

Attachment 5E
Second Survey Mailing Cover Letter

Second Mailing Cover Letter

Insert Date

Name

Title

Address

City, State, Zip

Dear **Insert Name**:

About four 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. At this time, we are sending a second copy of the survey in hope that you will participate in this effort. 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 in the enclosed postage-paid envelope**.

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 12 minutes to complete.

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-**XXX-XXXX**.

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 at scash@icfi.com 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.

Again, thank you for your time!

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