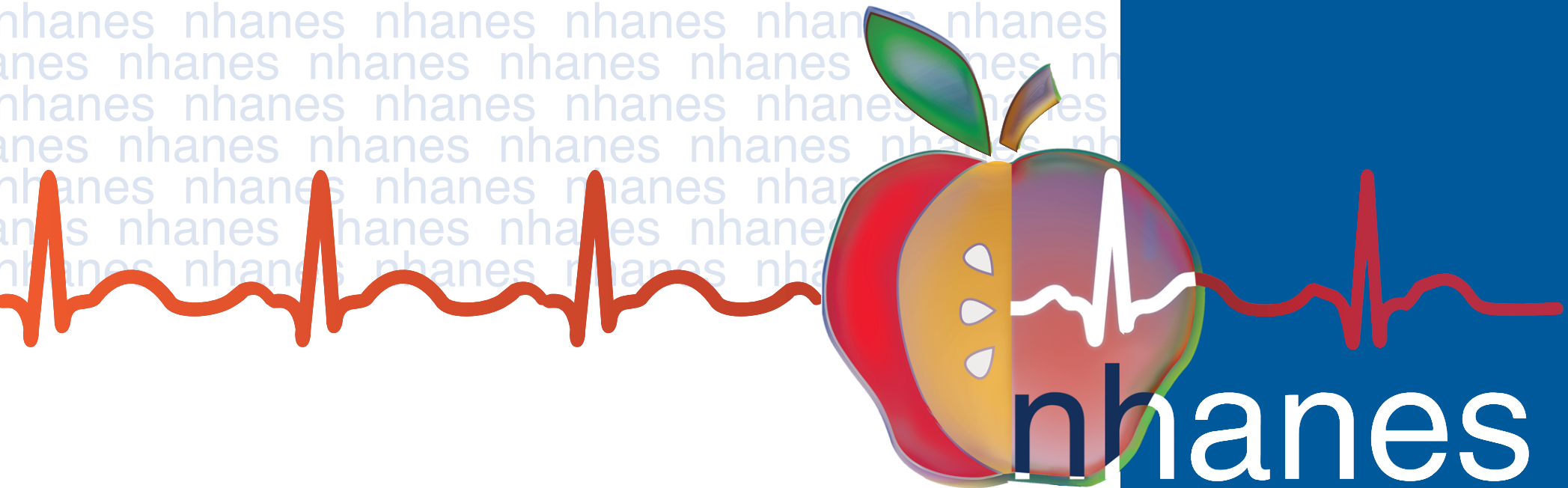


Attachment 7 – Current Contact Protocol

Advance Postcard (Save the Date)

National Health and Nutrition Examination Survey



nhanes



The National Center for Health Statistics is conducting the National Health and Nutrition

Examination Survey (NHANES) in your neighborhood. For more than 50 years, information from this survey has been used to solve health problems, develop health programs and improve the quality of health care in the United States. You may have the opportunity to participate in NHANES when a representative of the Centers for Disease Control and Prevention calls at your home. Thank you.

For more information visit the NHANES web site at <http://www.cdc.gov/nhanes>.



**Please watch for your letter to arrive soon.
Please participate if you are contacted.**

SAFER • HEALTHIER • PEOPLE

Advance Letter



NATIONAL CENTER FOR HEALTH STATISTICS

National Health and Nutrition Examination Survey

From the Director,

You or a member of your family may have a chance to take part in an important national health survey.

The National Center for Health Statistics, a part of the Centers for Disease Control and Prevention, is responsible for this survey—the National Health and Nutrition Examination Survey. This survey teaches us about the health and diet of people in the United States. Over the years, this survey has led to changes in the foods we eat and the health care we receive.

In the next few weeks, one of our health representatives may visit your home. She or he will show you official Centers for Disease Control (CDC) identification and ask some short, easy questions about you and other family members. **This interview will take only a few minutes of your time.** The purpose of these questions is to see if you or a member of your family will be asked to participate in the survey. Answering the questions is completely voluntary, and you may choose not to answer any questions. I assure you there will be no penalties or loss of benefits of any kind from refusing to answer.

If you or other household members are chosen, we hope you will participate in the survey. You will be among the many people in towns and cities across the country that help us increase our knowledge about the health of people in the United States.

This survey is a Federal program authorized by the Public Health Service Act. All of your answers will be kept in strict confidence according to Section 308(d) of the Public Health Service Act (Title 42, U.S. Code, 242m(d) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). We will use your information only for statistical research and reports. Your answers will be added to others, so no one can identify which are yours.

Thank you in advance for providing the input only you can give.



Sincerely,

Kathryn S. Porter, MD, MS
Director, Division of Health and Nutrition Examination Surveys
National Center for Health Statistics
Centers for Disease Control and Prevention

P.S. If you have questions call Dr. Tony Nguyen of my staff at 1-800-452-6115. The call is free, and we would be happy to answer your questions.



Centers for Disease
Control and Prevention
National Center for
Health Statistics

Hard-to-Reach Letter Example

1



{DATE}

{SP HEAD OF HH FIRST NAME} {LAST NAME}
{STREET MAILING ADDRESS}
{CITY, STATE ZIP MAILING ADDRESS}

Dear {SP HEAD OF HH PREFIX} {LAST NAME}:

You and your family have a unique opportunity to help in a vital national study by participating in the National Health and Nutrition Examination Survey (NHANES). Approximately {TARGET SAMPLE} people in {STAND COUNTY} have been asked to supply information on health conditions that affect our country today.

NHANES provides important data about our young people as well as adults. Height and weight information is used to create pediatric growth charts. We collect data on hearing loss, physical fitness, and immunizations. You and your family represent thousands of others and **cannot be replaced**.

{{What do you have to do? First, you will complete an interview covering the health history and nutritional habits of you and your family. Then, we will make an appointment at your convenience for health measurements to be conducted in our mobile health center. The results will be sent to you.} {Each adult and child 16 and older will receive up to \$125, each child 12–15 will receive up to \$75 and each child under 12 will receive \$40 as our way of saying, “Thank You.” We will either pay you for driving to the mobile center or provide free transportation.}}

Please take the time to provide the input that only you can give. Our Health Representative will call on you again soon. If you have any questions, please call our office at {LOCAL FO PHONE NUMBER} or {TOLL FREE FO PHONE NUMBER} or visit our website at www.cdc.gov/NHANES.

Sincerely yours,

{SM SIGNATURE}
{SM NAME}

Study Manager

{Enclosures}



{SP IDS}