

Followback Survey - After the Health Hazard Evaluation Final Letter

NIOSH wants to know what you think about the health hazard evaluation at [workplace name]. 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. How helpful was the final letter?	<input type="radio"/> Extremely helpful <input type="radio"/> Very helpful <input type="radio"/> Moderately helpful <input type="radio"/> Slightly helpful <input type="radio"/> Not at all helpful
Please explain your answer about the final letter.	
2. What do you think about the NIOSH health hazard evaluation?	<input type="radio"/> It was Excellent <input type="radio"/> It was Good <input type="radio"/> It was Fair <input type="radio"/> It was Poor
3. What, if anything, would have made it better?	
4. How well did the NIOSH recommendations address the issues described in the HHE request ?	<input type="radio"/> Very well <input type="radio"/> Fairly well <input type="radio"/> Not very well <input type="radio"/> Not well at all <input type="radio"/> No recommendations were made
5. Overall , do you think the NIOSH recommendations are practical ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Recommendations were not made <input type="radio"/> I don't know
6. Did the employer post the final letter at the workplace?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable - NIOSH did not send the final letter to the employer
7. Did you share the final letter with others at the workplace?	<input type="radio"/> Yes <input type="radio"/> No
8. Are you still associated with the workplace that NIOSH evaluated?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Public reporting burden of this collection of information is estimated to average 15 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 2A
 12/12/2023

Thank you for completing this survey!

Call the Followback Coordinator at 513-841-4382 if you have questions or comments.

