

Follow Up Survey Questions

Form Approved

OMB Approval No. 0920-1154

Expiration Date: 03/31/2026

Thank you for your previous participation in This is a TEST. We are looking to see how jurisdictions may have implemented lessons learned from the exercise and any new insights you might wish to share.

Your voluntary participation in this survey will help CDC evaluate and improve the quality of this exercise tool and learn how to better implement future designs. All results from the survey are anonymous unless you would like us to contact you for additional follow up. If you would like additional follow up, you may provide your name and professional email at the end of the survey.

1. My role in an emergency response is,
 - a. Communications/ PIO (Public Information Officer)
 - b. Emergency management
 - c. Environmental protection
 - d. Fire/ Police/ Hazmat
 - e. Hospital
 - f. Public health
 - g. Radiation control
 - h. Volunteer organization
 - i. Other, please specify
2. During an emergency response what level does your role support
 - a. Federal
 - b. State
 - c. Local
 - d. Tribal
 - e. Territorial
 - f. Municipal
3. Since the exercise, my agency has worked with at least one new partner to work on improving gaps identified during the exercise.
 - a. True
 - b. False

Public reporting burden for this collection of information is estimated to 15 minutes per response, including the 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; Paperwork Reduction Project (0920-0527); M.S. D-24; 1600 Clifton Road NE, Atlanta, Ga. 30333.

Attachment B- Follow Up Survey Questions

4. If true, which agency (agencies) have you worked with? (open)
5. What gap(s) are you working on (with or without partner agencies)? (open)
6. How are you working to improve gaps? (open)
7. Have any other changes been made at your agency that were brought up during the TEST exercise? (open)
8. What, if any, barriers have you encountered in making changes and improvements to your plans and procedures that were identified during TEST? (open)
9. Have you thought of any additional ways in which TEST can be better implemented? (open)
10. Were you able to use TEST as credit for any funding requirements such as PHEP (Public Health Emergency Preparedness) or REP (Radiation Emergency Preparedness)?
 - a. Yes, PHEP
 - b. Yes, REP
 - c. Yes, both REP and PHEP
 - d. Yes, Other
 - e. No
11. If no, what additional aspects are needed such that you can fulfill these requirements? (open)
12. Please use this space to share any additional thoughts, comments, or suggestions. (open)
13. Would you like to be contacted for additional follow-up via a focus group interview?
 - a. Yes
 - b. No
14. If yes, please provide your name and email address. Your information will only be used to follow up with you to schedule a web call. (open)