*NOTE TO REVIEWER: The consumer access portal has been implemented in 5 states. The portal has a different name in each state. The text that appears in brackets [ ] will be programmed according to the state of residence of the individual.*

Dear [RESPONDENT NAME]:

You recently received an email invitation to participate in a survey about your experience with [PROGRAM NAME], which provides online access to immunization records for yourself or a family member(s). Audacious Inquiry in collaboration with the Centers for Disease Control and Prevention is conducting this brief survey of individuals who have registered for [PROGRAM NAME] to learn more about their experience with using the system. Responses to this survey will help us evaluate and improve [PROGRAM NAME]. The survey should take approximately 10 minutes to complete. Your participation is completely voluntary, and your responses will be kept secure. No personally-identifying information will be collected and your responses will be anonymous.

If you agree to participate in this survey, please click on the following link to complete the survey: [SURVEY WEB LINK]. Please remember to click the “submit” button at the end of the survey to ensure that you will not receive further reminders about this survey.

If you have questions or concerns about this survey, please contact [CONTACT NAME].

Thank you for your participation!

Sincerely,

Shannon Stokley, MPH

Associate Director for Science

Immunization Services Division

Centers for Disease Control and Prevention