**Epi-Aid Satisfaction & Impact Assessment**

Form Approved

OMB No. 0920-0879

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**Att. C Instrument Word Version**

**[Page 1] Introduction**

Thank you for inviting CDC to assist with your recent Epi-Aid investigation. Epi-Aid investigations assist our public health partners in their response to urgent public health problems. They also are one of the most valuable applied epidemiology training opportunities for EIS Officers and other CDC-sponsored trainees. We hope that your agency found that the Epi-Aid was a productive, informative, and collegial experience.

To continuously improve the Epi-Aid process, we are asking you to complete a satisfaction assessment. It should take approximately 15 minutes to complete the 23 questions. You also will have the opportunity to provide open-ended comments. Results from this assessment will be reported only in aggregate. Your feedback will help us to improve the Epi-Aid process.

You will have to complete this assessment in one session, as you will not be able to return to edit your response once you exit the assessment. You may edit your responses until the last page of the assessment is completed. To return to a previous page, use the “Previous” button at the bottom of the page (NOT the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

If you want to discuss the Epi-Aid or have any questions or problems, please contact us at epiaid@cdc.gov

By continuing onto the next screen, you are giving us your consent to complete this assessment.

Sincerely,

The EIS Program

Public reporting burden of this collection of information is estimated to take no more than 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. Send comments regarding this burden estimate, or any other aspect of this information collection, including suggestions for reducing this burden to CDC/Agency for Toxic Substance and Disease Registry Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attention: PRA (0920-0879).

**[Page 2] Epi-Aid Request**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

1. What is the Epi-Aid for which you are providing feedback? If unknown, please provide the topic and location (state/country) of the Epi-Aid.

Epi-Aid Number:

Topic/Title:

Location:

1. What is your job title?

This section asks you about your agency’s level of satisfaction about the Epi-Aid request process.

1. Please rate your level of satisfaction with requesting the Epi-Aid.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To what extent are you satisfied with…?** | **Very dissatisfied** | **Somewhat dissatisfied** | **Somewhat satisfied** | **Very satisfied** |
| The process for initiating the Epi-Aid |  |  |  |  |
| Communication with CDC while planning the Epi-Aid |  |  |  |  |
| How quickly CDC responded to your agency’s initial request for assistance |  |  |  |  |
| How quickly the team arrived in the field once your agency submitted a formal request (i.e., letter of invitation) for the Epi-Aid |  |  |  |  |

1. Please elaborate on your above ratings or provide additional comments about the Epi-Aid request process.

**[Page 3] Technical Assistance and Support**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

This section asks you about the technical assistance/support your agency received during the Epi-Aid investigation.

1. Please rate your level of satisfaction with the technical assistance/support received during the Epi-Aid investigation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To what extent are you satisfied with…?** | **Very** **dissatisfied** | **Somewhat dissatisfied** | **Somewhat satisfied** | **Very satisfied** | **Not Applicable** |
| The Epi-Aid Team’s professionalism |  |  |  |  |  |
| The Epi-Aid Team’s epidemiological technical skills  |  |  |  |  |  |
| The Epi-Aid Team’s subject matter expertise related to the public health problem |  |  |  |  |  |
| The Epi-Aid Team’s communication of preliminary findings |  |  |  |  |  |
| The EIS Officer(s) on the Epi-Aid Team |  |  |  |  |  |
| Other CDC-sponsored trainees (e.g., medical students) on the Epi-Aid Team |  |  |  |  |  |
| The additional support from subject matter experts at CDC headquarters  |  |  |  |  |  |
| The laboratory support from CDC  |  |  |  |  |  |
| Your agency’s role during the investigation |  |  |  |  |  |

1. Please elaborate on your above ratings or provide additional comments about the technical assistance/support your agency received.

**[Page 4] Epi-Aid Coordination, Communication, and Reporting**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

This section asks about coordination, communication and reporting of the Epi-Aid.

1. Please indicate if the roles and responsibilities of all parties (i.e. CDC, the Epi-Aid Team, and your agency) were clearly defined at each phase of the Epi-Aid investigation.

|  |  |  |
| --- | --- | --- |
| **Were the roles and responsibilities clear to you…?** | **Yes** | **No** |
| Before the team arrived |  |  |
| During the field investigation |  |  |
| When the team departed |  |  |

1. Please indicate if deliverables were clearly defined at each phase of the Epi-Aid investigation.

|  |  |  |
| --- | --- | --- |
| **Were the deliverables clear to you …?** | **Yes** | **No** |
| Before the team arrived |  |  |
| During the field investigation |  |  |
| When the team departed |  |  |

1. Did the Epi-Aid team conduct an exit meeting before departing the field?
* Yes
* No
1. Were the next steps clearly defined when the team departed?
* Yes
* No
1. When did the Epi-Aid Team communicate preliminary findings to you?
* Prior to the team departing
* Within 1 week after the team departed
* Between 1 week and 1 month after the team departed
* Between 1 month and 3 months after the team departed
* More than 3 months after the team departed
* Not yet received [SKIP TO Q15]

**[Page 5] Epi-Aid Coordination, Communication, and Reporting**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

1. How satisfied are you with the timeliness of communication of the preliminary findings?
* Very dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Very satisfied
1. In what format did you receive the preliminary findings? (Check all that apply)
* Verbal briefing
* Presentation (such as PowerPoint)
* Detailed technical report
* Written summary
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How satisfied are you with the format in which you received the preliminary findings?
* Very dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Very satisfied
1. When did the Epi-Aid Team provide you the final Epi-Aid report? The final Epi-Aid report is a written report that describes the investigation, including a description of the problem, findings, and recommendations with no further information pending.
* Prior to the team departing
* Within 1 week after the team departed
* Between 1 week and 1 month after the team departed
* Between 1 month and 3 months after the team departed
* More than 3 months after the team departed
* Not yet received [SKIP TO Q17]

**[Page 6] Epi-Aid Coordination, Communication, and Reporting**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

1. How satisfied were you with the timeliness of the final Epi-Aid Report provided by the Epi-Aid Team?
* Very dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Very satisfied
1. Please elaborate on your above ratings or provide additional comments relating to coordination, communication and reporting of the Epi-Aid.

**[Page 7] Epi-Aid Impact**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

This section asks about the outcomes and impacts of the technical assistance/support your agency received.

1. To which of the following did the Epi-Aid investigation contribute? (Please select all that apply.)
* Identification of the agent, source, mode of transmission, or risk factors of outbreak/problem
* Alleviation of public concern about the public health problem
* Development of prevention and control recommendations
* Implementation of prevention and control measures
* Control of the outbreak/public health problem
* Increased local capacity to respond to similar situations in the future
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please provide any comments about the outcomes and impacts of the technical assistance/support your agency received.

**[Page 8] Epi-Aid Overall**

To return to a previous page, use the “Previous” button at the bottom of the page (**NOT** the “Back” button on your browser menu). To advance, use the “Next” button at the bottom of the page.

This section asks you about your agency’s overall satisfaction with the Epi-Aid.

1. How would you rate your agency’s overall satisfaction with the Epi-Aid?
* Very dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Very satisfied
1. If another health problem/threat arises that requires urgent technical assistance and surge capacity, how likely will your agency be to request another Epi-Aid?
* Extremely unlikely
* Unlikely
* Likely
* Extremely likely
1. Please provide any additional comments you have about your overall satisfaction with the Epi-Aid.
2. Please provide any additional comments you have about the Epi-Aid.

**[Confirmation Page]**

Thank you for completing this assessment. Your feedback is very important to us! If you want to discuss the Epi-Aid or have any questions, please email us at epiaid@cdc.gov