

Attachment 3i - English

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

June 18, 2013



OMB Control Number: 0925-0664
Expiration Date: 11/30/2015

FRT2a – Parent Participant Information Form

Parent Information Form

This form is for updating contact information on [YOUTH'S_NAME]'s parent. If you've moved or any of your contact information has changed since [YOUTH'S_NAME] last participated in the Population Assessment of Tobacco and Health (PATH) Study,* please give us your new contact information by either:

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

As a thank you for completing this form, an additional \$5 will be put on [YOUTH'S_NAME]'s PATH Study debit card (up to \$10 a year). (Please contact us toll-free at 1-888-311-1819, if the card was misplaced.)

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

| | | | |
|--|-------|------|--------|
| PARENT'S NEW CONTACT INFORMATION. PLEASE PRINT CLEARLY. | | | |
| NAME: _____ | | | |
| FIRST | MI | LAST | |
| STREET ADDRESS: _____ | | | |
| STREET | | | APT. # |
| _____ | | | |
| CITY | STATE | | ZIP |

| | | | |
|---|-------|--|--------|
| PARENT'S MAILING ADDRESS (IF DIFFERENT FROM THE STREET ADDRESS ABOVE): | | | |
| STREET ADDRESS: _____ | | | |
| STREET | | | APT. # |
| _____ | | | |
| CITY | STATE | | ZIP |

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

PARENT'S TELEPHONE NUMBER(S):

HOME: |_|_|_|-|_|_|_|-|_|_|_|_|

CELL: |_|_|_|-|_|_|_|-|_|_|_|_|

PARENT'S PREFERRED EMAIL ADDRESS: _____@_____

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

- HOME PHONE
- CELL PHONE (VOICE) CELL PHONE (TEXTING)
- PREFERRED EMAIL

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

- NO YES – WHERE? _____

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 (0925-0664). Do not return the completed form to this address.



www.pathstudyinfo.nih.gov

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