

## E-mail Invitation to Complete the Online Survey

**Subject Line: *Special Request from NICHD***

Dear \_\_\_\_\_ :

The Public Communications Branch of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health is conducting a customer satisfaction survey of our Nurses' Continuing Education Program on Sudden Infant Death Syndrome (SIDS) Risk Reduction to assess nurses' satisfaction with the program and their satisfaction with using the program materials and information in health care delivery settings. To assist in this endeavor, NICHD has contracted with First Candle.

Your participation should take no more than 15 minutes, is voluntary, and will involve completing the web-based questionnaire by a specific date. Survey data from all respondents will be aggregated and presented in summary form. Individual responses will be kept secure as permitted by law.

Within the week, you will receive an e-mail invitation from [ \_\_\_\_\_ ] with a link to the web-based survey.

If you have any questions about our efforts please feel free to contact me. On behalf of NICHD, thank you for your consideration of this request to provide valuable input.

Sincerely,

## Follow-up E-mail to Complete Survey

**Subject Line: *Special Request from NICHD***

Dear [last name]:

Recently, you were invited to complete a brief Web-based survey from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). This survey was sent to nurses who completed the Nurses' Continuing Education Program on Sudden Infant Death Syndrome (SIDS) Risk Reduction between 2014-2015.

Completing the survey should take no more than 15 minutes, is voluntary, and will involve completing the Web-based questionnaire within 2 weeks. Please access the online survey by clicking the following URL address:

[SURVEY URL LINK].

**PASSWORD:** As mentioned on the first page of the questionnaire, the survey is password protected. Please enter the password [password] in the password box and click "next" to begin the survey.

Please complete the survey by [specify date].

Please feel free to contact me at [phone number] or [email address] if you have questions regarding the survey.

If you have any technical questions and/or have difficulty accessing the survey, please contact [ name ] by e-mail at [ ] or by telephone at 1-800-xxxx.

On behalf of the NICHD, thank you for your consideration of this request.

[ Name ]

[ Title ]

[ Organization ]