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Appendix 8a

Model Patient Recruitment Letter

Medical Monitoring Project

[Health Department Logo or Seal]

[Date]

Dear [name of sampled person],

The [health department] has chosen you to take part in a health survey. The [health department name] is working to improve the health of people living in your community and your participation will help us learn more!

The health survey will take about 40 minutes to complete. You can choose to do this confidential survey over the phone or in person. If you decide to take part in the survey, you will receive [amount and type of token of appreciation].

To schedule an appointment, please call [phone number]. If we cannot answer your call, please leave a message with your full name and the best time and number to contact you. We will return your call within two business days.

If we do not hear from you within the next week, we will follow up with a phone call.

Your experiences are important to us. Taking part in this health survey will help us know more about the health of people in [name of city or state]. We look forward to hearing from you!

Sincerely,

[General Division]
[State or City/County Health Department]