

Email Invitation

Date: TBD – Week 1

From: TBD

Subject: Invitation to Participate: DoD Women's Reproductive Health Care Provider Survey (WRHCPS)

Plain text email

Unsubscribe link: No

OMB Survey # Expires XX/XX/XXXX

Dear {SALUTE} {FIRST NAME} {LAST NAME}:

The DoD Women's Reproductive Health Care Provider Survey (WRHCPS) is the first time that DoD has sponsored a department-wide survey specific to health care professionals who provide reproductive health care to active duty service women (ADSW). Though it will not cover every area that is relevant to the health care you provide to ADSW, it will focus on a few key areas of interest to the study's sponsor, the Defense Health Agency (DHA). Sharing your experiences as a health care provider will help ensure that ADSW have access to the care they need to be part of a fit, ready fighting force. Your participation in this exciting study will make a difference!

- The survey is **voluntary** and **confidential**. We will not give any identifiable information about you or your survey answers to the DoD, the Services, your chain of command, or anyone else.
- It should take you **20 minutes** to complete.
- As a token of appreciation, upon completion, you will receive a code for a **\$40 Visa e-gift card**. Due to DoD regulations, we can only provide the gift card to individuals who complete the survey outside of duty hours. If the survey has met the completion target for providers of your same type, you will not be eligible for participation or compensation. This information will be available to you after logging into the survey.

To take the survey, please copy and paste the address below into your web browser:

[\[INSERT UNIQUE WEB ADDRESS WITH EMBEDDED CODE\]](#)

If you are having difficulty reaching the website, you can go to the survey website and manually enter your unique ID code.

[\[survey website link\]](#)

Unique ID Code: [\[insert unique ID\]](#)

Computer or technical questions? Please contact the [\[survey vendor\]](#) help line toll free at 1-[XXX-XXX-XXXX](#) or email [support@XXX.com](#)

For more information, visit [\[survey website\]](#).

We greatly appreciate your support in this important effort.

Sincerely,

Sarah O. Meadows, PhD, RAND Project Co-Leader

Rebecca L. Collins, PhD, RAND Project Co-Leader

Email Reminder 1 and 3

Date: TBD – Week 2 and TBD – Week 6

From: TBD

Subject: Why should you participate in the Women's Reproductive Health Care Provider Survey?

Plain text email

Unsubscribe link: Yes

OMB Survey # Expires XX/XX/XXXX

Dear {SALUTE} {FIRST NAME} {LAST NAME}:

The Department of Defense is currently assessing issues related to service women's reproductive health and well-being. We are asking health care providers to participate in the DoD Women's Reproductive Health Care Provider Survey (WRHCPS). By participating in this survey, you will give DoD the information it needs to better support the health and readiness of active-duty service women.

You are receiving this message because our records indicate that you have not yet completed the confidential web survey. If you have recently completed the web survey, thank you for your time and support!

To complete the survey, please visit the secure website listed below by copying and pasting the address into your web browser:

[\[INSERT UNIQUE WEB ADDRESS WITH EMBEDDED CODE\]](#)

If you are having difficulty reaching the website, you can go to the survey website and manually enter your unique ID code.

[\[survey website link\]](#)

Unique ID Code: [insert unique ID]

As a token of appreciation, upon completion, you will receive a code for a \$40 Visa e-gift card. Due to DoD regulations, we can only provide the gift card to individuals who complete the survey outside of duty hours. If the survey has met the completion target for providers of your same type, you will not be eligible for participation or compensation. This information will be available to you after logging into the survey.

Computer or technical questions? Please contact the [\[survey vendor\]](#) Help Desk toll free at [1-XXX-XXX-XXXX](#) or email [support@XXX.com](#)

The survey is confidential. We will not give any identifiable information about you or your survey answers to DoD, the Services, your chain of command, or anyone else. Participation is voluntary.

For more information, visit the WRHCPS website at [\[survey website\]](#).

We greatly appreciate your cooperation in this important effort.

Sincerely,

Sarah O. Meadows, PhD, RAND Project Co-Leader

Rebecca L. Collins, PhD, RAND Project Co-Leader

To request to be removed from the survey contact list for the WRHCPS, please visit [\[link w/embedded ID\]](#)

Email Reminder 2 and 4

Date: TBD – Week 3 and TBD – Week 8

From: TBD

Subject: Reminder: Please complete the Women's Reproductive Health Care Provider Survey (WRHCPS)

Plain text email

Unsubscribe link: Yes

OMB Survey # Expires XX/XX/XXXX

Dear {SALUTE} {FIRST NAME} {LAST NAME}:

The DoD Women's Reproductive Health Care Provider Survey (WRHCPS) is the first time that the DoD has sponsored a department-wide survey specific to health care professionals who provide reproductive health care to active duty service women (ADSW). Results will be used to help DoD ensure that ADSW receive the care they need to be ready to serve.

You are receiving this message because our records indicate that you have not yet completed the confidential web survey. If you have recently completed the web survey, thank you for your time and support!

- The survey is **voluntary** and **confidential**. We will not give any identifiable information about you or your survey answers to the DoD, the Services, your chain of command, or anyone else.
- It should take you **20 minutes** to complete.
- As a token of appreciation, upon completion, you will receive a code for a **\$40 Visa e-gift card**. Due to DoD regulations, we can only provide the gift card to individuals who complete the survey outside of duty hours. If the survey has met the completion target for providers of your same type, you will not be eligible for participation or compensation. This information will be available to you after logging into the survey.

To complete the survey, please visit the secure website listed below by copying and pasting the address into your web browser:

[\[INSERT UNIQUE WEB ADDRESS WITH EMBEDDED CODE\]](#)

If you are having difficulty reaching the website, you can go to the survey website and manually enter your unique ID code.

[\[survey website link\]](#)

Unique ID Code: [insert unique ID]

Computer or technical questions? Please contact the [\[survey vendor\]](#) Help Desk toll free at [1-XXX-XXX-XXXX](#) or email support@XXX.com

For more information, visit the WRHCPS website at [\[survey website\]](#).

We greatly appreciate your cooperation in this important effort.

Sincerely,

Sarah O. Meadows, PhD, RAND Project Co-Leader

Rebecca L. Collins, PhD, RAND Project Co-Leader

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Email Reminder 5 (last reminder)

Date: TBD – Week 11

From: TBD

Subject: Be heard! Last chance to contribute your voice to the DoD Women's Reproductive Health Care Provider Survey (WRHCPS)!

Plain text email

Unsubscribe link: Yes

OMB Survey # Expires XX/XX/XXXX

Dear {SALUTE} {FIRST NAME} {LAST NAME}:

Your participation, and the results of the DoD Women's Reproductive Health Care Provider Survey (WRHCPS), are so important to policymakers that we are sending you one final reminder to participate. The last day to contribute your voice and share your experiences will be Month XX, YEAR. Participation is voluntary.

We urge you to fill out the confidential survey before Month XX, Year. If you have recently completed the web survey, thank you for your time!

As a token of appreciation, upon completion, you will receive a code for a \$40 Visa e-gift card. Due to DoD regulations, we can only provide the gift card to individuals who complete the survey outside of duty hours. If the survey has met the completion target for providers of your same type, you will not be eligible for participation or compensation. This information will be available to you after logging into the survey.

To complete the survey now, please visit the secure website by copying and pasting this address into your web browser:

[INSERT UNIQUE WEB ADDRESS WITH EMBEDDED CODE]

If you are having difficulty reaching the website, you can go to the survey website and manually enter your unique ID code.

[\[survey website link\]](#)

Unique ID Code: [insert unique ID]

Computer or technical questions? Please contact [survey vendor] toll free at 1-XXX-XXX-XXXX or email support@XXX.com

To learn more about the study, why your participation is so important, and the safeguards taken to protect the confidentiality of your responses, see [survey website].

We greatly appreciate your cooperation in this important effort.

Sincerely,

Sarah O. Meadows, PhD, RAND Project Co-Leader

Rebecca L. Collins, PhD, RAND Project Co-Leader

To request to be removed from the survey contact list for the WRHCPS, please visit [\[link w/embedded ID\]](#)