

## **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**

### **2013 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 (xxxx-xxxx); 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 xxxx-xxxx.

OMB No.: xxxx-xxxx  
OMB Expiration Date:  
xx-xx-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>	
---------------------	--

<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	3	<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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**IF** 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.]

**Attachment D**  
**2013 Lead Letter**



DEPARTMENT OF HEALTH & HUMAN SERVICES

U.S. Public Health Service
Center for Behavioral Health Statistics and Quality
Rockville, MD 20857

\_\_\_\_\_, 2013

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.

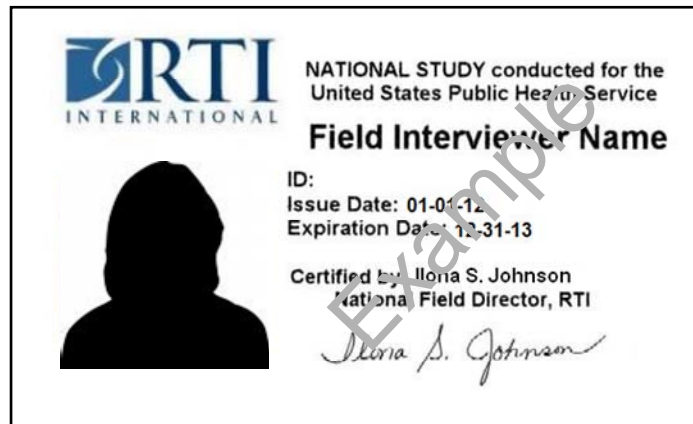
Sincerely,

Handwritten signature of Joel Kennet

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

Handwritten signature of Ilona S. Johnson

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



Assigned Field Interviewer

**Attachment E**  
**2013 Contact Cards**

## Interview Appointment



## Interview Appointment



## Interview Appointment



## 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. You will receive **\$30** in cash upon completion of the interview!

I have you scheduled for the following:

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

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. You will receive **\$30** in cash upon completion of the interview!

I have you scheduled for the following:

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

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. You will receive **\$30** in cash upon completion of the interview!

I have you scheduled for the following:

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

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. You will receive **\$30** in cash upon completion of the interview!

I have you scheduled for the following:

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

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



Research Triangle Institute  
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 L**

**2013 Quality Control Letter**



**NOTICE:** Public reporting burden (or time) for this collection of information is estimated to average 4 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 (xxxx-xxxx); 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 xxxx-xxxx.

RESIDENT  
[ADDRESS]

[DATE]

RTI has been conducting a nationwide survey for the United States Public Health Service on tobacco, alcohol, drug use and other health-related issues. Our records indicate that a [AGE] year old [GENDER] in your household was interviewed. We would appreciate it if [HE/SHE] would take a moment to complete the following questions about [HIS/HER] experience.

This information is only used to verify the quality of our interviewer's performance.

**1. Were you interviewed in-person or over the telephone?**

In-person \_\_\_ Over the telephone \_\_\_

**2. Did the interviewer provide you with a laptop computer for you to enter some of your responses?**

Yes \_\_\_

No \_\_\_ Please explain: \_\_\_\_\_

**3. Did you complete a computer practice session that showed you how to enter your responses in the computer?**

Yes \_\_\_ No \_\_\_

**4. Did you have the option of listening to the questions through a set of headphones?**

Yes \_\_\_ No \_\_\_

**5. Were you paid for your participation?**

Yes \_\_\_ No \_\_\_

If yes, how much were you paid? \$ \_\_\_\_\_

**6. Was the interviewer professional and courteous?**

Yes \_\_\_

No \_\_\_ Please describe how our interviewer could improve his/her behavior: \_\_\_\_\_

A stamped, pre-addressed envelope is enclosed for your convenience in returning this form. Thank you for your cooperation.

Sincerely,

Ilona S. Johnson  
National Field Director