

# Participants Needed for Chronic Conditions Study

NORC at the University of Chicago is looking for Medicare beneficiaries who have at least one chronic condition to test questions for a health survey. We are looking for people who have at least one of the following chronic conditions:

Hypertension

Angina pectoris or coronary heart disease

Congestive heart failure

Stroke, a brain hemorrhage, or a cerebrovascular accident

High cholesterol

Any kind of cancer, malignancy, or tumor other than skin cancer

Rheumatoid arthritis

Osteoarthritis

Arthritis, other than rheumatoid or osteoarthritis

Alzheimer's disease

Any type of dementia other than Alzheimer's disease

Depression

Osteoporosis

Emphysema, asthma, or COPD

Diabetes

**Participants will receive \$40**

## FOR MORE INFORMATION

Please call: 312-357-7017 or E-mail: [chronic@norc.org](mailto:chronic@norc.org)

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### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275 (expires 05/31/2021). The time required to complete this information collection is estimated to average 70 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov).

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Representatives from NORC will be here on **DAY, DATE** conducting interviews from **START to STOP**. Come by the table to see if you qualify!

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