

APPENDIX M

Form Approved
OMB No. _____
Exp. Date _____

Participant Contact Form

DATE: _____

NAME: _____

TEL: _____ **ALTERNATE TEL:** _____

OK TO LEAVE REMINDER MESSAGE? Y: _____ N: _____

BEST TIME TO REACH: _____

CONTACT ACTIVITY

<u>Date</u>	<u>Time</u>	<u>Contact Type</u>	<u>Outcome (scheduled date/time?)</u>
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_____	_____	_____	_____
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NOTES:

Public reporting burden of this collection of information is estimated to average 3 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, GA 30333; ATTN: PRA (0920-XXXX).