Test-Retest Reliability Recruitment Language

Dear XXXX,

You are being asked to participate in a research study being conducted at Tufts University School of Dental Medicine (TUSDM) under Principal Investigator [Dr. XXXXX]. A survey has been created to [PURPOSE OF SURVEY/STUDY]. This information will help us understand [SIGNIFICANCE].

At this time, we are inviting you to complete a draft of the survey to see if the questions appropriately measure our goal content. The survey will take approximately [#] minutes to complete. You will be asked to complete the questionnaire [#] times, approximately [#] days/weeks apart.

Participation in this test-retest reliability portion of the survey study is voluntary. Your participation or the refusal to participate will have no effect on your academic standing or your relationship with your professors. You will be asked to provide your [LINK] on the survey so that we can link the pre-test and post-test. The risk of loss of confidentiality exists but will be minimized by deleting [LINK] once the data is collected and prior to data analysis.

There are no direct benefits or compensation for participating in this study. Individual responses to questions and the feedback that you provide will be kept confidential and will not be disclosed to any outside parties. All data collected will be stored [location].

If you have any questions, comments or concerns, please contact [DR.XXXX] directly at [EMAIL] or [PHONE NUMBER]. This study has been reviewed by the Tufts [Health Sciences/Social, Behavioral and Educational] Institutional Review Board (IRB). If you have questions about the rights of research subjects, please contact the Tufts [Health Sciences/Social, Behavioral and Educational] IRB administrator at (617) 636-[7512/3417].

Thank you,

Name, Credentials

Role

Test-Retest Reliability Follow-up

Dear XXXX,

About [# days/weeks] ago, you completed a draft of the survey that we have developed to evaluate [AIM]. At this time, we ask you to complete the survey a second time.

Participation in this test-retest reliability portion of the survey study is voluntary. Your participation or the refusal to participate will have no effect on your academic standing or your relationship with your professors. You will be asked to provide your [LINK] on the survey so that we can link the pre-test and post-test. The risk of loss of confidentiality exists but will be minimized by deleting [LINK] once the data is collected and prior to data analysis

There are no direct benefits or compensation for participating in this study. Individual responses to questions and the feedback that you provide will be kept confidential and will not be disclosed to any outside parties. All data collected will be stored [location].

The survey should take approximately [#] minutes to complete.

If you have any questions, comments or concerns, please contact [DR.XXXX] directly at [EMAIL] or [PHONE NUMBER]. This study has been reviewed by the Tufts [Health Science/Social, Behavioral and Educational] Institutional Review Board (IRB). If you have questions about the rights of research subjects, please contact the Tufts [Health Science/Social, Behavioral and Educational] IRB administrator at (617) 636-[7512/3417].

Thank you,

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