

Sample Notification Letters and Emails for the CAHPS® Child Hospital Survey

This document contains sample letters, emails, and reminder postcards in both English and Spanish that you can customize to suit your CAHPS Child Hospital Survey (Child HCAHPS). These letters and emails have been adapted from actual materials used by CAHPS field test organizations. Sponsors and vendors are urged to use these letters and/or emails, as they are a critical part of the survey protocol. In addition, the instructions provided in this document offer helpful tips for achieving target response rates.

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Documents Available for the CAHPS Child Hospital Survey

This document is part of a set of instructional materials that address implementing the Child Hospital Survey, analyzing the data, and reporting the results. All documents are available on the [Agency for Healthcare Research and Quality's Web site](#). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to *What's Available for the Child Hospital Survey*.

Available for the Child Hospital Survey:

Questionnaires

- *CAHPS Child Hospital Survey: Overview of the Questionnaire*
- *CAHPS Child Hospital Survey 1.0* (English and Spanish)

Survey Administration Guidelines

- *Fielding the CAHPS Child Hospital Survey*
- *Sample Notification Letters and Emails for the CAHPS Child Hospital Survey*
- *Sample Telephone Script for the CAHPS Child Hospital Survey*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Child Hospital Survey*

Available for all CAHPS surveys:

- [Analyzing CAHPS Survey Data](#): Free programs for analyzing the data, guidance on preparing survey results for analysis, and instructions for using the CAHPS Analysis Program.
- [Translating Surveys and Other Materials](#): Guidelines for translating surveys and selecting translators and translation reviewers.

Instructions for Customizing English Letters and Emails

The sample letters, postcards, and emails that follow have been provided to help you draft your own material. The following tips can help you customize the text to suit your particular needs:

1. If possible, **personalize the letter and/or email**. Whether you use a salutation with a Mr./Ms. or “first name, last name” depends on how the sample files have been maintained. A few survey sponsors have opted to address the respondent as “Dear Parent or Guardian of *[name of child]*.”
2. If you have an institutional review board (IRB) that reviews research involving human subjects, **customize the privacy statement as appropriate** to meet the requirements of the IRB. Some sponsors have revised the second paragraph to read as follows:

“The information that you provide will be kept **completely private and confidential** and your answers will never be matched with your name or your child’s name. Your individual answers will never be seen by your hospital or anyone else involved with your care. *We will not share your information with anyone without your OK, except where the law may require it.*”
3. **Include a sentence or two on how the results will be used.** This provides the respondent with a concrete reason for participating in the survey.
4. Depending on your schedule and when you expect to send out the survey, **indicate the date by which the respondent should return the survey** (for mail surveys) **or fill out the survey online** (for online surveys).
5. **Because you are using a Child Survey**, we recommend that you place the following instructions on the cover of the survey booklet for a mail survey and in the introduction section of an online survey:

“Please answer this survey for your child, *[name of child]*.”
6. The sample letter and/or email indicates the time required to complete the survey. Please **fill in the amount of time needed for your CAHPS questionnaire**. On average, the CAHPS Child Hospital Survey takes about 15 minutes. Adding supplemental questions will increase this time. We recommend that you test your survey to determine the time needed to complete it.

Instructions Specific to Mail and Telephone Surveys

1. **Print the letter on the sponsor's letterhead** so that the respondent can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. **Use of a reminder postcard following the initial mailing has been shown to increase response rates.** The postcard reminder is a cost-effective way to increase the number of surveys returned. Many IRBs do not allow for health information to be on the postcard, so be careful not to reference care that the patient has received. Also, some organizations do not allow a postcard to be used as a reminder but will permit the use of a letter reminder. If you choose to use a letter reminder, you can use the second reminder letter as a template.
3. Some sponsors have found that respondents are tearing off the label with the ID number on the completed questionnaires. To **allay respondents' concerns or anxieties about how the ID number is used**, add this note in the questionnaire after the confidentiality statement or add it to the letter.

“You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.”

Instructions Specific to Online Surveys

1. Use a short and direct subject line for the email. The following subject line is recommended:

“Your Experience with *[name of hospital]*”
2. **Send the messages from an email address that references the sponsor's organization** so that the respondent can easily identify the source of the survey. The survey sponsor can be the hospital itself or a larger organization conducting the survey on behalf of multiple hospitals.

Mail Survey

Initial letter; mail with survey

[date]

Parent or Guardian of [name of child]

Address

City, State, Zip

Dear Parent or Guardian of [name of child]:

Our records show that your child was recently a patient at [name of hospital] and discharged on [date of discharge]. Because your child had a recent stay at our hospital, we are asking for your help so that we can meet our goal of providing children with the best quality health care available.

Enclosed you will find a survey about your family's experience during the hospital stay indicated above. By answering the questions in this survey, you will help us to improve the quality of care we provide our patients and their families. We would like the parent or guardian who spent the most time with your child in the hospital to fill out this survey. Completing this survey should only take about [time] minutes or less of your time.

The information that you provide will be treated as confidential. No one involved in your child's care will see your individual answers. We have hired [name of survey vendor], an independent professional survey organization, to conduct the survey. [Name of vendor] will combine your answers with information from other people who complete the survey to create a summary report that tells us about the experiences of our patients and their families with our hospital.

We hope you will take this chance to tell us about the experience you and your child had at our hospital. After you complete the survey, please return it in the pre-paid envelope by [month/day/year]. It is up to you whether to participate, but the more people who respond, the greater our ability to improve the quality of care that children receive. **If you choose not to participate, this will not affect your child's health care.**

If you have any questions about the survey, please call [name of vendor] toll-free at [vendor contact number]. If you have any questions about your child's care, please call [name of hospital contact] at [hospital contact number]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Nota: Si quiere un cuestionario en español, por favor llame al (XXX) [XXX-XXXX].

Mail Survey

First reminder; postcard

[Name of Survey]

Hello!

Recently we sent you a survey. It should take only a few minutes to complete. Your answers will help us improve the care that we provide to children and their families.

When you have completed the survey, please mail it back in the postage-paid envelope that came with it.

If you have already sent back a completed survey, thank you!

If you did not get the survey or have lost it, please call *[name of vendor]* toll-free at *[vendor contact number]* and we'll send you another one. You can also call that number if you have any questions.

THANK YOU!

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Mail Survey

Second reminder; mail with survey

[date]

Parent or Guardian of [name of child]

Address

City, State, Zip

Dear Parent or Guardian of [name of child]:

Our records show that your child was recently a patient at [name of hospital] and discharged on [date of discharge]. About three weeks ago, we sent you a survey about your child's stay at our hospital. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now. By answering the questions, you will help us to improve the quality of care we provide to children and their families. It should take only [time] minutes to answer these questions.

We would like the parent or guardian who spent the most time with your child in the hospital to fill out this survey. The information that you provide will be treated as confidential. No one involved in your child's care will see your individual answers.

We hope you will take this chance to tell us about the experience you and your child had at our hospital. It is up to you whether to participate, but the more people who respond, the greater our ability to improve the quality of care that children receive. **If you choose not to participate, this will not affect your child's health care.**

If you have any questions about the survey, please call [name of vendor] toll-free at [vendor contact number]. If you have any questions about your child's care, please call [name of hospital contact] at [hospital contact number]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR

HOSPITAL NAME

Nota: Si quiere un cuestionario en español, por favor llame al (XXX) [XXX-XXXX].

Telephone Survey

Advance letter

[date]

Parent or Guardian of [name of child]

Address

City, State, Zip

Dear Parent or Guardian of [name of child]:

Our records show that your child was recently a patient at [name of hospital] and discharged on [date of discharge]. Because your child had a recent stay at our hospital, we are asking for your help. We are committed to providing you with the best quality health care available, and your input will help us to achieve this goal.

Someone from [name of vendor] will call you soon to ask you to take part in a telephone interview. The interview will take only [time] minutes. We would like the parent or guardian who spent the most time with your child in the hospital to participate in this interview. The interviewer will ask questions about your family's experience with care from our hospital. The results from this survey will help our hospital improve the care we provide.

The information that you provide will be treated as confidential. No one involved in your child's care will see your individual answers. It is up to you whether to participate in the telephone interview, but the more people who respond, the greater our ability to improve the quality of care that children receive. **If you choose not to participate, this will not affect your child's health care.**

If you have any questions about the interview, please call [name of vendor] toll-free at [vendor contact number]. You can also call this number to ask to be removed from the list. If you have any questions about your child's care, please call [name of hospital contact] at [hospital contact number]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR

HOSPITAL NAME

Nota: Si quiere un cuestionario en español, por favor llame al (XXX) [XXX-XXXX].

Online Survey

Initial email; include direct link to survey

Dear Parent or Guardian of *[name of child]*:

Our records show that your child was recently a patient at *[name of hospital]* and discharged on *[date of discharge]*. Because your child had a recent stay at our hospital, we are asking for your help so that we can meet our goal of providing children with the best quality health care available.

We would like the parent or guardian who spent the most time with your child in the hospital to fill out an online survey about your family's experience with care at our hospital. This brief survey should only take about *[time]* minutes or less of your time. The results from this survey will help us improve the care we provide to children.

Click the following link to be directed to the survey: *[link to survey]*. You will need a user name and password to submit your survey responses.

User Name:

Password:

The information that you provide will be treated as confidential. No one involved in your child's care will see your individual answers. We have hired *[name of vendor]*, an independent professional survey organization, to conduct the survey. *[Name of vendor]* will combine your answers with information from other people who complete the survey to create a report that tells us about the experiences of our patients and their families with our hospital.

Please complete your survey by *[month/day/year]*. It is up to you whether to participate in the survey, but the more people who respond, the greater our ability to improve the quality of care that children receive. **If you choose not to participate in the survey, this will not affect your child's health care.**

If you have any questions about the survey, please call *[name of vendor]* toll-free at *[vendor contact number]*. You can also call this number if you do not wish to participate in the survey. If you have any questions about your child's care, please call *[name of hospital contact]* at *[hospital contact number]*. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Nota: Si quiere un cuestionario en español, por favor llame al (XXX) [XXX-XXXX].

Online Survey

First reminder email

[*Name of Survey*]

Dear Parent or Guardian of [*name of child*]:

Recently we emailed you a link to a survey about our hospital. We hope you will take a few minutes to complete the survey to help us improve the care we provide to children and their families.

If you have already submitted your survey responses, thank you!

If you have not had a chance to respond, please complete the survey now by clicking the following link: [*link to survey*]. You will need a user name and password to submit your survey responses.

User Name:

Password:

If you have any questions about this survey, please call [*name of vendor*] toll-free at [*vendor contact number*]. Thank you for helping to make health care at [*name of hospital*] better for everyone!

Sincerely,

HOSPITAL ADMINISTRATOR
HOSPITAL NAME

Online Survey

Second reminder email; include direct link to survey

Dear Parent or Guardian of *[name of child]*:

Our records show that your child was recently a patient at *[name of hospital]* and discharged on *[date of discharge]*. Recently, we sent you a link to a survey about your child's hospital stay. If you have already responded, thank you for your feedback.

If you have not had a chance to respond, please complete the survey now by clicking the following link: *[link to survey]*. It should only take *[time]* minutes to answer these questions. You will need a user name and password to submit your survey responses.

User Name:

Password:

We would like the parent or guardian who spent the most time with your child in the hospital to fill out this survey. The information that you provide will be treated as confidential. No one involved in your child's care will see your individual answers.

We hope you will take this chance to tell us about the care your child received at our hospital.

If you have any questions about the survey, please call *[name of vendor]* toll-free at *[vendor contact number]*. If you have any questions about your child's care, please call *[name of hospital contact]* at *[hospital contact number]*. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR

HOSPITAL NAME

Nota: Si quiere un cuestionario en español, por favor llame al (XXX) [XXX-XXXX].

Instructions for Customizing Spanish Letters and Emails

Please follow these instructions if you are also administering the CAHPS Survey in Spanish. These instructions are the same as the instructions for the English letters and emails.

These sample letters and emails have been provided to help you draft your own material. The following tips can help you customize the text to suit your particular needs.

1. If possible, **personalize the letter and/or email**. Whether you use a salutation with a Sr./Sra. or “first name, last name” depends on how the sample files have been maintained. A few survey sponsors have opted to address the respondent as “Estimado padre o tutor de [*name of child*].”
2. If you have an institutional review board (IRB) that reviews research involving human subjects, **customize the privacy statement as appropriate** to meet the requirements of the IRB. Some sponsors have revised the second paragraph to read as follows:

“La información que usted proporcione será **completamente privada y confidencial** y sus respuestas nunca se van a asociar con su nombre. Su profesional médico u otras personas que participen en su cuidado de salud jamás podrán ver sus respuestas individuales. *No vamos a compartir su información con nadie sin que usted nos dé permiso, excepto cuándo así lo requiera la ley.*”

3. **Include a sentence or two on how the results will be used.** This provides the respondent with a concrete reason for participating in the survey.
4. Depending on your schedule and when you expect to send out the survey, **indicate the date by which the respondent should return the survey** (for mail surveys) **or fill out the survey online** (for online surveys).
5. **Because you are conducting a Child Survey**, we recommend that you place the following instructions on the cover of the survey booklet for mail surveys, and/or in the introduction section of an online survey:

“Por favor conteste esta encuesta por su niño [*name of child*].”

6. The sample letter and/or email indicates the time required to complete the survey. Please **fill in the amount of time needed for your CAHPS questionnaire**. On average, the CAHPS Child Hospital Survey takes about

20 minutes. Adding supplemental questions will increase this time. We recommend that you test your survey to determine the time needed to complete it.

Instructions Specific to Mail and Telephone Surveys

1. **Print the letter on the sponsor's letterhead** so that the respondent can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. **Use of a reminder postcard following the initial mailing has been shown to increase response rates.** The postcard reminder is a cost-effective way to increase the number of surveys returned. Many IRBs do not allow for health information to be on the postcard, so be careful not to reference care that the patient has received. Also, some organizations do not allow a postcard to be used as a reminder but will permit the use of a letter reminder. If you choose to use a letter reminder, you can use the second reminder letter as a template.
3. Some sponsors have found that respondents are tearing off the label with the ID number on the completed questionnaires. To **allay respondents' concerns or anxieties about how the ID number is used**, add this note in the questionnaire after the confidentiality statement or add it to the letter.

“Se puede fijar en un número que aparece en la portada de la encuesta. Ese número es SOLO para saber que usted ya nos regresó la encuesta y que no tenemos que enviarle un recordatorio.”

Instructions Specific to Online Surveys

1. **Use a short and direct subject line for the email.** The following subject line is recommended:

“Su experiencia con [*name of hospital*]”

2. **Send the messages from an email address that references the sponsor's organization** so that the respondent can easily identify the source of the survey. The survey sponsor can be the hospital itself or a larger organization conducting the survey on behalf of multiple hospitals.

Mail Survey

Initial letter; mail with survey

[date]

Padre o tutor de [name of child]

Address

City, State, Zip

Estimado padre o tutor de [name of child]:

Nuestros registros indican que hace poco su niño fue paciente del [name of hospital] y lo dieron de alta en [date of discharge]. Como su hijo estuvo hospitalizado recientemente en nuestro hospital, queremos pedirle su colaboración para así poder cumplir con nuestro objetivo de brindarles a los niños la mejor atención médica disponible.

Adjunta encontrará una encuesta sobre la experiencia de su familia durante la hospitalización mencionada anteriormente. Al contestar las preguntas de esta encuesta, usted nos ayudará a mejorar la calidad del cuidado que brindamos a nuestros pacientes y a sus familias. Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. Contestar esta encuesta únicamente le tomará aproximadamente [time] minutos o menos.

La información que usted nos dé se tratará de manera confidencial. Ninguna de las personas que trabaja en la atención médica de su niño verá sus respuestas en particular. Hemos contratado a [name of vendor], una organización profesional independiente de estudios, para que realice la encuesta. [Name of vendor] combinará sus respuestas con la información de otras personas que contesten la encuesta para crear un informe a modo de resumen acerca de las experiencias de nuestros pacientes y sus familias en nuestro hospital.

Esperamos que acepte esta oportunidad de contarnos acerca de su experiencia y la de su niño en nuestro hospital. Después de completar la encuesta, envíenosla de regreso en el sobre adjunto, con porte pre-pagado antes de [month/day/year]. La decisión de participar es suya. Sin embargo entre más personas participen, mayor será nuestra capacidad de mejorar la calidad de la atención que los niños reciben. **Si decide no participar, esto no afectará la atención médica de su niño.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [name of vendor] al número gratuito [vendor contact number]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,
ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Mail Survey

First reminder; postcard

[*Name of Survey*]

¡Hola!

Hace poco le enviamos un cuestionario. Solo le va a tomar unos cuantos minutos llenar el cuestionario y sus respuestas nos ayudarán a mejorar los servicios de salud que proporcionamos a los niños y a sus familias.

Una vez que haya llenado el cuestionario, por favor mándenlo por correo en el sobre con el porte o franqueo pagado que venía con el cuestionario.

Si ya envió su cuestionario completado, ¡muchas gracias!

Si no recibió el cuestionario o si lo perdió, por favor llame a [*name of vendor*] al número gratuito [*vendor contact number*] y le mandaremos otro. También puede llamar a ese número si tiene alguna pregunta.

¡GRACIAS!

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Mail Survey

Second reminder; mail with survey

[date]

Padre o tutor de [name of child]

Address

City, State, Zip

Estimado padre o tutor de [name of child]:

Nuestros registros indican que hace poco su niño fue paciente del [name of hospital] y lo dieron de alta en [date of discharge]. Hace aproximadamente tres semanas, le enviamos una encuesta sobre la vez que su niño estuvo en nuestro hospital. Si ya nos envió su cuestionario, no tome en cuenta esta carta. Sin embargo, si aún no lo ha hecho, dedíquelo uno minutos y llénela ahora; se lo agradeceremos. Al contestar las preguntas de esta encuesta, usted nos ayudará a mejorar la calidad de la atención que brindamos a nuestros pacientes y a sus familias. Contestar estas preguntas únicamente le tomará [time] minutos.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La información que usted nos dé se tratará de manera confidencial. Ninguna de las personas que trabaja en la atención médica de su niño verá sus respuestas en particular.

Esperamos que acepte esta oportunidad de contarnos acerca de su experiencia y la de su niño en nuestro hospital. La decisión de participar es suya. Sin embargo entre más personas participen, mayor será nuestra capacidad de mejorar la calidad de la atención que los niños reciben. **Si decide no participar, esto no afectará la atención médica de su niño.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [name of vendor] al número gratuito [vendor contact number]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Telephone Survey

Advance letter

[date]

Padre o tutor de [name of child]

Address

City, State, Zip

Estimado padre o tutor de [name of child]:

Nuestros registros indican que hace poco su niño fue paciente del [name of hospital] y lo dieron de alta en [date of discharge]. Como su hijo estuvo hospitalizado recientemente en nuestro hospital, queremos pedirle su colaboración. Estamos comprometidos con brindarle la mejor atención médica disponible y sus comentarios nos ayudarán a lograr este objetivo.

Alguien de [name of vendor] lo llamará pronto para invitarlo a participar en una encuesta telefónica. La entrevista únicamente tomará [time] minutos. Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien participe en esta entrevista. El entrevistador le hará preguntas acerca de la experiencia de su familia con la atención médica de nuestro hospital. Los resultados de esta encuesta ayudarán a nuestro hospital a mejorar la atención que brindamos.

La información que usted nos dé se tratará de manera confidencial. Ninguna de las personas que trabaja en la atención médica de su niño verá sus respuestas en particular. La decisión de participar en la entrevista telefónica es suya. Sin embargo entre más personas participen, mayor será nuestra capacidad de mejorar la calidad de la atención que los niños reciben. **Si decide no participar, esto no afectará la atención médica de su niño.**

Si tiene alguna pregunta sobre la entrevista, por favor llame a [name of vendor] al número gratuito [vendor contact number]. También puede llamar a este número si desea que quiten su nombre de la lista. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Online Survey

Initial email; include direct link to survey

Estimado padre o tutor de [*name of child*]:

Nuestros registros indican que hace poco su niño fue paciente del [*name of hospital*] y lo dieron de alta en [*date of discharge*]. Como su hijo estuvo hospitalizado recientemente en nuestro hospital, queremos pedirle su colaboración para así poder cumplir con nuestro objetivo de brindarles a los niños la mejor atención médica disponible.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta por Internet acerca de la experiencia de su familia con la atención médica en nuestro hospital. Contestar esta breve encuesta únicamente le tomará aproximadamente [*time*] minutos o menos. Los resultados de esta encuesta nos ayudarán a mejorar la atención que brindamos a los niños.

Haga clic en el siguiente enlace para ir a la encuesta: [*link to survey*]. Necesitará un nombre de usuario y contraseña para completar el cuestionario.

Nombre de usuario:

Contraseña:

La información que usted nos dé se tratará de manera confidencial. Ninguna de las personas que trabaja en la atención médica de su niño verá sus respuestas en particular. Hemos contratado a [*name of vendor*], una organización profesional independiente de estudios, para que realice la encuesta. [*Name of vendor*] combinará sus respuestas con la información de otras personas que contesten la encuesta para crear un informe acerca de las experiencias de nuestros pacientes y sus familias en nuestro hospital.

Por favor conteste la encuesta antes de [*month/day/year*]. La decisión de participar en la encuesta es suya. Sin embargo entre más personas participen, mayor será nuestra capacidad de mejorar la calidad de la atención que los niños reciben. **Si decide no participar en la encuesta, esto no afectará la atención médica de su niño.**

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [*name of vendor*] al número gratuito [*vendor contact number*]. También puede llamar a este número si no desea participar en la encuesta. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [*name of hospital contact*] al [*hospital contact number*]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Online Survey

First reminder email

[Name of Survey]

Estimado padre o tutor de [*name of child*]:

Hace poco le enviamos un enlace a un cuestionario acerca de nuestro hospital. Esperamos se tome unos minutos para contestar el cuestionario para ayudarnos a mejorar la atención médica que proporcionamos a los niños y a sus familias.

Si ya envió su cuestionario, ¡muchas gracias!

Si no ha tenido tiempo de llenar el cuestionario, favor de completar el cuestionario ahora haciendo clic en este enlace: [*link to survey*]. Necesitará un nombre de usuario y contraseña para completar el cuestionario.

Nombre de usuario:

Contraseña:

Si tiene alguna pregunta sobre este cuestionario, por favor llame a [*name of vendor*] al número gratuito [*vendor contact number*]. ¡Gracias por ayudar a mejorar la atención médica en [*name of hospital*] para todos!

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Online Survey

Second reminder email; include direct link to survey

Estimado padre o tutor de *[name of child]*:

Nuestros registros indican que hace poco su niño fue paciente del *[name of hospital]* y lo dieron de alta en *[date of discharge]*. Hace poco le enviamos un enlace a un cuestionario acerca de la hospitalización de su niño. Si ya completó su cuestionario, ¡muchas gracias!

Si no ha tenido tiempo de llenar el cuestionario, favor de completar el cuestionario ahora haciendo clic en este enlace: *[link to survey]*. Contestar estas preguntas únicamente le tomará *[time]* minutos. **Necesitará un nombre de usuario y contraseña para completar el cuestionario.**

Nombre de usuario:

Contraseña:

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La información que usted nos dé se tratará de manera confidencial. Ninguna de las personas que trabaja en la atención médica de su niño verá sus respuestas en particular.

Esperamos que acepte esta oportunidad de contarnos acerca de la atención que su niño recibió en nuestro hospital.

Si tiene alguna pregunta sobre este cuestionario, por favor llame a *[name of vendor]* al número gratuito *[vendor contact number]*. Si tiene alguna pregunta sobre la atención médica de su niño, llame a *[name of hospital contact]* al *[hospital contact number]*. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME