

# CDC Building Responder Resilience – Pilot Evaluation Survey

Form Approved

OMB Approval No. 0920-1154

Expiration Date: 03/31/2026

*Note: The pre-intervention survey will include the items in Parts 1a, 2, and 3 (identifier, outcomes, & demographics).*

## **Part 0 - Introduction:**

**Thank you for participating in this survey.**

On behalf of the CDC, ICF is working to evaluate interventions designed to address resilience and burnout for state and local health department staff who respond to public health emergencies. We are working to determine which interventions are the most effective across various health departments. To this end, CDC leadership has partnered with ICF, a global consulting company that specializes in workplace analyses, to conduct interviews and administer surveys to solicit feedback about the various interventions to ensure all experiences are considered.

The survey will take about 10-20 minutes. While this survey is voluntary, your participation is important to help determine which interventions are most successful at increasing resilience and reducing stress and burnout.

**We strongly encourage you to respond to this survey by date.**

## **Confidentiality Notice**

Please know that ALL data collected as part of this study will remain strictly confidential. Data will not be used to identify or evaluate individuals or specific offices and will not be reported by party or office.

## **Part 1a - Anonymous Identifier**

1. Participants will be asked to create/enter their unique identifier.

*Note. This identifier will only be known to the participant.*

## **Part 1 - Intervention Process Measures:**

**In this section you will be asked to provide information related to the intervention in which you and your organization participated.**

Public reporting burden for this collection of information is estimated to be 10-20 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.

1. In which intervention did you participate?
  - a. [Selection of intervention(s)]

### **Need for Organizational Intervention and Improved Work Environment**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

2. I think we have had a need to work on improving stress and burnout in my organization.
3. I have gained a better understanding of stress and burnout.
4. I have changed my attitude toward how stress and burnout should be handled in my workplace.
5. During the last [time period], the dialogue about stress and burnout has improved.

### **Manager Attitudes and Actions**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

6. My immediate manager has clearly explained what the benefits of the intervention were.
7. My immediate manager has actively worked towards the implementation of the intervention.
8. My immediate manager was positive about the implementation of the intervention.
9. Information concerning the implementation of the intervention has been easily accessible.

### **Reactions to Interventions**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

10. The intervention focused on the things that are important to me in my work.
11. After participating in the intervention, I was excited to implement what I learned.
12. I believe that the intervention is applicable to my specific role.
13. I believe that I am able to apply what I learned from this intervention to my specific position.
14. I have made changes to how I approach my job as a result of the intervention.
15. My organization has made noticeable changes as a result of the intervention.
16. The implementation of the intervention has made it easier to tackle changes in my organization.
17. I felt that it was worth my time to participate the intervention.

## **Part 2 - Job-Related Measures and Measures of Job Perception :**

In this section, you will be asked to provide information related to your job and perceptions of your current position.

### **Workload**

18. Over the past 3 months, how often did your job leave you with little time to get things done?
  - a. (1) Less than once per month or never; (2) Once or twice per month; (3) Once or twice per week; (4) Once or twice per day; (5) Several times per day
19. Over the past 3 months, how often did you have more work to do than you can do well?

- a. (1) *Less than once per month or never*; (2) *Once or twice per month*; (3) *Once or twice per week*; (4) *Once or twice per day*; (5) *Several times per day*

### **Stress**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

20. Over the past two weeks...
  - a. I felt a great deal of stress because of my job.
  - b. I have felt that very few stressful things happen to me at work.
  - c. I have felt that my job is extremely stressful.
  - d. I almost never felt stressed at work.

### **Burnout**

21. Overall, based on your definition of burnout, how would you rate your level of burnout?
  - a. 1) *I enjoy my work. I have no symptoms of burnout.*
  - b. 2) *Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.*
  - c. 3) *I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.*
  - d. 4) *The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.*
  - e. 5) *I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.*

### **Employee Resilience**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

22. I effectively collaborate with others to handle unexpected challenges at work.
23. I successfully manage a high workload for long periods of time.
24. I resolve crises competently at work.
25. I learn from mistakes at work and improve the way I do my job.
26. I re-evaluate my performance and continually improve the way I do my work.
27. I effectively respond to feedback at work, even criticism.
28. I seek assistance to work when I need specific resources.
29. I approach managers when I need their support.
30. I use change at work as an opportunity for growth.

### **Workplace Dignity - Recognition of Competence and Contributions**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

31. At work, I have the chance to build my competence.
32. People at work recognize my competence.
33. People show they appreciate my work efforts.

### **Organizational Culture**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

34. My organization designs jobs in ways which give employees flexibility about how and when to enact their work.
35. My organization expects employees to treat one another with respect.
36. My organization places a lot of emphasis on formal rules and procedures.
37. My organization places a lot of emphasis on encouraging and supporting new ideas and innovative approaches.
38. My organization places a lot of emphasis on developing employee skills.

39. My organization values and cares for its employees.

### **Job Satisfaction**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

40. I am satisfied with my job.

### **Turnover Intentions**

*Measured on a 5-point Likert from strongly disagree (1) to strongly agree (5)*

41. I often seriously consider leaving my job.

42. I intend to quit my current job.

43. I have started to look for other jobs.

## **Part 3 - Demographic Information :**

**In the final portion of this survey, you will be asked to provide general information about yourself, your professional background, and your current position within your organization.**

44. Sex

a. What is your sex?

i. *Male*

ii. *Female*

45. Race/Ethnicity

a. What is your race/ethnicity? Select one or more.

i. *Hispanic or Latino*

ii. *American Indian or Alaska Native*

iii. *Asian*

iv. *Black or African American*

v. *Middle Eastern or North African*

vi. *Native Hawaiian or Other Pacific Islander*

vii. *White*

46. What is the highest level of education you have completed?

a. High school diploma/GED

b. Some college

c. Associate's Degree

d. Bachelor's Degree

e. Master's Degree

f. Doctorate

47. What is your age in years?

*[Fill in the blank or drop down of selections]*

48. How long have you been working in your current field (in years and months)?

*[Fill in the blank]*

49. How long have you been working at your current organization (in years and months)?

*[Fill in the blank]*

50. What is your current job title?

*[Fill in the blank]*

51. Does your current job require you to supervise others?

a. Yes

b. No