Attachment 2. 2024 EIS Supervisor Survey Screenshots



2024 EIS Supervisor Survey

Introduction

Form Approved OMB No. 0920-1163 Expiration Date: 02/28/2026

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 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 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)



same time?

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Basic Information

* 1. Including this EIS supervisor?	officer, how m	any EIS officer	s have you sup	ervised as a pri	mary or secor	ndary
For the following q	uestions, plea	ase consider	your experie	nce over the p	past year.	
* 2. How frequently	did you					
	day (4-5 days a week)	Two or three	Once a week	Once every two weeks	Once a month	<1 day a month
work in the office?	0	0	0	0	0	0
and your EIS officer come into	0	0	0	0	0	0

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.

What is your race and/or ethnicity? Select all that apply.
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.
Asian
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
Black or African American
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
Hispanic or Latino
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
Middle Eastern or North African
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
Native Hawaiian or Pacific Islander
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijan, Marshallese, etc.
White
For example, English, German, Irish, Italian, Polish, Scottish, etc.
4. Are you: Mark all that apply.
Female
Male
Transgender, non-binary, or other gender



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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
The EIS Handbook is a useful resource.	0	0	0	0	0	0
Supervisor orientation provided me with the information I needed to begin supervising my officer.	0	0	0	0	0	0
The EIS program clearly communicated supervisory expectations before the fellowship started.	0	0	0	0	0	0
When I have a question or issue to discuss with the EIS program, I know which person to contact.	0	0	0	0	0	0
When I have a question or issue to discuss with the EIS program, the question or issue is resolved in a timely manner.	0	0	0	0	0	0
I am satisfied with the support that I am receiving from the EIS program.	0	0	0	0	0	0
6. If you selected "stro	ngly disagree	" or "disagree,	" please explair	in the space	provided belo	w.

7. Please identify any support services or training that you have not received from the EIS program that yould improve your experience.
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fficer training
In what topic(s) or skill(s) does your EIS officer need additional training or support (e.g., statistical alysis, leadership development) (Please list)



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Additional Feedback

 Please comment on anything else you wo supervising an EIS officer. 	uld like the EIS program to know about your experience	2



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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.