

Attachment #5

MODEL FINAL SURVEY REMINDER

Dear Syringe Service Providers,

We understand you are very busy and wanted to provide you one last opportunity to participate in the Dave Purchase Memorial Survey. If you DO NOT want to complete the survey, please consider taking a quick moment to answer *one question* about why you were not able to participate in the survey so that we can improve future surveys [click here].

There are still a couple of ways for you to complete this survey:

- Option 1: You can enter responses to survey questions via a secure, web-based application. The survey link is provided here: [link to survey]. *You may save your responses and return to the survey later if you are unable to complete it all at one time.*
- Option 2: You can provide responses to survey questions over the phone or videoconferencing, using a scheduling link provided here [link to scheduling system] to coordinate date and time with an interviewer.

A Word copy of the survey is also attached [here] for your review and convenience.

After the completion of the survey, you will receive \$125 for participating in the survey. Please click here for further instructions on how to receive this [].

Please note that your program name or locations will not be reported in any way, and they will only be used to inform internal analyses. In addition, at the end of the survey, you will be given an opportunity to indicate whether or not you want to share your data with public health partners and academic institutions beyond the ones listed. If you have questions about this information or the survey, please call or email at [name, phone number and email address].

Thank you for your incredibly important work and for participating in the survey. Your contribution will ensure high-quality program data at the national level to improve resources for syringe services programs.

Sincerely,

[Survey Team]

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