

Attachment 2i

**PATH Study Data Collection Instruments:
Followup/Tracking Participant Information Form for
Youth**

July 23, 2012

YOUTH Participant Information Form

If [YOUTH'S NAME] has moved or any of [HIS/HER] contact information has changed since [HIS/HER] last participated in the Population Assessment of Tobacco and Health (PATH) study*, please give us [YOUTH'S NAME]'s new contact information by either:

- (1) Filling out the form below and returning it using the enclosed postage-paid envelope, **OR**
- (2) Completing the form online at [PATH URL] (if you have a smartphone, you can scan the QR code below to visit the website); your online password is: [PASSWORD].

As a thank you for completing this form, an additional \$5 will be put on [YOUTH'S NAME]'s PATH study debit card. (Please contact us if the card was misplaced.)

If none of [YOUTH'S NAME] contact information has changed, simply check this box:

NEW CONTACT INFORMATION FOR [YOUTH'S NAME] PLEASE PRINT CLEARLY.

NAME: _____

FIRST MI LAST

STREET ADDRESS: _____

STREET APT. #

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM THE STREET ADDRESS ABOVE):

STREET APT. #

CITY STATE ZIP

TELEPHONE NUMBER: HOME: |__|__|__|_|-|__|__|__|_|-|__|__|__|_|

CELL: |__|__|__|_|-|__|__|__|_|-|__|__|__|_| WORK: |__|__|__|_|-|__|__|__|_|-|__|__|__|_|

EMAIL ADDRESS: _____ @ _____

FACEBOOK NAME: _____

TWITTER HANDLE: _____

OTHER SOCIAL MEDIA CONTACT INFORMATION: _____

How would you prefer that we contact you? (Select all that apply)

- HOME PHONE CELL PHONE WORK PHONE
- EMAIL FACEBOOK TWITTER
- OTHER – SPECIFY: _____

* This study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA).

[PATH QR Code]

Does [YOUTH'S NAME] anticipate moving or relocating either permanently or temporarily in the next 6 to 12 months? NO YES – WHERE? _____

Is [YOUTH'S NAME] currently attending a college or university? NO YES

[IF YES] What are the name and location of the college or university?

Does [YOUTH'S NAME] have plans to attend a college or university away from this address in the next 6 to 12 months? NO YES

[IF YES] What are the name and location of the college or university?

Thank you for your time.

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

Emancipated YOUTH Participant Information Form

If you've moved or any of your contact information has changed since you last participated in the Population Assessment of Tobacco and Health (PATH) study*, please give us your new contact information by either:

- (1) Filling out the form below and returning it using the enclosed postage-paid envelope, **OR**
- (2) Completing the form online at **[PATH URL]** (if you have a smartphone, you can scan the QR code below to visit the website); your online password is: **[PASSWORD]**.

As a thank you for completing this form, an additional \$5 will be put on your PATH study debit card. (Please contact us if the card was misplaced.)

If none of your contact information has changed, simply check this box:

NEW CONTACT INFORMATION FOR [YOUTH'S NAME] PLEASE PRINT CLEARLY.

NAME: _____
FIRST MI LAST

STREET ADDRESS: _____
STREET APT. #

_____ CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM THE STREET ADDRESS ABOVE):

_____ STREET APT. #

_____ CITY STATE ZIP

TELEPHONE NUMBER: HOME: |__|__|__|_|-|__|__|__|_|-|__|__|__|_|

CELL: |__|__|__|_|-|__|__|__|_|-|__|__|__|_| WORK: |__|__|__|_|-|__|__|__|_|-|__|__|__|_|

EMAIL ADDRESS: _____ @ _____

FACEBOOK NAME: _____

TWITTER HANDLE: _____

OTHER SOCIAL MEDIA CONTACT INFORMATION: _____

How would you prefer that we contact you? (Select all that apply)

- HOME PHONE CELL PHONE WORK PHONE
- EMAIL FACEBOOK TWITTER
- OTHER – SPECIFY: _____

* This study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA).

[PATH QR Code]

Do you anticipate moving or relocating either permanently or temporarily in the next 6 to 12 months?

NO YES – WHERE? _____

Are you currently attending a college or university? NO YES

[IF YES] What are the name and location of the college or university?

Do you have plans to attend a college or university away from this address in the next 6 to 12 months?

NO YES

[IF YES] What are the name and location of the college or university? _____

Thank you for your time.

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.