

READER EVALUATION

Division of Health Assessment and Consultation

This questionnaire is designed to help us improve our communications. We would like to know if we have presented our findings clearly. Thank you for taking the time to respond.

- 1) Did you read the entire report? Yes No
If not, which topics did you read about? (Check all that apply.)
 Summary Environmental Exposure Health Effects Conclusions/Actions
 Community Concerns
- 2) How long did it take you to read the report?
 Less than 2 hours 2-4 hours More than 4 hours

CONCLUSIONS

- 3) Did our report clearly say if people have come into *contact* with contamination?
(Contact means to eat, drink, breathe or touch.) Check all that apply.
- | | | | | | | | | | |
|--------------|------------------------------|-----------------------------------|-----------------------------|----------------------------------|-------------------|------------------------------|-----------------------------------|-----------------------------|----------------------------------|
| <i>Soil</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Possible | <input type="checkbox"/> No | <input type="checkbox"/> Unclear | <i>Air</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Possible | <input type="checkbox"/> No | <input type="checkbox"/> Unclear |
| <i>Water</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Possible | <input type="checkbox"/> No | <input type="checkbox"/> Unclear | <i>Food Chain</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Possible | <input type="checkbox"/> No | <input type="checkbox"/> Unclear |
- 4) Did our report clearly say if health effects are likely from contact?
- | | | | | | | | |
|--------------|---------------------------------|-----------------------------------|----------------------------------|-------------------|---------------------------------|-----------------------------------|----------------------------------|
| <i>Soil</i> | <input type="checkbox"/> Likely | <input type="checkbox"/> Unlikely | <input type="checkbox"/> Unclear | <i>Air</i> | <input type="checkbox"/> Likely | <input type="checkbox"/> Unlikely | <input type="checkbox"/> Unclear |
| <i>Water</i> | <input type="checkbox"/> Likely | <input type="checkbox"/> Unlikely | <input type="checkbox"/> Unclear | <i>Food Chain</i> | <input type="checkbox"/> Likely | <input type="checkbox"/> Unlikely | <input type="checkbox"/> Unclear |

RECOMMENDATIONS

- 5) Did our report clearly indicate what we recommend be done next? (Check all that apply.)
 Collect more data Restrict or reduce exposure Health Study Health Education
 No action at this time

CONTENT

- 6) Does the information in the report support our conclusions and recommendations? Yes No

Comments: _____

- 7) Did you receive this report in the context of your job? Yes No
If yes, was enough information provided to allow you to take action? Yes No
If you needed more information, what kind? Environmental Exposure Health Effects

Comments: _____

- 8) Were your health questions answered in the assessment? Yes No

If no, what questions do you have? _____

9) Is there information in the report that you found confusing? (Check all that apply.)

- Summary
- Environmental Exposure
- Health Effects
- Conclusions/Actions
- Community Concerns

Comments: _____

10) Is there information in the report that you found unnecessary? (Check all that apply.)

- Summary
- Environmental Exposure
- Health Effects
- Conclusions/Actions
- Community Concerns

Comments: _____

11) Which of these categories would best describe you?

- 1) Concerned member of the community
- 2) Government employee
- 3) Health care professional
- 4) Other (please specify) _____

12) How did you obtain your copy of the report?

- 1) Mailed to you by ATSDR.
- 2) Went to the library to use the copy filed there.
- 3) Received from a friend.
- 4) Other (please specify) _____

Are there any other comments you would like to make about the report?

Please fold in thirds with address on outside, tape closed, and mail back to us. No postage is required. Thank you for responding.

Public reporting burden of this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA (0923-0016); Hubert H. Humphrey Rm 737-F; 200 Independence Ave., SW; Washington, DC 20201. This collection is authorized by law (42 U.S.C.9604(f)).



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



PRIORITY

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 99110 ATLANTA, GA. 30333

Postage Will Be Paid by Department of Health and Human Services
Agency for Toxic Substances and Disease Registry
Division of Health Assessment and Consultation
Attn: Chief, PERIS Branch
Mailstop E56
1600 Clifton Road, N.E.
Atlanta, GA 30333

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, Georgia 30333
Return After Five Days
OFFICIAL BUSINESS
Penalty for Private Use \$300