

Attachment [B](#)

Cover Letter, Reminder Letter, and Phone Invitation Letter

Initial Letter (mailed with first survey) – Cancer Patient Survey

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]:

We would like your help. Mayo Clinic, American Institutes for Research and [CANCER CENTER NAME if not a Mayo site] are working together to better understand how people with cancer feel about the care they received. We have enclosed a survey that asks about the care you got from [CANCER CENTER NAME]. By answering the questions in the survey, you will give this cancer center information they can use to better meet the needs of their patients.

You have been chosen as part of a scientific sample of people with cancer. You have been chosen at random from a list of patients receiving care from this cancer center and not for any other reason. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. We hope you will take the time to answer these questions.

Of course, what you have to say [will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3\(c\)](#) is private. Your answers will be part of a pool of information from others like you. What you write will be used only by this study. [CANCER CENTER NAME] will not know your individual answers, and they will not know if you answer the survey or not. Your survey will not be returned to your doctor(s). It will be returned to survey researchers at Mayo Clinic. Your answers will be combined with the answers we get from others and reported as a group. **You may choose to fill out this survey or not. Your decision will not affect any care you may get from this cancer center now or in the future.**

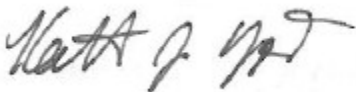
We hope you will take this chance to tell us about your cancer care. Please return the completed survey in the enclosed postage-paid envelope by MONTH/DAY/YEAR. If you prefer not to participate, please return the blank survey in the enclosed envelope. This will alert us to remove you from the mailing list.

If you have any questions, please call [CONTACT NAME] at (XXX) [XXX-XXXX]. Thank you in advance for your help!

Sincerely,



Steven A. Garfinkel Ph.D. Project Director
American Institutes for Research



Kathleen Yost, PhD, Deputy Project Director
Mayo Clinic

SPONSORING ORGANIZATION'S LETTERHEAD

Second Reminder (mailed with second copy of survey) Cancer Patient Survey

DATE

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]:

We recently mailed you letter asking about the care you got from [CANCER CENTER NAME].

We have enclosed another copy of the survey. If you feel this survey does not apply to you, or that it was sent to you by mistake, please call [CONTACT NAME] at (XXX) [XXX-XXXX].

You have been chosen at random from all of the patients receiving care from this cancer center, and not for any other reason. To get accurate results, it is important that you return this survey. We hope you will take the time to fill out the survey and send the completed survey back by **MONTH/DAY/YEAR.**

Of course, what you have to say will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c)is private. Your answers will be part of a pool of information from others like you. What you write will be used only by this study. [CANCER CENTER NAME] will not know your individual answers, and they will not know if you answer the survey or not. Your survey will not be returned to your doctor(s). It will be returned to survey researchers at Mayo Clinic. Your answers will be combined with the answers we get from others and reported as a group. **You may choose to fill out this survey or not. Your decision will not affect any care you may get from this cancer center now or in the future.**

We hope you will take this chance to tell us about your cancer care. Your answers can help this cancer center better meet the needs of its cancer patients.

Thank you in advance for your help!

Sincerely,



Steven A. Garfinkel Ph.D., Project Director
American Institutes for Research



Kathleen Yost, PhD, Deputy Project Director
Mayo Clinic

SPONSORING ORGANIZATION'S LETTERHEAD

Phone Invitation Letter – Cancer Patient Survey

DATE

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]:

Mayo Clinic, American Institutes for Research and [CANCER CENTER NAME if not a Mayo site] are working together to better understand how people with cancer feel about the care they received.

We would like to call you for a telephone survey that asks about the care you got from [CANCER CENTER NAME]. You have been chosen as part of a scientific sample of people with cancer. By answering the telephone survey, you will give this cancer center information they can use to better meet the needs of their patients.

You have been chosen at random from a list of patients receiving care from this cancer center and not for any other reason. Someone from the Mayo Clinic Survey Research Center will call you in about 2 weeks to do the survey. To get accurate results, it is important that you complete the telephone survey.

What you have to say will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c) is private. [CANCER CENTER NAME] will not know your individual answers, and they will not know if you answer the survey or not. Your answers will be combined with the answers we get from others and reported as a group. **You may choose to complete the telephone survey or not. Your decision will not affect any care you may get from this cancer center now or in the future.**

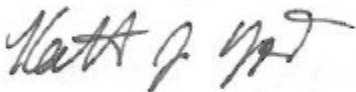
We hope you will take this chance to tell us about your cancer care when we call you. If you prefer not to participate or if you have any questions, please contact [CONTACT NAME] at (XXX) [XXX-XXXX].

Thank you in advance for your help!

Sincerely,



Steven A. Garfinkel Ph.D. Project Director
American Institutes for Research



Kathleen Yost, PhD, Deputy Project Director
Mayo Clinic