

Lung Screening Study
Sample Cover Letter (Health Assessment Questionnaire)

[DATE]

[PARTICIPANT NAME AND ADDRESS]

Dear Participant,

On **[date of screening exam]**, you received a **[screening exam]** as part of the Lung Screening Study. We thank you for your participation. We would like to receive some additional information regarding the health care that you received since your Lung Screening Study **[screening exam]** exam. Enclosed is a questionnaire that we are asking you to complete.

The questionnaire is very brief and will take about five minutes to fill out. Instructions for completing the questionnaire can be found on the form itself. We would appreciate it if you would complete the questionnaire and return it in the enclosed postage-paid envelope as soon as possible, preferably within the next week. If you are unable to complete the questionnaire, please contact the study office.

Please be assured that all information you provide will be kept strictly confidential. Your name or other identifying information will not appear on any study report – all results from the Lung Screening Study will be reported as statistical summaries only.

Do not hesitate to call the study office at **[phone number]** if you have any questions or concerns about the questionnaire or any aspect of the Lung Screening Study. Your participation represents a valuable contribution to medical research, and we thank you again for your cooperation.

Sincerely yours,

[NAME OF SC PI OR COORDINATOR]
[TITLE]