

Attachment I-2
Follow-up Email or Mail

Follow-up #1 RCC/ADSC 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—Follow-up #1 (email 1 of 2)

Dear <NAME OF DIRECTOR>,

Recently, you agreed to participate in the **2018 National Study of Long-Term Care Providers** (NSLTCP). We asked you to complete and return the NSLTCP provider questionnaire. To date, we have not received your completed questionnaire.

We understand that you are very busy. Your responses are very important to help further the nation's understanding of the long-term care needs of seniors and younger adults with disabilities in the United States. The information you provide will be used only for statistical purposes and held in the strictest confidence. See http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm for products using NSLTCP data.

Please complete the provider questionnaire by web over a safe and secure network by going to the URL address below and typing in your unique User ID 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:

Password: (see second email for this)

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 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, 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—Follow-up #1 (email 2 of 2)

Dear <NAME OF DIRECTOR>,

Recently, you agreed to participate in the **2018 National Study of Long-Term Care Providers** (NSLTCP). We asked you to complete and return the NSLTCP provider questionnaire. To date, we have not received your completed questionnaire.

In the first email we sent you the URL address and your unique User ID for 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:

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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>,

Recently, you agreed to participate in the **2018 National Study of Long-Term Care Providers (NSLTCP)**. We asked you to complete and return the NSLTCP provider questionnaire. To date, we have not received your completed questionnaire.

We understand that you are very busy. Your responses are very important to help further the nation's understanding of the long-term care needs of seniors and younger adults with disabilities in the United States. The information you provide will be used only for statistical purposes and held in the strictest confidence. See http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm for products using NSLTCP data.

Please complete the enclosed 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 provider questionnaire by web over a safe and secure network by going to this URL address and typing in your unique User ID and password:

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, want to request another hard copy of 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

Follow-up #1 RCC/ADSC Email 1 of 2 (Group B that opted to be contacted by email)

Date

Name of Director

Name of Community/Center

Email subject line: 2018 National Study of Long-Term Care Providers—Follow-up #1 (email 1 of 2)

Dear <NAME OF DIRECTOR>,

Recently, you agreed to participate in the **2018 National Study of Long-Term Care Providers** (NSLTCP). We asked you to complete and return the NSLTCP provider questionnaire. To date, we have not received your completed questionnaire.

We understand that you are very busy. Your responses are very important to help further the nation's understanding of the long-term care needs of seniors and younger adults with disabilities in the United States. The information you provide will be used only for statistical purposes and held in the strictest confidence. See http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm for products using NSLTCP data.

Please complete the provider questionnaire we sent and return it in the pre-addressed, postage-paid envelope provided.

However, if you decide you prefer to use web instead, go to the URL address below and type in your unique User ID 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.

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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 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 web 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, want to request another hard copy of the provider questionnaire, or have questions about this study please call (xxx) xxx-xxxx. More information about the study is also available at [url to RCC or ADSC respondent portal]

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

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Charles J. Rothwell
Director, National Center for Health Statistics

Follow-up #1 RCC/ADSC Email 2 of 2 (Group B that opted to be contacted by email)

Date

Name of Director

Name of Community/Center

Email subject line: 2018 National Study of Long-Term Care Providers—Follow-up #1 (email 2 of 2)

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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—Follow-up #2 (email 1 of 2)

Dear <NAME OF DIRECTOR>,

Recently, you agreed to participate in the **2018 National Study of Long-Term Care Providers**. We asked you to complete and return the provider questionnaire, but to date we have not received your completed questionnaire.

It is important that we obtain data from all scientifically sampled [residential care communities/centers], including yours, in order to provide accurate, complete, and nationally representative statistics on [residential care communities/adult day services centers] in the United States.

Please complete the provider questionnaire by web over a safe and secure network by going to the URL address below and typing in your unique User ID 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:

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

Sincerely,

Charles J. Rothwell
Director, National Center for Health Statistics

My name is _____ and I'm calling on behalf of the National Study of Long-Term Care Providers, a project being conducted by CDC's National Center for Health Statistics.

Recently you agreed to participate in the **2018 National Study of Long-Term Care Providers**. We asked you to complete and return the provider questionnaire we previously sent you.

To date, we have not received your completed provider questionnaire so we had to cancel 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].

There is still time to participate and we can reschedule your appointment for the telephone interview.

Can I give you the information to complete the provider questionnaire by web instead of paper?

IF YES, PROVIDE INFORMATION OVER THE PHONE AND/OR BY EMAIL, WHICHEVER R PREFERS.

IF NO: Do you need another hardcopy provider questionnaire?

IF YES, VERIFY MAILING ADDRESS; SEND QUESTIONNAIRE.

Can you submit the completed provider questionnaire by [2 WEEKS FROM TODAY]?

IF YES: Thank you, we look forward to receiving it.

IF NO: By when can you submit the provider questionnaire?

It is important that we get the provider questionnaire before we can complete the telephone interview with you.

I would like to set up another appointment for the telephone interview to sample and collect information from you on two of your [residents/participants]. The telephone interview will take about 30 minutes and should be completed by you or someone on your staff who is familiar with the operations of the [residential care community/adult day services center]. We will conduct this telephone interview after receiving your provider questionnaire. RESCHEDULE AN APPOINTMENT. SUGGEST A DATE AND TIME BASED ON WHEN R AGREED TO SUBMIT PROVIDER QUESTIONNAIRE OR IDENTIFY A TIME THAT WORKS BEST FOR THE R AFTER THE PROVIDER QUESTIONNAIRE IS EXPECTED TO BE SUBMITTED. RECORD DATE AND TIME.

Thank you for your time today. We look forward to talking to you again on DATE/TIME OF APPOINTMENT. If you have any questions as you complete the provider web/mail questionnaire or before the appointment for the telephone interview or need to reschedule, please call [TOLL-FREE NUMBER].

My name is _____ and I'm calling on behalf of the National Study of Long-Term Care Providers, a project being conducted by CDC's National Center for Health Statistics.

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Can I give you the information to complete the provider questionnaire by web?

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