

ATTACHMENT D

Emergency Epidemic Investigations

-
1. EPI AID No.: _____
 2. Title of Investigation: _____
 3. Used for the following purpose: _____

 4. Date of Investigation: _____

Complete this section for each instrument used during the investigation

- Data Collection Method
- Personal Interview
 - Telephone
 - Mail
 - Other (please specify): _____

A. Description of Respondents:
(i.e., individuals, households, physicians,
state and local government, etc.) _____

B. 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): _____

Project Officer: Name: _____
Title: _____
CIO: _____
Phone: _____

Return completed form and blank questionnaire with trip report to, MS-92