

Form Approved  
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## Mosquito Bite Prevention Kit FEEDBACK

**How often did you use the kit? Check all that apply.**

|              | Daily                    | At least once a week     | A few times in the past month |
|--------------|--------------------------|--------------------------|-------------------------------|
| Crib net     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Stroller net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Onesie       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Fact sheet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

**Are there additional items you would like included in future kits?**

**How could the kit be improved?**

**We value your feedback to help us help you protect your baby from mosquito bites:**

*Thank you for taking the time to complete this feedback form.*

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Public reporting burden of this collection of information is estimated to average 7 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 0920-1071