

Attachment I.2: Patient Survey Cover Memo-Tablet Version **Demonstration of Health Literacy Universal Precautions Toolkit**

Dear Patient:

This doctor's office is taking part in a research project. We will be trying new ways of talking with patients about their health. Our goal is to improve the way we explain things to patients.

We would like to know how well you think our providers and staff explain things. Your honest answers will help us do a better job of talking with patients.

If you want to help us, please take the survey that begins on the next screen of this tablet. The survey will take about 20 minutes.

If you don't want to fill out the survey, that's OK. Your doctors won't know. It will not change the care your providers give you.

If you do fill out the survey, please **do not** include your name on it. After you are done taking the survey, please return this tablet to a staff member at the front desk. You can stop taking the survey at any time.

You will not be paid for taking this survey. However, taking this survey could help us improve how we communicate with patients.

There are no risks to completing this survey. We will send your answers to a research team that is helping us with this project. Your doctors, nurses, and the office staff will not see your answers.

The research team will combine the answers of all the patients who fill out the survey. They will send a report with the results to our office and may share the report at medical meetings. They will not mention any patients' names.

If you have questions about the project or survey, please call Liz Horsley at the research office. Her number is 1-800-274-2237 extension 3173. Her e-mail is ehorsley@aafp.org.

If you have any questions about your rights as a research subject, please contact Mindy Cleary, AAFP IRB Assistant. Her number is 913-906-6000 extension 6452. Her e-mail is mcleary@aafp.org.

Thank you for your help. You can ask for a copy of this letter.

Sincerely,

Name

Primary Care Practice