OMB No. 0920-0008

ATTACHMENT D

Emergency Epidemic Investigations

2.	EPI AID No.: Title of Investigation: Used for the following purpose:		
4.	Date of Investigation:	Beginning: End:	
Complete this section for each instrument used during the investigation			
Da	ta Collection Method		Personal Interview Telephone Mail Other (please specify):
	Description of Respondents: (i.e., individuals, households, physicians, etc.) Estimated Number of Respondents:		
C.	No. of responses per respondent (i.e., one time only, once a week for 2 weeks).		
D.	Burden per response (i.e. time to complete the data collection instrument)		
Total Annual Burden (multiply B X C X D):			
Pro	oject Officer:	Name:	
		Title: CIO: Phone:	