

Attachment I-1
First Provider Questionnaire Email or Mail Text

First Provider Web Questionnaire, Email 1 of 2 (Group A)

Date

Name of Director

Name of Community/Center

Email subject line: **2018 National Study of Long-Term Care Providers (email 1 of 2)**

Dear <NAME OF DIRECTOR>,

Thank you for agreeing to participate in the **2018 National Study of Long-Term Care Providers** conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.

Please complete the provider questionnaire by web over a safe and secure network by going to the URL address and typing in your unique User ID shown below and the password that you should receive in a second email. If you do not receive the second email, please call (xxx) xxx-xxxx for assistance.

URL:

User ID:

Benefits to completing by web include getting only the questions that apply to your [residential care community/center] based on your responses—so it takes less time—and having the option to print a copy of your completed questionnaire for your records.

Please submit your provider web questionnaire by [insert date] so it is received before your scheduled appointment on [insert date] at [insert time] for the telephone interview to sample and collect information from you on two of your [residents/participants].

Completing the provider web questionnaire will take 30 minutes on average. You may need to refer to records to answer some questions. If you would like to see the questions before you complete the survey, visit [insert link].

If you need technical support to complete the provider web questionnaire, want to request a hard copy of the provider questionnaire that you can mail back instead of completing by web, or have questions about this study please call (xxx) xxx-xxxx. More information about the study is available at [url to RCC or ADSC respondent portal]

Thank you, in advance, for your help in this important study.

Sincerely,

Charles J. Rothwell
Director, National Center for Health Statistics

Date

Name of Director
Name of Community/Center

Email subject line: **2018 National Study of Long-Term Care Providers (email 2 of 2)**

Dear <NAME OF DIRECTOR>,

Thank you again for agreeing to participate in the **2018 National Study of Long-Term Care Providers** (NSLTCP) conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.

In the first email, we sent you the URL address and your User ID to complete the provider web questionnaire. Your password is included in this email. Please complete the provider questionnaire by web over a safe and secure network by going to the URL address and typing in the unique User ID provided in the first email and the password below. If you did not receive the first email, please call (xxx) xxx-xxxx for assistance.

Password:

Please submit your provider web questionnaire by [insert date] so it is received before your scheduled appointment on [insert date] at [insert time] for the telephone interview to sample and collect information from you on two of your [residents/participants].

If you need technical support to complete the provider web questionnaire, want to request a hard copy of the provider questionnaire that you can mail back instead of completing by web, or have questions about this study please call (xxx) xxx-xxxx. More information about the study is available at [url to RCC or ADSC respondent portal]

Thank you, in advance, for your help in this important study.

Sincerely,

Charles J. Rothwell
Director, National Center for Health Statistics

Date

Name of Director
Name of Community/Center
Community/Center Address
Community/Center city, state, zip code

Dear <NAME OF DIRECTOR>,

Thank you for agreeing to participate in the **2018 National Study of Long-Term Care Providers** (NSLTCP) conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.

Please complete the enclosed hardcopy of the provider questionnaire and return it in the pre-addressed, postage-paid envelope provided.

However, if you decide you prefer to use web instead, please complete the questionnaire by web over a safe and secure network by going to this URL address and typing in your unique User ID and password shown below:

URL:

User ID:

Password:

Benefits to completing by web include getting only the questions that apply to your [residential care community/center] based on your responses—so it takes less time—and having the option to print a copy of your completed questionnaire for your records. Please safeguard your web survey login information.

Please submit your questionnaire by web or hardcopy by [insert date] so it is received before your scheduled appointment on [insert date] at [insert time] for the telephone interview to sample and collect information from you on two of your [residents/participants].

Completing the provider questionnaire will take 30 minutes on average. You may need to refer to records to answer some questions.

If you need technical support to complete the provider questionnaire or have questions about this study please call (xxx) xxx-xxxx. More information about the study is available at [url to RCC or ADSC respondent portal]

Thank you, in advance, for your help in this important study.

Sincerely,

Charles J. Rothwell
Director, National Center for Health Statistics