

**Homepage of survey**

Form Approved  
OMB 0920-1050  
Exp. 07/31/2025

Welcome and thank you for participating in the Post SOR Engagement Survey.

*This survey is supported by the U.S. Poliovirus National Authority for Containment (NAC), at the Centers for Disease Control and Prevention, Office of Readiness and Response. The primary audience of this survey is individuals who worked with the U.S. NAC to enroll their facility/institution/office in the U.S. National Inventory for Poliovirus Containment. The goal is to get feedback on satisfaction in working with the U.S. NAC. Your responses will be used to improve the overall survey process including communications, survey participation options, and the Statement of Responsibility (SOR). This survey should take no more than 10 minutes to complete. Your feedback is greatly appreciated.*

Public reporting burden of this collection of information is estimated to average 10 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; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

---

### Section 1: Facility Information

The following questions inquire information about your facility.

**Q1:** Please select the option that best describes your institution or facility.

[ma\_s1\_q1\_FacilityType]

- Academic
- Healthcare
- Commercial research
- Commercial manufacturing
- Government

**Q2:** Please tell us your role in the facility or institution that you represent. [ma\_s1\_q2\_Role]

Text entry response

**Q3:** Please indicate the approximate timeframe that your facility worked with the NAC team.

[ma\_s1\_q3\_Timeframe]

|MM/YYYY|

To

|MM/YYYY|

**Section 2: U.S. NAC Interactions**

The following questions seek details regarding your experience with the U.S. NAC.

**Q4:** Please rate the level to which you agree with the following statements regarding your interactions with the U.S. NAC. [ma\_s2\_q1\_Interaction]

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
NAC staff were helpful.					
NAC staff seemed knowledgeable.					
My questions were responded to in a timely manner.					
Answers to my questions were clear and easy to understand.					
The introductory call with the U.S. NAC to discuss the National Poliovirus Containment Survey was organized and efficient.					
The survey participation options presented by the NAC were clear and easy to understand.					

**Q5:** Please provide any additional comments about you your interactions with the U.S. NAC (optional). [ma\_s2\_q2\_InteractionDesc]

Text entry response

**Q6:** Your facility was presented with several options for participating in the national survey. Please indicate which survey participation option your facility chose. [ma\_s2\_q3\_ParticipateOpt]

- 1 - U.S. NAC sent unique survey invitations to our facility Principal Investigators (PIs)
- 2 - Our facility conducted an internal poll and submitted one survey.
- 3 - Our facility shared the public link with our PIs.
- 99 - Other (please briefly describe): [ma\_s2\_q3\_ParticipateOpt\_Ot]

Text entry response

### Section 3: NAC Timeliness and Level of Effort

The following questions inquire about your level of effort when working with the U.S. NAC.

**Q7:** You indicated that your facility opted to work with the U.S. NAC to conduct a survey launch. Please rate the level of effort required of you for this process. [ma\_s3\_q1\_LOE]

- Very Little
- Less than Expected
- As Expected
- High
- Very High
- Not Applicable (other survey participation method)

**Q8:** After the survey launch, NAC staff provided weekly Participant Response Status reports to the BSO or other facility representative. Please rate the timeliness of the weekly reports. [ma\_s3\_q2\_ReportTimeliness]

[this question appears if option 1 of Q6 is selected, Q6=1]

- Not often enough
- The right amount of time
- Too often
- Did not receive weekly reports

**Q9:** After the initial survey launch, the participants at your facility received weekly reminders to complete the survey. Please rate the timeliness of the weekly reminders to the participants. [ma\_s3\_q3\_RemindTimeliness]

[this question appears if option 2 of Q6 is selected, Q6=2]

- Not often enough
- The right amount of time
- Too often
- Did not receive weekly reminders

**Q10:** What suggestions do you have to improve the survey launch process? [ma\_s3\_q4\_ImproveProc]

Text entry response

**Section 4: Statement of Responsibility**

The Statement of Responsibility (SOR) is the final step in the survey process for all facilities. It serves as the institution's declaration of responsibility and a justification for retaining any poliovirus infectious materials or potentially infectious material (PIM). The SOR indicates a commitment to handling such material in accordance with WHO guidance. The following questions inquire about your experience preparing and submitting the SOR to the U.S. NAC.

**Q11:** Please rate how helpful the NAC staff were to you in preparing the Statement of Responsibility for your facility. [ma\_s4\_q1\_SORHelpfulness]

	Not at all helpful	Not so helpful	Neutral	Very helpful	Extremely helpful
NAC staff were helpful					

**Q12:** Please rate how useful the NAC SOR resources were in preparing the Statement of Responsibility for your facility. [ma\_s4\_q2\_SORUsefulness]

	Not at all helpful	Not so helpful	Neutral	Very helpful	Extremely helpful
SOR Checklist					
SOR Template (Appendix in the Checklist Document)					
SOR Guidance					

**Q13:** Use the box below to provide additional feedback on your experience with preparing the Statement of Responsibility for your facility. [ma\_s4\_q3\_SORPrep]

Text entry response
---------------------

**Q14:** How long did the process take from the initial call with the NAC until the Statement of Responsibility was submitted to the NAC? [ma\_s4\_q4\_SORProcessTime]

- 0 months to 3 months
- 3 months to 6 months
- 6 months to 1 year
- 1 year to 2 years
- 2+ years

### Section 5: Feedback

The following questions are designated to give feedback to the U.S. NAC regarding the survey and the team.

**Q15:** Please provide any additional feedback on improving the U.S. NAC Survey processes. [ma\_s5\_q1\_FeedbackSurvey]

Text entry response

**Q16:** [Use the space below to provide any other feedback about your experience with the U.S. NAC team. [ma\_s5\_q2\_FeedbackNACTeam]

Text entry response

---

### End of Survey

*We thank you for your time spent taking this survey.*

*Your response has been recorded.*



**NAC**  
U.S. National Authority  
for Containment of Poliovirus