

APPENDIX P-1. THANK YOU MESSAGE AND PRE-NOTIFICATION ABOUT INVITATION TO Z-CAN PATIENTS TO PARTICIPATE IN ONLINE 6- AND 12-MONTH SURVEYS

Thank you sent approximately two months after completion of the 2-week survey

Form Approved
OMB Number: 0920-XXXX
Expiration Date: XX/XX/XXXX

Thank you for recently responding to the patient satisfaction survey!

Good news! You have been selected to participate in two additional patient satisfaction surveys. You will receive a link to a survey in about 3-4 months and a link to another in about 9-10 months. You will receive a reminder about 1 week before each survey. As before, your participation is completely voluntary and your survey responses will not be linked to your name or other information that could identify you. The survey will take approximately 10 minutes.

If you chose to participate, you will receive a \$5 gift card after completing the each survey.

If you have any questions about these surveys or if your email or phone number has changed, please contact XX. Thank you for helping us improve health services for women in Puerto Rico!

Reminder sent approximately 1-2 weeks before invitation to participate in the 6- and 12-month surveys

Form Approved
OMB Number: 0920-XXXX
Expiration Date: XX/XX/XXXX

Your opinions about our program are important to us! In about one week, you will receive a link to complete a patient satisfaction survey. Your participation is completely voluntary and your survey responses will not be linked to your name or other information that could identify you. The survey will take approximately 10 minutes.

If you chose to participate, you will receive a \$5 gift card after completing the survey. Thank you and we look forward to hearing from you!

If you have any questions about this survey, or if your email or phone number has changed, please contact XX.