

Women's Reproductive Health Care Provider Survey (WRHCPS) Consent and Close Screens
(As of 18 April 2023)

OMB # XX-XX-XXX
Expires: XX/XX/XXXX

Welcome to the Women's Reproductive Health Care Provider Survey (WRHCPS)

The WRHCPS is the first time the Department of Defense (DoD) has surveyed Military Health System (MHS) providers about their experiences with provision of women's reproductive health care. The results from this survey, along with those from a recent DoD survey of active-duty service women's (ADSW) reproductive health, will be used in scientific research to help DoD to improve the health and readiness of female service members.

Please read the Privacy Advisory and informed consent statement that follows. Click the Frequently Asked Questions (FAQs) button at the bottom of this page if you would like more details about the study.

Before we begin, keep in mind that:

- We recommend you take the survey in a setting where others will not be able to see your responses.
- If you need to stop before you finish, you may use the weblink and your unique identification code to restart the survey at the question where you stopped when it is convenient for you.
- You may skip any question(s) for any reason. Your participation is completely voluntary.

PRIVACY ADVISORY

This survey is **confidential**. Only RAND and our survey partner, [TBD], will know who participated in the study or who did not. Study staff have been trained to protect your individual survey responses and are subject to civil penalties for violating your confidentiality.

The Defense Manpower Data Center (DMDC) has provided limited information about you (e.g., name, MOS, contact information) to allow the RAND Corporation to conduct this survey. To reduce the length of the survey, RAND has also received demographic information about you such as your service branch, pay grade, age, and education level from DMDC and will link it to your survey responses. The data that RAND provides to DoD from the survey will be a reduced set of responses, designed so that you cannot be identified from the data you provide. DoD has agreed to these conditions to protect your privacy.

INFORMED CONSENT STATEMENT

Introduction: You are being asked to complete a confidential, voluntary DoD-approved survey.

Survey Contractors: DoD has contracted with the RAND Corporation to design and analyze the Women's Reproductive Health Care Provider Survey (WRHCPS). RAND is a private, nonprofit, nonpartisan research organization. [TBD] another research organization, is collecting the survey data for RAND.

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Purpose: The purpose of this survey is to assess Military Health System (MHS) providers' knowledge and experiences with respect to active-duty service women's (ADSW) reproductive health. The results will be used in scientific research to help DoD to improve the health and readiness of female service members.

Selection: A random sample of MHS providers who could potentially provide service women's reproductive health care in the Air Force, Army, and Navy, have been invited to participate in this survey. Note that these providers also provide care to ADSW in the Marine Corps and Space Force. Flag officers (i.e., Admirals and Generals) were excluded from the sample.

Length: The survey will take approximately 20 minutes to complete.

Voluntary Participation: Your participation in this survey is voluntary. You may skip questions you do not wish to answer and can stop participating at any point.

Confidentiality: The survey is confidential. We will not tell DoD, the Services, or your command who did and did not complete the survey. Identifying information (e.g., names, military IDs) will not be linked to survey data. Information you provide will be combined with that from other providers to prepare statistical reports. At no time will your individual identifiable survey data be given to anyone outside the study team. We will provide the DoD sponsor with a deidentified data set at the completion of the study.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you.

Risks of Participation: Some of the questions asked are sensitive in nature. The survey asks about the provision of care that may be at odds with your own personal beliefs. You may feel discomfort or distress in answering one or more of these items. Therefore, we encourage you to take the survey in private, where others will not see your computer screen.

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QUESTIONS CONTACT SCREEN

Who do you contact if you have questions or concerns about the survey?

- **Questions about computer, technical, or survey problems:** Contact the [TBD] Helpdesk's toll-free number at 1-XXX-XXX-XXXX or by email at XXX@XXX
- **Questions about the overall study or RAND:** Contact the RAND study team by email at XXX@rand.org.
- **Questions about your rights as a participant in this study:** Contact the RAND Human Subjects Protection Committee at 1-866-697-5620 or by emailing hspcinfo@rand.org. If possible, reference the study ID #2022-N0393.
- **Questions about the licensing of the survey:** Information about DoD surveys can be found at <https://www.esd.whs.mil/Directives/collections/overview/>; this survey's OMB# is XX-XX-XXXX and expiration date is XX/XX/XXXX.

(FREQUENTLY ASKED QUESTIONS) *([hyperlink](#))*

You can print a copy of this Informed Consent Statement by clicking the following button:

INFORMED CONSENT *([hyperlink](#))*

Click the Next button if you agree to participate in the survey.

NEXT *([hyperlink](#))*

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PROVIDER QUOTA FILLED SCREEN

Thank you for your interest in the Women's Reproductive Health Care Provider Survey (WRHCPS)! The survey has reached its target in terms of respondents who share your provider type, and your participation is no longer needed.

If you have any questions about the overall study, please contact the RAND study team by email at XXX@rand.org.

**Women's Reproductive Health Care Provider Survey (WRHCPS) Consent and Close
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CLOSING SCREEN**

You have finished the Women's Reproductive Health Care Provider Survey (WRHCPS)!
Thank you for taking the time to complete this important survey. Your participation, and your Service to our country, is greatly appreciated.

Due to DoD regulations, in order to receive compensation for completing the survey, you must have completed the survey outside of duty hours. Please confirm that you completed this survey outside of duty hours by clicking **here** [\[link to email confirmation screen\]](#).

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EMAIL CONFIRMATION SCREEN

In order to receive your \$40 VISA e-gift card for completing the survey, please review the email below. If this is the same email address you would like to receive your e-gift card, please confirm.

[Insert email here.]

[Check box] Yes, this is the email at which I want to receive my e-gif card.

[Check box] No, this is not the email I want to receive my e-gift card.

[If No box is checked] Please type in the email you wish to use for your e-gift card.

[Insert open text box 1.]

Please repeat the email.

[Insert open text box 2]