

# Creative Concept Survey

Unique ID: \_\_\_\_\_

**Instructions:** For each statement, fill in the one bubble that best represents your level of agreement or disagreement. Fill in your selected responses like this: ○ ○ ● ○ ○

**Concept:** \_\_\_\_\_

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
This ad <b>GRABBED MY ATTENTION.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad <b>RELATES TO MY FRIENDS AND ME.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad <b>IS MEANINGFUL TO ME.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ad would convince people my age to <b>LIVE TOBACCO FREE.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the Creative Concept Survey (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).