Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Armstrong World Industries Public Health Assessment
Reader Evaluation Form

The Armstrong World Industries Public Health Assessment is now available. This evaluation form is designed to help us improve our community outreach efforts. We would like to know if we have presented our findings clearly. Please circle the answer that best indicates your response.

For a copy of the Public Health Assessment, please visit our website: www.health.state.ga.us/programs/hazards or contact Pamela Noah at (404) 657-6534.

Thank you for taking the time to respond.

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1. Did you read the entire report? **YES** **NO**

If not, which topics did you read about? (Circle all that apply)

Summary | Background | Discussion

Child Health Considerations | Conclusions/Recommendations

Other (describe):

2. How long did it take you to read the report?

Less than 2 hours | 2-4 hours | More than 4 hours

3. Did the report clearly say if people have come into *contact* with contamination?

(Contact means to eat, drink, breathe or touch.) Circle all that apply.

Soil	Yes	No
Air	Yes	No
Water	Yes	No
Biota	Yes	No

4. Did the report clearly say if health effects are likely from contact?

Soil	Yes	No
Air	Yes	No
Water	Yes	No
Biota	Yes	No

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5. Did the report clearly indicate what we recommend to be done next? (Circle all that apply) YES NO

Collect more data | Restrict or reduce exposure | Conduct a health study
Follow fish consumption guidelines | Provide health education | No action at this time

6. Does the information in the report support our conclusions and recommendations? YES NO

Comments:

7. Were your health questions answered in the assessment? YES NO

If no, what questions do you have?

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

Summary | Background | Environmental Data Evaluation
Pathway Analysis | Contaminants of Concern | Exposure Evaluation
Health Outcome Data | Child Health Considerations
Conclusions/Recommendations | Other (describe):

9. Which of these categories would best describe you?

Concerned member of the community | Government employee
Health care professional | Elected official
Other (please specify):

10. How did you obtain your copy of the report?

Mailed to you by us | At the library | From someone else
Other (please specify):

Comments:

Please fax or mail your completed evaluation form to:

Chemical Hazards Program
Georgia Department of Public Health
2 Peachtree Street, NW, # 13.454
Atlanta, Georgia 30303

Fax: 404.657.6533

We Protect Lives.