Attachment 3: Language for Informed Consent in Mailed Survey

This questionnaire is designed to gather information about the health and health practices of adults. The information is kept confidential and is used only to evaluate health programs and to plan future action to improve the health of citizens in the state.

We are asking that an adult in the household complete this health survey. The survey should only take approximately 10-20 minutes to finish. Please return the completed survey in the enclosed pre-paid envelope.

Although answering the health survey is voluntary, participation is important for the results to truly represent your state’s population. The adult who completes the survey will answer questions about their own health and health knowledge. Any question this person does not want to answer can be skipped. The information provided will be kept strictly confidential and your household will never be identified in any reports.

For more information about this study, please call 1-800-XXX-XXXX.