: National Center for Health Statistics and the U.S. Census Bureau

Early Action is Key

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. Only 27% were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.<sup>5</sup>

About 47% of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.<sup>6</sup>

Heart attacks have several major warning signs and symptoms:

• Pain or discomfort in the chest, jaw, neck, or upper stomach.

OK

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.<sup>7</sup>

Several other medical conditions and lifestyle choices can also put people at risk for heart disease, including:

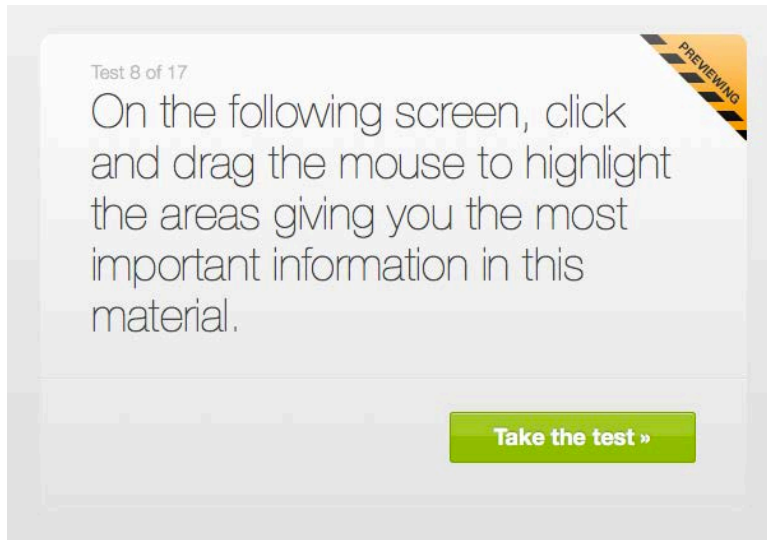
- Diabetes

I'm done annotating »

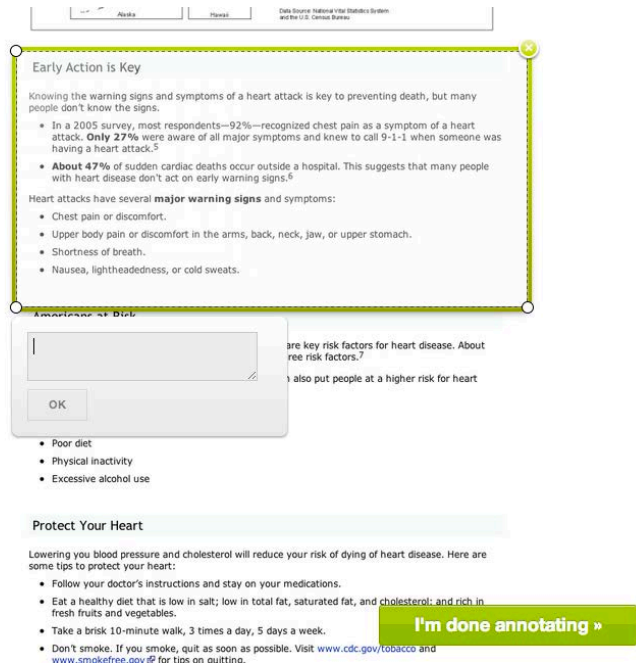
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 8



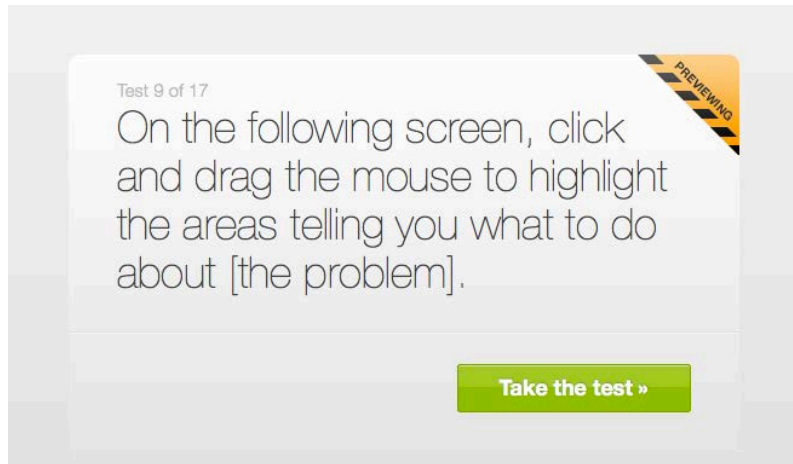
Screen 1



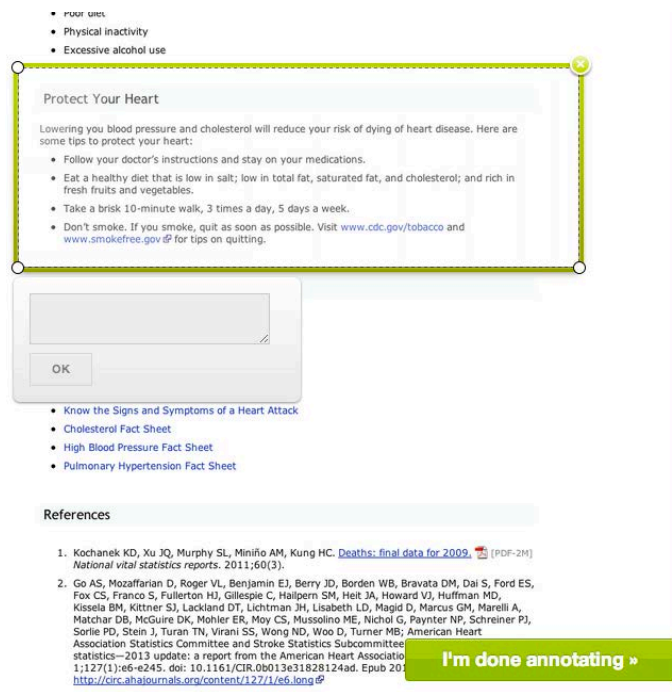
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 9



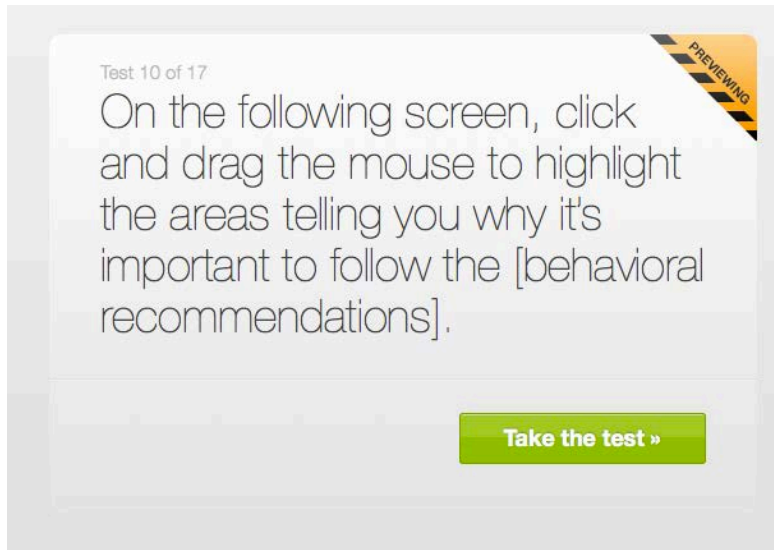
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 10



Screen 1

Heart Disease Facts

Home > Facts and Statistics

Recommend 1,269 Tweet 171 Share

Get email updates

Contact Us:

CDC/NCCDPHP/DHDSP  
4770 Buford Hwy, NE  
Mail Stop F-72  
Atlanta, GA 30341-3717  
Call: 1-800-CDC-INFO  
TTY: 1-888-232-6348  
Fax: 770-488-8151  
Email

Heart Disease Facts

America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.<sup>1</sup>
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.

st ethnicities in the United States, including African Americans, American Indians or Alaska Natives and Asians or Pacific Islanders, the percentages of all deaths caused by

	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by Geography

I'm done annotating »

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

Screen 1

DC Addresses Heart Disease  
Educational Materials  
FAQs  
Other Resources


**Related CDC Web Sites**

- Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol
- WISEWOMAN Program

**Other Chronic Disease Topics**

- Diabetes
- Nutrition
- Obesity
- Physical Activity
- Stroke

- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.<sup>1</sup>
- Every year about **715,000 Americans** have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.



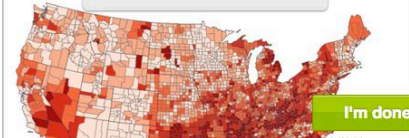
**Deaths Vary by Ethnicity**

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.<sup>4</sup>

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

**Deaths Vary by**

During 2007–2009, \_\_\_\_\_ and lowest in the West.

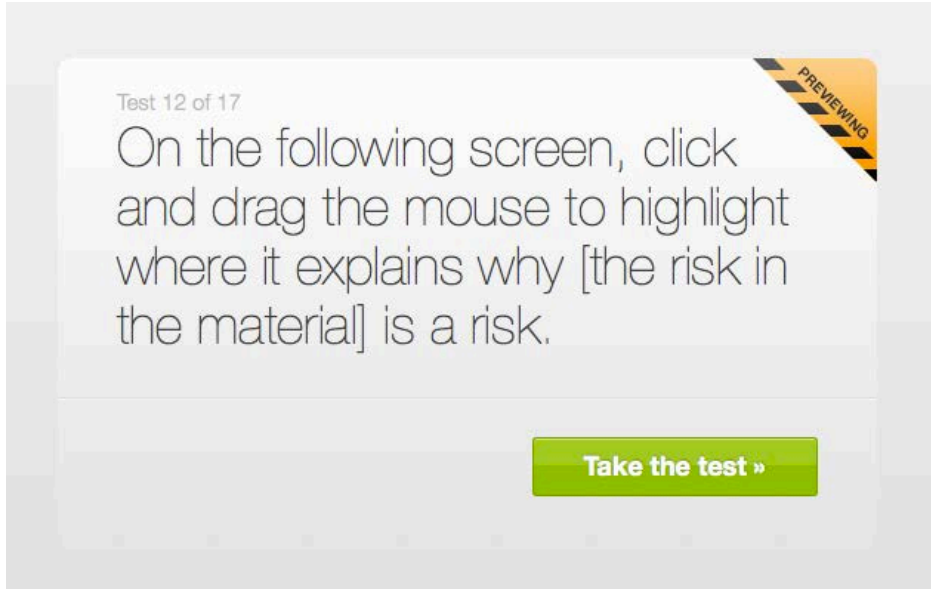


**I'm done annotating »**

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 12



Screen 1

Heart Disease

Home

About Heart Disease

Facts and Statistics

Facts

Maps and Statistics

Statistical Reports

MMWRs

Risk Factors

Prevention

Publications

CDC Addresses Heart Disease

Educational Materials

FAQs

Other Resources

Home > Facts and Statistics

Recommend 1,269 | Tweet 171 | Share

### Heart Disease Facts

#### America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.<sup>1</sup>
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.<sup>1</sup>
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.<sup>1</sup>
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.<sup>2</sup>
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.<sup>3</sup> This total includes the cost of health care services, medications, and lost productivity.

Most ethnicities in the United States, including African Americans or Alaska Natives and Asians or Pacific Islanders, die at higher percentages of all deaths caused by heart disease than Whites.

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by Geography

OK

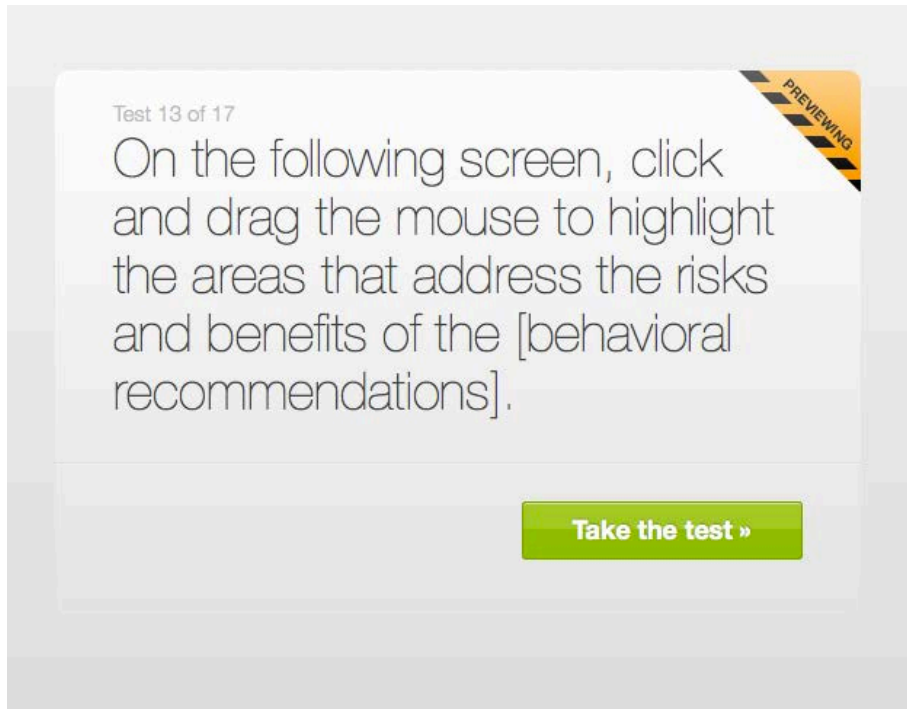
I'm done annotating »

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 13



Screen 1

# Attachment 2: Click Testing Screen Shots

**Early Action is Key**

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

- In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. **Only 27%** were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.<sup>5</sup>
- **About 47%** of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.<sup>6</sup>

Heart attacks have several **major warning signs** and symptoms:

- Chest pain or discomfort.
- Upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach.
- Shortness of breath.
- Nausea, lightheadedness, or cold sweats.

**Americans at Risk**

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.<sup>7</sup>

Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

your risk of dying of heart disease. Here are  medications.

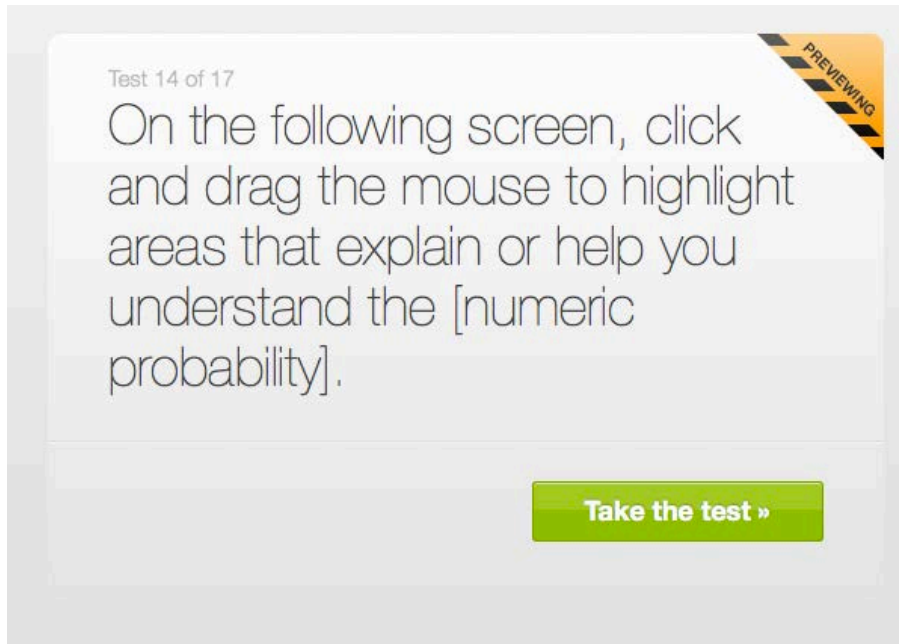
it, saturated fat, and cholesterol; and rich in

- Take a brisk 10-minute walk, 3 times a day, 5 days a week.
- Don't smoke. If you smoke, quit as soon as possible. Visit [www.cdc.gov](http://www.cdc.gov) or [www.smokefree.gov](http://www.smokefree.gov) for tips on quitting.

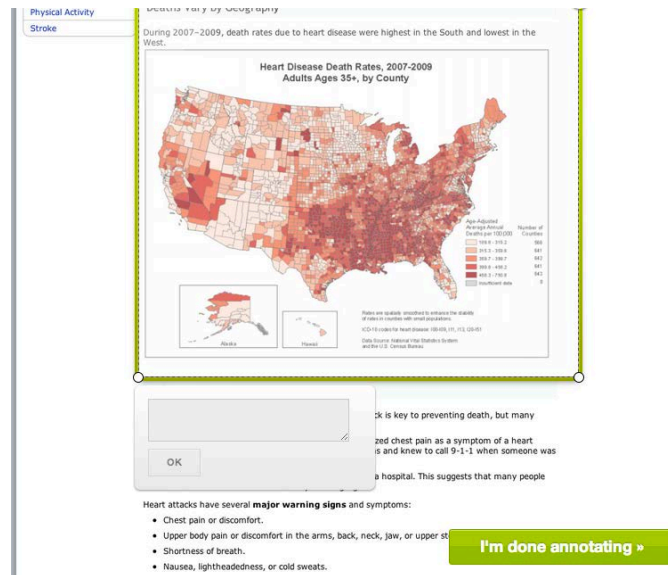
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 14



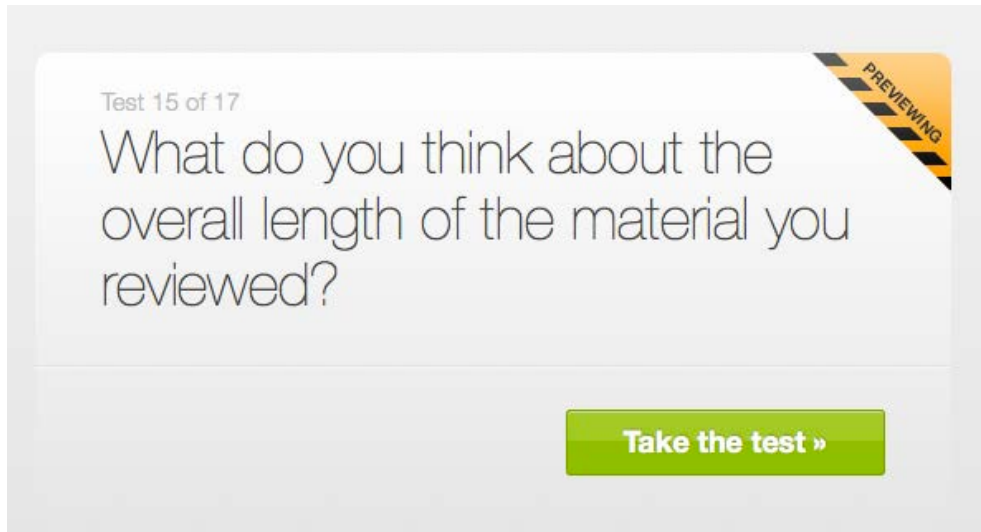
Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 15



Screen 1

CDC Centers for Disease Control and Prevention  
CDC 2017. Saving Lives. Protecting People.™

### Heart Disease

Home | Links and Statistics | Email page link

Heart Health Overview | Facts and Statistics | Print page

High and Statistics | Publications | Get email updates

Statistical Reports | Publications | To receive email updates, please enter your email address.

Risk Factors | Publications | Sign up now

Prevention | Publications | Sign up now

CDC Addressing Heart Disease | Publications | Sign up now

Educational Materials | Publications | Sign up now

FAQ | Publications | Sign up now

Other Resources | Publications | Sign up now

#### Heart Disease Facts

**America's Heart Disease Burden**

- About **450,000** people die of heart disease in the United States every year—that's **one every 33 seconds!**
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2014 were in men.
- Coronary heart disease is the most common type of heart disease, killing more than **300,000** people annually.
- Every year about **714,000** Americans have a heart attack. Of those, **214,000** die from heart attacks and **500,000** survive. **178,000** of those who survive heart attacks die within a year. This total includes the cost of health care services, medications, and lost productivity.

**Deaths Vary by Ethnicity**

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2010, by ethnicity.

Ethnic Group	% of Deaths
African Americans	27.3
American Indians or Alaska Natives	25.0
Asians or Pacific Islanders	23.2
Hispanics	22.8
Whites	22.3
HP	22.0

**Deaths Vary by Geography**

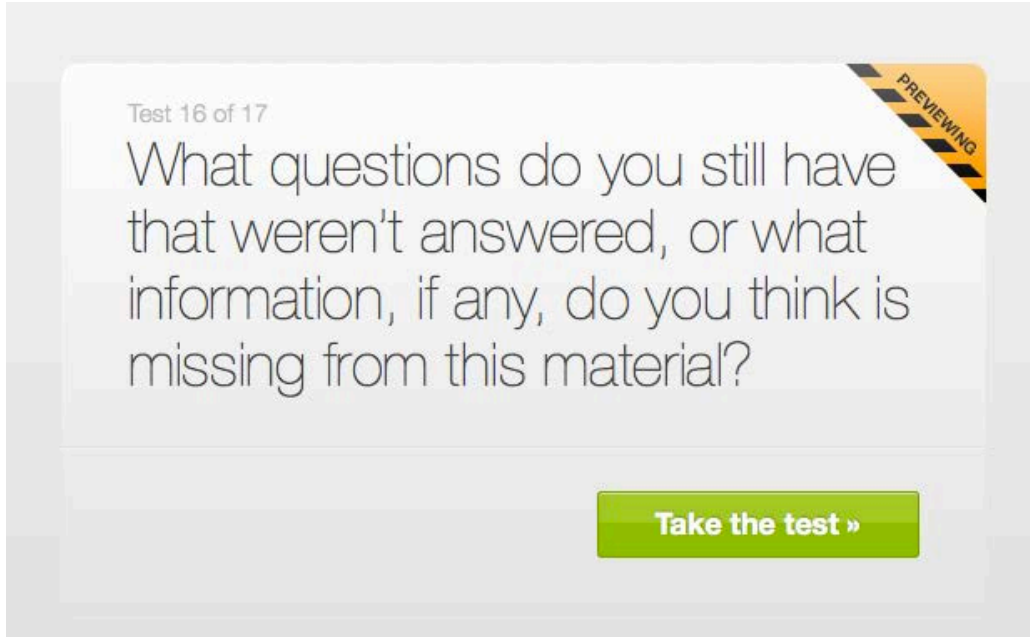
During 2007–2009, death rates due to heart disease were highest in the South and lowest in the West.

**Heart Disease Death Rates, 2007–2009**  
Adults Ages 35+, by County

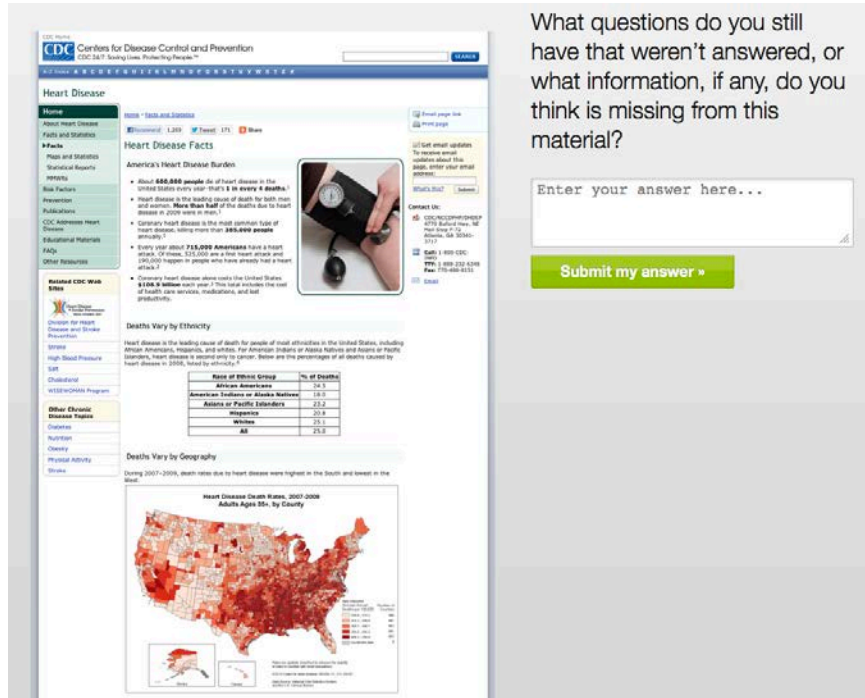
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 16



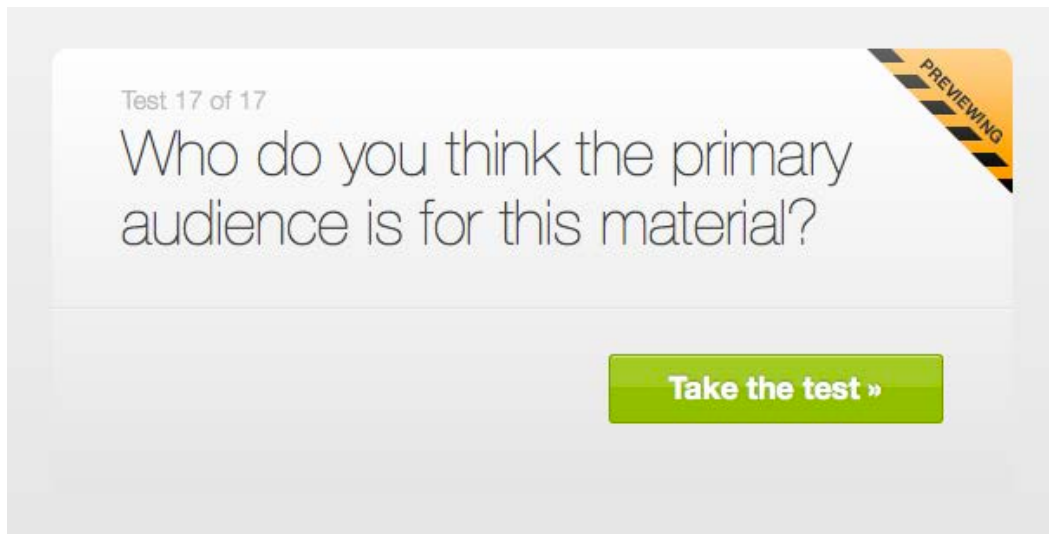
Screen 1



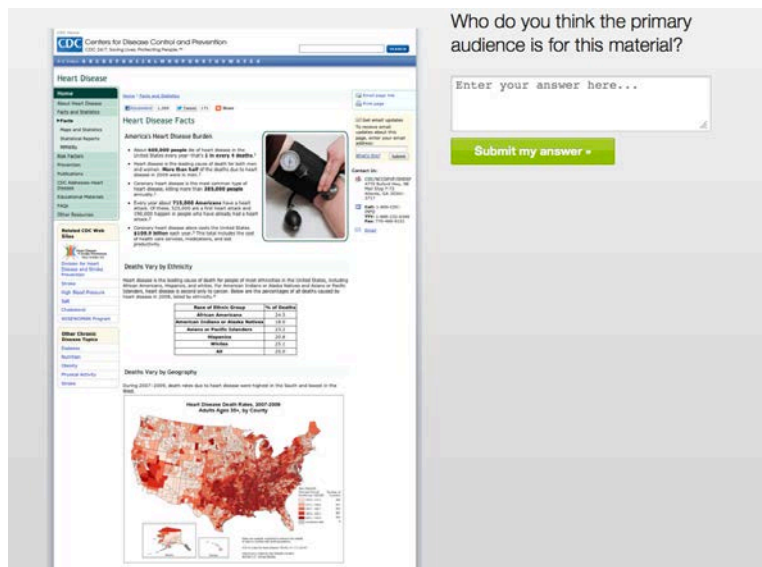
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 17



Screen 1



Screen 2



## Attachment 2: Click Testing Screen Shots


### Material: Model Aquatic health Code

#### Task 1

Test 1 of 17

Try to remember and list as many things as you can from the screen you are about to see.

**Take the test »**



Screen 1

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



#### Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

#### Specifically, the MAHC can help reduce:

- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1-14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.



 Department of Health and Human Services  
Centers for Disease Control and Prevention

Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

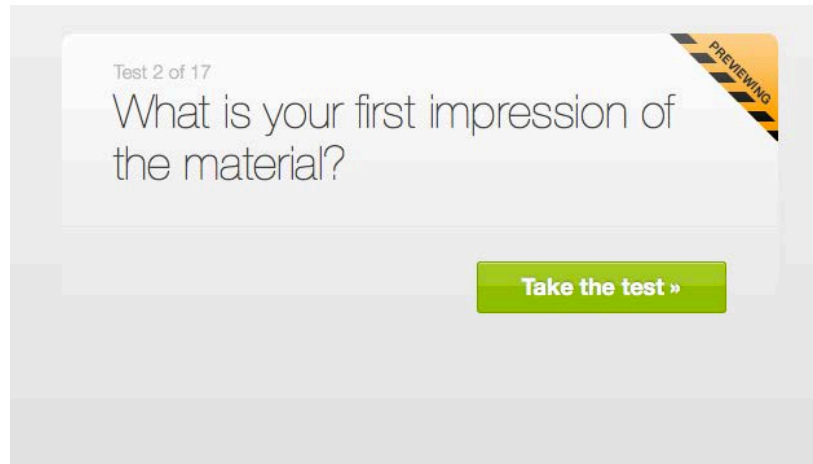
1.
2.
3.
4.
5.

[Submit my answers »](#)

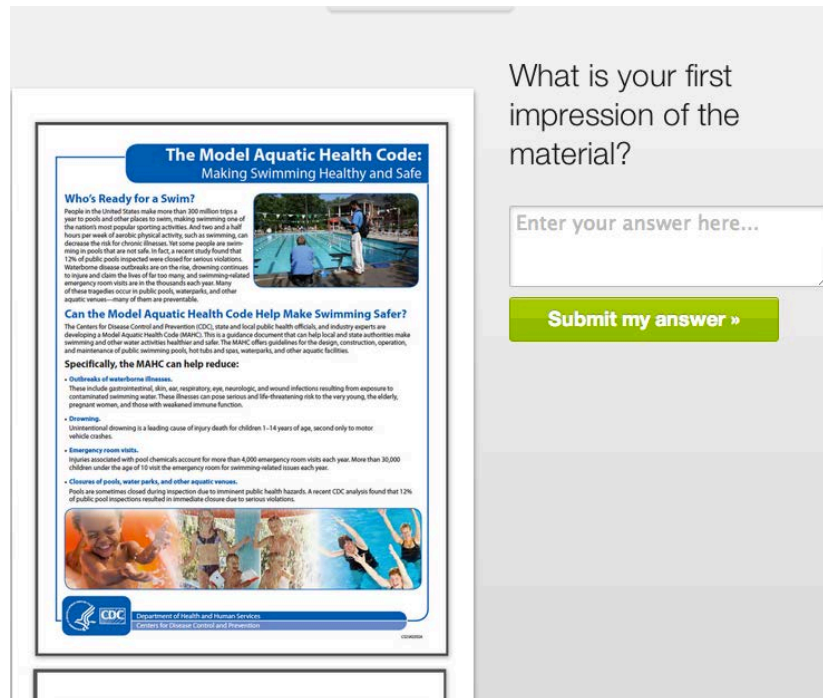
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



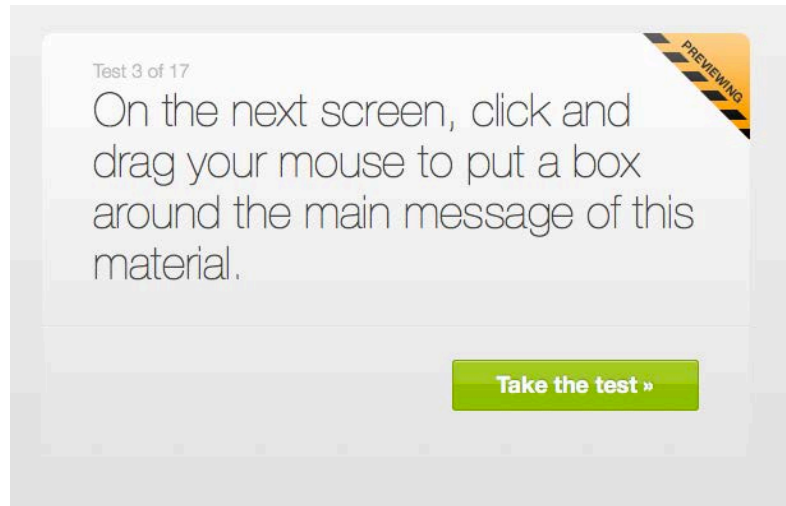
Screen 1



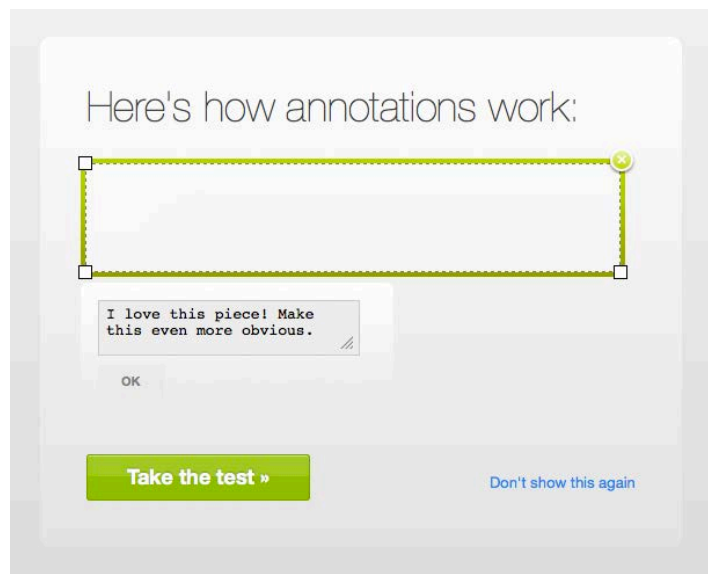
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1




Screen 2

# Attachment 2: Click Testing Screen Shots

## The Model Aquatic Health Code: Making Swimming Healthy and Safe

### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



### Code Help Make Swimming Safer?

State and local public health officials, and industry experts are using this guidance document that can help local and state authorities make aquatic venues safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public pools, waterparks, and other aquatic facilities.

**Use:**

These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.

- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. More than 10% of public pool inspections resulted in immediate closure due to serious violations.

I'm done annotating »

Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.

PREVIEWING


Take the test »

Screen 1

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



#### Can the Model Aquatic Health Code Help?

The Centers for Disease Control and Prevention (CDC), state and local health departments, and the National Swimming Pool and Spa Association (NSPSA) are developing a Model Aquatic Health Code (MAHC). This is a guide to make swimming and other water activities healthier and safer. The MAHC will help state and local health departments inspect and maintain public swimming pools, hot tubs and spas, and other aquatic venues.

**Specifically, the MAHC can help reduce:**

- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. More than 1,000 of public pool inspections resulted in immediate closure due to serious violations.

OK

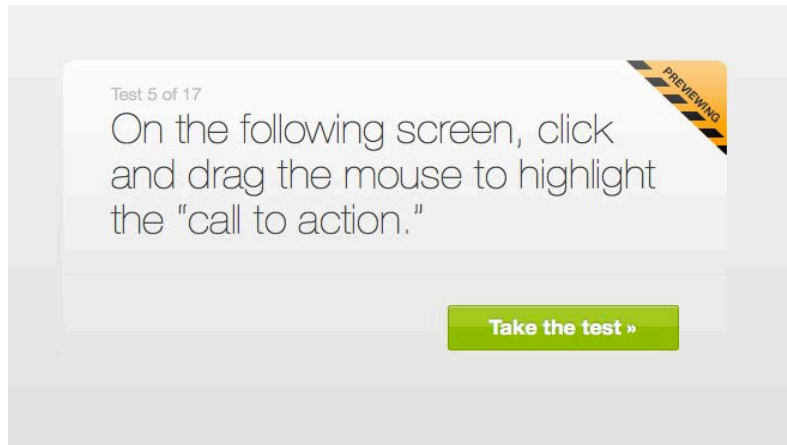
I'm done annotating »

Screen 2

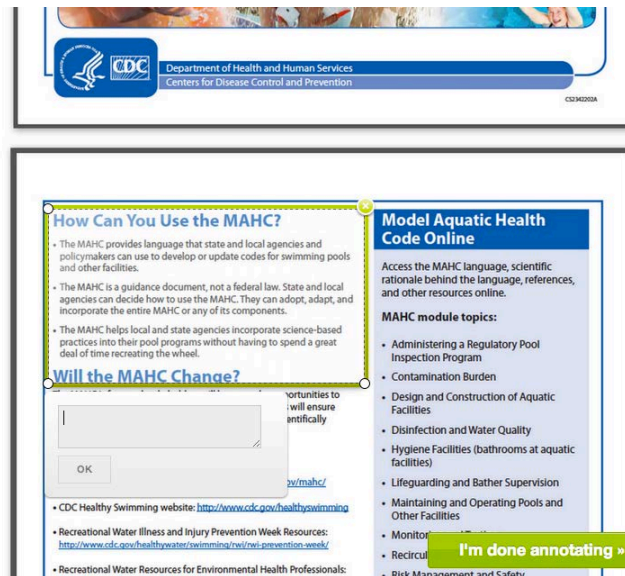


# Attachment 2: Click Testing Screen Shots

## Task 5



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 6

Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

**Take the test »**

Screen 1

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity can help to decrease the risk for chronic illness. However, swimming in pools that are not safe. In fact, 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



#### Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

#### Specifically, the MAHC can help reduce:

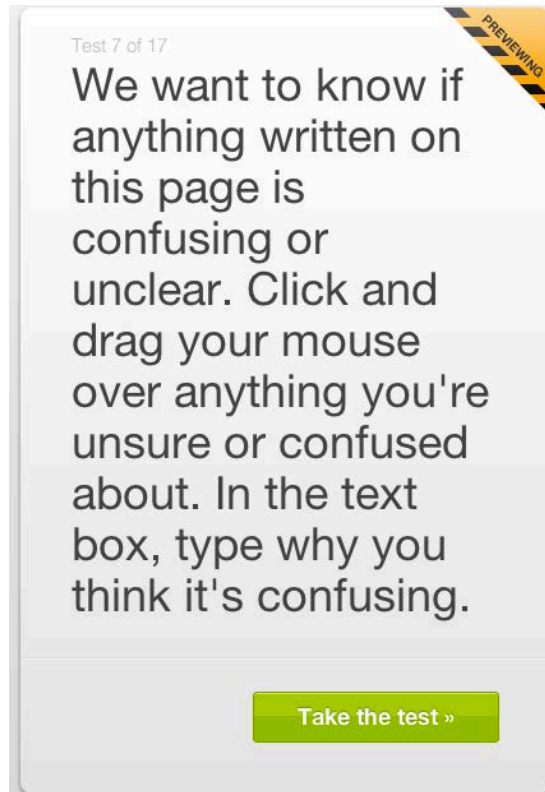
- **Outbreaks of waterborne illness.** These include gastrointestinal illnesses and wound infections resulting from exposure to contaminated swimming water. These are a threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. A recent survey of public pool inspections resulted in immediate closure due to serious violations.

**I'm done labeling »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7




Screen 1

# Attachment 2: Click Testing Screen Shots

## The Model Aquatic Health Code: Making Swimming Healthy and Safe

### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



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- Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- Drowning.** For children 1–14 years of age, second only to motor vehicle accidents, drowning is the leading cause of death for children 1–14 years of age, second only to motor vehicle accidents. More than 4,000 emergency room visits each year. More than 30,000 swimming-related issues each year.
- Waterborne disease outbreaks.** Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

OK

**I'm done annotating »**

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 8

Test 8 of 17


On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**PREVIEWING**

**Take the test »**

Screen 1

12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.




### Can the Model Aquatic Health Code Help Make Swimming Safer?


The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

**Specifically, the MAHC can help reduce:**

- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

OK



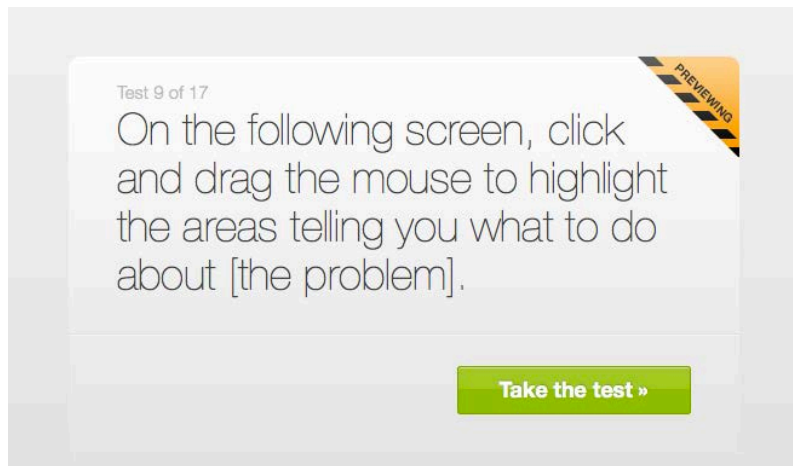
 Department of Health and Human Services  
Centers for Disease Control and Prevention

**I'm done annotating »**

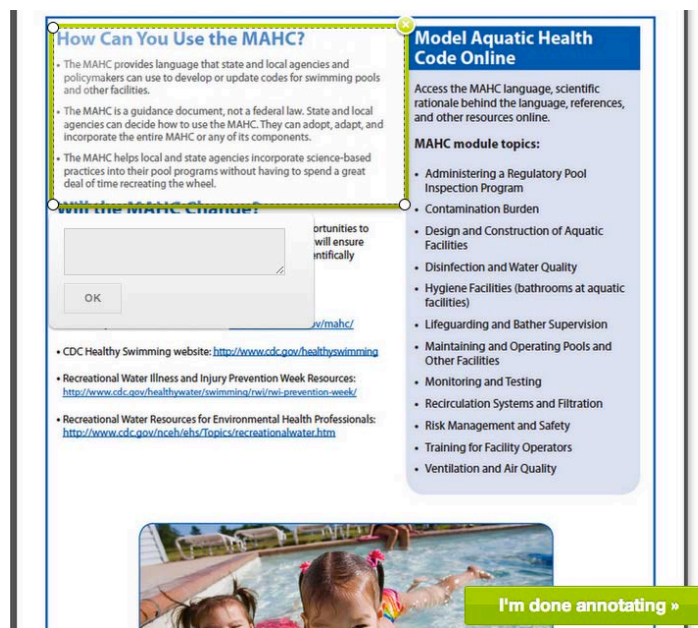
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



Screen 1

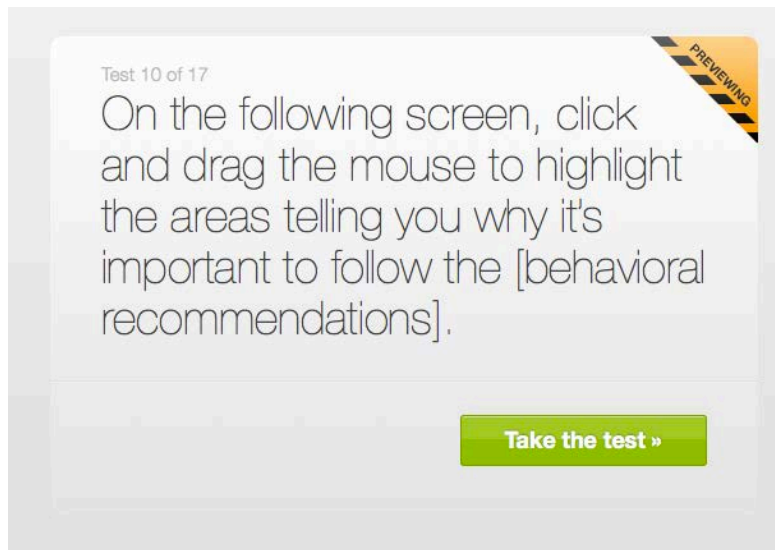


Screen 2

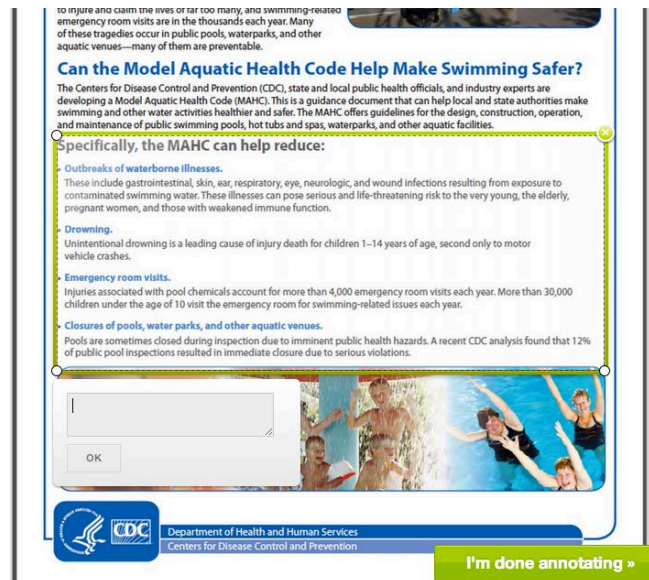


## Attachment 2: Click Testing Screen Shots

### Task 10



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

PREVIEWING


Take the test »

Screen 1

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



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**Specifically, the MAHC can help reduce:**

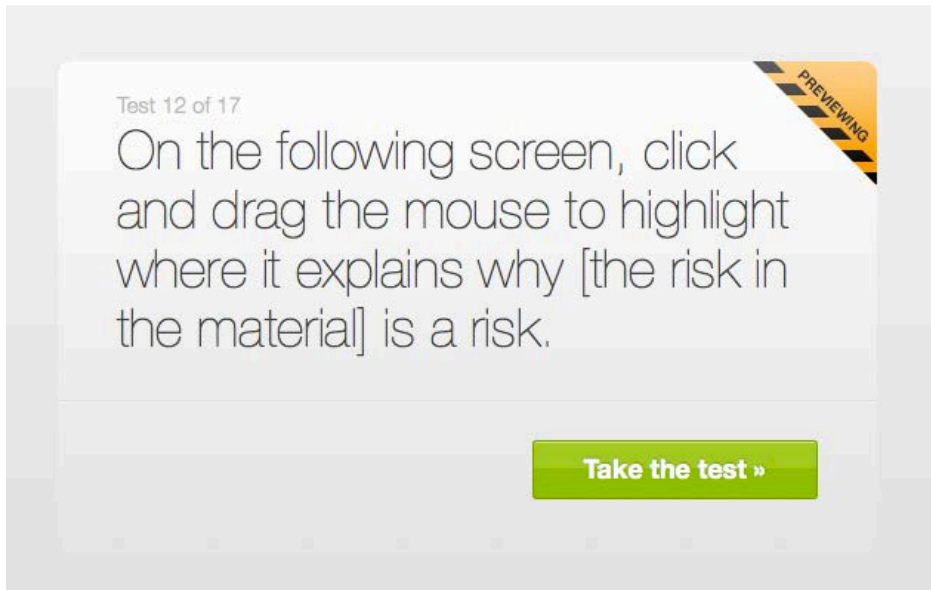
- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** More than 4,000 emergency room visits for swimming-related issues each year.

I'm done annotating »

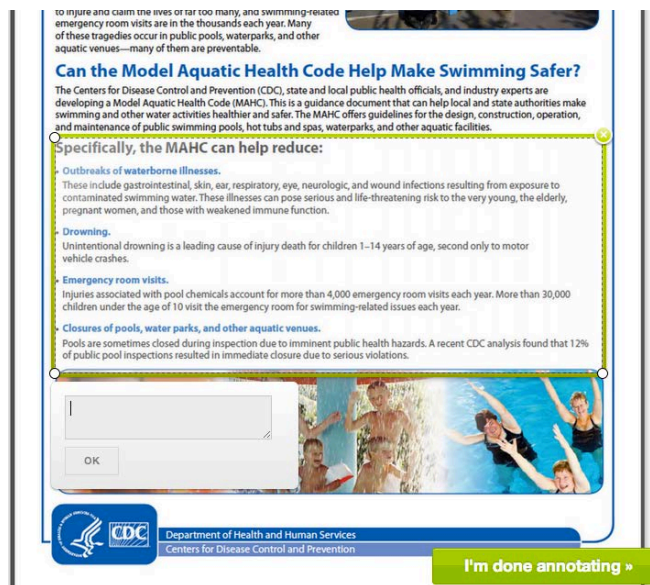
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 12



Screen 1



Screen 2

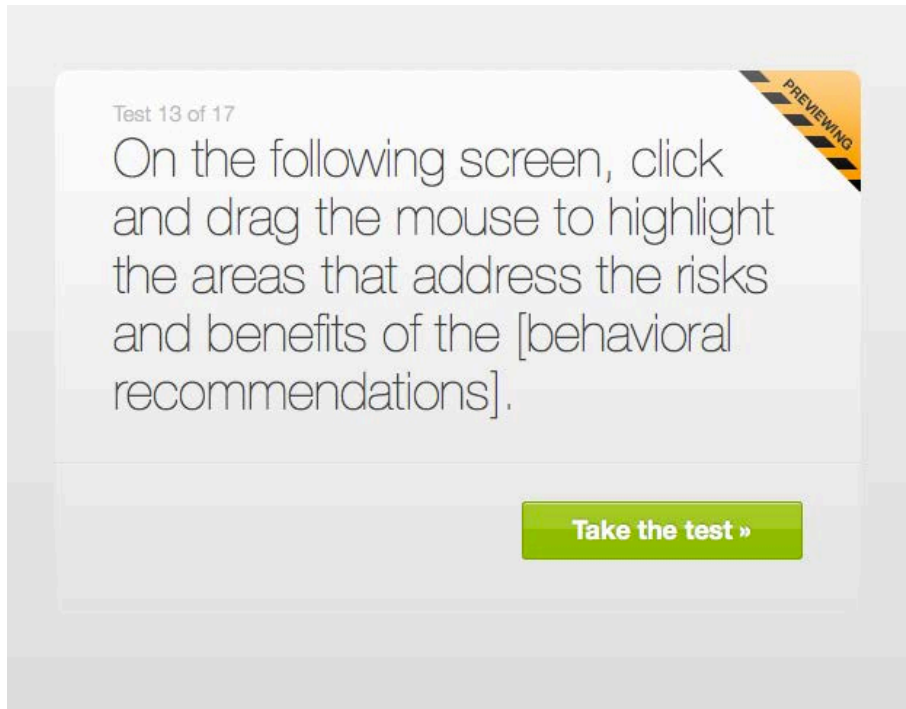
# Attachment 2: Click Testing Screen Shots

## Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

**Take the test »**



Screen 1

to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.

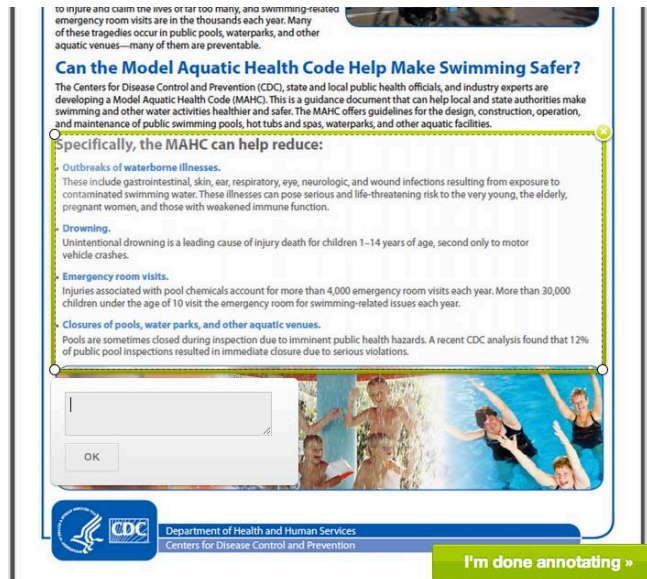
### Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

**Specifically, the MAHC can help reduce:**

- Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

OK



Screen 2



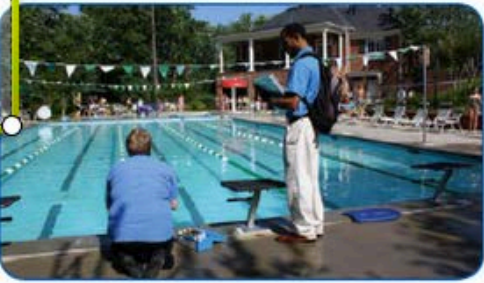
## Attachment 2: Click Testing Screen Shots

### Task 14

## The Model Aquatic Health Code: Making Swimming Healthy and Safe

### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half



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### Can the Model Aquatic Health Code Help Make Swimming Safer?

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#### Specifically, the MAHC can help reduce:

- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A of public pool inspections resulted in immediate closure due to serious violations.


I'm done annotating »

## Attachment 2: Click Testing Screen Shots

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

**Take the test »**



Screen 1

### The Model Aquatic Health Code: Making Swimming Healthy and Safe

#### Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half



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The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

**Specifically, the MAHC can help reduce:**

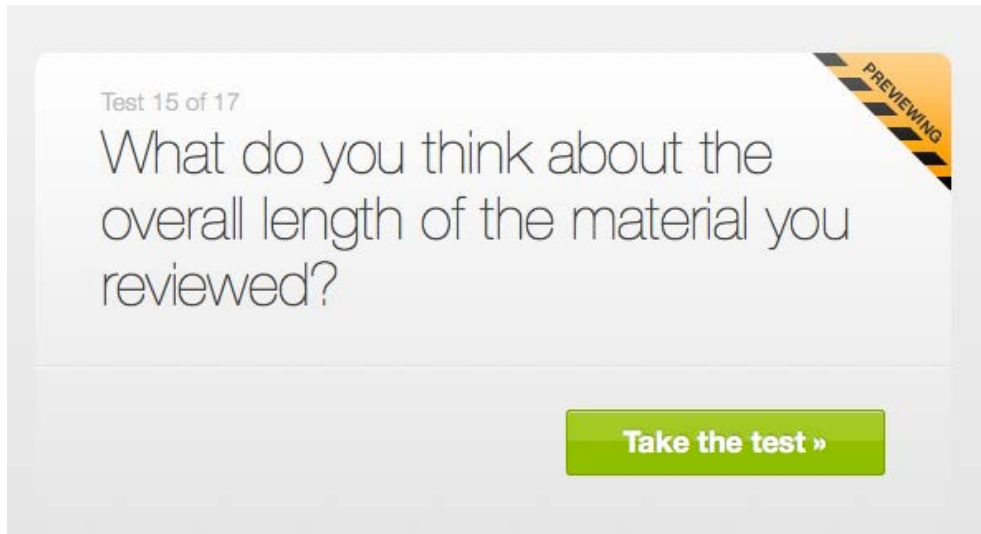
- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. More than 1,000 of public pool inspections resulted in immediate closure due to serious violations.

**I'm done annotating »**

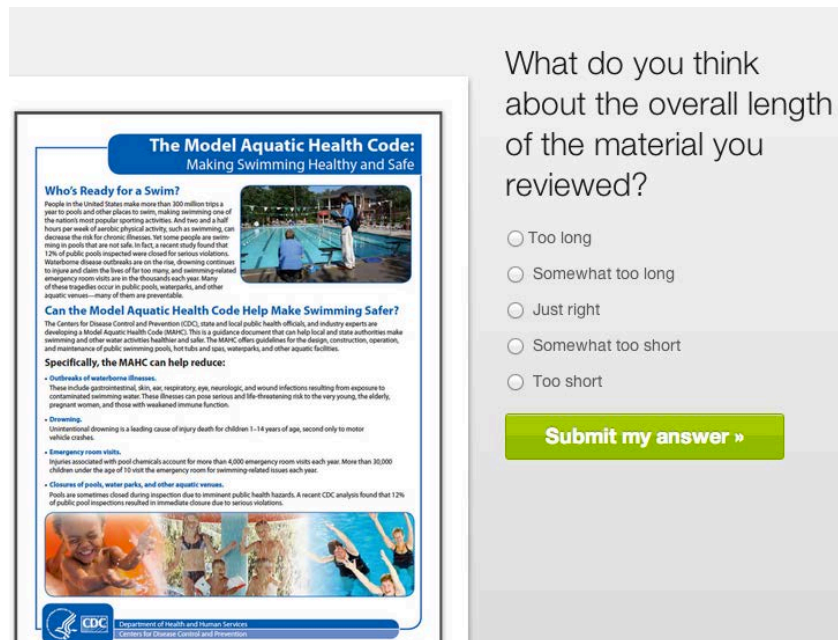
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 15



Screen 1



Screen 2



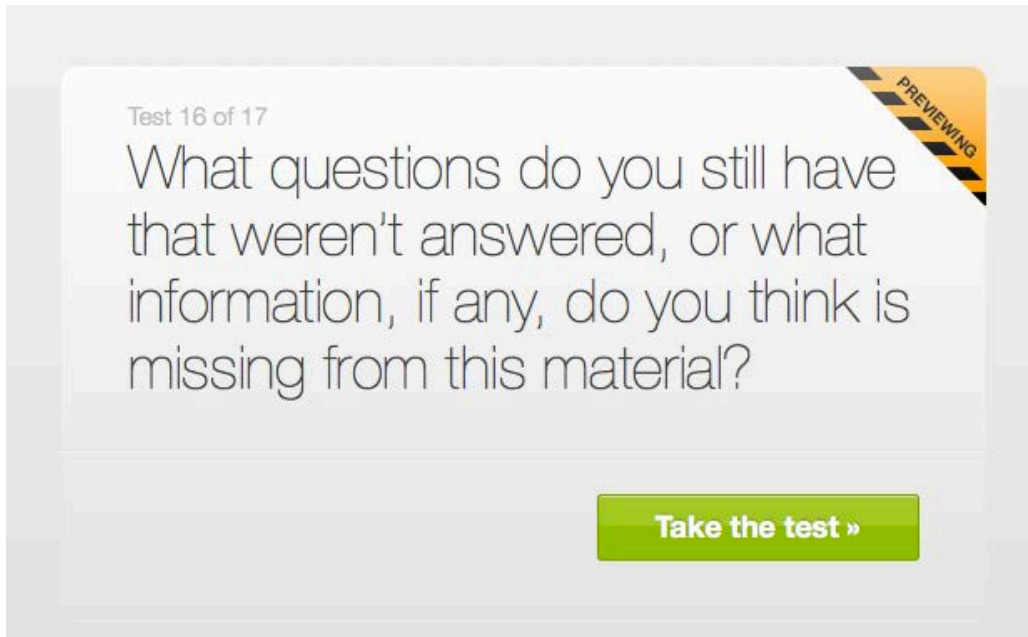
# Attachment 2: Click Testing Screen Shots

## Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

**Take the test »**

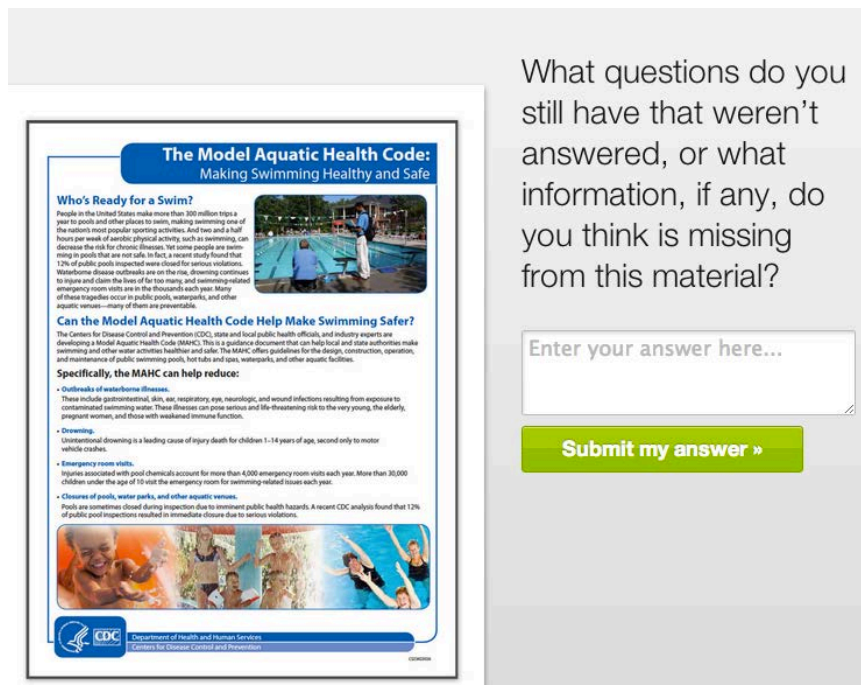


Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

**Submit my answer »**



**The Model Aquatic Health Code: Making Swimming Healthy and Safe**

**Who's Ready for a Swim?**


People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic diseases. Yet some people are swimming to pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.

**Can the Model Aquatic Health Code Help Make Swimming Safer?**

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

**Specifically, the MAHC can help reduce:**

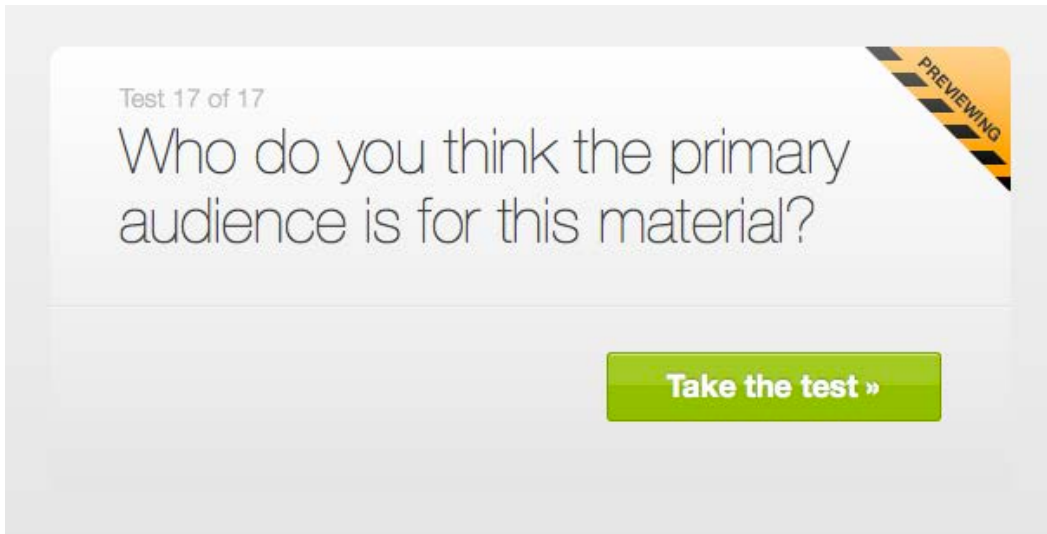
- **Outbreaks of waterborne illnesses.**  
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**  
Unintentional drowning is a leading cause of injury death for children 1-14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**  
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**  
Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

 Department of Health and Human Services  
Centers for Disease Control and Prevention

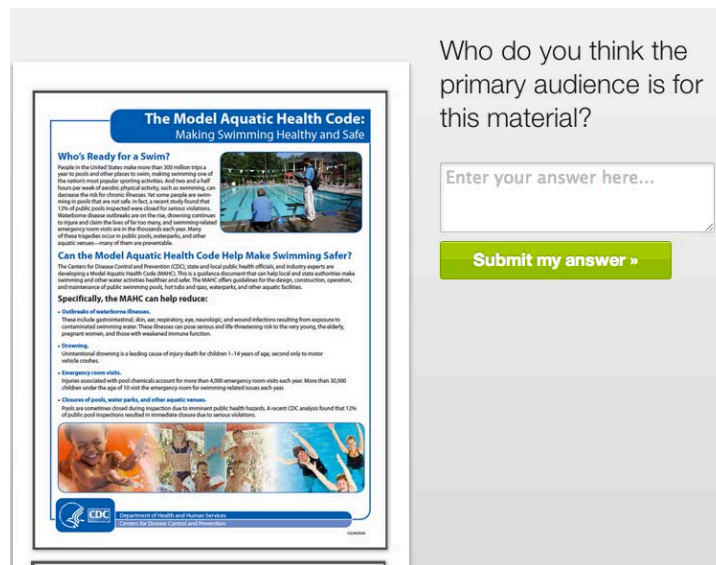
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 17



Screen 1

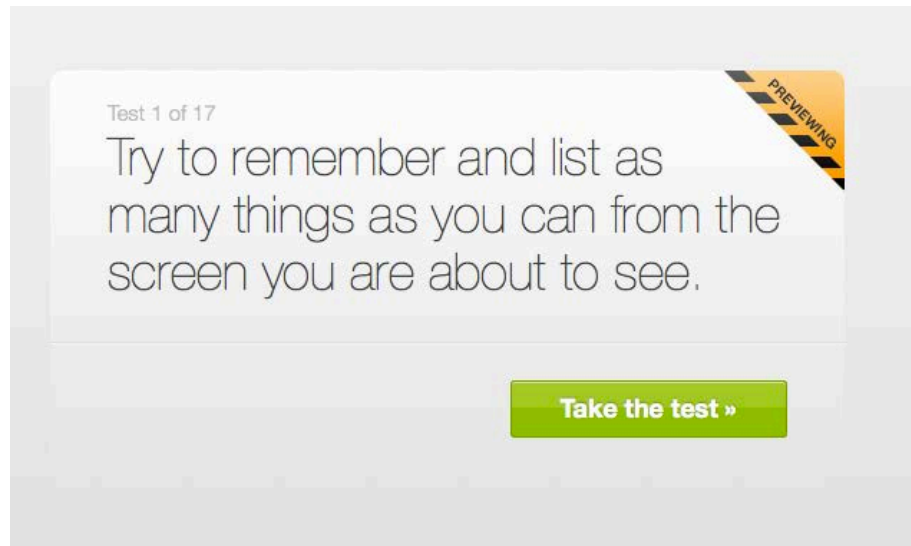


Screen 2

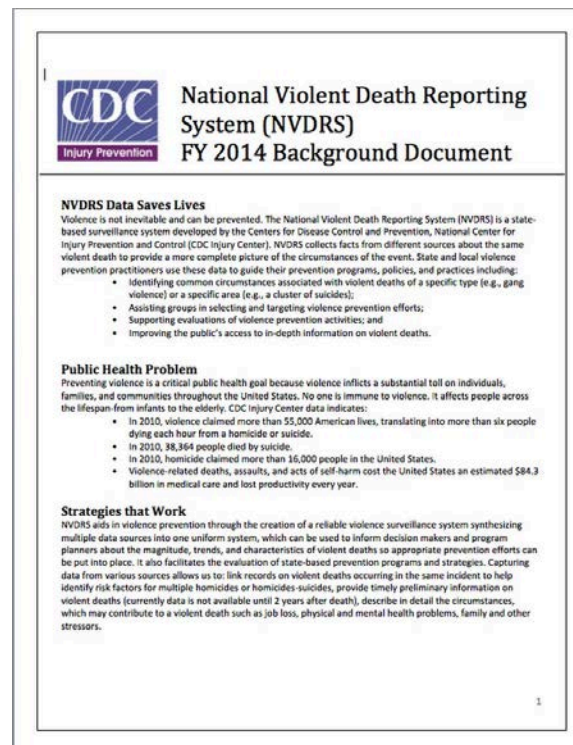
## Attachment 2: Click Testing Screen Shots

### Material: National Violent Death Reporting System

#### Task 1



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

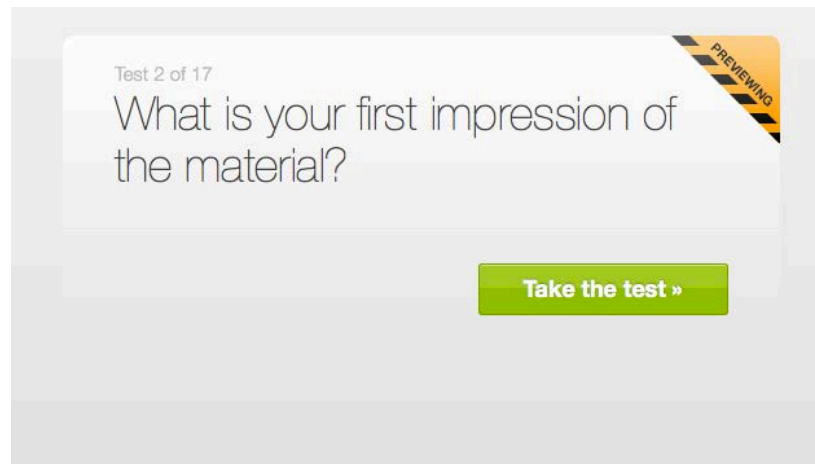
1.
2.
3.
4.
5.

[Submit my answers »](#)

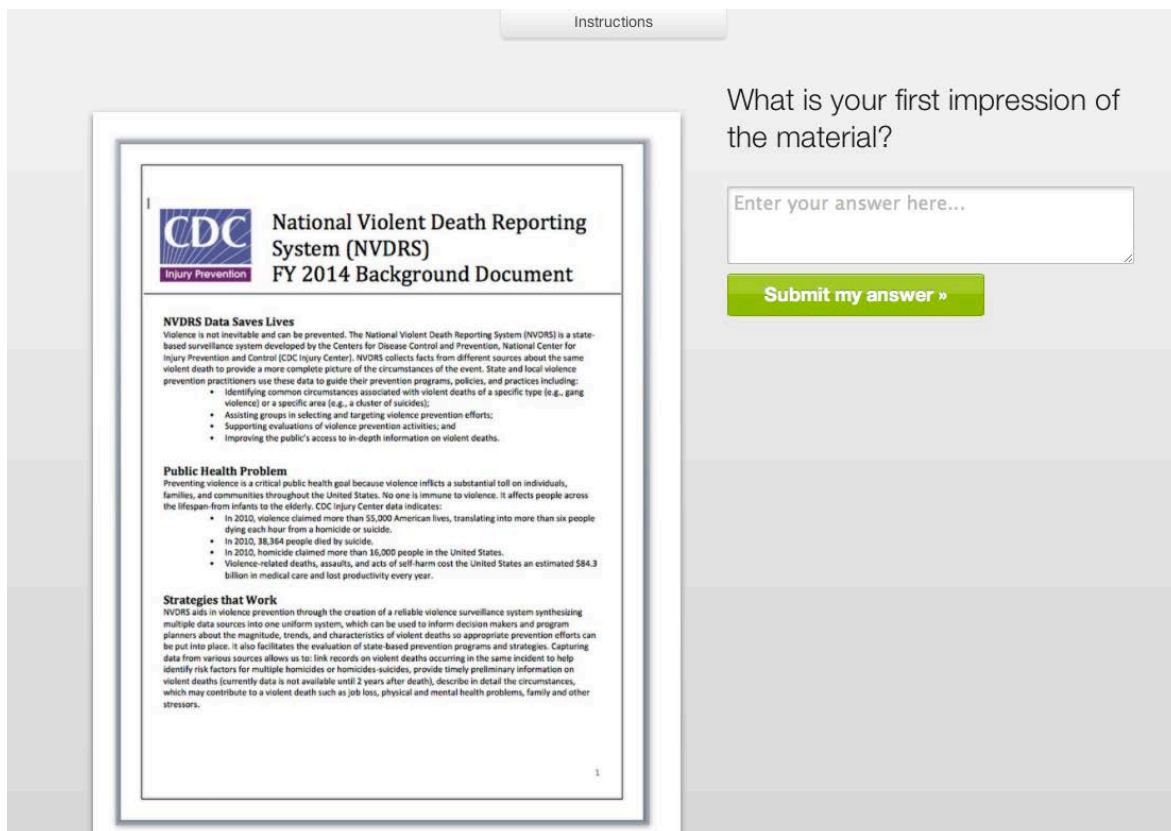
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



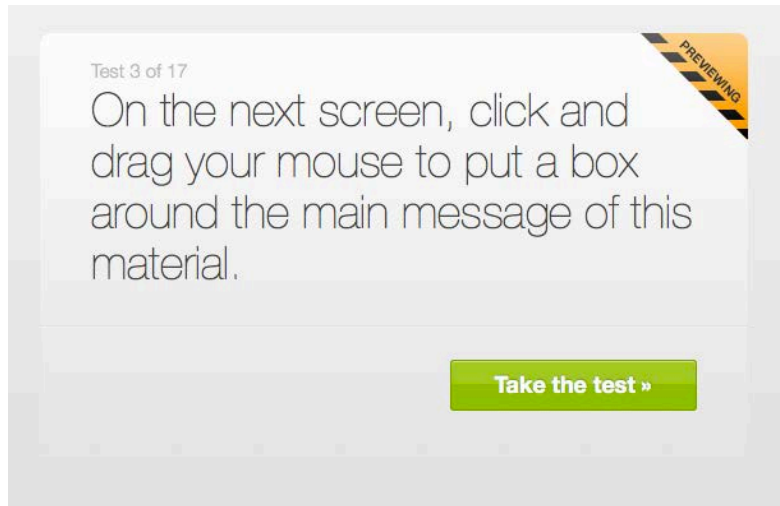
Screen 1



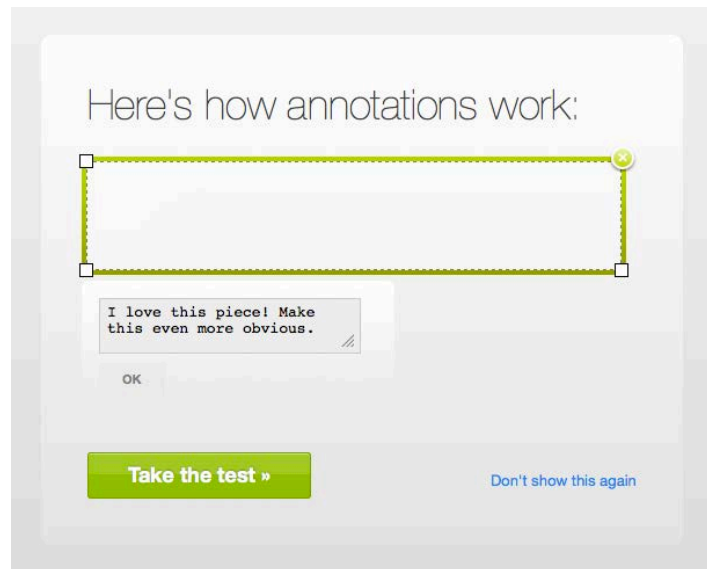
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3




Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



### National Violent Death Reporting System (NVDRS) FY 2014 Background Document

**NVDRS Data Saves Lives**

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

OK

the creation of a reliable violence surveillance system synthesizing information, which can be used to inform decision makers and program characteristics of violent deaths so appropriate prevention efforts can be implemented. Capturing records on violent deaths occurring in the same incident to help identify common circumstances, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

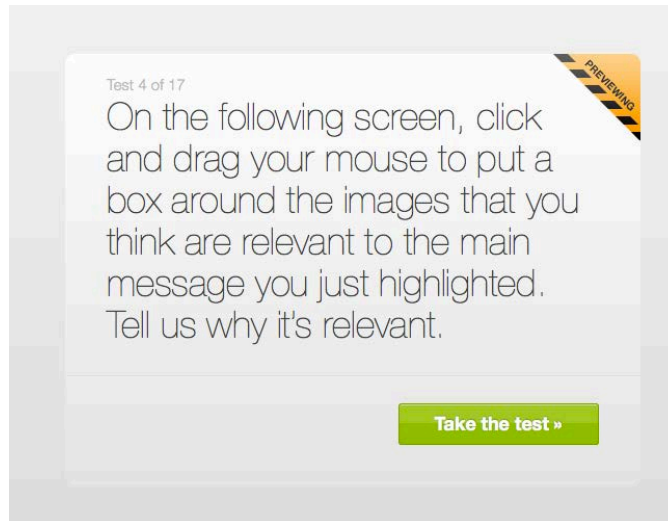
1

Screen 3

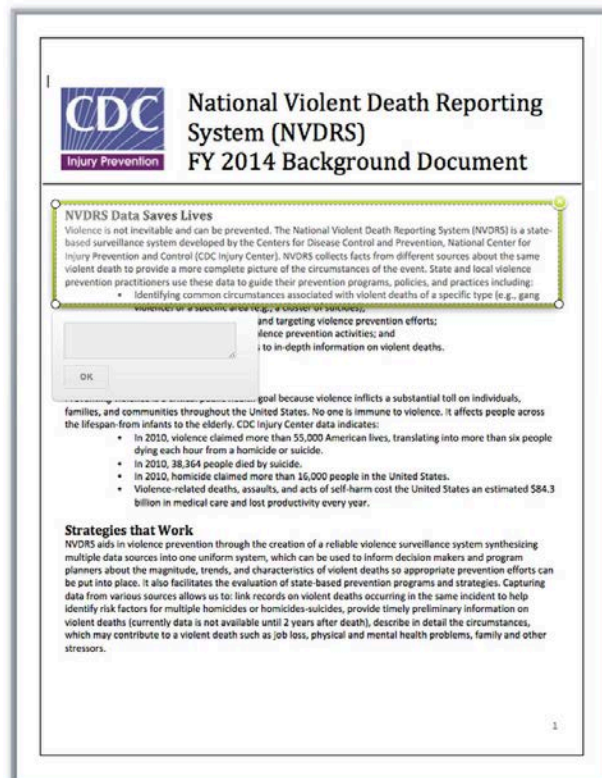


# Attachment 2: Click Testing Screen Shots

## Task 4



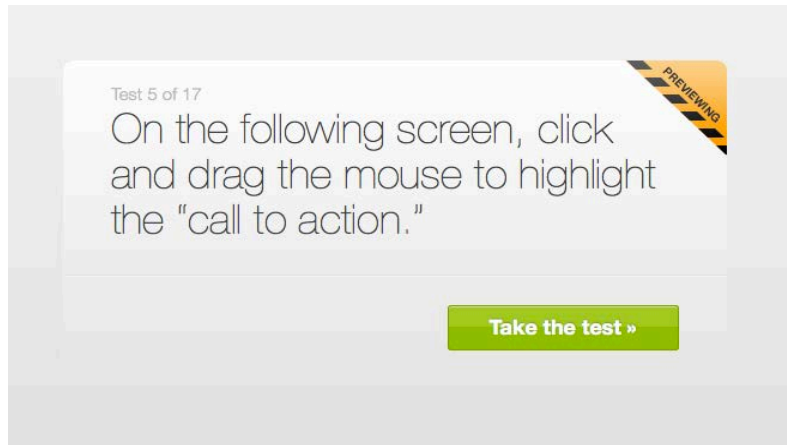
Screen 1



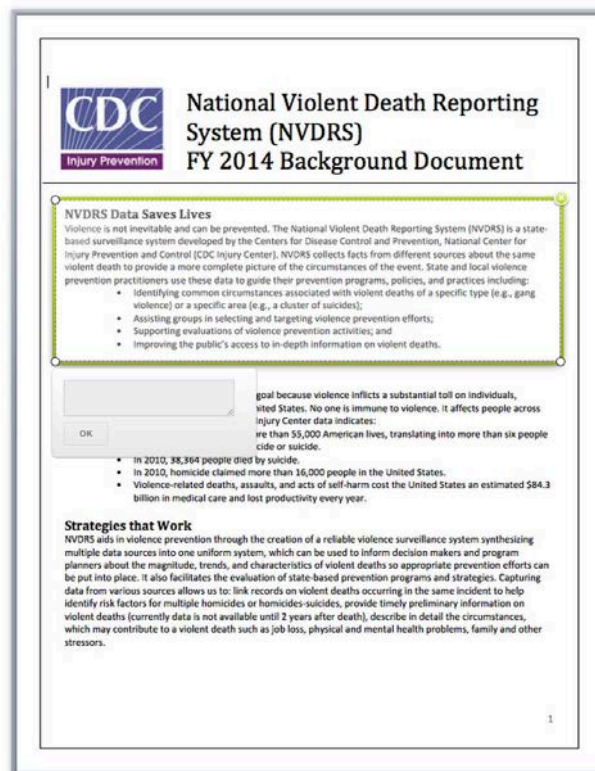
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 5



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 6

Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

Take the test »

Screen 1

**CDC** National Violent Death Reporting System (NVDRS)  
Injury Prevention FY 2014 Background Document

**NVDRS Data Saves Lives**  
Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**  
Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

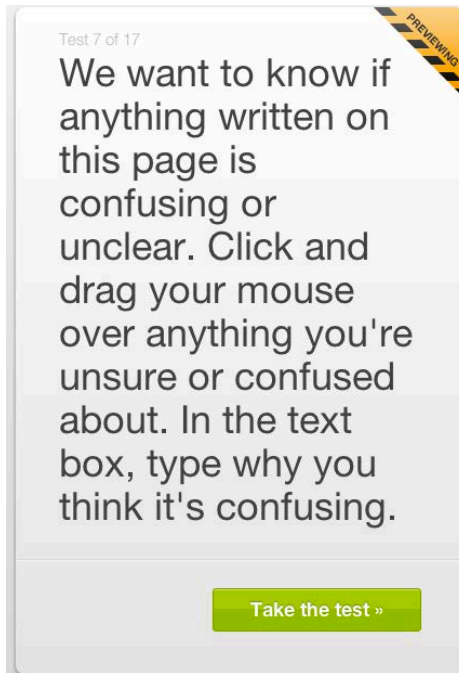
- In 2010, violence claimed more than 53,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

**Strategies that Work**  
NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

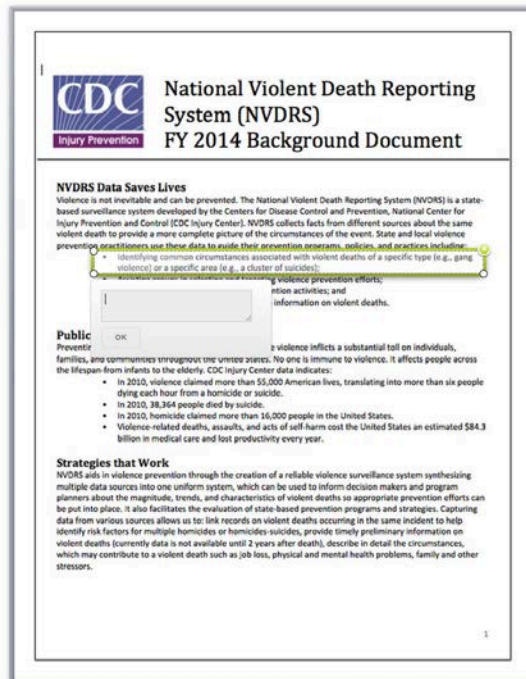
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 7



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**Take the test »**

Screen 1

**CDC** National Violent Death Reporting System (NVDRS)  
Injury Prevention FY 2014 Background Document

**NVDRS Data Saves Lives**  
Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**  
Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,164 people died by suicide.

of self-harm cost the United States an estimated \$84.3 billion every year.

**State**  
NVDRS a multiple

of a reliable violence surveillance system synthesizing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

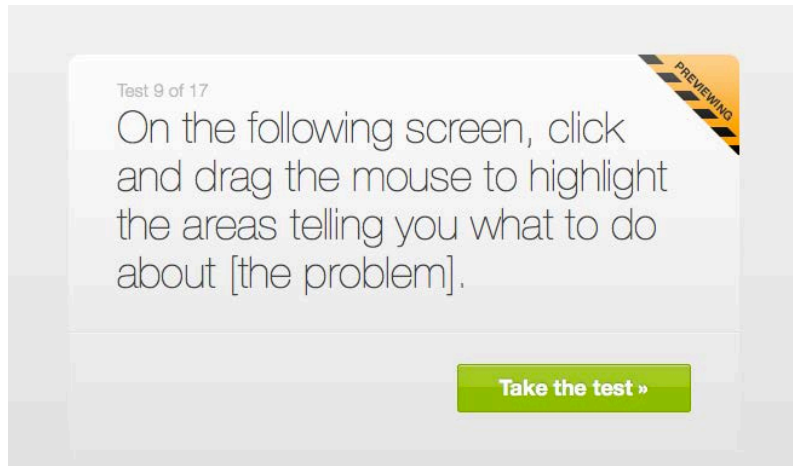
OK

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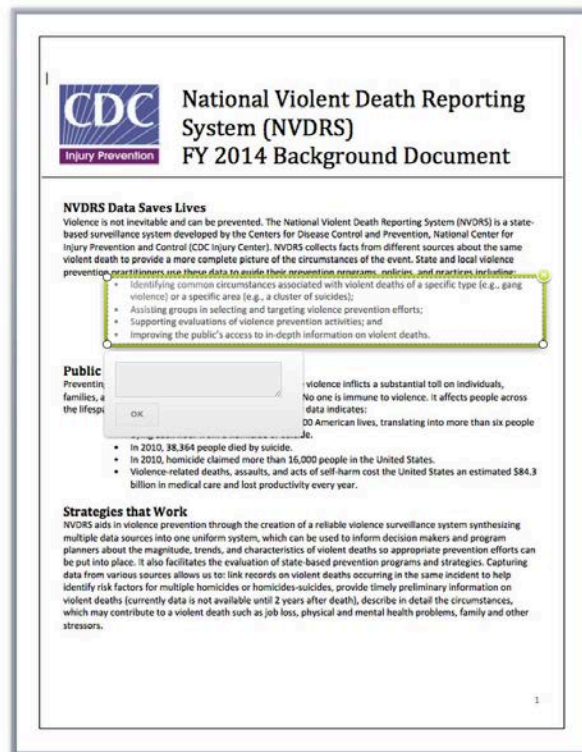
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 9



Screen 1

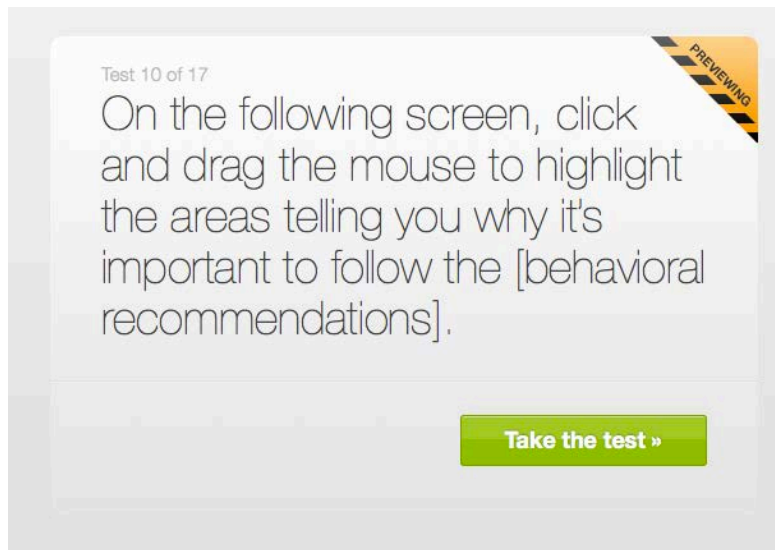


Screen 2

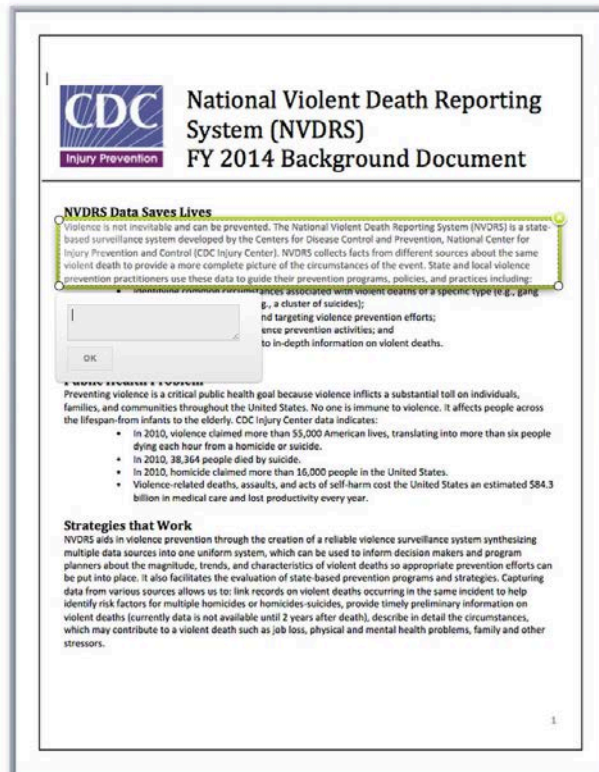


# Attachment 2: Click Testing Screen Shots

## Task 10



Screen 1



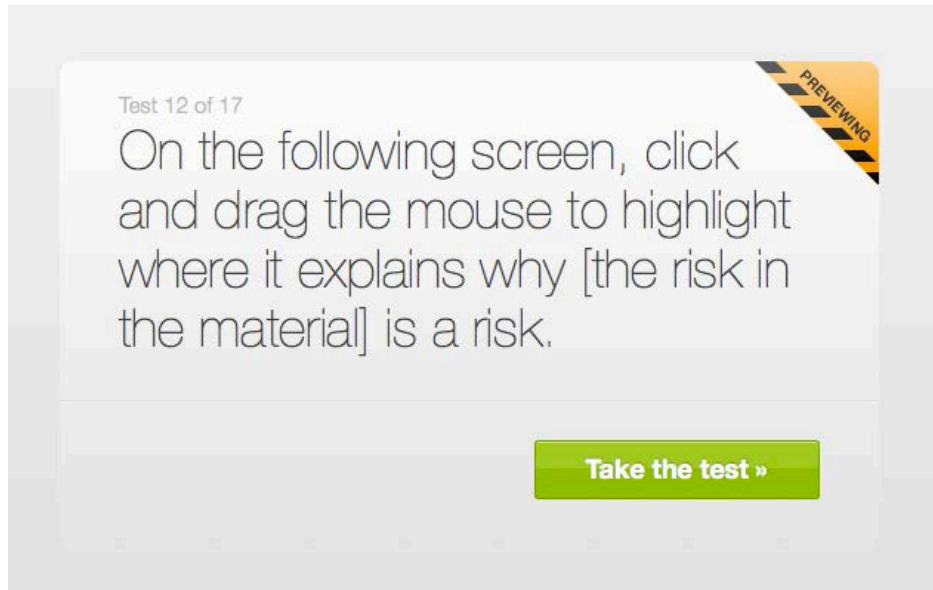
Screen 2



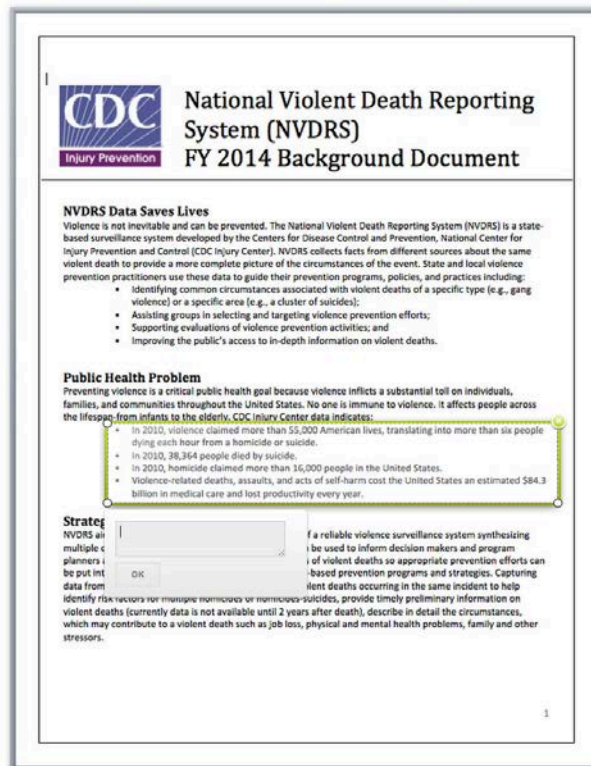


# Attachment 2: Click Testing Screen Shots

## Task 12



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

PREVIEWING

Take the test »

Screen 1

**CDC**  
Injury Prevention

## National Violent Death Reporting System (NVDRS) FY 2014 Background Document

**NVDRS Data Saves Lives**

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

**Public Health Problem**

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- More than 25,000 American lives, translating into more than six people die or suicide.
- More than 16,000 people in the United States.
- Homicides, suicides, and acts of self-harm cost the United States an estimated \$84.3 billion in lost productivity every year.

**Strategies that Work**

NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

# Attachment 2: Click Testing Screen Shots


## Screen 2

### Task 14

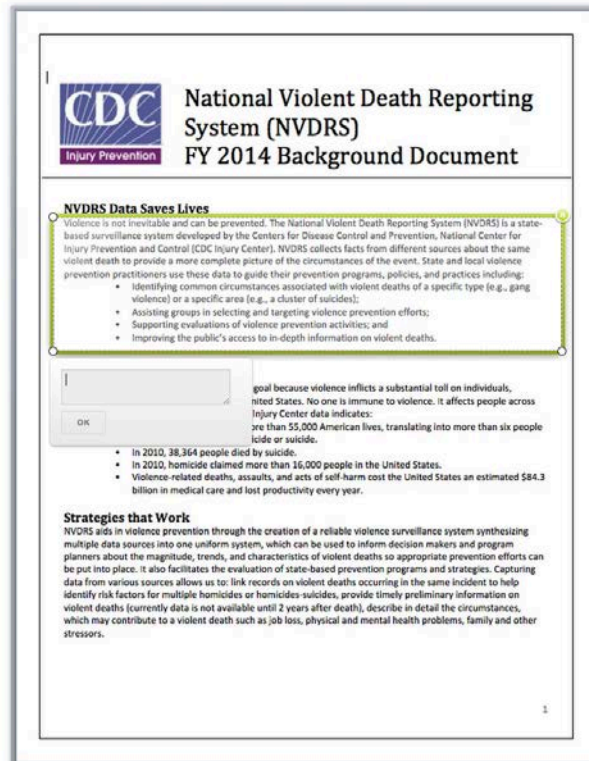
Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

**Take the test »**



## Screen 1



**CDC** National Violent Death Reporting System (NVDRS)  
Injury Prevention FY 2014 Background Document

**NVDRS Data Saves Lives**

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

goal because violence inflicts a substantial toll on individuals, killed States. No one is immune to violence. It affects people across Injury Center data indicates: more than 55,000 American lives, translating into more than six peopleicide or suicide.

- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

**Strategies that Work**

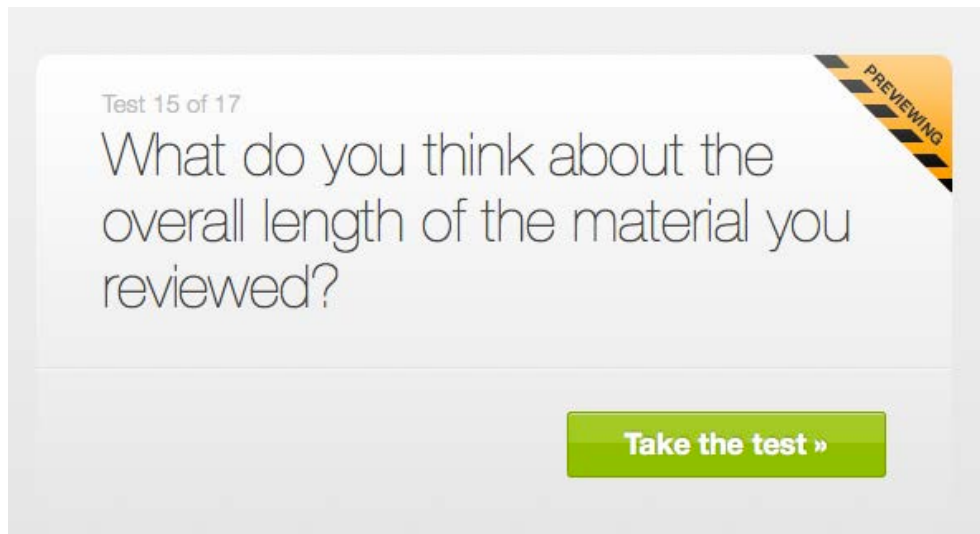
NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

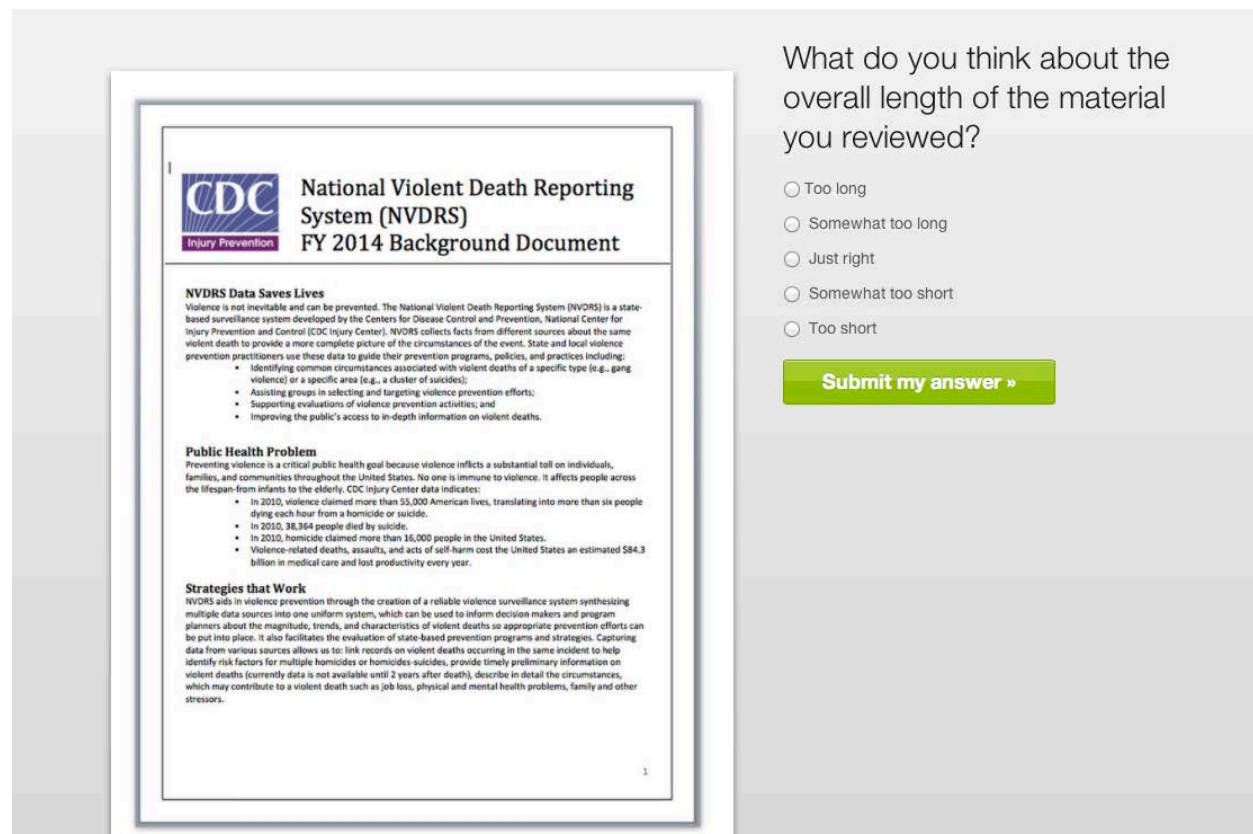
## Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15



Screen 1

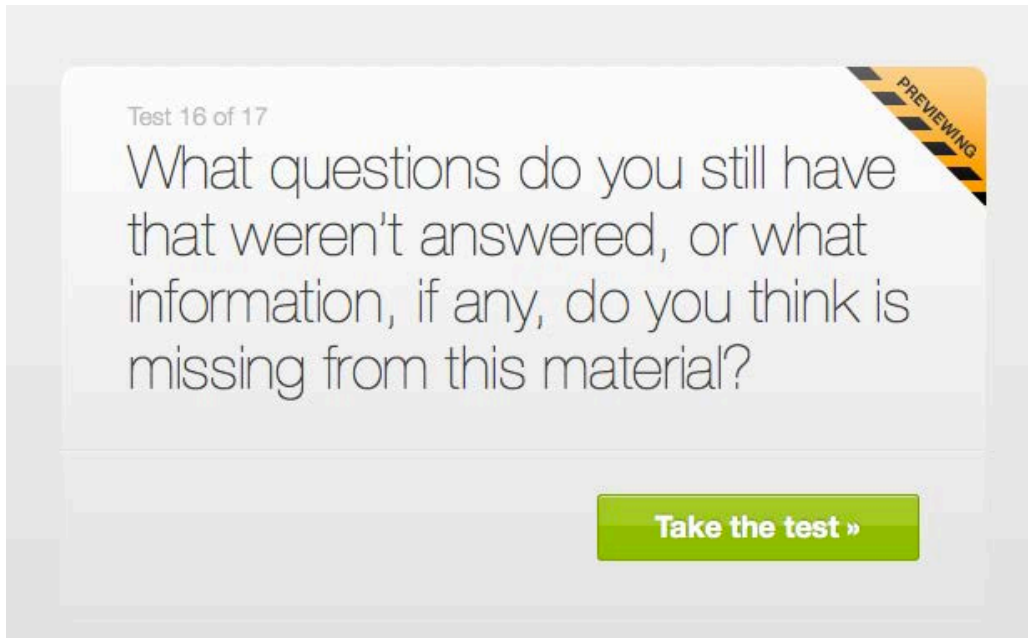


Screen 2

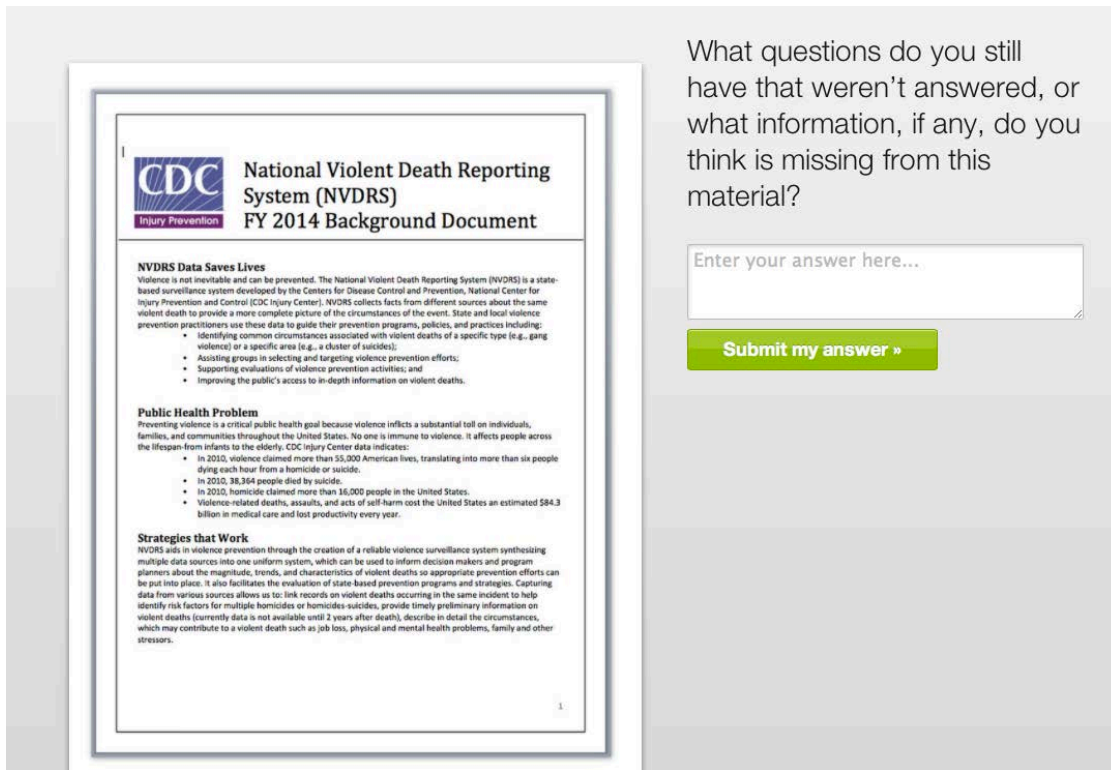


## Attachment 2: Click Testing Screen Shots

### Task 16



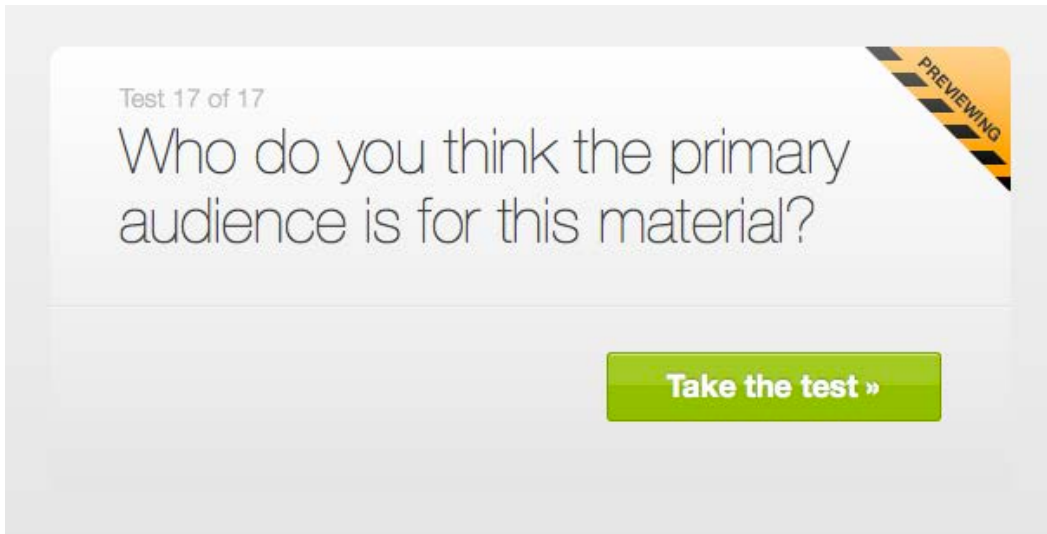
Screen 1



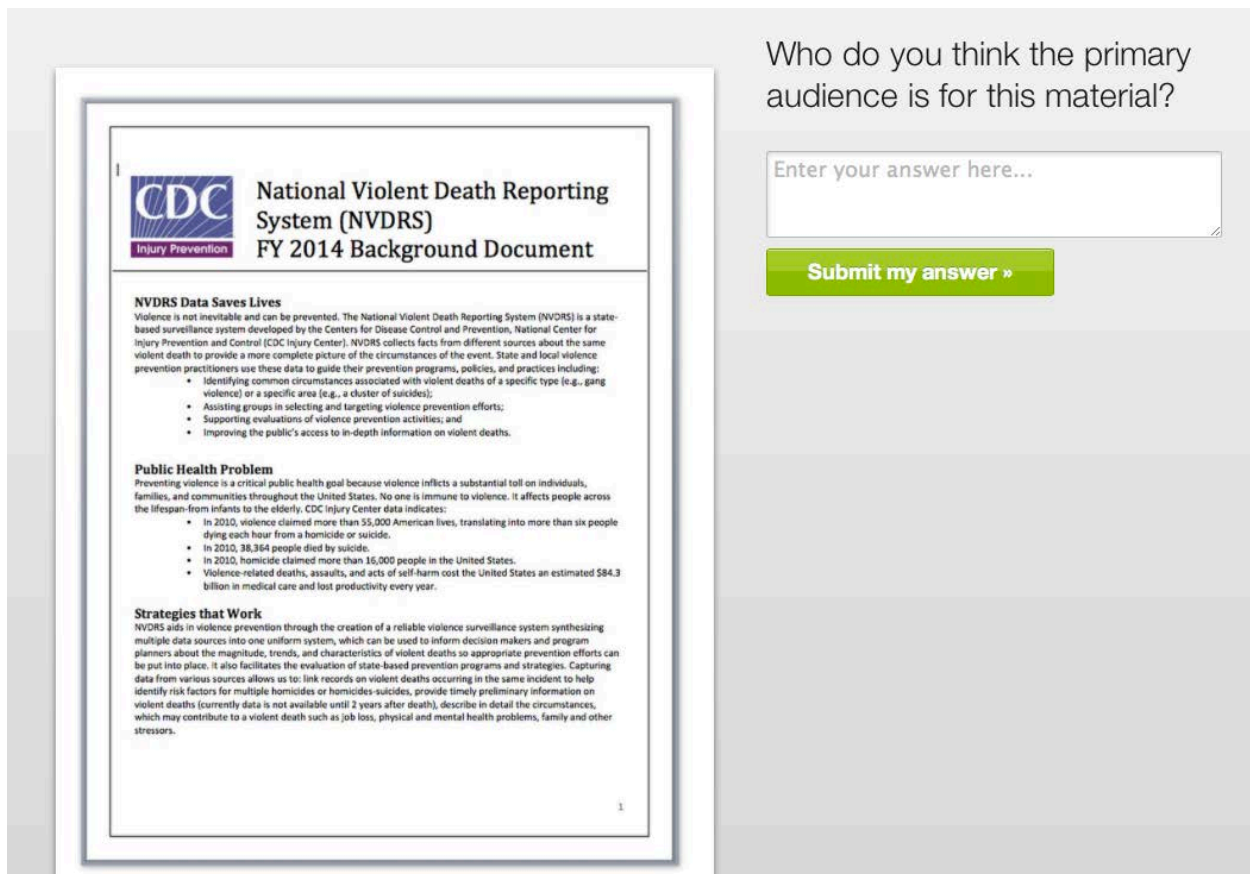
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 17



Screen 1



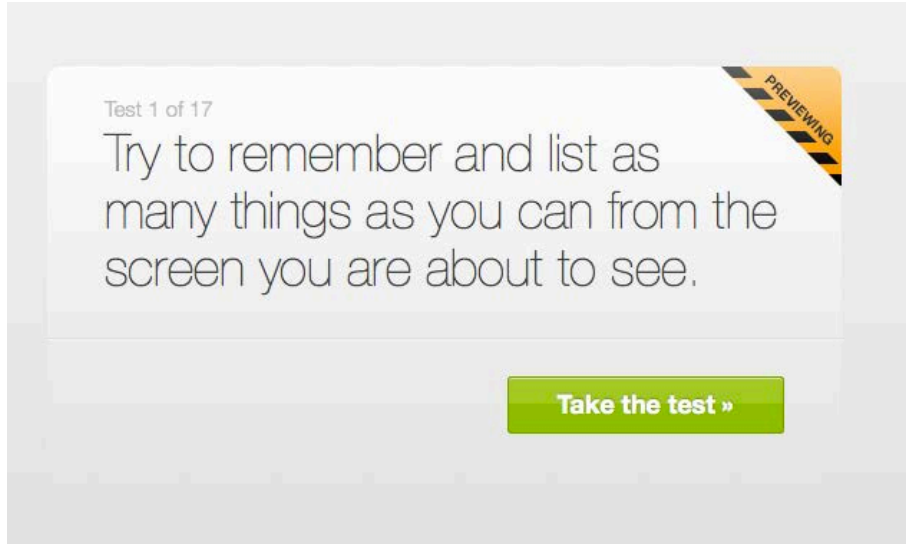
Screen 2



# Attachment 2: Click Testing Screen Shots

## Material: CDC Budget Overview

### Task 1



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

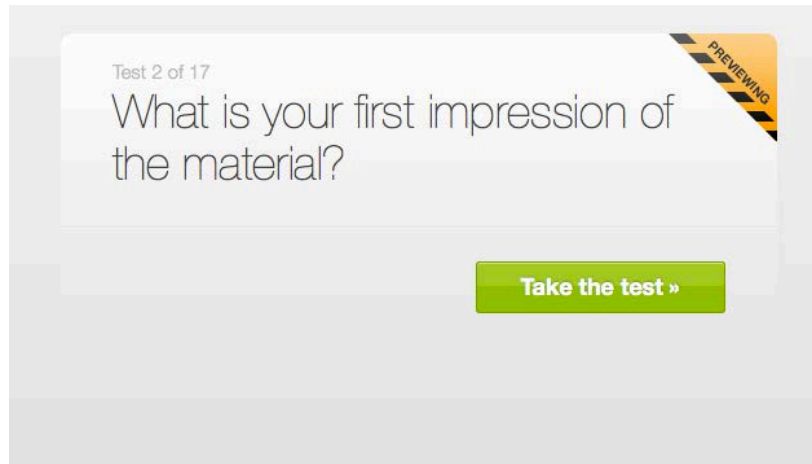
1.
2.
3.
4.
5.

[Submit my answers »](#)

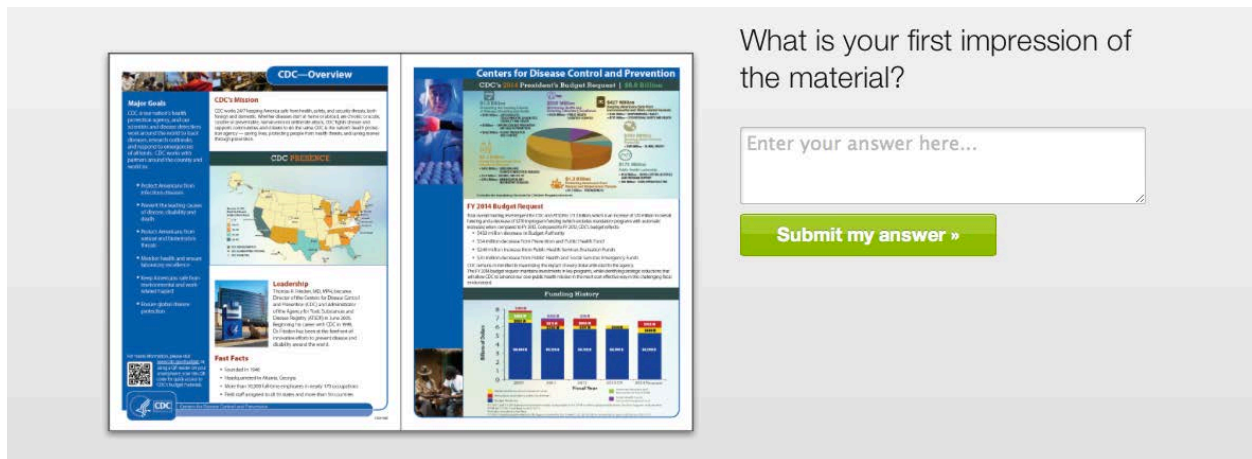
Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



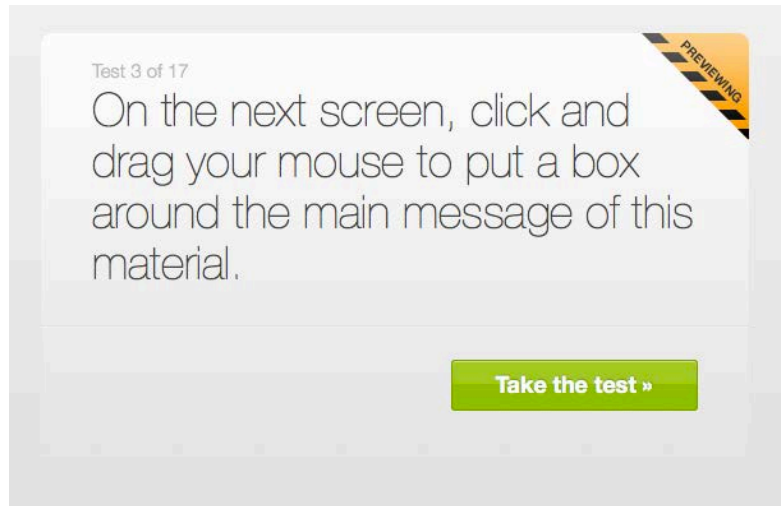
Screen 1



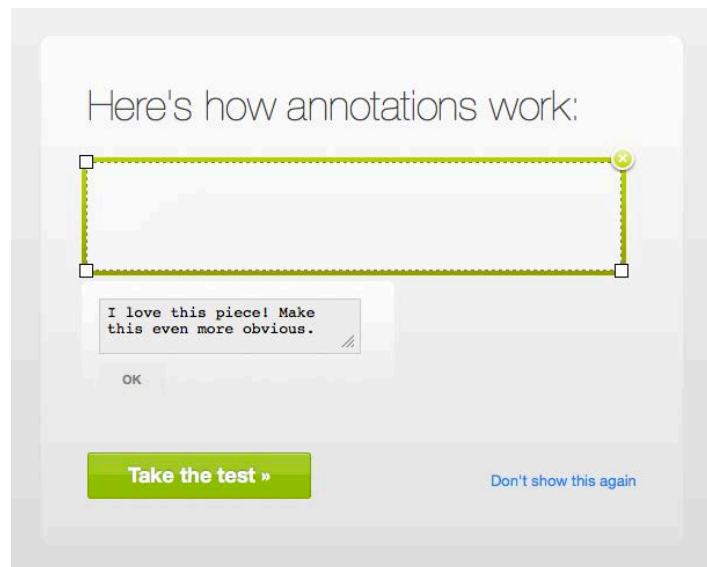
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## CDC—Overview

### Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

### CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

Map Legend:  
■ CDC HEADQUARTERS  
■ CDC CHALLENGE CENTERS  
■ CDC FIELD OFFICES

### Leadership

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

### Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

## Centers for Disease Control and Prevention

### CDC's 2014 President's Budget Request | \$6.6 Billion

**\$1.3 Billion**  
Preventing the Leading Causes of Disability, Disability and Death

- \$400 Million — PREVENTIVE SERVICES
- \$100 Million — CAREING FOR VETERANS AND MILITARY PERSONNEL
- \$800 Million — GLOBAL PREVENTION AND HEALTH PROMOTION

**\$539 Million**  
Monitoring Health and Emerging Laboratory Excellence

- \$100 Million — PUBLIC HEALTH SCIENCE SERVICES
- \$439 Million — LABORATORY EXCELLENCE

**\$427 Million**  
Keeping Americans Safe from Environmental and Work-related Hazards

- \$100 Million — OCCUPATIONAL SAFETY AND HEALTH
- \$327 Million — ENVIRONMENTAL AND OCCUPATIONAL SAFETY AND HEALTH

### FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

### Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,466 B
2011	\$6,778 B
2012	\$6,722 B
2013 CR	\$6,769 B
2014 Requested	\$6,763 B

Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.

**Take the test »**

Screen 1


### CDC—Overview

**Major Goals**

CDC is our nation's health protection agency and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection


For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or, using a QR reader on your smartphone, scan this QR code for quick access to CDC's budget materials.



**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

### CDC PRESENCE



**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.


**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

**CDC** Centers for Disease Control and Prevention

### Centers for Disease Control and Prevention

**CDC's 2014 President's Budget Request | \$6.6 Billion**



**\$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death

- \$1.1 Billion - CHRONIC DISEASES, PREVENTABLE INJURIES AND HEALTHY PEOPLE
- \$100 Million - GLOBAL DISEASE PREVENTION AND HEALTHY PEOPLE
- \$100 Million - HEALTHY PEOPLE AND HEALTHY PEOPLE

**\$539 Million** Ensuring Laboratory Excellence

- \$427 Million - PUBLIC HEALTH SERVICE
- \$112 Million - LABORATORIAL HEALTH
- \$100 Million - OCCUPATIONAL SAFETY AND HEALTH

**\$427 Million** Ensuring Americans Stay Safe from Environmental and Work-Related Hazards

- \$100 Million - ENVIRONMENTAL HEALTH
- \$100 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$227 Million - GLOBAL DISEASE PREVENTION

**\$2.2 Billion** Supporting Global Disease Prevention

- \$1.72 Billion - GLOBAL HEALTH
- \$427 Million - PUBLIC HEALTH LEADERSHIP
- \$100 Million - SPECIAL OFFICE ACTIVITIES AND PROGRAM SUPPORT
- \$100 Million - U.S. INFRASTRUCTURE

**\$1.3 Billion** Promoting Americans Stay Safe from Environmental and Work-Related Hazards

- \$1.1 Billion - ENVIRONMENTAL HEALTH
- \$200 Million - PREVENTABLE INJURIES


Excludes the mandatory portion for Children Program accounts.

\$11.3 billion, which is an increase of \$70 million in overall but excludes mandatory programs with automatic 2013, CDC's budget reflects:

- Public Health Fund
  - \$246 million increase from Public Health Services Evaluation Funds
  - \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

### Funding History



Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6.600 B
2011	\$6.726 B
2012	\$6.722 B
2013 CR	\$6.769 B
2014 Request	\$7.000 B

**Public Health Services Evaluation Funds**

**Mandatory Programs**

**Public Health and Social Services Emergency Funds**

FY 2014 Request is \$7.000 billion, which includes mandatory programs with automatic 2013, CDC's budget reflects: FY 2014 Continuing Resolution (CR) Request is \$6.769 billion. FY 2013 CR is the remainder of your fiscal year of \$7.000 billion.

Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 5

Test 5 of 17

On the following screen, click and drag the mouse to highlight the "call to action."

**PREVIEWING**

**Take the test »**

Screen 1


### CDC—Overview

**Major Goals**

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or using a QR reader on your smartphone, scan the QR code for quick access to CDC's budget materials.



Centers for Disease Control and Prevention

### Centers for Disease Control and Prevention

**CDC's 2014 President's Budget Request | \$8.6 Billion**

**FY 2014 Budget Request**

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increasing when compared to FY 2010). Compared to FY 2010, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

**Funding History**

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$8,068 B
2011	\$8,776 B
2012	\$9,732 B
2013 CR	\$9,909 B
2014 Request	\$10,763 B

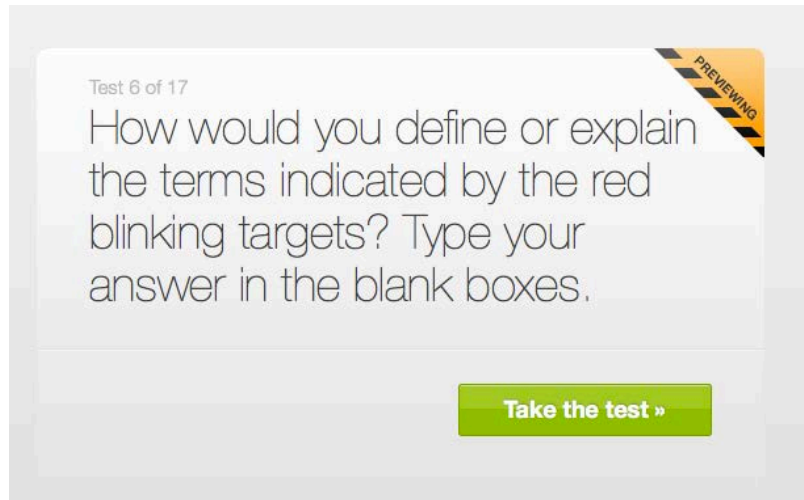
FY 2014 Request includes \$1.3 billion in mandatory programs. Total funding for CDC and ATSDR includes \$1.3 billion in mandatory programs and \$9.4 billion in discretionary funding. FY 2014 Request includes \$1.3 billion in mandatory programs and \$9.4 billion in discretionary funding. FY 2014 Request includes \$1.3 billion in mandatory programs and \$9.4 billion in discretionary funding.

Screen 2

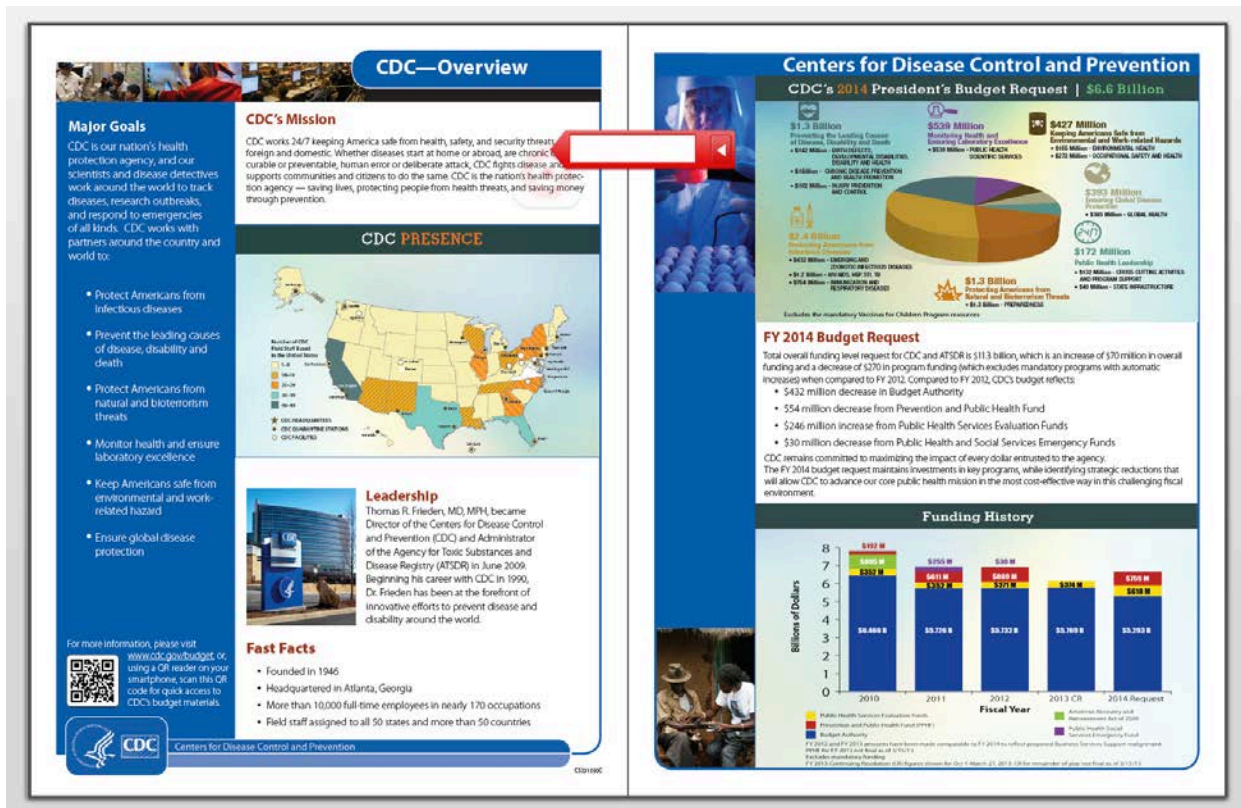


# Attachment 2: Click Testing Screen Shots

## Task 6



Screen 1



Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 7

Test 7 of 17

**We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.**

**Take the test »**

*(Note: A 'PREVIEWING' banner is visible in the top right corner of the screen shot.)*

Screen 1

**CDC—Overview**

**Major Goals**

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic, whether diseases start at home or abroad; are chronic or acute, curable or preventable, human error or deliberate attack. CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

Map showing the number of CDC Field Office locations in the United States by state.

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

**Centers for Disease Control and Prevention**  
**CDC's 2014 President's Budget Request | \$6.6 Billion**

**FY 2014 Budget**

Total overall funding level: **OK** (increase of \$70 million in overall programs with automatic increases when compared to FY 2013)

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

**Funding History**

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,866.8
2011	\$6,236.8
2012	\$6,722.8
2013 CR	\$6,769.8
2014 Proposed	\$6,793.8

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**Take the test »**

Screen 1

### CDC—Overview

**Major Goals**

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or, using a QR reader on your smartphone, scan this QR code for quick access to CDC's budget materials.

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

### CDC PRESENCE

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

### Centers for Disease Control and Prevention

**CDC's 2014 President's Budget Request | \$6.6 Billion**

- \$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death
  - \$142 Million - PREVENTABLE CHLAMYDIA, GONORRHEA, SYPHILIS AND TRICHONIA
  - \$188 Million - CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
  - \$100 Million - ALZHEIMER PREVENTION AND HEALTH PROMOTION
- \$539 Million** Promoting American Safe from Environmental and Work-related Hazards
  - \$100 Million - OCCUPATIONAL HEALTH
  - \$120 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$427 Million** Keeping Americans Safe from Environmental and Work-related Hazards
  - \$100 Million - OCCUPATIONAL HEALTH
  - \$120 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$309 Million** Ensuring Global Disease Protection
  - \$100 Million - GLOBAL HEALTH
- \$172 Million** Public Health Leadership
  - \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
  - \$72 Million - CDC INFRASTRUCTURE
- \$2.4 Billion** Promoting American Safe from Infectious Diseases
  - \$400 Million - IMMUNIZATION
  - \$1.4 Billion - INFECTIOUS DISEASES
- \$1.3 Billion** Promoting American Safe from Radiation and Electromagnetic Threats
  - \$1.3 Billion - PREVENTION

**FY 2014 Budget Request**

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Service's Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

### Funding History

Fiscal Year	Total Funding (Billions \$)
2010	\$6,468.9
2011	\$6,726.9
2012	\$5,722.9
2013 CR	\$5,769.9
2014 Request	\$5,735.9

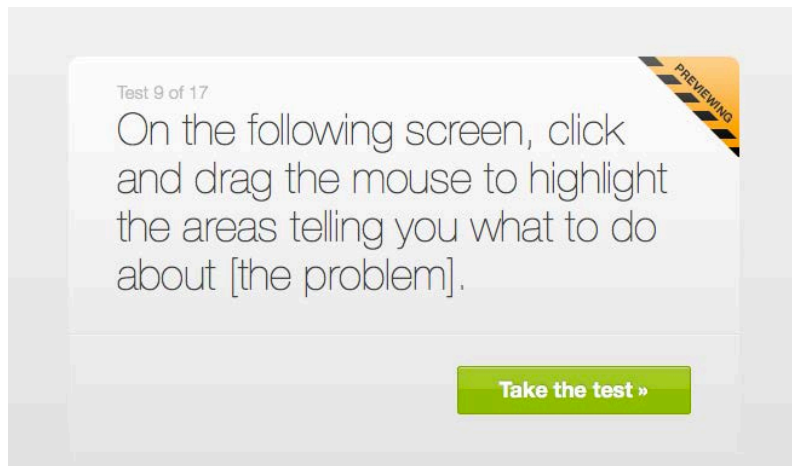
FY 2010 and FY 2011 funding levels include funding from various appropriations. FY 2012 and FY 2013 CR reflect programmatic resources reported and requested. FY 2014 Request includes funding from various appropriations. FY 2014 Request includes funding from various appropriations. FY 2014 Request includes funding from various appropriations. FY 2014 Request includes funding from various appropriations.

Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 9



Screen 1


### CDC—Overview

**Major Goals**

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or using a QR reader on your smartphone, scan this QR code for quick access to CDC's budget materials.




Centers for Disease Control and Prevention

### CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

### CDC PRESENCE



**Leadership**

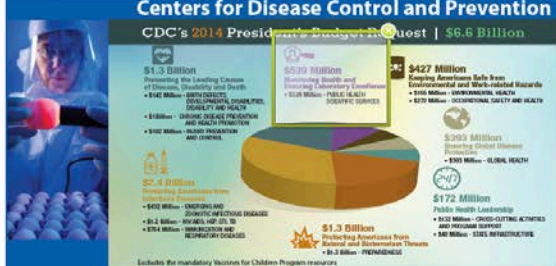
Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

### Centers for Disease Control and Prevention

CDC's 2014 President Budget Request | \$6.6 Billion

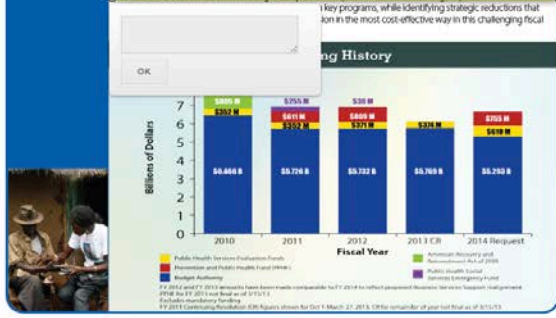


**FY 2014 Budget Request**

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2013. Compared to FY 2013, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

**Funding History**



Fiscal Year	Total Funding (Billions of Dollars)
2010	\$8,668 B
2011	\$8,726 B
2012	\$8,332 B
2013 CR	\$8,769 B
2014 Request	\$8,700 B

FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Revenue, Service Support, and programmatic authority funding.  
FY 2014 and FY 2015 amounts have been revised comparable to FY 2014 to reflect proposed Revenue, Service Support, and programmatic authority funding.  
FY 2013 Continuing Resolution (CR) figures shown for Oct 1, March 27, 2013, and other versions of your bill that are in effect.

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 10

Test 10 of 17

On the following screen, click and drag the mouse to highlight the areas telling you why it's important to follow the [behavioral recommendations].

**Take the test »**

Screen 1

### CDC—Overview

#### Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

#### CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

#### Leadership

**Thomas R. Frieden, MD, MPH**, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

#### Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

### Centers for Disease Control and Prevention

#### CDC's 2014 President's Budget Request | \$6.6 Billion

**\$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death  
• \$400 Million - INFECTIOUS DISEASES  
• \$200 Million - CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION AND CARE  
• \$100 Million - ENVIRONMENTAL AND OCCUPATIONAL SAFETY AND HEALTH

**\$539 Million** Monitoring Health and Emerging Laboratory Emergences  
• \$200 Million - PUBLIC HEALTH SCIENCE  
• \$339 Million - LABORATORY SCIENCE

**\$427 Million** Keeping Americans Safe from Environmental and Work-related Hazards  
• \$100 Million - ENVIRONMENTAL HEALTH  
• \$327 Million - OCCUPATIONAL SAFETY AND HEALTH

**\$2.4 Billion** Keeping Our Communities Healthy  
• \$100 Million - COMMUNITY-BASED PREVENTION  
• \$1.4 Billion - COMMUNITY-BASED PREVENTION AND CARE

**\$1.72 Billion** Public Health Leadership  
• \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT  
• \$720 Million - CASE INVESTIGATION

**\$1.3 Billion** Protecting Americans from Natural and Bioterrorism Threats  
• \$1.3 Billion - PREVENTION

#### FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

#### Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,468 B
2011	\$6,726 B
2012	\$6,722 B
2013 CR	\$6,308 B
2014 Request	\$6,728 B

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**

Screen 1

**CDC—Overview**

**Major Goals**

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

Number of CDC Field Offices by State

State	Number of CDC Field Offices
Alabama	1
Arizona	1
California	1
Colorado	1
Connecticut	1
DC	1
Florida	1
Georgia	1
Illinois	1
Indiana	1
Iowa	1
Kansas	1
Kentucky	1
Louisiana	1
Maine	1
Massachusetts	1
Michigan	1
Minnesota	1
Mississippi	1
Missouri	1
Montana	1
Nebraska	1
Nevada	1
New Hampshire	1
New Jersey	1
New Mexico	1
New York	1
North Carolina	1
North Dakota	1
Ohio	1
Oklahoma	1
Oregon	1
Pennsylvania	1
Rhode Island	1
South Carolina	1
South Dakota	1
Tennessee	1
Texas	1
Utah	1
Vermont	1
Virginia	1
Washington	1
West Virginia	1
Wisconsin	1
Wyoming	1

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

**Centers for Disease Control and Prevention**

**CDC's 2014 President's Budget Request | \$6.6 Billion**

**\$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death

- \$142 Million - BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, AND SENILE DEMENTIA
- \$108 Million - CANCER, CHRONIC DISEASE, AND INJURY PREVENTION AND CONTROL
- \$142 Million - ZONOTIC INFECTIOUS DISEASES, IMMUNIZABLE AND RESPIRATORY DISEASES

**\$2.4 Billion** Ensuring Americans Safe from Environmental and Chemical Hazards

- \$142 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$108 Million - ENVIRONMENTAL HEALTH
- \$108 Million - GLOBAL HEALTH

**\$427 Million** Keeping Americans Safe from Emerging Infectious Diseases

- \$108 Million - PUBLIC HEALTH SERVICE SERVICES
- \$108 Million - PUBLIC HEALTH SERVICE SERVICES
- \$108 Million - PUBLIC HEALTH SERVICE SERVICES

**\$1.3 Billion** Promoting Americans from Natural and Environmental Threats

- \$1.3 Billion - PREPAREDNESS

**\$172 Million** Public Health Leadership

- \$108 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
- \$64 Million - CORE INFRASTRUCTURE

**FY 2014 Budget Request**

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases when compared to FY 2013, compared to FY 2012, CDC's budget reflects:

- \$44 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

**Funding History**

Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (PPHF)	Budget Authority	Public Health Service	Public Health Service - Supplemental	Public Health Service - Supplemental - PPHF	Public Health Service - Supplemental - PPHF - FY 2013	Public Health Service - Supplemental - PPHF - FY 2012
2010	\$6,469.8	\$392.0	\$295.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0
2011	\$6,779.8	\$411.0	\$332.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0
2012	\$6,832.8	\$400.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0
2013 CR	\$6,769.8	\$379.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0
2014 Request	\$6,792.8	\$379.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0	\$317.0

Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 12

Test 12 of 17

On the following screen, click and drag the mouse to highlight where it explains why [the risk in the material] is a risk.

**PREVIEWING**

**Take the test »**

Screen 1

### CDC—Overview

**Major Goals**

CDC is our nation's health protection agency and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazards
- Ensure global disease protection

For more information, please visit [www.cdc.gov/budget](http://www.cdc.gov/budget), or using a QR reader on your smartphone, scan the QR code for quick access to CDC's budget materials.

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 counties

### Centers for Disease Control and Prevention

**CDC's 2014 President's Budget Request | \$6.8 Billion**

**FY 2014 Budget Request**

Total overall funding level request for CDC funding and a decrease of \$70 million in program support when compared to FY 2013. C:

- \$432 million decrease in Budget
- \$54 million decrease from Prev.
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

**Funding History**

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6.800 B
2011	\$6.800 B
2012	\$6.800 B
2013 CH	\$6.800 B
2014 Request	\$6.800 B

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

**Take the test »**

Screen 1

### CDC—Overview

**Major Goals**  
CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track, diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

**CDC's Mission**  
CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

**Leadership**  
Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

### Centers for Disease Control and Prevention

**CDC's 2014 President's Budget Request | \$6.6 Billion**

**FY 2014 Budget Request**  
Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2013. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$10 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

**Budget History**

Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (PPHF)	Budget Authority	Public Health and Social Services Emergency Funds	Revolving Fund of 2009	Total
2010	\$5,868.0	\$0.0	\$5,868.0	\$0.0	\$0.0	\$5,868.0
2011	\$5,700.0	\$0.0	\$5,700.0	\$0.0	\$0.0	\$5,700.0
2012	\$5,722.0	\$0.0	\$5,722.0	\$0.0	\$0.0	\$5,722.0
2013 CR	\$5,769.0	\$0.0	\$5,769.0	\$0.0	\$0.0	\$5,769.0
2014 Request	\$5,730.0	\$0.0	\$5,730.0	\$0.0	\$0.0	\$5,730.0

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

**Take the test »**

Screen 1

**CDC—Overview**

**Major Goals**

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

**CDC's Mission**

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

**CDC PRESENCE**

Number of CDC Field Offices by State

State	Number of CDC Field Offices
Alabama	1
Arizona	1
California	1
Colorado	1
Connecticut	1
DC (Washington, DC)	1
Florida	1
Georgia	1
Illinois	1
Indiana	1
Iowa	1
Kansas	1
Kentucky	1
Louisiana	1
Maine	1
Massachusetts	1
Michigan	1
Minnesota	1
Mississippi	1
Missouri	1
Montana	1
Nebraska	1
Nevada	1
New Hampshire	1
New Jersey	1
New Mexico	1
New York	1
North Carolina	1
North Dakota	1
Ohio	1
Oklahoma	1
Oregon	1
Pennsylvania	1
Rhode Island	1
South Carolina	1
South Dakota	1
Tennessee	1
Texas	1
Utah	1
Vermont	1
Virginia	1
Washington	1
West Virginia	1
Wisconsin	1
Wyoming	1

**Leadership**

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1993, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

**Fast Facts**

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

**Centers for Disease Control and Prevention**

**CDC's 2014 President's Budget Request | \$6.6 Billion**

**\$1.3 Billion** Preventing the Leading Causes of Chronic Disability and Death

**\$239 Million** Strengthening Health and Emerging Laboratory Excellence

**\$427 Million** Keeping Americans Safe from Environmental and Chemical Hazards

**\$1.3 Billion** Reducing Burden from Natural and Emergent Threats

**\$172 Million** Public Health Leadership

**\$113 million**, which is an increase of \$70 million in overall in excludes mandatory programs with automatic 2012, CDC's budget reflects

**Funding History**

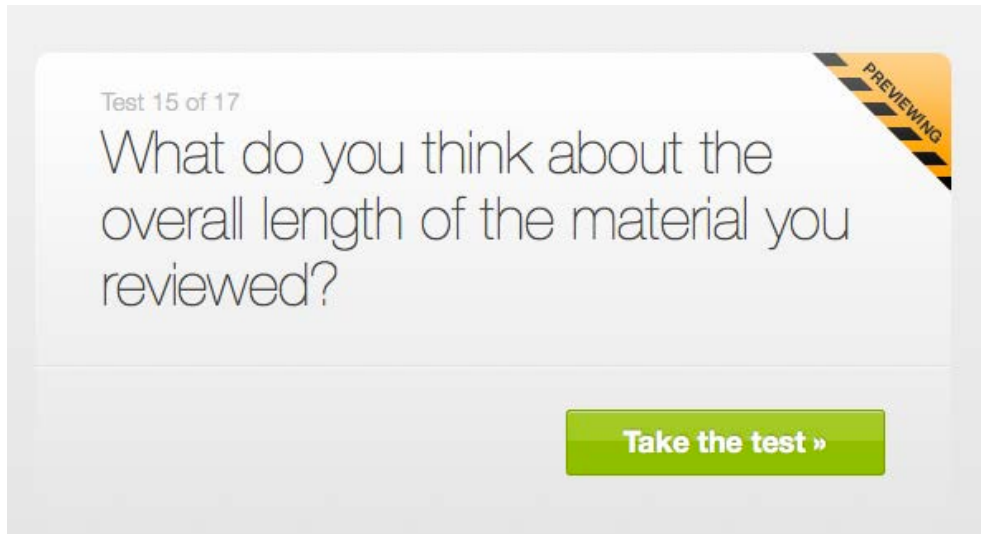
Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,650 B
2011	\$6,270 B
2012	\$6,322 B
2013 CR	\$6,350 B
2014 Request	\$6,230 B

Screen 2

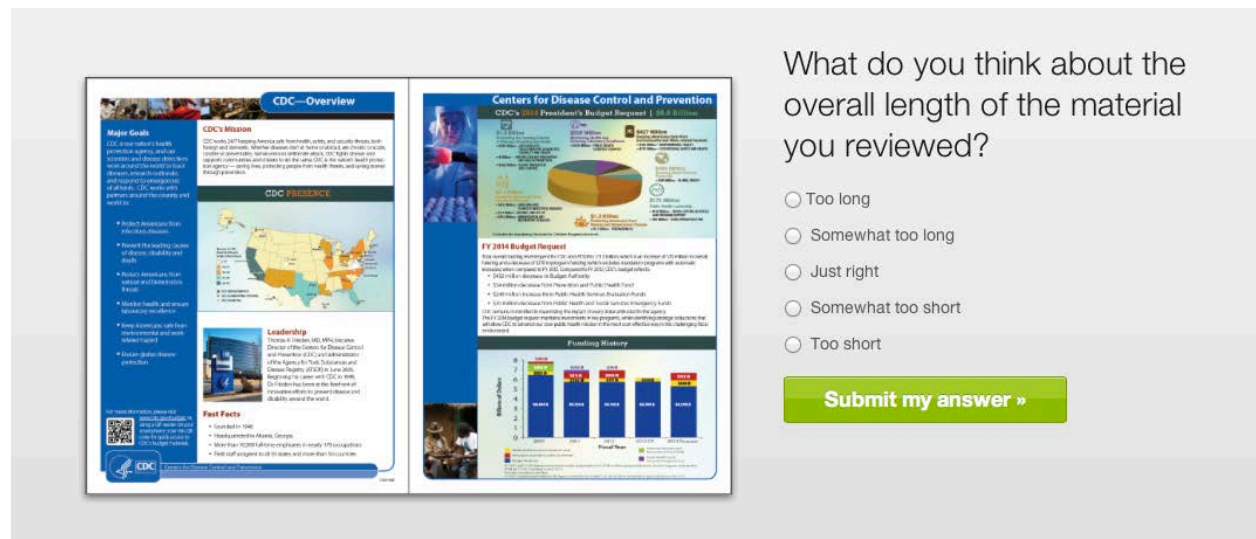


# Attachment 2: Click Testing Screen Shots

## Task 15



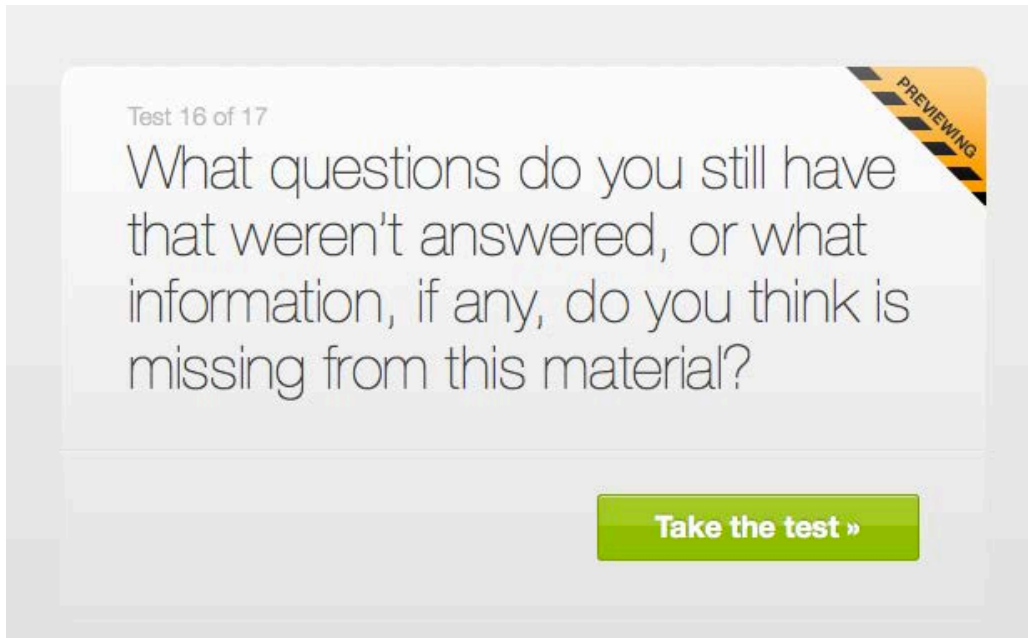
Screen 1



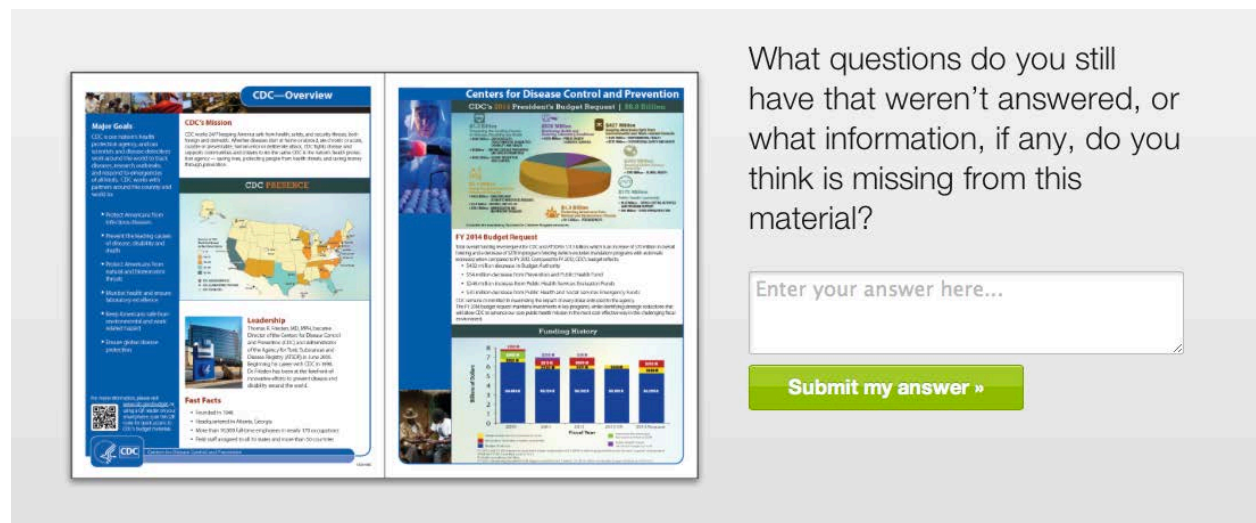
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 16



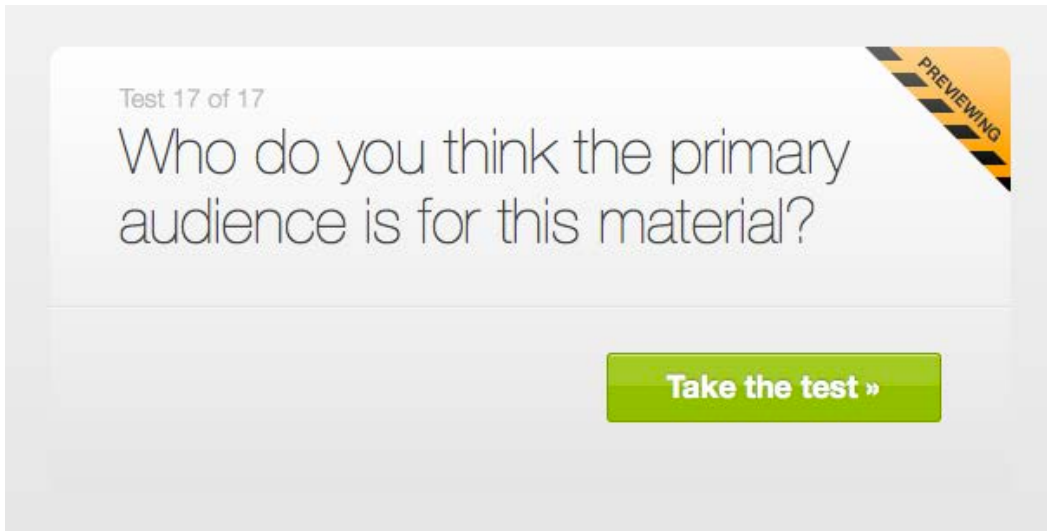
Screen 1



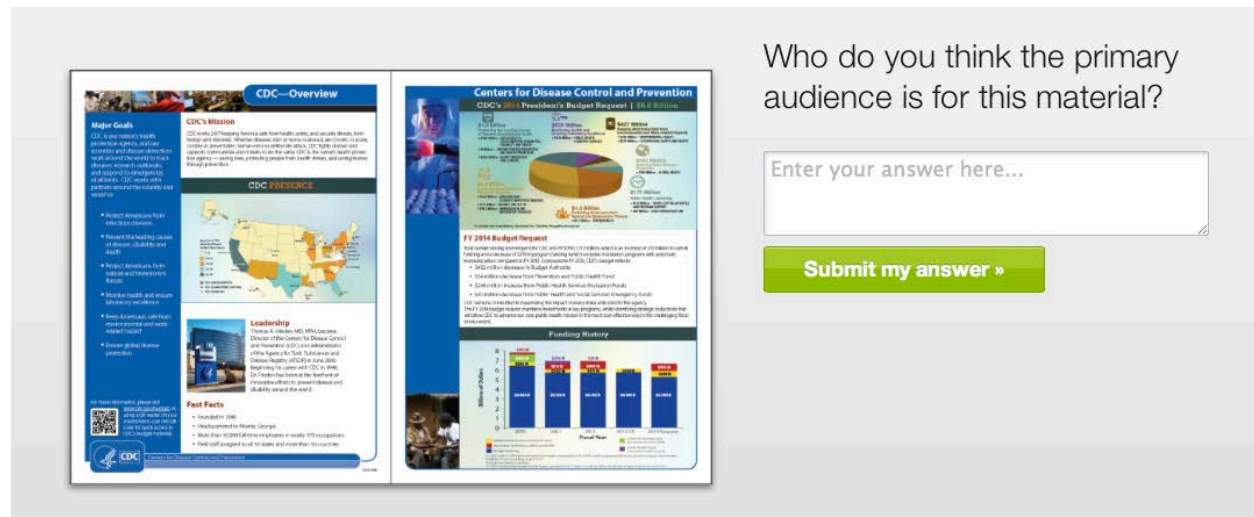
Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 17



Screen 1



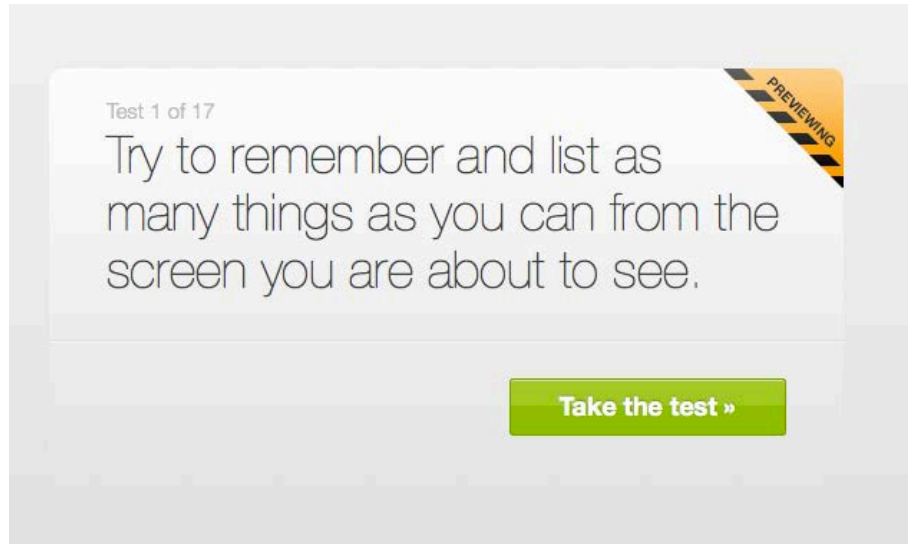
Screen 2



## Attachment 2: Click Testing Screen Shots

### Material: Introduction to Epidemiology

#### Task 1



Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots

What can you remember?

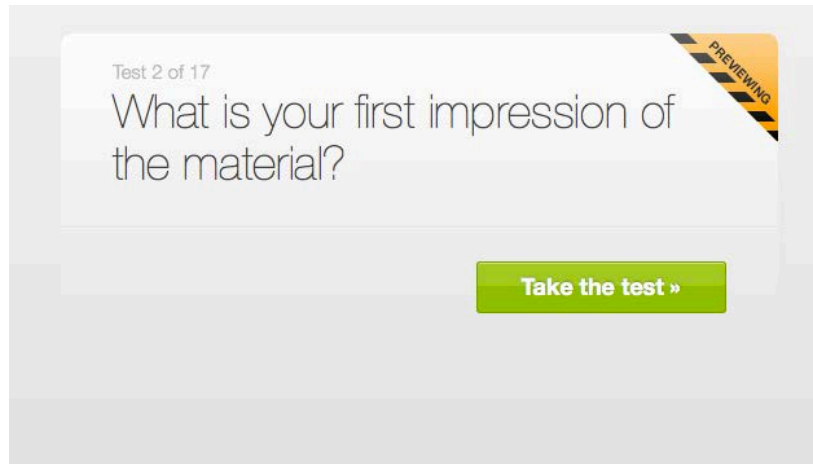
1.
2.
3.
4.
5.

[Submit my answers »](#)

Screen 3

# Attachment 2: Click Testing Screen Shots

## Task 2



Screen 1

CDC 24/7 Saving Lives. Protecting People. Saving Money Through Prevention.

### The Importance of Epidemiology

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

Centers for Disease Control and Prevention  
Office of the Director

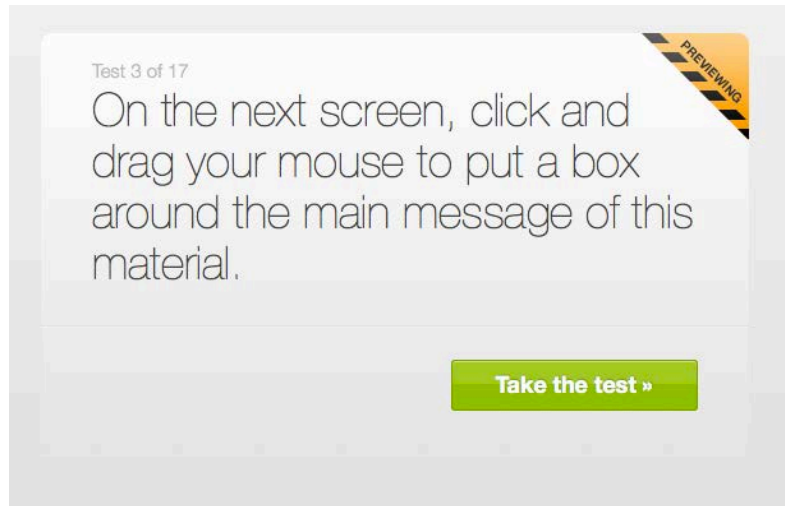
Enter your answer here...

Submit my answer »

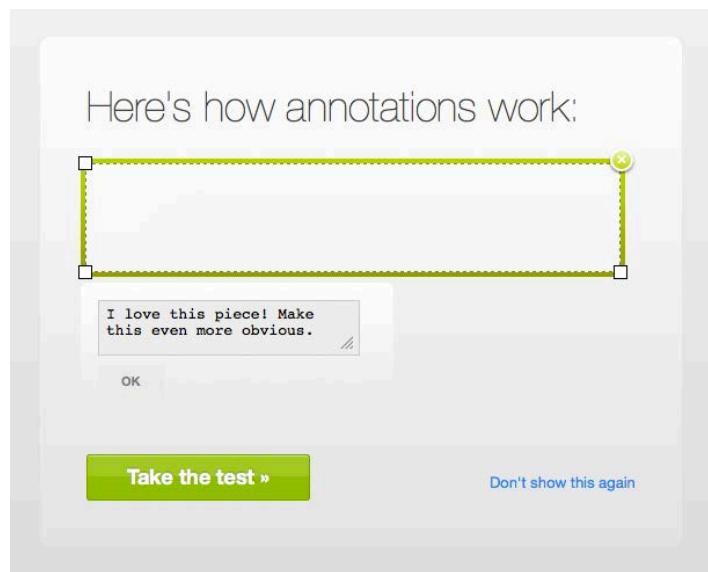
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 3

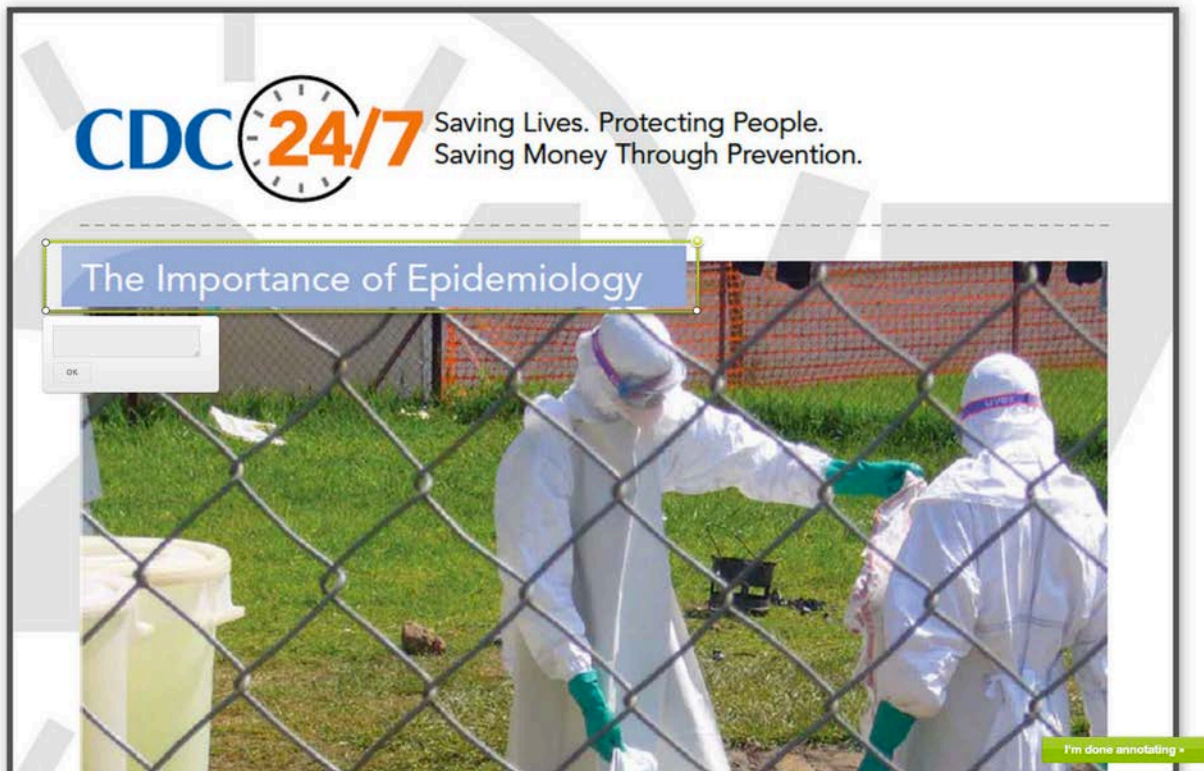


Screen 1



Screen 2

## Attachment 2: Click Testing Screen Shots



Screen 3



## Attachment 2: Click Testing Screen Shots

### Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.


PREVIEWING

Take the test »

Screen 1

CDC 24/7 Saving Money Through Prevention.

### The Importance of Epidemiology



Investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 200

ok

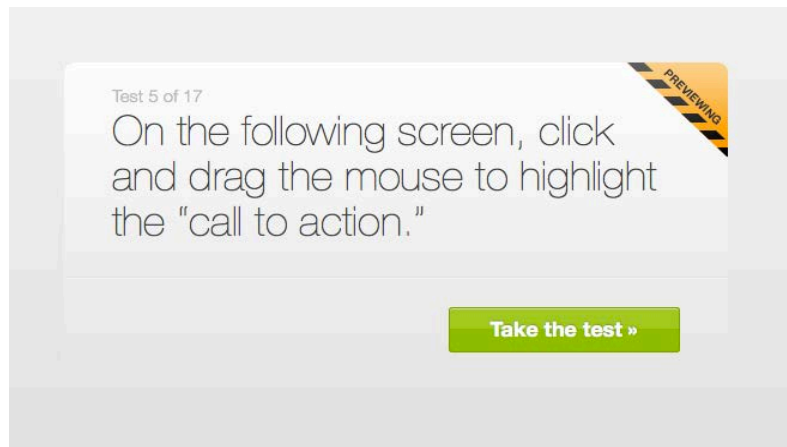
I'm done annotating »

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 5



Screen 1

◇ Treatment with antibiotics during the investigation period

After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

### Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

### Conclusions

The epidemiologists used what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

of Pneumonia in the Setting of Fatal Pneumo-  
US Army Trainees: Potential Role of Chlamyd-  
IMC Infectious Diseases 2011 11:157



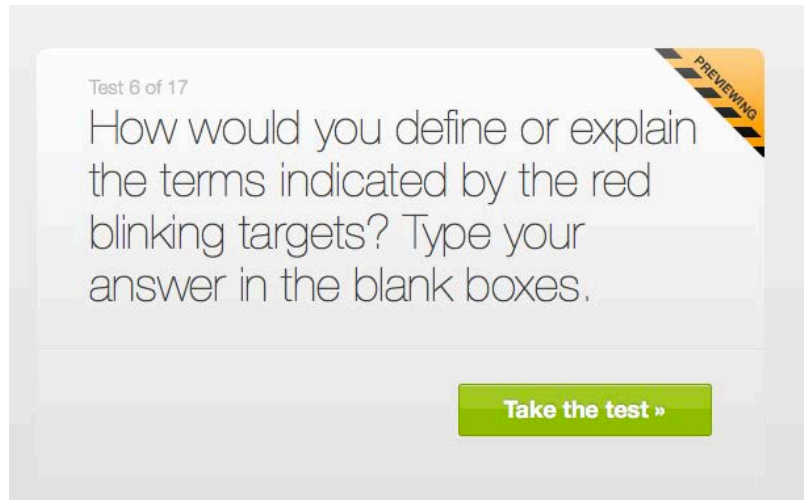
OK

I'm done annotating »

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 6



Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.



Centers for Disease Control and Prevention  
Office of the Director

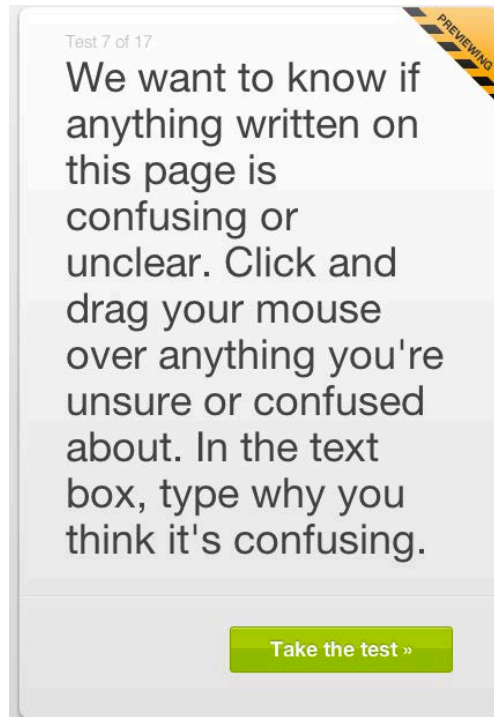
CS26601C

I'm done labeling »

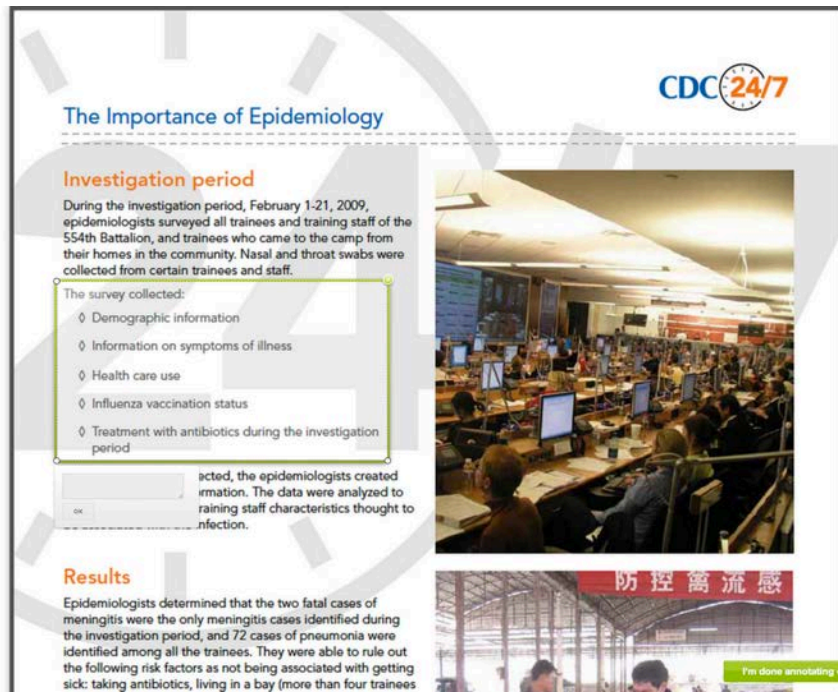
Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 7



Screen 1



Screen 2



# Attachment 2: Click Testing Screen Shots

## Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

**PREVIEWING**

**Take the test »**

Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**outbreak investigation**

two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

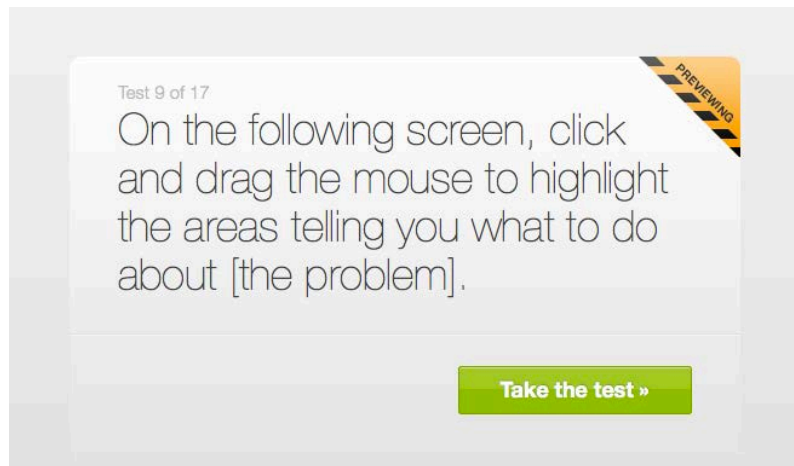
 Centers for Disease Control and Prevention  
Office of the Director

**I'm done annotating »**

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 9



Screen 1

CDC 24/7

### The Importance of Epidemiology

#### Investigation period

During the investigation period, February 1-21, 2009, epidemiologists surveyed all trainees and training staff of the 554th Battalion, and trainees who came to the camp from their homes in the community. Nasal and throat swabs were collected from certain trainees and staff.

The survey collected:

- ◇ Demographic information
- ◇ Information on symptoms of illness
- ◇ Health care use
- ◇ Influenza vaccination status
- ◇ Treatment with antibiotics during the investigation period

After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

mined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

OK

I'm done annotating »

Screen 2


# Attachment 2: Click Testing Screen Shots

## Task 10

Test 10 of 17

On the following screen, click and drag the mouse to highlight the areas telling you why it's important to follow the [behavioral recommendations].

**Take the test »**



Screen 1

- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period



After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

**Results**

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

ied what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

Dawood et al.: Outbreak of Pneumonia in the Setting of Fatal Pneumococcal Meningitis among US Army Trainees: Potential Role of Chlamydia pneumoniae Infection. BMC Infectious Diseases 2011 11:157



**I'm done annotating »**

Screen 2




# Attachment 2: Click Testing Screen Shots

## Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

**Take the test »**



Screen 1

### The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

Both trainees belonged to Alpha Company, which consisted of 303 trainees total

of pneumonia increased during this

d during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past history, laboratory testing, exam findings, and recent

I'm done annotating

Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 12

Test 12 of 17

On the following screen, click and drag the mouse to highlight where it explains why [the risk in the material] is a risk.

**Take the test »**

PREVIEWING

Screen 1

<https://www.medicines.gov.au/medicines-safety>

### The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**outbreak investigation**

two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

OK

I'm done annotating »

Screen 2


## Attachment 2: Click Testing Screen Shots

### Task 13


Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

**Take the test »**



Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died


Both trainees belonged to Alpha Company, which consisted of 303 trainees total

- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

consider important information  
number of people at Fort Leonard  
the routine vaccinations trainees  
before arrival at FLW, and the housing  
and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.



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ESTIMATE  
I'm done annotating »

Screen 2



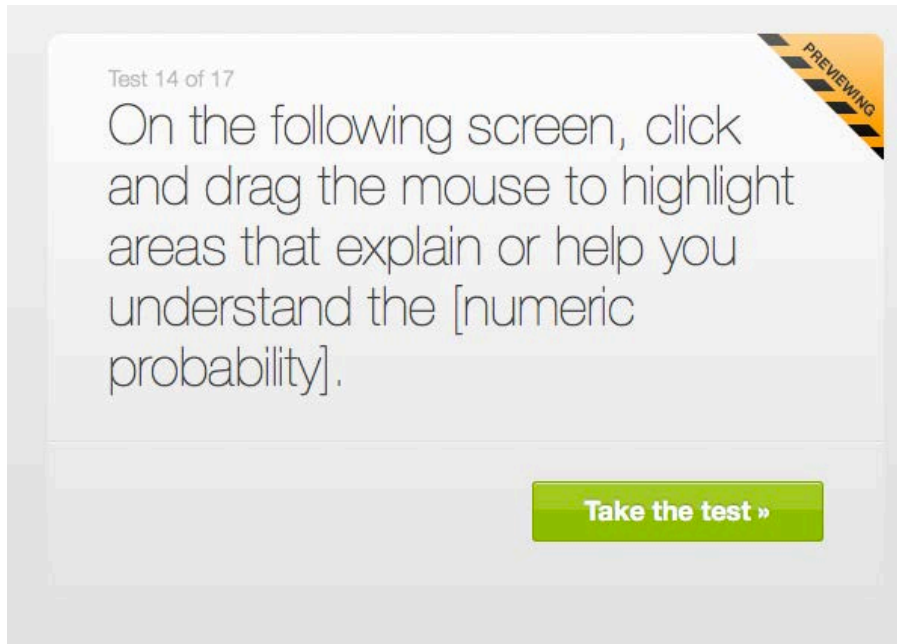
## Attachment 2: Click Testing Screen Shots

### Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

**Take the test »**



Screen 1

### The Importance of Epidemiology

#### Investigation period

During the investigation period, February 1-21, 2009, epidemiologists surveyed all trainees and training staff of the 554th Battalion, and trainees who came to the camp from their homes in the community. Nasal and throat swabs were collected from certain trainees and staff.

The survey collected:

- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period

ected, the epidemiologists created or mation. The data were analyzed to training staff characteristics thought to infection.

#### Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

#### Conclusions



Screen 2

## Attachment 2: Click Testing Screen Shots

### Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

**Take the test »**

Screen 1

What do you think about the overall length of the material you reviewed?

Too long

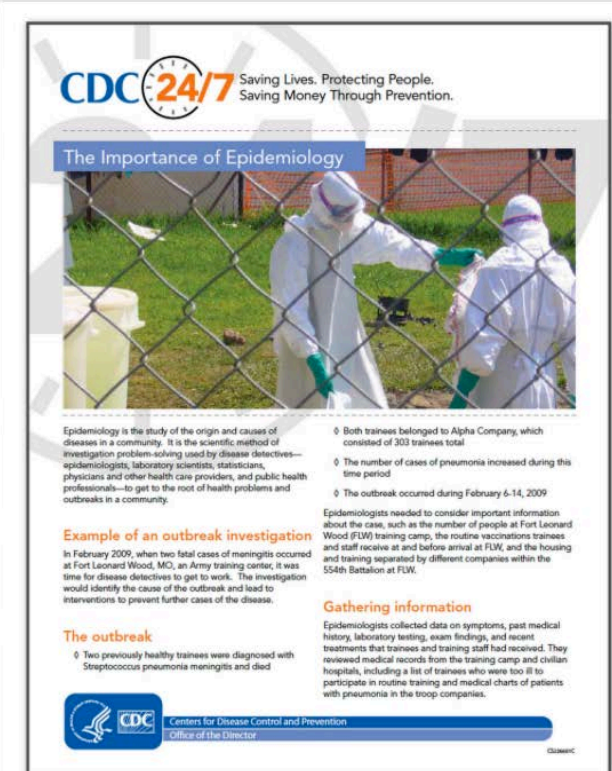
Somewhat too long

Just right

Somewhat too short

Too short

**Submit my answer »**



The screenshot shows a document from the CDC 24/7 website. The header includes the CDC logo and the slogan 'Saving Lives. Protecting People. Saving Money Through Prevention.' The main title is 'The Importance of Epidemiology'. Below the title is a photograph of two people in white protective suits and masks working behind a chain-link fence. The document contains several sections of text, including a definition of epidemiology, an example of an outbreak investigation at Fort Leonard Wood, MO, in February 2009, and a section on gathering information. The CDC logo and name are visible at the bottom left of the document.

Screen 2

# Attachment 2: Click Testing Screen Shots

## Task 16

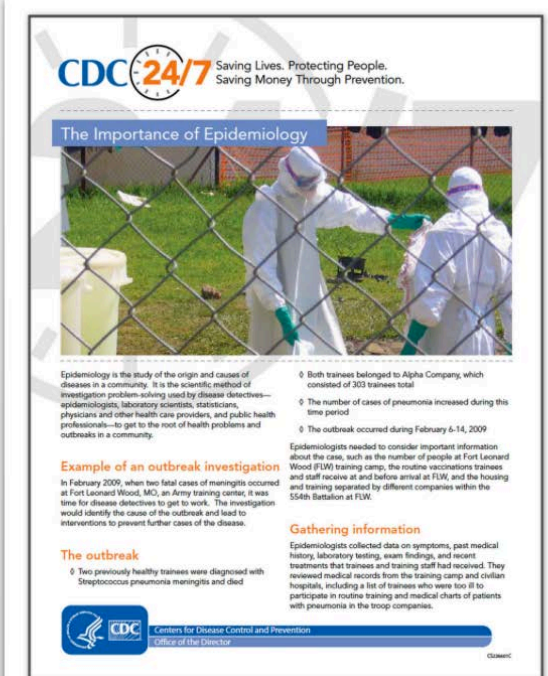
Test 16 of 17

PREVIEWING

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Take the test »

Screen 1



The slide features the CDC 24/7 logo with the tagline "Saving Lives. Protecting People. Saving Money Through Prevention." Below the logo is a photograph of two individuals in full white protective suits and masks, standing behind a chain-link fence. The slide text includes:

**The Importance of Epidemiology**

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

**Example of an outbreak investigation**

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

**The outbreak**

- Two previously healthy trainees were diagnosed with Streptococcus pneumonia meningitis and died.

- Both trainees belonged to Alpha Company, which consisted of 203 trainees total.
- The number of cases of pneumonia increased during this time period.
- The outbreak occurred during February 4-14, 2009.

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

**Gathering information**

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

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What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

Screen 2



## Attachment 2: Click Testing Screen Shots

### Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

PREVIEWING

Take the test »

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

Submit my answer »

**CDC 24/7** Saving Lives. Protecting People. Saving Money Through Prevention.

### The Importance of Epidemiology

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

#### Example of an outbreak investigation

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MD, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

#### The outbreak

- Two previously healthy trainees were diagnosed with Streptococcus pneumonia meningitis and died

#### Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

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Screen 2