

**Attachment 1. 2024 EIS Supervisor Survey**

**Page 1. Introduction**

You are being asked to complete this survey because of your role as a supervisor for an Epidemic Intelligence Service (EIS) officer. We appreciate your dedication to training and mentoring your EIS officer. The purpose of this survey is to identify ways to improve the supervisor and host site experience.

Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EIS program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported in aggregate. We ask that this survey be completed by the supervisor who is most familiar with the EIS officer’s work and interactions within the host site. Please email [ELWBEval@cdc.gov](mailto:ELWBEval@cdc.gov) if you would like to request a different individual complete the survey for the officer.

We estimate that it will take approximately **10 minutes** to complete this survey. This survey link is unique to you, so please don’t forward it to others. You will be able to return to the survey to edit or update your responses at any time prior to the survey closing date on [DATE].

Please contact [ELWBEval@cdc.gov](mailto:ELWBEval@cdc.gov) if you have any questions regarding this survey.

Notice: 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 10 minutes per response, including 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 H21-8, Atlanta, Georgia 30333 ATT: PRA (0920-1163)

**Page 2. Basic Information**

- Including this EIS officer, how many EIS officers have you supervised as a primary or secondary supervisor?  
 \* *Open response (numerical)*

- For the following questions, please consider your experience over the past year. \* *[Multiple choice]*

How frequently did you _____	Nearly every day (4-5 days a week)	Two or three days a week	Once a week	Once every two weeks	Once a month	<1 day a month
a) ...work in the office? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) ... <b>and your EIS officer</b> come into the office at the same time? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are optional. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses. These data will be used to better understand the diversity of our host site supervisors.

3. What is your race and/or ethnicity? Select all that apply.
  - a. **American Indian or Alaska Native**  
*For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*
  - b. **Asian**  
*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*
  - c. **Black or African American**  
*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
  - d. **Hispanic or Latino**  
*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*
  - e. **Middle Eastern or North African**  
*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*
  - f. **Native Hawaiian or Pacific Islander**  
*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*
  - g. **White**  
*For example, English, German, Irish, Italian, Polish, Scottish, etc.*
  
4. Are you: Mark all that apply.
  - a. Female
  - b. Male
  - c. Transgender, non-binary, or other gender

### Page 3. Feedback on EIS program support

5. Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not Applicable
a) The EIS Handbook is a useful resource.*	☐	☐	☐	☐	☐	☐
b) Supervisor orientation provided me with the information I needed to begin supervising my officer.*	☐	☐	☐	☐	☐	☐
c) The EIS program clearly communicated supervisory expectations before the fellowship started.*	☐	☐	☐	☐	☐	☐
d) When I have a question or issue to discuss with the EIS program, I know which person to contact.*	☐	☐	☐	☐	☐	☐
e) When I have a question or issue to discuss with the EIS program, the question or issue is resolved in a timely manner.*	☐	☐	☐	☐	☐	☐
f) I am satisfied with the support that I am receiving from the EIS program.*	☐	☐	☐	☐	☐	☐

6. If you selected “strongly disagree” or “disagree,” please explain in the space provided below. (Open text)
7. Please identify any support services or training that you have not received from the EIS program that would improve your experience. \* (Open text)

## **Page 4. Officer training**

8. In what topic(s) or skill(s) does your EIS officer need additional training or support (e.g., statistical analysis, leadership development) (Please list) (Open text)

## **Page 5. Additional Feedback**

9. Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer. (Open text)

## **Closing**

Thank you for taking the time to complete the EIS Supervisor Survey. Please click “Done” to submit your responses.

We value your feedback. If you have any questions about this survey, please email [ELWBEval@cdc.gov](mailto:ELWBEval@cdc.gov).