

## Attachment F – Provider Questionnaire Mailing NCHS Letters

[NCHS Letterhead]

Date

Name of Director

Name of Community/Center

Community/Center Address

Community/Center city, state, zip code

Dear <NAME OF DIRECTOR>,

You are invited to participate in the **2022 National Post-acute and Long-term Care Study** (NPALS). The CDC's National Center for Health Statistics conducts NPALS.

To participate in this important study, please complete the questionnaire by web over a safe and secure network by going to this URL address and typing in your unique User ID and password:

**URL:**

**User ID:**

**Password:**

Benefits to completing by web include getting only the questions that apply to your community/center based on your responses—so it takes less time—and having the option to print a copy of your completed questionnaire for your records. However, if you prefer to use hardcopy, please complete the enclosed questionnaire and return it in the pre-addressed, postage-paid envelope provided.

**Please submit your questionnaire by web or hardcopy by \_\_\_\_\_ to avoid receiving another questionnaire for this community.**

Completing the questionnaire will take 30 minutes on average. Before starting, please consult or have your records available to be prepared to answer questions on the number of residents/participants (see question X), numbers of select types of staff (see question X), and the residents'/participants' demographic distribution, activities of daily living, health conditions, and health care use (see questions X-X).

NPALS data inform long-term care providers, planners, researchers, and policymakers about the important work your community/center does to meet the needs of your residents/participants and families. Your participation in this survey is voluntary, but will assist greatly in helping to further our nation's understanding of the long-term care needs of seniors and younger adults with disabilities. The information you provide will be used only for statistical purposes and held in the strictest confidence.<sup>1</sup>

If you need technical support or have further questions about this survey, visit <https://www.cdc.gov/nchs/npals/index.htm> or call (XXX) XXX-XXXX.

Thank you, in advance, for your help in this important study.

Sincerely,

Brian Moyer, PhD

Director, National Center for Health Statistics

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<sup>1</sup>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 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has 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. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

[NCHS Letterhead]

Date  
Name of Director  
Name of Community/Center  
Community/Center Address  
Community/Center city, state, zip code

Dear <NAME OF DIRECTOR >,

Recently, we invited you to participate in the **2022 National Post-acute and Long-term Care Study (NPALS)**. The packet we sent asked you to complete and return the NPALS questionnaire. To date, we have not received your completed questionnaire.

We understand that you are very busy. Your responses are very important to help further the nation's understanding of the long-term care needs of seniors and younger adults with disabilities in the United States. The information you provide will be used only for statistical purposes and held in the strictest confidence. See [http://www.cdc.gov/nchs/nsltcp/nsltcp\\_products.htm](http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm) for products using NPALS data.

To participate in this important study, please complete the questionnaire by web over a safe and secure network by going to this URL address and typing in your unique User ID and password:

**URL:**

**User ID:**

**Password:**

Benefits to completing by web include getting only the questions that apply to your community/center based on your responses—so it takes less time—and having the option to print a copy of your completed questionnaire for your records. However, if you prefer to use hardcopy, please complete the enclosed questionnaire and return it in the pre-addressed, postage-paid envelope provided.

**Please submit your questionnaire by web or hardcopy by \_\_\_\_\_ to avoid receiving another questionnaire for this community/center.** If you are the director for more than one community/center selected for this study, you will receive and be asked to complete a separate questionnaire for each selected community/center. If you have already returned your completed questionnaire for the community/center located at the address on the questionnaire label, this letter and your package may have crossed in the mail; you do not have to complete the questionnaire a second time.

Completing the questionnaire will take 30 minutes on average. Before starting, please consult or have your records available to be prepared to answer questions on the number of residents/participants (see question X), numbers of select types of staff (see question XX), and the residents'/participants' demographic distribution, activities of daily living, health conditions, and health care use (see questions XX-XX).

The information you provide will be used only for statistical purposes and held in the strictest confidence.<sup>1</sup> See <https://www.cdc.gov/nchs/npals/studyresults.htm> for examples of products using NPALS data.

If you need technical support or have further questions about this survey, visit <https://www.cdc.gov/nchs/npals/index.htm> or call (XXX) XXX-XXXX.

Thank you, in advance, for your help with this important research study.

Sincerely,

Brian Moyer, PhD  
Director, National Center for Health Statistics

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networks.

[NCHS Letterhead]

Date  
Name of Director  
Name of Community/Center  
Community/Center Address  
Community/Center city, state, zip code

Dear <NAME OF DIRECTOR >,

We contacted you recently about participating in the **2022 National Post-acute and Long-term Care Study** (NPALS). We need your help with this important research to further our nation's understanding of the long-term care needs of seniors and younger adults with disabilities.

To participate, please complete the questionnaire by web over a safe and secure network by going to this URL address and typing in your unique User ID and password:

**URL:**  
**User ID:**  
**Password:**

Benefits to completing by web include getting only the questions that apply to your community/center based on your responses—so it takes less time—and having the option to print a copy of your completed questionnaire for your records. However, if you prefer to use hardcopy, please complete the enclosed questionnaire and return it in the pre-addressed, postage-paid envelope provided.

**Please submit the questionnaire by web or hardcopy by \_\_\_\_\_.** Otherwise, you may receive a call to complete the questionnaire by telephone. If you are the director for more than one community/center selected for this study, you will receive and be asked to complete a separate questionnaire for each selected community/center. If you have already completed and returned your questionnaire, this letter and your package may have crossed in the mail; you do not have to complete the questionnaire a second time.

Completing the questionnaire will take 30 minutes on average. We made the questionnaire easier to complete compared to previous years. Before starting, please consult or have your records available to be prepared to answer questions on the number of residents/participants (see question x), numbers of select types of staff (see question x), and the residents'/participants' demographic distribution, activities of daily living, health conditions, and health care use(see questions x-x).

The information you provide will be used only for statistical purposes and held in the strictest confidence.<sup>1</sup>

See <https://www.cdc.gov/nchs/npals/studyresults.htm> for examples of products using NPALS data.

If you need technical support or have further questions about this survey, visit <https://www.cdc.gov/nchs/npals/index.htm> or call (XXX) XXX-XXXX.

Thank you, in advance, for your help with this important research study.

Sincerely,

Brian Moyer, PhD  
Director, National Center for Health Statistics

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