

Attachment 8e
Eligibility Screening Survey, Subsistence Anglers
New York State Department of Health
The Healthy Fishing Community Project in Syracuse, NY
August 7, 2014

Readability, calculated using the Flesch-Kinkaid Readability Option in Microsoft Word, has been determined at the 8th grade level

Instructions: If participant is not a seed, ask questions #1-3. If the participant is a seed, begin with question #4.

1. Have you lived in the City of Syracuse for at least one year?

Yes go to #2

No END OF SURVEY.

Don't know END OF SURVEY.

If END OF SURVEY: "...you are not eligible to participate..."

2. What is your relationship to the person who gave you the coupon?

Friend or acquaintance go to #3

Relative, does not live with me go to #3

Co-worker, supervisor, etc. go to #3

Relative or household member, lives with me END OF SURVEY.

Stranger END OF SURVEY.

If END OF SURVEY: "I am sorry, but you are not eligible to participate in this project. Thank you for coming in."

3. Have you or anyone you live with already participated in this project?

Yes END OF SURVEY. "...you are not eligible to participate..."

No go to #4

Don't know Describe project and determine if the individual has already participated. (Verify later from the database of participants.)

4. How old are you? _____ years

If 18 years through 69 years of age go to #5.

If less than 18 years old or older than 69 "...you are not eligible to participate..."

5. Male Female

Public reporting burden of this collection of information is estimated to average 5 minutes per response for total participation, 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 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, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXX).

6. In the past 12 months, which of the following bodies of water did you fish from?

SHOW MAP.

(Check all that apply.)

- Onondaga Lake (including surrounding creeks)
- Seneca River
- Oswego River
- Lake Ontario
- Know it was from nearby water(s) but can't remember the name

If one or more bodies of water or "nearby water" are checked go to #8

- None
- Don't know

If none or don't know END OF SURVEY. "...you are not eligible to participate..."

7. In the past 12 months, how many times did you eat fish caught in the bodies of water listed in #7?

_____ times

If ≥ 6 times: "You are eligible to participate in this project."

If < 6 times: "...you are not eligible to participate..."

Don't know "...you are not eligible to participate..."

END OF SURVEY.

MAPS OF ONONDAGA LAKE AND SURROUNDING WATER BODIES



