

Appendix I

Final Survey for Boot Wear Evaluation

Final Survey for Boot Wear Evaluation

Assigned participant ID: _____

Date: ____ / ____ / 20 ____

Recorded by: MFN / MEN / PD / WP / JP / AM / JM

Picture of boots taken: Yes / No Scan of boots taken: Yes / No

1. What is your reason for ending this study?
 - ? My company decided that I needed to replace my boots.
 - ? This is the normal time for company-wide/site wide/crew wide replacement
 - ? I decided I no longer wanted to participate.
 - ? I decided that the boots had reached the end of their usable life
 - ? How did you decide the boots had reached the end of their usable life?
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2. Were your boots returned to the researcher? Yes / No
 3. If you had a choice of wearing this exact make and model of boot again, would you?
 - ? Yes, I hope to get these boots again.
 - ? Yes, I would wear them again.
 - ? No, I would not wear them again.
 - ? Please explain:
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CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).