

Attachment 2. Customer Satisfaction Survey: CDC Learning Connection GovDelivery (GovD) newsletter

CDC Learning Connection Newsletter Survey

Form Approved
OMB No. 0920-1050
Expiration Date: 06/30/2019

Thank you for subscribing to the CDC Learning Connection newsletter.

In order to better serve our audience, we would like to find out a little bit about you. The feedback you provide by completing this brief survey will help us to improve the newsletter.

This survey should take, on average, **1 minute** to complete. All responses will be 100% anonymous. Your responses will be saved when you click **Done** at the end of the page.

If you have any questions or problems, please contact learning@cdc.gov.

Thank you again for subscribing to the newsletter and for completing the survey.

By continuing to the next screen, you consent to complete this survey.

The public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333**
ATTN: PRA (0920-1050)

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*** 1. What is your profession? (select all that apply)**

- Community health worker
- Environmental health worker
- Epidemiologist
- Evaluator
- Health communicator or public information specialist
- Health educator
- Instructor or professor
- Laboratory worker
- Nurse practitioner or advanced practice nurse
- Other (please specify)
- Oral health professional
- Pharmacist or pharmacy technician
- Physician
- Physician assistant
- Registered nurse
- Statistician
- Student
- Veterinarian

*** 2. What is your primary job setting/affiliation? (select one)**

- Federal agency
- Hospital, medical center, or clinic
- Pharmacy
- Private nonprofit organization
- School or university
- State, tribal, local, or territorial government
- Other (please specify)

*** 3. How many years have you been in the health workforce? (select one)**

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21 years or more
- Not in the health workforce

*** 4. Where did you first learn about the CDC Learning Connection newsletter? (select one)**

- CDC Learning Connection homepage
- Other CDC webpage or resource (e.g., newsletter)
- Non-CDC webpage or resource (e.g., newsletter)
- Conference
- Friend or colleague
- Social media
- I don't know
- Other (please specify)

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Done

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Thank you for your time and feedback.

Done

