## Attachment 11g

### Dietary Interview Materials

A.Dietary Interview Appointment Slip	11g-2
B.Dietary Interview Day 1 Thank You Letter	11g-3



Name:

Date.

**IMPORTANT** 

### 11g-A

### Don't Forget! Your NHANES Dietary Interview Appointments

Day 2 Dietary Phone Interview		
Date:	Time:	

Please have your Food Model Booklet and dietary supplements ready for your appointments.

day and time, please call 800-344-1386.

If you do not receive a call from us on your appointment

We will call from a toll-free number. Please make sure

**Day 1 Dietary Phone Interview** 

# CDC

we are not blocked by your phone provider.



## **National Health and Nutrition Examination Survey**

{DATE}

# MEC EXAM NOT COMPLETED

{ADDRESSEE NAME} {STREET MAILING ADDRESS} {CITY, STATE ZIP}

#### **IMPORTANT NOTICE: Please Read**

Dear {SP FIRST NAME/PARENT OR GUARDIAN OF SP FIRST NAME}:

Thank you for completing {your/ {SP NAME}'s} first Dietary phone interview! Your answers about {your/ your family's} health and eating habits are helping doctors and researchers better understand—and improve— {people/children}'s health in the United States. **That is why your second interview is so important.** 

After completing your second Dietary phone interview, you will receive **\$DI INCENTIVE**}.













Please refer to your reminder sheet or the NHANES online portal for your appointment date and time. You may also call us at 800-344-1386 to get information about your appointment.

As part of the study, {you/{SP NAME}/your family} also get{s} a free health exam and the results to share with {your/their} doctor. If you have already completed this step, then **THANK YOU.** We will give {you/{SP NAME}/each selected family member} **{\$MEC Incentive range}** depending on {your/their} age **as a thank you for taking part in the NHANES exam.** 

If you have questions, please call us toll free at 800-344-1386 or visit <a href="www.cdc.gov/NHANES">www.cdc.gov/NHANES</a>.

Thank you for your time and consideration!

Peggy Collins, National Field Manager







### **National Health and Nutrition Examination Survey**

{DATE}

## MEC EXAM COMPLETED

{ADDRESSEE NAME} {STREET MAILING ADDRESS} {CITY, STATE ZIP}

#### **IMPORTANT NOTICE: Please Read**

Dear {SP FIRST NAME/PARENT OR GUARDIAN OF SP FIRST NAME}:

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Thank you for your time and consideration!

Peggy Collins, National Field Manager



