## **Attachment 3**

## **Screening Questionnaire**

Form Approved OMB No.: 0920-0527 Expiration Date:

## Human Exposure to Cyanobacterial Toxins in Water

## Eligibility Screening Questionnaire

Hello, I'm	. I'm working with the (	Centers for Disease Control	and
Prevention and the California Depart	rtment of Public Health.	I'd like to know if you are	willing to
help us with a blue-green algae rese	arch study today. Have	you seen our study ad?	

You may have heard about blue-green algae. They are very tiny organisms that grow in water. One type of blue-green algae is called Microcystis aeruginosa. This type of blue-green algae can make chemicals, called microcystins, that can make people sick. For example, we know these chemicals can cause liver problems in people when they drink water with a lot of this chemical in it.

We are doing a research study to see if small amounts of blue green algae can be found in the nose and blood of people doing recreational activities on lakes with algae blooms. We also want to know if we can find very small amounts of microcystins in blood samples of people who have been working, swimming, or playing in waters. We would like people to answer some questions and give us a small (about 2 teaspoons each) blood sample today. We would also like to call you in about 10 days and ask you some questions.

Public reporting burden for this collection of information is estimated to average 5 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

Will you hel	o us with our study?			
IF NO	D:			
	Okay, well, thank y	ou for y	our tim	e.
IF YI	ES:			
	Thank you.			
	Then I'll ask you to questions. If you are using a je related activities, sa personal air monitor At the end of the da questions and give u This should only tak In about 10 days, so about symptoms you We will give you \$4 OK?  IS INTERESTED IN	t ski or a iling, or with you today, as a blooke about omeone for may had been been been been been been been bee	d sign a boat (for wat ou. you wind samp 30 min from the ompleting IN TH	utes of your time. e study will call you and ask some questions ng all parts of the study.
oday.	oing to read a list of a		and yo	U can tell me which of these you plan to do  Don't Know
Sailir Jet Sł Swim Fishii Colle	r Skiing ag a small boat kiing aming ag from a boat cting water samples work activity Specify	_ _ _		
Гhanks. You IF THEY DO	are eligible to be in on the control of the control	our study ES" TO (	y. ONE O	OF THE ABOVE ACTIVITIES:  R MORE OF THE ABOVE ACTIVITIES:  be doing at least one of these activities today.