

## Followback Survey - After the Health Hazard Evaluation Site Visit

NIOSH wants to know what you think about the health hazard evaluation at [workplace name] so far. Your feedback will help us create a better experience for you and others.

We will keep your information secure according to federal laws. We will report only summary information and will not identify you.

Please fill in circles completely like this:	
1. <b>What do you think</b> about the NIOSH health hazard evaluation?	<input type="radio"/> It is Excellent <input type="radio"/> It is Good <input type="radio"/> It is Fair <input type="radio"/> It is Poor
2. How satisfied were you with the <b>communications</b> by the NIOSH investigators about their plans and activities?	<input type="radio"/> Very satisfied <input type="radio"/> Mostly satisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Mostly dissatisfied <input type="radio"/> Very dissatisfied
3. If you were not very satisfied with the communications, what could NIOSH do to make them better?	
4. Was the <b>letter NIOSH sent you</b> after the site visit helpful?	<input type="radio"/> Yes, very <input type="radio"/> Yes, somewhat <input type="radio"/> Mostly not <input type="radio"/> Not at all
5. Do you think that NIOSH has been <b>objective</b> ?	<input type="radio"/> Yes <input type="radio"/> No
6. We'd like to know more. What did we get right? What could we have done better?	
7. If you have any suggestions for us as we move forward with our evaluation at [workplace name], let us know.	
8. Are you still <b>associated with the workplace</b> that NIOSH is evaluating?	<input type="radio"/> Yes <input type="radio"/> No

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-0260).

Followback Survey Form 1A  
 12/12/2023

**Thank you for completing this survey!**

Call the Followback Coordinator at 513-841-4382 if you have questions or comments.  
We may contact you again at the end of the evaluation.

