Attachment C

CDC FLU EMAILS: SURVEY QUESTIONS & SCREENSHOTS

8/8/2017

Survey Questions

Please provide feedback on the flu email updates you receive. Your answers to these 8 questions will be used to improve the updates.

- 1. Overall, how would you rate your satisfaction with the email updates you receive about flu from the CDC?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- 2. How would you rate your satisfaction with the following?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Information included in the emails				
Frequency of the emails				
Amount of information (length of email)				
Number of images				
Overall Satisfaction with Flu Updates				

- 3. What could we do to improve your satisfaction with the flu email updates?
- 4. How do you use the current content in the newsletter?
 - For myself, family or friends
 - For patients or medical practice
 - For work, staff or co-workers
 - Other (please specify)
- 5. What kind of information are you expecting in the flu newsletter? (Select all that apply)
 - Flu levels across the country
 - Flu shot locations
 - Latest campaign information
 - Information about the flu vaccine
 - Symptoms, Treatment
 - What other types of information would you like to see included?
- 6. How often would you like to receive flu updates via email?
 - Daily (Monday Friday)
 - Weekly
 - Monthly
 - Other (please specify)
- 7. Do you want to receive the emails during non-flu season (May-Sept)?
 - Yes
 - No
- 8. Which best describes your primary role?
 - Individual interested in health
 - Healthcare provider (physician, nurse, physician's assistant, nurse practitioner, pharmacist, or other healthcare provider)
 - Public health agency employee or public health professional
 - Journalist or member of the media
 - Educator, teacher or trainer
 - Student
 - CDC Employee, staff or contractor
 - Other (please specify)

Survey Screenshots

Flu Email Updates

Form Approved OMB No: 0920-1050 Exp. Date: 03/31/2018

Thank you for agreeing to help the Centers for Disease Control and Prevention (CDC) evaluate the Seasonal flu email updates. Your feedback is extremely important. We anticipate that it will take approximately 5 minutes to complete these questions.

Your responses to all questions will be kept in a secure manner. All information is used for evaluation purposes only, and CDC does not plan to share the data with anyone outside CDC. You can view CDC's web privacy policy at http://www.cdc.gov/Other/privacy.html.

Public reporting burden of this collection of information is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance

Officer; 1800 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050)





Flu Email Updates

with Flu Updates

Please provide feedback on the flu email updates you receive. Your answers to these 8 questions will be used to improve the updates

*1	Overall, how would y from the CDC?	ou rate your sati	sfaction with the	email updates yo	u receive about flu
	Excellent				
	Very Good				
	Good				
	Fair				
	Poor				
*2	How would you rate	your satisfaction	n with the followin	ng?	
		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
	Information included in the emails	\circ	\circ	\circ	\circ
	Frequency of the emails	\circ	\circ	\circ	\circ
	Amount of information (length of email)	0	0	0	0
	Number of images	\circ	\bigcirc	\bigcirc	\circ
	Overall Satisfaction				

3	What could we do to improve your satisfaction with the flu email updates?
*4	How do you use the current content in the newsletter?
	For myself, family or friends
	For patients or medical practice
	For work, staff or co-workers
	Other (please specify)
*	
(5)	What kind of information are you expecting in the flu newsletter? (Select all that apply)
	Flu levels across the country
	Flu shot locations
	Latest campaign information
	Information about the flu vaccine
	Symptoms, Treatment
	What other types of information would you like to see included?
*(6)	How often would you like to receive flu updates via email?
	Daily (Monday - Friday)
	Weekly
	Monthly
	Other (please specify)

	○ Yes
	○ No
*8	Which best describes your primary role?
	Individual interested in health
	Healthcare provider (physician, nurse, physician's assistant, nurse practitioner, pharmacist, or other healthcare provider)
	Public health agency employee or public health professional
	Journalist or member of the media
	Educator, teacher or trainer
	Student
	CDC Employee, staff or contractor
	Other (please specify)

