

2017 NSDUH, Supporting Statement  
Attachment C – Lead Letter

**UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES**

ROCKVILLE, MD 20857



Dear 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.  
National Study Director, DHHS

Ilona S. Johnson  
National Field Director, RTI



You will be contacted by: \_\_\_\_\_  
Interviewer Name

\*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)  
Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aa4)  
Approved by Office of Management and Budget (OMB Approval No. 0930-0110)

**UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES**

ROCKVILLE, MD 20857



Estimado(a) residente:

El Departamento de Salud y Servicios Humanos de los Estados Unidos está realizando un estudio llamado Encuesta Nacional de la Salud y el Consumo de Drogas. Este estudio hace preguntas acerca del uso o no uso de alcohol, tabaco y otras sustancias. El estudio también hace preguntas sobre la salud mental y otros aspectos relacionados con la salud que son de importancia para todas las personas. Desde 1971, esta información ha sido utilizada por agencias locales, estatales y nacionales para planear y proporcionar tratamiento y programas de prevención.

La dirección de usted fue seleccionada al azar, a través de métodos científicos, junto con casi otras 200,000 direcciones en todo el país. RTI International, una organización sin fines de lucro, fue elegida para realizar este estudio. Dentro de poco, un entrevistador de RTI estará en su comunidad para darle más información. El entrevistador llevará consigo una tarjeta de identificación similar a la que se muestra más abajo.

Primero, el entrevistador le hará unas pocas preguntas generales. Luego, es posible que el entrevistador le pida a una o a dos personas en su hogar que completen una entrevista en su totalidad. Es posible que nadie sea seleccionado para la entrevista. **Si alguien es seleccionado y completa toda la entrevista, él o ella recibirá \$30 dólares en efectivo.**

Según la ley federal\*, las respuestas que nos dé se mantendrán confidenciales y sólo se utilizarán con propósitos estadísticos.

Por favor, comparta esta información con las otras personas en su hogar. Si tiene preguntas sobre este estudio, por favor no dude en hacérselas al entrevistador. También puede encontrar más información en el sitio de Internet del estudio en: <http://nsduhweb.rti.org> (disponible solamente en inglés), o puede llamarnos al 1-800-848-4079.

Su ayuda es muy importante para el éxito de este estudio. Gracias por su cooperación.

Atentamente,

Dr. Joel Kennet  
Director Nacional de Estudios, Departamento  
de Salud y Servicios Humanos

Ilona S. Johnson  
Directora Nacional del Estudio, RTI



Entrevistador(a) que se comunicará con usted: \_\_\_\_\_  
Nombre del/de la entrevistador(a)

\*La confidencialidad está protegida por la Ley de Protección de la Información Confidencial y Eficiencia Estadística del año 2002 (PL 107-347). El estudio está autorizado por la sección 505 de la Ley del Servicio de Salud Pública (42 USC 290aa4). El estudio está aprobado por la Oficina de Administración y Presupuesto (OMB, siglas en inglés), Número de aprobación 0930-0110.

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Attachment F – Contact Cards – Sorry I Missed  
You and Appointment 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: \_\_\_\_\_



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





**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 International.**

**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 International.**

**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: \_\_\_\_\_**



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Attachment G – Study Description



## Study Description

Your address is one of several in this area randomly chosen for the 2017 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 International'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.

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Attachment M – Federalwide Assurance



[New Search](#)

Return to: [Search Results](#)

## IRB Organization Information

**IORG0000380 - Research Triangle Inst (RTI International) (Active)**

**Located at:** Research Triangle Park, NORTH CAROLINA  
**Expires:** 01/14/2018

**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

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Attachment Q – 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), Center for Behavioral Health Statistics and Quality; Room 15E57B; 5600 Fishers Lane, 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

## 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.

**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>	
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<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	7	<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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<b>IF</b> 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.]
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# FORMULARIO DE CONTROL DE CALIDAD

**NOTA:** Se calcula que el tiempo que le tomará a cada participante para dar esta información será 2 minutos, incluyendo el tiempo para repasar las instrucciones, buscar las fuentes de información existentes, reunir y mantener los datos requeridos, así como completar y revisar la recopilación de información. Envíe sus comentarios acerca de este cálculo de tiempo o cualquier otro aspecto relacionado con esta recolección de información, incluyendo sugerencias para reducir el tiempo a: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0110), Centro para las Estadísticas y la Calidad de la Salud Conductual; Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. Ninguna agencia está autorizada a realizar o patrocinar ninguna recopilación de información sin presentar un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés), ni tampoco está obligada ninguna persona a participar en una recopilación de información si no existe dicho número. El número de control OMB para este proyecto es XXXX-XXXX.

No. de control OMB:  
XXXX-XXXX  
Fecha de vencimiento:  
XX de XXXXXX de 201X

## ENGLISH VERSION ON OTHER SIDE

Como parte de nuestro programa de control de calidad, pensamos comunicarnos con un grupo de participantes de esta encuesta para asegurarnos que el (la) entrevistador(a) ha cumplido con los procedimientos apropiados del estudio. Solo haremos preguntas en general y no solicitaremos ninguna información específica. Le agradecemos sinceramente su colaboración.

**Por favor llene los espacios en blanco a continuación. (FAVOR DE ESCRIBIR CLARAMENTE.)  
Gracias.**

*[Su número de teléfono se mantendrá confidencial y solo se dará esta información a nuestro personal encargado del control de calidad.]*

<b>NÚMERO DE TELÉFONO</b>				-						
	(Código de área)				(Número de teléfono)					

<b>SU DIRECCIÓN</b>	
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<b>CIUDAD</b>		<b>ESTADO</b>		<b>CÓDIGO POSTAL</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	7	<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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<b>IF</b> 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.]
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