**Appendix F2:**

Final Letters to be sent to respondents

DATE

NAME

ADDRESS

CITY, STATE, ZIP

Dear NAME:

Recently, we sent you a letter asking for your help with a research survey that the National Institute for Occupational Safety and Health (NIOSH) is conducting. As of today, we have not yet received your completed questionnaire. We are rapidly approaching the end of our data collection efforts and would like to provide one last opportunity for you to participate in this research survey. NIOSH is a part of the United States Public Health Service and an institute within the Centers for Disease Control and Prevention (CDC).NIOSH is concerned with workplace health and safety. The purpose of this research study is to examine healthcare facility compliance with the New Jersey Violence Prevention in Health Care Facilities Act and to evaluate the effectiveness of the regulations in reducing assault injuries to workers.

The enclosed questionnaire is about your work history as it relates to incidents of workplace violence. We are interested in obtaining feedback from those who HAVE and those who HAVE NOT experienced violence while on the job. If you have already returned the questionnaire, please accept our thanks. Although participation is entirely voluntary, NIOSH feels it is important for you to complete the survey in order for the study to be successful. Please take a few moments to complete the survey and return it in the postage-paid envelope to Scantron, the organization helping us with this survey.

The information you provide NIOSH will be used for statistical and research purposes and will be summarized so that no individual is identified. The information you supply is voluntary and there is no penalty for not providing it. The risk of completing this survey is expected to be minimal, as you may choose to skip any question you don’t want to answer. Also, the information you provide will not be shared with anyone other than authorized research staff at NIOSH.

“BY COMPLETING THIS QUESTIONNAIRE, YOU INDICATE

YOUR CONSENT TO PARTICIPATE IN THIS STUDY.”

**Thank you for your participation.**

If you have any questions about the survey, you may contact the NIOSH project officer, Marilyn Ridenour BSN (dvn7@cdc.gov) at 1-304-285-5879, Monday through Friday, between 8:00 a.m. and 4:00 p.m. Eastern Standard Time. If you have any questions about your rights as a study participant, you may contact the NIOSH HSRB (IRB) Chair, Mark Toraason PhD (MToraason@cdc.gov) at 1-513-533-8207, Monday through Friday, between 8:00 a.m. and 4:00 p.m. Eastern Standard Time.

Sincerely,

Title