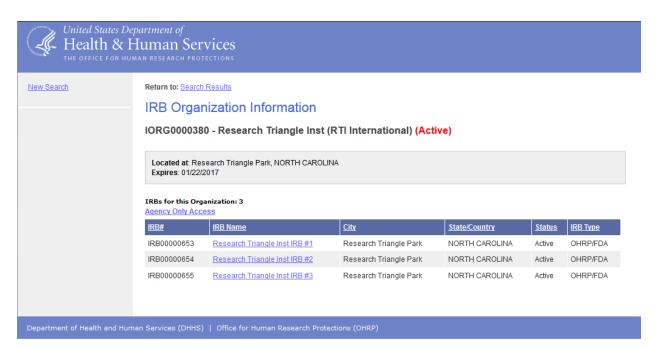
2015 NSDUH, Supporting Statement Attachment Q – Federalwide Assurance



http://ohrp.cit.nih.gov/search/IOrgDtl.aspx

2015 NSDUH, Supporting Statement Attachment T – Quality Control Form

QUALITY CONTROL FORM

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 2-1057; 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: 09/30/16

VERSIÓN EN ESPAÑOL AL REVERSO

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.

[Your phone number will be kept confidential and will not be released to anyone other than our

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

ADDRESS							
CITY	ГАТЕ		ZIP CODE				
BOXES BELOW MUST FIRST BE	COMPLE	TED [IN	INK] BY	INTER	VIEWE	R.	
TODAY'S M M - D	- 1	5	TIME				AM PM
			•	•	1		
FI NAME		FI ID#					
				'			
CASE ID #	_	_			_		nclude or B!
		-					
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.]						

2015 NSDUH, Supporting Statement Attachment E – Lead Letter

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

ROCKVILLE, MD 20857

[NAME County/Parish/District] Resident at: 1234 Main Street Anywhere, XX 12345



Dear [NAME County/Parish/District] Resident:

The U.S. Department of Health and Human Services is conducting a study called the National Survey on Drug Use and Health. This study asks questions about use or non-use of alcohol, tobacco and other substances. The study also asks about mental health and other health-related topics relevant for all people. Since 1971, this information has been used by local, state and national agencies for planning and providing treatment and prevention programs.

Your address was randomly chosen, through scientific methods, along with almost 200,000 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. The interviewer will carry an identification card like the example shown below.

First, the interviewer will ask a few general questions. Then the interviewer may ask one or two members of your household to complete the full interview. It is possible no one will be chosen to be interviewed. If anyone is chosen and completes the full interview, he or she will receive \$30 in cash.

By Federal law*, the answers you give will be kept confidential and will be used only for statistical purposes.

Please share this information with any others in your household. Feel free to ask the interviewer any questions you have about this study. More information is also available on the study website at: http://nsduhweb.rti.org or you may contact us at 1-800-848-4079.

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

Sincerely,

Joel Kennet, Ph.D.

Ilona S.

National Study Director, DHHS

Ilona S. Johnson

National Field Director, RTI

NATIONAL STUDY of duct of the U.S. Department of Jean and Human Corvic

Field into rvie wer Name

IL
Issae Dec: 0.-01-1
Ixp ation Date: 12-31-15

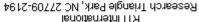
Certified by: Ilona Johnson National Field Director, RTI

Ilona A. Ophnson

You will be contacted by:	
, -	Interviewer Name

2015 NSDUH, Supporting Statement Attachment J – Contact Cards – Sorry I Missed You and Appointment Cards







Sorry I Missed You...

Sorry I Missed You...

Dear Resident: Dear Resident: I stopped by today to talk to you about an I stopped by today to talk to you about an important research study being conducted by RTI. important research study being conducted by RTI. I am sorry that I did not find you at home. I will I am sorry that I did not find you at home. I will return to talk with you in the next few days. return to talk with you in the next few days. Thank you in advance for your participation. Thank you in advance for your participation. Sincerely,_____ Sincerely,_____ Date: _____ Time: _____ Date: _____ Time: _____

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: _____



RTI International
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: _____



RTI International
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:



RTI International
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: ____



RTI International
Research Triangle Park, NC 27709-2194



2015 NSDUH, Supporting Statement

Attachment K – Study Description



Study Description

Your address is one of several in this area randomly chosen for the 2015 National Survey on Drug Use and Health. This study, sponsored by the U.S. Department of Health and Human Services, 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.

Peter Tice, Ph.D.

Project Officer

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. 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.