

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 | Disagree somewhat | Disagree slightly | Neither agree or disagree | Agree slightly | Agree somewhat | Agree strongly |
|--|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| This training was valuable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I learned something new from this training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The case examples made the messages about heat illness easier to understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am more aware of things that may increase my risk for heat illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can recognize signs of heat stress for myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am confident I can recognize when a colleague may be in trouble from the heat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how to help a colleague experiencing possible heat illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.

