Form Approved

OMB No. 0923-17IY

Exp. Date xx/xx/201x

**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 (0923-17IY).

**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