Form Approved
OMB No. 0920-1154
Exp. Date XX/XX/20XX

Employee Survey

The purpose of this survey is to evaluate this training program. Your feedback is very important to help us improve this training.

Please provide the one best answer for each question.

Have you participated in training about heat stress in the past 2 years? ☐ No ☐ Yes ☐ Unsure

To what extent do you agree with the following statements?	Disagree strongly 1	Disagree somewhat 2	Disagree slightly 3	Neither agree or disagree 4	Agree slightly 5	Agree somewhat 6	Agree strongly 7
This training was valuable.	☐	☐	☐	☐	☐	☐	☐
I learned something new from this training.	☐	☐	☐	☐	☐	☐	☐
The case examples made the messages about heat illness easier to understand.	☐	☐	☐	☐	☐	☐	☐
I am more aware of things that may increase my risk for heat illness.	☐	☐	☐	☐	☐	☐	☐
I am more likely to change what I am doing to reduce my risk of heat illness (e.g., wear different clothing, take more breaks, drink more fluids).	☐	☐	☐	☐	☐	☐	☐
I can recognize signs of heat stress for myself.	☐	☐	☐	☐	☐	☐	☐
I am confident I can recognize when a colleague may be in trouble from the heat.	☐	☐	☐	☐	☐	☐	☐
I know how to help a colleague experiencing possible heat illness.	☐	☐	☐	☐	☐	☐	☐

Please give us written feedback to these questions. Your detailed feedback will provide more information to make improvements.

What was the most helpful thing about this training?

How can we improve this training?

What else can your employer do to help protect you from heat illness?

We will provide a brief one-page summary of findings from this survey. If you are interested, please contact your Occupational Safety and Health manager for results within three months. You may also contact Kristin Yeoman of NIOSH at kyeoman@cdc.gov.