

CDC Air Quality Information Project

Participant Contact Information Sheet

Participant Information

NAME: _____

EMAIL _____

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: _____

BEST PHONE NUMBER: _____

Is there another time and number we can try if we miss you?

ALTERNATE PHONE NUMBER: _____

Recruiter: _____

- Group A (Asthma):
- Group B (COPD):
- Group C (Heart Failure):