

[EMAIL INVITATION]

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [DOCTOR'S NAME] in the last 12 months, and we would like you to tell us about that visit and about your use of Internet and email to communicate with your doctor's office. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief questionnaire is part of a research study. It should only take about 20 minutes or less of your time.

The information that you provide will be kept private and confidential to the extent permitted by law. Your individual answers will never be seen by your doctor or anyone else involved with your care. This survey is being conducted by the University of Massachusetts' Center for Survey Research, Yale University, and RAND Corporation in partnership with [PROVIDER ORGANIZATION]. They will combine your answers with information from other people who complete the survey to create a summary report that tells us about our patients' experiences with our doctors and medical offices, and helps us improve the kinds of questions we ask patients in the future.

We hope you will take this chance to tell us about your experiences with health care. To take the survey you can click on this website link, <https://www.xxxxx.org/>, or paste it in your browser. You will be asked to enter the following personal code to start the survey: XXXXX. Please complete the survey by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. If you choose not to participate this will not affect the health care you get from this doctor. If you would like your name removed from the survey list, please email xxx@xxxx.org.

If you have any questions about this survey, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[EMAIL INVITATION –INCENTIVE EXPERIMENT]

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [DOCTOR’S NAME] in the last 12 months, and we would like you to tell us about that visit and about your use of Internet and email to communicate with your doctor’s office. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief questionnaire is part of a research study. It should only take about 20 minutes or less of your time. As a token of our thanks, we will send you a \$5 gift certificate for completing the survey.

The information that you provide will be kept private and confidential to the extent permitted by law. Your individual answers will never be seen by your doctor or anyone else involved with your care. This survey is being conducted by the University of Massachusetts’ Center for Survey Research, Yale University, and RAND Corporation in partnership with [PROVIDER ORGANIZATION]. They will combine your answers with information from other people who complete the survey to create a summary report that tells us about our patients’ experiences with our doctors and medical offices, and helps us improve the kinds of questions we ask patients in the future.

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If you have any questions about this survey, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [PROVIDER ORGANIZATION] better for everyone!

Sincerely,

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[EMAIL REMINDER]

Hello!

Recently we sent you an email asking you to complete an Internet questionnaire about your experiences with your doctor, and your use of Internet and email to communicate with your doctor's office. It should take only a few minutes to complete and your answers will help us improve the health care you get from **[NAME OF PROVIDER ORGANIZATION]**. To take the survey you can click on this website link, <https://www.xxxxx.org/>, or paste it in your browser. You will be asked to enter the following personal code to start the survey: XXXXX. Please complete the survey by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive.

If you have questions or are having problems doing the survey please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free.

THANK YOU!

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[EMAIL REMINDER INCENTIVE EXPERIMENT]

Hello!

Recently we sent you an email asking you to complete an Internet questionnaire about your experiences with your doctor, and your use of Internet and email to communicate with your doctor's office. It should take only a few minutes to complete and your answers will help us improve the health care you get from **[NAME OF PROVIDER ORGANIZATION]**. As a token of our thanks, we will send you a \$5 gift certificate for completing the survey. To take the survey you can click on this website link, <https://www.xxxxx.org/>, or paste it in your browser. You will be asked to enter the following personal code to start the survey: XXXXX. Please complete the survey by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive.

If you have questions or are having problems doing the survey please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free.

THANK YOU!

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[LETTER INVITATION (US MAIL) & PACKET – IF NO RESPONSE TO EMAIL REQUEST]

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

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [DOCTOR'S NAME] in the last 12 months, and we would like you to tell us about that visit and about your use of Internet and email to communicate with your doctor's office. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief questionnaire should be part of a research study. It should only take about 20 minutes or less of your time.

The information that you provide will be kept private and confidential to the extent permitted by law. Your individual answers will never be seen by your doctor or anyone else involved with your care. This survey is being conducted by the University of Massachusetts' Center for Survey Research, Yale University, and RAND Corporation. They will combine your answers with information from other people who complete the survey to create a summary report that tells us about our patients' experiences with our doctors and medical offices, and helps us to improve the kinds of questions we ask patients in the future.

We hope you will take this chance to tell us about your experiences with health care. Please return the completed survey in the enclosed postage-paid envelope by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. If you choose not to participate this will not affect the health care you get from this doctor. If you would like your name removed from the mailing list, please return the blank survey in the enclosed envelope.

If you have any questions about this survey, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at **[NAME OF PROVIDER ORGANIZATION]** better for everyone!

Sincerely,

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[LETTER INVITATION (US MAIL) & PACKET – IF NO RESPONSE TO EMAIL
REQUEST INCENTIVE EXPERIMENT]

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

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [DOCTOR'S NAME] in the last 12 months, and we would like you to tell us about that visit and about your use of Internet and email to communicate with your doctor's office. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal. This brief questionnaire should be part of a research study. It should only take about 20 minutes or less of your time. As a token of our thanks, we will send you a \$5 gift certificate for completing the survey.

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We hope you will take this chance to tell us about your experiences with health care. Please return the completed survey in the enclosed postage-paid envelope by [MONTH/DAY/YEAR]. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. If you choose not to participate this will not affect the health care you get from this doctor. If you would like your name removed from the mailing list, please return the blank survey in the enclosed envelope.

If you have any questions about this survey, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at **[NAME OF PROVIDER ORGANIZATION]** better for everyone!

Sincerely,

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[POSTCARD REMINDER]

Hello!

Recently we sent you a questionnaire asking about your experiences with your doctor and your use of Internet and email to communicate with your doctor's office. It should take only a few minutes to complete and your answers will help us improve the health care you get from **[NAME OF PROVIDER ORGANIZATION]**.

When you have completed the questionnaire, please mail it back in the postage-paid envelope that came with it. If you have already sent back a completed questionnaire, thank you!

If you did not get the questionnaire or have lost it, please email xxx@xxxx.org or call [CONTACT NAME] toll-free at (XXX) [XXX-XXXX], and we'll send you another. You can also call that number if you have any questions.

THANK YOU!

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[US MAIL REMINDER WITH NEW SURVEY PACKET]

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

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Recently, we sent you a questionnaire asking about your experiences with [NAME OF DOCTOR] and about your use of Internet and email to communicate with your doctor's office. If you have already responded, we thank you for your feedback. If you have not had time to respond or you have lost the questionnaire, please take a few minutes to complete the enclosed questionnaire now. By answering the questions, you will help us to improve the quality of care we provide our patients, and help us to improve the kinds of questions we ask patients in the future. The questionnaire is part of a research study. It should take only 20 minutes to answer these questions.

The information that you provide will be kept private and confidential to the extent permitted by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

We hope you will take this chance to tell us about your experiences with health care. You may choose to participate or not, but the more people who respond, the greater our ability to improve the quality of care you receive. If you choose not to participate this will not affect the health care you get from this doctor.

If you have any questions about this survey, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are toll free. Thank you for helping to make health care at **[NAME OF PROVIDER ORGANIZATION]** better for everyone!

Sincerely,
[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[TELEPHONE SURVEY – ADVANCE LETTER]

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

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

We at [NAME OF PROVIDER ORGANIZATION] need your help. Our records indicate that you have visited [DOCTOR'S NAME] in the last 12 months, and we would like you to tell us about that visit and about your use of Internet and email to communicate with your doctor's office. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal.

Someone from [DATA COLLECTION ORGANIZATION] will call you soon to ask you to take part in a research study that involves a telephone interview. The interviewer will ask questions about the care you got from [NAME OF DOCTOR]. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. The interview will take only 20 minutes. We hope you will take the time to answer our questions. By answering the questions, you will help us to improve the quality of care we provide our patients, and you will help us to improve the kinds of questions we ask patients in the future.

Of course, what you have to say is private. The information you provide will be aggregated with information from other respondents and kept confidential to the extent permitted by law. **You may choose to do the telephone interview or not. If you choose not to, this will not affect the health care you get from this doctor.**

We hope you will take this chance to talk to us about your health care. If you have any questions, please email xxx@xxxx.org or call [CONTACT NAME] at (XXX) [XXX-XXXX]. You can also call this number to ask to be removed from the list. All calls to this number are free. Thanks in advance for your help!

Sincerely,

[NAME & TITLE OF PERSON REPRESENTING PROVIDER ORGANIZATION]

[Telephone Script]

Hello, this is {INTERVIEWER NAME} calling from {DATA COLLECTION CONTRACTOR} on behalf of Yale University and RAND Corporation. May I please speak to {SAMPLE MEMBER'S NAME}?

[IF SPEAKING WITH SAMPLE MEMBER, GO TO INTRO1.]

[IF SAMPLE MEMBER IS NOT AVAILABLE, GO TO INTRO2.]

INTRO1. {DATA COLLECTION CONTRACTOR} is conducting a study for Yale University and RAND Corporation to learn about your experiences with {NAME OF DOCTOR} and about your use of Internet and email to communicate with your doctor's office. The results of this study will be used to help {PROVIDER ORGANIZATION} improve the quality of care and services it provides to people like you, and to improve the kinds of questions we ask patients in the future.

[GO TO CONSENT STATEMENT BELOW]

INTRO2. [SCHEDULE TIME TO CALL BACK:]

Can you tell me a convenient time to call back to speak with (him/her)?

[RECORD CALLBACK TIME ON CALL RECORD [IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).]

[CONSENT STATEMENTS]

We recently sent you a package of material about this research study, but just in case you didn't receive it, let me tell you a little about the study before we continue. We have randomly selected you and other people to represent all the people who get health care from {PROVIDER ORGANIZATION}. Your answers are very important to our study.

You may choose to do this interview or not – it is entirely optional. Whether you decide to be interviewed or not, the health care you receive will not be affected. If you do choose to participate, your responses will be kept confidential to the extent permitted by law. Your answers will never be matched with your name. Your individual answers will never be seen by your doctor or anyone else involved with your care. The questions should take about 20 minutes to answer.

I will ask about the health care you receive from {NAME OF DOCTOR} and how you feel about {NAME OF DOCTOR}. I will also ask you about your use of Internet and email to communicate with your doctor's office. Other people who get care from {PROVIDER ORGANIZATION} will be asked the same questions. {PROVIDER ORGANIZATION} will use this information to learn how well they have been doing in serving their patients, and how they can improve their care and services.

I'd like to begin the interview now, but before we begin, do you have any questions about the survey? Also, if you wish to talk to someone else about this survey feel free to call [CONTACT NAME] at (XXX) [XXX-XXXX].

[ANSWER ANY QUESTIONS, THEN GO TO QUESTION 1.]

[IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALL BACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.]