

## Appendix H.

### Letter and Image of Study Identification Number

[Date]

[Participant Name  
Address  
City, State]

Dear [Participant]:

Thank you for agreeing to participate in the NIOSH study to test and obtain feedback on a new online training program for law enforcement. Enclosed is your unique study identification number. You will put this number on your sleep activity diary, actigraph files, and surveys. We suggest you take a picture of your ID card and keep the card and picture in confidential places. Do not share your study number with the contractor, Dr. Lois James, who is assisting with the study, or anyone else. Once the data collection has been completed, we will tell you to destroy the laminated card and copies of it.

If you have any questions or comments, please email me at [policestudy@cdc.gov](mailto:policestudy@cdc.gov). If you want to talk by phone, include in your email some good times for me to phone you.

Best regards,

Claire C. Caruso, PhD, RN, FAAN  
Research Health Scientist  
National Institute for Occupational Safety and Health, CDC  
1090 Tusculum Avenue, MS C-24  
Cincinnati, OH 45226-1998  
Phone: 513-533-8535  
Email: [policestudy@cdc.gov](mailto:policestudy@cdc.gov)

[Image of front and back of a 2.5 inch x 1 inch Laminated Card with Study Identification Number]

