

Attachment 7a. Contact Information Form for Burmese Immigrants and their Descendants

**Milwaukee Angler Project
Participant Contact Information Form**

1. What is your full name?

First: _____ Last: _____ Middle Initial: ____

2. What is your phone number?

Home: _____

Cell: _____

Do not have a phone number

3. What is your email address?

Email address: _____

Do not have an email address

4. What is your street address?

Line 1: _____

Apartment number: _____

City: _____ State: ____ Zip Code: _____

5. Is this the same address where you get your mail delivered?

Yes

No

If no - What address is your mail delivered to?

Line 1: _____

Apartment number: _____

City: _____ State: ____ Zip Code: _____

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ATSDR estimates the average public reporting burden for this collection of information as 5 minute 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 (0923-171Y).

Biomonitoring of Great Lakes Populations Program III

6. What language are you most comfortable speaking? This will help us decide which interpreter you will work with today during your visit.

- English
- Burmese
- Chin
- Karen

7. What language are you most comfortable reading? This will help us decide what language your results letters should be in.

- English
- Burmese
- Karen