

## APPENDIX P-3. INVITATION TO Z-CAN PATIENTS TO PARTICIPATE IN ONLINE 6- AND 12-MONTH SURVEYS

### ***Invitation to participate in the 6- and 12-month surveys***

Form Approved OMB Number: 0920-XXXX Expiration Date: XX/XX/XXXX
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We are conducting a patient satisfaction survey related to your clinic visit in the past year. Your opinions are very important to us and will be used to improve services for women in Puerto Rico. The survey will take approximately 10 minutes. Your participation is completely voluntary and your survey responses will not be linked to your name or other information that could identify you.

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

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

Please click the link below to learn more about the survey and begin.

[Link]