Form Approved

OMB No. 0920-1050

Expiration Date: 6/30/2025

**Attachment 1. 2024 EIS Conference Customer Service Feedback Survey**

[PAGE 1] INTRODUCTION

Thank you for attending the 2024 EIS Conference held April 23–26, 2024. We value your feedback to help us improve future conferences. This anonymous survey should take an average of **3 minutes** to complete. Please respond to this survey only once after your conference experience has ended.

To ensure that your responses are being saved as you navigate through the survey, please use the "Previous" and "Next" buttons at the bottom of each page (**NOT** the "Back" and "Forward" buttons in your browser). If you exit the survey before submitting it, you will not be able to return to edit your responses.

If you encounter any problems or have questions about the survey, please contact [ELWBEval@cdc.gov](mailto:ELWBEval@cdc.gov).

We look forward to your feedback and to seeing you again at next year's conference.

Thank you!

EIS Program

**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 3 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 30329 ATTN: PRA (0920-1050)

[PAGE 2] ATTENDANCE

*To return to a previous page, use the "Previous" button at the bottom of the page (NOT the "Back" button in your browser). To advance, use the "Next" button at the bottom of the page.*

1. Did you attend the 2024 EIS Conference (April 23–26)? [*Multiple choice*]
   * Yes
   * No [Skip to Page 8. End of Survey]

[PAGE 3] OVERALL EIS CONFERENCE EXPERIENCE

1. How did you attend the EIS Conference?
   * In person only *(continue to page 4)*
   * Virtually only *(skip to page 5)*
   * Both in person and virtually *(continue to page 4)*
2. How would you rate your overall experience of attending this conference?
   * Poor
   * Fair
   * Good
   * Excellent

[PAGE 4] EIS CONFERENCE EXPERIENCE

1. Please rate your level of agreement with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Agree | Strongly Agree | Not Applicable |
| 1. During the conference, I was able to network and interact with other conference participants. |  |  |  |  |  |
| 1. During the conference, I was able to ask questions after a presentation. |  |  |  |  |  |
| 1. I would recommend the conference venue (Atlanta Marriott Marquis) for future EIS conferences. |  |  |  |  |  |

[PAGE 5] CONFERENCE FEATURES

1. Please rate the following aspects and features of the conference.

|  | **Poor** | **Fair** | **Good** | **Excellent** | **Don't Know** |
| --- | --- | --- | --- | --- | --- |
| 1. Registration process |  |  |  |  |  |
| 1. Communications before the conference |  |  |  |  |  |
| 1. Conference platform (eventPower) |  |  |  |  |  |
| 1. [Conference agenda](https://eventpower-res.cloudinary.com/image/upload/v1/media/Centers%20for%20Disease%20Contr/24cdc-eis/website_asset/hhfqniugmodv5f7k3n3y) (i.e., session format/structure) |  |  |  |  |  |

1. Please provide comments on your EIS Conference experience, including suggestions to improve future EIS conferences and conference features. If you presented at the conference, please also provide comments on your presentation experience. [*Open-Ended Response*]

[PAGE 6] ATTENDEE INFORMATION

1. Please select your role: [*Multiple choice*]
   * CDC employee, contractor, or fellow
   * Other federal government employee, contractor, or fellow
   * State, Tribal, Local, or Territorial Health Department employee
   * TEPHINET/FETP
   * College or university employee
   * Industry (private, non-clinical business)
   * Clinical (hospital or other clinical care)
   * Non-governmental, community, or other organization employee
   * Press/media
   * Student
   * Retired person
   * I am not currently in school or employed.
   * Other (please specify):
2. What is your affiliation with CDC? [*Multiple choice*]
   * I am not directly affiliated with CDC
   * Incoming EIS officer (i.e., EIS Class of 2024)
   * Incoming LLS fellow (i.e., LLS Class of 2024)
   * Current EIS officer (i.e., EIS Classes of 2022 and 2023)
   * Current LLS fellow (i.e., LLS Classes of 2022 and 2023)
   * EIS alumnus and current CDC staff (e.g., employee, contractor, or fellow)
   * EIS alumnus and not on CDC staff (e.g., employee, contractor, or fellow)
   * CDC staff (e.g., employee, contractor, or fellow) and not an EIS alumnus
   * Other (please specify):
3. Were you a presenter at the 2024 EIS conference? [*Multiple choice*]
   * Yes
   * No

[PAGE 7] DEMOGRAPHIC INFORMATION

The following questions are completely voluntary. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses.

1. What is your ethnicity? [*Multiple choice*]
   * Hispanic or Latino
   * Not Hispanic or Latino
   * Prefer not to answer/Decline
2. What is your race? Select all that apply.
   * American Indian or Alaska Native
   * Asian
   * Black or African American
   * Native Hawaiian or Other Pacific Islander
   * White
   * Prefer not to answer/Decline

[PAGE 8] END OF SURVEY

Thank you for your time and feedback! We hope to see you at next year's conference!

Please click "Done" to submit.