Form Approved OMB NO. 0920-XXXX Exp. Date XX/XX/2020

**Response Card** 

Front:

## **Study to Explore Early Development (SEED)**

CDC and HHS Logos and/or Site Institution Logo

**Picture** 

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<site specific source code>

## We hope you and your child will take part in SEED! Please contact us to learn more.

You are under no obligation to take part in the study if you contact us. But, you will receive a \$10 < site specific: money order/cash card/Visa card, etc >, if you contact us and answer a few short questions -- even if you decide not to take part in SEED.

Step 1: Check one of the boxes below YES, please contact me. I would like to learn more about SEED	
NO, I am not interested in learning	more about SEED
Follow Step 2 or Step 3: Step 2: Complete the following informations  Name:	ation and mail this card to us in the pre-paid envelope.
Address	Telephone numbers
	home
	cell
	other
Email	
I prefer to be reached by (circle one):  Telephone E-mail	Best time to reach me is (circle one):  Morning Afternoon Early Evening

## Step 3: If you prefer, you can contact us.

- by phone at <number>,
- by text at <number>,
- by emailing us at <email address>.

If you text or email us, give us your name and a telephone number or email address where we can reach you.

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