

Local/Short-Haul Truck Drivers Health & Safety Survey



Participant ID: Your participant ID will be used to verify participation at the time of incentive disbursement. Your ID will be composed of your birth year and the first two letters of your mother's first name. Please write your participant ID down in the space provided below.

PARTICIPANT ID:

Birth year: _____

First 2 Letters of your Mother's First Name: _____

SURVEY INSTRUCTIONS

- You must be 18 years of age or older to complete this survey.
- Think carefully and be honest with your responses; they will be kept private to the extent provided by the law.
- Please answer each question to the best of your ability.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the interview. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-D-74, Atlanta, GA 30333; ATTN:PRA ~~xxxx-xxxx~~. Do not send the completed phone call form to this address. Please do not complete and return this form; you will be contacted by telephone to collect this information. Persons are not required to respond to the work history questions unless a currently valid OMB number is display.