

Attachment 5f. Appointment reminder letters

Three versions of the letters for those who prefer to:

1. complete the online questionnaire before appointment
2. complete the paper questionnaire before appointment
3. complete the questionnaire during appointment



The Milwaukee Angler Project

Date

Dear Click here to enter text.,

Thank you for participating in the Milwaukee Angler Project.

First, please review the consent form included here. You should review the consent form before taking any other step in the study. You will be asked to sign this consent form at your appointment. You will also receive a copy of the consent form for your records at that time. **Before your appointment, please complete the questionnaire at this link:**

Click here to enter text.. By completing this questionnaire prior to your appointment, you are implying your consent to do so. Please take time to answer all of the questions. You may also complete the questionnaire at your appointment if you prefer.

Your appointment is scheduled for **00:00 am/pm, on date** at the . A map of your appointment location is included on the reverse side of this letter.

If you have any questions about your visit, or you need to reschedule, please call SHOW Staff at SHOW Staff phone #. If you have questions about the study itself, please call Brooke Thompson at 608-261-9325.

Thank you again for taking the time to assist us with this study.

Sincerely,

Brook Thompson
Program Manager, Wisconsin Department of Health Services



The Milwaukee Angler Project

Date

Dear [Click here to enter text.](#),

Thank you for participating in the Milwaukee Angler Project.

First, please review the consent form included here. You should review the consent form before taking any other step in the study. You will be asked to sign this consent form at your appointment. You will also receive a copy of the consent form for your records at that time. **Please finish this paper questionnaire** and bring it to your appointment. By completing this questionnaire prior to your appointment, you are implying your consent to do so. Please take time to answer all of the questions. You may also complete the questionnaire at your appointment if you prefer.

Your appointment is scheduled for **00:00 am/pm**, on [Click here to enter a date.](#) at the . A map of your appointment location is included on the reverse side of this letter.

If you have any questions about your visit, or you need to reschedule, please call SHOW Staff at SHOW Staff phone #. If you have questions about the study itself, please call Brooke Thompson at 608-261-9325.

Thank you again for taking the time to assist us with this study.

Sincerely,

Brook Thompson
Program Manager, Wisconsin Department of Health Services



The Milwaukee Angler Project

Date

Dear Click here to enter text.,

Thank you for participating in the Milwaukee Angler Project.

First, please review the consent form included here. You should review the consent form before taking any other step in the study. You will be asked to sign this consent form at your appointment. You will also receive a copy of the consent form for your records at that time. **You indicated that you prefer to complete the questionnaire during your appointment.**

Your appointment is scheduled for **00:00 am/pm**, on **date** at the . A map of your appointment location is included on the reverse side of this letter.

If you have any questions about your visit, or you need to reschedule, please call SHOW Staff at SHOW Staff phone #. If you have questions about the study itself, please call Brooke Thompson at 608-261-9325.

Thank you again for taking the time to assist us with this study.

Sincerely,

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