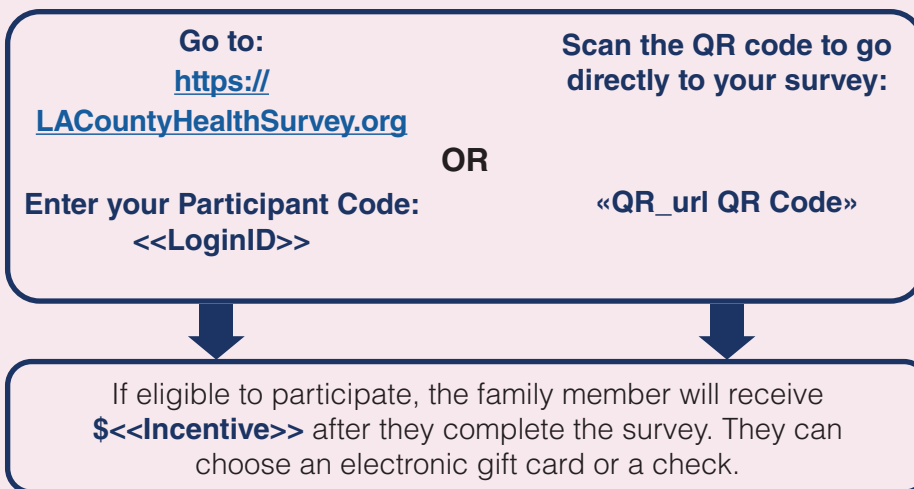


<<SYMPH_CaselD_Barcode>>/<<StagelD>>/<<Control#>>
Los Angeles County Resident
<<ADDRESS1>> <<ADDRESS2>>
<<CITY>>, <<STATE>> <<ZIP>>

Dear Resident of Los Angeles County:

Congratulations! Your family is invited to participate in the Los Angeles County Health Survey. The survey will ask questions about the health of a child in your family. By filling out this survey, you will help the Los Angeles County Department of Public Health learn about health issues among children in **your** neighborhood and how to make things better. [IF PREINCENT = 1: "Please keep the **\$1** in this envelope as a thank you for your help."]

You can get to the survey in one of two ways:



It is your choice to take this survey. The first few questions will help us figure out whether your family is eligible. If there are no children under 18 years in your family, you can let us know by answering the first question.

Your answers will be kept private. The Los Angeles County Department of Public Health is working with RTI International to do this survey. It takes about 20 minutes. If you have questions, go to <https://LACountyHealthSurvey.org>. You can also call us toll-free at 877-282-4757 or email LACountyHealthSurvey@rti.org.

Sincerely,

Barbara Ferrer, PhD, MPH, MEd
Director, Los Angeles County Department of Public Health

恭喜！您的家庭受邀参加洛杉矶县健康调查！请访问

<https://LACountyHealthSurvey.org>
查看您家是否有资格参与调查并获得 <<Incentive>> 美元！

恭喜！您的家庭受邀参加洛杉矶县健康调查！请访问

<https://LACountyHealthSurvey.org>
查看您家是否有资格参与调查并获得 <<Incentive>> 美元！

Xin chúc mừng! Gia đình quý vị được mời tham gia Khảo Sát Ý Kiến Y Tế Quận Los Angeles. Truy cập <https://LACountyHealthSurvey.org> để xem ai đó trong gia đình quý vị có đủ điều kiện tham gia cuộc khảo sát và nhận được <<Incentive>> USD hay không.

축하드립니다! 귀하의 가족은 로스앤젤레스 카운티 건강 설문조사 참여 요청을 받으셨습니다.

<https://LACountyHealthSurvey.org> 를 방문하여 가족 중 누가 설문조사에 참여하고 감사의 표시로 <<Incentive>>달러를 받을 수 있는지 알아보세요.



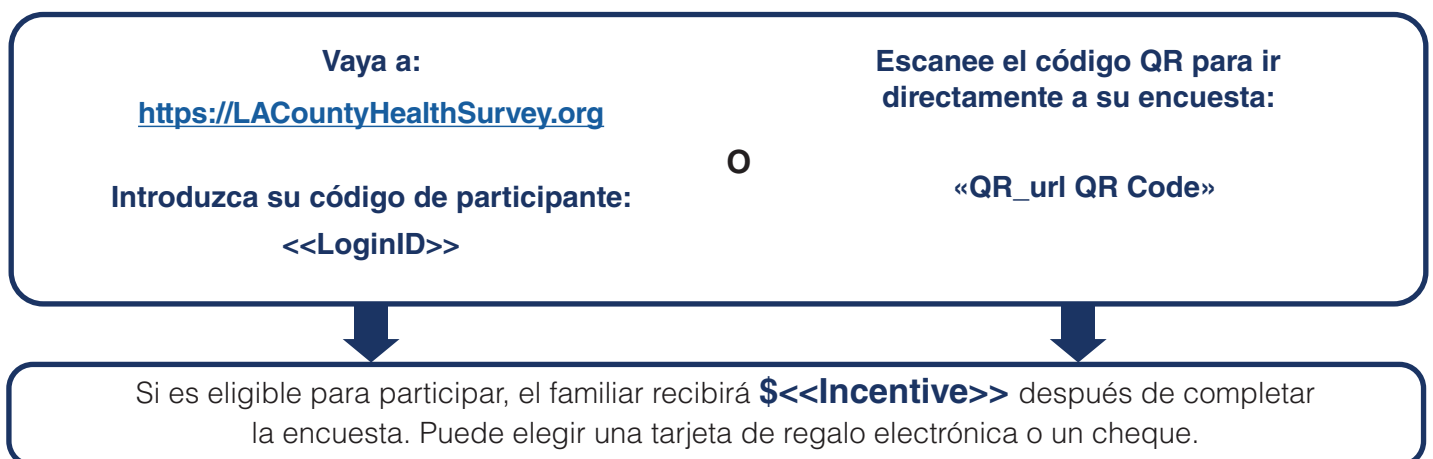
<<SYMPH_CaselD_Barcode>>/<<StagelD>>/<<Control#>>
Residente del Condado de Los Ángeles
<<ADDRESS1>> <<ADDRESS2>>
<<CITY>>, <<STATE>> <<ZIP>>

Estimado(a) Residente del Condado de Los Ángeles:

¡Felicidades! Su familia está invitada a tomar la Encuesta de Salud del Condado de Los Ángeles.

La encuesta hará preguntas sobre la salud de un(a) niño(a) en su familia. Al completar la encuesta, ayudará al Departamento de Salud Pública del Condado de Los Ángeles a conocer sobre los problemas de salud entre niños en **su** vecindario y cómo mejorar las cosas. [IF PREINCENT = 1 DISPLAY: "Quédese con el **\$1** en este sobre como agradecimiento por su ayuda."]

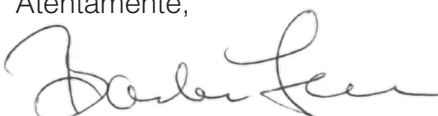
Puede llegar a la encuesta de dos maneras:



Participar en esta encuesta es su decisión. Las primeras preguntas nos ayudarán a determinar si su familia es elegible. Si no hay niños menores de 18 años en su familia, nos lo puede dejar saber respondiendo a la primera pregunta.

Sus respuestas se mantendrán privadas. El Departamento de Salud Pública del Condado de Los Ángeles está trabajando con RTI International para hacer esta encuesta. Toma unos 20 minutos. Si tiene preguntas, vaya a <https://LACountyHealthSurvey.org>. También puede llamarnos gratis al 877-282-4757 o enviarnos un correo electrónico a LACountyHealthSurvey@rti.org.

Atentamente,



Barbara Ferrer, PhD, MPH, MEd

Directora, Departamento de Salud Pública del Condado de Los Ángeles