

## **Attachment 5D**

### **Reminder Fax for Provider Survey**

## Reminder Fax

Insert Date

Name

Title

Address

City, State, Zip

Dear **Insert Name**:

About two weeks ago, you should have received an important survey about your experiences, practices and opinions regarding screening for colorectal cancer. The survey was sent via Priority Mail and included a postage-paid envelope for return of the survey. If you already have returned the survey, your assistance is greatly appreciated. If not, please take a few minutes to complete and return the survey.

Completing the questionnaire will take some effort on your part but the information is important for the Centers for Disease Control and Prevention (CDC) to better understand the issues physicians face related to colorectal cancer screening. On average we estimate the survey will take about 30 minutes to complete. We recognize that your time is extremely valuable; as a small token of our appreciation we included a \$25 check made payable to you in the Priority Mail package.

If you participate in the study, we will protect your identity and privacy. Your name will not be associated with any written report. Responses to survey items will have no identifiers other than a master identification number. This number and your contact information will be stored by CDC's contractor, ICF Macro, in a separate file with restricted access. At the end of the study, all linked information will be destroyed.

Your opinions, along with those of other physician participants, will be compiled and summarized by ICF Macro. These summaries will be given to the CDC to help us better understand the issues physicians face related to screening for colorectal cancer. Your participation is voluntary but important.

If you have any questions about this study, you may contact me at CDC (**insert toll free number**), or Michelle Revels, the Study Director, at ICF Macro(**insert toll free number**). If you have questions about this specific fax, or if you wish to be removed from receiving future faxes from ICF Macro's Call Center, please call 1-800-(**insert toll free number**). If you wish to have your fax number removed from the AMA's Physician FAX Database, call 1-800-621-8335.

Completing and returning the survey will indicate your consent to participate in the study. If it would be easier for you to complete this survey via telephone, please call Shelby Cash, a research associate with ICF Macro, at 1-800-**XXX-XXX** or email her ([scash@icfi.com](mailto:scash@icfi.com), **insert toll free number**) to schedule a time that is convenient for you. You may also return the completed survey by fax using the number provided on p. 11 of the survey. We sincerely hope you will choose to participate and help us better understand the attitudes and practices of physicians regarding colorectal cancer screening.

Sincerely,

Amy DeGross, PhD, MPH, Division of Cancer Prevention and Control  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention