

Attachment 4 – Letter of Introduction to the Participant

July 21, 2017

«Firstname» «Lastname»
«address1»
«Address2»
«City», «State» «zip»

ID: «CHSTRONGID»
Passcode: «passcode»

Dear «Mrms». «Lastname»,

We invite you to take part in the Congenital Heart Survey To Recognize Outcomes, Needs, and well-being (CH STRONG), a survey to examine the unmet needs of people born with heart conditions. This project is being conducted by the Metropolitan Atlanta Congenital Defects Program, Centers for Disease Control and Prevention (CDC), and the March of Dimes.

You were identified by the state where you were born as a person born with a heart condition. We would like you to complete a 20 minute survey about yourself, your health, quality of life, and access to care. Your information will help us identify unmet needs of adults born with a heart condition. To learn more about this project, you can visit www.chstrong.org.

The survey can be completed online or by mail. None of your answers will be linked to your name, nor will your name ever be released as having a heart condition, having completed the survey, or having been asked to participate. We know your time is valuable. As a thank you, we have included a \$5 gift card for you to keep whether or not you complete the survey. If you complete the survey, we will send you another \$10 gift card.

Across the country, thousands of people born with a heart condition are taking part in this survey. Everyone’s answers are important to us and will add to what we learn about how heart conditions affect adults. The findings from the survey will help current adults who were born with heart conditions and the future lives of children born with heart conditions.

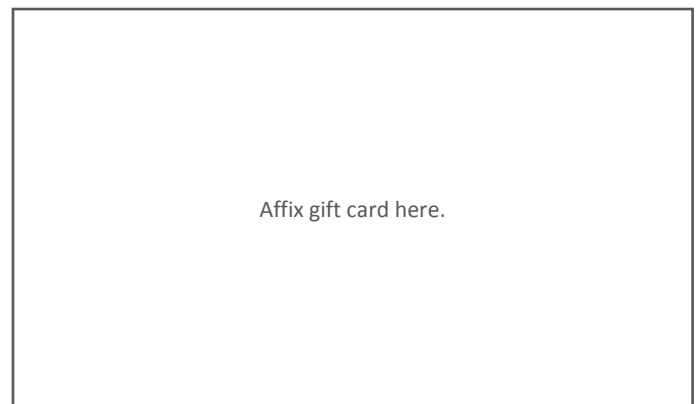
If you have questions about CH STRONG or if we have contacted you in error and you were not born with a heart condition, please contact the CH STRONG Project Manager at MetroAtlanta@chstrong.org or (855) 484-0105 so that we can update our records.

Thank you for completing this important survey. To complete the survey online, go to www.chstrong.org and click the button “Take the Survey.” Enter your ID and passcode found in the upper right corner of this letter.

Sincerely,

Sherry L. Farr, Ph.D.
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention

Enclosures:
Consent form (*this explains your rights as a survey participant*)
Survey
Gift card



Si desea llenar la encuesta en Español, favor de enviar un correo electrónico a MetroAtlanta@chstrong.org o llamar al (855) 484-0105.