

# Follow Up Survey Questions

Form Approved

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**Thank you for your previous participation in This is a T.E.S.T. 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. Your responses to 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 position in a radiation emergency response is,
  - a. Radiation control
  - b. Public health
  - c. Emergency management
  - d. Communications/ PIO (Public Information Officer)
  - e. Fire/ Police/ Hazmat
  - f. Hospital
  - g. Volunteer Organization
  - h. Other, please specify
2. Since the exercise, my agency has worked with at least one new partner to work on improving gaps identified during the exercise.
  - a. Yes
  - b. No
  - c. I don't know/unsure
3. If yes, which agency (agencies) have you worked with? (open)
4. What gap(s) are you working on (with or without partner agencies)? (open)
5. How are you working to improve gaps? (open)
6. Have any other changes been made at your agency that were brought up during the T.E.S.T. exercise? (open)
7. What, if any, barriers have you encountered in making changes and improvements to your plans and procedures that were identified during T.E.S.T.? (open)
8. Have you thought of any additional ways in which TEST can be better implemented? (open)

Public reporting burden for this collection of information is estimated to be 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 C- Follow Up Survey Questions

9. 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, please specify
  - e. No
10. If no, what additional aspects are needed such that you can use TEST to fulfill these requirements? (open)
11. Please share any additional thoughts, comments, or suggestions from your experience with TEST. (Open)
12. Would you like to be contacted for additional follow-up on your experience playing the game/exercise via a focus group interview?
  - a. Yes
  - b. No
13. 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)

Thank you very much for providing us with information on how your jurisdiction may have implemented lessons learned from the exercise and any new insights you have to share. We value your input and will use it to enhance the trainings and their value to participants.