

2024 Annual Evaluators' Network Member Survey

Thank you for your participation in the Evaluators' Network! In an effort to continually improve the services of the Network and meet your needs (i.e., Evaluators' Network Digest newsletters, Surveillance and Evaluation (S&E) Webinar series, quarterly DP20-2001 S&E Peer Discussions, and Ning networking website), please take a few minutes to answer the following questions about your experience. Your feedback is very important. The survey will be available for completion until xxxx.

1. How is your organization best described?
 - State or territorial health department
 - Tribal Organization
 - Local Health Department
 - University
 - National Network
 - Consulting Firm
 - Other _____
2. What is your primary role within your organization?
 - Epidemiologist
 - Evaluator
 - Program Manager (Skip to the end)
 - Chronic Disease Director/Division Director (Skip to the end)
 - Specify other _____
3. How long have you worked in your current position?
 - Less than 1 year
 - 1 or 2 years
 - 3 years or more

We would like to learn about how you have used Evaluators' Network Resources and Services

4. During the past year how often have you? 0 times, 1-2 times, 3-4 times, 5+ times
 - Attend the S&E Webinars
 - View archived S&E webinar
 - Read the newsletter
 - Visit the Evaluators' Network Ning Website
 - Post or contribute to content on the Evaluators' Network Ning Website
 - Attend a DP-20-2021 S&E Peer Discussion

The following questions would only be asked of those that said they had used the services at least once: 5. How useful did you find the following services or resources (Useful, Somewhat Useful, Not Useful, Not at all Useful)

- Attending Live S&E Webinars
- Viewing archived S&E Webinars
- Reading the newsletter
- Visiting the Evaluators' Network Ning Website
- Posting or contributing to content on the Evaluators' Network Ning Website
- Attending a DP-20-2021 S&E Peer Discussion

6. For those resources you didn't use, what prevented you from using that resource? _____
7. For those services or resources you didn't find useful, what could we do to improve those services or resources?

8. During the past year, how often did you: (0 times, 1-2 times, 3-4 times, 5-6 times)
- Connect or reach out to another network member that you met through the Evaluators' Network
 - Share Evaluators' Network tools and/or resources with other members of your organization.
 - Use ideas and/or information from the Evaluators' Network to enhance your tobacco control surveillance and evaluation work?

In the next section we would like to find out how well the Evaluators' Network met your needs.

9. Please rate your level of agreement or disagreement for each of the following statements about the Evaluators' Network. If you would like to explain your rating, you may provide additional comments in the space provided. If the statement is not applicable to you, (for example, because you have not used the described service), please select "N/A". (Strongly agree, agree, disagree, strongly disagree, NA)
- I have learned about new resources and tools.
 - I have been able to make new peer connections.
 - I have used information from the Evaluators' Network to develop ideas or methods for surveillance and evaluation.
 - Being involved in the Evaluators' Network has helped to build surveillance and evaluation capacity for my organization.
 - I have gained practical skills that I can apply to my surveillance and evaluation work.
 - I have accessed tools, resources, and information from the Evaluators' Network that have improved my evaluation and/or surveillance work.
 - The Evaluators' Network provides information that I can't find anywhere else.
 - I would recommend the Evaluators' Network to other surveillance and evaluation staff.
 - The Evaluators' Network is a worthwhile investment for the CDC.

We just have a few more questions for you.

10. Please provide at least one example of how the Evaluators' Network has helped you advance surveillance and evaluation tobacco control work in your state/organization _____
11. Are there specific professional development needs related to your role in tobacco control surveillance and evaluation you would like to see the Evaluators' Network fulfill?

Thank you for your time in completing this survey. Your feedback is very valuable and appreciated.

Burden Statement

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