***Attachment C***

**Tell us what you think!**

Form Approved

OMB No. 0920-0566

Exp. Date xx/xx/20xx



**1.** I understood the information in the summary

**2.** The summary provided enough information about the study

|  |  |
| --- | --- |
| Please let us know what you thought of the study summary we sent you.  |  |
|  | **Strongly**  | **Agree**  | **Disagree Strongly** |
|  | **Agree**  |  |  **Disagree**  |











**3.** After reading the summary, I feel well informed about the study

**4.** I would have liked additional information (please elaborate below)











**5.** I feel the information provided was important for me to know

**6.** The summary was well designed











**7.** I plan to share this information with my doctor

**8.** I plan to share this information with others











**9.** I use the Internet to look up information

**10.** I plan to look for additional information using the links and/or phone numbers provided

Please write other comments or suggestions you may have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Public reporting burden of this collection of information is estimated to average 10 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, Georgia 30333; ATTN: PRA (0920-0566).