Screenshots for eligibility screener

Rapid Survey

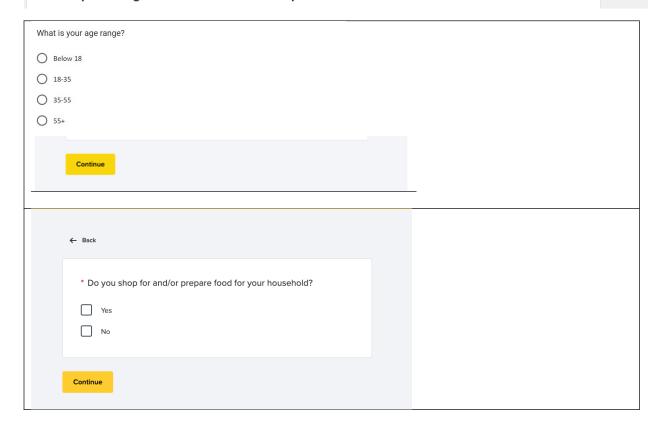
Form Approved OMB No. 0920-1154 Exp. Date 3/31/26

CDC 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 CDC/ATSDR Information Collection

Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

Hello! We are going to see if you are eligible for this survey. Please fill out the questions below to see if you are a good candidate for the survey.



* Have you or anyone in your household experienced a foodborne illness in the past year? Yes No	
Continue	
← Back	
Do you or anyone in your household have a medical condition that puts you at higher risk for food poisoning? (e.g., weakened immune system, food allergies) Yes No	
Continue	
← Back	
* Are you pregnant or have you been pregnant in the last year? Yes No	
Continue	

* Are you a caregiver fo (65+) who is at risk fo	or a child under the age of 5 or an oler foodborne illness?	der adult	
Yes			
Ŭ No			
Continue			
Thanks			