

**Birth Defects Study to Evaluate Pregnancy exposures  
BD-STEPS**

**To participate in the BD-STEPS...**

If you would like to set up an appointment for an interview or have questions about the study, you may call us at our **toll-free number [insert interviewer contract number]**. Or, you may return this form with your telephone number and the best times to call you (below).

Is the address and phone number we have for you correct? If not, please complete this form, making any relevant corrections, and return it to us in the prepaid envelope, or you can email us at **nbdps@cdc.com**.

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt. or Lot Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_  *Check box if cell phone*

Alternate Telephone Number(s): \_\_\_\_\_  *Check box if cell phone*

Day(s), including Saturday & Sunday, and time(s) you can be reached at the above number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you do not have a phone, please list name and number of another contact person here.**

Name of Other Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_  *Check box if cell phone*

Relationship: \_\_\_\_\_

**Thank You!**

DRAFT