**Attachment D6**

**Organizational Support**

Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/20xx

Organizational Support

IV. Using the scale below as a guide, check the box beside each statement to indicate how much you agree with it.

1 = strongly disagree

2 = moderately disagree

**3** = slightly disagree

4 = neutral, neither agree nor disagree

5 = slightly agree

6 = moderately agree

7 = strongly agree

Public reporting burden of this collection of information is estimated to average 2 minutes 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly**  **Disagree**  (1) | **Moderately Disagree**  (2) | **Slightly disagree**  (3) | **Neutral, neither agree nor disagree**  (4) | **Slightly agree**  (5 | **Moderately agree**  (6) | **Strongly**  **agree**  (7 |
| 1 | The organization values my contribution to its well-being | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 2 | The organization strongly considers my goals and values | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 3 | The organization really cares about my well-being | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 4 | The organization is willing to help me when I need a special favor | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 5 | The organization shows very little concern for me | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 6 | The organization takes pride in my accomplishments at work | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 7 | My supervisor values my contribution to its well-being | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 8 | My supervisor strongly considers my goals and values | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 9 | My supervisor really cares about my well-being | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 10 | My supervisor is willing to help me when I need a special favor | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 11 | My supervisor shows very little concern for me | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| 12 | My supervisor takes pride in my accomplishments at work | **□** | **□** | **□** | **□** | **□** | **□** | **□** |