

APPENDIX I-1. INVITATION TO Z-CAN PHYSICIANS TO PARTICIPATE IN INTERVIEW

Form Approved
OMB Number: 0920-XXXX
Expiration Date: XX/XX/XXXX

Dear _____:

Thank you for being a Z-CAN provider! We are conducting a brief in-person interview with 20 to 25 Z-CAN physicians like yourself to hear about your experience with the program and suggestions for improvement. Your participation is completely voluntary, and you do not have to answer any questions you do not want to answer. Your choice to participate in this survey will not impact your participation as a Z-CAN provider. All information collected as part of the interview will be completely private. If at any time you do not want to continue with the interview, you may decline. The interview will take approximately 45-60 minutes to complete. The interview may be conducted in-person at your clinic/office or another location of your choice (e.g., a local restaurant, coffee shop, library, etc.). If you are willing to participate, please confirm your interest and let us know your availability in [XX 2017] by contacting us at [(xxx)xxx-xxxx] or [XX] (email). If you have any questions, please do not hesitate to ask. Your time and involvement is greatly appreciated.

Thank you.