Form Approved

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**Attachment 1. 2018**

**[PAGE 1] INTRODUCTION**

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](mailto: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 minuteper 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

Oral health professional

Pharmacist or pharmacy technician

Physician

Physician assistant

Registered nurse

Statistician

Student

Veterinarian

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **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

* 1. **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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Thank you for your time and feedback.