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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**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