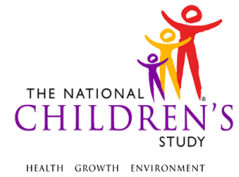


National Children's Study Recruitment Response Form



You **may be eligible** to participate in the National Children's Study, the largest long-term, observational study of children's health ever conducted in the United States. We would like the opportunity to discuss the Study with you.

I am interested in talking with someone about the National Children's Study today.

I am interested, but am unavailable to discuss this today. Please contact me.

Name: _____

Best Phone Number to Reach You: _____

Best Day and Time to Reach You: _____

Email (optional): _____

*By signing below, I agree to be contacted by a representative of
the National Children's Study.*

Signature: _____ Date: _____

Signature of Interviewer: _____ Date: _____

For Office Use Only:

Name of Practice _____

Scheduled Physician/Clinician _____

Personnel Providing NCS Details _____

NCS Representative Assigned to Follow-Up _____

Public reporting burden 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. **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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 27892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.