Form Approved OMB No. 0920-0008 Exp. Date XX/XX/20010

Emergency Epidemic Investigation

EPI-AID No.:		
Title of the Investigation:		
Used for the following purpose:		
Date of the Investigation: Begin	ning:	Ending:
Complete this section for each in	strument used during the	investigation:
Data Collection Method		
Personal Interview	Telephone	
Mail Mail	Other (plea	ase specify)
A. Description of Responden	ts (i.e., individuals, househ	nolds, physicians, state and local government, etc
B. Estimated Number of Res	pondents:	
C. Number of Responses per	Respondents (i.e., one tin	ne only, once a week for 2 weeks, 6 times, etc.):
D. Burden per Response (i.e	., time taken for a respond	ent to complete the data collection instrument):
Total Annual Burden (Multiply Bx	CxD):	
Project Officer:		
Name:		
Title:		
CIO:		
Phone:		

Return completed form and blank questionnaire with trip report, MS D18.

Public reporting burden of this collection of information is estimated to average 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; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0920-0008)