Attachment 3.5

Anniston Community Health Survey: Follow-up Study and Dioxin Analyses

**Appointment Reminder Card – CCHD (page 1 of 2)**

**Appointment Information for Study Interview**

**Calhoun County Health Department**

**3400 McClellan Blvd, Anniston, AL 36201**

**256-237-7523**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_**

**Time: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  a.m.  p.m.**

**Participant #: \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Please bring this paper with you.**

**We will draw a blood sample so please do not eat for**

**8 hours before your appointment.**

**You may drink water during this time.**

 **If you take diabetic medication, see special instructions.**

**Don’t forget to have all your medication for us to see.**

**If you are unable to keep this appointment,**

**please call to set up another time.**

**Toll-free (855) 822-1778**

**Appointment Reminder Card – West Anniston (page 1 of 2)**

**Appointment Information for Study Interview**

**West Anniston Foundation**

**1700 W 10th St, Anniston, AL 36201**

**Toll-free (855) 822-1778**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_**

**Time: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  a.m.  p.m.**

**Participant #: \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Please bring this paper with you.**

**We will draw a blood sample, so please do not eat for**

**8 hours before your appointment.**

**You may drink water during this time.**

 **If you take diabetic medication, see special instructions.**

**Don’t forget to have all your medication for us to see.**

**If you are unable to keep this appointment,**

**please call to set up another time.**

**Toll-free (855) 822-1778**

**Appointment Reminder Card – Home Visit (page 1 of 2)**

**Appointment Information for Study Interview**

**We will arrive at your home on the date and time below:**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_**

**Time: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  a.m.  p.m.**

**Participant #: \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**We will draw a blood sample, so please do not eat for**

**8 hours before your appointment.**

**You may drink water during this time.**

 **If you take diabetic medication, see special instructions.**

**Don’t forget to have all your medication for us to see.**

**If you are unable to keep this appointment,**

**please call to set up another time.**

**Toll-free (855) 822-1778**

**Appointment Reminder Card – Instructions (page 2 of 2)**

**Instructions**

***On the day of your appointment***

**Fasting:**  Do not eat or drink for at least 8 hours before your appointment. Do not have candy, gum, or soda. Drinking water is fine. Take all your medications with water only.

If you have diabetes and take insulin or other medications, we will schedule your appointment as early in the morning as possible. Please fast for at least 8 hours if your meal and medication plan allows. If you must eat before your appointment, please eat fat-free or low-fat items and take your medications as usual. Write down what you ate and when you ate it.

**Medications:** Please have all of your regular medications that you have taken for the past two weeks with you. Putting them in a plastic bag will make it easy. We want to know about:

* Prescriptions
* Over-the-counter medicines
* Supplements and vitamins
* Fish oil
* Herbal remedies
* If any of your medications need to be kept chilled, please leave them in your refrigerator. Make a note to tell us about them.

**Questions**: If you have any questions, please contact us at our toll-free phone number (855) 822-1778. Thank you for taking part in this study.