



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Prevention

Public Health Service

Centers for Disease Control and

Atlanta, GA 30333

[INSERT DATE]

[INSERT MAILING ADDRESS]

Dear [INSERT PHYSICIAN NAME],

We are writing to ask for your help!

You will find enclosed a survey developed by the Centers for Disease Control and Prevention (CDC) and the HHS Office of Population Affairs (OPA), in cooperation with the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Society for Reproductive Medicine (ASRM), the National Association of Community Health Centers (NACHC), the National Family Planning and Reproductive Health Association (NFPRHA), and the Planned Parenthood Federation of America (PPFA).

The survey measures attitudes and practices of health care providers related to family planning. **If you do not provide family planning services to at least 2 women of reproductive age per week, please indicate this on the survey cover page and return the blank survey in the enclosed postage-paid return envelope.**

You have been selected randomly from a list of practicing physicians across the country to participate in this survey. The survey should take on average 15 minutes to complete, and includes questions on:

- o attitudes regarding the safety of various contraceptive practices;
- o practices for prescribing contraceptives to patients with certain characteristics; and
- o sources of information used for staying informed about recommended practices.

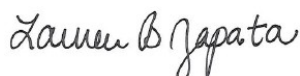
The information gathered will be used to develop educational materials and tools for providers related to family planning service provision, and to help plan for the implementation of forthcoming national guidance on the provision of quality family planning services.

All survey responses will be maintained in a secure manner and results will only be released in summary form.

We would greatly appreciate learning about your experiences; however, your participation is completely voluntary. If you prefer not to participate, please return the blank survey in the enclosed postage-paid return envelope. **As a token of our appreciation, participating physicians will receive a package of provider tools related to family planning service provision at the end of data collection.**

If you have any questions, please do not hesitate to contact Lauren Zapata (770-488-6358) or Marion Carter (770-488-6388), or send an email to: [\[insert email address\]](#). Thank you for participating in this important survey!

Sincerely,



Lauren B. Zapata, PhD  
Epidemiologist  
CDC, Division of Reproductive Health



Marion W. Carter, PhD  
Behavioral Scientist  
CDC, Division of Reproductive Health

SIGNATURE LINE

SIGNATURE LINE

SIGNATURE LINE

SIGNATURE LINE

Marilyn J. Keefe, MPH  
Deputy Assistant Secretary  
HHS OPA

NAME  
TITLE  
AAFP

NAME  
TITLE  
AAP

NAME  
TITLE  
ACOG

SIGNATURE LINE  
NAME  
TITLE  
ASRM

SIGNATURE LINE  
NAME  
TITLE  
HRSA/BPHC

SIGNATURE LINE  
NAME  
TITLE  
NACHC

SIGNATURE LINE  
Clare Coleman  
President & CEO  
NFPRHA

SIGNATURE LINE  
NAME  
TITLE  
PPFA