

Attachment 3f1

[LOGO]

[FIRST NAME] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY], [STATE] [ZIPCODE]

DATE

Dear NHANES participant,

You recently took part in our study when the National Health and Nutrition Examination Survey (NHANES) was in [COUNTY], [STATE]. We thank you for your participation and hope the experience was positive.

To improve the survey for others we are asking for your feedback. We have included a very brief questionnaire that should take no more than 10 minutes to complete.

Completing this survey is voluntary. You may choose to skip any question you don't wish to answer. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical purposes.

The questionnaire can be returned by mail using the prepaid envelope included with this mailing or it may be completed over the telephone. If you have any questions or concerns or would prefer to complete this questionnaire over the telephone, we would be happy to take your call Monday through Friday between 9:00 am and 9:00 pm EST, or Saturday and Sunday between 10:00 am and 6:00pm EST at (888)-(458)-(4762).

We have enclosed \$10 as a thank you for your time and cooperation.

Sincerely,

Duong (Tony) Nguyen, DO
Captain, U. S. Public Health Service
Chief Medical Officer
Division of Health and Nutrition Examination Surveys
National Center for Health Statistics
Centers for Disease Control and Prevention
www.cdc.gov/nchs/nhanes.htm