Form Approved OMB No. 0923-xxxx Exp. Date xx/xx/20xx

PFAS Exposure Assessment, environmental sampling

Household Recruitment Script for Environmental Sampling

Reading Level: 10.1

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-xxxxx).

•	ected for enviro	nnto the exposure assessment that report arinking tap water in the onmental sampling. This script will be used to contact and invite these ronmental sampling.
		om [insert affiliation], calling on behalf of the Agency for Toxic lease speak with the head of the household?
measure chemicals called p	per- and polyflu Iseholds partici	old recently agreed to participate in an exposure assessment to uoroalkyl substances, or PFAS, in the bodies of people living in your pating in the exposure assessment has been selected for additional ome.
in your area are exposed to	o PFAS while at	door dust samples from some homes to understand how people living home. To do this, we need households in this community to well as blood and urine testing.
you and your family most on three locations inside yo	often drink wat our home. The t	we will collect a drinking water sample from the source in your home er (e.g. kitchen tap). Then, we will collect indoor dust samples from up time required for us to collect these samples is estimated to be about will be in addition to collection of blood and urine from you and others
Are you willing to participa	te in the enviro	onmental sampling part of the exposure assessment?
Yes	No	Refused to Answer
If No: Okay, thank you for	vour time. Goo	dbve.

If Yes: Thank you very much. We will be in your community to collect samples [*insert dates*]. Your blood and urine sampling appointment is at [*insert date and time*]. When would be a good time for us to schedule a home

visit to collect your environmental samples?