

Attachment 8a

Letters and Scripts

School Excuse Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Principal:

Please excuse the below named student from class to participate in a national health survey conducted by the Centers for Disease Control and Prevention. The date and arrangements we have made for transportation are indicated below.

NAME _____

DATE _____

Parent will pick up.
Taxi will pick up.
One of our representatives will pick up.
Student will leave from home.

Thank you for your cooperation and your appreciation of the valuable contribution this student is making to our study. If you need to contact us, please call _____.

Sincerely,

Stand Manager

As parent/guardian of the above named child, I consent to the arrangements indicated.

Signed (Parent/Guardian)

Example Non-Response Letter

{SP NAME}
{SP ADDRESS}
{CITY, STATE ZIP CODE}

Dear {PREFIX}{LAST NAME}:

For the **past 50 years** the National Health and Nutrition Examination Survey (NHANES) has been collecting important health and nutritional information about adults and children living in the United States. Since 1959, NHANES has been the cornerstone of American health. The data collected on this study have informed all presidential administrations. NHANES continues to be endorsed by many national and local organizations including the Mayo Clinic, Johns Hopkins University, the National Veteran's Administration and the American Association of Retired Persons (AARP).

NHANES is sometimes referred to as the "Nation's Health Census." The goal of the survey is to understand the health needs of all Americans so that researchers and policy makers can design programs to improve our country's health.

Every year thousands of Americans across the country participate. Right now approximately {TARGET SAMPLE} in {STAND COUNTY} have been asked to join the study. You have been randomly selected as part of a carefully designed sample of people living in the United States and you represent thousands of others your age and gender throughout the country. You **cannot be replaced**.

Please take the time to provide the input that only you can give. Our Health Representative will call on you again soon. If you have any questions or concerns, please feel free to call our office. Our number is {FIELD OFFICE PHONE NUMBER} or visit our website at www.cdc.gov/NHANES.

Sincerely yours,

{STUDY MANAGER NAME}
Study Manager

Enclosures

Screener Brochure



How do I know that information about me will be kept private?

We respect your privacy. Public laws keep all information you give confidential.

Assurance of Confidentiality—We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent have taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

We appreciate your talking with our survey interviewer. By taking part in this survey, you will help add to our information about the health of people living in the United States.

For more information about the survey, you may visit our website at <http://www.cdc.gov/nhanes>

O324194 (03/2017)

National Health and Nutrition Examination Survey



Centers for Disease Control and Prevention
 National Center for Health Statistics

Suggested Script for Explaining Incentives for the NHANES examination

The interviewer mentions remuneration using a script such as the following:

After you complete your exam at the mobile exam center, we will give you a token of appreciation for the time you've given to the survey. We would like to schedule {you/SP} for a {morning/afternoon or evening} appointment. If we are able to schedule you at that time of day {you/SP} will receive {age specific amount of remuneration for coming to randomly assigned session}. It is very important that {you/SP} arrive on time for your appointment. We can also make it easier for {you/SP} to get to the examination center by helping with out of pocket expenses if needed.