



Sleep Cohort Study
University of Wisconsin-Madison
502 N. Walnut St. Madison, Wisconsin 53705-2368

Dear Volunteer,

Thank you for your participation in our Sleep Cohort Study. We realize how inconvenient it is to spend a night away from home and sincerely appreciate your time and involvement in this research.

As soon as the results of your overnight sleep study are tabulated and reviewed we will send you a summary, including the lab results if you provided a blood sample. If you would also like a copy sent to your doctor, please fill out the enclosed form providing the full name and address where you would like it sent.

Also, we would very much appreciate any comments you have about the study. Another form is enclosed for you to express what you liked or disliked, and any suggestions on how we may make our volunteers more comfortable.

The information requested on these forms is strictly voluntary. A self-addressed stamped envelope is provided to return the form(s) you choose to complete.

Once again, thanks for continuing to be a part of our Sleep Cohort Study.

Sincerely,

Terry Young, Ph.D.
Principal Investigator
Sleep Cohort Study