

**Attachment B
Clinician Survey – Respondent Materials**

Advance Letter

[Use AHRQ Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

We are contacting you because you have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making. Your participation is very important for making this survey valid, meaningful, and influential.

You will receive a package in the mail soon with the survey materials, including the questionnaire and a postage-paid return envelope. We realize that your time is extremely valuable, so you will receive \$50 in appreciation of your time and effort given to the study. The survey will be conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ.

To help us confirm if you are eligible to participate in this survey, please check the applicable boxes on the postage-paid postcard included with this letter and return as soon as possible.

We hope you will help us with this important study. If you have questions about the purpose of this study, please contact AHRQSTAFFNAME of AHRQ at PHONE.

Sincerely yours,

[AHRQ Signature block]

[AHRQ signatory's name and title]

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Survey Cover Letter, 1st Mailing

[Use AHRQ Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

You have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making. Your participation is very important for making this survey valid, meaningful, and influential.

We invite you to participate in this important survey by filling out the enclosed questionnaire and return it using the postage-paid envelope as soon as possible. The survey will take approximately 20 minutes to complete. We realize that your time is extremely valuable, so we have included \$50 with this package in appreciation for your time and effort given to the study. The survey is being conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ.

Your responses to the survey will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). Battelle will use your name and contact information only for the purpose of conducting this survey and will not publish it in any report, nor will it ever share that information with AHRQ or any other organization.

We hope you will help us with this important study and respond as soon as possible. If you have any questions about how to respond to the survey, please call NAME at Battelle at TOLLFREENUMBER. If you have questions about the purpose of this study, please contact AHRQSTAFFNAME of AHRQ at PHONE.

Sincerely yours,

AHRQ Signature block

[AHRQ signatory's name and title]

Attachment B
Clinician Survey – Respondent Materials

Survey Cover Letter, Follow Up Mailings

[Use AHRQ Letterhead]

DATE

FIRSTNAME LASTNAME

ADDRESS1

ADDRESS2

CITY, STATE ZIP

Dear TITLE LASTNAME:

You have been randomly selected to participate in a survey sponsored by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making. Your participation is very important for making this survey valid, meaningful, and influential.

We invite you to participate in this important survey by filling out the enclosed questionnaire and return it using the postage-paid envelope as soon as possible. The survey will take approximately 20 minutes to complete. The survey is being conducted by Battelle Memorial Institute (Battelle) on behalf of AHRQ. This is a follow-up mailing of the survey package – the initial package sent to you contained a \$50 cash incentive.

Your responses to the survey will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c).. Battelle will use your name and contact information only for the purpose of conducting this survey and will not publish it in any report, nor will it ever share that information with AHRQ or any other organization.

We hope you will help us with this important study and respond as soon as possible. If you have any questions about how to respond to the survey, please call NAME at Battelle at TOLLFREENUMBER. If you have questions about the purpose of this study, please contact AHRQSTAFFNAME of AHRQ at PHONE.

Sincerely yours,

AHRQ Signature block

[AHRQ signatory's name and title]

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Informed Consent Statement

Battelle Memorial Institute (Battelle) is conducting this survey on behalf of the Agency for Healthcare Research and Quality (AHRQ). AHRQ is a federal agency under the US Department of Health and Human Services charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans.

The purpose of the survey is to learn how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

Based on a proprietary list of all U.S. physicians compiled by the American Medical Association, we randomly selected approximately 2500 physicians to participate in this survey. You are being asked to participate in this survey because you were among the physicians selected.

Your participation in the survey is entirely voluntary. You can discontinue participation at any time. You can decline to answer any of the questions on the survey.

Completing the survey will take approximately 20 minutes. If you choose to participate, please fill out the questionnaire as completely and accurately as possible and return to Battelle in the postage-paid envelope provided in the survey packet. You will receive \$50 in appreciation for your time and effort for this survey.

This survey is designed to benefit society by gaining new knowledge that will assist AHRQ's efforts to develop and disseminate information for health care decision-making. You may not benefit personally from being in this research study.

Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). Each survey participant will be assigned a unique identification number and names or any other personally identifying information will not be linked to survey responses. Second, we will not report the names and responses of individual participants to AHRQ or in any report or publication. Additionally, data provided to AHRQ at the completion of the study will not contain the names or any other personally identifying information.

If you have any questions about this study, please contact **BATTELLESTAFFNAME**, at **TELEPHONENUMBER**. If you have any questions about your rights as a study participant, please call Dr. Margaret Pennybacker, chair of Battelle's Institutional Review Board, toll free at **TELEPHONENUMBER**.

By completing and returning the survey questionnaire, you are providing your consent to participate in this study.

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****Reminder****

We recently invited you to participate in a survey of clinicians on behalf of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, on how clinicians use health care information resources to make treatment decisions for their patients. The results of the survey will be used to inform AHRQ's efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

If you have not yet completed and returned the survey using the postage paid envelope, please respond at your earliest convenience. Your response is critical to ensure a representative sample of clinicians across the nation.

If you have already completed and returned the survey, thank you!

If you never received the survey packet in the mail, or have misplaced the packet, and would like to participate in the study, please contact [Battelle Survey Coordinator] at xxx-xxx-xxxx.

Focus Group Interest Response Form

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As a follow-up to this survey, we will be conducting **telephone discussion groups** with clinicians to hear your thoughts about specific health care information resources designed to support medical decision-making and to get your insights on interesting findings from the survey. The results of these discussions will be used to inform AHRQ’s efforts to develop and disseminate unbiased, evidence-based information to patients, doctors, and others involved in health care decision-making.

If you are interested in participating in one of the telephone discussion groups, please fill in the information below and return using the attached postage-paid envelope. We will send you an invitation at a later date to find a time when you can participate. There will be several discussions groups scheduled for different times so that we can fit your busy schedule.

Please indicate if you would like to participate in the telephone discussion groups:

Yes, I would like to participate

No, I would NOT like to participate

If you checked “Yes” above, please provide your preferred mailing address and other contact information so that we can send you an invitation and schedule you for one of the discussion groups.

Preferred Mailing Address:

Name _____

Address 1_____

Address 2_____

City _____ State_____ Zip _____

Preferred telephone numbers (in case we are not able to reach you by mail):

Please check all that apply:

Office (_____) _____ -- _____

Mobile (_____) _____ -- _____

Fax (_____) _____ -- _____

Eligibility Postcard

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If the survey recipient is unable to complete the survey, please check one of the following and drop this postcard in the mail right away. Thank you.

The survey recipient is not able to complete the AHRQ survey because:

The recipient is retired.

The recipient no longer practices at this office.

The recipient is deceased.

The recipient is not at all involved with direct patient care.

Other, please specify: _____

Telephone Prompting Script

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If call is answered by a person:

Hello, this is _____ with Battelle Memorial Institute. May I please speak with Dr. _____ ?

If call is answered by the participant:

Hello, Dr._____. We recently sent you a package in the mail inviting you to participate in a survey sponsored by the U.S. Agency for Healthcare Research and Quality. The package contained the survey questionnaire, a return envelope, and \$50 cash in appreciation of your time and effort given to the study. The purpose of the survey is to learn how health care providers use medical research information to make treatment decisions for their patients.

We have not received your response to the survey yet, and we were hoping you would complete and return the questionnaire at your soonest convenience.

Do you still have the survey packet that we mailed to you?

If Yes: Ok. We know that you are a very busy person, but if you can find the time, please complete the survey and return it to us using the postage paid envelope included in the packet. Thank you, and have a nice day.

If No: Would you like for us to send you another packet so that you can participate in the survey?

If No: Okay. Thank you for your time. Have a good day.

If Yes, confirm mailing address on record or obtain preferred mailing address.

Current mailing address on record:

CORRECT INFORMATION

FIRSTNAME LASTNAME

Name _____

ADDRESS1

Address 1_____

ADDRESS2

Address 2_____

CITY, STATE ZIP

City _____ State _____ Zip _____

If call is answered by someone other than participant:

We are calling to remind Dr. _____ about a survey that we are conducting on behalf of the U.S. Agency for Healthcare Research and Quality. Is there a good time to call when we might be able to speak to Dr. _____?

Record time. *Okay. Thank you and have a nice day.*

If call goes to voice-mail/answering machine:

Hello, Dr. _____. This is _____ with Battelle Memorial Institute. We recently sent you a packet in the mail inviting you to participate in a survey sponsored by the U.S. Agency for Healthcare Research and Quality. The package contained the survey questionnaire, a return envelope, and \$50 cash in appreciation of your time and effort given to the study. The purpose of the survey is to learn how health care providers use medical research information to make treatment decisions for their patients.

We have not received your response to the survey yet, and we were hoping you would complete and return the questionnaire at your soonest convenience. If you have any questions or would like to receive another survey packet, please call SURVEY COORIDNATOR at TOLLFREENUMBER.

If you have already completed and returned the survey, thank you!

Have a nice day.

[End Message]