

Attachment 6

Signature Postcard

Three part postcard included with cover letter and survey.

Top part: To be signed by physician after completing survey

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

Bottom part: To be filled in by office staff if physician 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 practice less than 8 hours per week in outpatient settings.
- At your primary practice site, all of your patients are under 40 years of age.
- Other (please specify): _____

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

Please check appropriate box below:

- Physician is retired.
- Physician no longer practices at this office.
- Physician is deceased.
- Other (please specify): _____

Reminder Postcard to be sent after the First Mailing



REMINDER!

Have you returned your CDC survey?

If you have not yet returned your survey on **Physicians' Practices Regarding Prostate Cancer Screening**, please respond at your earliest convenience. Your response is critical to ensure a representative sample of clinicians across the nation.

If you have already returned the survey, thank you!

If you never received a survey form, or if you have any questions about the study, please call Pat Lesho at (800) 777-6115.