Form Approved

OMB No. 0923-0056

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**Attachment 5d. Eligibility Screening Survey for Burmese Immigrants and their Descendants**

**Date Administered (MM/DD/YYYY): \_\_ /\_\_ /\_\_\_\_**

***Instructions for survey administrator:*** *This instrument will screen volunteers upon arrival to see if they are eligible to participate in the study. Please fill out this [form/ instrument] for each person in the presence of the interpreter. If the respondent meets the criteria, please ask him/her to wait for the next available appointment time. To be eligible, participants must:*

* *be at least 18 years of age;*
* *have lived in Milwaukee for the last 12 months;*
* *not be pregnant, if female;*
* *have eaten at least one fish meal from the water bodies of concern; and*
* *be the only/first member of the household participating in the study.*

*Each person should have a referral invitation that was given to them by someone from the community.*

**Interviewer script:** The person who asked you to join this study should have given you an invitation. Do you have that with you?

 **If yes**, record the SPID here: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **If no**, ask for the name of the person who gave him/her the invitation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Interviewer script:*** I would like to ask you some questions to make sure that you are eligible to participate in this study.

1. **Are you at least 18 years old? YES NO**
*If YES, continue to #2. If NO, thank for their time and tell them that they are not eligible at this time.*
2. **Have you lived in Milwaukee, Wisconsin for the last 12 months? YES NO**
*If YES, continue to #3. If NO, thank for their time and tell them that they are not eligible at this time.*
3. *If male, skip to Question 4. If Female ask:* **Are you currently pregnant? YES NO***If NO, continue to #4. If YES, thank for their time and tell them that they are not eligible at this time.*

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).

1. **During the past 12 months, did you eat at least one fish meal caught in any of the water bodies pictured below?** *Show map.* **YES NO**
*If YES, continue to #5. If NO, thank for their time and tell them that they are not eligible at this time.*
2. **As far as you know, has anyone else in your household participated in this study before you? YES NO***If NO, continue to appointment instructions. If YES, thank for their time and tell them that they are not eligible at this time and ask if we can contact them if a spot opens up (e.g., if we have trouble meeting recruitment goals).*

***Instructions for the survey administrator:***

* *If participant meets all eligibility requirements, give instructions to wait for the next available interviewer for their study appointment.*
* *If the participant does not meet the eligibility requirements, thank them for their time and provide the following: education materials, bus pass or parking reimbursement.*