

## Attachment F

### Three part postcard included with cover letter and survey.

**Top part:** To be signed by clinician after completing survey

**Middle part:** To be filled in by clinician if he/she cannot participate

**Bottom part:** To be filled in by office staff if clinician is no longer in practice

I have completed and returned the survey in the envelope provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are unable to participate in the survey, please complete this postcard and drop in the mail right away.

You are not able to complete the CDC survey because:

- You are retired.
- You are not currently involved in clinical practice in the field of obstetrics in Clayton, Cobb, Dekalb, Fulton or Gwinnett County.
- Other (please specify): \_\_\_\_\_

Office Staff: If the clinician is no longer practicing in this office, please complete this postcard and drop it in the mail right away.

Please check appropriate box below:

- Clinician is retired.
- Clinician no longer practices at this office.
- Clinician is deceased.
- Other (please specify): \_\_\_\_\_

## Attachment G



### Reminder!

Have you returned your CDC survey?

If you have not yet returned your **Survey of Knowledge, Attitudes and Practice Management Patterns Regarding Stillbirth Pregnancy Outcomes**, please respond at your earliest convenience. Your response is critical to ensure an appropriate sample of clinicians across the nation.

If you have already returned the survey, thank you!

If you never received a survey form, if you misplaced the survey form and require a new copy, or if you have any questions about the study, please call XXX-XXX-XXXX.