

Attachment 7

Followup, Retention, and Tracking Materials

July 23, 2012

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FRT1 - Thank you Card

Thank You for Your Participation!

Thank you very much for participating in the Population Assessment of Tobacco and Health (PATH) study, which is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA). You've made a valuable contribution to this important study. We appreciate your time and interest.

We'd like to contact you again next year to do another interview. If you move or you're planning to move, please let us know. You can complete and return the enclosed contact information form in the postage-paid envelope. You can also log into the participant page of the PATH study website at [PATH URL] using your password: [XXXXXXX]. (If you have a smartphone, you can scan the QR code below to visit the website.)

As a thank you for updating your contact information, you'll receive an additional \$5 on your PATH study debit card. So we can use your card the next time we visit you, please keep it in a safe place.

[PATH LOGO]

[PATH QR Code]

FRT2 – ADULT 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, you’ll receive an additional \$5 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 [ADULT’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: _____

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

[PATH QR Code]

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

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> HOME PHONE | <input type="checkbox"/> CELL PHONE | <input type="checkbox"/> WORK PHONE |
| <input type="checkbox"/> EMAIL | <input type="checkbox"/> FACEBOOK | <input type="checkbox"/> TWITTER |
| <input type="checkbox"/> OTHER – SPECIFY: _____ | | |

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

- NO YES – WHERE? _____

Thank you for your time.

Public reporting burden for this collection of information is estimated to average 6 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.

FRT2a – 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.

FRT2b – 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)

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> HOME PHONE | <input type="checkbox"/> CELL PHONE | <input type="checkbox"/> WORK PHONE |
| <input type="checkbox"/> EMAIL | <input type="checkbox"/> FACEBOOK | <input type="checkbox"/> TWITTER |
| <input type="checkbox"/> 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]

FRT3 – Refrigerator Magnet

PATH Logo

Moved or moving?

**Please call us toll-free or
login!**

1-800-xxx-xxxx

[PATH URL]

[PATH QR Code]

FRT4 – First Reminder Letter to Adult Respondent

[PATH LOGO]

[PID]

Dear [RESPONDENT NAME]:

Thank you for participating in the Population Assessment of Tobacco and Health (PATH) study. This study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA). You were interviewed by [NAME], on [DATE]. At that time, you agreed to continue helping us with this very important study. We're writing to remind you about your next interview.

If your contact information has changed, please complete the enclosed form and send it back in the postage-paid envelope. You can also go to the study website at [PATH URL] (if you have a smartphone, you can scan the QR code below to visit the website) and use the password [PASSWORD] to update the information. We'll add \$5 to your PATH study debit card for updating the information or just letting us know that nothing has changed. (Please contact us if the card was misplaced.)

In about 6 months, we'll contact you to set up a time for the interview. Once again, we'll ask to collect a urine sample and cells from inside your cheeks. As a thank you, we'll pay you up to \$80 for participating.

Thank you in advance for continuing to be part of the PATH study. Please feel free to contact [NAME] toll-free at [1-800-xxx-xxxx], if you have questions or concerns. For information, you can also visit our website.

Sincerely,

Scott Crosse, Ph.D.
PATH Study, Westat Director of Survey Operations

[PATH QR Code]

FRT4a – First Reminder Letter to Parent of Youth Respondent

[PATH LOGO]

[PID]

Dear [PARENT NAME]:

Thank you for [CHILD'S NAME]'s participation in the Population Assessment of Tobacco and Health (PATH) study. This study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA). [CHILD'S NAME] was interviewed by [NAME], on [DATE]. At that time, [CHILD'S NAME] agreed to continue helping us with this very important study. We're writing to remind [CHILD'S NAME] about the next interview.

If [CHILD'S NAME]'s contact information has changed, please complete the enclosed form and send it back in the postage-paid envelope. You can also go to the study website at [PATH URL] (if you have a smartphone, you can scan the QR code below to visit the website) and use the password [PASSWORD] to update the information. We'll add \$5 to [CHILD'S NAME]'s PATH study debit card as a thank you for updating the information or just letting us know that nothing has changed. (Please contact us if the card was misplaced.)

In about 6 months, we'll contact you to set up a time for the interview. As a thank you, we'll pay your child \$60 for participating.

Thank you in advance for [CHILD'S NAME]'s participation in the PATH study. Please feel free to contact [NAME] toll-free at [1-800-xxx-xxxx], if you have questions or concerns. For information, you can also visit our website.

Sincerely,

Scott Crosse, Ph.D.
PATH Study, Westat Director of Survey Operations

[PATH QR Code]

FRT4b – First Reminder Letter to Emancipated Youth

[PATH LOGO]

[PID]

Dear [RESPONDENT NAME]:

Thank you for participating in the Population Assessment of Tobacco and Health (PATH) study. This study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA). You were interviewed by [NAME], on [DATE]. At that time, you agreed to continue helping us with this very important study. We're writing to remind you about your next interview.

If your contact information has changed, please complete the enclosed form and send it back in the postage-paid envelope. You can also go to the study website at [PATH URL] (if you have a smartphone, you can scan the QR code below to visit the website) and use the password [PASSWORD] to update the information. We'll add \$5 to your PATH study debit card as a thank you for updating the information or just letting us know that nothing has changed. (Please contact us if the card was misplaced.)

In about 6 months, we'll contact you to set up a time for the interview. As a thank you, we'll pay you \$60 for participating.

Thank you in advance for continuing to be part of the PATH study. Please feel free to contact [NAME] toll-free at [1-800-xxx-xxxx], if you have questions or concerns. For information, you can also visit our website.

Sincerely,

Scott Crosse, Ph.D.
PATH Study, Westat Director of Survey Operations

[PATH QR Code]

FRT7 - Letter to Parent of Youth Under Age 12 (Shadow Sample Member)

[PATH LOGO]

[PID]

Dear Parent/Guardian:

We visited your household about 6 months ago for the Population Assessment of Tobacco and Health (PATH) study. This is an important study on tobacco and health in the United States, but one doesn't have to be a tobacco user to take part in the study. What we learn should help improve the health of millions of Americans. The study is sponsored by the National Institutes of Health (NIH), in partnership with the Food and Drug Administration (FDA). Westat, an independent research firm, will conduct the study.

As we said before, we'd like to interview [CHILD'S NAME] once [HE/SHE] turns 12 years old. As a thank you for participating, [CHILD'S NAME] will receive \$60 for doing an interview.

We want to keep your contact information up-to-date. If it has changed, please complete the enclosed form and send it back in the postage-paid envelope. You can also go to the study website at [PATH URL] (if you have a smartphone, you can scan the QR code below to visit the website) and use the password [PASSWORD] to update the information.

Your child's participation in this study is voluntary but very important to the success of the study. If you want more information, please contact us toll-free at [1-800-xxx-xxxx]. You may also visit our website at [PATH URL].

Thank you in advance for your help.

Sincerely,

Scott Crosse, Ph.D.
PATH Study, Westat Director of Survey Operations

[PATH QR Code]