

# **Attachment A**

Federal Wide Assurance

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## IRB Organization Information

**IORG0000380 - Research Triangle Inst (RTI International) (Active)**

**Located at:** Research Triangle Park, NORTH CAROLINA  
**Expires:** 01/31/2014

**IRBs for this Organization: 3**[Agency Only Access](#)

<u>IRB#</u>	<u>IRB Name</u>	<u>City</u>	<u>State/Country</u>	<u>Status</u>	<u>IRB Type</u>
IRB00000653	<a href="#">Research Triangle Inst IRB #1</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000654	<a href="#">Research Triangle Inst IRB #2</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA
IRB00000655	<a href="#">Research Triangle Inst IRB #3</a>	Research Triangle Park	NORTH CAROLINA	Active	OHRP/FDA

Department of Health and Human Services (DHHS) | Office for Human Research Protections (OHRP)

# **Attachment C**

## Quality Control Form

## VERSIÓN EN ESPAÑOL AL REVERSO

**NOTICE:** Public reporting burden (or time) for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Room 8-1099; 1 Choke Cherry Road, Rockville, MD 20857. 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. The OMB control number for this project is 0930-0110.

OMB No.: 0930-0110  
OMB Expiration Date:  
01-31-XX

## QUALITY CONTROL FORM

As part of our quality control program, we plan to contact a portion of the survey participants to make sure that the interviewer has followed the study procedures. We only ask general questions—no specific information is required. We sincerely appreciate your cooperation.

**Please fill in the boxes below. (PLEASE PRINT CLEARLY.) Thank you.**

*[Your phone number will be kept confidential and will not be released to anyone other than our quality control representatives.]*

<b>TELEPHONE NUMBER</b>	□ □ □	-	□ □ □	-	□ □ □ □ □ □ □ □
	(Area Code)				(Telephone Number)

<b>YOUR ADDRESS</b>	
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<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>					
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**BOXES BELOW MUST FIRST BE COMPLETED [IN INK] BY INTERVIEWER.**

<b>TODAY'S DATE</b>	M	M	-	D	D	-	1	2	<b>TIME</b>		:		:					AM PM
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<b>FI NAME</b>		<b>FI ID #</b>							
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<b>CASE ID #</b>																			<b>Include A or B!</b>
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<b>IF</b> respondent is 12 - 17 years old, which adult granted permission for the interview? → (Examples: father, mother, etc.)	[Print Parent/Guardian's relationship to the child in this box.]
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# **Attachment D**

Lead Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

**U.S. Public Health Service**

Center for Behavioral Health Statistics and Quality  
Rockville, MD 20857

\_\_\_\_\_, 2012

Dear Resident:

To better serve all people across the nation, the United States Public Health Service (USPHS) is conducting a national study on health-related issues. Your address was randomly chosen along with more than 200,000 others. Research Triangle Institute (RTI) is under contract to carry out this study for the USPHS. Soon, an RTI interviewer will be in your neighborhood to give you more information.

When the interviewer arrives, please ask to see his or her personal identification card. An example of the ID card is shown below. The interviewer will ask you a few questions, and then may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. You may choose not to take part in this study, but no one else can take your place. **Every person who is chosen and completes the interview will receive \$30 in cash.**

All the information collected is confidential and will be used only for statistical purposes. This is assured by federal law. This letter is addressed to "Resident" because your address was selected, and we do not know your name. Feel free to ask the interviewer any questions you have about the study.

Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Joel Kennet, Ph.D.  
National Study Director,  
Center for Behavioral Health Statistics  
and Quality

Ilona S. Johnson  
National Field Director, RTI  
(800) 848-4079



\_\_\_\_\_  
Assigned Field Interviewer

## **Attachment E**

Sorry I Missed You



Research Triangle Institute (RTI)  
Research Triangle Park, NC 27709-2194



Research Triangle Institute (RTI)  
Research Triangle Park, NC 27709-2194



**Sorry I Missed You**

**Sorry I Missed You**



**Dear Resident:**

**I stopped by today to talk to you about an important research study being conducted by RTI.**

**I am sorry that I did not find you at home. I will return to talk with you in the next few days. Thank you in advance for your participation.**

**Sincerely, \_\_\_\_\_**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

**Dear Resident:**

**I stopped by today to talk to you about an important research study being conducted by RTI.**

**I am sorry that I did not find you at home. I will return to talk with you in the next few days. Thank you in advance for your participation.**

**Sincerely, \_\_\_\_\_**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

# **Attachment F**

Appointment Card

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*NSDUH Interview Appointment*



*NSDUH Interview Appointment*



+

*NSDUH Interview Appointment*



*NSDUH Interview Appointment*



+



## Interview Appointment

**Just a reminder:** I appreciate you taking time for this important study and look forward to our appointment to complete the interview.  
A **\$30** cash payment will be given to you upon completion of the survey!  
I have you scheduled for the following:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Field Interviewer: \_\_\_\_\_



Research Triangle Institute  
Research Triangle Park, NC 27709-2194



## Interview Appointment

**Just a reminder:** I appreciate you taking time for this important study and look forward to our appointment to complete the interview.  
A **\$30** cash payment will be given to you upon completion of the survey!  
I have you scheduled for the following:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Field Interviewer: \_\_\_\_\_



Research Triangle Institute  
Research Triangle Park, NC 27709-2194



## Interview Appointment

**Just a reminder:** I appreciate you taking time for this important study and look forward to our appointment to complete the interview.  
A **\$30** cash payment will be given to you upon completion of the survey!  
I have you scheduled for the following:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Field Interviewer: \_\_\_\_\_



Research Triangle Institute  
Research Triangle Park, NC 27709-2194



## Interview Appointment

**Just a reminder:** I appreciate you taking time for this important study and look forward to our appointment to complete the interview.  
A **\$30** cash payment will be given to you upon completion of the survey!  
I have you scheduled for the following:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Field Interviewer: \_\_\_\_\_



Research Triangle Institute  
Research Triangle Park, NC 27709-2194



# **Attachment G**

## Study Description



**U.S. Public Health Service  
Center for Behavioral Health  
Statistics and Quality**

## Study Description

Your address is one of several in this area randomly chosen for the 2012 National Survey on Drug Use and Health. This study, sponsored by the United States Public Health Service, collects information for research and program planning by asking about:

- tobacco, alcohol, and drug use or non-use,
- knowledge and attitudes about drugs,
- mental health, and
- other health issues.

You cannot be identified through any information you give us. Your name and address will never be connected to your answers. Also, federal law requires us to keep all of your answers confidential. Any data that you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002.

The screening questions take just a few minutes. If anyone is chosen, the interview will take about an hour. You can refuse to answer any questions, and you can quit at any time. **Each person who is chosen and completes the interview will receive \$30 in cash.**

If you have questions about the study, call the Project Representative at 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Michael Jones, Project Officer  
Center for Behavioral Health Statistics and Quality  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
U.S. Public Health Service  
Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.