

Attachment D-2

Pre-Appointment Package

RCC PRE-APPOINTMENT LETTER/E-MAIL

Date

Director Name
Facility Name
Street Address
City, state, zip

Dear [Director Name]:

Recently, a member of the National Study of Long-Term Care Providers (NSLTCP) team contacted you about helping us assess how feasible it is to collect resident data via a telephone interview. Thank you for agreeing to take part in this assessment.

Your interview appointment with [INTERVIEWER NAME] is scheduled for:

[APPOINTMENT DATE] at **[APPOINTMENT TIME]**

If you find you are unable to keep this appointment, please call [INTERVIEWER TOLL-FREE NUMBER] to reschedule.

Prior to your appointment, please print or write a list of your current residents age 18 or older living at this community as of midnight the night before the appointment date.

The process to select three residents and complete questionnaires for them over the telephone will take approximately one hour. Your participation is voluntary and you do not have to answer any questions that you do not want to. We will not share your information or any information about the residents you report on with anyone outside the study, and your name will never be connected to your answers. Your answers will only be used to help us assess how easy or difficult it is to select the residents, complete the resident questionnaires over the telephone, and how to improve the materials for national implementation.

After you complete the interview, we will send you or your community a \$50 gift card as a token of appreciation.

Thank you again for your help.

Sincerely,

Lauren Harris-Kojetin
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

ADSC PRE-APPOINTMENT LETTER/E-MAIL

Date

Director Name
Facility Name
Street Address
City, state, zip

Dear [Director Name]:

Recently, a member of the National Study of Long-Term Care Providers (NSLTCP) team contacted you about helping us assess how feasible it is to collect data on participants enrolled at your adult day services center via a telephone interview. Thank you for agreeing to take part in this assessment.

Your interview appointment with [INTERVIEWER NAME] is scheduled for:

[APPOINTMENT DATE] at **[APPOINTMENT TIME]**

If you find you are unable to keep this appointment, please call [INTERVIEWER TOLL-FREE NUMBER] to reschedule.

Prior to your appointment, please print or write a list of your current participants age 18 or older receiving services at this adult day services center as of midnight the night before the appointment date.

The process to select three participants and complete questionnaires for them over the telephone will take approximately one hour. Your participation is voluntary and you do not have to answer any questions that you do not want to. We will not share your information or any information about the participants you report on with anyone outside the study, and your name will never be connected to your answers. Your answers will only be used to help us assess how easy or difficult it is to select the participants, complete the participant questionnaires over the telephone, and how to improve the materials for national implementation.

After you complete the interview, we will send you or your center a \$50 gift card as a token of appreciation.

Thank you again for your help.

Sincerely,

Lauren Harris-Kojetin
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

RCC SHOWCARD TO INCLUDE WITH APPOINTMENT REMINDER

We will ask if the sampled residents have been diagnosed with any of the following conditions. You may find it helpful to have this list of conditions in front of you during the interview.

- a. Alzheimer's disease or other dementia
- b. Anemia
- c. Arthritis or rheumatoid arthritis
- d. Asthma
- e. Cancer or malignant neoplasm of any kind
- f. Cerebral palsy
- g. Chronic bronchitis
- h. Congestive heart failure
- i. COPD
- j. Coronary heart disease
- k. Depression
- l. Diabetes
- m. Emphysema
- n. Glaucoma
- o. Gout, lupus, or fibromyalgia
- p. Heart attack (myocardial infarction)
- q. High blood pressure or hypertension
- r. Intellectual or developmental disability, such as mental retardation, severe autism, or Down syndrome
- s. Kidney disease
- t. Macular degeneration
- u. Muscular dystrophy
- v. Nervous system disorders, including multiple sclerosis, Parkinson's disease, and epilepsy
- w. Osteoporosis
- x. Other mental, emotional, or nervous condition
- y. Partial or total paralysis
- z. Serious mental problems such as schizophrenia or psychosis
- aa. Spinal cord injury
- bb. Stroke
- cc. Traumatic brain injury
- dd. Any other kind of heart condition or heart disease (other than listed above)
- ee. Other

ADSC SHOWCARD TO INCLUDE WITH APPOINTMENT REMINDER

We will ask if the sampled participants have been diagnosed with any of the following conditions. You may find it helpful to have this list of conditions in front of you during the interview.

- a. Alzheimer's disease or other dementia
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