**Attachment F:**

**NAMCS Tracing Questionnaire**

Form Approved:

OMB No. 0920-0234

Exp. Date xx/xx/20XX

**NOTICE -** Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0234).

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**Script for confirming the sampled physician’s or PA’s mailing address and email address.**

1. Hello, my name is [***insert name***] and I am calling from the [placeholder]. Is this the office of ***insert sampled provider’s name***?
* Yesà <GO TO II>
* Yes, physician/PA speaking <GO TO II>
* Yes, but name changed <GO TO II>
* Yes, but this is not a good time/can I take a message?<GO TO III>
* No <GO TO IV>

IF DR./PA [***insert sampled provider’s name***] **STILL WORKS** AT THAT OFFICE:

1. I’m calling on behalf of the Centers for Disease Control and Prevention’s National Center for Health Statistics regarding a survey Dr./PA [***insert sampled provider’s name***] has been selected to take part in starting next year. Before that happens, I would like to confirm the best mailing address where Dr./PA [***insert sampled provider’s name***] works.
	* A. We have here that [***insert complete office address***] is the best mailing address. Is this correct?
		+ YESà <GO TO A1a>
			- A1a. IF THIS MAILING ADDRESS IS CORRECT: Great, thank you.
* **CHECK OFF PRIMARY MAILING ADDRESS**
* <GO TO A2>
* NOà <GO TO A1b>
	+ - * A1b. IF THIS MAILING ADDRESS IS INCORRECT: What is the best mailing address for Dr./PA [***insert sampled provider’s name***]?
				+ **CHECK OFF ALTERNATE MAILING ADDRESS *OR* FILL IN UPDATED MAILING ADDRESS**
				+ <GO TO A2>
* A2. I would also like to confirm the best work email address for Dr./PA [***insert sampled provider’s name***].
* A2a. IF EMAIL ADDRESS IS AVAILABLE: Is [***insert email address***] the best email address?
* YESà <GO TO i>
* i**.** IF THIS EMAIL ADDRESS IS CORRECT: Great, thank you.
	+ **CHECK OFF EMAIL ADDRESS**
	+ That’s all the information I need. Thank you for your time and have a nice day.
	+ **CLOSE**
* NO à <GO TO ii>
* ii. IF THIS EMAIL ADDRESS IS INCORRECT: What is the best email address for Dr./PA [***insert sampled provider’s name***]?
	+ **CHECK OFF ALTERNATE EMAIL ADDRESS *OR* FILL IN UPDATED EMAIL ADDRESS**
	+ Great, that is all the information I need. Thank you for your time and have a nice day.
		- **CLOSE**
* A2b. IF EMAIL ADDRESS IS NOT AVAILABLE: What is the best email address for Dr./PA [***insert sampled provider’s name***]?
	+ **FILL IN EMAIL ADDRESS**
	+ That’s all the information I need. Thank you for your time and have a nice day.
	+ **CLOSE**

TO **LEAVE A MESSAGE WITH SOMEONE** AT DR./PA [***insert sampled provider’s name***]’S OFFICE:

1. I’m calling from the [placeholder] on behalf of the Centers for Disease Control and Prevention’s National Center for Health Statistics. Dr./PA [***insert sampled provider’s name***] has been selected to take part in a survey. We would like to confirm the best mailing address and email address for Dr./PA [***insert sampled provider’s name***] prior to data collection. I’d like to ask that they please call us back toll-free at [placeholder phone number].

IF DR./PA [***insert sampled provider’s name***] **DOES NOT WORK** AT THAT OFFICE:

1. I’m calling on behalf of the Centers for Disease Control and Prevention’s National Center for Health Statistics regarding a survey Dr./PA [***insert sampled provider’s name***] has been randomly selected to take part in starting next year. Before that happens, I would like to confirm the best mailing address where Dr./PA [***insert sampled provider’s name***] works.
	* B1. Do you have an updated work address for Dr./PA [***insert sampled provider’s name***]?
		+ YES
			- **FILL IN UPDATED MAILING ADDRESS.**
			- <GO TO B2>
		+ NO <GO TO B2>
		+ [***insert sampled provider’s name***] has retired
		+ **SELECT CALL RESOLUTION 'Retired'**
		+ Okay, thank you for your time and have a nice day.
		+ **CLOSE**
		+ [***insert sampled provider’s name***] is deceased
		+ **SELECT CALL RESOLUTION 'Deceased'**
		+ Please respond compassionately and relay your sympathy. We will do the best we can to ensure their office does not receive any additional mailings or emails regarding this survey. If they do happen to receive another mailing or email, please accept our sincerest apology in advance.
		+ **CLOSE**
	* B2. Do you have a work email address for Dr./PA [***insert sampled provider’s name***]?
* YES
* **FILL IN EMAIL ADDRESS**
* Great, thank you for your time and have a nice day.
	+ - * **CLOSE**
* NO
* Okay, thank you for your time and have a nice day.
	+ - * **CLOSE**

**VOICEMAIL MESSAGES**

FOR **MESSAGE LEFT ON VOICEMAIL**:

Hello, my name is [***insert name***] and I’m calling from the [placeholder] on behalf of the Centers for Disease Control and Prevention’s National Center for Health Statistics. Dr./PA [***insert sampled provider’s name***] has been selected to take part in a survey. We would like to confirm the best mailing address and email address for Dr./PA [***insert sampled provider’s name***] prior to data collection. Please call us back toll-free at [placeholder phone number]. Thank you.