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Followback Survey - One Year After the Final Letter

NIOSH wants to learn about your workplace now and actions taken regarding our recommendations from 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 NIOSH evaluation in reducing hazards and preventing work-related illness at [workplace name]?	O Extremely helpfulO Very helpfulO Moderately helpfulO Slightly helpfulO Not at all helpful							
Please explain your answer about how NIOSH helped or did not help make things better.								
2. Please rate your agreement with the following statement: The main issue(s) that were the focus of the NIOSH evaluation have been resolved.	 O Strongly agree O Mostly agree O Neither agree nor disagree O Mostly disagree O Strongly disagree 							
3. Did your company make (or intend to make) any specific changes based on the HHE findings or recommendations?	O Yes O No O Do not know							
4. How likely are you to seek safety and health information from NIOSH in the future?	O Very likelyO Somewhat likelyO Somewhat unlikelyO Very unlikely							
5. Please explain why you will (or will not) seek safety and health information	tion from NIOSH in the future.							
6. If you would like more information from NIOSH, please indicate your top three sources.	 O HHE report O Conference presentation or meeting O NIOSH website O NIOSH eNews, newsletters, social media, or science blogs O NIOSH article published in an academic journal O NIOSH article published in a trade magazine O I do not want to get more information from NIOSH 							

7.	Our evaluation rep	ort provided	d findings	and rec	ommendations	for you	r workplace. Pl	ease ind	icate which		
	of these specific changes were made at your company or that your company intends to implement										
	within the near fut	ture.									
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NIOSH finding or recommendation	My company made this change.	My company plans to make this change	I'm unsure if this change was or will	My company has no plans to make this
		in the near future.	be made.	change.
Add example				
specific to study				
population				
Add example				
specific to study				
population				
Add example				
specific to study				
population				
Add example				
specific to study				
population				
Other changes				
(please specify)				

8.	Please explain why your company made or intends to make changes to improve safety and health as a
	result of the NIOSH evaluation.

9.	Please explain any challenges your company has experienced in implementing the NIOSH evaluation
	recommendations and why.

10. If	you	have an	v ideas a	bout	how we	can in	mprove	our serv	vices, r	lease	let us	know	here.

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 3A 7/20/2024

Thank you for completing this survey!

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



