Form Approved
OMB No. 0920-0008
Exp. Date XX/XX/20XX

ATTACHMENT E

State and Local Officials Questionnaire
Emergency Epidemic Investigation

EPI-AID No.: _____

Title of the Investigation:

Request for Assistance submitted:

Response received from CDC:

Investigative team arrived:

Date of the Investigation: Beginning: Ending:

Were you satisfied with the promptness of the investigative team?

Yes_____

No _____

If no, please explain.

Recommendations from improvement in promptly responding to assistance request:

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)