Form Approved

OMB No. 0923-17IY

Exp. Date xx/xx/201x

**Attachment 5b.** Eligibility Screening Survey for Licensed Anglers (paper)

**Instructions:**

* Please complete this paper survey and return it in the stamped addressed envelope.

OR

* You can complete the survey online at [LINK TO ONLINE SURVEY]. If you fill out this form online, you do not need to return this survey in the mail.

ATSDR 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 (0923-17IY).

[INSERT NAME]

**Please correct the information below if it is not your current address:**

[INSERT STREET ADDRESS]

[INSERT CITY, STATE, ZIPCODE

|  |  |  |
| --- | --- | --- |
| **Please check Yes or No for each of the following questions:** | **Yes** | **No** |
| 1. I have lived at my current address for one year or longer.  |  |  |
| 2. I am a male **OR** I am a female who is not currently pregnant |  |  |
| 3. In the past 12 months, I ate at least one fish meal that was caught in any of the lakes, rivers, streams, or ponds pictured in the map printed on the back of this page. |  |  |

***Please fill out the information below if you are interested in participating in the Milwaukee Angler Project. (This information will be used for this project only.)***

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers where we can reach you:

Cell: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we send you text messages? Yes No

Home: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the best days and times to reach you by telephone.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** | **Sun.** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

 ***Thank you for filling out this survey and returning it to us. A staff member may contact you in the next week or two if you are a good fit for this project.***

**Map of the waterbodies of interest**

